Meeting of the Health and Adult Social Care Scrutiny Committee

Wednesday 25th January, 2023 at 6.00pm
In the Council Chamber, Priory Road, Dudley

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

1. Apologies for absence.

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

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

4. To confirm and sign the minutes of the meeting held on 10th January. 2023 as a correct record (To follow)

5. Public Forum

6. Medium Term Financial Strategy (Pages 5 - 36)

7. Update on the Health Inequalities Strategy (Pages 37 - 139)

8. Primary Care Strategy (Pages 140 - 177)

9. Quarterly Performance Report – Quarter 2 (1st July – 30th September, 2022) (Pages 178 - 206)

10. Feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group (Pages 207 - 212)

11. Action Tracker and Future Business (For the Committee to note) (Pages 213 - 217)

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 January, 2023

Distribution:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, R Collins, T Crumpton, A Davies, S Greenaway, M Hanif, A Hopwood, L Johnson, P Lowe, M Qari and K Razzaq.
J Griffiths – HealthWatch Dudley (Co-opted Member)

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Meeting of the Health and Adult Social Care Scrutiny Committee – 25th January 2023

Joint Report of the Chief Executive, Director of Finance and Legal, Acting Director of Public Health and Wellbeing, and the Director of Adult Social Care

Medium Term Financial Strategy

Purpose

1. To consult the Scrutiny Committee on the draft Medium Term Financial Strategy (MTFS) to 2025/26 as approved by Cabinet on 14th December 2022, with emphasis on those proposals relating to the committee's terms of reference. For this committee the relevant items are those relating to paragraphs 25 and 26, and Appendices C and D, and the Public Health budget in paragraphs 27 to 29. Members may also wish to consider any of the proposals in terms of their wider impact on health and wellbeing.

Recommendations

2. That the Committee considers and comments on the Cabinet's proposals for the Medium-Term Financial Strategy to 2024/25, taking into account the considerations set out in paragraph 37.

Background

3. The Council approved the General Fund budget for 2022/23 and the MTFS up to 2024/25 on 7th March 2022. A report on the 2021/22 outturn was considered by Cabinet on 27th June 2022. At 31st March 2022 our unringfenced reserves[1] were 21% of net expenditure. The most recent comparable information available for other councils shows that average unringfenced reserves were 45% of net expenditure at 31st March 2020.

[1] In order not to distort comparisons, this excludes reserves in respect of Section 31 funding of increased Business Rates Retail relief and Local Tax Income Guarantee grant.

External Audit

4. The External Auditors (Grant Thornton) presented their 2020/21 Annual Auditor's Report to Cabinet on 27th June 2022. They did not identify any significant weaknesses in the Council's arrangements to secure financial sustainability. However, they recommended that the Council should take urgent action to reduce the significant reliance on use of reserves in the Medium Term Financial Strategy by approving savings schemes and tight scrutiny of additional spending proposals.

Forecast 2022/23 Position

5. The forecast General Fund position after transfers from / to earmarked reserves is as follows.

Directorate	Latest Budget £m	Outturn £m	Variance £m
Chief Executive	(0.3)	0.2	0.5
Adult Social Care	112.0	114.3	2.3
Children's Services	79.9	82.9	3.0
Health and Wellbeing	3.8	3.8	-
Finance and Legal	5.1	5.8	0.7
Digital, Commercial and Customer Services	5.3	5.6	0.3
Housing and Community	3.0	2.8	(0.2)
Public Realm	54.7	55.9	1.2
Regeneration and Enterprise	11.5	14.6	3.1
Corporate, Treasury and Levies	9.8	9.1	(0.7)
Total Service Costs	**284.8**	**295.0**	**10.2**
Total Resources	(287.0)	(287.5)	(0.5)
Use of Balances	**(2.2)**	**7.5**	**9.7**

6. Further detail is provided in Appendix A. The significant variances are as follows:

- Pay – the budget assumed a 2% pay award. The agreed pay award is £1,925 on all scale points which equates to a 6.5% average increase on Dudley's mix of staffing. This is partially offset by the reversal of the National Insurance Levy from November and the forecast net impact is a pressure of £5m on the General Fund.
- Staff vacancy savings of £3.0m.

- Energy and fuel prices – after taking account of government support the forecast net impact is £1.5m.
- Increased net costs of social care placements, both for children and adults, of £5.1m
- Trading income shortfalls, particularly in catering, car parks and leisure, of £1.6m.
- Delays in the capital programme and other cash flow factors that reduce financing costs by around £0.6m (note that this is only a short-term effect and rising interest rates are likely to create pressure in future years).
- An increase in Section 31 grant for Business Rates of £0.5m.
- Other net pressures of £0.6m.

7. Progress with delivery of specific savings within the current budget is set out in Appendix B. Performance on delivery of savings supports and is consistent with the forecast 2022/23 position outlined above and in Appendix A.

8. The majority of Special Education Needs and Disability (SEND) services are met from the High Needs Block within the Dedicated Schools Grant (DSG). As previously reported, we (in common with many other councils) have been experiencing significant financial pressures from increasing demand for children that require additional educational support. Notwithstanding the high-level recovery plan that has been agreed, there is a forecast deficit on the DSG, mainly resulting from pressures on the High Needs Block of £24.2m at 31st March 2023. The Government has regulated temporarily to ensure that this pressure does not impact the General Fund and we are awaiting confirmation that this will be extended beyond the current year. As such this deficit is not included in Appendix A.

9. The Department for Education (DfE) acknowledges the pressures which local systems are experiencing delivering special educational needs and disability (SEND) services. Its 'Delivering Better Value in SEND programme' is aiming to support local authorities to improve delivery of SEND services for children and young people while ensuring services are sustainable. This optional programme is currently providing dedicated support and funding to 55 local authorities. Dudley has been selected to participate in the programme to work alongside Newton Europe, in collaboration with the Chartered Institute of Public Finance (CIPFA) and outcomes are expected to be known in 2023.

General Fund Balances

10. The impact of the outturn shown above leaves the forecast main unallocated General Fund Balance at 31st March 2023 as follows:

	Original Budget £m	**Latest Position £m**
Forecast balance 31st March 2022	26.3	26.3
2021/22 outturn (as reported to June Cabinet)[2]		+0.9
Balance at 31st March 2022	**26.3**	**27.2**
Planned addition to Reserves approved by Council March 2022	+2.2	+2.2
Forecast adverse 2022/23 outturn		(9.7)
Forecast General Fund Balance at 31st March 2023	**28.5**	**19.7**

11. It should be noted that the Council's overall level of unringfenced reserves remains relatively low.

Medium Term Financial Strategy to 2025/26

12. In updating the Council's Medium Term Financial Strategy, Members will need to consider carefully:

    (a) the levels of Government support allocated to the Council;

    (b) proposals for additional spending, opportunities to free up resources (including savings), and Council Plan priorities;

    (c) the implications of spending levels in later years as part of the Council's medium term financial plan;

    (d) the views of consultees;

    (e) the external factors and risks inherent in the Strategy;

    (f) the impact on Council Tax payers;

[2] This is £0.1m better than the position reported to Cabinet in June, due to the correction of roundings.

(g) the potential impacts on people with protected characteristics as defined in the Equality Act 2010. Members will need to have due regard to the public sector equality duty under the Equality Act 2010. (Further details are set out in the Equality Impact section below).

Government Funding

13. The Chancellor delivered the Autumn Statement on 17th November, which included the following indications for funding at the national level:

- £1.0bn of grant funding in 2023/24 and a further £1.7bn in 2024/25 to support adult social care and discharge.
- Deferral of adult social care charging reform from October 2023 to October 2025 with the existing funding for this being retained to manage care costs.
- Services Grant reduced by £0.2bn to reflect the fact that councils will not be required to pay the National Insurance Levy.
- Other grants will be maintained in cash terms for two years and will be increased by 1% in real terms from 2025/26.
- Business Rates will be frozen, but councils will be compensated through grant for the income shortfall compared with an inflationary uplift based on the Consumer Price Index (CPI).

14. We are awaiting full details of the proposed Local Government Finance Settlement for 2023/24 including details of how the extra funding above will be allocated to individual councils. At this stage we have made reasonable assumptions, based on past experience, about funding allocations to Dudley.

Council Tax

15. Accounting for Council Tax Collection Fund surpluses and deficits and associated grants is complex, particularly in terms of timing. Latest forecasts indicate a Council Tax surplus for 2022/23 of £1.0m, mainly as a result of accounts being credited for unclaimed Energy Rebate and Council Tax Reduction (CTR) claimant numbers having reduced more quickly than anticipated.

16. Looking forward and taking account of the economic climate, we are not forecasting any further reduction in CTR claimant numbers and we are allowing for a slowdown in new house building and a reduction in the collection rate from 99% to 98.5%. Forecasts have also been adjusted to reflect current numbers of households in receipt of discounts and exemptions. The position will continue to be monitored closely and any updated forecasts reported to Cabinet in February.

17. The Autumn Statement announced that Council Tax referendum limits for 2023/24 will allow a basic increase of up 2.99% and in addition an Adult Social Care Precept of up to 2%. Forecasts in this report are based on a 4.99% Council Tax increase in 2023/24 and 2.99% for later years.

Business Rates

18. Accounting for Business Rates Collection Fund surpluses and deficits and associated grants is complex, particularly in terms of timing. Latest forecasts indicate a Business Rates surplus for 2022/23 of £1.7m, which is due to release of funds from the appeals provision and a favourable opening balance at the start of 2022/23.

19. There is still some uncertainty concerning the impact of the 2017 revaluation on our Business Rate and grant income, in particular the impact of appeals under what was then a new “Check, Challenge, Appeal” process. We have made a provision and kept this under review in the light of actual appeals received together with external advice on potential future appeals and comparisons with other councils.

20. The next revaluation of all properties for business rates will take effect from 1 April 2023. Revaluation is done to maintain accuracy in the rating system by reflecting the changes in the property market since the last revaluation in 2017. Revaluation does not raise extra revenue nationally. This is because the government will reduce the tax rate – known as the multiplier – to offset the overall change in rateable value at the national level. Changes in rateable value at individual authority level will be offset by changes to top-up grants, tariffs and Government support to fund the transitional arrangements offered to businesses. Therefore our forecasts are based on revaluation being cost neutral.

21. Future years forecasts reflect actual levels of empty property and other reliefs, numbers of properties in rating and the ongoing impact of our review of appeals set out above. We have also adjusted forecasts of Business Rates and Section 31 Grant income to reflect the Consumer Price Index. The final budget and MTFS will include adjustments between retained business rates, business rates grant and tariff to reflect the precise impact of revaluation and inflationary uplifts (the combined value of these three lines in paragraph 30 is a reasonable forecast at this stage).

Combined Authority

22. The West Midlands Combined Authority (CA) receives three elements of funding via the constituent authorities as follows:

- The Transport Levy to fund its transport functions, allocated by statute on a population basis.
- A contribution to reflect assumed real terms growth in the central share of business rates from 2016/17 onwards to fund its regeneration activities, under the terms of the Devolution Deal.
- A further contribution to fund its non-transport functions currently allocated by agreement partly on a population basis and partly by equal shares.

23. Forecasts in this report assume that the Transport Levy will be uplifted by 2% year on year.

Base Budget Forecasts

24. The Base Budget reflects the impact on spending of forecast inflation and other anticipated changes, before directorate additional spending or savings proposals are taken into account. Details are as follows.

	2023/24 £m	**2024/25 £m**	**2025/26 £m**
2022/23 base	284.8	284.8	284.8
Pay (note 1)	10.8	13.7	16.8
General price inflation (note 2)	-	4.7	8.9
Income uplift (note 3)	-1.6	-2.6	-3.7
Pensions (note 4)	1.0	1.0	1.0
Combined Authority (see paras 22-23)	0.4	0.8	1.2
Treasury (note 5)	4.7	9.1	8.2

Remove previous contingency (note 6)	-1.1	-1.1	-1.1
Other adjustments (note 7)	0.8	-0.3	-0.6
Base Budget Forecast	**299.8**	**310.1**	**315.5**

Notes:

(1) This allows for an average pay increase of 6.5% in the current year, 4% increase for 2023/24 and a further 2% increase for 2024/25. The 1.25% increase in employer's National Insurance has been removed following reversal of the social care levy by Government. Note that Central Government does not control Local Government pay directly.
(2) No general provision has been made for 2023/24, with any specific inflationary issues being reflected in additional spending in paragraph 25 below.
(3) Assumes a general increase of 2% per year on fees and charges, with exceptions being reflected in savings in paragraph 26 below.
(4) A new triennial review is currently underway, and the associated risks are noted in paragraph 32 below. Combined employer's contributions are expected to be 21.5% for 2023/24 onwards and are subject to the completion of the 2022 review. There will be no benefit from a three year upfront payment as in previous years.
(5) Impact of Capital Programme, treasury management and investment income forecasts.
(6) The existing Medium Term Financial Strategy includes a £1.1m contingency in relation to Market Sustainability. Specific additional spending has now been identified within this report so, to avoid double counting, the contingency has been removed.
(7) Fall-out of previous one-off items, transfer of Telecare and Enabling Communities to General Fund, works and Metro route enhancements, a provision for potential severance costs and other adjustments.

Additional Spending

25. The following table outlines proposed additional directorate spending arising from a combination of demographic, inflationary and other unavoidable service pressures as well as improvements to services to residents and growth in organisational capacity. Further detail is provided in Appendix C.

	2023/24 £m	2024/25 £m	2025/26 £m
Chief Executive	0.3	0.2	0.2
Adult Social Care	1.9	1.9	1.9
Children's Services	2.9	1.1	1.1
Finance and Legal Services	0.5	0.5	0.5
Digital, Commercial and Customer Services	1.2	1.5	1.2
Regeneration and Enterprise	2.5	2.5	2.7
Housing and Community	-	-	-
Public Realm	2.9	3.0	3.2
Total	**12.2**	**10.7**	**10.8**

Savings

26. In total the following saving (including proposed increases to service income) proposals have been identified. Details are set out in Appendix D.

	2023/24 £m	2024/25 £m	2025/26 £m
Chief Executives	0.1	0.1	0.3
Adult Social Care	1.8	2.9	3.9
Children's Services	0.7	1.3	2.7
Finance and Legal Services	0.2	0.3	0.4
Health and Wellbeing	0.1	0.1	0.1
Digital, Commercial and Customer Services	0.3	0.9	2.1
Regeneration and Enterprise	1.0	1.5	2.0
Housing and Community	0.1	0.1	0.1
Public Realm	3.5	4.2	4.3
Total	**7.8**	**11.4**	**15.9**

Public Health

27. The 2022 Autumn Statement included provision to maintain 2021 Spending Review levels, assuming the overall increases of 2% for 2023/24 and 1.7% for 2024/25 that were announced in February 2022 when the 2022/23 Public Health Grant allocations were issued. Actual allocations for 2023/24 have not yet been announced and are expected in January / February 2023.

28. In 2022/23 there is a forecast surplus on the Public Health Grant due largely to the ongoing impact of the Covid-19 pandemic and post-pandemic review of service needs. This surplus will be added to the ringfenced Public Health Reserve. Programmes of work are being planned, in line with council priorities, to ensure that the best use is made of these reserves, including support for the review of Family Safeguarding provision.

29. The overall forecast position for the Public Health Grant funded budget can be summarised as follows:

	2023/24 £m	**2024/25 £m**	**2025/26 £m**
Base budget forecast	22.4	22.8	23.0
One-off spending plans	2.3	0.6	0.3
GF switch family safeguarding	1.8	-	-
Total spend	**26.5**	**23.4**	**23.3**
Forecast grant	22.4	22.8	23.0
Deficit	**(4.1)**	**(0.6)**	**(0.3)**
Reserve brought forward	5.2	1.1	0.5
Reserve carried forward	1.1	0.5	0.2

Medium Term Financial Strategy

30. The MTFS reflecting the revised spending proposals set out above, and forecasts of likely resource availability can be summarised as follows.

	2023/24 £m	**2024/25 £m**	**2025/26 £m**
Base Budget Forecast – see para 24	299.8	310.1	315.5
Additional Spending – see para 25	12.2	10.7	10.8
Savings – see para 26	(7.8)	(11.4)	(15.9)
Total Service Spend	**304.2**	**309.4**	**310.4**
Council Tax	147.2	152.6	158.1
Collection Fund Surplus/(Deficit) – Council Tax	1.0		
Retained Business Rates	94.9	97.5	99.5
Business Rate Grant	18.4	18.9	19.3
Collection Fund Surplus/(Defict) – Business Rates	1.7		
Tariff	(6.0)	(6.2)	(6.3)
New Homes Bonus	0.5	0.5	0.5
Improved Better Care Fund (IBCF)	16.6	16.6	16.8
Social Care Grant	17.2	17.2	17.3

Services Grant	3.7	3.7	3.8
Assumed additional funding from Autumn Statement	5.0	8.5	8.6
Lower tier grant	0.4	0.4	0.4
Total Resources	**300.6**	**309.7**	**318.0**
Deficit funded from Balances	**3.6**	**(0.3)**	**(7.6)**
Balances brought forward	19.7	16.1	16.4
Balances carried forward	**16.1**	**16.4**	**24.0**

31. The table above assumes that Council Tax increases by 4.99% in 2023/24 and 2.99% each year after. Based on proposed referendum limits, this would not require a referendum in accordance with Chapter 4ZA of Part 1 of the Local Government Finance Act 1992.

Estimates, Assumptions & Risk Analysis

32. The proposals in this report are based on a number of estimates, assumptions and professional judgements, which are subject to continuous review:

i. that pay inflation does not vary materially from current forecasts;

ii. that the 2023/24 finance settlement and any specific grant income is in line with forecasts (noting in particular that there is uncertainty around the assumed allocation of additional Autumn Statement funding to Dudley);

iii. that the underlying impact of any local government funding reforms (if they occur during the life of this MTFS) is neutral;

iv. that underlying net income from Business Rates rises in line with forecast CPI, and that income and expenditure in respect of the EZ is in line with current forecasts;

v. that the impact of appeals against Business Rates is contained within the provisions assumed in this report;

vi. that the cost of Council Tax Reduction awarded will not substantially exceed forecasts, and the underlying tax base will continue to grow as anticipated;

vii. that cash limited non-pay budgets will be managed so as to absorb any price inflation not specifically provided for in 2023/24 and any inflationary pressures in 2024/25 and 2025/26 will be no more than the amount provided for;

viii. that income and expenditure relating to treasury management activity are in line with forecasts;

ix. that government policy on maximum underlying Council Tax increases without the need for a referendum will be in line with the levels announced at the Autumn Statement;

x. that the Adult Social Care market is able to absorb National Living Wage pressures within the proposed provision;

xi. that employer contributions to the Local Government Pension Scheme (LGPS) are in line with the indicative figures provided pending completion of the triennial review;

xii. that any impact of social care reforms at the end of the MTFS period can be met within the available funding;

xiii. that there will be no material losses to the Council as a result of loans, guarantees and/or grant clawback;

xiv. that spending pressures in relation to Special Education Needs and Disability can be contained within the Dedicated Schools Grant;

xv. that there will be no call on the Council to underwrite the commitments of the West Midlands Combined Authority beyond the contributions outlined in this report;

xvi. that the savings proposals set out in Appendix D will be delivered as planned;

xvii. that the new arrangements for Energy for Waste are mobilised in line with the proposed timetable;

xviii. that there will be no other unplanned expenditure (including any resulting from demographic, legislative or case law pressures) or shortfalls in income, which cannot be met from reserves.

33. The assumptions set out above are subject to uncertainty. In the event that outcomes are more negative than the assumptions in this report, then action (to reduce levels of expenditure or increase income) may become urgent.

Consultation

34. Thousands of people have taken part in the budget consultation over the past few years. Last year there were more than 1,000 valid responses received after an extensive promotion period through the media, social media and through the e-bulletin. Hard copies were also made available in libraries, leisure centres and at Dudley Council Plus. This year, the council will continue to consult far and wide using the extensive reach it has through a range of communications channels as well as working with partner organisations and community groups to encourage more people to have their say. The results will be reported back to Cabinet in the spring.

35. Detailed consultation will also be undertaken with groups identified as being potentially affected by the specific savings proposals, with a particular emphasis on equalities issues. Further information is set out in the Equality Impact section below.

36. A consultation document will be distributed to representatives of Non-Domestic Ratepayers setting out the provisional budget proposals in this report. Consultees will be offered the opportunity for a meeting to be held if there is sufficient interest. Further detailed information (as required in pursuance of the statutory duty to consult) will be distributed in February for comment before the Council Tax setting meeting.

37. In accordance with the Council's Constitution, the Scrutiny Committees will be asked to consider the issues set out in this report and any related specific issues relevant to their Council Plan and service responsibilities in the January cycle. In framing their responses, the Scrutiny Committees will be asked to consider both the spending and funding implications (including the impact on Council Tax) of any observations they may wish to make.

Finance

38. This report is financial in nature and relevant information is contained within the body of the report.

Law

39. The Council's budget setting process is governed by the Local Government Finance Acts 1988,1992, and 2012 and the Local Government Act 2003.

40. The Local Government Act 2003 requires the Chief Financial Officer to report on the robustness of estimates made for the purpose of final budget calculations, and the adequacy of the proposed financial reserves and this will be included in the final budget report.

41. The Localism Act 2011 introduced a new chapter into the Local Government Finance Act 1992 making provision for Council Tax referendums to be held if an authority increases its Council Tax by an amount exceeding principles determined by the Secretary of State and agreed by the House of Commons.

42. The Local Government (Early Termination of Employment) (Discretionary Compensation) (England and Wales) Regulations 2006 are designed to enable a local authority to compensate employees whose employment terminates on grounds of redundancy or in the interests of the efficient exercise of the authority's functions. Any local arrangements in place must also be compliant with the Employment Rights Act 1996 and the Equality Act 2010.

Risk Management

43. The Corporate Risk Register recognises the risk that the Council may be unable to set and/or manage its budget so as to meet its statutory obligations within the resources available. At the last review point, this risk was allocated the maximum rating of 25 (Extreme), reflecting the significant overspend in the current year. The forecasts and proposals in this report improve the outlook. However, significant risks and uncertainties remain (as set out in paragraph 32). The risk rating will be reviewed in due course once the Local Government Finance Settlement has been received and budget proposals have been finalised.

Equality Impact

44. Section 149 of the Equality Act 2010 - the general public sector equality duty - requires public authorities, including the Council, to have due regard to the need to:
    - eliminate discrimination, harassment and victimisation and other conduct that is prohibited by the Act;

- advance equality of opportunity between people who share a protected characteristic and those who don't;
- foster good relations between people who share a protected characteristic and those who don't.

45. Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
    - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
    - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it
    - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

46. The legislation states that "the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities." In practice, this means that reasonable adjustments should be made for disabled people so that they can access a service or fulfil employment duties, or perhaps a choice of an additional service for disabled people is offered as an alternative to a mainstream service.

47. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
    - tackle prejudice, and
    - promote understanding.

48. Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

49. The duty covers the protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

50. An initial assessment of the budget proposals has been made. Where proposals are likely to have a significant equality impact, they will undergo an equality impact assessment informed by consultation with the protected groups who may be adversely affected. The results of this process and any steps which emerge that might help to mitigate any potential impact of the budget proposals on the protected groups will be reported to Members so that they can pay due regard to the Public Sector Equality Duty in making decisions on the budget. In making decisions on budget proposals, Members will need to weigh the Public Sector Equality Duty against the forecast financial position, risks and uncertainties set out in this report.

51. With regard to Children and Young People, a substantial element of the proposed budget for the Children's Services Directorate will be spent on maintaining and improving services for children and young people. The expenditure of other Directorates' budgets will also have a significant impact on this group.

Human Resources / Organisational Development

52. Proposals for the replacement of the obsolete e-learning system for employees are included in paragraph 25 and Appendix C.

53. Severance costs required to achieve the proposed savings, including those relating to pension strain, are dependent on the proportion of savings to be met from staffing reductions and the age and length of service of the individuals being made redundant, and therefore cannot be precisely calculated at this stage. It is considered that the provision of £1.0m during the term of the MTFS should be sufficient to cover the costs of any redundancies necessary to achieve the savings proposed in this report.

Commercial / Procurement

54. Proposed savings in paragraph 26 and Appendix D include savings from a number of commercial services including Leisure Centres.

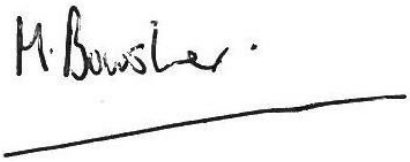
Environment / Climate change

55. Proposed savings in paragraph 26 and Appendix D include new energy from waste arrangements which represent an opportunity for the Council to consider a broader Energy Strategy and deliver on net zero targets.

Council Priorities

56. The aspirations set out in the Council Plan can only be delivered if the Council is financially sustainable.

.....	.....
Kevin O'Keefe **Chief Executive**	**Iain Newman** **Director of Finance and Legal**



.....	.....
Mayada Abuaffan **Acting Director of Public Health and Wellbeing**	**Matt Bowsher** **Director of Adult Social Care**

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Appendix A

2022/23 Forecast Outturn position

	Latest Budget £'m	Latest Outturn £'m	Variance £m	Comment variance
Chief Executives	(0.3)	0.2	0.5	Cost of pay award £0.2m, senior management cover £0.2m and pressures on CAPA £0.1m.
Adult Social Care	112.0	114.3	2.3	Cost of pay award £1.1m and pressure on care packages £5.0m. Offset by additional client contributions (£1.8m), vacancy savings (£1.5m) and maximising use of grant (£0.5m).
Children's Services	79.9	82.9	3.0	Cost of pay award £0.7m, net CLA placement pressure £1.9m, transport £0.8m, CDT pressures £0.4m, Innovate social work teams £0.4m and legal fees £0.1m. Offset by vacancy savings (£0.9m), Staying Put grant (£0.2m) and Supporting Families (£0.2m).
Health and Wellbeing	3.8	3.8	-	
Finance and Legal Services	5.1	5.8	0.7	Cost of pay award £0.6m, coroners £0.2m, Covid grant repayment £0.1m and care leavers support £0.1m. Offset by vacancy savings (£0.3m).
Digital, Commercial and Customer Services	5.3	5.6	0.3	Cost of pay award £0.3m.

	Latest Budget £'m	Latest Outturn £'m	Variance £m	Comment variance
Housing and Community	3.0	2.8	(0.2)	Cost of pay award £0.1m. Offset by vacancy savings and maximising use of grant (£0.3m).
Public Realm	54.7	55.9	1.2	Cost of pay award £0.9m, 37% increase to Street Lighting energy and other utilities £0.5m, increased fuel costs £0.4m, sickness cover for front line Waste Care operatives £0.2m. Offset by 13 month credit note for inventory correction (£0.4m), additional income (£0.3m) and vacancy savings (£0.1m).
Regeneration and Enterprise	11.5	14.6	3.1	Cost of pay award £1.0m included within the following variances: Sport and Leisure pressures of £1.2m, Catering £0.8m, Property £0.5m, Bereavement £0.3m, Halls £0.2m, Regeneration projects £0.2m. Offset by other savings (£0.1m).
Corporate & Treasury	9.8	9.1	(0.7)	Pressures of £0.5m recharges to DSG. Offset by net saving on slippage of capital programme and borrowing costs (£0.6m), Brexit grant refund (£0.1m), Past Service pension contribution surplus (£0.3m) and other savings (£0.2m).
Total Service Costs	**284.8**	**295.0**	**10.2**	
Total Funding	(287.0)	(287.5)	(0.5)	Net favourable variance due to Business Rates S31 grant and reserve (£0.5m).

	Latest Budget £'m	Latest Outturn £'m	Variance £m	Comment variance
Use of Balances	**(2.2)**	**7.5**	**9.7**	

Appendix B

Delivery of existing Medium Term Financial Strategy

	£'000	Comment
2021/22		
Adults		
Streamline the Lye Community Project	50	Achieved
Cease the moving and handling team and transfer functions to Occupational Therapy	50	Achieved
Maximise contributions to social care (Fairer Charging)	580	Achieved
Glebelands contract remodelling.	30	Achieved with alternative
Supported Living Package reviews in Mental Health	20	Achieved
Review and update the charging policy for transport	160	Achieved
Contract out aspects of the money management function	30	Achieved with alternative
Integrated Commissioning Hub restructure - assume straight 5% saving whilst still creating Cross Directorate / Council Programme resource	70	Achieved
Restructure of Mental Health Team and efficiencies from exit of Section 75 agreement.	250	Achieved
Streamline of the invoice processing functions following the implementation of Successor Social Care IT system	60	Part of pressures
Continuing Health Care contributions to offset general fund expenditure on complex Learning Disability care	500	In progress
Reduction of 50% of the budget for hospital avoidance placements	290	Part of pressures
Reduce the Residential Care Placement for older people budget by 5% to reflect the increasing shift to domiciliary care.	120	Part of pressures
Residential Care Charging Fraud Initiative – tackle fraudulent asset disposal in regard to Residential Care financial assessment and charging	200	Achieved
Total	**2,410**	
Children's Services		

	£'000	Comment
Managed step down from external residential placements	425	In progress but new pressures emerging
Movement of external placements into internal residential placements	375	In progress but new pressures emerging
Review of home to school transport for SEND children	220	In progress but new pressures emerging
Total	**1,020**	
Regeneration and Enterprise		
Dudley Town Hall - increase the catering and bar offer.	50	In progress
Himley – staff re-structure	40	Delayed
Bereavement: stop locking cemetery gates	30	Not achievable
Leisure Centres: Options Plus Discount scheme - reduce or remove certain categories	20	Delayed
Total	**140**	
22/23		
Adults		
Streamline the Lye Community Project	50	Achieved
Cease the moving and handling team and transfer functions to Occupational Therapy	60	Achieved
Glebelands contract remodelling.	30	Achieved with alternative
Review and update the charging policy for transport	60	In progress
Contract out aspects of the money management function	30	Achieved with alternative
Integrated Commissioning Hub restructure - assume straight 5% saving whilst still creating Cross Directorate / Council Programme resource	90	Achieved
Restructure of Mental Health Team and efficiencies from exit of Section 75 agreement.	150	Achieved
Total	**470**	

	£'000	Comment
Children's Services		
Managed step down from external residential placements	425	Unachievable
Movement of external placements into internal residential placements	375	Unachievable
Total	**800**	
Chief Executive		
Income from Boundary signs	40	In progress
Total	**40**	
Regeneration and Enterprise		
Estate rationalisation - Regent House Dudley	50	Achieved
Estate rationalisation - Cottage St Offices, Brierley Hill	30	Achieved
Himley - increase in car park income generation due to recent price increase. Per Decision Sheet DRE/25/2021.	20	Achieved
Halls - net increase in income from ticket sales, bar, and food as a result of increased number of shows following additional capital investment per recent Business Case	100	In progress
Leisure Centres - increase in income as a result of increasing the price of peak usage of the leisure pool at CLC and badminton	100	Achieved
Bring bars back in-house for Stourbridge Town Hall & Cornbow Hall	10	In progress
Total	**310**	
Housing and Community		
Remove funding earmarked to match fund PSCO recruitment with Police	250	Achieved
Total	**250**	

Where savings have been partly implemented or delayed, the financial impact is reflected in the 2022/23 outturn forecast in Appendix A or is being met from directorate earmarked reserves.

Appendix C

Additional Spending

Adult Social Care	**Category**	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Funding for market pressures as a result of cost of care increases	UN	1,940	1,940	1,940
Total		**1,940**	**1,940**	**1,940**

Children's Services	**Category**	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Transport pressures for special educational needs.	UN	650	650	650
Children with Disabilities Team - Direct payments, due to demand, in year growth and inflationary pressures (national living wage)	UN	450	450	450
Looked After Children placements - net forecast pressures on external residential placements.	UN	1,800	-	-
Total		**2,900**	**1,100**	**1,100**

Chief Executive	**Category**	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Replacement of obsolete e-learning system for employees	UN	100	60	60
Increase to Strategic Contingency Fund	EM	100	100	100
Contribution to ongoing Communication and Public Affairs service pressures but with reduced ongoing resource for Forging the Future now that this has been implemented	OR	20	-	-
Internal communications and engagement officer	OR	20	20	20
Total		**240**	**180**	**180**

Finance and Legal Services	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Additional costs of Black Country Coroner and contract with Dudley Group Hospitals	UN	200	200	200
Increase in external audit fees	UN	330	330	330
Total		**530**	**530**	**530**

Digital, Commercial and Customer Services	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Upgrade of Umbraco web content management system from version 7 (end of life in Sept 2023) to version 10 to remain Public Services Network (PSN) compliant.	UN	30	-	-
Migration of Umbraco to hosting in cloud.	OR	-	70	30
Robotic Process Automation pilot study / proof of concept.	OR	50	40	40
Relocation and reuse of 17 surplus contracted Virgin Media fibre circuits (@£4k each) because of schools not re-contracting in January 2021 to a new DGFL contract plus 1 new circuit (@£6k)	UN	80	80	80
Replacement of core data centre storage that is unsupportable from 2023.	UN	60	60	60
Upgrade or replacement of our contract management system.	OR	-	60	30
Permanent funding for Commercial Business Analyst post.	OR	60	60	60
E5 licensing model to enable additional benefits of using the enhanced security, telephony, Business Intelligence, and data management.	OR	340	470	490
Royal Mail price increase	UN	100	110	120
Northgate cloud migration	OR	120	70	70

Digital, Commercial and Customer Services	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Investment in a business intelligence tool that allows us to derive insight from data and become an organisation that makes decisions based on data	OR	30	-	-
Contractual inflationary pressures on Libraries	UN	280	350	140
Additional costs arising from investment in new firewall technology	UN	90	90	90
Total		**1,240**	**1,460**	**1,210**

Regeneration and Enterprise	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Burial land requirements – debt charges relating prudential borrowing of £3.9m in relation to the cost of land purchase and subsequent works required.	UN	-	80	150
Dudley Canal Maintenance Agreement with Dudley Canal Trust	UN	10	20	20
Costs of more deployable CCTV cameras and reconnecting existing cameras	EM	40	40	70
Black Country Plan	UN	120	130	250
Forecast under-achievement of school catering income based on 2022/23 activity	UN	450	450	450
Electricity Prices Admin Buildings, Leisure Centres & Bereavement Services	UN	1,000	1,000	1,000
Gas Prices Admin Buildings, Leisure Centres & Bereavement Services	UN	300	300	300
Leisure Centres income under-achievement	UN	300	300	300

Regeneration and Enterprise	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Impact of National Living Wage on outsourced Cleaning Contract for Admin Buildings	UN	20	40	60
Salary costs to retain Impact Project staff for a 3 month period prior to the commencement of the UK Shared Prosperity fund.	OR	160	-	-
Loss of income in relation to future regeneration proposal	EM	80	80	80
Total		**2,480**	**2,440**	**2,680**

Public Realm	Category	2023/24 £'000	2024/25 £'000	2025/26 £'000
Vehicle Fuel price increases	UN	400	400	400
Electricity Prices Street lighting & Depots	UN	1,800	1,800	1,800
Pop-up Household Waste and Recycling	EM	120	120	120
Removal of Public Health Funding	UN	100	100	100
Growth for Parks Development	EM	300	300	300
Investment in Commercial Waste Business	OR	70	70	70
EFW contract inflation	UN	-	120	200
Waste disposal - inflation pressures across the three main disposal contracts	UN	60	120	180
Total		**2,850**	**3,030**	**3,170**

Key
UN – Unavoidable cost pressures
EM – Elected Member priority
OR – Officer recommendation

Appendix D

Proposed Savings

Adult Social Care	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Income generation through fairer cost policy change, financial reviews and implementing charge on first day of confirmation permanent stay in a care home	30	70	100
Increase in joint funding agreements	600	1,040	1,700
Transformation of service structures	370	570	650
Application of eligible grant funding to support services	50	70	70
Deploy pre-payment cards and apply new approaches to the financial oversight of Direct Payments	100	210	210
Review, assessment, and appropriate financial packages of care	230	370	460
New bed based banding framework	120	250	350
Increase charges to Private residents for Telecare services	130	160	160
Reduce the Creative Support contract by 50% when current extension ends	160	160	160
Total	**1,790**	**2,900**	**3,860**

Children's Services	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Efficiency savings - review of expenditure budgets for low/medium risk areas inclusive of car mileage (post lockdown), supplies and services, premises, and a review of terminated pension agreements. Staffing savings arising from vacancy review	350	350	350
Youth Justice Service - reorganisation following changes to service delivery	90	90	90
Redirection of grant funding via partnership delivery to support Early Help	40	40	40
Cessation of voluntary sector contract	30	30	30

Children's Services	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Education Business Partnership - vacancy review	30	30	30
Families Come First - prior year growth funding released now service embedded	110	110	110
Efficiency as a result of implementing market forces and avoiding excessive use of agency staff	100	100	100
Family Safeguarding	-	540	2,000
Total	**750**	**1,290**	**2,750**

Chief Executive	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Vacancy management in HR&OD	60	90	130
Remove vacant Corporate PMO & Performance Support Assistant post	30	30	30
Vacancy management and reduced hours / posts in Communication and Public Affairs team (including Graphic Design and Forging the Future support)	-	-	160
Total	**90**	**120**	**320**

Digital, Commercial and Customer Services	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Reduction in c.4 customer service advisors in DC+ and increase customer self-serve	-	120	470
Efficiencies resulting from new Libraries service / contract	-	360	1,080
Removal of ADSL on completion of Fibre Optic installations	10	10	10
Not recruiting a role on digital and a role in technology	70	70	70
Reduction in printing costs	30	40	50
Reduction in print and mailing costs	30	150	210
Virtualisation and consolidation of servers	30	40	50

Digital, Commercial and Customer Services	2023/24 £'000	2024/25 £'000	2025/26 £'000
Advancing to E5 Technology provides the most advanced functionality of Microsoft Office applications and additional security, giving an opportunity to rationalise other applications that are no longer required	100	100	100
Northgate cloud migration savings	-	60	60
Total	**270**	**950**	**2,100**

Regeneration and Enterprise	2023/24 £'000	2024/25 £'000	2025/26 £'000
Cease providing support for existing (and prospective) community groups/centres	80	80	80
Review and reduction in cleaning consultancy services	20	20	20
Dell Stadium - to implement price changes from September 2022	30	30	30
Saving of annual subscription to the Black Country Consortium as a result of the winding up of the BCLEP/BCC	50	50	50
Leisure Centres - savings	560	560	560
Phased transfer of the school meal service	-	500	1,000
Himley - net increase in car park income and secondary spend due to increased visits as a result of the installation of Play Area.	70	90	90
Halls - net increase in income from ticket sales, bar and food as a result of increased number of shows following additional capital investment of £550k	50	110	110
Estate rationalisation - Regent House Dudley	100	100	100
Total	**960**	**1,540**	**2,040**

Finance and Legal	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Reduced costs of self-insurance	100	100	100
Vacancy management in Revenues and Benefits	80	120	210
Adjust Members' Allowance budget to reflect entitlement to no more than one responsibility allowance	50	50	50
Total	**230**	**270**	**360**

Housing and Community	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Staff costs to be met from Homelessness grants.	40	40	40
Reduce abortive fees for Disabled Facilities Grants	10	10	10
Reduce costs incidental to Disabled Facilities Grants	20	20	20
Total	**70**	**70**	**70**

Public Realm	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Review Depot security	40	40	40
Parking - Review of charges (free hours remain)	140	140	140
Utilise Symology as the IT system for Street Lighting and end the contract with Mayrise as from 31st March 23	10	10	10
Review of current free surface car parks	40	90	90
Street Lighting Energy- Invest to save proposal, LED lighting across the Borough	140	300	450
Review of car parks maintenance	-	30	30
Closing NBW facility and move to Lister Road - Lease expires March 24	-	30	30
Efficiencies for MOT's	50	60	60
Stores review	170	210	210
Fleet review	150	190	190
Energy For Waste arrangements	2,000	2,000	2,000

Public Realm	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Review of parking enforcement	100	200	200
Reducing Market Saturday Rounds from 2 to 1	10	10	10
Savings from not deploying waste to HWRC	200	200	200
Trade Waste - Round Optimisation	50	50	50
Growth in Commercial Waste Business Unit	-	170	170
Review of Green Care working practices.	80	80	80
Savings from Directorate Restructure phase 1	30	30	30
Depot review - Blowers Green	10	10	10
Street Lighting efficiency review	70	70	70
Changes to standby/call out arrangements for winter gritting	20	20	20
Review of HWRC operating hours	210	210	210
Total	**3,520**	**4,150**	**4,300**

Health and Wellbeing	**2023/24 £'000**	**2024/25 £'000**	**2025/26 £'000**
Continued work on Public Health Grant funded substance misuse preventative measures, to reduce use of rehabilitation beds.	100	100	100
Total	**100**	**100**	**100**

Meeting of the Health and Adult Social Care Scrutiny Committee - 25th January 2023

Report of the Joint Acting Director of Public Health and Wellbeing and Dudley Managing Director, Black Country Integrated Care

Update on the Health Inequalities Strategy

Purpose of report

1. To seek support from the committee on adopting a system wide approach to addressing the inequality gap in Dudley

2. To explore ways to increase the input of the wider system on this approach

Recommendations

3. It is recommended that Scrutiny:

- Make a commitment to working together as a system to reduce the inequality gap and ensure that our vision and objectives are made real for the people of Dudley.
- Agree that the Joint Strategic Needs Assessment underpins the way we determine our priorities and actions. Furthermore, we ensure we have sufficient resource and analytic support across the system.
- Support that all our work is underpinned by our agreed principles and new ways of working.
- Agree to commit to working with our local communities and ensuring their voices are incorporated into the planning and implementation of our joint vision and objectives to achieve our priorities and reduce the inequality gap

Background

4. Dudley Integrated Care System (ICS) is the overall health and care system for Dudley and is responsible for working with a population of approximately 323,500 people. Our communities are diverse and there are significant inequalities across the population between different geographies at various levels from neighbourhoods to the overall gaps between our ICS and the England average, different identity communities such as LGBT+ (lesbian, gay, bisexual and trans), ethnic and disabled communities and different communities of experience such as veterans, carers, sex workers.

5. Dudley Metropolitan Borough Council is committed to reducing health inequalities within the Dudley Integrated Care System (ICS) and to remember it is not the priority of one part of the system – health inequalities are everyone's priorities. It is important to understand what the system consists of given the changing landscape. The way in which has been proposed that ICS establish themselves is shown in Figure 1. The Structure for Dudley is shown in Figure 2.

6. Fig 1: Integrated care systems (ICSs) from July 2022 (Kings Fund 2022)

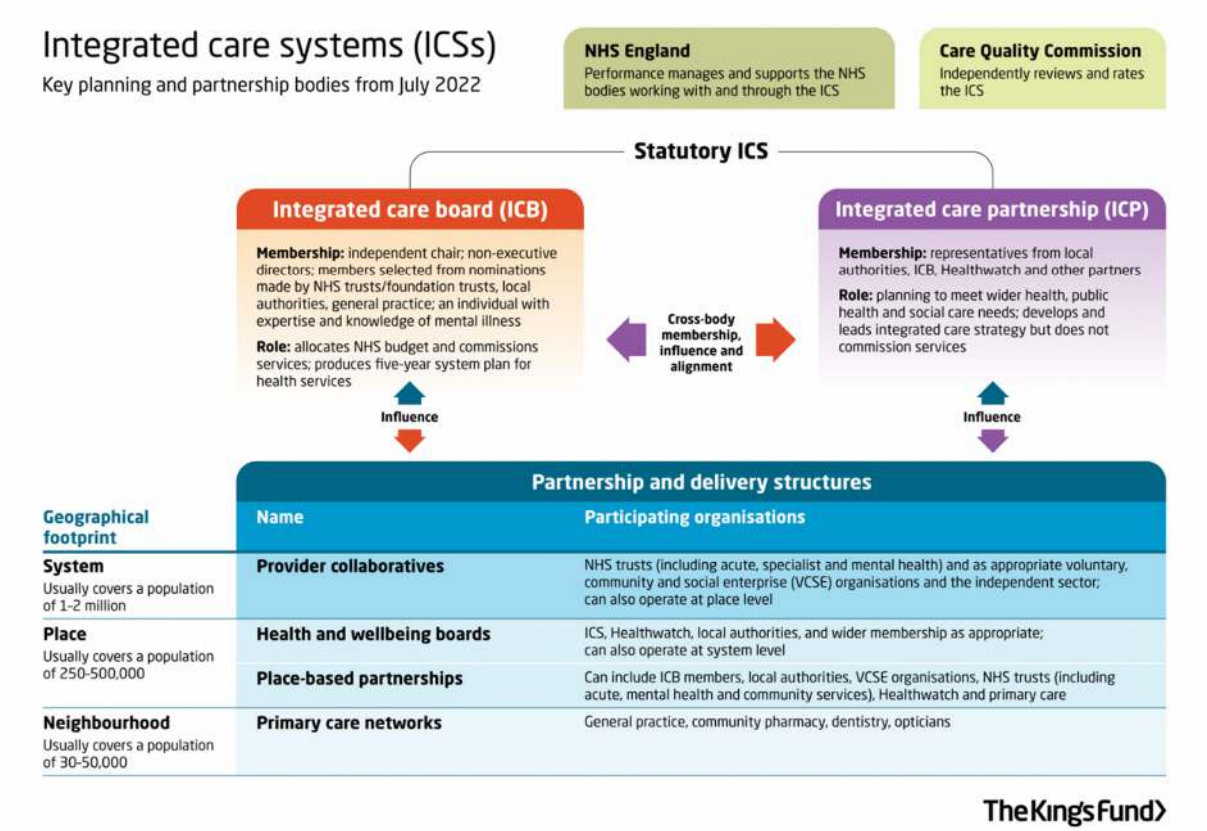
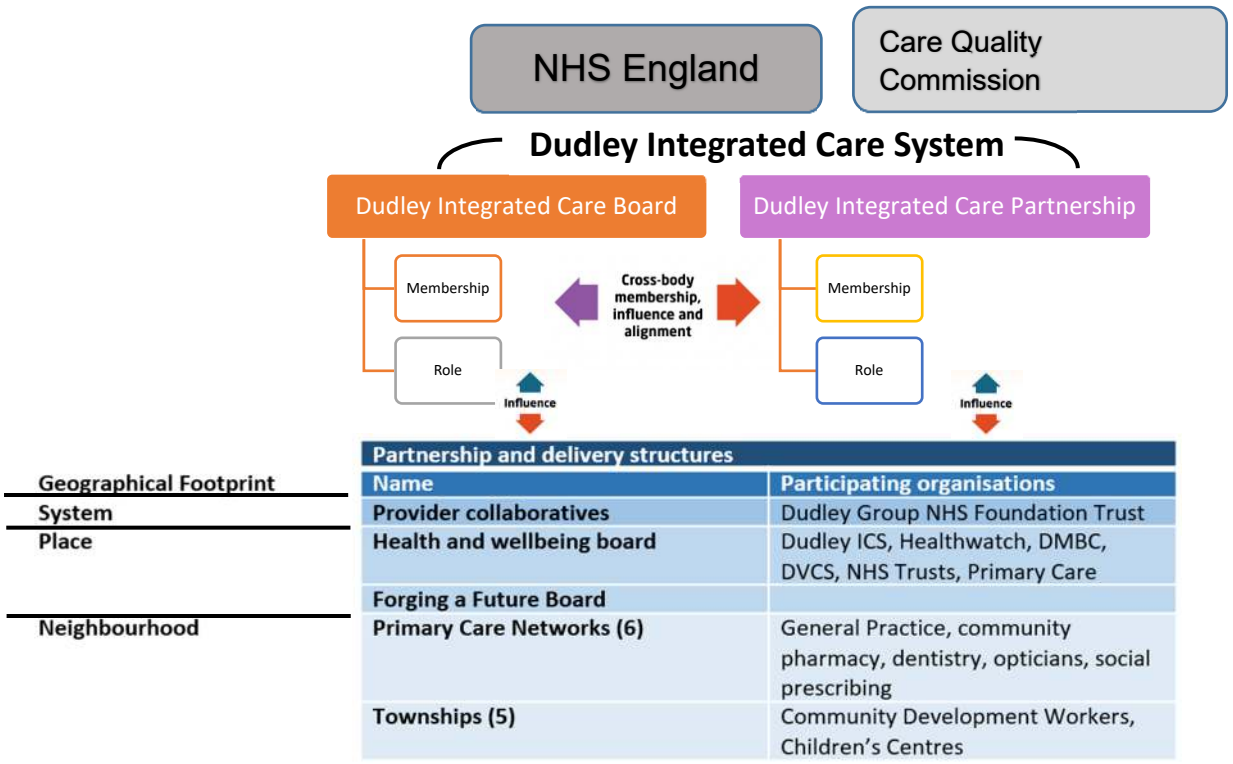


Fig 2: Dudley Integrated Care System and Metropolitan Borough of Dudley Structure



7. Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

8. Our structure and approach are based on the principle of subsidiarity: doing things at the right level of the system to be efficient and effective in delivering better outcomes for people and making the most of the partnerships, knowledge, assets, and capability in various parts of our system. This is reflected in the governance structure which seek to bring decisions and design of solutions with and as close to communities as possible and drive action based on evidence alongside local insight.

9. The governance structure is currently being developed. Approval to establish an Inequality Board that will report to the Dudley Health and Wellbeing Board has been agreed. A technical group analytic group has also been agreed which reports into this group. However, these arrangements have not been developed in totality. A relationship chart will be confirmed at a later stage and incorporated into this document.

10. However our ambition can only be achieved working in partnership across boundries, between organisations and with people. It is essential that Dudley system understand this and model true partnership behaviours. We want to ensure that we address the Wider Determinants of Health which impact on health inequalities through our joint endeavours.

Our Legal Duties

11. The National Health Service Act 2006 as amended by the Health and Social Care Act 2012. Duties on NHS England and clinical commissioning groups (CCGs) to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved NHS England and CCGs must exercise their functions with a view to securing that health services are provided in an integrated was. Where they consider that this would reduce inequalities in access or outcomes NHS England and CCGs must produce annual plans and reports explaining how they will/have discharged duties.

12. Equality Act 2010 - Public sector equality duty with three arms: i) prevent unlawful discrimination, ii) advance equality of opportunity, and iii) foster good relations between people who share a protected characteristic and those who do not. There are specific equality duties on publishing equality information and setting and publishing equality objectives

13. Health and Care Act 2022 - The Health and Care Act 2022 will introduce a range of obligations on NHS bodies in relation to health inequalities. Tackling inequalities in outcomes, experience and access is one of the four key purposes of an ICS, supported by specific duties.

14. New Integrated Care Board (ICB) obligations on health inequalities

    - a new duty on health inequalities for ICBs: 'Each integrated care board must, in the exercise of its functions, have regard to the need to— (a) reduce inequalities between persons with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.'
    - a new quality of service duty on ICBs which includes addressing health inequalities
    - a duty to promote integration where this would reduce inequalities in access to services or outcomes achieved
    - duties on ICBs in relation to several other areas which require consideration of health inequalities – in making wider decisions, planning, performance reporting, publishing certain reports and plans, annual reports, and forward planning

15. In addition, each ICB will be subject to an annual assessment of its performance by NHS England, which will assess how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities, improving quality of service, and public involvement and consultation.

16. New requirements to publish inequalities data for ICBs, Trusts and Foundation Trusts **-** NHS England must publish a statement about use of information on inequalities in access and outcomes, setting out the powers available to bodies to collect, analyse and publish such information, and views about how the powers should be exercised. NHS bodies should publish annual reports describing the extent to which NHS England steers on inequalities information have been addressed

17. Our Priorities in Dudley - In 2018, before Covid-19 struck, Dudley Metropolitan Borough Council published its vision for 2030. This vision and its seven aspirations remain relevant despite what has happened over the course of the pandemic.

    - Tourism: Home of rich heritage and a unique visitor attraction
    - Towns: Home to diverse towns and a world class retail offer
    - Transport: Home to world-leading transport and connections
    - Business: Home to hard graft, enterprise and innovation
    - Education: Hone the skilled workforce of tomorrow
    - Community: Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
    - Environment: Home to places of inspiring natural beauty, our green spaces

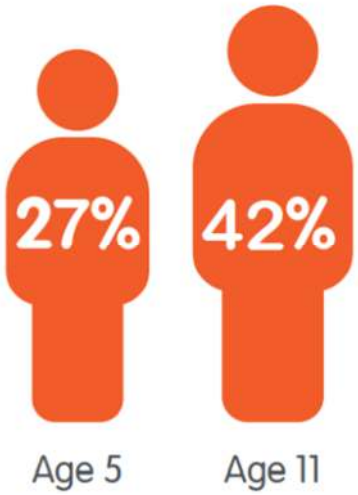
18. The fundamental purpose of the ICS is to improve the health of the people it serves and the core challenges for Dudley ICS are reducing loneliness and isolation, childhood obesity and reducing poverty.

    <u>Health and Wellbeing Challenges</u>

19. Life expectancy: In some parts of the borough, people are living shorter lives and more of their lives in poor health. People living in these areas can expect to live to 55 in good health, while in other parts of the borough people can expect to live to 71 in good health. This gap is bigger for men than women.

20. Dudley Health and Wellbeing Board goals: the current Dudley Health and Wellbeing strategy says that the biggest impact on reducing the effects of disadvantage and increasing the strength of our communities can be achieved by focusing our energies on our 3 goals:

21. Promoting healthy weight



From ages 5 and 11, **overweight** and **obesity** increases in Dudley. More adults are overweight and obese in Dudley relative to England, and levels are higher in our more disadvantaged areas.

We know that if we establish healthy habits early in life our children and young people are more likely to be a healthy weight as adults. (2019/20)

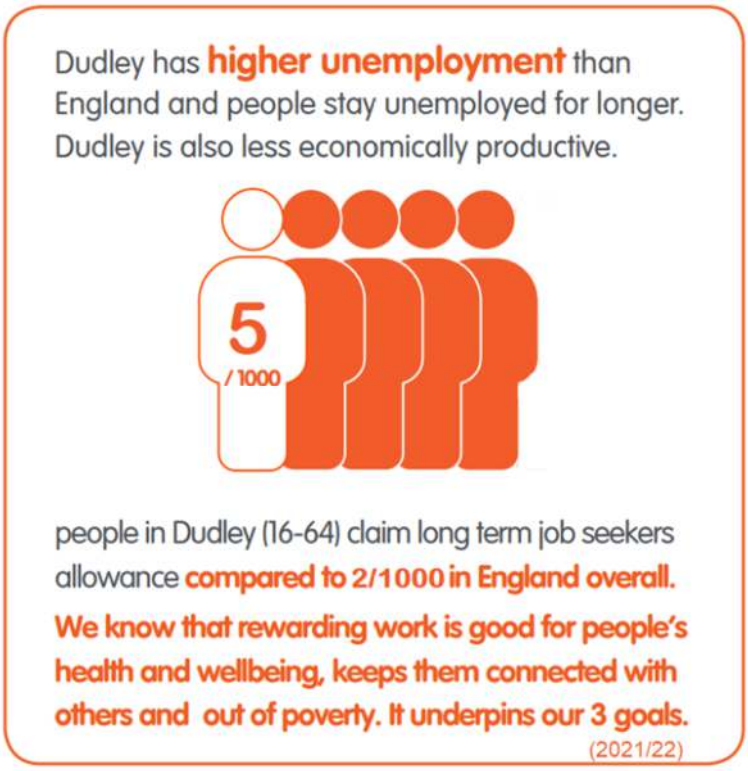
22. Reducing the impact of poverty

25%

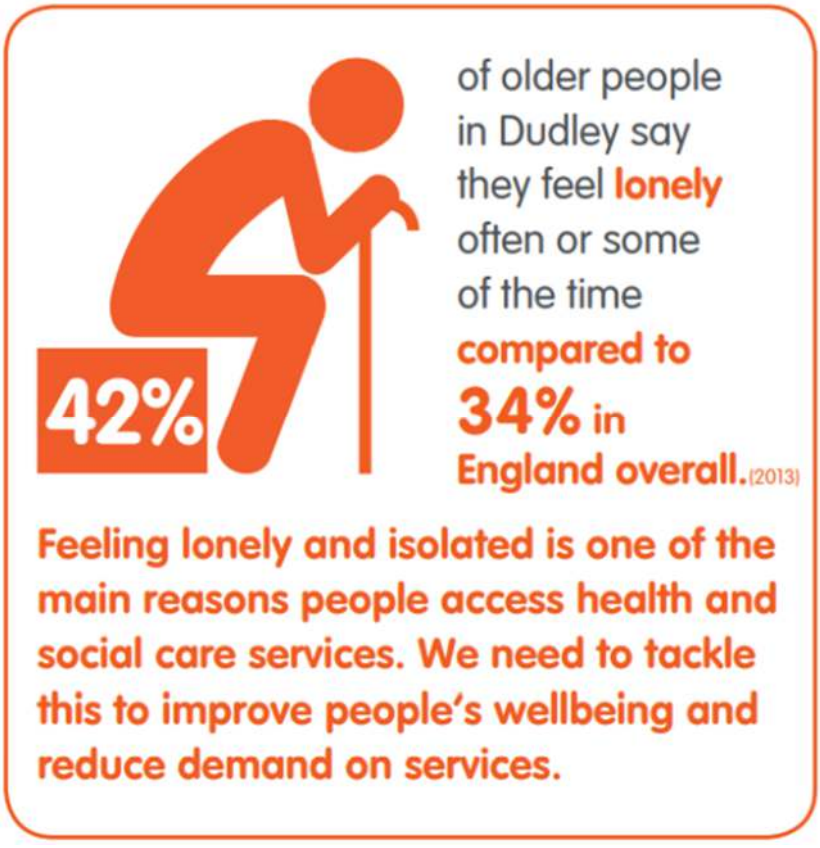
of young people aged under 16 live in **poverty** in Dudley

compared to 19% in England. (2021)

We know that living in poverty is a key driver of poor health and wellbeing and impacts on the healthy life gap between areas in the borough.



23. Reducing loneliness and isolation.



The emotional wellbeing and education of children underpins all 3 of these goals

24. The following tables (Table 1 – 3) set out where Dudley currently sits in terms of its health inequality indicators. Some of these indicators will take a considerable amount of time to see a change; the first table shows the long-term indicators - Table 1 indicates metrics that will require a 10-year period for change to occur. The final column sets out how Dudley compares to England. Table 2 sets out the community medium-term metrics which will take 5 years or less to foresee a change. The final column indicates where Dudley sits in comparison to England. Finally, table 3 indicates the place and locality medium-term metrics which will take 5 years or less to see a change. The final column indicates where Dudley sits in comparison to England.

25. Table 1 - ICS Level Long Term Metrics – 10yr trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.4	34.6	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.5	22.6	Worse
Overweight and obese adults (%)	2020/21	66.8	36.8	Similar
Life Expectancy at birth – male (years)	2020	77.8	78.7	Worse
Life Expectancy at birth – female (years)	2020	81.8	82.6	Worse
Life Expectancy at 65yrs – male (years)	2020	17.5	18.1	Worse
Life Expectancy at 65yrs – female (years)	2020	20.4	20.7	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.2	9.7	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.6	7.9	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.3	5.2	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.7	4.8	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.5	62.4	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.1	60.9	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.7	9.8	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.6	9.9	Similar

26. Table 2 - Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.4	34.6	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.5	22.6	Worse
Overweight and obese adults (%)	2020/21	66.8	36.8	Similar
Life Expectancy at birth – male (years)	2020	77.8	78.7	Worse
Life Expectancy at birth – female (years)	2020	81.8	82.6	Worse
Life Expectancy at 65yrs – male (years)	2020	17.5	18.1	Worse
Life Expectancy at 65yrs – female (years)	2020	20.4	20.7	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.2	9.7	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.6	7.9	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.3	5.2	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.7	4.8	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.5	62.4	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.1	60.9	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.7	9.8	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.6	9.9	Similar

27. Table 3 - Place and Locality Level Medium Term Metrics – 5 year trajectory of change

Indicator	Time Period	Dudley	England	Dudley compared to England
Under 75yr mortality rate from cancer considered preventable (rate per 100,000)	2020	62.9	51.5	Worse
Suicide rate (rate per 100,000)	2019 - 21	10.3	10.4	Similar
Stroke admissions (all ages) (rate per 100,000)	2020/21	137.1	161.8	Better
Smoking in early pregnancy (%)	2018/19	15.7	12.8	Worse
Prevalence of smoking in adults (%)	2020/21	16.9	15.9	Worse
Prevalence of Diabetes (QOF Prevalence) (%)	2020/21	8.0	7.1	Not compared
Prevalence of Cardiovascular disease (QOF Prevalence) (%)	2020/21	4.0	3.0	Not compared
Infant Mortality Rate (per 1,000 live births)	2018 - 20	4.3	3.9	Similar
Emergency hospital admissions for intentional self-harm (rate per 100,000)	2020/21	152.0	181.2	Better
Emergency admissions for COPD (rate per 100,000)	2019/20	479.2	415.1	Worse
Early access to maternity care (%)	2018/19	74.8	57.8	Better
Children achieving a good level of development at 2-2.5yrs (%)	2020/21	72.0	82.9	Worse
CHD admissions (all ages) (rate per 100,000)	2020/21	369.3	367.6	Similar
Cancer mortality (All causes) (standardised mortality ratio)	2016 - 20	106.3	100.0	Worse
Cancer diagnosed at stage 1 or 2 (%)	2019	58.3	55.0	Better

System Key Performance Indicators (KPIs)

28. It is essential that we have a clear metric dashboard for measuring the progress against this strategy. This will need to sit in cooperation with the national ICS outcomes frameworks and local Health and Wellbeing Board Strategy performance data. It is hoped that in time this will be provided in real-time through Power BI dashboards to show the picture that the ICS serves and highlight the key challenges for each place. These will be enhanced by a suite of more specific analytics products which have yet to be decided but will be able produce more specific recommendations and opportunities for action. In setting out measuring success approach we are modelling the subsidiarity model in our approach, so as the ICS Partnership we are defining the metrics against which we want to see progress and the expected direction of travel, but we expect the ICS Board and to define outcomes and the trajectory to achieving meaningful change by 2033.

29. In setting out our long- and medium-term metrics we recognise the challenges of the continually changing landscape of the public sector, the major impact of socio-economic factors and the changing demographics of our communities and we aim to revisit every two years to ensure these remain relevant and appropriate to achieving our vision and ambition as a system.

30. **ICS Level Long Term Metrics – 10yr trajectory of change**

↑ Life Expectancy at birth and at 65yrs

↑ Disability Free Life Expectancy at birth and at 65yrs

↓ Inequalities in Life Expectancy within Place and between communities of identity

↓ Prevalence of excess weight in adults and children

Place and Locality Level Medium Term Metrics – 5yr trajectory of change

↓ Prevalence of Cardiovascular disease

↓ Emergency admissions for cardiovascular disease, especially for stroke and heart attack

↓ Prevalence of Diabetes

↓ Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD)

↓ Infant Mortality

↑ Uptake of antenatal screening

↑ Children achieving proficient level of development at the end of Reception

↓ Cancer Mortality (All Causes)

↑ Increase the proportion of cancer cases diagnosed at stage 1 or 2

↓ Prevalence of smoking

↓ Suicide and Self-Harm rates

Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Ethnic Inequalities

↑ Ensuring continuity of maternity care of women from ethnic communities and from the most deprived groups.

↓ Inactivity in people from ethnic communities compared to the national average

↓ Inequality gap in type 2 diabetes between different ethnic communities

Disability Inequalities

↑ Ensure people with Learning Disabilities and those living with Severe mental illness (SMI) receive annual health checks

↑ Ensure carers receive an annual health check

↓ Inactivity in people with long term conditions and disabilities

Economic Inequalities

↓ Fuel Poverty

↓ Young people not in education, employment, or training

↓ Food Banks

Inclusion Health Populations Inequalities

↓ Drug and alcohol admissions and related deaths

↓ Immunisation and vaccination coverage in inclusion health populations

↑ Early identification of blood borne viruses e.g., HIV, Hepatitis

<u>Governance arrangements</u>

31. There are 3 local partnership bodies with a particular interest in health inequalities and broader issues of inequality:

- Health and Wellbeing Board – with its responsibilities for the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

- Health and Care Partnership Board – with its interest in the integration of health and care services as a means of promoting access, managing complex demand and delivering better outcomes.

- The Forging a Future Partnership – with an interest in those factors that contribute to the wider determinants of health inequality – education, jobs, enterprise, skills, poverty, housing, economic regeneration.

32. It is suggested that the Health and Wellbeing Board should be the prime body responsible for the development and oversight of Dudley's Health Inequalities strategy and its implementation plan with appropriate contributions from the Health and Care Partnership Board and the Forging a Future Executive. See further detail in Annex 1 of the full draft Health Inequalities Strategy.

<u>Co-production and Engagement approach to finalising the inequality strategy</u>

33. Engagement leads from across the Integrated Care System for Dudley Place will come together to focus on a coordinated engagement plan to shape the Health Inequalities Strategy.

34. The engagement plan will include ways to co-design elements of the Health Inequalities Strategy with residents of Dudley

35. System workstreams towards reducing the inequality gap:

Workstream	Priorities and work programmes
• Give every child the best start in life	• Childhood vaccination and screening • First 1001 days (breast feeding, maternity care) • Child Friendly Borough Programme • Childhood obesity • Increased physical activity in CYP • Improvement in school readiness
• Enable all children, young people, and adults to maximise their capabilities and have control over their lives	• Children and young people's mental health and wellbeing • Reduction in CAMHS Tier 4 bed referrals / occupancy • Reduction in self-harm attendance at accident and emergency in adolescence • Increased physical activity in CYP • Improvement in educational attainment • Childhood obesity
• Poverty action plan , needs assessment and strategy	• Work has started across reducing poverty, providing emergency support and prevention of poverty
• Healthy ageing	• Reduce loneliness and isolation • Falls prevention • Health and welling in care homes • Reducing digital exclusion •
• Create and develop healthy and sustainable places and communities	• Violence strategy • Community conversations to inform action plans to address inequalities and health and wellbeing strategy
• Prevention and management of Long Terms Conditions (LTC)	• Cardiovascular disease prevention improving hypertension case finding. • Weight management programmes • Breast screening – access for more deprived groups / people from vulnerable groups / black and ethnic communities. (Dudley Group Hospitals NHS Trust) • Cancer – access and outcomes in the lung cancer pathway. Early detection and improved treatment (Dudley Group Hospitals NHS Trust)

Finance

36. No immediate implications.

Law

37. Health and Social Care Act 2022 outlines the legislative Framework that supports collaboration and partnership working to integrate services for patients and allows the NHS to work alongside long authorities to work together on the wider determinants and to reduce health inequalities.

Risk Management

38. No risks have been identified from this report.

Equality Impact

39. The Health and Wellbeing Board's inequalities approach will have a positive impact on equality.

40. The Council's Equality, Diversity and Inclusion Strategy 2022-25 which is outlines the commitment for progressing Equality, Diversity, and Inclusion in our Borough and workforce and this will be adhered to throughout the Health Inequalities Strategy.

41. Equality Impact Assessments will be completed as required for any work undertaken to support the development of the Strategy.

42. The Strategy includes a focus on children and in Dudley continues to focus on being a Child Friendly Borough; programs of work include giving every child in Dudley the Best Start in Life including First 1001 days and work on reducing Child Poverty.

Human Resources/Organisational Development

43. Consideration needs to be given regarding the call to action across the council in addressing inequalities.

Commercial/Procurement

44. There are no commercial or procurement issues arising from this report.

Environment/Climate Change

45. This Strategy is supportive of the environment/Climate Change agenda of the Council.

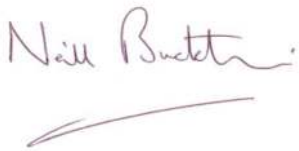
Council Priorities and Projects

46. The Health Inequalities Strategy will address all the Council priorities:
    - Dudley the borough of opportunity
    - Dudley the safe and healthy borough
    - Dudley the borough of ambition and enterprise
    - Dudley borough the destination of choice.

47. The Health Inequalities Strategy will support aspirations of Forging a Future.

48. At present no assessments have been carried out and will be considered as the Strategy is developed impact it has on*:*
    - Digital and Information Technology (including Data Protection)
    - GP, health provisions and public health/health and wellbeing
    - Public transport connectivity
    - Local housing needs
    - Local deprivation and cost of living
    - Green spaces and the safety of the community
    - Corporate Parenting
    - Asset and Property Management
    - Impact on our customer base

Mayada Abuaffan
Acting Director Public Health and Wellbeing



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Black Country Integrated Care Board

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Appendices

Appendix 1 – Draft Health Inequalities Strategy – this includes Annex 1 - Governance arrangements and Annex 2 - Approach to Engagement

Dudley Health Inequalities Strategy

2023-2033

Draft

Version	Date	Author	Key changes/amendments
3.0	01.11.22	MG	1. First Draft has had Mayada's comments included
4.0	22.11.22	MG	2. Summary added 3. Governance annex added. 4. Includes comments from PHSMT 5. Need to include engagement annex in next version
5.0	06.12.22	MG	6. Jody Pritchard's comments included and paragraph on engagement approach

Contents

Summary

Dudley Metropolitan Borough Council is committed to reducing health inequalities within the Dudley Integrated Care System (ICS). The way in which the ICS has been established in Dudley is shown in Figure 2.

Dudley is concerned with both health inequalities, disparities and ensuring all the protected groups are included and will tackle all of these through a life-course approach. We want to see people at the centre of our approach, and this means at every layer of the governance of the ICS system there should be clear and transparent approaches to inclusion of people's voices and consideration of representation and marginalisation.

Dudley will look to maximise health outcomes in all its work. Health outcomes consist of a change in the health status of an individual, group or population, which is attributable to an intervention. Mortality and morbidity are two examples of outcomes.

Dudley Integrated Care System is the overall health and care system for Dudley and is responsible for working with a population of approximately 323,500 people. Our communities are diverse and there are significant inequalities across the population between different geographies at various levels from neighbourhoods to the overall gaps between our ICS and the England average, different identity communities such as LGBT+, ethnic and disabled communities and different communities of experience such as veterans, carers, sex workers.

Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our structure and approach are based on the principle of subsidiarity: doing things at the right level of the system to be efficient and effective in delivering better outcomes for people and making the most of the partnerships, knowledge, assets, and capability in various parts of our

system. This is reflected in the governance structure which seek to bring decisions and design of solutions with and as close to communities as possible and drive action based on evidence and insight of local people.

Our partnerships are crucial as people rarely care about organisational boundaries; they want to experience high quality service delivered in ways that are culturally safe and intelligent by staff who are valued and care about them. We set out our legal duties and who is responsible for each part of the system

Our Priorities in Dudley

In 2018, before Covid-19 struck, Dudley Metropolitan Borough Council published its vision for 2030. This vision and its seven aspirations remain relevant despite what has happened over the course of the pandemic.

1. **Tourism:** Home of rich heritage and a unique visitor attraction
2. **Towns:** Home to diverse towns and a world class retail offer
3. **Transport:** Home to world-leading transport and connections
4. **Business:** Home to hard graft, enterprise and innovation
5. **Education:** Hone the skilled workforce of tomorrow
6. **Community:** Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
7. **Environment:** Home to places of inspiring natural beauty

We set out our long, medium, and short-term indicators showing where we are now and where we want to get to so we can establish a picture for Dudley. In order to reduce health inequalities we need to address the main conditions that lead to the life expectancy gap.

We set our out summary of priorities to address health inequalities

1. Public Health priorities and interlinkages with Forging and Future and the Council Plan
2. Children and Young People
3. Dudley Integrated Health Care Primary Care Networks
4. Dudley Group NHS Foundation Trust
5. Adult Social Care
6. Violence Reduction Partnership
7. Forging a Future
8. Black Country Foundation Trust

Our Vision and our ambitions

Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our ambitions are that

- *our local economy flourishes through our wider role as employers and anchor institutions*
- *We are at the forefront of innovative ideas*
- *That we deliver excellence for the people of Dudley through setting high standards for services*
- *That we use resources effectively.*

Shared Objectives

As a partnership we share the following objectives in our ambition for healthier, happier, and longer lives:

1. Reduce inequalities
2. Integration for our population
3. Protect people from harm
4. Support our citizens across the life course
5. Build a great inclusive workforce
6. Contribute to the wider determinants of health

Principles

The Integrated Care System is committed to shared principles that we want to see practiced at every level of our system in every organisation and we want to see these demonstrated in tangible ways.

- Visible people ownership at every level
- Led by our communities
- Policy informed and embed health in all policies
- Be value driven

New Ways of Working

The ICS is a partnership and to deliver the ambitions of this strategy will require different ways of working together as a system. This will be through:

1. **Subsidiarity**
2. **Joint working**
3. **Consideration of access, inclusion, cultural safety, and health literacy**
4. **Innovation, evidence, and research**
5. **Efficiencies and outcomes**
6. **Measuring Success**

Our Expectations as a Partnership

The ICS Partnership expects that the ICS Board will respond to this strategy through the ICS Operating Framework and its underpinning strategies.

Through the monitoring of the dashboard of indicators the ICS Partnership will assess impact of this operating framework on outcomes alongside the ICS Board reporting on delivery of financial and performance improvements in line with national and regional NHS expectations and the national NHS mandate.

The Partnership will be looking for explicit progress on integration and quality improvement within the first 24 months of the ICB activity, especially to address variation in clinical outcomes in both primary and secondary care and be able to demonstrate progress in enabling and empowering people, patients, and citizens to shape these improvements.

As a Partnership we are committed to supporting the ICS through our leadership and oversight to ensure that the people of Dudley are supported to live healthy, happy, and longer lives through the combined efforts of our system.

Our Recommendations

1. That we make a commitment to working together across the system to ensure that our vision and objectives are made real for the people of Dudley.

2. That the Joint Strategic Needs Assessment underpins our work and that we have sufficient resource and analytic support across the system.
3. That all our work is underpinned by our agreed principles and new ways of working.

Health Inequalities within the Metropolitan Borough of Dudley

Dudley Metropolitan Borough Council is committed to reducing health inequalities within the Dudley Integrated Care System (ICS) and to remember it is not the priority of one part of the system – health inequalities are everyone's priorities. It is important to understand what the system consists of given the changing landscape. The way in which has been proposed that ICS establish themselves is shown in Figure 1. The Structure for Dudley is shown in Figure 2.

Fig 1: Integrated care systems (ICSs) from July 2022 (Kings Fund 2022)

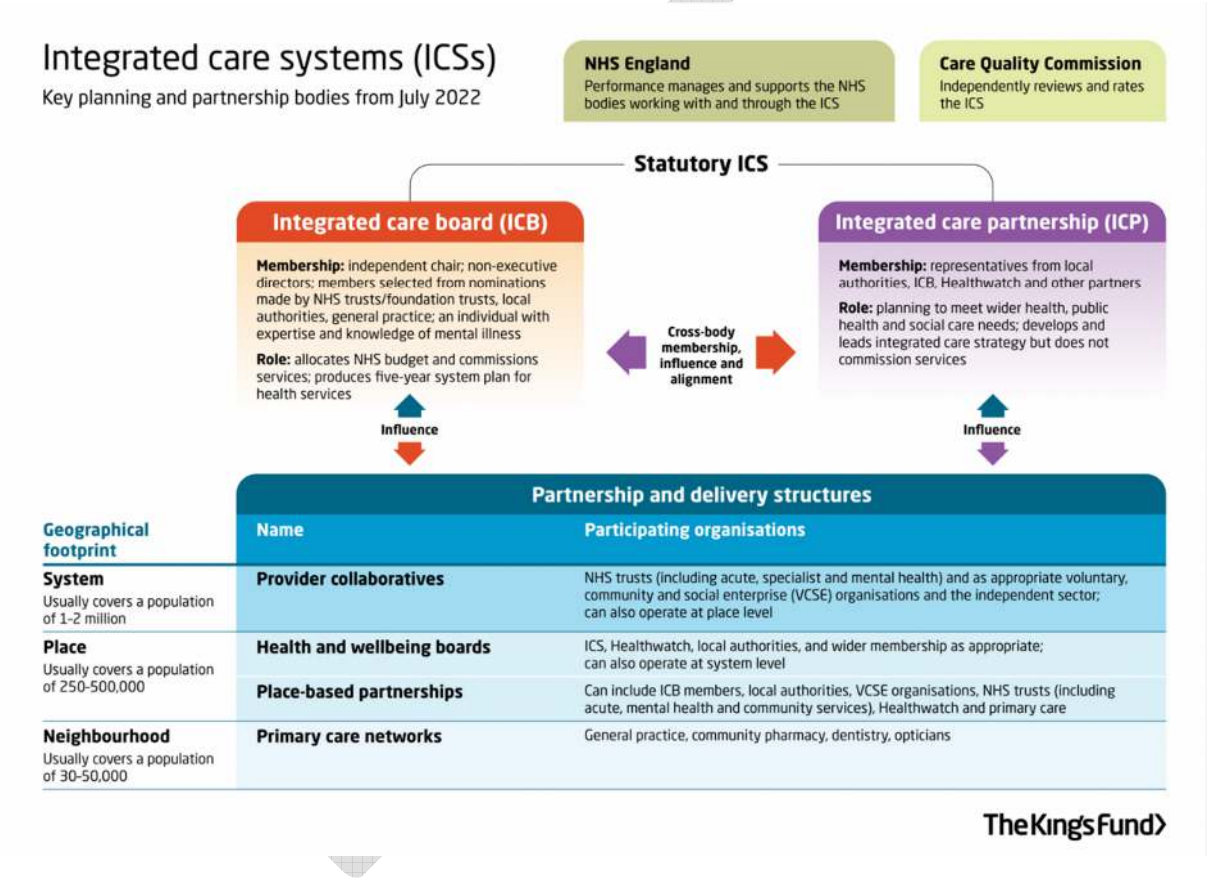
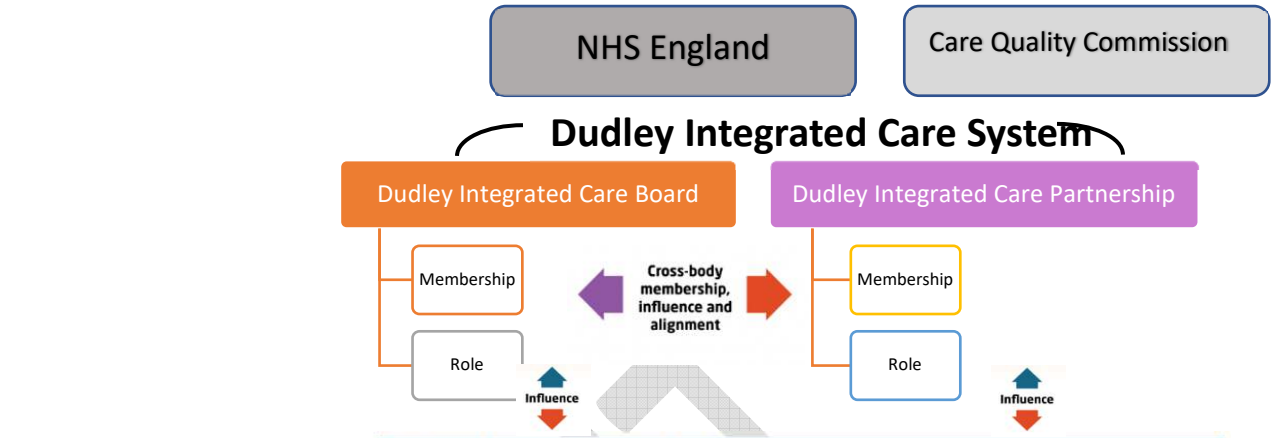


Fig 2: Dudley Integrated Care System and Metropolitan Borough of Dudley Structure



Geographical Footprint	Partnership and delivery structures	
	Name	Participating organisations
System	Provider collaboratives	Dudley Group NHS Foundation Trust
Place	Health and wellbeing board	Dudley ICS, Healthwatch, DMBC, DVCS, NHS Trusts, Primary Care
	Forging a Future Board	
Neighbourhood	Primary Care Networks (6)	General Practice, community pharmacy, dentistry, opticians, social prescribing
	Townships (5)	Community Development Workers, Children's Centres

Health Inequalities

Health inequalities are defined as systematic, unfair, and avoidable differences in health between different people within society.

Health Disparities

Health disparities simply means health differences; whereas health inequalities point specifically to health disparities that are unfair and avoidable – that we can do something about

Inclusion Groups[1]

Inclusion health is a term used to describe people who are socially excluded and experience multiple risk factors for poor health such as poverty, violence, and complex trauma. This can include people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, refugees, asylum-seekers, and undocumented migrants. People

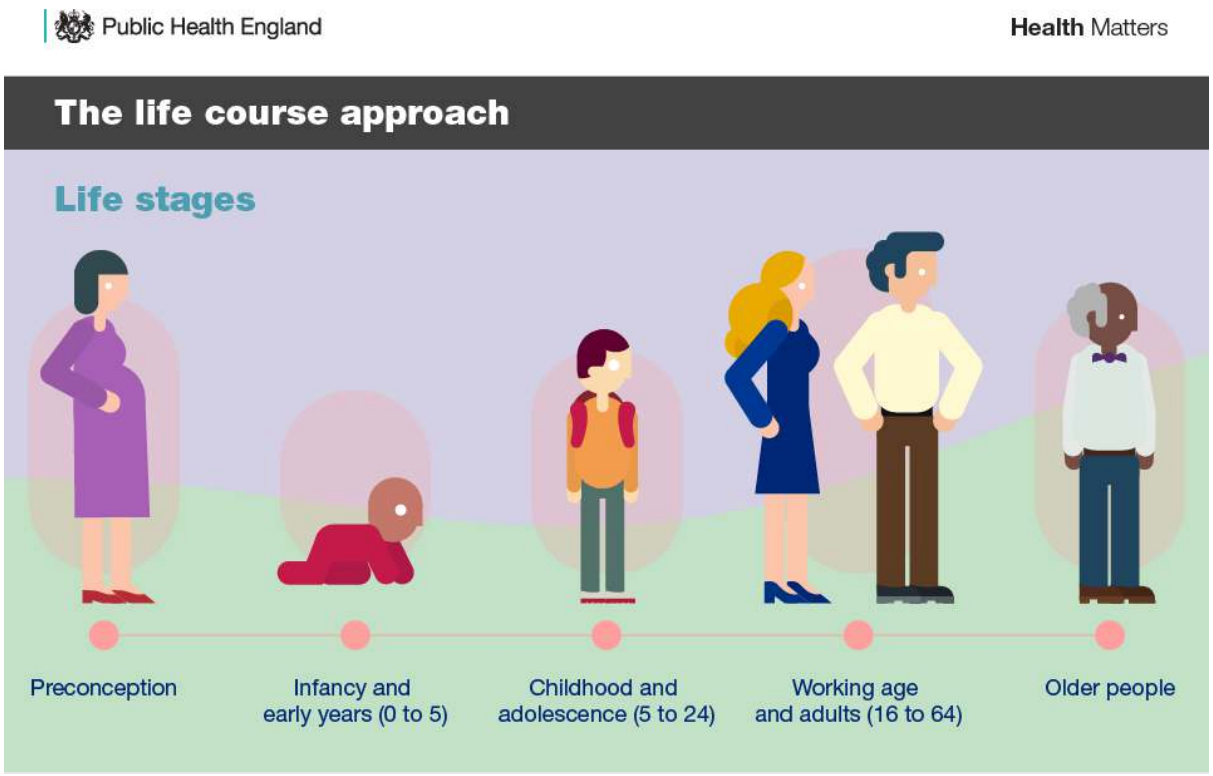
[1] Definition from Long read: winter vaccination for inclusion health groups - UK Health Security Agency (blog.gov.uk)

belonging to inclusion health groups may experience stigma and discrimination and are not consistently included in electronic records such as healthcare databases. They frequently suffer from multiple ongoing health problems and face barriers to accessing healthcare. They may not be registered with a GP or have any information recorded about their health problems in health records. This leads to extremely poor health outcomes, often much worse than the general population, and contributes to increasing health inequalities.

Life-course[2]

Dudley wants to ensure that there is a consideration of the life-course across the system. A person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of social, economic, and environmental factors, alongside behavioural risk factors which often cluster in the population, reflecting real lives. All these factors can be categorised as protective factors or risk factors. Unlike a disease-oriented approach, which focuses on interventions for a single condition often at a single life stage, a life course approach considers the critical stages, transitions, and settings where significant differences can be made in promoting or restoring health and wellbeing. A life-course approach values the health and wellbeing of both current and future generations and recognises that protective and risk factors interplay over the lifespan and that maintaining good functional ability is best achieved through actions at every stage of life.

Fig 2: The Life Course Approach (PHE 2020)



Health Outcomes

[2] Definition from Health matters: Prevention - a life course approach - GOV.UK (www.gov.uk)

Dudley will look to maximise health outcomes in all its work. Health outcomes consist of a change in the health status of an individual, group or population, which is attributable to an intervention. Mortality and morbidity are two examples of outcomes.

Mortality

Mortality refers to the number of deaths that have occurred due to a specific illness or condition. Mortality is often expressed as a rate; this is the number of deaths due an illness divided by the total population at that time of people who could get the illness.

Morbidity

Morbidity is a term that is used to describe the state of having a specific illness or condition, this can be acute or long term.

Co-morbidity describes when an individual has more than one conditions at the same time e.g., high blood pressure and diabetes.

Morbidity can be presented in two ways:

Incidence – the number of new cases of an illness or a condition within a population over a defined period, this can also be a rate or proportion of people within the population with the condition

Prevalence – this is the proportion of the population that has a condition or illness, it includes new and existing cases and can be calculated at a specific point in time or over time. It is usually presented as a percentage or a rate.

Introduction

Dudley Integrated Care System is the overall health and care system for Dudley and is responsible for working with a population of approximately 323,500 people. Our communities are diverse and there are significant inequalities across the population between different geographies at various levels from neighbourhoods to the overall gaps between our ICS and the England average, different identity communities such as LGBT+, ethnic and disabled communities and different communities of experience such as veterans, carers, sex workers.

Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our structure and approach are based on the principle of subsidiarity: doing things at the right level of the system to be efficient and effective in delivering better outcomes for people and making the most of the partnerships, knowledge, assets, and capability in various parts of our system. This is reflected in the governance structure which seek to bring decisions and design of solutions with and as close to communities as

possible and drive action based on evidence and insight from local people.

The governance structure is currently being developed. Approval to establish a Population Health Management group that will report to the Dudley Partnership Board has been agreed. It is likely that this will be developed in conjunction with the approach to health inequalities. It is crucial that these work in tandem. A technical group that incorporates Power BI usage has also been mooted which reports into this group. However, these arrangements have not been developed in totality. A relationship chart will be confirmed at a later stage and incorporated into this document.

However our ambition can only be achieved working in partnership across boundries, between organisations and with people. It is essential that all layers of the ICS understand this and model true partnership behaviours.

Our Partnerships

People rarely care about organisational boundaries; they want to experience high quality service delivered in ways that are culturally safe and intelligent by staff who are valued and care about them.

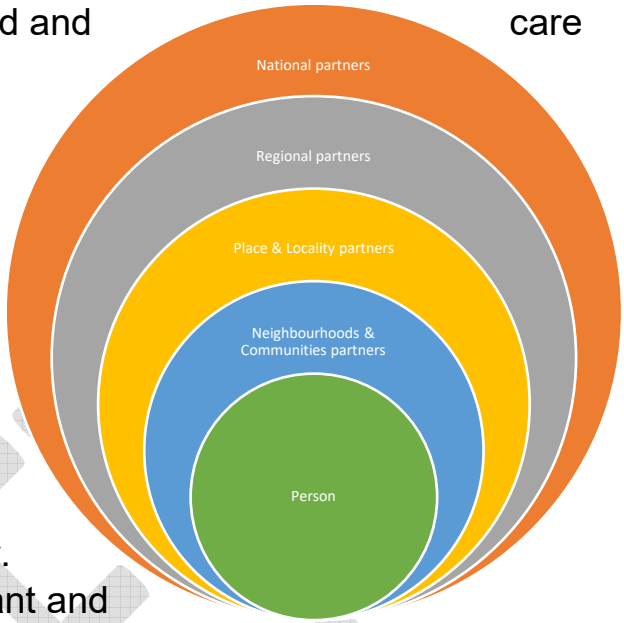


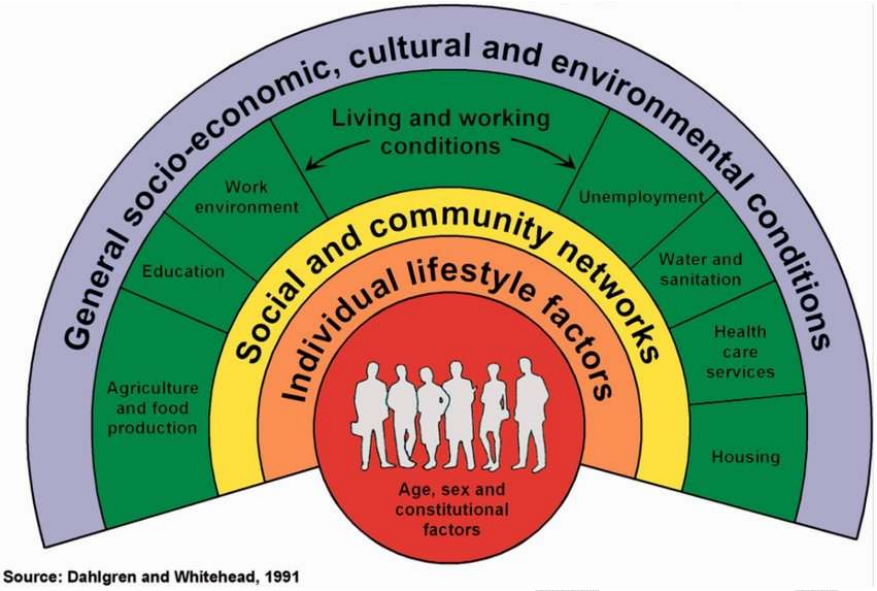
Figure 3: Our Partnerships

As a partnership we recognise the broad range of organisations who play a role in the delivery of health and social care in Dudley and the importance of the ICS governance structures working with these organisations as equal partners rather than play upon historical power dynamics based on headcounts or commissioning power. Listening to our population is important and valuing the contribution that our communities make underlies our new ways of working.

In our integrated system the voice of local community pharmacy should be as important to the governance decision making as that of the largest acute trust and it is important that the emerging governance structures value differently from the past.

We want to see people at the centre of our approach, and this means at every layer of the governance of the ICS system there should be clear and transparent approaches to inclusion of people's voices and consideration of representation and marginalisation.

Figure 4: Wider Determinants of Health



Delivering our ambition for people to live healthier, happier and long lives will require action across treatment and care, prevention and early intervention in every setting for short and medium term gain and upstream action as a partnership to fundamentally rewire the landscape of our places, both physical and social, to enable healthier futures in the long term in line with the drivers of health well recognised by Dahlgren and Whitehead (1991) (See Figure 4) and subsequent reports including the Marmot reviews. This is set against – and will need to respond to – a challenging socio-economic backdrop.

Our Legal Duties

The National Health Service Act 2006 as amended by the Health and Social Care Act 2012

Duties on NHS England and CCGs to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved

NHS England and CCGs must exercise their functions with a view to securing that health services are provided in an integrated way… where they consider that this would reduce inequalities in access or outcomes

NHS England and CCGs must produce annual plans and reports explaining how they will/have discharged duties.

Equality Act 2010

Public sector equality duty with three arms: i) prevent unlawful discrimination, ii) advance equality of opportunity, and iii) foster good relations between people who share a protected characteristic and those who do not. There are specific equality duties on publishing equality information and setting and publishing equality objectives

Health and Care Act 2022

The Health and Care Act 2022 will introduce a range of obligations on NHS bodies in relation to health inequalities.

Tackling inequalities in outcomes, experience and access is one of the four key purposes of an ICS, supported by specific duties.

New ICB obligations on health inequalities

- a new duty on health inequalities for ICBs: 'Each integrated care board must, in the exercise of its functions, have regard to the need to— (a) reduce inequalities between persons with respect to their **ability to access health services**, and (b) reduce inequalities between patients with respect to the **outcomes achieved for them by the provision of health services**.'
- a new **quality of service** duty on ICBs which includes addressing health inequalities
- a duty to **promote integration** where this would reduce inequalities in access to services or outcomes achieved
- duties on ICBs in relation to several other areas which require consideration of health inequalities – in making wider decisions, **planning, performance reporting**, publishing certain reports and plans, **annual reports, and forward planning**

In addition, each ICB will be subject to an **annual assessment** of its performance by NHS England, which will assess how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities, improving quality of service, and public involvement and consultation.

New requirements to publish inequalities data for ICBs, Trusts and Foundation Trusts

NHS England must publish a statement about use of information on inequalities in access and outcomes, setting out the powers available to bodies to collect, analyse and publish such information, and views about how the powers should be exercised

NHS bodies should publish annual reports describing the extent to which NHS England steers on inequalities information have been addressed

Our Priorities in Dudley

In 2018, before Covid-19 struck, Dudley Metropolitan Borough Council published its vision for 2030. This vision and its seven aspirations remain relevant despite what has happened over the course of the pandemic.

1. **Tourism:** Home of rich heritage and a unique visitor attraction
2. **Towns:** Home to diverse towns and a world class retail offer
3. **Transport:** Home to world-leading transport and connections
4. **Business:** Home to hard graft, enterprise and innovation
5. **Education:** Hone the skilled workforce of tomorrow
6. **Community:** Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
7. **Environment:** Home to places of inspiring natural beauty, our green spaces

The fundamental purpose of the ICS is to improve the health of the people it serves and the core challenges for Dudley ICS are reducing loneliness and isolation, childhood obesity and reducing poverty.

Indicators that show where we are

Fig 5: ICS Level Long Term Metrics – 10yr trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.38	37.56	34.57	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.47	23.80	22.60	Worse
Overweight and obese adults (%)	2020/21	66.80	66.81	36.77	Similar
Life Expectancy at birth – male (years)	2020	77.84	77.61	78.67	Worse
Life Expectancy at birth – female (years)	2020	81.84	81.81	82.62	Worse
Life Expectancy at 65yrs – male (years)	2020	17.48	17.53	18.11	Worse
Life Expectancy at 65yrs – female (years)	2020	20.37	20.18	20.69	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.20	10.10	9.70	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.60	7.90	7.90	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.30	5.40	5.20	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.70	4.90	4.80	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.45	61.64	62.35	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.07	59.91	60.94	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.74	9.36	9.84	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.58	9.20	9.87	Similar

Fig 6: Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Population vaccination coverage – Flu (at risk individuals) (%)	2021/22	51.50	51.90	52.94	Worse
Physically inactive adults (%)	2020/21	29.61	25.63	20.05	Worse
People with type 2 diabetes who are of minority ethnic origin (%)	2019/20	15.00		21.60	Not compared
People aged 65+ receiving winter fuel poverty payments (%)	2019/20	95.59	94.94	94.08	Better
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	29.63	44.96	42.40	Similar
Fuel Poverty (low income, low energy efficiency) (%)	2020	17.30	17.83	13.23	Not compared
Excess winter deaths index (Ratio %)	2019 - 2020	20.20	18.00	17.40	Similar
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI) (rate per 100,000)	2018 - 20	200.60	264.40	306.60	Better
Deaths from drug misuse (rate per 100,000)	2018 - 20	4.19	5.28	5.02	Similar
Adults with a Learning Disability in paid employment (%)	2019/20	3.80	4.20	5.56	Worse
Adults with a Learning Disability having a GP health check (%)	2018/19	3.39	46.10	52.26	Worse
Adults 40-74 years receiving an NHS health check (%)	2018/19 Q1	3.16	1.75	1.85	Better
Admission episodes for alcohol-related conditions (Narrow) (rate per 100,000)	2020/21	489.67	515.00	455.91	Worse
16-17 yrs not in education, employment, or training (NEET) (%)	2020	5.73	5.69	5.48	Similar

Fig 7: Place and Locality Level Medium Term Metrics – 5yr trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Under 75yr mortality rate from cancer considered preventable (rate per 100,000)	2020	62.88	55.41	51.49	Worse
Suicide rate (rate per 100,000)	2019 - 21	10.31	10.72	10.43	Similar
Stroke admissions (all ages) (rate per 100,000)	2020/21	137.07		161.81	Better
Smoking in early pregnancy (%)	2018/19	15.65	14.47	12.76	Worse
Prevalence of smoking in adults (%)	2020/21	16.90	16.32	15.94	Worse
Prevalence of Diabetes (QOF Prevalence) (%)	2020/21	7.99	8.01	7.11	Not compared
Prevalence of Cardiovascular disease (QOF Prevalence) (%)	2020/21	4.03	3.18	3.05	Not compared
Infant Mortality Rate (per 1,000 live births)	2018 - 20	4.29	5.57	3.90	Similar
Emergency hospital admissions for intentional self-harm (rate per 100,000)	2020/21	151.97	166.58	181.22	Better
Emergency admissions for COPD (rate per 100,000)	2019/20	479.22	468.16	415.12	Worse
Early access to maternity care (%)	2018/19	74.81	56.78	57.78	Better
Children achieving a good level of development at 2-2.5yrs (%)	2020/21	72.02	81.58	82.86	Worse
CHD admissions (all ages) (rate per 100,000)	2020/21	369.33		367.59	Similar
Cancer mortality (All causes) (standardised mortality ratio)	2016 - 20	106.29		100.00	Worse
Cancer diagnosed at stage 1 or 2 (%)	2019	58.31	54.31	55.02	Better

Our Communities and our Challenges

Dudley ICS services approximately 323,500 people [ONS data from the Census 2021]. The following infographic helps give some context to the diversity of our populations, the ICS is privileged to serve a diverse population but also one which has significant health need and inequality

which is masked by the affluence in certain areas Stourbridge and Halesowen.

A picture of our population in Dudley

9.8% of people have long term health conditions and disabilities that limit their activities of daily living a lot

5.3% people with long term health conditions are unemployed in Dudley, compared to 2.8% nationally and **49.7%** are economically inactive (Apr 21-Mar 22)

1 in 4 (15,464) children in Dudley are living in relative low income families (2020/21)

323,500
2021 population

18%
% Under 15

62%
% 15-64

20%
% 65 and over

Ethnic Group*	%
White British	87.5%
Asian	6.8%
Mixed	2.4%
Black	1.5%
White Other	1.0%
Other	0.7%
Total	**100.0%**

Religion*	%
Christian	65.3
No Religion	22.0
Religion Not Stated	6.2
Muslim	4.1
Sikh	1.2
Hindu	0.6
Other Religion	0.3
Buddhist	0.2
Jewish	0.0

*from 2011 Census

5.7% of 16-17 year olds are not in education, employment or training (2020)

There were **13,600** workless households across Dudley in December 2020

People in Dudley earn **£18.60** a week less than the national average in full time employment

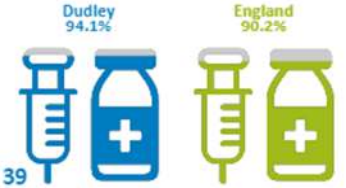
A picture of the health of our population in Dudley

data source: 'Office for Health Improvement & Disparities. Public Health Profiles. [29/09/2022] https://fingertips.phe.org.uk © Crown copyright [2022]'

Under 18s conception rate / 1,000 2020

Infant mortality rate 2018 - 20

Population vaccination coverage - MMR for one dose (2 years old) 2020/21



39 Dudley practices with coverage above 75%

2 Dudley practices with coverage below 50%

School readiness: children achieving a good level of development at the end of Reception 2018/19

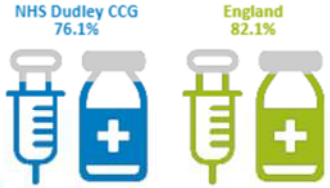
Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (rate per 10,000) 2020/21

Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs 2020/21

Number of emergency admissions with cancer (Number per 100,000 population) 2020/21

There were 1,770 emergency admissions in 2020/21 (539 per 100,000). The rate of admissions per 100,000 population varies significantly between practices with the highest rate at 948 admissions per 100,000 population and the lowest at 39 admissions per 100,000.

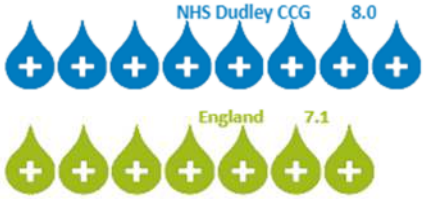
Patients with CHD immunised against flu 2020/21



0 Dudley practices with coverage above 90%

4 Dudley practices with coverage below 60%

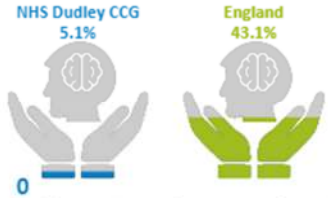
Diabetes: QOF prevalence (17+) 2020/21



Prevalence of diabetes in adults (aged 17+) varies between practices with the highest prevalence at 12% and the lowest at 6%.

Patients with diabetes who had a foot examination and risk classification 2020/21

Patients with severe mental health issues having a comprehensive care plan 2020/21

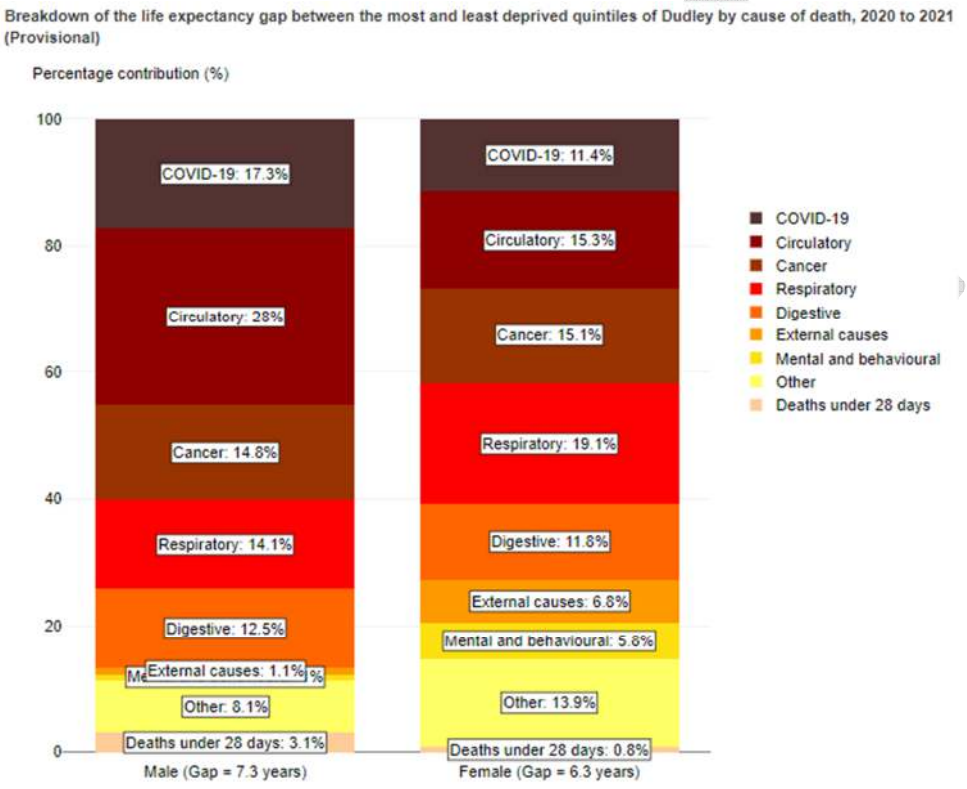


0 Dudley practices with coverage above 90%

43 Dudley practices with coverage below 50%

The gap in life expectancy in the Dudley population links strongly to diseases which are in many ways preventable, or at least adaptable to not be fatal. The main diseases causing inequalities in life expectancy are circulatory, cancer and respiratory disease. It is important we also remember the connection between physical and mental health as mental health issues can also be a cause of potentially preventable death. There are positives too as can be seen from the very low percentage of young people not in education, employment or training.

Fig 8: Scarf Chart to show main conditions leading to the life expectancy gap in Dudley



Source: Office for Health Improvement and Disparities based on ONS death registration data (provisional for 2021) and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Footnote: Data are provisional. Circulatory includes heart disease and stroke. Respiratory includes flu, pneumonia, and chronic lower respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease. Percentages may not sum to 100 due to rounding.

As well as how long people live for, as a system we want to work to make sure people live longer lives in good health. Too many people live for too long in poor physical or mental health with significant impacts on their quality of life and ability to work. Listening to the stories of people in Dudley has led us to understand their perspectives. There are common themes arising which include:

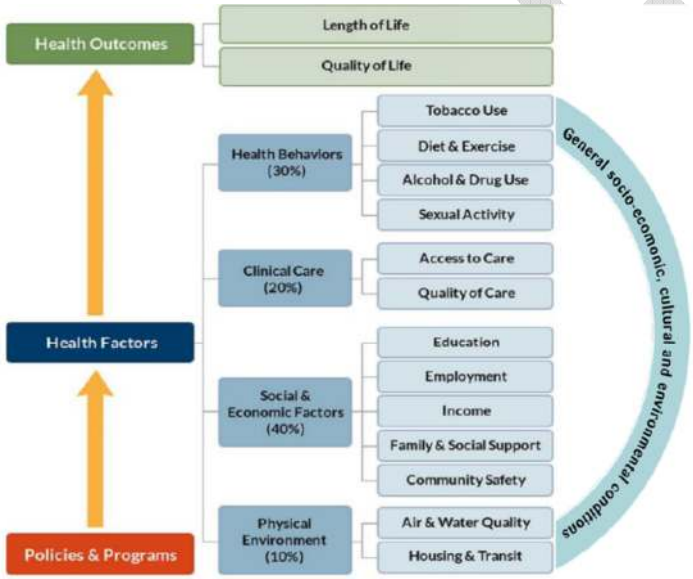
- Green spaces

- Opportunities to connect
- Supporting creativity
- Valuing people's contributions
- Slowing down and giving time for reflection

As an ICS Partnership we want to see the system work together to maximise the impact of health and social care to reduce these potentially preventable deaths and disease through clear and coherent action at pace and scale.

Research has demonstrated that about 20% of health is directly a result of access to care and treatment, 40% to behaviours such as smoking, alcohol, inactivity, and diet, and 40% to the wider determinants of health such as employment, education, and the built environment which contribute to health inequalities.

Figure 9: Contributory Factors to Length of Life and Quality of Life



Source: Adapted from the County Health Ranking Model. Note: % figures are estimates and averages, the relative contribution for an individual's life will be unique to them. For illustrative purposes only.

Across the first 60% there is significant evidence and practice that can be brought to bear to reduce the inequalities in life expectancy through the work of health and social care organisations and professionals alongside others in the public and community sector. Whilst other key partners including local Health and Wellbeing Boards, the West Midlands Combined Authority and Police and Crime Commissioner – as well as national government – are key to action to address the 40% driven by the wider determinants of health, there are also important

contributions the ICS partners can make as anchor organisations in this space as well.

The Health and Wellbeing Board oversees the Joint Strategic Needs Assessments and has also committed to systematically assess health inequalities to understand what action can be taken to minimise the health inequalities impacts of what they do.

Summary of Health & Wellbeing Board Strategy Priorities for Dudley and areas of shared priority

Public Health Priorities and the interlinkages with Forging a Future and the Council Plan

Forging a Future for All aspiration	A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future
Council Plan priority	Dudley the borough of opportunity

Children and young people benefit from the best possible start in life in our Child Friendly borough.

Spectrum reference	Key supporting actions / initiatives	Activity (Frontline / BAU / Major Project)	Timescales		Linkages to other plans	Lead Officer
			Start	Finish		
A 4149	Working with partners to develop the aspirations of the child friendly borough	BAU	01/04/22	31/03/24	❖ Health and wellbeing board	HOS Children's and Young People
A 4150	Working with partners to promote childhood vaccines, by raising public awareness and understanding of immunisation programmes	BAU	01/04/22	31/03/24	❖ Health and wellbeing board	Head of Health Protection

Forging a Future for All aspiration	A place where everybody has the education and skills they need, and where outstanding local schools, colleges, and universities secure excellent results for their learners

Council Plan priority	Dudley the borough of opportunity					
Those with special educational needs and disabilities and care leavers achieve the best possible outcomes.						
Spectrum reference	Key supporting actions / initiatives	Activity (Frontline / BAU / Major Project)	Timescales		Linkages to other plans	Lead Officer
A 4151	Working in partnership with Children's Services to complete a SEND needs assessment and strategy, focusing on prevention	Project	01/04/2022	31/3/2023	❖	Head of Service for Childrens and Young People

Forging a Future for All aspiration	A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future				
Council Plan priority	Dudley the borough of opportunity				
All residents benefit from access to a high quality, integrated health and social care.					
	Key supporting actions / initiatives	Activity	Timescales		Lead Officer

Spectrum reference		(Frontline / BAU / Major Project)	Start	Finish	Linkages to other plans	
A 4152	Working with communities, anchor organisations and partners to take forward asset-based approaches.	BAU	01/04/22	31/03/25	❖ Health and wellbeing board	HOS Communities, Places and workforce
A 4153	Creating a health protection model and emergency planning structures and processes to ensure appropriate response to new covid variants of concerns or other communicable diseases or civil contingencies	BAU	01/04/22	01/03/23	❖ Health and wellbeing board	Head of Health Protection
A 4154	Working with NHS, social care commissioners and providers develop a programme to improve quality and minimise disruption to services from infectious disease.	BAU	01/04/22	31/03/25	❖ Health and wellbeing board	Head of Health Protection
A 4155	Development of integrated family hubs, providing health, education and social care for all Dudley's families	Project	01/04/2022	31/3/2023	❖	Head of Service for Childrens and Young People

Forging a Future for All aspiration	Renowned as home to a host of innovative and prosperous businesses, operating in high quality locations with space to grow, sustainable energy supplies and investing in their workforce
Council Plan priority	Dudley the safe and healthy borough

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

Spectrum reference	Key performance indicator	2021-22 result or forecast	Targets	Reporting frequency	Lead/reporting officer

Dudley Metropolitan Borough Council Children and Young Peoples inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Infant mortality	Giving every child the best start in life Life expectancy	Understanding the impact of COVID-19 on early years	• Infant Mortality – healthy pregnancy support service (tobacco dependence specialist midwife),	Improved breastfeeding rates, reduction in smoking in pregnancy, early booking, improved maternal mental health, reduction in obesity. Success- reduction in infant mortality.	PHE Fingertips ONS Death registrations
Thrive	Giving every child the best start in life	Understanding of the long-term impact of lockdown on first time Mum's and CYP development	• Healthy Child Programme,	Resilient and responsive parenting/children, nurturing education settings, trauma informed practitioners, children able to develop to their full potential. Success – thriving and resilient communities	PHE Fingertips Local data (i.e. Health visitors data, schools data, children's social care data, etc.)
Inclusion	Giving every child the best start in life Enable all children, young people and adults to maximise their capabilities and have control over their lives	Disproportionate impact on the most deprived families	• First 1001 days partnership implementation plan.	Create culture change for an inclusive borough, keeping children at the heart of everything we do. Success - communities feel they belong and can contribute Reducing number of exclusion	As above
Child poverty	Giving every child the best start in life Ensure a healthy standard of living for all	The proportion of children living in poverty Children in absolute low income families	• Child Friendly Borough Programme		Department for Work and Pensions / HM Revenue and Customs PHE Fingertips, IMD 2019

2

Dudley Integrated Healthcare (DIHC) PCN inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities	Outcomes/Aspirations	Baseline intelligence and data sources
Child obesity	Giving every child the best start in life Life expectancy	• Childhood obesity • Increased physical activity in CYP • School readiness	Outcomes based contract DQOF First 1001 days	System wide approach to obesity	Obesity Profile PHE Fingertips
Children and Young peoples health and well being	Giving every child the best start in life Enable all children, young people and adults to maximise their capabilities and have control over their lives	• Reduction in CAMHS Tier 4 bed referrals / occupancy • Reduction in self harm attendance at ED in adolescence		Ensuring better data completeness on ethnicity / protected characteristics / disaggregating data to demonstrate local inequalities	HES data
Educational attainment	Enable all children, young people and adults to maximise their capabilities and have control over their lives Best start in life	• - • Reduction in exclusion from school • Increased placement of CYP with SEND in main stream schools		TBC	PHE Fingertips Educational data Department for Education (DfE), EYFS Profile:
Hypertension case finding management and detection	Life expectancy	• Primary care access • Hypertension management • Increased levels of diabetes • Increased prevalence of mental health	Commencing work on plan targeting Core20PLUS5 PCN workstream on hypertension agreed and in place (Duncan Jenkins	Interventions in place across PCN to optimise blood pressure and minimise the risk of myocardial infarction and stroke across at risk populations	Local Insights PCN Profiles PHE Fingertips

3

The Dudley Group NHS Foundation Trust inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Workforce – increase the proportion of jobs occupied by local people	Create fair employment and good work for all	• Inequalities in health outcomes – and lack of data to really understand this and the drivers.	Dudley group / place based partnership Internal group recently established to drive forward this agenda as part of recently published trust strategy. Includes focus on role as an anchor institution in promoting economic growth and environmental sustainability, as well as work to improve access to health services and outcomes for all.	TBC	NOMIS data; ONS data; DfWP data
Cancer – access and outcomes in the lung cancer pathway	Life Expectancy	• Early detection • Improved treatment	Dudley Place Based Partnership and system	TBC	HES data GP Practice registers (QoF data)
Breast screening – access for more deprived groups / people from vulnerable groups / black and ethnic communities	Life Expectancy		work as part of Dudley Place Based Partnership and system to address restoration and recovery (elective, cancer, diagnostics) in ways which reduce health inequalities.	TBC	HES data GP Practice registers (QoF data)

4

Dudley Metropolitan Borough Council Adult Social Care key inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Reduce loneliness and isolation.	Ensure a healthy standard of living for all Create and develop healthy and sustainable places and communities	• Increasing demand and commissioned capacity to support people across the system, accessing Social Care.	DMBC	TBC	Adult Social Care Outcomes Framework (ASCOF).
Reducing digital exclusion.	Ensure a healthy standard of living for all		Developing digital skills programme with people and providers across the system.	Reduce social isolation, and increase uptake of digital technology and develop digital skills	ONS data/national surveys
Long COVID	Life expectancy Ensure a healthy standard of living for all	• Supporting people who have recovered, having had the virus, but who are living with the effects of long Covid	TBC	Gain understanding of the impact of Long COVID	HES data
Mental health and wellbeing	Ensure a healthy standard of living for all Life expectancy	• Supporting ASC clients with mental health who have been significantly impacted because of the COVID-19 pandemic. • Supporting health and wellbeing (especially for people who live alone) in order to help people get used to being around people again.	TBC	TBC	CAMHS data IAPT data GP Practice registers

5

Violence Reduction inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Violence reduction within public health framework	Creating and developing sustainable places and communities	• Violence and inequalities	Detailed needs assessment with clear programmes of intervention	TBC	Police Crime and Violence data PHE Fingertips

Forging A Future inequality priorities and system challenges 1. TBC – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Housing	Ensure a healthy standard of living for all	• House prices 6.23x the average wage • shortage of good quality affordable rented housing. • Need a mixed housing offer to meet needs of ageing population, graduates and higher income household. Almost 4,000 privately rented homes contain at least 1 Category 1 hazard • Est 300 of 2,208 HMOs fall under the mandatory licensing scheme	FAF Objective • Deliver high quality new homes that people can afford to live in (AA OB1) • See delivery plan activities	• O: Increased and improved housing stock with an appropriate mix of affordable housing across all tenures • A: An **affordable and attractive place** to live with a green network of high-quality parks, waterways and nature reserves that are valued by local people and visitors	TBC – Paul Griffiths DMBC
Open spaces, green corridors, connectivity, and links to active travel	Ensure a healthy standard of living for all	• Extensive green space, natural assets and nature reserves across the borough – to ensure are safe and accessible to all • Concerns about under-investment in parks and open spaces • Opportunities to link to Health and Wellbeing (causality dilemma in disadvantaged areas)	FAF Objective • Increase community involvement in the use of green space (AA OB2) • See delivery plan activities	• O: Connected well maintained green spaces linking parks, nature reserves and waterways to high quality local spaces - accessible to all and enjoyed by all • O: A positive impact of people actually using the places and investment in appropriate facilities • A: An affordable and attractive place to live with a green network of high-quality parks, waterways and nature reserves that are valued by local people and visitors	TBC – Tim Johnson DMBC
Waste management and personal responsibility	Ensure a healthy standard of living for all	• Waste is everyone's responsibility, and the LA can only go so far alone to tackle the issue • Lower recycling rates and responsible waste disposal in disadvantaged communities *"These challenges may not be a direct concern to most people who are subject to inequality – more of an indicator re Maslow's hierarchy of needs*	FAF Objective • Apply the concept of the waste hierarchy to reduce waste production and increase recycling and re-use. (AA OB3) • See delivery plan activities	• O: Aspirational targets in the new Waste Strategy would be met, using waste as a resource, moving towards zero waste beyond 2030 • A: An affordable and attractive place to live with a green network of high-quality parks, waterways and nature reserves that are valued by local people and visitors	TBC – Heidi Marsh-Geyton / Jennie Webb DMBC
Pupil Attainment and School Improvement	Ensure a healthy standard of living for all	• Data shows that there is a gap in educational attainment between advantaged and disadvantaged children and young people • Exclusions are high nationally and very high in Dudley	FAF Objective • Deliver school improvement in the borough (ES OB1) • See delivery plan activities	• O: Young people have high aspirations and prospects of a fulfilling career with opportunity to continually develop new skills • O: Have an effective collaborative approach to school improvement across the Borough • A: A place where everybody has the education and skills they need, and where outstanding local schools, colleges and universities secure excellent results for their learners	TBC- Andy Kinsella DMBC

7

Forging A Future inequality priorities and system challenges TBC 2. – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Local people increasing skills and qualifications to benefit from well paid local employment opportunities and careers	Ensure a healthy standard of living for all	• A high proportion of people with low skills and not involved in upskilling • There is a growing level of child poverty in families where the parent(s) is in employment, on low incomes with reducing disposable income • People living in Dudley Borough are less likely to go on to University.	FAF Objective • Increase participation in learning related to priority sectors of the economy (ES OB2) • Increase provision of level 4* and 5** education in the Borough • See delivery plan activities	• O: Businesses invest in the skills levels of their staff and adults upskill throughout their careers • O: Increased participation in Further Adult Education and Higher Education provision, linked to regional priority sectors • O: Increased numbers of leavers from Further Education securing employment in priority sectors in the region • O: Ultimate impact on productivity of the region • A: A place where everybody has the education and skills they need, and where outstanding local schools, colleges and universities secure excellent results for their learners	NOMIS Kev Nicholls – left DMBC Viv Webb DMBC
Support to Businesses, up-skilling and procurement	Ensure a healthy standard of living for all	Challenges which are compounded in areas of disadvantage, and impact on people living in those areas: • Start-ups create new markets and opportunities which create more jobs and improve people's lives. • Across the Black Country, there are a high number of start ups but low survival rates. • Post-recession / pandemic, the job market is smaller and there are a higher number of redundancies. People look at alternatives to employment, such as starting a new business, possibly using redundancy payments • Especially post-pandemic, business require support and research in the areas of innovation, new markets and diversifying • Most employers are committed to doing business in Dudley Borough but without action we risk losing them as some commercial property and development sites are not fit for growing businesses	FAF Objectives • Integrated support for businesses, particularly start ups (BP OB1) • Support research and development for local businesses (BP OB2) • Support increased land availability for business expansion (BP OB3) • See delivery plan activities	• O: A business support ecosystem that fosters innovation and provides access to a diverse range of funding for new and existing businesses. • O: A portfolio of Quality industrial, retail, and commercial premises across the borough as well as a range of appropriately located new sites for mixed use developments • A: Renowned as home to a host of innovative and prosperous businesses, operating in high quality locations with space to grow, sustainable energy supplies and investing in their workforce	TBC – Paul Mountford
Develop a strategic approach to create and / or develop vibrant, resilient, and cohesive communities	Ensure a healthy standard of living for all	• There is a lack of lack of inclusiveness and racial justice as the Pandemic exacerbated distrust between communities • Need to significantly improve, on a sustainable basis, citizens and communities wellbeing, (focussing on those disadvantaged areas of the Borough where social mobility and quality of life is lowest)	FAF Objective • Enable people and communities to be more resilient, building on local strengths with asset-based community development. (CO OB1) • See delivery plan activities	• O: People feel that they have greater control over their life and are able to make decisions to shape their future in the borough • A: A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future	TBC – Tim Johnson

8

Forging A Future inequality priorities and system challenges TBC 3. – to be agreed by partners

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Violence and perceptions of safety	Ensure a healthy standard of living for all	• Need to compare data of crime, violence and safety perceptions between the less and more affluent areas of the borough. • 2020 Crime data shows Brierley Hill and Dudley town centres are less safe than in previous years, whilst other town centres are safer.	FAF Objective • Discover why some people or groups are left feeling Dudley is not a safe place to live and improve the lived experience or negative perceptions accordingly. (CO OB2) • See delivery plan activities	• O: Continuing low levels of crime and disorder • O: Connected, empowered people making things happen in their communities • A: A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future	• TBC • National Crime Data Statistics
Town Centres	Ensure a healthy standard of living for all	Town Centres and local centres exhibit concentrated inequality issues as identified above: • Need for a balanced mix of quality, type of and affordable housing to prevent / dissipate ghettoisation. • Problematic management of private and social housing and absent private landlord issues – dealing with problem tenants. • A lack of aspirational residential accommodation • Need for investment in Dudley borough's town centres. • A lack of affordable residential accommodation	FAF Objectives • Promote Dudley Borough Town Centres for investment (TC OB1) • Attract communities to Dudley borough's town centres (TC O2) • Provide support to businesses in town centres to innovate and adapt to changing retail behaviour (TC O3) • See delivery plan activities	• O: Re-generated town centres where people and different communities feel they belong and are proud to live, work, shop and spend leisure time • O: Town centres have a diverse cultural offer where people are supporting each other to bring about social transformation • O: Masterplans and Area Development plans for each town centre • A: Full of vibrant towns and local centres offering a new mix of leisure, faith, cultural, residential, and shopping uses	• Mark Mather DMBC • Town Centre / Shopping Centre Managers
Transport and Connectivity	Ensure a healthy standard of living for all	• Delivering and operating the metro extension could present many opportunities for local people to benefit through direct and indirect employment and training due to the proximity to employment and connections at a regional and national level • Congestion on main roads and limited connectivity within the borough	FAF Objectives • Deliver the Metro extension so it benefits local communities (TR O1) • Develop integrated transport to enable people to travel seamlessly across the borough and the wider west midlands, including excluded/ vulnerable groups (TR O3) • See delivery plan activities	• O: The Borough's communities have excellent connectivity to the region and beyond, for employment and social activity, and locally owned and developed businesses prosper by the inward investment created by the metro extension. • O: Dramatically improved, affordable public transport system linking Dudley borough to the other Black Country Strategic Centres, the wider West Midlands and the national rail network • O: Improved access to the national motorway network to support the growth of key employment sites across the borough • A: Better connected with high quality and affordable transport, combining road, Metro, rail, and new cycling and walking infrastructure	• TfWM • TBC

Black Country Healthcare Foundation Trust - inequality priorities and system challenges

Key priority areas to address and reduce inequalities?	Marmot Indicators	Current challenges	Work programmes to tackle and reduce inequalities?	Outcomes/aspirations	Baseline intelligence and data sources
Zero suicide across Black Country	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Improve access to mental health support for all communities	Developed a BAME steering group to enable conversation between communities and stakeholders to identify key challenges around mental health and the wider determinants that also impact wellbeing such as employment/health access/housing/education/	Lead	PHE Fingertips NHS Digital Quality and Outcomes Framework (QOF)
Reduction of hospital/crisis admission	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Reduce stigma around mental health	• Recovery College - Black Country Healthcare Foundation Trust		BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST) nazima.esscapri1@nhs.net
TBC	Enable all children, young people and adults to maximise their capabilities and have control over their lives	Increase awareness and training on mental health			

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Our Vision and our ambitions

Our vision, as a partnership, is that the people of Dudley live longer, healthier, and happier lives.

Our ambitions are that

- *our local economy flourishes through our wider role as employers and anchor institutions*
- *We are at the forefront of innovative ideas*
- *That we deliver excellence for the people of Dudley through setting high standards for services*
- *That we use resources effectively.*

Shared Objectives

As a partnership we share the following objectives in our ambition for healthier, happier, and longer lives:

Reduce inequalities

We will be intentional in acting to reduce inequalities in everything that we do as a system. We will consider inequalities in the context of place, identity and experience and work to close the gaps in our understanding, working with communities as well as with data and monitoring systems. We will use audit and needs assessments to check on progress and to demonstrate we are making real change and working towards closing the unacceptable gaps in care, treatment, and outcomes for people. We will be a system that tackles variation in clinical practice and outcomes proactively and has visible quality improvement as a core priority for every partner.

Integration for our population

This is currently being developed but is likely to be through a collaborative approach to care provision. Once confirmed this document will be updated.

Protect people from harm

We will be a system that actively protects people from harm, from our robust clinical governance framework to our integrated approaches to infection control, immunisation, and screening. We will also be a system that is prepared for emergencies and acts quickly to protect our people

from harm. We take seriously our commitment as corporate parents and guardians of the vulnerable and we want to see this visible at every level of the ICS system.

Support our citizens across the life course

Whilst we recognise the importance of the early years and rightly invest in giving every child in Dudley the best start in life across the first 1001 days, our responsibility does not stop there and we are committed to being there for people as they grow, age, and die. Our role is to ensure that health does not become a barrier to achieving your potential whatever your impairments, and we want to be a system that enables everyone to participate fully.

Build a great inclusive workforce

We want to be a system that at every layer is playing its role anchoring communities and providing great employment to a diverse local workforce that delivers great services.

We want every ICS partner to be intentional in tackling workplace racism, homophobia, transphobia, and discrimination and demonstrate active improvement in the experience of our staff at every level.

Contribute to the wider determinants of health

The ICS is a major employer, purchaser and as a significant physical presence in place and it will play a significant role addressing the wider determinants of health such as employment, education, and environmental sustainability through its intentional actions at every level.

Principles

The Integrated Care System is committed to shared principles that we want to see practiced at every level of our system in every organisation and we want to see these demonstrated in tangible ways.

We want at every level to see visible people ownership, in organisations valuing the voices and views of staff irrespective of hierarchy or professional tribe, in pathways of care we want to see how local people are co-owning and co-creating approaches that work for them and their lives, and in localities and neighbourhoods we want to see how citizens and people's voices are shaping the implementation of the vision and ambition of this strategy and tailoring it to their local context. Throughout the ICS we want to see a strong emphasis on cultural safety and

inclusion and active consideration how our approaches to including people does not inherently exclude through our methods, our language, or our approach.

Our commitment to being led by our communities is at the heart of delivering the ambition, doing the right thing at the right level of the system is key to making the ICS work as a system and letting go of control from the centre. How we achieve the changes required may be different in different areas of Dudley, and we should value this difference and the leadership at place through the local authority, localities and neighbourhoods and share the learning between areas so we can all build on success and learn constructively from failure. We want to see our communities being able to innovate with us rather than accept the services we offer.

We will be policy informed and embed health in all policies and putting the duty to tackle health inequalities as a visible heart of our work. Prevention cannot be achieved in isolation, and we want to be a system where prevention is in every pathway and at every level. We know the evidence is clear that prevention works, and it works best if it is offered and available in different ways and at multiple points from risk reduction, through treatment and care and even into end-of-life support. Drawing on academic partners within the system we want to consolidate and translate the evidence from our world class academics and bringing it into practice faster and more effectively in Dudley but also take into account that local solutions can be more effective.

Values will drive our purpose and delivery at every level. As a system we will be honest and authentic in our exploration and growing understanding of discrimination, diversity and inclusion and work with staff, communities, and partners to be better. We will be intentional in the way we bring our data together in responsible ways that protect people but also open the potential to understand risk and potential interventions and impact faster and in real time. Through our values and as anchors in our local communities we will demonstrate our commitment to Dudley through actively delivering and maximising our social value.

New Ways of Working

The ICS is a partnership and to deliver the ambitions of this strategy will require different ways of working together as a system.

Key to this will be **subsidiarity**, the principle that things should be done at the level of the system that is most relevant, effective, and efficient, and that by doing this, these actions at every level work together to contribute to the overall ambition of the ICS. In setting out the measures for success the Partnership has considered to some extent where the greatest gain across the breadth of the ICS can be made and where more focused and localised intervention is needed. As the ICS develops, we recognise that this subsidiarity will grow and evolve, and more opportunities will emerge where the scale and efficiency of a whole ICS approach will be most effective compared to a Place based or Locality based approach. There is already clear evidence from some of the Locality based innovation that there is potential to scale at pace to achieve system wide gains and all partners should be humble and open to taking on these learnings quickly to improve outcomes for our populations.

We want to see **joint working** accelerated both in the way we commission and the way we deliver services, from shared funding, collaborative commissioning and localised multi-disciplinary teams designed around people and their lives. The ICS should work across the system to maximise the potential to commission through partnership arrangements such as Section 75 agreements and enable commissioners to work together to align commissioning across organisational borders where it is appropriate. Joint working will also be fundamental at a delivery level, and we expect to see integrated services especially support families both in early years and in later life and end of life provision, these services across health and social care should feel connected and seamless for those using them and whilst we recognise there is much to do to achieve this it is a core aim of the ICS partnership to achieve this for our people.

We know that building systems and pathways needs us to also work with people to empower and enable them to navigate them when they need help. Across the ICS we will need every organisation to actively consider **access, inclusion, cultural safety, and health literacy**.

Innovation, evidence, and research should be at the heart of our evolving approach to the challenges we face and the opportunities to deliver our ambition at scale and pace. We want to see the ICS be confident in its use of data and we expect the ICS to be brave in exploring in depth the inequalities in outcomes and the variation in practice across the system.

We expect to see these ways of working combine to **achieve efficiencies and outcomes** for patients and for the public investment being made so that we continue to achieve impact within the economic boundaries set by government, whilst delivering high quality care and better outcomes for people. The ICS Board will be expected to have a clear approach to performance management and a rapid response to evidence of significant variations in practice linked to poor outcomes, it is not acceptable that these variations that deny excellent quality care are permitted to continue, and we expect the ICS Board to be bold in its approach to tackle them.

Measuring Success

It is essential that we have a clear metric dashboard for measuring the progress against this strategy. This will need to sit in cooperation with the national ICS outcomes frameworks and local Health and Wellbeing Board Strategy performance data. It is hoped that in time this will be provided in real-time through Power BI dashboards to show the picture that the ICS serves and highlight the key challenges for each place. These will be enhanced by a suite of more specific analytics products which have yet to be decided but will be able produce more specific recommendations and opportunities for action.

In setting out measuring success approach we are modelling the subsidiarity model in our approach, so as the ICS Partnership we are defining the metrics against which we want to see progress and the expected direction of travel, but we expect the ICS Board and to define outcomes and the trajectory to achieving meaningful change by 2033.

In setting out our long- and medium-term metrics we recognise the challenges of the continually changing landscape of the public sector, the major impact of socio-economic factors and the changing demographics of our communities and we aim to revisit every two years to ensure these remain relevant and appropriate to achieving our vision and ambition as a system.

ICS Level Long Term Metrics – 10yr trajectory of change

↑ Life Expectancy at birth and at 65yrs

↑ Disability Free Life Expectancy at birth and at 65yrs

↓ Inequalities in Life Expectancy within Place and between communities of identity

↓ Prevalence of excess weight in adults and children

Place and Locality Level Medium Term Metrics – 5yr trajectory of change

↓ Prevalence of Cardiovascular disease

↓ Emergency admissions for cardiovascular disease, especially for stroke and heart attack

↓ Prevalence of Diabetes

↓ Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD)

↓ Infant Mortality

↑ Uptake of antenatal screening

↑ Children achieving proficient level of development at the end of Reception

↓ Cancer Mortality (All Causes)

↑ Increase the proportion of cancer cases diagnosed at stage 1 or 2

↓ Prevalence of smoking

↓ Suicide and Self-Harm rates

Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Ethnic Inequalities

↑ Ensuring continuity of maternity care of women from ethnic communities and from the most deprived groups.

↓ Inactivity in people from ethnic communities compared to the national average

↓ Inequality gap in type 2 diabetes between different ethnic communities

Disability Inequalities

↑ Ensure people with Learning Disabilities and those living with Severe mental illness (SMI) receive annual health checks

↑ Ensure carers receive an annual health check

↓ Inactivity in people with long term conditions and disabilities

Economic Inequalities

↓ Fuel Poverty

↓ Young people not in education, employment, or training

↓ Food Banks

Inclusion Health Populations Inequalities

↓ Drug and alcohol admissions and related deaths

↓ Immunisation and vaccination coverage in inclusion health populations

↑ Early identification of blood borne viruses e.g., HIV, Hepatitis

Our Expectations as a Partnership

The ICS Partnership expects that the ICS Board will respond to this strategy through the ICS Operating Framework and its underpinning strategies.

Through the monitoring of the dashboard of indicators the ICS Partnership will assess impact of this operating framework on outcomes alongside the ICS Board reporting on delivery of financial and performance improvements in line with national and regional NHS expectations and the national NHS mandate.

The Partnership will be looking for explicit progress on integration and quality improvement within the first 24 months of the ICB activity, especially to address variation in clinical outcomes in both primary and secondary care and be able to demonstrate progress in enabling and empowering people, patients, and citizens to shape these improvements.

The ICS research and innovation approach should reference the ICS Partnership strategy and have a clear focus on addressing some of the data insufficiencies, especially around granular data on ethnicity, sexual orientation, and faith in performance data sets, this sits alongside a programme of deep dive explorations of inequalities in outcomes and service uptake in different communities.

We plan to refresh this strategy in 2025/26 once the ICS is more fully established and we have addressed some of the data and intelligence gaps to better understand need across our communities, however the Partnership will review the strategy each time a new JSNA is published by our partner local authorities.

As a Partnership we are committed to supporting the ICS through our leadership and oversight to ensure that the people of Dudley are supported to live healthy, happy, and longer lives through the combined efforts of our system.

Our Recommendations

1. That we make a commitment to working together across the system to ensure that our vision and objectives are made real for the people of Dudley.

2. That the Joint Strategic Needs Assessment underpins our work and that we have sufficient resource and analytic support across the system.

3. That all our work is underpinned by our agreed principles and new ways of working.

4. That we commit to working with our local communities and ensuring their voices are incorporated into the planning and implementation of our joint vision and objectives.

Glossary[3]

ICS – Integrated Care Systems

An ICS brings NHS providers, Clinical Commissioning Group (CCGs), local authorities and voluntary sector partners together to collaboratively plan and organise how health and care services are delivered in their area. There are currently 42 ICSs across England, and each covers a population size of 1 to 3 million. The goal is that ICSs will remove barriers between organisations to deliver better, more joined up care for local communities. Dudley ICS is our local ICS.

ICP - ICS Health and Care Partnership

The second part of the statutory ICS will be the ICS Health and Care Partnership. With a wider membership than the ICS NHS Body, the Partnership will bring together health, social care, public health, and wider partners to develop a broader strategic health, public health, and social care plan for the ICS. The ICS NHS Body will need to take this plan into account when making decisions about health care provision.

Provider Collaborative

Provider collaboratives work across a range of programmes and represent one way that providers collaborate to plan, deliver, and transform services. Dudley is developing a collaborative approach. Collaboratives may support the work of other collaborations including clinical networks, Cancer alliances and clinical support service networks.

Place

Most health and care services need to be planned, designed, and delivered on a smaller geographic footprint and population size than the ICS. This means that within each ICS there are several smaller planning footprints – termed “places” – where health and care organisations come together to improve patient pathways and deliver more joined up care.

Townships

The townships in Dudley are based around the main towns in Dudley. The DMBC provides its services based on these localities. They are not co-terminous with the way primary care networks have been established.

[3] Adapted from https://nhsproviders.org/media/691164/system-working-glossary-for-governors.pdf

Primary Care Networks

In Dudley locality there are six primary care networks - these focus on delivering change at a smaller geographic footprint than the Dudley Place Board. A PCN brings together a group of local GP practices with other primary and community care organisations to join up health and care services at neighbourhood level. They were established in July 2020 to help stabilise general practice by using economies of scale, overcome barriers between primary and community services, and develop population health approaches. PCNs are still in development, but more mature networks are now able to deliver more joined up care for patients by developing multidisciplinary teams and recruiting additional roles to ease workload pressures.

Neighbourhood

Within each neighbourhood ‘locality’ there is a place governance structures, there are several neighbourhoods, which cover a smaller population size of 30,000 to 50,000 people. They often focus on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS’s commitment to deliver services close to the people.

Annex 1: Governance Structure

DUDLEY HEALTH INEQUALITIES STRATEGY – DEVELOPMENT AND OVERSIGHT

1.0 PURPOSE OF REPORT

To consider appropriate arrangements for the development and oversight of a health inequalities strategy for Dudley, in the context of evolving partnership arrangements.

2.0 BACKGROUND

Organisations such as the former CCG and its successor body the ICB, have held statutory duties to reduce inequalities in terms of access to services and the achievement of outcomes for some time. In addition Health and Wellbeing Boards also have a statutory duty, in conjunction with ICBs, to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) for the local population.

The development of Integrated Care Systems (ICSs) with the purposes of:-

- improving outcomes in population health and healthcare;
- tacking inequalities in outcomes, experience and access

alongside the need to address those inequalities thrown into sharper relief by the impact of COVID-19, creates a renewed impetus to develop a health inequalities strategy for Dudley.

This paper is intended to describe how this might be developed and overseen within our local partnership arrangements.

3.0 EXISTING PARTNERSHIP ARRANGEMENTS

There are 3 local partnership bodies with a particular interest in health inequalities and broader issues of inequality:-

- Health and Wellbeing Board – with its responsibilities for the JSNA and the JHWS.
- Health and Care Partnership Board – with its interest in the integration of health and care services as a means of promoting access, managing complex demand and delivering better outcomes.

- The Forging a Future Partnership – with an interest in those factors that contribute to the wider determinants of health inequality – education, jobs, enterprise, skills, poverty, housing, economic regeneration.

It is suggested that the Health and Wellbeing Board should be the prime body responsible for the development and oversight of Dudley's Health Inequalities strategy with appropriate contributions from the Health and Care Partnership Board and the Forging a Future Executive.

4.0 WORKING GROUP

There are a number of constituent elements that need to be brough together to create an effective strategy:-

- The JSNA
- The JHWS
- The agreed health and care outcomes framework
- An agreed approach to Population Health Management

To achieve this it is proposed to establish a single, Dudley wide group with responsibility for strategy development. Recognising the wider aspects of its role and the need to address broader issues of inequality, it is proposed that this should be termed the "Population Health Management and Inequalities Group", consisting of representatives of all Partners:-

- Black Country ICB
- Dudley MBC
- Dudley Group NHS FT
- Dudley Integrated Health and Care NHS Trust
- Dudley Primary Care Collaborative
- Dudley CVS

The Group would report primarily to the Health and Wellbeing Board as well as advising the other partnership bodies as appropriate. The role of this Group will be to:-

- Oversee the production of the JSNA and make key links between health needs and assets.
- Make recommendations in relation to the JHWS.

- Maintain the Dudley Health Outcomes Framework and oversee the development of user dashboards.
- Develop an approach to measuring health inequalities within population health metrics.
- Undertake population health surveillance to produce reports highlighting both improvement and deterioration on key metrics.
- Maintain a dialogue with clinical communities to ensure population health management priorities and metrics are aligned with clinical priorities and support quality improvement.
- Maintain a dialogue with neighbourhood communities to ensure public health management priorities and metrics are aligned with their priorities and support quality improvement.
- Make recommendations in relation to the Inequalities Strategy.

Much of this work requires an appropriate level of data analysis and reporting. To support this, it is proposed to establish an Analytical and Technical Sub-Group consisting of the relevant data analysis expertise from across the partners.

5.0 RECOMMENDATION

It is recommended that these arrangements be established with a view, in the first instance, to producing an Inequalities Strategy by February 2023.

Annex 2: Methodology for engagement in developing the Strategy

Engagement leads from across the Integrated Care System for Dudley Place will come together to focus on a coordinated engagement plan to shape the Health Inequalities Strategy.

The engagement plan will include ways to co-design elements of the Health Inequalities Strategy with residents of Dudley

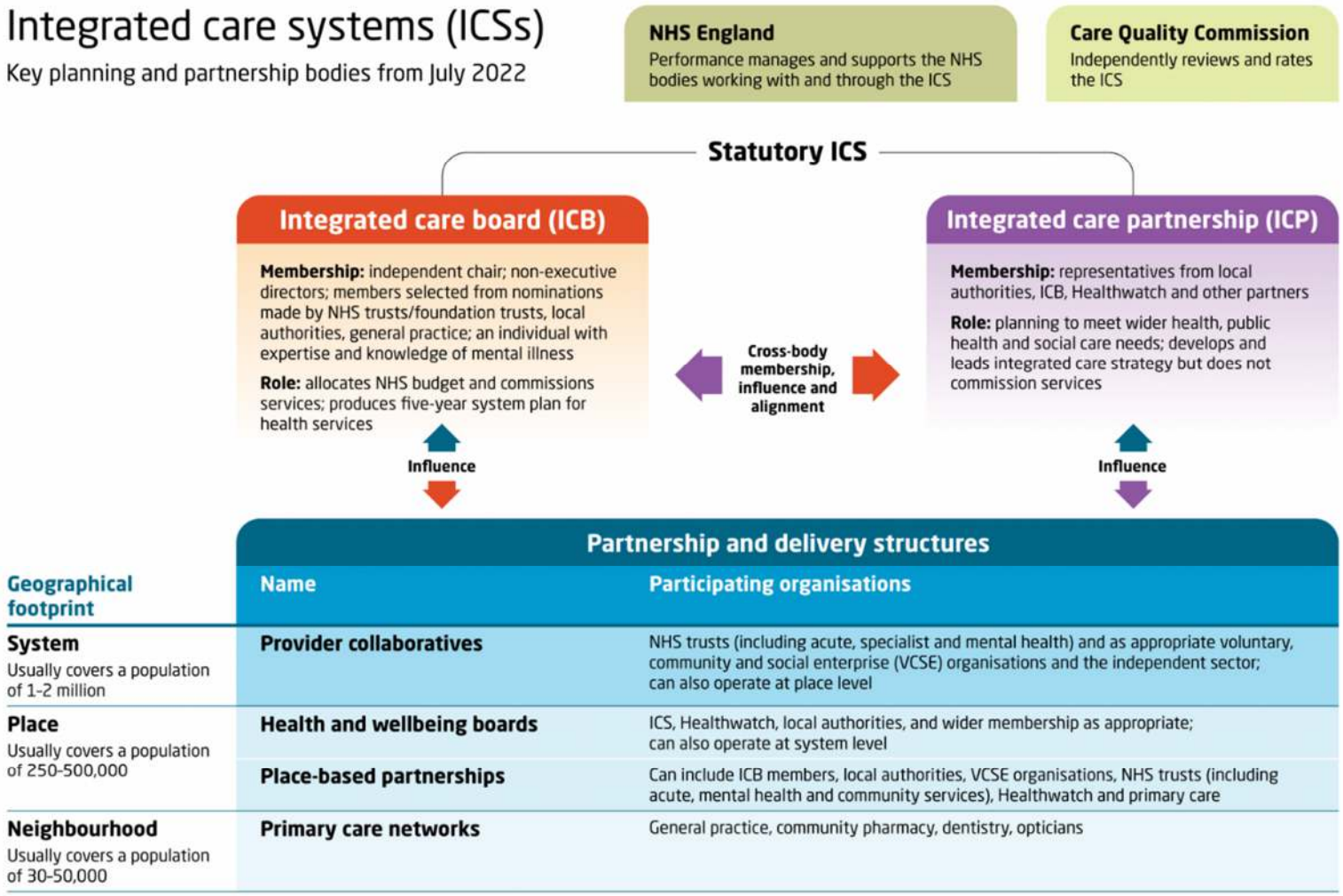
Update on Plans to Reduce the Inequality Gap in Dudley Borough

Developing our approach

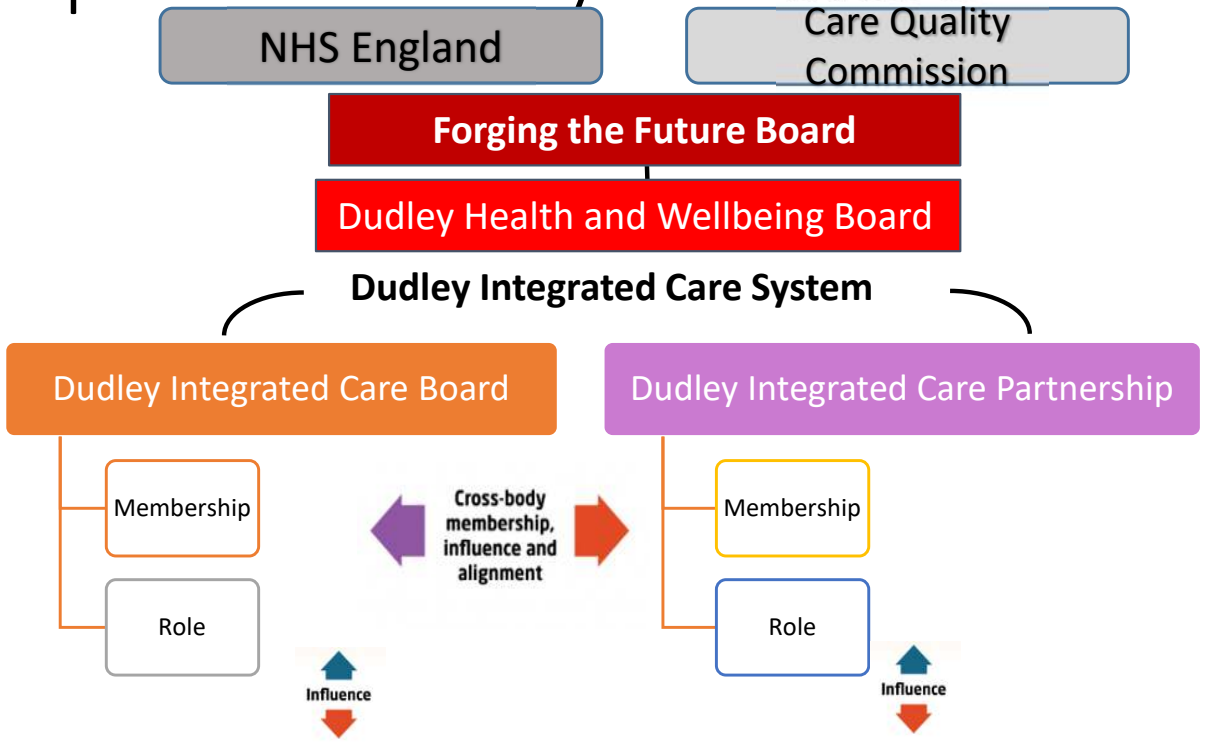
Our proposal

1. Dudley wants to reduce disparities and improve overall health and wellbeing. We want to work together across our health and care system to enable this to happen.
2. We will work together to reduce health inequalities and promote greater equity in our borough.
3. The local authority, its partners from health and care as well as the voluntary sector and business partners are committed to this vision.

Integrated Care Systems

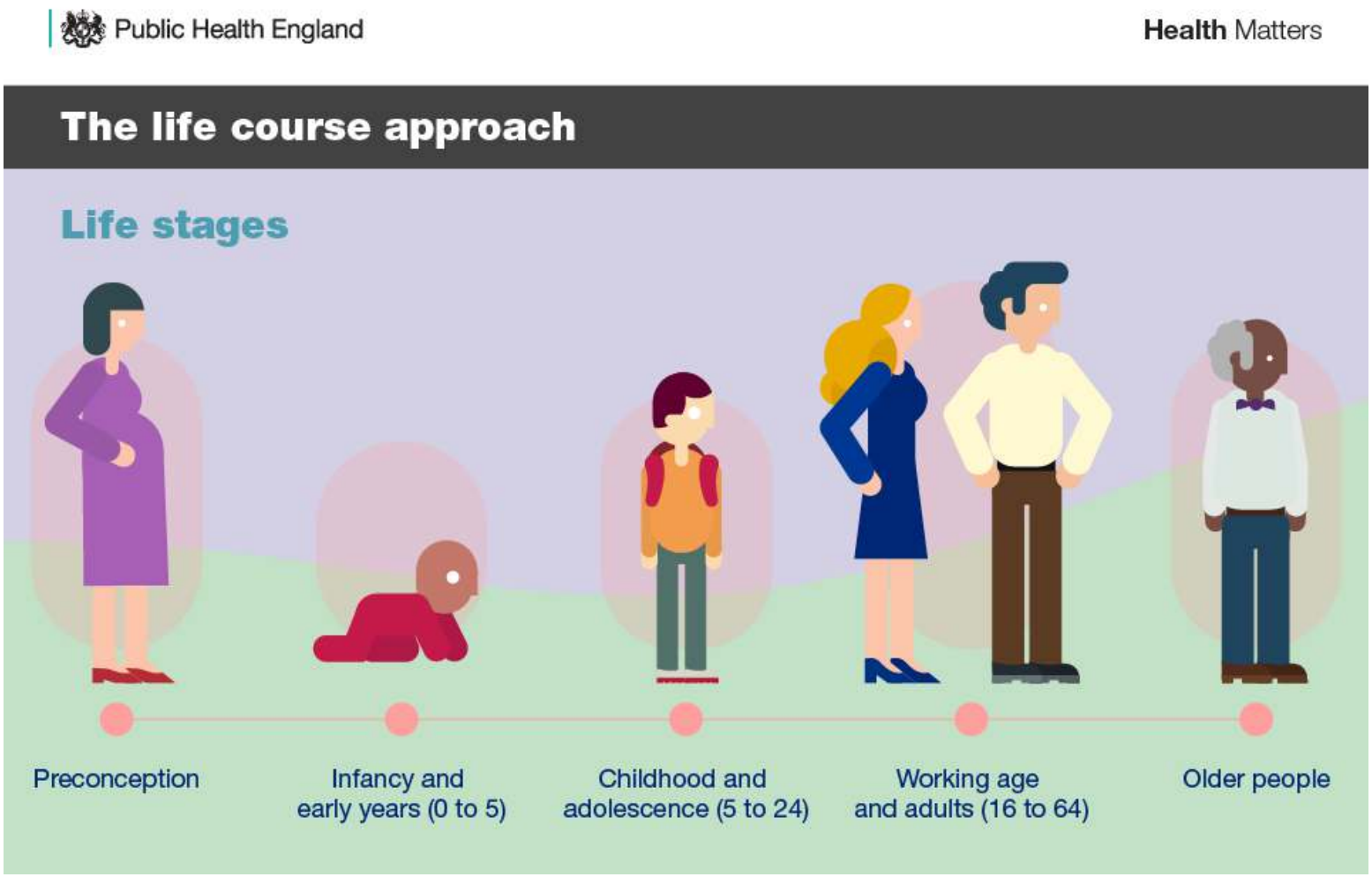


Dudley Partnership and Delivery Structure



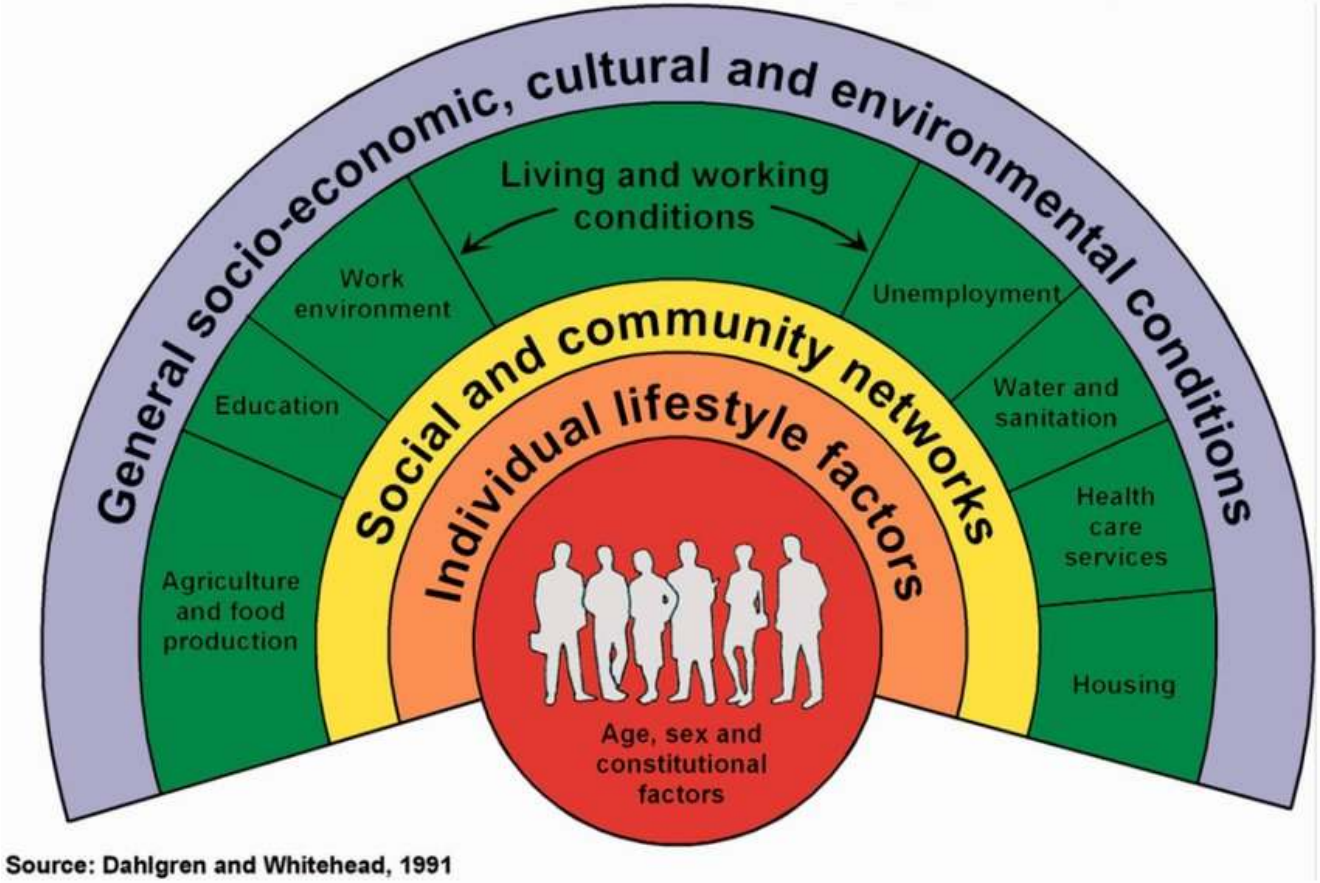
Geographical Footprint	Partnership and delivery structures	
	Name	**Participating organisations**
System	**Provider collaboratives**	Dudley Group NHS Foundation Trust
Place	**Health and wellbeing board**	Dudley ICS, Healthwatch, DMBC, DVCS, NHS Trusts, Primary Care
	Forging a Future Board	
Neighbourhood	**Primary Care Networks (6)**	General Practice, community pharmacy, dentistry, opticians, social prescribing
	Townships (5)	Community Development Workers, Children's Centres

Across the Life Course



Our Partnerships

Wider Determinants of Health



Source: Dahlgren and Whitehead, 1991

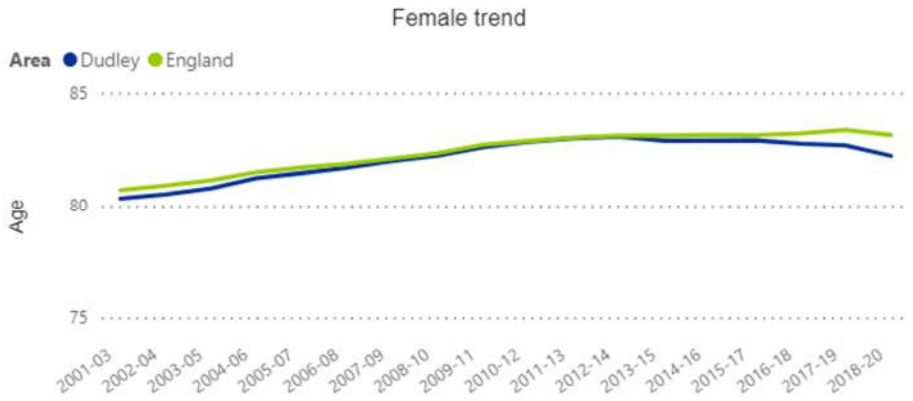
Our Vision

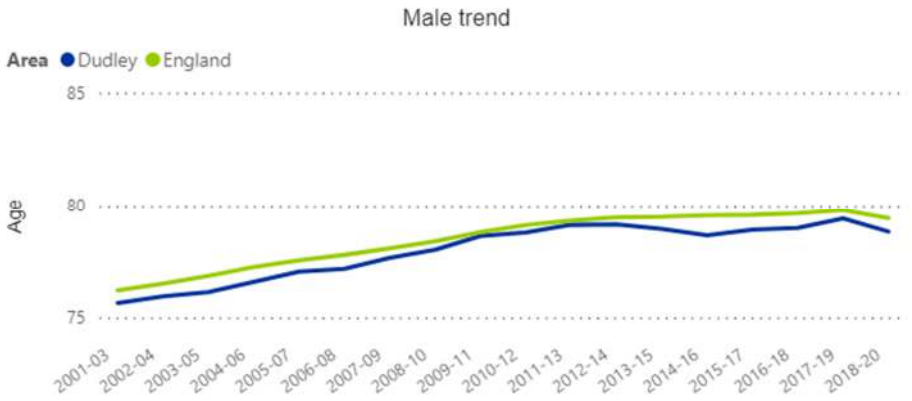
- The people of Dudley **live longer, healthier, and happier lives**.

Our Priorities

- **Tourism:** Home of rich heritage and a unique visitor attraction
- **Towns:** Home to diverse towns and a world class retail offer
- **Transport:** Home to world-leading transport and connections
- **Business:** Home to hard graft, enterprise and innovation
- **Education:** Hone the skilled workforce of tomorrow
- **Community:** Home of warm welcomes and close-knit communities with high aspirations and shaping their own futures
- **Environment:** Home to places of inspiring natural beauty, our green spaces

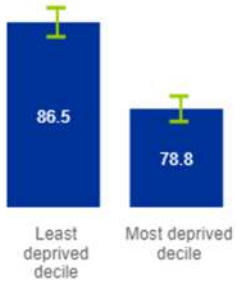
Life Expectancy in Dudley





Females by ward 2015-19

Females by deprivation 2017-19



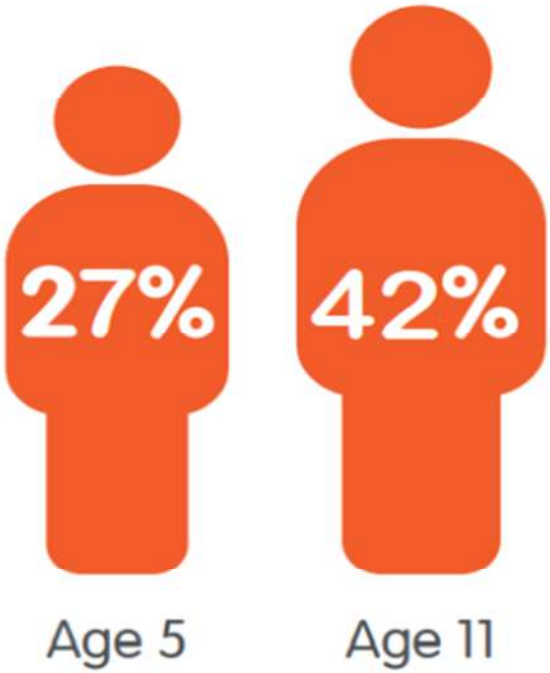
Males by ward 2015-19

Males by deprivation 2017-19

Health and Wellbeing Challenges

Health and Wellbeing Challenges

Improving health and decreasing inequalities



From ages 5 and 11, **overweight** and **obesity** increases in Dudley. More adults are overweight and obese in Dudley relative to England, and levels are higher in our more disadvantaged areas.

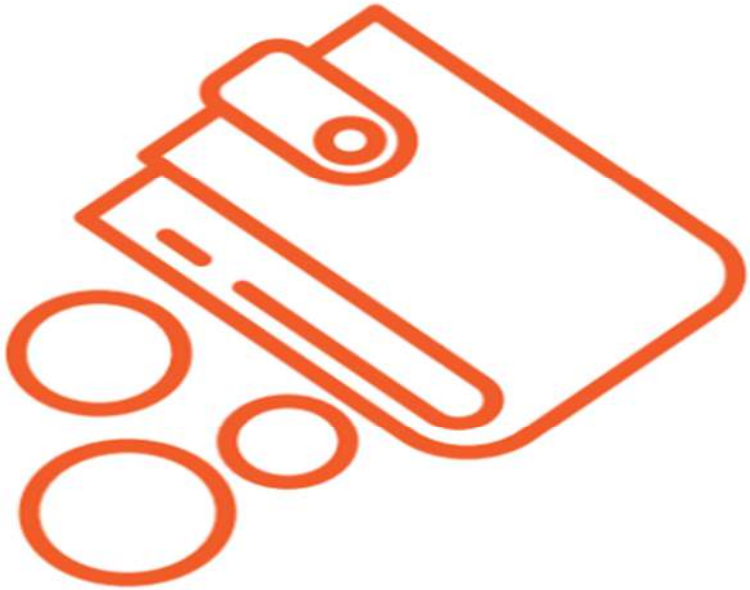
We know that if we establish healthy habits early in life our children and young people are more likely to be a healthy weight as adults. (2019/20)

Reducing poverty

25%

of young people aged under 16 live in **poverty** in Dudley

compared to 19% in England. (2021)



We know that living in poverty is a key driver of poor health and wellbeing and impacts on the healthy life gap between areas in the borough.

Reducing social isolation and loneliness

A picture of our population in Dudley

9.8% of people have long term health conditions and disabilities that limit their activities of daily living a lot

5.3% people with long term health conditions are unemployed in Dudley, compared to 2.8% nationally and **49.7%** are economically inactive (Apr 21-Mar 22)

1 in 4 (15,464) children in Dudley are living in relative low income families (2020/21)

323,500
2021 population

18%
% Under 15

62%
% 15-64

20%
% 65 and over

Ethnic Group*	%
White British	87.5%
Asian	6.8%
Mixed	2.4%
Black	1.5%
White Other	1.0%
Other	0.7%
Total	**100.0%**

Religion*	%
Christian	65.3
No Religion	22.0
Religion Not Stated	6.2
Muslim	4.1
Sikh	1.2
Hindu	0.6
Other Religion	0.3
Buddhist	0.2
Jewish	0.0

*from 2011 Census

5.7% of 16-17 year olds are not in education, employment or training (2020)

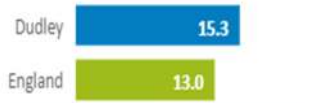
There were **13,600** workless households across Dudley in December 2020

People in Dudley earn **£18.60** a week less than the national average in full time employment

A picture of the health of our population in Dudley

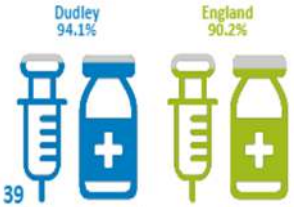
data source: 'Office for Health Improvement & Disparities. Public Health Profiles. [29/09/2022] https://fingertips.phe.org.uk © Crown copyright [2022]'

Under 18s conception rate / 1,000 2020



Infant mortality rate 2018 - 20

Population vaccination coverage - MMR for one dose (2 years old) 2020/21



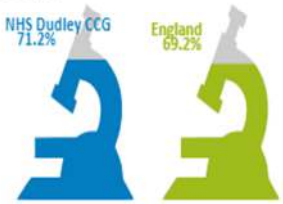
39 Dudley practices with coverage above 75%

2 Dudley practices with coverage below 50%

School readiness: children achieving a good level of development at the end of Reception 2018/19

Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (rate per 10,000) 2020/21

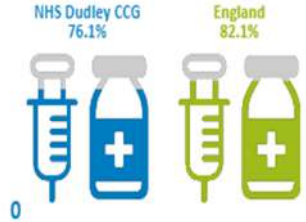
Women, aged 25-49, with a record of cervical screening in the last 3.5 yrs 2020/21



Number of emergency admissions with cancer (Number per 100,000 population) 2020/21

There were 1,770 emergency admissions in 2020/21 (539 per 100,000). The rate of admissions per 100,000 population varies significantly between practices with the highest rate at 948 admissions per 100,000 population and the lowest at 39 admissions per 100,000.

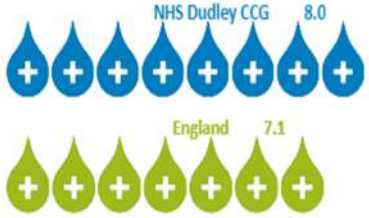
Patients with CHD immunised against flu 2020/21



0 Dudley practices with coverage above 90%

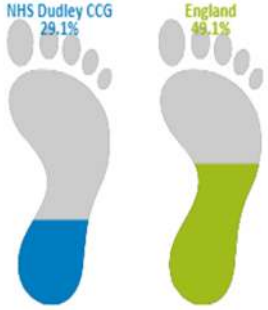
4 Dudley practices with coverage below 60%

Diabetes: QOF prevalence (17+) 2020/21

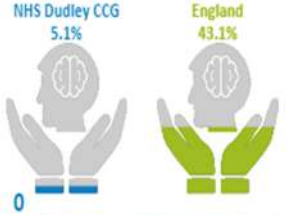


Prevalence of diabetes in adults (aged 17+) varies between practices with the highest prevalence at 12% and the lowest at 6%.

Patients with diabetes who had a foot examination and risk classification 2020/21



Patients with severe mental health issues having a comprehensive care plan 2020/21



0 Dudley practices with coverage above 90%

43 Dudley practices with coverage below 50%

ICS Level Long Term Metrics – 10yr trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Overweight and obese children in Year 6 (%)	2017/18 - 19/20	40.38	37.56	34.57	Worse
Overweight and obese children in Reception class (%)	2017/18 - 19/20	25.47	23.80	22.60	Worse
Overweight and obese adults (%)	2020/21	66.80	66.81	36.77	Similar
Life Expectancy at birth – male (years)	2020	77.84	77.61	78.67	Worse
Life Expectancy at birth – female (years)	2020	81.84	81.81	82.62	Worse
Life Expectancy at 65yrs – male (years)	2020	17.48	17.53	18.11	Worse
Life Expectancy at 65yrs – female (years)	2020	20.37	20.18	20.69	Similar
Inequality in life expectancy at birth - male (years)	2018 - 20	9.20	10.10	9.70	Not compared
Inequality in life expectancy at birth - female (years)	2018 - 20	8.60	7.90	7.90	Not compared
Inequality in life expectancy at 65yrs - male (years)	2018 - 20	5.30	5.40	5.20	Not compared
Inequality in life expectancy at 65yrs - female (years)	2018 - 20	4.70	4.90	4.80	Not compared
Disability free Life Expectancy at birth -male (years)	2018 - 20	60.45	61.64	62.35	Similar
Disability free Life Expectancy at birth -female (years)	2018 - 20	60.07	59.91	60.94	Similar
Disability free life expectancy at 65yrs - male (years)	2018 - 20	9.74	9.36	9.84	Similar
Disability free life expectancy at 65yrs - female (years)	2018 - 20	8.58	9.20	9.87	Similar

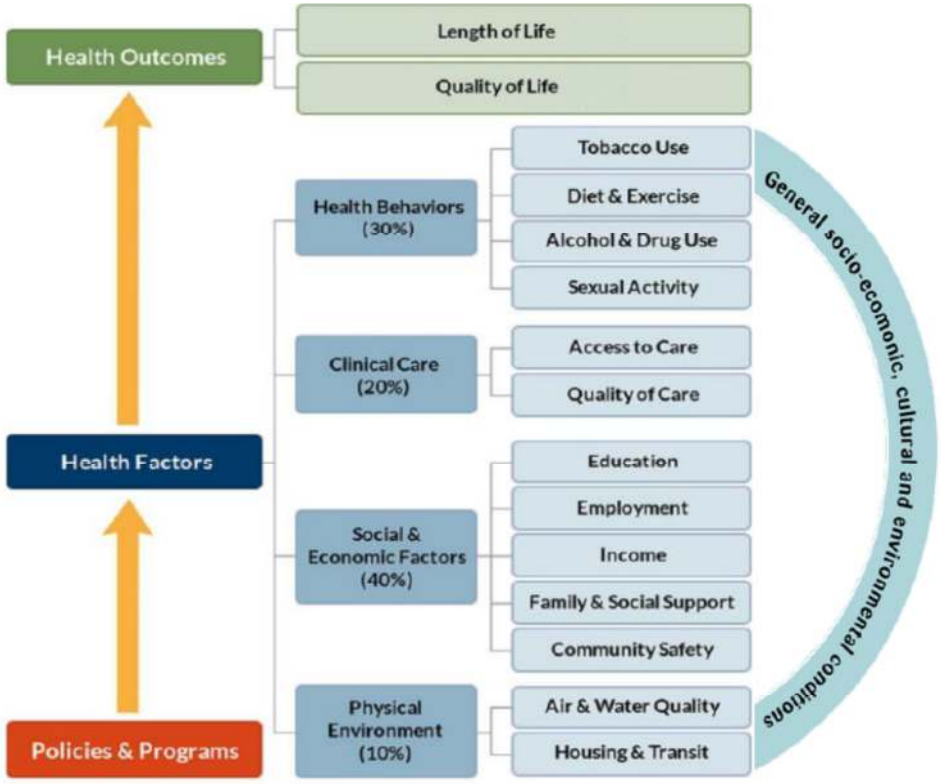
Community Inequality Medium Term Metrics – 5yr or less trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Population vaccination coverage – Flu (at risk individuals) (%)	2021/22	51.50	51.90	52.94	Worse
Physically inactive adults (%)	2020/21	29.61	25.63	20.05	Worse
People with type 2 diabetes who are of minority ethnic origin (%)	2019/20	15.00		21.60	Not compared
People aged 65+ receiving winter fuel poverty payments (%)	2019/20	95.59	94.94	94.08	Better
HIV late diagnosis (all CD4 less than 350) (%)	2018 - 20	29.63	44.96	42.40	Similar
Fuel Poverty (low income, low energy efficiency) (%)	2020	17.30	17.83	13.23	Not compared
Excess winter deaths index (Ratio %)	2019 - 2020	20.20	18.00	17.40	Similar
Excess under 75 mortality rate due to cardiovascular disease in adults with severe mental illness (SMI) (rate per 100,000)	2018 - 20	200.60	264.40	306.60	Better
Deaths from drug misuse (rate per 100,000)	2018 - 20	4.19	5.28	5.02	Similar
Adults with a Learning Disability in paid employment (%)	2019/20	3.80	4.20	5.56	Worse
Adults with a Learning Disability having a GP health check (%)	2018/19	3.39	46.10	52.26	Worse
Adults 40-74 years receiving an NHS health check (%)	2018/19 Q1	3.16	1.75	1.85	Better
Admission episodes for alcohol-related conditions (Narrow) (rate per 100,000)	2020/21	489.67	515.00	455.91	Worse
16-17 yrs not in education, employment, or training (NEET) (%)	2020	5.73	5.69	5.48	Similar

Place and Locality Level Medium Term Metrics – 5yr trajectory of change

Indicator	Time Period	Dudley	West Midlands	England	Dudley compared to England
Under 75yr mortality rate from cancer considered preventable (rate per 100,000)	2020	62.88	55.41	51.49	Worse
Suicide rate (rate per 100,000)	2019 - 21	10.31	10.72	10.43	Similar
Stroke admissions (all ages) (rate per 100,000)	2020/21	137.07		161.81	Better
Smoking in early pregnancy (%)	2018/19	15.65	14.47	12.76	Worse
Prevalence of smoking in adults (%)	2020/21	16.90	16.32	15.94	Worse
Prevalence of Diabetes (QOF Prevalence) (%)	2020/21	7.99	8.01	7.11	Not compared
Prevalence of Cardiovascular disease (QOF Prevalence) (%)	2020/21	4.03	3.18	3.05	Not compared
Infant Mortality Rate (per 1,000 live births)	2018 - 20	4.29	5.57	3.90	Similar
Emergency hospital admissions for intentional self-harm (rate per 100,000)	2020/21	151.97	166.58	181.22	Better
Emergency admissions for COPD (rate per 100,000)	2019/20	479.22	468.16	415.12	Worse
Early access to maternity care (%)	2018/19	74.81	56.78	57.78	Better
Children achieving a good level of development at 2-2.5yrs (%)	2020/21	72.02	81.58	82.86	Worse
CHD admissions (all ages) (rate per 100,000)	2020/21	369.33		367.59	Similar
Cancer mortality (All causes) (standardised mortality ratio)	2016 - 20	106.29		100.00	Worse
Cancer diagnosed at stage 1 or 2 (%)	2019	58.31	54.31	55.02	Better

Contributory Factors to Length of Life and Quality of Life



Source: Adapted from the County Health Ranking Model. Note: % figures are estimates and averages, the relative contribution for an individual's life will be unique to them. For illustrative purposes only.

System KPIs and what we need to work on

- ↑ Life expectancy at birth and at 65 years
- ↑ Disability Free Life Expectancy at birth and at 65yrs
- ↓ Inequalities in Life Expectancy within Place and between communities of identity
- ↓ Prevalence of excess weight in adults and children

System KPIs

- ↓ Prevalence of Cardiovascular disease
- ↓ Emergency admissions for cardiovascular disease, especially for stroke and heart attack
- ↓ Prevalence of Diabetes
- ↓ Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD)
- ↓ Infant Mortality
- ↑ Uptake of antenatal screening
- ↑ Children achieving proficient level of development at the end of Reception
- ↓ Cancer Mortality (All Causes)
- ↑ Increase the proportion of cancer cases diagnosed at stage 1 or 2
- ↓ Prevalence of smoking
- ↓ Suicide and Self-Harm rates

System KPIs

Ethnic Inequalities

- ↑ Ensuring continuity of maternity care of women from ethnic communities and from the most deprived groups
- ↓ Inactivity in people from ethnic communities compared to the national average
- ↓ Inequality gap in type 2 diabetes between different ethnic communities

Disability Inequalities

- ↑ Ensure people with Learning Disabilities and those living with Severe mental illness (SMI) receive annual health checks
- ↑ Ensure carers receive an annual health check
- ↓ Inactivity in people with long term conditions and disabilities

System KPIs

Income Inequalities

- ↓ Fuel poverty
- ↓ Young people not in education, employment, or training
- ↓ Food banks

Inclusion Health Populations Inequalities

- ↓ Drug and alcohol admissions and related
- ↓ Immunisation and vaccination coverage in inclusion health populations
- ↑ Early identification of blood borne viruses e.g., HIV, Hepatitis

Ambitions for Dudley

We propose establishing a short-term task and finish group that involves all our stakeholders to:

- Work together and agree priorities
- Use the JSNA and Population Health Management as a basis for our decisions

Governance Arrangements

There are 3 local partnership bodies with a particular interest in health inequalities and broader issues of inequality:

- Health and Wellbeing Board – with its responsibilities for the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy.

- Health and Care Partnership Board – with its interest in the integration of health and care services as a means of promoting access, managing complex demand and delivering better outcomes.

- The Forging a Future Partnership – with an interest in those factors that contribute to the wider determinants of health inequality – education, jobs, enterprise, skills, poverty, housing, economic regeneration.

Health and Wellbeing Board should be the prime body responsible for the development and oversight of Dudley's Health Inequalities strategy.

Data Dashboard

- Clear metric dashboard for measuring the progress against the Inequality strategy.
- Dashboard sitting in cooperation with the national ICS outcomes frameworks and local Health and Wellbeing Board Strategy performance data.
- Exploring options for real-time dashboards with Power BI.

Co-production and Engagement

- Engagement leads from across the Integrated Care System for Dudley Place will come together to focus on a coordinated engagement plan to shape the Health Inequalities Strategy

- The engagement plan will include ways to co-design elements of the Health Inequalities Strategy with residents of Dudley

Focus on reducing health inequalities

- Several workstreams prioritising Health Inequalities:

• **Give every child the best start in life**
• **Enable all children, young people, and adults to maximise their capabilities and have control over their lives**
• **Poverty action plan , needs assessment and strategy**
• **Healthy ageing**
• **Create and develop healthy and sustainable places and communities**
• **Prevention and management of Long Terms Conditions**

Community Projects

- Brierley Hill Project
  - established to provide targeted support to people of Brierley Hill and wider Dudley Borough. Recently they hosted an event to support social workers working with the community in Brierley Hill.
- Work in Lye
  - Communities in Lye are supported by organisations working together to support local communities access education; housing and health services. Recently there was a Festival in Lye for the local community.

Recommendations

1. That we make a commitment to working together across the system to ensure that our vision and objectives are made real for the people of Dudley.
2. That the Joint Strategic Needs Assessment underpins our work and that we have sufficient resource and analytic support across the system.
3. That all our work is underpinned by our agreed principles and new ways of working.
4. That we commit to working with our local communities and ensuring their voices are incorporated into the planning and implementation of our joint vision and objectives to achieve our priorities and reduce the inequality gap

Agenda Item No. 8

Meeting of the Health and Adult Social Care Scrutiny Committee – 25th January 2022

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

Primary Care Strategy

Purpose

1. This report summarises the Primary Care Strategy of DIHC attached in Appendix One.

Recommendations

2. It is recommended that Scrutiny;
   - receive the DIHC Primary Care Strategy for oversight and assurance.

Background

3. The Primary Care Strategy attached was approved by the DIHC Board at its public meeting on 1st November 2022.

4. The Primary Care Strategy has been through extensive consultation and engagement with General Practice, Primary Care Network (PCNs), the DIHC Place Executive Team and Dudley and Integrated Care Board (ICB) Primary Care Collaborative groups, alongside engagement events held with GPs, Practice Nurses, Practice Managers and other staff groups.

5. In developing this Primary Care Strategy, DIHC has been working with its key partners:

- in Dudley - to develop the future strategy for primary care delivery as a key component of the Dudley integrated model of care, together with proposals for how DIHC can further support primary care practices and PCNs achieve their goals and,
- across the Black Country - with Primary Care Network Clinical Directors (PCN CDs) and primary care collaborative members in response to a request from them to explore and determine the potential role for DIHC in supporting the development and sustainability of primary care across the Black Country ICS

Vision

6. Our vision to support and enable General Practice and PCNs to offer a sustainable model of primary care that is multi-disciplinary and responsive to the specific needs of the population, focused on prevention, self-care and shared health outcomes.

Aims

7.
- To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by the Fuller recommendations, best practice and national policy.
- To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population
- To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the Dudley Quality Outcomes for Health Framework (DQOFH)
- To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes, supported by appropriate estate and facilities.
- To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.
- To deliver the national, regional and local requirements in partnership with the ICB and general practice.

- To represent and enable primary care to lead the development of the Transformation Strategy for primary care within the ICB.
- To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers

Themes

8. The strategy has been grouped into twelve key themes for delivery with a number of actions in each theme aligned with a joint work plan priorities agreed with the Dudley Primary Care Collaborative and Black Country ICB.

- Access: Deliver extended access appointments over 7 days a week through the access hub, embed UTC within operating model of DIHC.
- Additional Roles Reimbursement Scheme (ARRS): Develop a consistent operating model with the ability to flex, in partnership, to meet population needs of practices.
- Clinical: A primary care operating model, for practices and ICTs, that defines how services operate in support of practices, PCNs and place.
- Corporate: A business partnering support function to general practice and PCNs for CQC assessment, Quality Improvement, Human Resources, administrative and financial support.
- Development: To develop our strategic approach and offer to directly provide primary medical services.
- Digital and Business Intelligence: To develop a digital blueprint in support of the primary care operating model. To produce Business Intelligence and population health analytics that enable operational services to respond to the needs of the population
- DQOFH: To lead the review of DQOFH indicators and the way in which services are organised to support the delivery of DQOFH indicators.
- Estates: To develop and implement an estates strategy that supports the delivery of the primary care operating model.
- Learning & Development: To co-produce and implement a strategy, with the Training Hub, to offer a broad range of professional and personal development to all roles across primary care.

- Quality: To provide a quality improvement support function, sharing policies and procedures to enable practices reach good or outstanding in every CQC domain.
- Stakeholder Engagement: To support primary care to be informed and DIHC to represent and reflect the “voice” of primary care across the system.
- Workforce: To create a strategy to recruit and retain staff, including the creation of a bank of clinical and non-clinical staff, to sustainably deliver primary care

Implementation

9. An implementation plan to deliver the Primary Care Strategy has been drafted and is enclosed in Appendix 2.

10. The Primary Care Strategy covers a range of actions across all Directorates and Teams within DIHC. To deliver the strategy the Executive Team are supporting a “one team” approach with a series of principles defining joint working and a Primary Care Strategy steering group established across DIHC to manage the dependencies and continually align activity to maximise time and resource.

11. A communication and engagement plan is being developed to support the implementation of the Primary Care Strategy. We will be involving stakeholders and the public (including patients and carers) in the development and implementation of projects to deliver the Primary Care Strategy.

Finance

12. There are no financial implications to the Council

Law

13. No implications arising from this report

Risk Management

14. DIHC and the ICB are considering the risks related to the delivery of the Primary Care Strategy. A risk register will be developed and available by the end of January 2023.

Equality Impact

15. This initiative is specifically designed to address health and care inequalities across our communities including children and young people

and people with protected characteristics.

Human Resources/Organisational Development

16. There are no HR implications to the Council

Commercial/Procurement

17. No implications arising from this report

Environment/Climate Change

18. There are no implications arising from this report

Council Priorities and Projects

19. This development is consistent with the Borough Vision's intention to create healthy and resilient communities.

Dr Lucy Martin - Joint Medical Director,
DIHC

Report Author: Daniel King – Head of Primary Care, DIHC
NHS Trust Email: Daniel.king@nhs.net

Appendices

Appendix 1 - Primary Care Strategy
Appendix 2 - Implementation plan to deliver the Primary Care Strategy

Primary Care Strategy 2022

Dudley Integrated Health and Care NHS Trust

Contents

Executive Summary

Dr Lucy Martin -
Joint Medical Director

Dudley Integrated Health and Care NHS Trust is an organisation created by Primary Care to focus on improving population health, and to support the development and sustainability of Primary Care as the first point of contact and principle point of continuing care for the population.

DIHC is entirely focussed on improving Primary Care and integrated out of hospital services as a means of supporting patients and communities to stay well and healthy, support those with ill health in their communities wherever possible; and enable secondary care and specialist services to maintain access and focus for those who need them most.

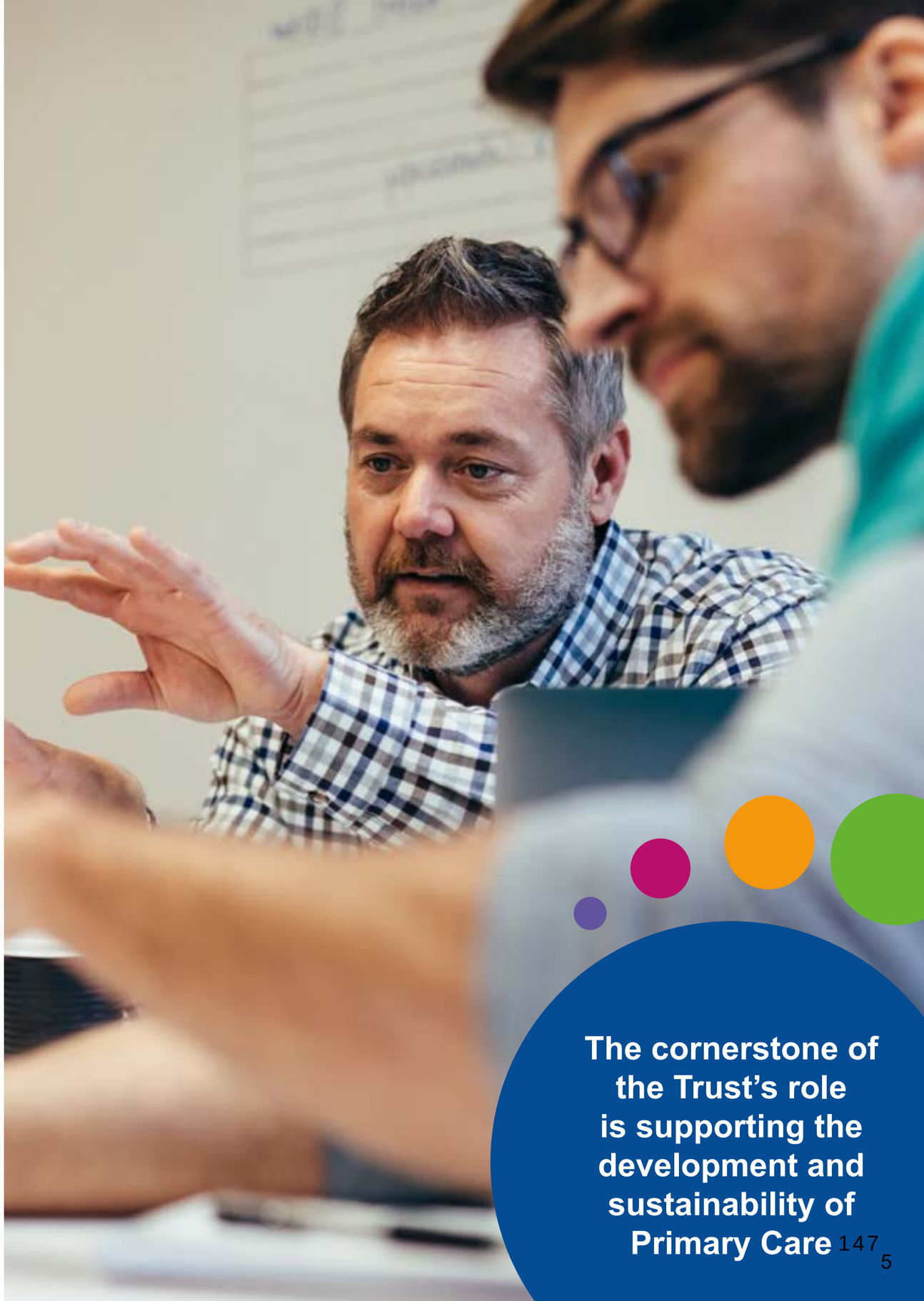
The cornerstone of the Trust's role is supporting the development and sustainability of Primary Care both within Dudley, and across the Black Country ICS.

In developing this Primary Care Strategy, the Trust has been working with its key partners:

- In Dudley - to develop the future strategy for Primary Care delivery as a key component of the Dudley integrated model of care, together with proposals for how DIHC can further support Primary Care practices and PCNs achieve their goals and,
- Across the Black Country - with Primary Care Network Clinical Directors (PCN CDs) and Primary Care Collaborative members in response to a request from them to explore and determine the potential role for DIHC in supporting the development and sustainability of Primary Care across the Black Country ICS.

As the only NHS Trust in the Black Country entirely focussed on out of hospital services, the ambition for its future role set out in this Strategy is:

- In Dudley, to ensure people are cared for within their communities and proceed to hospital only, when necessary, based on integrated teams, organised around sustainable modern Primary Care, achieved with the Trust's support
- Across the Black Country, to support the success of the clinically led Black Country Primary Care Collaborative to discharge the full range of its purposes and functions including expressing the single Primary Care voice in the Integrated Care System (ICS), shaping the Primary Care and



The cornerstone of the Trust's role is supporting the development and sustainability of Primary Care

Responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes

supporting out of hospital strategies and plans, and implementing agreed plans. The Trust would adapt accordingly to provide the governance and managerial support to the Collaborative.

The Strategy highlights:

- The achievements of the Trust and Primary Care in Dudley, together building trusted enduring relationships, and delivering service sustainability and improvements to patients and communities
- Proposals for the further development of Primary Care in Dudley addressing the challenges of access, workforce and estates whilst embracing the opportunities afforded by national policy, including the Fuller recommendations.
- Our vision to support and enable general practice and PCNs to offer a sustainable model of Primary Care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes.
- The approach to implement an operating model that achieves consistently high standards of access, quality and health outcomes as measured by the Dudley Quality Outcomes for Health Framework (DQOFH); that optimises the totality of the workforce, supported by appropriate estate and facilities, and enables the service development and sustainability of Primary Care,
- Proposals, co-produced with Primary Care in Dudley, for a range of support offers to practices and PCNs which DIHC can provide in support of Primary Care, taken up based on practice and PCN wishes
- An outline proposal, co-produced in response to interest expressed from Primary Care across the Black Country, for DIHC to partner with the clinically led Black Country Primary Care Collaborative. The Trust, as partner, would provide the governance, managerial and administrative support to the Black Country Primary Care Collaborative. It is proposed to work collaboratively to explore and develop these proposals further.
- A proposal that the support offers developed with and in support of Dudley practices should be made available, on request, to those Black Country Practices who would find such support of value; and to respond constructively to further requests for support from Black Country practices.
- Our approach to programme and resource management to take forward this Strategy, based on agreed priorities and available resources, within annual programmes of support.

This strategy describes the work undertaken so far with regards to the development of Primary Care in Dudley, and the plans to both further develop Primary Care in Dudley and the support that can be offered to wider Primary Care across the Black Country.

Introduction and Purpose of the Strategy

DIHC is an NHS Trust created at the request of general practice in Dudley to support Primary Care sustainability and development.

Our principal role is to support Primary Care to play its full role locally, and in the wider system, to support population health improvement and health and care services delivery and improvement, supporting Primary Care in addressing local challenges and meeting local needs within a national and ICB policy context.

The Black Country Integrated Care System (ICS) has delegated its functions in developing and supporting Primary Care in Dudley to DIHC.

This strategy has been developed with the engagement of Primary Care in Dudley and demonstrates their support, confidence, and ownership.

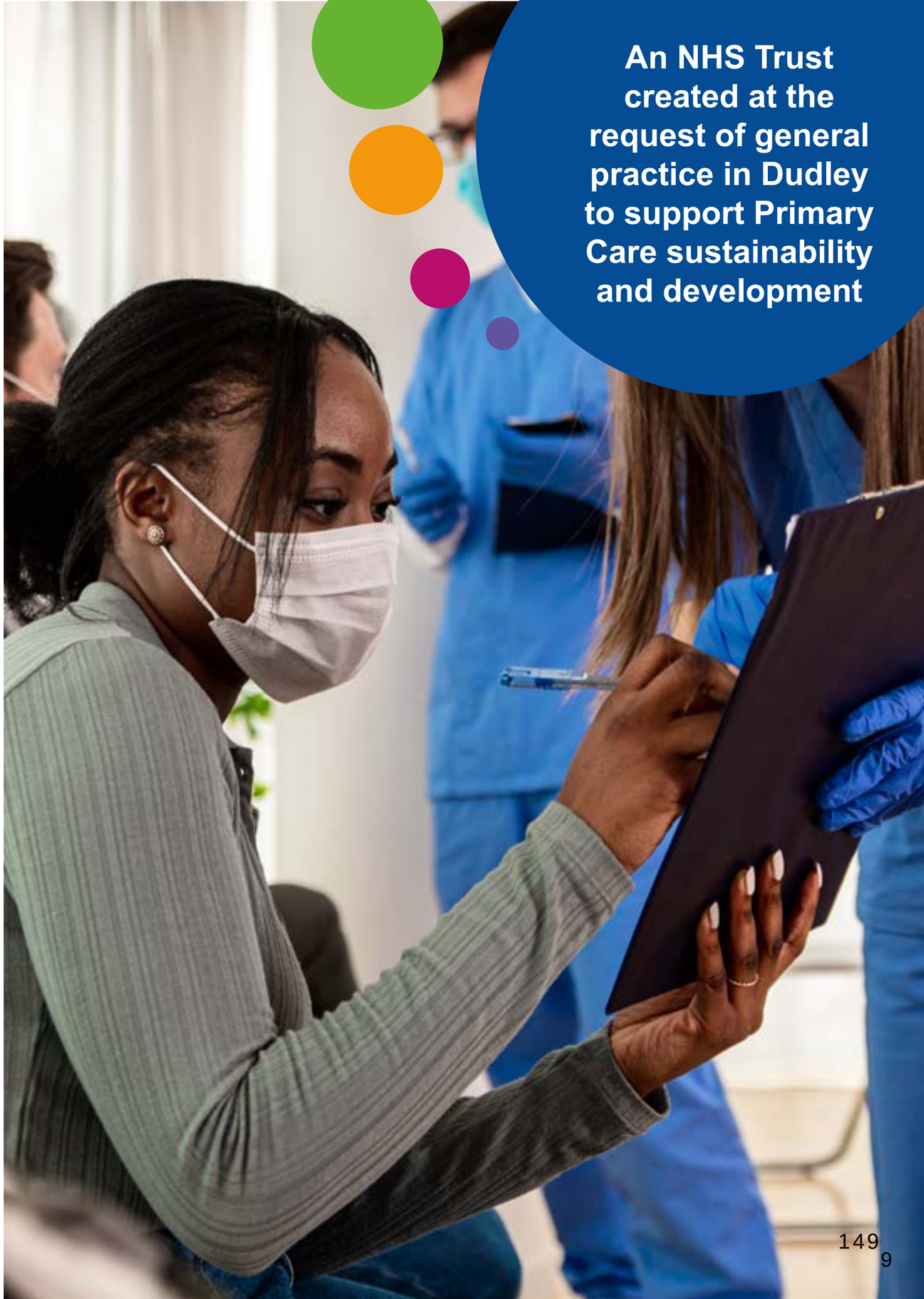
There has also been effective engagement with Primary Care leaders from across the Black Country in shaping our proposed role across the ICS.

Primary Care involvement in DIHC is strong; with extensive Primary Care participation in the Trust's governance structures (including the Trust Board and Primary Care Integration Committee), a formal Integration Agreement between practices and the Trust, and formal agreements for provision of support services to Primary Care Networks (PCNs).

There is strong and effective engagement with Primary Care through multiple engagement channels and together this means that Primary Care has a strong and influential voice in shaping how DIHC supports Primary Care and how they hold the Trust to account for this.

This strategy describes

- An overview of Dudley as a place and within the Black Country: its geography, demographics, characteristics and overall health and care services indicators and priorities; together with an overview of general practice and PCNs.
- The "Dudley approach and model" to Primary Care and system sustainability and development; including our role in the system and success to date.
- Proposals for the further development of Primary Care in Dudley addressing the challenges of access, workforce and estates whilst embracing the opportunities afforded by national policy, including the Fuller recommendations.
- Our vision to support and enable general practice and PCNs to offer a sustainable model of Primary Care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes.
- The approach to implement an operating model that achieves consistently high standards of access, quality and health outcomes as measured by the Dudley Quality



After being in existence since 2020, Primary Care in Dudley now wants DIHC to go further

Outcomes for Health Framework (DQOFH); that optimises the totality of the workforce, supported by appropriate estate and facilities, and enables the service development and sustainability of Primary Care.

- The future role of DIHC in supporting Primary Care and the offers of support that we intend to develop and implement within Dudley.
- The future role of DIHC in supporting Primary Care across the Black Country.
- Our approach to programme and resource management and to collaboration with ICS partners in delivering this strategy.

GP leadership and involvement / The Journey to create DIHC

Prior to the formation of PCNs, practices in Dudley were organised into locality groups along a similar geographical distribution. In 2017, GPs in Dudley elected a GP from each locality group to form a GP collaborative steering group with a remit to represent the views of general practice in the development of a new organisation which has now become DIHC. The GP collaborative was deliberately not a federation or GP provider organisation at the request of the local GPs.

The view of Dudley general practice was they wanted a collaborative approach that focussed on the integration of primary and community-based services, within a single NHS Trust focussed solely on the delivery of out-of-hospital care and improving the sustainability of Primary Care. They made commitments to lead and develop the way in which general practice would integrate with the Trust.

The GP collaborative steering group was responsible for leading on the engagement with general practice, negotiating the details of the Primary Care Integration Agreement between Dudley General Practices and DIHC, and representing the views of general practice in the development of DIHC as an NHS Trust. The PCN Clinical Directors Group have over time taken over the role previously held by the GP collaborative steering group.

The outcome is that over the course of the last five years, general practice has been involved in developing the first of its kind in the country; a new NHS Trust in the form of DIHC and has shaped the way in which DIHC and general practice(s) work with one another to create a sustainable model of Primary Care in Dudley.

The strength of GP leadership in the creation, and now governance, of the Trust is that practices and PCNs feel a sense of ownership, trust and buy-in to an NHS Trust that collaborates with them. General Practices in Dudley understand and have been part of a long journey in creating and developing the organisation that understands and supports Primary Care.

After being in existence since 2020, Primary Care in Dudley now wants DIHC to go further in the way that DIHC supports and enables them to deliver sustainable, high quality, integrated services. They have actively contributed and engaged in the development of this strategy because it is a natural evolution of joint thinking in the way that DIHC operates as a Trust in support of Primary Care.

Our Strategic Vision for Primary Care

Access

To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by best practice and national policy, including the Fuller recommendations.

Sustainability

To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population

Population Health

To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH.

Multi-disciplinary

To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes and supported by appropriate estate and facilities

Personalisation

To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.

Collaboration

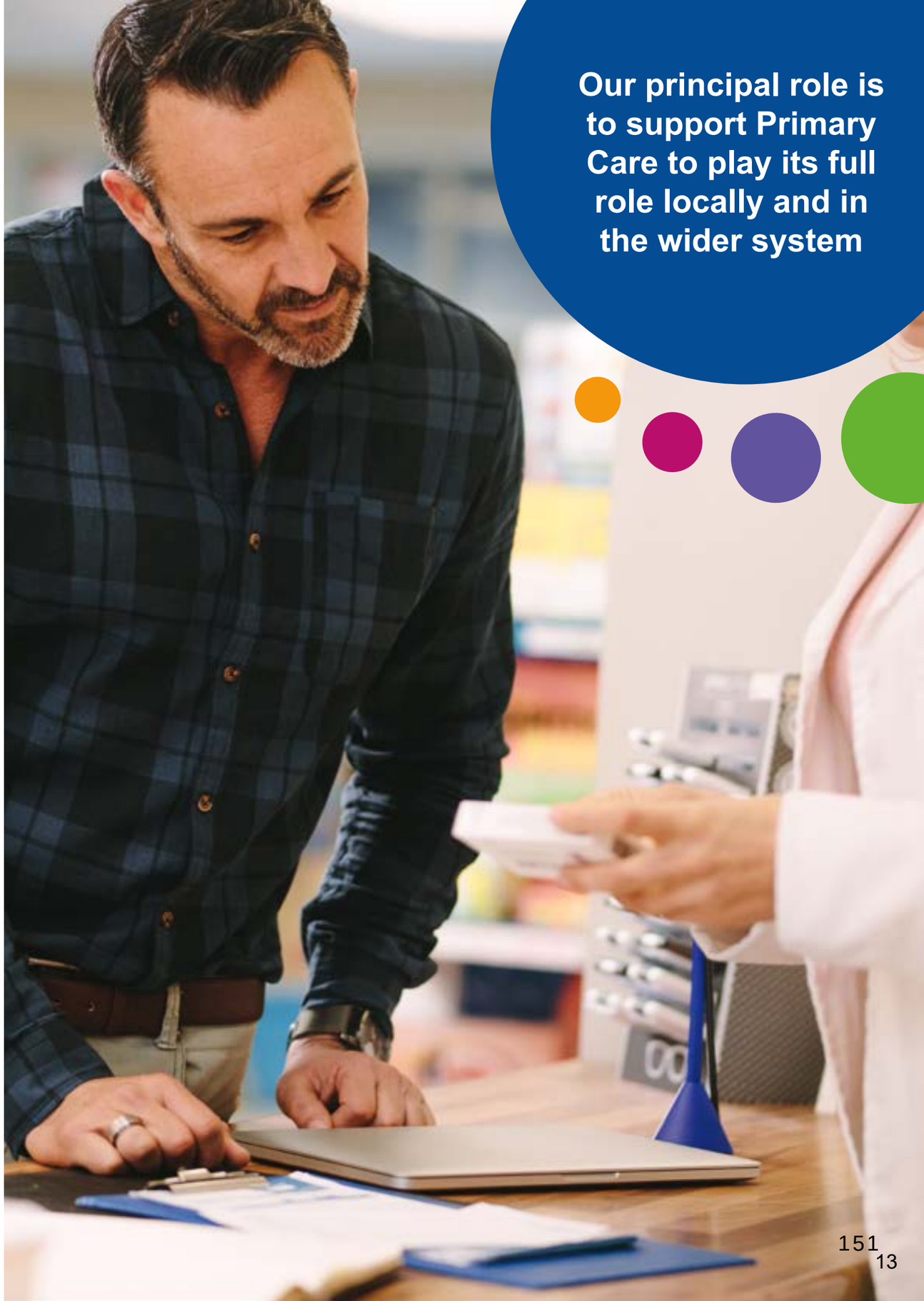
To deliver the national, regional and local requirements in partnership with the ICB and general practice.

Development

To represent and enable primary care to lead the development of the transformation strategy for primary care within the ICB.

Resilience

To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers



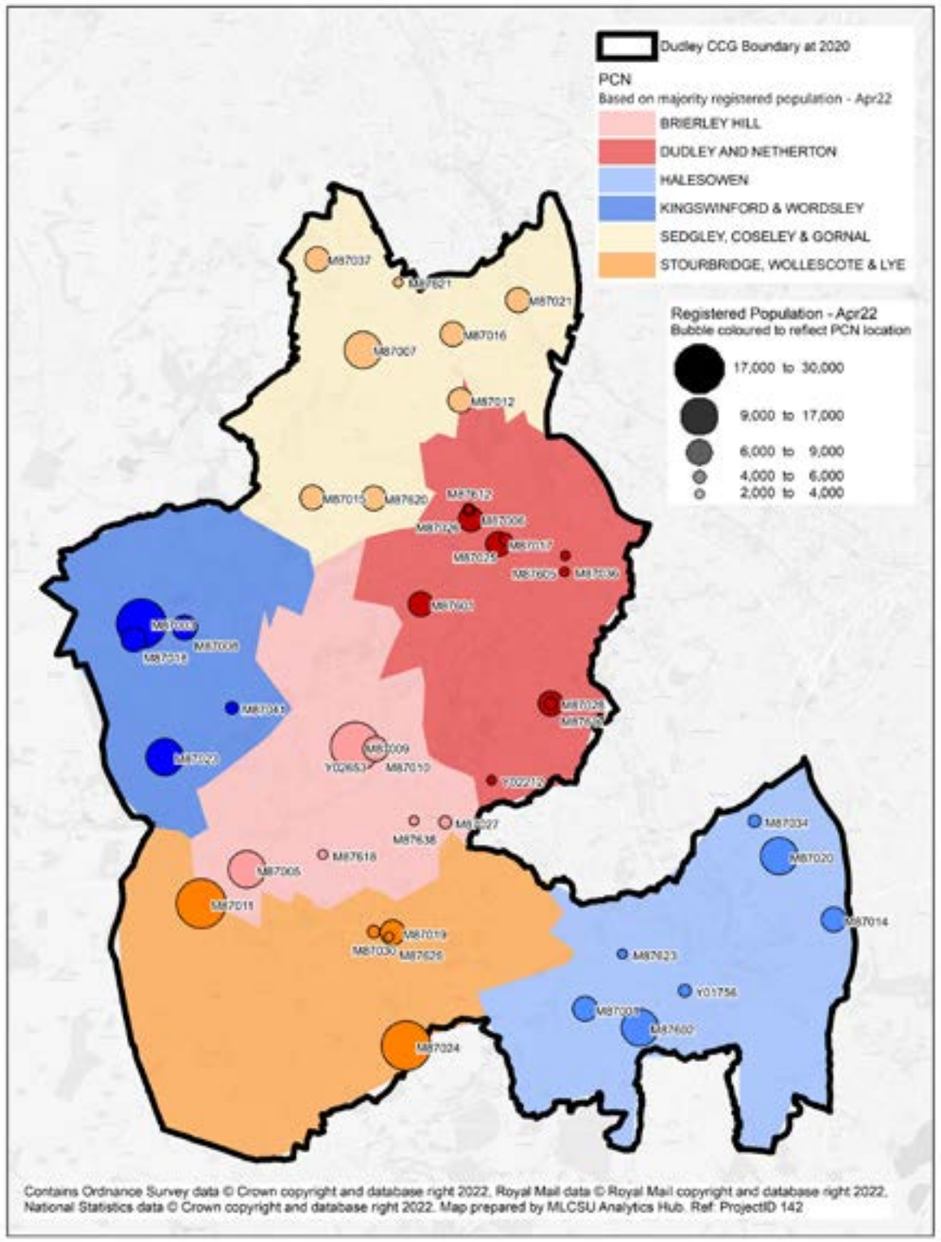
Our principal role is to support Primary Care to play its full role locally and in the wider system

An Overview of Dudley as a Place

Within Dudley there are 43 practices (two of which are directly provided by DIHC) within 6 PCNs serving a population of approximately 331,000 people as set out in map below.

The diagram below sets out the boundaries for each PCN, and the practices within each PCN are denoted by a bubble based on the registered list of the practice.

Visit: www.dihc.nhs.uk/publications/primary-care-strategy to learn more about the appendices



Appendix One: Dudley PCN Profiles

The profiles contained within appendix one set out a map of the PCN area, number of practices, age profile, Care Quality Commission (CQC) status of each practice, life expectancy and access measures from the GP survey 2020-21.

DIHC exits to support the sustainability of Primary Care, and to help and enable the practices and PCNs understand the different needs of their population and their practices and provide a range of offers and support to enable them to meet these needs. Examples of this are described in more detail further into the strategy.

Appendix Two: Black Country Integrated Care System (ICS) Summary

DIHC is part of the Black Country Integrated Care System (ICS). ICSs bring together the organisations responsible for providing health and care across an area, so that they can work in collaboration for the benefit of the system and place population.

The ICS has an Integrated Care Board (ICB) that brings together 13 organisations in planning and providing NHS services. The ICS takes a collaborative approach to agreeing and delivering ambitions for the health of our population across Dudley, Sandwell, Walsall and Wolverhampton.

The summary contained in appendix two sets out some key statistics regarding the population needs across the ICS and challenges with health inequalities and life expectancy.

Appendix Three: Workforce and Workload Challenges

GP practices across the country are experiencing significant and growing strain with declining numbers of GPs and other practice staff and a rising demand in terms of patient numbers, complexity and workload. The combination of workforce and workload pressures have significant effects on patients experience of care, the ability of general practice to deliver sustainable services, and the wellbeing of the Primary Care workforce. The position in Dudley is no different and reflected in appendix 3 are a series of charts and graphs which in summary show that:

- The overall number of GPs has seen little growth since 2015, with the number of GP partners declining by 20% over that time.
- In the year between March 2021 and April 2022, Dudley lost 7 GP partners and 9 salaried and locum GPs. This means that the number of fully qualified GPs by headcount decreased by 16 net in just under a year.
- Each practice has on average 642 more patients than in 2015, with some individual practices experiencing a large shift in registered population
- General practice appointment bookings reached record highs over the winter of 2021 with GPs seeing more patients than ever, which did not drop at the end of the winter period.
- The ratio of F2F (face-to-face) versus remote appointments has shifted with the waves of the pandemic, but the majority of appointments have been delivered in person. Currently, two thirds of appointments are face to face.

The “Dudley Approach and Model” to Primary Care and System Sustainability and Development

We are the first NHS Trust to have integrated with general practice – that is, we have 40 practices with a registered list size of 300,000 patients that have committed and entered into an Integration Agreement to collaborate with us to achieve a set of health improvements for the registered population of Dudley.

In addition to our role in supporting Primary Care practices and PCNs we also directly deliver a range of community-based services, commission a range of other services on behalf of the ICB; and enable and facilitate collaboration and integration of local services with a range of statutory and voluntary partners.

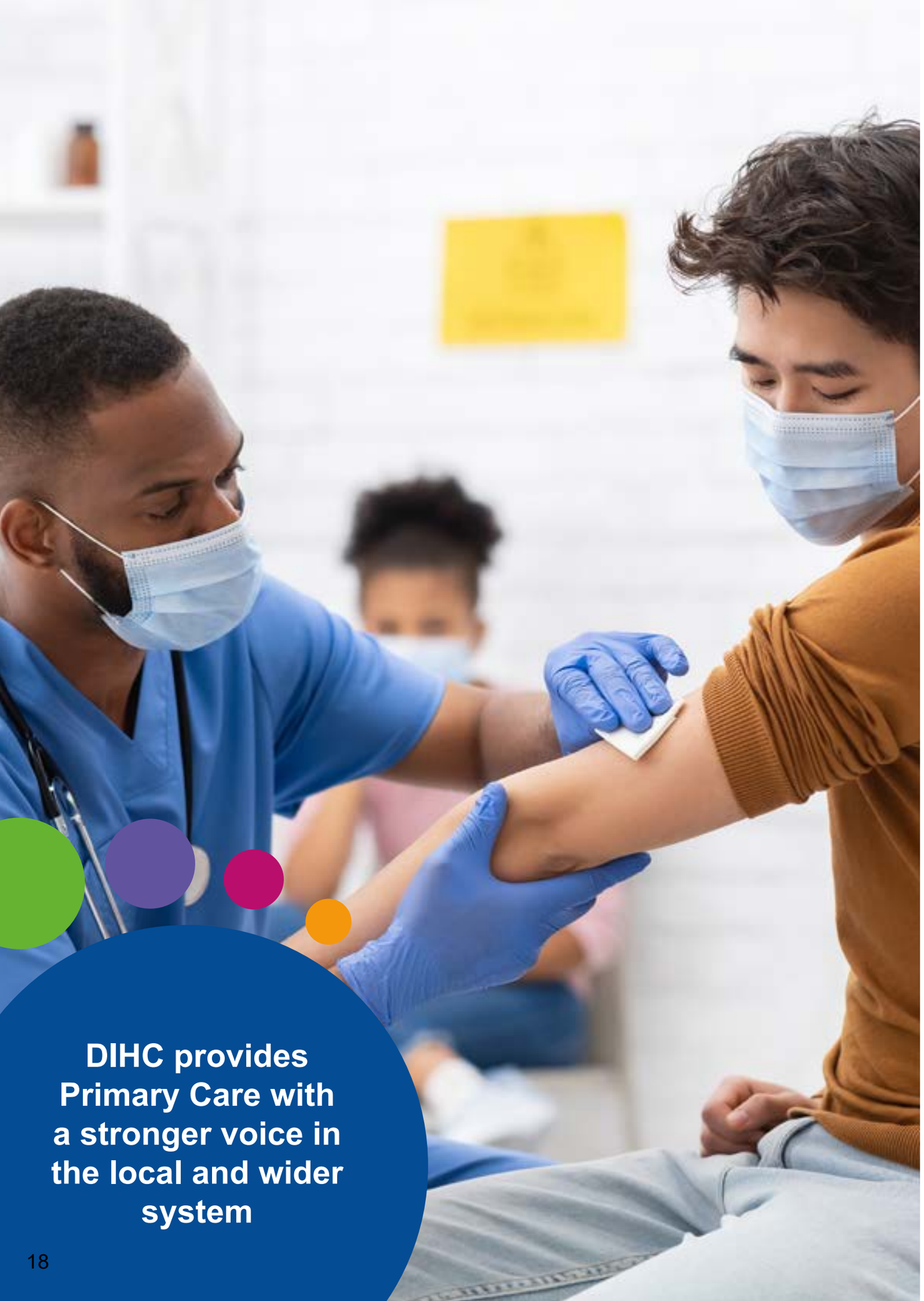
An organisation established by General Practice, for General Practice

DIHC was established at the request of general practice, to support and enable general practice to deliver a more integrated and sustainable model of Primary Care.

The key components that enabled GP support, confidence and ownership has been achieved through our culture of engagement and understanding of the issues that mattered most to general practice and PCNs and responding to these. For example;

- GP participation in the Trusts Governance structures, including the Trust Board (there are currently 5 GPs on the Trust Board) and the Primary Care Integration Committee (a committee where all 6 PCN Clinical Directors are members)
- Our clinical services and teams are organised in ‘Integrated Community Teams’ (ICTs) around the needs of each of our PCNs, with clinical and operational teams from across the Dudley system working together to look after the most vulnerable in the population. DIHC provide the GP leads to the ICTs who lead and co-ordinate the ICTs.
- A formal agreement (referred to as the Primary Care Integration Agreement) which 40 practices, representing 300,000 registered patients, have voluntarily entered into with DIHC. This agreement sees those practices opting out of the National Quality and Outcomes Framework (QoF) to collaborate with DIHC in delivering a more integrated model of Primary Care that sees a greater focus on care planning, prevention and outcomes delivered by multidisciplinary teams focussed on the needs of the population of Dudley. We are the first and only NHS Trust in the country that has this arrangement in place with general practice.
- An agreement in place at the request of each PCN, with each PCN, that sees them pass on their responsibility and resources for the management of staff and provision of services that can be best organised and delivered at a scale that they would not otherwise

The Dudley approach is recognised in the Fuller stocktake review as an example of good practice



DIHC provides Primary Care with a stronger voice in the local and wider system

be able to achieve. The provision of extended access GP appointments from winter 2021 onwards and the employment and operational management of all additional role reimbursement scheme (ARRS) staff are two examples. This method of employment sees DIHC, on behalf of PCNs, achieve the highest levels of ARRS recruitment and service provision within the ICB.

- The responsibility for the direct provision of primary medical services for the patients of High Oak surgery and Chapel Street surgery. Since assuming responsibility for both services, we can evidence improvement in some clinical outcomes and patient experience, with plans in place to address and improve specific areas of population health need. Both surgeries were in difficulty before being taken on by DIHC, and as well as the improvements made to patient care, this has also prevented further pressure on other local practices, which would have been an inevitable consequence if a disbursement of registered patients had occurred.

These examples illustrate that general practice and PCNs have a strong and influential voice in shaping how DIHC supports Primary Care. It also demonstrates how DIHC can provide the governance of an NHS Trust, and consequently how PCNs and the Trust can mutually hold each other to account. The examples demonstrate how DIHC has responded to practice requirements to the extent that general practice is prepared to commit and trust DIHC to partner with them to deliver improvements in the way that services are provided, organised, developed and supported in the future.

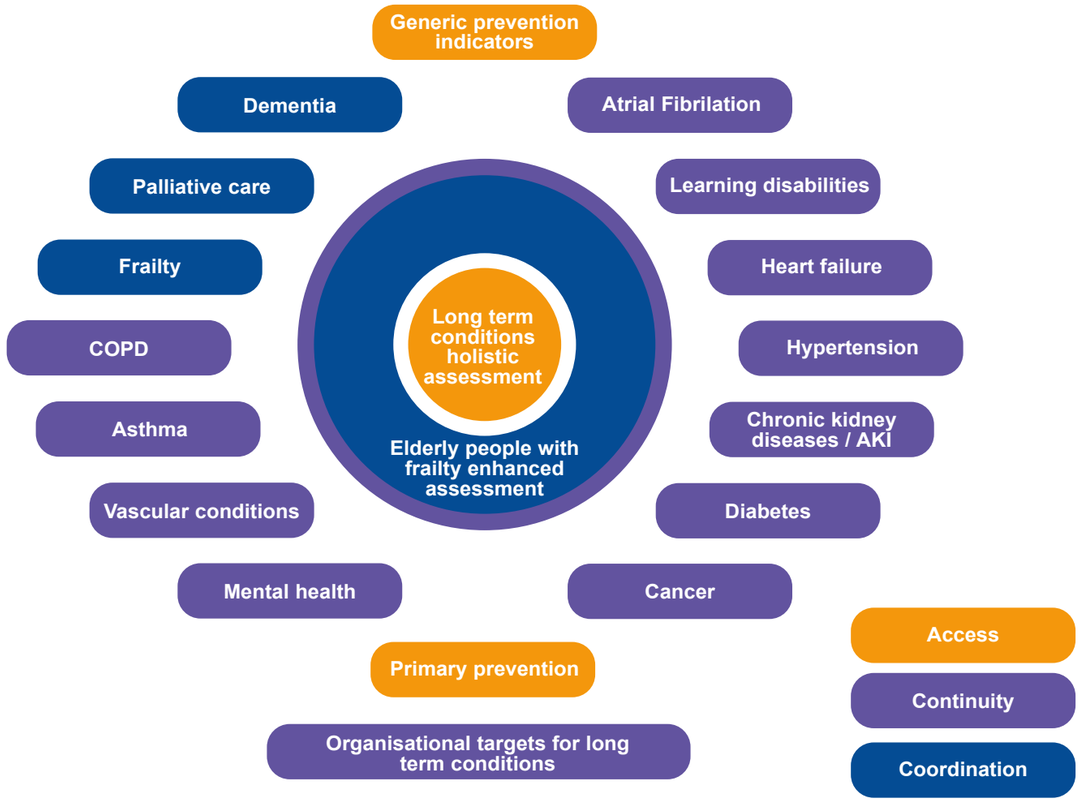
National Recognition

The role of DIHC and its creation as an NHS Trust to support the sustainability of Primary Care is unique. The Dudley approach is recognised in the 'next steps for integrating Primary Care' Fuller stocktake review as an example of good practice. DIHC is an NHS Trust established by local GPs for the purpose of supporting them to develop a more sustainable model of Primary Care and will provide Primary Care with the support required to implement the recommendations of the Fuller stocktake review. This will be undertaken by further developing high quality Primary Care as the bedrock of NHS care, to enable integration of services in the community, to ensure provision of same day access and long-term continuity of care, and to better serve local people and improve their health services and outcomes through integrated neighbourhood teams. DIHC provides Primary Care with the opportunity to develop a wider range of service provision and provides Primary Care with a stronger voice in the local and wider system.

1 Black Country Healthcare NHS Foundation Trust, Black Country Integrated Care Board, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust, Walsall Council, Walsall Healthcare NHS Trust, City of Wolverhampton Council, The Royal Wolverhampton NHS Trust, West Midlands Ambulance Service University NHS Foundation Trust

Driving a more preventative approach that supports and enables patients to take a more active role in managing their own health

The Dudley Quality Outcomes for Health Framework (DQOFH)



DQOFH was co-created with Public Health and acute consultants, bringing in NICE evidence-based targets over and above the national Quality Outcomes Framework. It rewards “Evidence-based Holism,” promoting patient education, patient-led goal setting and lifestyle support for anyone with any long-term condition. The DQOFH was developed to drive up standards, address unwarranted variation and facilitate the holistic management of patients with long term conditions. This includes an increased focus on care planning, measures and incentives for holistic reviews and personalised care planning, along with outcomes defining access requirements that exist over and above the National GP contract and Quality and Outcomes Framework (QoF).

The DQOFH was developed as part of a wider system outcomes framework and is a key component to the way in which Dudley general practice contributes to population health outcomes, supported by DIHC in the provision of a range of services that enable patients to manage their own long-term conditions.

The DQOFH provides DIHC and general practice with the mechanism to reduce variation- through standardising the way in which DQOFH is supported with DIHC clinical services, developing and sharing best practice and the Primary Care operating model from DIHC operated practices, providing centralised functions for DQOFH support e.g., clinical coding, templates, call and recall, policies and procedures.

The Primary Care Integration Agreement

This agreement sets out how DIHC and general practice will work together, including adherence to the objectives for service integration and the principles for joint working including the Dudley Quality Outcomes for Health Framework. The purpose of the agreement is to improve quality and drive a more sustainable model of Primary Care with a workforce and clinical model organised around the needs of each PCN.

Key Elements – for Practices

Delivering the DQOFH – a core requirement is that each practice participates in a framework that is based on addressing health inequalities and improving outcomes for the patients of Dudley, rather than the national QOF.

Working to common clinical protocols and with other DIHC services, for example with the pharmaceutical public health team within formulary, with the integrated care teams (ICTs) to reduce hospital admissions, with health coaches to support delivery of DQOFH outcomes for setting and achieving personalised health goals (to achieve weight management, control blood pressure, manage cholesterol and HbA1c levels).

Agreeing to improve areas where data suggests practice activity is abnormal – e.g., high use of A&E or high rates of secondary care utilisation.

Delivering general practice access requirements with the support of DIHC – e.g., having a consistent method of online access for signposting and triage, delivering on the access requirements of DQOFH in respect of delivering urgent same day access for children and those over the age of 75, provision of a minimum of 75 contacts per week per 1000 population, utilising the support of extended access appointments provided by DIHC.

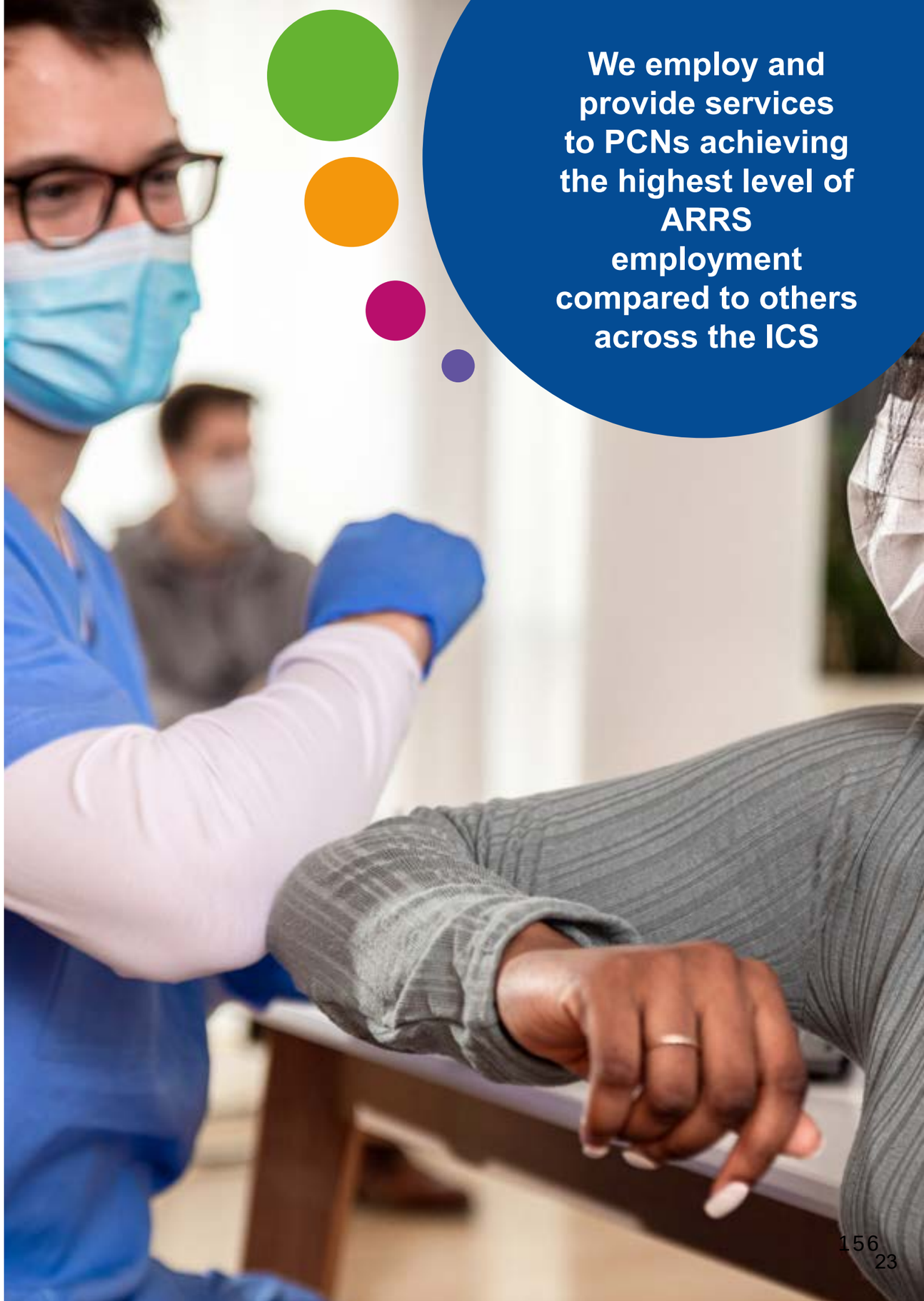
Key Elements – for DIHC

To support and enable the development and sustainability of Primary Care to deliver improvements to the health of the Dudley population and to build a robust out of hospital care model; put simply: community where possible, hospital when necessary.

To support and enable general practice and PCNs to deliver a consistent model of care that that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes.

To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.

To support individual practices with bespoke support through a range of offers including back-office support, management arrangements, turnaround support etc.



Achievements to Date

A Primary Care Integration Agreement co-produced between DIHC and general practice and signed by DIHC and 40/43 practices covering 300,000 patients. It describes the mutual ambition and commitment to addressing population health improvement and how Primary Care and DIHC work together to achieve this common purpose.

A quality improvement framework (DQOFH) in place that addresses the population health needs in relation to access, continuity and co-ordination – a framework that sees Dudley general practice operating to standards over and above those that are Nationally defined.

One of the largest pharmaceutical public health team employed in the country operating to achieve population health outcomes at a practice, PCN and borough level demonstrating quality improvement and return on investment on £4.73 for every £1 spent on prescribing efficiencies.

An agreement in place with PCNs that sees DIHC rapidly employ and deploy ARRS staff and services – achieving the highest level of ARRS employment for Dudley PCNs compared to all other PCNs across the ICS.

A team of health coaches employed and operating in support of the DQOFH standards that sees every patient with a long-term condition supported to have holistic review and goals identified as part of a personalised care plan – in 2021/22 45,594 patients had a review and were set personalised goals, with pilot studies showing demonstrable improvements in blood pressure, cholesterol, weight loss and HbA1C levels.

Integrated Community Teams (ICTs) established and successfully managing the health and wellbeing of patients with high clinical risk.

The commissioning of 'Integrated Plus' from the Dudley Council for Voluntary Services – a service that works within the ICTs to co-ordinate the voluntary sector and community assets – resulting in demonstrable improvements to the wellbeing of patients and reductions in attendances to hospital - at 6 and 12 months pre and post referral data shows a 37% reduction in A&E attendances at 6 months, and 50% reduction in A&E attendances at 12 months.

Two practices (High Oak and Chapel Street Surgery) in deprived communities taken into direct provision and management by DIHC to ensure continuity of provision for populations with significant challenges.

Improvements in the delivery of Primary Care medical services at the two practices provided by DIHC – including relative improvements in DQOFH outcomes and patient satisfaction as measured in the National GP survey.

Clinical and managerial support provided to general practice - putting in place robust systems and process that address issues identified by the CQC and enable the practice to operate whilst maintaining GP ownership.

Establishing an extended access GP service mobilised and operating at two weeks' notice that sees in excess of 1200 patients a month since January 2022 with capacity for direct booking from 111 and GPs, with 91% of patients being seen within 5-15 minutes of arrival, and 88% of patients being very satisfied with the service. Capacity for this service was increased within 24 hours for locally driven need such as heat wave and winter capacity.

A Covid Assessment Centre rapidly mobilised on behalf of practices and PCNs that provided 6,668 face-to-face consultations and an oximetry at home monitoring service for patients with confirmed or suspected Covid during the first 15 months of the pandemic. 95% of patients were very satisfied with the service they received, and the at-home digital monitoring service won the 'Driving Digital Transformation Innovation Award' from the West Midlands Academic Health Science Network along with the Covid assessment centre team being awarded the Freedom of the Dudley Borough.

Supported practices and PCNs with the co-ordination, management, and delivery of the Covid vaccination programme – achieving the highest achievement of COVID vaccinations and boosters in the ICS.

Produced development, workforce development and estates plans for all PCNs that have enabled DIHC to achieve the highest level of ARRS employment and service provision for Dudley PCNs across the ICB.

Enabled PCNs to secure additional investment to support training, education, and support to maintain sustainable service provision.

At the request of the Brierley Hill PCN, employed the PCN Clinical Director and provide management support for all aspects of the PCN under a service level agreement (SLA).

Provide the leadership and co-ordination of regular GP Education and Engagement sessions to both enable professional development and to support the knowledge base in a range of subjects across Primary Care. This includes operating an arrangement with the local Urgent Treatment Centre to enable practices to close early to guarantee attendance.

Establishment of new services including a community-based headache clinic led by a GPSI which provides a quicker route to assessment for people suffering with headaches, and a team of Primary Care mental health first contact practitioners to support general practice on a daily basis with additional mental health\ support

Successfully managed service transfers for school nurses, safeguarding and Primary Care mental health teams into Brierley Hill and Stourbridge Health and Social Care Centres.

On behalf of general practice, and in consultation with patients, selected a Digital First system (Footfall) and supported its roll out and introduction across general practice in Dudley.

Created additional clinical rooms to support High Oak surgery, and created additional non- clinical rooms to support PCN staff in Brierley Hill and Dudley and Netherton.

Improved the estate condition, security, and compliance for services operated from Chapel Street surgery

Provided estate and supporting infrastructure to deliver the extended access Hub.

Provided estate and supporting infrastructure to support the Special Assessment Service (a service for patients that have been removed from the registered list of general practice).

Worked collaboratively with PCNs and practices to produce estates strategies for each PCN, these strategies.

- Have ensured that all ARRS staff employed by DIHC have the clinical and non-clinical space that allows them to work closely as part of the extended Primary Care services in support of practices and PCNs.
- Have identified the additional space and capital required to meet the additional requirements for the increasing number of ARRS staff from 2024 onwards.
- Have informed the development of the DIHC Estates Strategy expected to be finalised in 2022.

A Primary Care Integration Agreement signed by 40 practices, covering over 300,000 patients

A framework that sees Dudley general practice operating to standards over and above those that are Nationally defined.

Two practices taken into direct provision and management

Extended GP access service seeing over 1,200 patients a month with 91% seen 5-15 minutes of arrival

A return on investment of £4.73 for every £1 spent on prescribing efficiencies

One of the largest pharmaceutical teams in the country

The Future Strategy for Primary Care in Dudley – Implementing the Fuller Review

Vision

Our strategic vision for Primary Care is:

- To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by best practice and national policy, including the Fuller recommendations.
- To support and enable general practice and PCNs to offer a sustainable model of Primary Care that is the first point of contact and principle point of continuing care for the population.
- To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH set out in Appendix 4.
- To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes, supported by appropriate estate and facilities.
- To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.
- To deliver the national, regional and local requirements in partnership with the ICB and general practice.
- To represent and enable Primary Care to lead the development of the transformation strategy for Primary Care within the ICB.
- To provide an organisational model to support the resilience and sustainability of Primary Care with innovative workforce models and a range of support offers.
- That general practice is supported and enabled to achieve.

Our approach to implementing the Fuller stocktake review: next steps for integrating Primary Care in Dudley

In order to deliver our vision, our fundamental approach is to fully embrace the Fuller stocktake review, building on the progress we have already made. We have set out below our progress to date and our next steps for fully realising the opportunities that exist for the population and the sustainability of Primary Care. We have described our developing service model, together with our progress and future plans for workforce, estate and digital enablers to support delivery.

The Fuller stocktake report: Next Steps for Integrating Primary Care reflects on the current model of Primary Care delivery and outlines a vision for Primary Care that reorientates the health and care system to a local population health approach through building neighbourhood teams, streamlining access and helping people to stay healthy.

The Fuller stocktake report recognises and references our role and the role of the Black Country Primary Care Collaborative in supporting the development of Primary Care, describing the way in which DIHC has provided the opportunity to enable general practice and PCNs to operate at scale – delivering improvements in sustainability, access and population health improvement – all of which are aligned to the recommendations contained within the report.

The three key areas described in the report are set out below, along with progress to date and next steps for further development:

Personalised Care

Providing more proactive, personalised care with support from a multidisciplinary team of professionals - integrated neighbourhood 'teams of teams' need to evolve from Primary Care Networks (PCNs) and be rooted in a sense of shared ownership for improving the health and wellbeing of the population. They should promote a culture of collaboration and pride, create the time and space within these teams to problem solve together, and build relationships and trust between Primary Care and other system partners and communities.

Progress:

- Dudley has the expertise and experience of implementing multidisciplinary teams (MDTs) within each General Practice since 2015 as part of the NHS New Models of Care Vanguard Programme.
- DIHC has evolved and developed the MDT model (teams without walls) to an ICT model – these are neighbourhood teams operating within each PCN to manage those with the greatest needs and at the highest risk of admission.
- The ICT comprises a core team within each PCN as follows:
  - ICT lead - GP or designated AHP/community nurse
  - Community nurse
  - Long term conditions nurse
  - Mental health nurse or specialist
  - Social work and local authority
  - Voluntary sector lead from integrated plus
  - Care coordinator
  - Integrated Plus Voluntary Sector Link Worker
- The ICT comprises an extended team that includes, but is not limited to
  - Specialist Palliative Care nurses
  - Respiratory specialist nurses
  - Diabetic specialist nurses
  - Clinical pharmacists
  - Allied Health Professionals
  - Safeguarding support (social services)
  - Health Visitor – where there are complex cases or children
  - Specialist consultant support for key ICT sessions including (Cardiology and Heart failure, Diabetes and Endocrinology, Learning Disabilities, Nephrology, Respiratory Medicine, Vascular Conditions, Palliative Care and Mental Health)
- Within the DQOFH (operating since 2016) Dudley general practice and patients are now familiar with annual holistic reviews and personalised care planning, supporting with health coaching those patients with long term conditions.

Next Steps:

The DIHC Primary Care operating model to be shared with wider Primary Care to optimise the way in which personalised care planning is supported and delivered e.g., developing the way in which all clinical teams are aligned and operating to support patients achieve their personalised health goals.

The ICT model will be enhanced and developed to include a broader and more wide-reaching input from community asset and council/public health provided teams.

Same Day Access to Urgent Care

Providing streamlined access to urgent, same-day care and advice from an expanded multi-disciplinary team, using data and digital technology to enable patients to quickly find the right support to meet their needs.

Progress:

- The DQOFH already sets access requirements over and above the National GP contract i.e., provision of a minimum of 75 contacts per week per 1000 population, practices offering same day access to children under 5 years and adults 75 years and over ensuring they are assessed by a clinician and seen within 6 hours of contact, practices actively identifying patients at high risk of admission, participating in ICT meetings to ensure patients at high risk of admission have an appropriate preventative strategy.
- The DIHC extended access hub for the provision of urgent same day GP and Advanced Nurse Practitioner (ANP) appointments was rapidly mobilised and is in place and accepting referrals from GPs and directly booking from 111 the Dudley Urgent Treatment Centre, seeing over 1200 patients a month since January 2022. This has significantly supported urgent care capacity across the Dudley system.
- DIHC has mobilised a digital-first platform (Footfall) across all practices – an online offer, accessed through an individual practice's website, which is available to all patients and capable of enabling them to navigate their way to find help in exactly the way they would if they walked into reception.

Next Steps:

DIHC will develop and expand the provision of the access hub, to increase the provision of GP and ANP appointments to cover a more extensive range of primary medical services e.g., phlebotomy, diagnostics, imaging that will be accessible for direct booking for 111, Urgent Treatment Centre and GPs.

DIHC will provide an enhanced access offer to Primary Care across Dudley to assist them in providing their enhanced access requirements.

DIHC will be reviewing, with patients and practices, the best way to utilise the digital-first platform for the purposes of navigation and triage.

DIHC will develop a standard way in which Footfall is used for triage, consultations and all other aspects of the 'digital offer' to patients in Dudley.

Prevention

To ensure that those who would most benefit from continuity of care in general

practice (such as those with long term conditions) can access more proactive, personalised support from a named clinician working as part of a team of professionals.

To help people to stay well for longer as part of a more ambitious and joined-up approach to prevention -taking a more active role in creating healthy communities and reducing incidence of ill health by working with communities, making more effective use of data and developing closer working relationships with local authorities and the voluntary sector.

Progress:

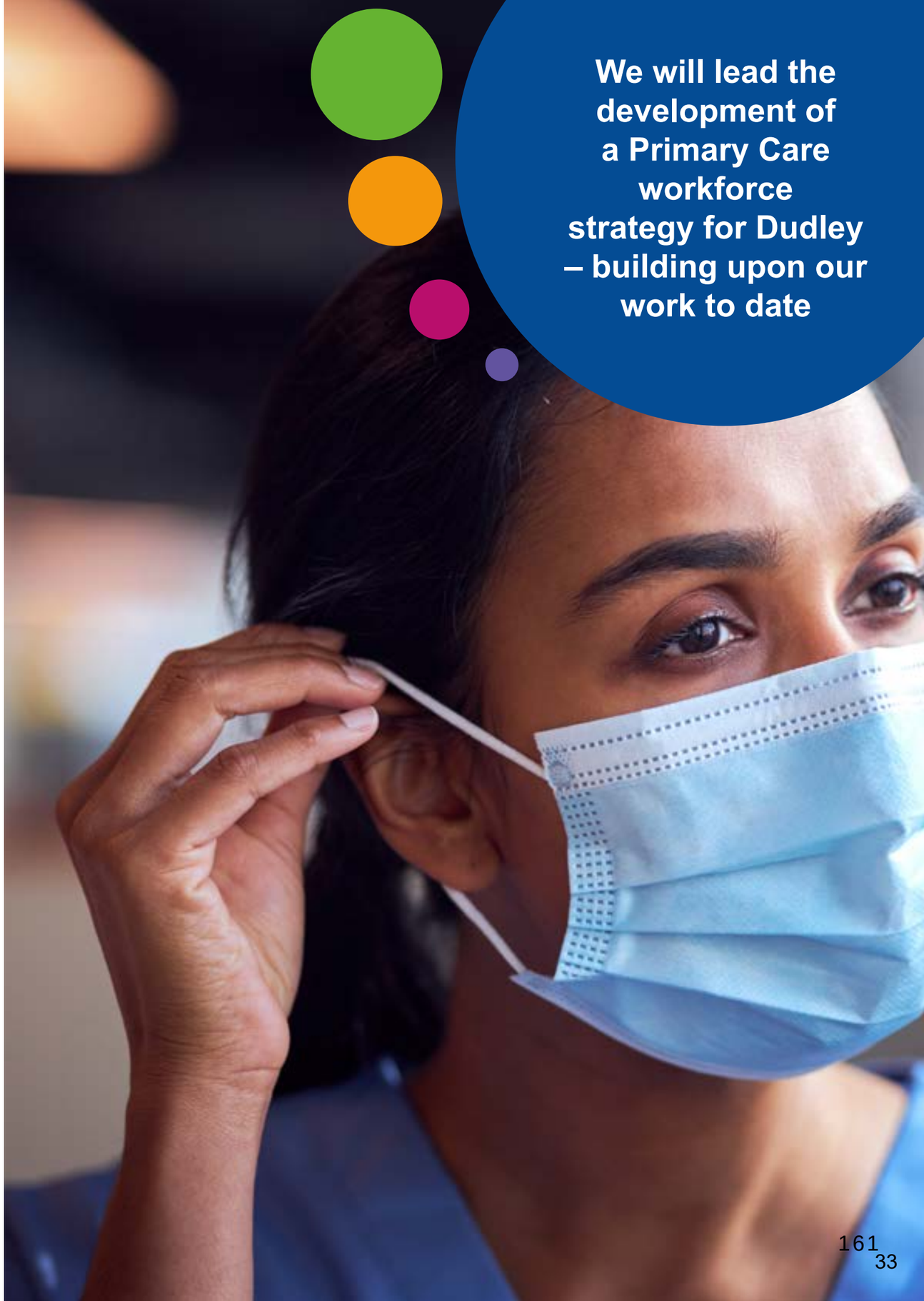
- The DQOFH was developed with a specific focus on addressing and reducing variation in population health outcomes, driving a more preventative approach that supports and enables patients take a more active role in managing their own health.
- DIHC commissions a service called 'Integrated Plus' that supports people aged 16 and over who frequently visit their GP, who are at high-risk of hospital admission and/or who are vulnerable and could benefit from social prescribing and/or community asset-based interventions. The service aims to look at the whole needs of a person, regardless of what those needs might be and jointly find solutions to problems they face.
  - The Integrated Plus team operates within each PCN and accepts referrals from GP surgeries and via weekly ICT meetings.
  - The team also works closely with Russell's Hall hospital and West Midlands Ambulance Service to provide longer and more intensive social prescribing support to frequent attenders of A&E services and frequent callers of 999.
  - A project development worker oversees and manages the voluntary sector social prescribing fund and develops and maintains relationships between the voluntary and community sector, link workers, GPs and NHS teams.
  - The PCNs support DIHC to commission this service at a scale because of the significant benefits that are seen in operating one team, which supports people to become less reliant on medical services and encourages and supports people to get connected into wellbeing services and activities, often delivered by the voluntary sector.
  - The team work closely with the DIHC Listening and Guidance and Social Prescribing service.

Next Steps

There is a consensus between patients, general practice and National policy that access to and continuity of care is a challenge, with frustrations shared by both patients and staff alike.

There is a recognition and desire from general practice that in order to progress and develop a population health approach to prevention and continuity of care for long term conditions, urgent same day access could be organised and delivered at scale – either at PCN or borough-wide level; with long term conditions management (prevention and continuity) continuing to be delivered at a practice level. The view of general practice is that such a change would support a sustainable model of care going forwards.

We will lead the development of a Primary Care workforce strategy for Dudley – building upon our work to date



Embracing opportunities afforded by best practice and national policy, including the Fuller recommendations

DIHC will take a lead in collaboratively developing/co-producing a Primary Care operating model for general practice and Primary Care that ensures that same day access, personalisation and prevention could be delivered efficiently, sustainably and to a high standard; ensuring agreement with general practice and patients alike.

DIHC will work with the ICB and the national Primary Care transformation team to be a Fuller Review accelerator site to drive transformation and help shape national policy to embed these changes into business as usual – particularly in areas such as existing legislative, contractual, commissioning, and funding frameworks.

Enablers

In order to deliver our vision, and the implementation of the Fuller recommendations, we recognise the importance and critical inter-dependencies of having the following enabling strategies in place.

Workforce

Our achievements to date reflect the way in which we have developed integrated care teams around the needs of the population, and how we are organising and operating those teams in support of practices and PCNs to enable improvements to access, quality and population health (as measured through the DQOFH). These teams will be transformed to include the full neighbourhood team approach described in the Fuller recommendations.

We have made significant progress in developing ARRS workforce plans on behalf of each PCN, and the development and implementation of a nursing and allied health professional strategy.

We recognise the significant challenges presented by a reducing GP workforce alongside an increasing demand for Primary Care services. We will lead the development of a Primary Care workforce strategy for Dudley – building upon our work to date to ensure that there is a collaborative, multiskilled workforce, working cohesively to implement a co-designed model of care with general practice, PCNs, and the wider system.

Estates

Our achievements to date reflect our progress in working collaboratively with PCNs to develop their estates strategies, providing additional estate for new services (access hub, chapel street surgery) and supporting PCNs to plan and identify opportunities for capital.

We are in the process or developing an Estates Strategy that will be in place in 2022 built upon the PCN strategies that we have already developed. The DIHC Estate Strategy will outline the future estate required to support our Primary Care operating model. The strategy will ensure that the PCN's are in a position, with our support, to access funding through the premises costs directions to create additional accommodation to support the PCN extended activities and deliver the Primary Care operating model. The Estates Strategy will include a prioritised list of estates projects in readiness for any capital funding becoming available.

The fundamental principles that guide our Estates Strategy for Primary Care are consistent with those set out in the NHS Long Term Plan (LTP) and align with the ICS priorities for

- Boosting out of hospital care delivering it closer to the community.
- Supporting the development of the PCN's.
- Redesigning and reducing pressure on emergency hospital services.
- Providing more personalised care.
- Providing digitality enhanced care.
- Increasing focus on population health with a more integrated approach to health.

Digital First

Digital First is a nationally funded, transformational programme of work with a focus on delivering equitable access to digital services, for all patients.

There is a Digital First Primary Care programme across the ICS that aims to embed and build on the digital transformation advances made in Primary Care as part of the pandemic response.

The role of DIHC is to work in support of the ICS to deliver a strategy and programme of support to general practice and PCNs to optimise and enhance their current level of Digital First solutions and improve overall patient access in the following areas:

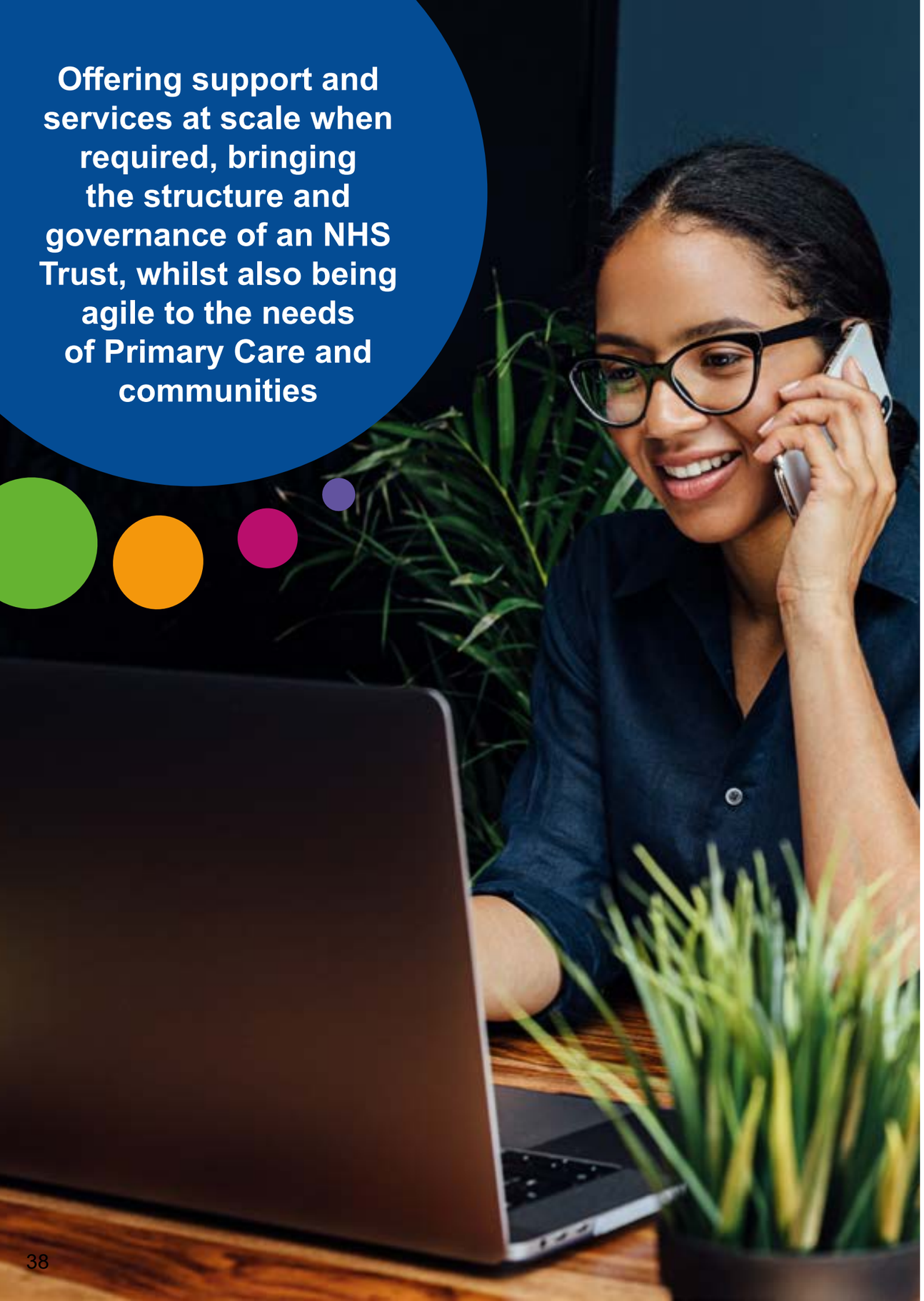
- Offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf.
- To gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs.
- The ability to hold a video consultation between patients, carers and clinicians.
- Two-way secure written communication between patients, carers and practices.
- Shared record access, including patients being able to add to their record.
- Request and management of prescriptions online.
- Online appointment booking.

A Digital Strategy will be developed in 2022, along with a programme of work and projects that will see DIHC continue to develop and enhance the range of support to general practice and PCNs to include:

- Reviewing the existing range of Digital First solutions.
- Developing a digital operating model or "digital blueprint" that supports and enables improved access through definition of and driving towards best practice and consistency of digital services.
- Developing and enhancing existing support functions to general practice and PCNs to identify key areas for improvement and training to implement and optimise a digital operating model.

We are fully committed to aligning our enabling strategies and functions with the ICB to achieve a whole system benefit and have agreed a process where there is one strategic action plan between DIHC and the ICB that is overseen by the Dudley Primary Care Collaborative Group.

DIHC will work with the ICB and the national Primary Care transformation team to be a Fuller Review accelerator



The Future Role of DIHC Supporting Primary Care Sustainability and Development in Dudley

DIHC has solid credentials on which to build further on its relationship with Primary Care; these are based on insight into the Primary Care world, established trust and a joint ambition with Primary Care to see it not only sustain but to flourish, step into and up to the roles set out in the Fuller review, working at scale and collaboratively within Primary Care and with wider partners.

DIHC already has responsibility to support the development of Primary Care within Dudley; within each of the other places within the ICS that responsibility still remains with the ICB.

The benefit of having DIHC assume this responsibility in Dudley has been our ability to engage with general practice and PCNs to co-produce and provide a range of support offers that are valued and support the sustainability of general practice and PCNs.

Support provided to date

We have engaged extensively with general practice and PCNs in order to respond to their challenges and needs over the past two years. The consensus in respect of what is most appreciated and valued is:

- The way in which DIHC has embraced having GPs involved in its leadership and governance at the highest levels, in its Board, its Committees and its Executive Team; ensuring a strong Primary Care voice in the leadership of the Trust.
- The way in which DIHC engages with practices and PCNs in the development of its services.
- The way in which DIHC understands the challenges and the opportunities for the development of Primary Care – a feeling that they are supported to lead the transformation of Primary Care as opposed to being led.
- The ability for DIHC to offer both support and services at scale when required, bringing the structure and governance of an NHS Trust, whilst also being agile to the needs of Primary Care and communities.
- The provision of the extended access GP through the DIHC access hub – this has created capacity for general practice to triage and refer patients in need of same day urgent appointment when practices urgent access slots are already fully booked. It has also supported diversion of patients from 111 and Urgent Treatment Centre, supporting urgent care throughout place.
- The provision of the pharmaceutical public health 'practice-based pharmacists' with structured medication reviews, clinical audit, patient consultations, management of medicines-related correspondence, problem solving and reviewing patients' repeat prescriptions. This adds value to the Primary Care pharmaceutical offer and supports enhanced patient safety and cost reduction in prescribing. The

pharmacists also provide support for ICTs who ensure that appropriately co-ordinated care is provided to patients with complex healthcare needs – having one team with one work plan has achieved productivity gains of 20% and achieved a £4.73 return on investment for every £1 spent on achieving prescribing efficiencies. The teams also model health inequality work and lead the governance of non-medical prescribers.

- The DQOFH is valued as a better set of population health and clinical outcomes and targets than the National QOF. It is focussed on jointly agreed local priorities, remains consistent over time and drives a more multi-disciplinary approach in general practice that is more responsive to patient need.
- The quality improvement support to practices that have been at imminent risk of closure. The GP Partners and their surrounding practices within the PCN have appreciated the intervention and support from DIHC that has seen the turnaround of these practices, thus avoiding the loss of service to communities in need and an unmanageable influx of patients into other practices in the PCN due to closure / list dispersal.
- The support in co-ordinating and delivering the Covid vaccination programme, working closely with PCNs and Dudley MBC to set up vaccination sites and provide a comprehensive range of management support.
- The support to undertake contacting those that had refused vaccination from ethnically diverse groups, using people proficient in different languages and able to address specific concerns through in-depth calls where uptake was often lower in areas of social deprivation and resulting in a 60-70% conversation rate.
- The Service Level Agreements in place with PCNs that sees DIHC employ and deploy ARRS staff, along with the operational management of those staff with professional leadership, workforce provision and planning, supervision and training all provided as an NHS employer under Agenda for Change Terms and Conditions. The PCNs appreciate and value this service and consider it to be excellent value for money based on the overhead charged by DIHC. The ARRS staff appreciate, and value employment protections and rights provided by working for an NHS Trust under Agenda for Change terms and conditions.

General practice and PCNs have told us where they require further support

Opportunities

The areas of support described above have been valued and appreciated by general practice and PCNs. Building on this, our engagement activities within individual practices, with PCNs and specific engagement events exploring the implications of the Fuller review and next steps have identified a number of areas where general practice, PCNs and DIHC have identified the opportunities for further DIHC support. These are:

- Leading the design of a Primary Care operating model that supports the sustainability of general practice on a day-to-day basis.

- The separation of urgent same day access and long-term conditions management – with suggestions that this is tested and evaluated in one PCN with support from the ICB and National support as part of an accelerator programme to assess new ways of working resulting from the Fuller review.
- A CQC support function for all practices – up until now intervention and support has been provided to those practices where there are challenges – the practices and PCNs would like to see a universal offer of support to provide standardised policies and procedures, with readiness assessments and audits.
- A greater focus on growing our own workforce with a workforce strategy that provides incentives and offers to retain GP trainees with career portfolio, training, supervision and support. Working in partnership with our Urgent Treatment Centre providers and West Midlands Deanery and other providers locally such as Mary Stevens Hospice developing innovative GP training roles for post GP training to support new doctors into local jobs.
- A greater role to provide back-office support in particular, a model that sees DIHC take on employment and functions of practice administrative staff as part of a business partnering offer, for those practices that would be interested.
- A greater level of management support functions for all PCNs to include; workforce planning, estates planning, training needs analysis, development planning, business case development, project management and implementation.

- DIHC and PCNs to align their clinical workforce and teams to deliver the health outcomes set out in the National requirements of the PCN impact and investment fund (IIF)
- Service provision for the enhanced care in care homes as per the NHSE framework and specification requirements.
- DIHC and Primary Care to partner and offer to take on newly commissioned community and out of hospital services.
- Support the development of an operating model for online triage and appointment booking – beginning with the review of the existing system (Footfall) that was mobilised rapidly at the beginning of the pandemic.
- DIHC to further develop the role and functions of the Urgent Treatment Centre (UTC) with a view to integrating it with the DIHC extended access services, and primary medical service provision.

The role of DIHC in supporting Primary Care development

We will support and develop Primary Care in the context of building upon what we have achieved to date, where the direction of National Policy and the Fuller review is directing us, and the response of general practice and PCNs in how they see our role supporting them. This role exists in the following four areas:

https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-investment-and-impact-fund-2022-23-updated-guidance/
https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf

To support and develop Primary Care devolved from the ICB

As a provider of community-based services, both clinical and non-clinical

As a commissioner of a range of community services, devolved from the ICB

As a collaborative leader in the system, alongside others and in support of the place-based leads

The offers to general practice, PCNs, place and system

The offers described below are the output of extensive engagement with general practice, PCNs, place-based system leads and the leaders across the ICS.

The offers are constructed to meet the requirements of National Policy and the Fuller review and consequently the ICB priorities for Primary Care whilst at the same time, providing practical support that has been identified by practices and PCNs in supporting them achieve a sustainable model of Primary Care in the context of increasing demand, and reducing GP workforce.

The offers provide support at every part of the system – starting with the registered list of patients at a practice, through to PCNs, place and system and reflect the clinical and non-clinical support requirements. They would include support on the following basis:

- No support – where support is not required.
- Advisory/mentorship.
- Educational/facilitative - learn from others and each other.
- Direct support/creation - doing it with you or for you on a project basis.
- Ongoing delivery of a function or service, or suite of functions/ services, either clinical or back office/ administrative.
- A fully managed suite of services and practice management.
- Assuming responsibility for the provision of the GMS contract.

DIHC can provide the following range of offers; expressed for clarity as “we will” statements.

General Practice

Clinical and Operational Service Support	Managerial
• We will ensure that our clinical teams and ARRS staff are operating in support of practices to deliver the population health outcomes set out in the DQOFH i.e., health coaching to support patients achieve personalised health goals. • We will develop proposals and service offers at the request of GP partners that enable us to take on the provision of services that practices may wish to sub-contract to DIHC i.e., the enhanced care in care homes. • We will provide a quality improvement support function to support and enable practices to reach good and outstanding in every CQC domain and high levels of DQOFH performance i.e., a more preventative and proactive approach to quality improvement. • We will provide a range of clinical governance support to practices, sharing standard policies and operating procedures supported with training and education. • We will develop a Primary Care operating model within our directly provided practices and share the learning and resources with all other practices. • We will negotiate with any practice wanting to move to a salaried model with DIHC taking on full responsibility for the provision of the GMS contract (based on our learning from taking on direct provision for two practices). This is entirely at the discretion of any individual practice. • We will ensure that clinical staff have personal and professional development support by partnering with the training hub to provide peer mentorship support, portfolio career development and access to financial support to develop and upskill clinical staff. • We will lead the process of annually reviewing and making recommendations to the ICB on the indicators within the DQOFH.	• We will develop and provide practices with templates, reports and training on EMIS for managing the DQOFH. • We will develop a standard operating model for Footfall i.e., the 'digital offer' for patients. • We will co-produce and provide a range of business partnering offers with practice staff i.e., CQC and other regulatory requirements, finance, staffing, quality improvement and assurance support. • We will ensure that all practice staff are supported with professional and personal development as part of place-based training needs analysis and plan, as part of a workforce strategy. • We will work with practices via the Dudley Practice Management Alliance (DPMA) to create a bank of clinical and non-clinical staff. • We will support practices with their estates planning – contributing to the development of a PCN estates plan and place-based estates strategy developed by DIHC. • We will support practices by co-ordinating access to GP training and retention schemes – partnering with the Black Country Training Hub. • We will support practices in developing and operating their patient participation groups (PPGs).

PCNs

Clinical	Managerial
• We will provide workforce planning and training needs analysis on behalf of each PCN. • We will continue to employ and operationally manage ARRS staff at scale to achieve agreed population health outcomes on behalf of the PCNs. • We will support the delivery of the ICTs by employing clinical leads to organise and co-ordinate the ICTs within each PCN. • We will review and evaluate the ICT operating model, with a view to standardising the way the ICT operates across all PCNs to optimise the way in which they support patients. • We will ensure that our clinical teams and ARRS staff are organised to support the delivery of the PCN impact and investment fund (IIF). • We will operate in support of PCNs to directly provide the enhanced access components of the PCN DES i.e., the provision of primary medical services beyond 6.30pm weekdays and on Saturdays (where required by PCNs). • We will operate in support of PCNs as a sub-contractor to provide other aspects of the PCN DES beyond enhanced access, at the request of the PCN.	• We will review and update our SLAs with each PCNs on an annual basis to reflect our offers of support and the key outcomes to be expected from our arrangements. • We will provide each PCN with business intelligence and population health data analytics. • We will support each PCN in producing an annual development plan to secure development funding from the ICB. • We will support each PCN by producing an estates plan (as required by NHSE). • All PCN Clinical Directors will have the option to become 'hosted' and employed by DIHC. • We will work with the ICB to 'host' Primary Care development resources on behalf of PCNs and ensure that all PCNs are maximising the opportunity to access development resources. • We will support PCNs in developing and operating patient participation groups (PPGs) at a PCN level.

Place

Clinical	Managerial
• To represent and reflect the 'voice' of Primary Care when responding to policy direction and opportunities – to operate in a way that is understanding and supportive of the needs of Primary Care. • To develop and implement a range of supporting and interdependent strategies in relation to workforce, estates, training and education that are co-produced and carry the support of Primary Care. • To develop a Primary Care operating model for DIHC practices for clinical and non-clinical activities supported by an independent academic evaluation. • To work with the office of public health to undertake a qualitative study and economic impact assessment on the benefits of the DQOFH. • To actively lead and participate in National accelerator and development programs to attract additional resource and support for strategy implementation. • Facilitating shared clinical and non-clinical practice education, learning and development to maximise individual and collective performance and shared learning. • Developing potential models of operating at scale across Primary Care and with partners to achieve and deliver on the requirements of Fuller review. • Responsible for the employment, leadership, management, development and governance responsibilities of additional Primary Care and aligned services e.g., ARRS, access hub using the structure and scale of an NHS Trust to discharge these.	• To lead the Dudley Primary Care collaborative, supported with a mutually agreed workplan with place- based leads and the ICB. • To support wider Black Country Primary Care place collaboratives to enhance the voice of Primary Care at place and to support with Primary Care expertise the place development agenda. • To develop place-based functions for the training hub to support the development of one workforce plan and training needs analysis for Dudley. • To develop and implement the programme management governance for the implementation of this strategy – scoping and mobilising key projects for delivery. • Developing and implementing a range of leadership and development programmes for Primary Care in partnership with training hub and ICB in support of the implementation of this strategy. • Leading a programme of GP engagement and development sessions supported and incentivised in partnership with PCNs specifically related to the implementation of this strategy. • Supporting Primary Care to be informed and influential in the system e.g., to facilitate the collective informed voice of Primary Care at place and at system level, to chair the place based and system based Primary Care collaborative. • To develop and produce, in partnership with practices and PCNs, a place-based estates strategy for Primary Care.

The Programme Management Approach to Delivery

The strategy will be delivered by organising all the required activity into a defined set of projects and workstreams that are aligned into one programme plan to deliver the overall vision and intended outcomes of the strategy.

All the offers within the Dudley strategy have been categorised into 12 themes. The programme will work with stakeholders to identify and agree all the key priorities and dependencies within and between these themes to create one plan then continue to engage and update all stakeholders throughout delivery.

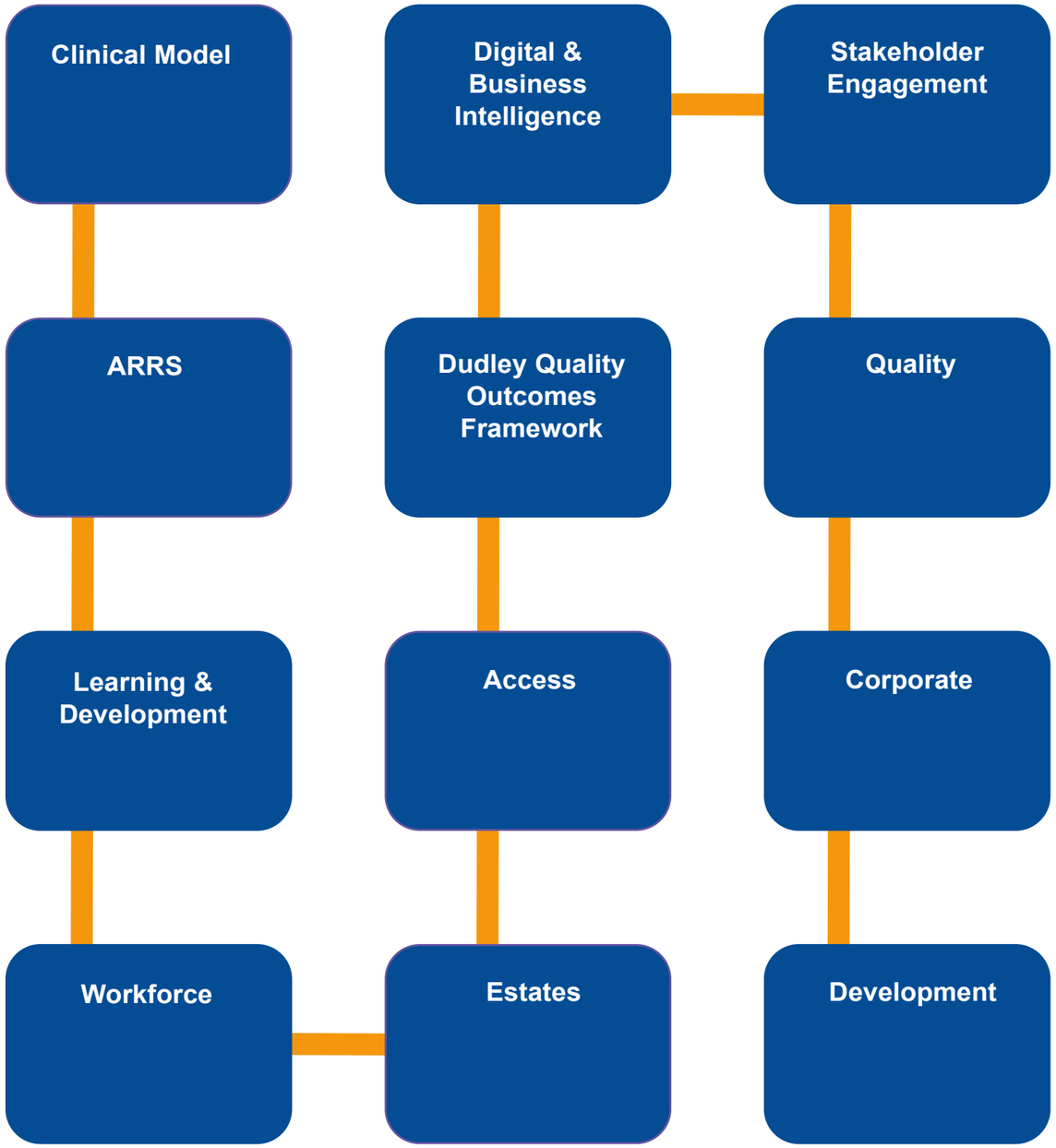
All the defined projects and workstreams will report progress regularly into key forums and committees to ensure all activity is proactively managed, dependencies tracked, and risks can be escalated promptly. A series of benefits will be defined and reported on to enable us to track progress against the vision and intended outcomes of the strategy so we know not only if we delivered the defined project or workstream but whether it delivered the required change to patients and/or staff.

A resource plan will define all the roles and responsibilities of all required staff to deliver this programme of work who will adopt the working practices of the programme into a one team approach.

Appendix 6 sets out the action plan used to support the delivery of the strategy.

A 'virtual team' working to one strategic action plan with consistent reporting will be established.

Workstreams and Priorities



Collaborative Working

We recognise that Primary Care cannot be supported and developed in isolation. The way in which we describe our support to Primary Care is dependent on having a model of care (and operating model) that is designed, supported, enabled and operated between all NHS providers and system partners with a view to delivering the Triple Aim of improvements to population health, quality of services and use of resources.

Within Dudley, all system partners recognise the importance of developing an integrated care model that builds upon our existing ways of integrated working.

In 2022 the Dudley Health and Care Partners (DHCP) comprising the organisations set out below, commissioned Capgemini Invent consulting services and their Accelerated Solutions Environment (ASE) to create and plan two separate two-day events to bring clinicians and wider health and care providers together to redefine and design a new model of integrated care for the local system.

- NHS Black Country and West Birmingham Clinical Commissioning Group (CCG)
- The Dudley Group NHS Foundation Trust
- Dudley Integrated Health and Care NHS Trust (DIHC)
- Black Country Healthcare NHS Foundation Trust
- Dudley Primary Care Networks
- Dudley Metropolitan Borough Council
- Dudley Council for the Voluntary Sector

There are five key target outcomes set out below that have been agreed between DHCP:

Integration	The system works seamlessly as one around the needs of citizens, so that they do not notice organisational boundaries. Every contact counts and positively impacts our citizens.
Clinical Outcomes / Better Health and Wellbeing	Prevention is inherent across the system and quality of care when it is needed is high. Dudley has a happier and healthier population.
Universal Proportionalism	Everybody in the borough has equal access, quality of care and improved wellbeing. Sometimes this will mean warranted variation to support those who have unequal access or poorer quality of care now.
Collaboration	Collaborative and MDT ways of working are effective and support the integrated system at both a strategic and operational level.
Sustainability	The system is sustainable financially, environmentally and in terms of the workforce pipeline.

There are four priority transformation groups that have been established as follows:

Integrated Care Teams (ICTs) and Care Co-Ordination	To lead the review and development of our existing ICT structures, considering staff feedback and national best practice with a view to refreshing the ICT operating model to realise the benefits of the Fuller stocktake review.
The Clinical Hub	To implement a coordinated system of demand and risk management which delivers safe and effective care in the community by default and in hospital when necessary.
Children and Young People	To develop the clinical model based on an increase in the universal offer to help Dudley's children to thrive, and with intervention aimed early in the life of the child and early in the problem. To recognise the central role of parents and carers and aim to "think family." The model will be integrated across the Dudley system, utilising the multidisciplinary team, sharing knowledge, and creating seamless transitions for families.
Mental Health	To review, explore and define the Dudley Mental Health model, with a seamless delivery of service by enhancing the connection across primary, secondary care, and the range of community-based interventions to support a reduction in escalation of needs.

Governance of Collaborative Working between Providers

Each workstream has clinical and executive leadership with dedicated management support – there is a programme management approach in place with each workstream having clear terms of reference with accountability through to the Integrated Model of Care Implementation Group which reports directly into the Dudley Health and Care Partnership Board.

Primary Care is committed to and is actively engaged in shaping the design work of integrated services through the Capgemini process and in being an active partner in future collaborative delivery. Our commitment is to support Primary Care to ensure they have an equal and influential voice and role in both design and future delivery.

The Potential Role of DIHC within the Black Country

The pressures in relation to rising demand and decreasing GP workforce presents the same fundamental challenge to general practice in the Black Country as that experienced in Dudley, and indeed across England.

The aspirations for the roles of Primary Care in the future NHS, as expressed in the Fuller Review and national policy, and the opportunities to support Primary Care and communities to seize those aspirations are similar too.

While the specific population health needs, and specific local challenges and solutions vary across places, fundamentally there is a significant opportunity for Primary Care providers to work together, and with others, to address those challenges. This will benefit communities, patients and both Primary Care practitioners and system partners.

DIHC exists to support Primary Care in its future development, building on the Trusts early success in Dudley and partnering with Primary Care providers across the Black Country.

Our intention is to be the trusted partner of the Black Country Primary Care Collaborative, and a resource on offer to practices, to PCNs, to places, collaboratives and to the ICS to support the sustainability and the positive development of Primary Care as a crucial component of the health and care system.

The Black Country Primary Care Collaborative (the Collaborative), PCNs, and practices from across the Black Country have proactively approached DIHC to request their support to take forward the work of the Collaborative, to enable them to be on an equal footing and to develop and sustain Primary Care across the ICS.

We recognise that our relationship with Primary Care across the Black Country is not as well developed as it is in Dudley, and we are committed to developing these relationships over the foreseeable future by drawing on our knowledge and experience.

As an organisation, we:

- Were created by Primary Care to support Primary Care.
- Have extensive Primary Care clinical leadership in our Board, Committees and Executive team.
- Have the benefit of our local and practical experience.
- Have mutually respectful and trusted relationships with Primary Care.
- Have the credentials and capabilities of an NHS Trust.
- Have a track record of early success.

We have a positive contribution to offer, alongside others, to the future sustainability and development of a thriving Primary Care offer across the ICS.

In further developing our relationship with Primary Care across the Black Country we will be respectful that:

- As independent Practices, PCNs, and Collaboratives, Primary Care has a choice of whether to seek support, and if so, from whom.
- Different places across the Black Country have developed differently in response to local circumstances and preferences. They have different arrangements for supporting practices, PCNs and Collaboratives, for provision of the ARRS staff, and for developing ICTs. That diversity is to be respected and embraced. We have no intention of promoting a “Dudley model” to other places. Our offer is to work in partnership to co-design and implement the best models in response to local circumstances.
- A number of the support roles we fulfil in Dudley, and can offer more widely, are currently the role or function of another organisation in the other Places (e.g., the ICB, federations etc). We would wish to explore any potential changes with Primary Care, and with those organisations, on a collaborative basis.
- Our relationship with Primary Care, and our support for Primary Care is based on an inclusive, mutually respectful, and trusted partnership. As we develop our relationship and work with Practices, PCNs and Collaboratives across the ICS we recognise the need to adapt both our name and our governance systems to reflect our changing role. We will wish to explore with new Primary Care partners how we ensure their voice is heard in the leadership and governance of the Trust, how they can bring their talents to our collective work, and how partners will hold the Trust to account for the support we offer. One option currently being explored is a membership model, together with appropriate representation on a new Primary Care led leadership Committee and wider Black Country representation on the Trust Board.

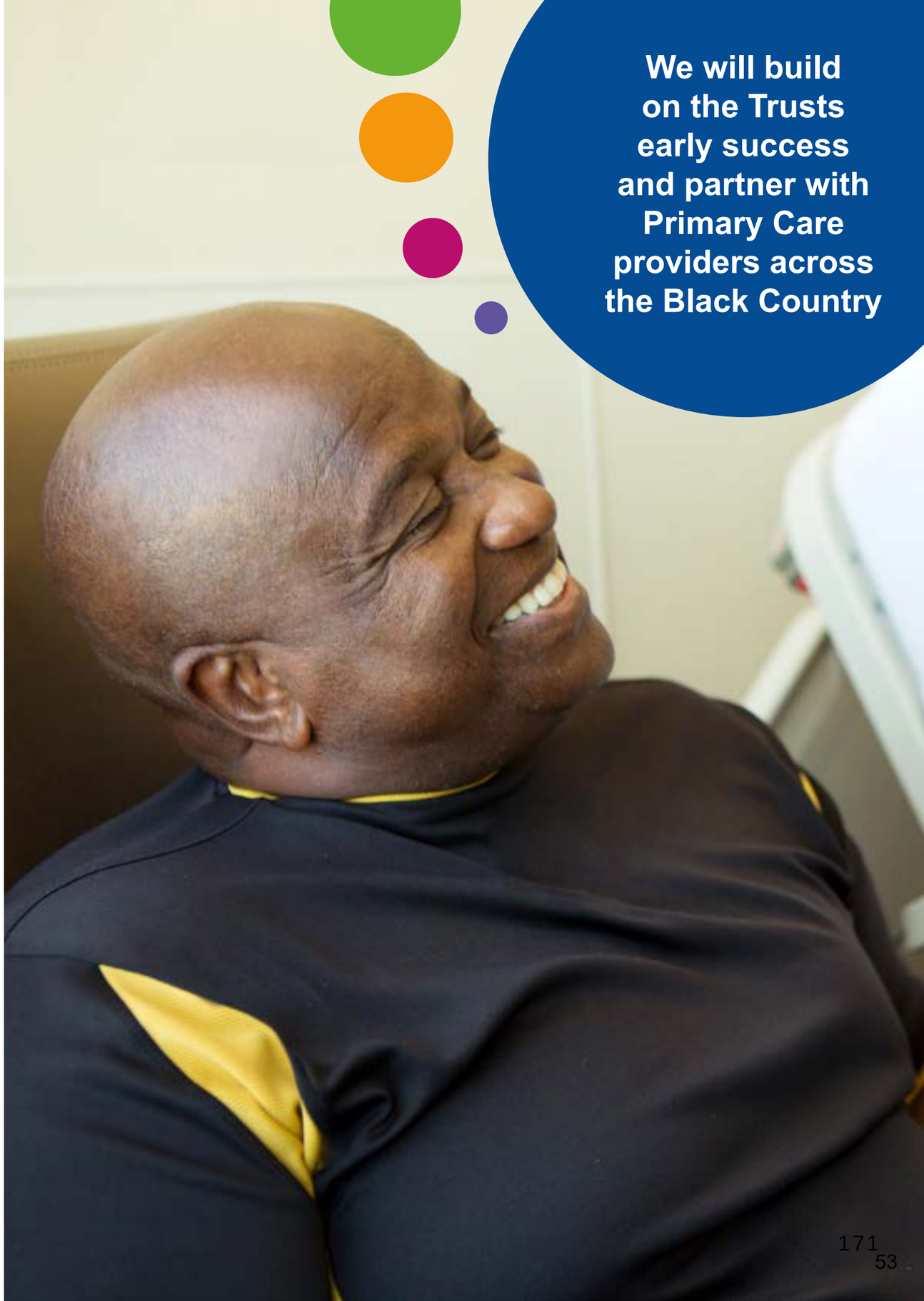
Our Proposals

In response to enquiries and requests from Primary Care practices, PCNs and the Black Country Primary Care Collaborative we have been working with Primary Care colleagues to explore and co-produce our possible future roles in supporting Primary Care across the ICS.

There are 2 areas of possible future support and development that we have co-produced together:

- 1. A role to support the strategic development of the Black Country Primary Care Collaborative as their trusted partner.
- 2. A role in supporting Practices and PCNs with operational and development support where this is requested by Primary Care:
- a. Adapting and offering those services provided in Dudley to Black Country partners.
- b. Responding positively to new requests for support and development, and co-producing new solutions.

Each of these is set out in the next section.



Primary care clinical leaders have expressed trust and confidence in DIHC to partner effectively with them

Support to the Black Country Primary Care Collaborative

It is widely recognised that Primary Care is a key player in determining the success of the overall health and care system and that those areas which have strong and effective Primary Care have both better outcomes and lower costs. Primary Care is also a key focus of risk and development priority nationally as recognised by the Fuller Review and emerging national policy and priorities.

The clinical leadership of Primary Care across the Black Country ICS has signalled a clear desire to engage fully and positively with the ICS to influence the strategic development of the overall health and care system; to ensure that patients Primary Care needs are heard, acknowledged, and resourced; and to have a leading role in the development and implementation of the future strategy for Primary Care across the Black Country.

Primary Care leaders have established the Black Country Primary Care Collaborative, a clinically led leadership forum with an agreed Terms of Reference and defined “Purposes.” It aims to achieve the above goals, whilst also connecting with and representing the Primary Care voice across all 181 GP Practices. As other Primary Care services (Optometry, Dentistry and Pharmacy) commissioning is delegated to the ICS those professions will also be invited to join the Collaborative.

The Terms of Reference of the BC PCC have been agreed and include the following “Purposes”: extracted below. The full Terms of Reference are attached at Appendix 7.

- To act as an expert reference group to the ICB on all Primary Care issues, initially representing all GP practices
- To expand the above to include Pharmacies, Optometry and Dentistry, and out of hospital services as part of “extended” Primary Care as part of the integration programme.
- To act as a single point of contact for Primary Care engagement in the Black Country system.
- To effectively influence ICS changes and have a single co-ordinated Primary Care voice at system, place and neighbourhood level.
- To have a key role in the design and development of the out-of-hospital model.
- To play an active and leading role in the design and development of the Primary Care transformation strategy and support the implementation programme once it is approved.
- To act as the out-of-hospital clinical reference group for other formal ICS Boards and groups.
- To act as the clinical network for the development of strategic commissioning and drive the transformation of Primary Care in the future.
- To represent grassroot general practice views and public and patient needs and inequalities in the planning and delivery of services.

Primary Care clinical leaders have expressed trust and confidence in DIHC to partner effectively with them. They wish the Trust to complement their own clinical leadership with governance, leadership and the managerial and administrative capabilities which DIHC

can offer; and which will be essential to the success of the Collaborative. To enable this DIHC will:

- Transition to a Black Country NHS Trust whose role is the support and development of Primary Care.
- Provide Primary Care, the Primary Care Collaborative, and the ICS with the much-needed support that Primary Care and the wider system needs.
- Act as trusted partner for the Black Country Primary Care Collaborative.
- Enable the Collaborative to take forward its agenda with the associated governance and infrastructure of the NHS Trust supporting the Collaborative to mature and operate as an equal partner in the ICS.

DIHC has confirmed its willingness to work with the Collaborative and to amend both its name and its governance arrangements to reflect such a role.

The next steps in taking this forward are to seek the confirmation of this role with the ICB, consistent with the expressed wishes of both Primary Care leaders and DIHC; and to co-produce the proposed arrangements in more detail, including working with the ICB.

Support to Practices and PCNs

As referenced above, in addition to being approached to support the development and work of the Collaborative the Trust has also been approached by practices, PCNs and federations across the Black Country to explore the potential for the Trust to provide operational and development support to Primary Care.

We can both expand the range and scale up our support to Primary Care, in response to such interest. In doing so we can adjust and flex our governance and our operations to: maintain a local Primary Care focus and expertise, maintain our culture of Primary Care support and mutual trust, and achieve economies of scale in respect of business partnering support, providing value to practices and PCNs.

Our approach will always be to respond positively to requests for support and to work in partnership with Primary Care leaders to adapt or co-produce solutions that meet the real needs of practices, PCNs and collaboratives.

In part we will be able to build forward from the support services already offered and provided in Dudley, whilst flexing them to local circumstances specific to practices and PCNs needs. Our current support offers, co-produced with practices and PCNs in Dudley, is set out in Chapter 5. We understand the realities and issues of Primary Care and can provide the necessary support that meets the real needs of Primary Care practitioners and practices.

Resourcing and Delivery

We recognise that the development of our role across the Black Country will mean expanding both the range and scale of our activities.

We are currently in discussion with the ICB, ICS and Primary Care partners about the extent to which the additional resources to support this role can be legitimately sourced from a refocussing of DIHCs existing resources, or the extent to which they will need to be met from existing or new resources from within the wider system.

A range of possible resource/ funding streams have been identified to support the roles above, either from existing mainstream budgets or developmental funding.

We recognise that resources are constrained and that, irrespective of the size of resource available, there will be a need make decisions on priorities, to organise work to achieve maximum positive impact in addressing Primary Care needs, and to ensure effective accountability.

Our commitment is that we will work with Primary Care leaders, as partners, in pursuing all appropriate opportunities for support and development resource, that we will co-produce annual support and development plans to take forward our shared strategy and priorities, and that we will develop both effective programme management and accountability arrangements to ensure we succeed in our joint plans.

Conclusion and Next Steps

This bold and ambitious strategy embraces and develops existing ways of working in Dudley that have been built by and are trusted and valued by practices and PCNs; builds on our track record of positive impact; and have been referenced as good practice within the Fuller stocktake review.

Our intention is to support Primary Care in Dudley to both sustain and develop, and, building on this; to offer similar support to Practices, PCNs, Places and the system across the Black Country. We aim to support Primary Care, as a critical part of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Review and national policy.

Our strategy is matched by:

- An innovative, tested, and credible model of support and collaboration between Primary Care and DIHC which will support Primary Care and the system to deliver the strategy for the benefit of patients, system partners and Primary Care professionals.
- The opportunity to roll out the same support and collaboration offer between DIHC and practices, PCNs and place within the ICS at pace - appropriate to their needs and aspirations, choosing from the menu of support offers to match their own needs.

For further information about the strategy, please contact:

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Visit: www.dihc.nhs.uk/publications/primary-care-strategy

Appendices

Appendix One: Dudley PCN Profiles

Appendix Two: Black Country Integrated Care System (ICS) Summary

Appendix Three: Workload and Workforce Challenge Profile for Dudley

Appendix Four: The Dudley Quality Outcomes for Health Framework

Appendix Five: The Development of a Population Health Management approach in DIHC and Dudley place

Appendix Six: Action Plan (to support Dudley)

Appendix Seven: Black Country Primary Care Collaborative Terms of Reference

Visit: www.dihc.nhs.uk/publications/primary-care-strategy **to learn more about the appendices**

Contact dihc.communications@nhs.net to request this document in another language or a different format.

Dudley Primary Care Strategy 2022 - Vision

Access

To address the challenges of access, workforce and estates whilst embracing the opportunities afforded by best practice and national policy, including the Fuller recommendations.

Sustainability

To support and enable general practice and PCNs to offer a sustainable model of primary care that is the first point of contact and principle point of continuing care for the population

Population Health

To support and enable general practice and PCNs to provide a consistently high level of care, address unwarranted variation, and improve access, quality and population health outcomes as measured through the DQOFH.

Multi-disciplinary

To develop a model of care that is multi-disciplinary and responsive to the specific needs of the population, focussed on prevention, self-care and shared health outcomes and supported by appropriate estate and facilities

Personalisation

To support patients to take a more active role in improving and managing their own health and be better informed about which professional is best able to help them.

Collaboration

To deliver the national, regional and local requirements in partnership with the ICB and general practice.

Development

To represent and enable primary care to lead the development of the transformation strategy for primary care within the ICB.

Resilience

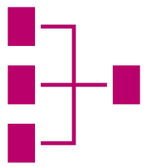
To provide an organisational model to support the resilience and sustainability of primary care with innovative workforce models and a range of support offers

These Dudley Integrated Health and Care NHS Trust commitments underpin the strategy

Put people first

Enable and support our staff

Simplify what can be complex



Be accountable for our actions

Everything we do is underpinned by the Dudley Integrated Health and Care NHS Trust purpose

We will do this ensuring everyone involved in the provision of care works together, keeping the person at the heart of everything we do

To connect with the people of Dudley, embrace our diversity and support them to live longer, healthier lives

Community where possible, hospital when necessary

Dudley Integrated Health and Care NHS Trust

Dudley Primary Care Strategy 2022 - Priorities

Access

To deliver extended access appointments over 7 days a week through the access hub and develop a sustainable improving access plan including the role of the Urgent Treatment Centre.

Additional Role Reimbursement Scheme (ARRS)

To develop our ARRS service offer to PCNs – consistent operating model with the ability to flex, in partnership, to meet population needs of practices.

Clinical

To develop and implement a primary care operating model, for practices and Integrated Care Teams, that defines how services operate in support of general practice, Primary Care Networks and the Dudley place.

Development

To develop our strategic approach to providing primary medical services. To develop and implement an operating model for general practice for the provision of primary medical services.

Digital and Business Intelligence (BI)

To develop a digital blueprint in support of the primary care operating model. To produce BI and population health analytics that enable operational services to respond to the needs of the population.

Dudley Quality Outcomes Framework for Health (DQOFH)

To lead the review of DQOFH indicators and the way in which services are organised to support the delivery of DQOFH.

Learning & Development

To co-produce and implement a strategy, with the Training Hub, to offer a broad range of professional and personal development to all roles across primary care.

Quality

To provide a quality improvement support function, sharing policies and procedures to enable practices reach good or outstanding in every Care Quality Commission domain.

Stakeholder Engagement

To support primary care to be informed and to represent and reflect the “voice” of primary care across the system.

Corporate

To develop and provide a business partnering support function to general practice and Primary Care Networks for quality, business intelligence, HR, administration and financial support.

Estates

To develop and implement an estates strategy that supports the delivery of the primary care operating model

Workforce

To create a strategy to recruit and retain staff, including the creation of a bank of clinical and non-clinical staff, to sustainably deliver primary care.

Meeting of the Health and Adult Social Care Scrutiny Committee – 25th January 2022

Joint Report of the Director of Adult Social Care and the Acting Director of Public Health and Wellbeing

Quarterly Performance Report – Quarter 2 (1st July - 30th September 2022)

Purpose

1. To present the Quarter 2 Public Health and Wellbeing and Social Care Quarterly Performance report of the financial year 2022/23 covering the period 1st July to 30th September 2022 in accordance with the new 3-year Council Plan.

Recommendations

2. It is recommended that the Scrutiny Committee

   - review the contents of this report and that any identified performance issues be referred to the relevant Service Director.

Background

3. This Quarter 2 performance report provides the committee with progress on the objectives and Key Performance Indicators (KPIs) set out in our Directorate plans as part of the delivery of the new 3-year Council Plan priorities and our Future Council Programme:

   - A borough of opportunity
   - A safe and healthy borough
   - A borough of ambition and enterprise
   - Dudley Borough the destination of choice

4. The Future Council programme incorporates everything we do, it sits at the heart of the Council Plan enabling our services. The comprehensive programme ensures the council is ‘fit for the future’. The programme has four key themes which include:

    - People
    - Digital
    - Place
    - Process
    - Financially sustainable

5. Directorate plans will show the operational activity to deliver the objectives in the Council Plan alongside our other strategies such as the ‘Living with Covid Plan’, ‘Children’s Improvement Plan’ and the ‘emerging climate change strategy’.

Performance Framework

6. The performance reporting framework launched early 2022. The framework monitors performance and progress against the delivery of the Council Plan and Directorate Service Plans. Please See Appendix 1.

Effective performance management requires clearly defined and structured accountability, for Dudley these are:

- Strategic Executive Board have overall responsibility for the approval of and accountability for the Council Plan, initiatives and priorities associated within the performance framework.

- Performance Champions are in effect 'the custodians' of the Council Plan with responsibility for delivery of the council plan and associated policies. They are also responsible for having an overview of performance ensuring that the right priorities are being attached to the actions contained within the relevant divisional service plans and improvement plans.

- Directorate Performance Management Teams are responsible for ensuring that timely and accurate performance information is available, that problems of performance are flagged and that appropriate delivery plans are generated and tracked.

- Both Future Council Scrutiny Committee and the Health and Adult Social Care Committee receive the Quarterly Corporate Performance Management Report and make any associated recommendations.

7. The role of internal Audit is to provide an independent review of the corporate approach to performance management and data quality.

Key Performance Indicators and Summary

8. An extensive piece of work has been carried out across all directorates to ensure all directorate service plans align to the new 3-year council plan core priorities and outcomes.

9. The performance management team have developed a matrix which clearly maps out the corporate KPI's via the directorate service plans clearly showing the alignment to our council plan priorities. See Appendix **1**: Corporate Measures 2022-2025.

10. We continually reviewing how we monitor and report on performance. From quarter 1 and in addition to corporate key performance measures being reported we will also report against key actions aligned to our council plan priorities and the outcomes Dudley want to achieve for our residents. The table below provides the number of actions for Public Health and Wellbeing and Adult Social Care including the number of KPI's.

Directorate/Service	Actions	KPIs
Adult Social Care	23	4
Public Health and Wellbeing	17	4

Q1 Performance Summary

11. In terms of Adult Social Care the collective actions attached to the 4 quarterly KPIs have been assessed as "On or Exceeding Target". For Public Health data demonstrates that 3 KPIS are on target with one being below target for Quarter 2. A detailed account of those measures below target are detailed in the attached performance report (Appendix 2).

Performance short-term and long-term trends

12. The report also compares direction of travel comparing short term trend and annual trend within the respective scorecards. Please note short term trend will be available at Quarter 2. For further information please refer to the main report and the detailed scorecards together with the exception reporting where applicable (below target).

Key Initiatives / Actions Monitoring

13. In addition to key performance measures and new for this financial year we are also monitoring delivery on key initiatives/actions aligned to our council plan priorities.

14. Actions are identified in Directorate plans and replicated in Spectrum journals. Teams then provide narrative regarding progress as well as assigning a status

of either behind, on target, ahead or completed. This information is provided in the performance report and the Service Summary Reports.

Key Activities/awards and accreditations

Adult Social Care

15. Assessment and Independence

- Net reduction in delayed transfers of care from hospital was observed in Q2 achieved through interim collaboratives with health partners. Moreover approval has been given by the Integrated Commissioning Executive (ICE) to scope and model a redesign of the Pathway 1 (Discharge home with Care) to improve the offer of reablement to residents and create flow within the health and care hospital discharges.

Access and Prevention

- Telecare rebranding has been completed and as a result we have updated and modernised our literature also to reflect this. A short video from a service user perspective has been completed and will be used for training, marketing and events, as well as on the council's social media platforms. External events are proving once again successful in supporting residents across the Borough, working in partnership with WMFS and the NHS. Digital upskilling across the workforce has commenced and will enable us to educate service users and maximise the use of the TEC that they already own, promoting alternatives to the traditional telecare offer, e.g. digital solutions, apps etc. We continue to deliver over and above industry expected standard on our call handlings times answering 98.26% of alarm calls within 60 seconds and 99.77% within 180 seconds.
- Cabinet Member Cllr. Neale and DASS congratulated all those involved in Dementia Gateways for reaching the finals of the Great British Care Awards that will take place later in the year; and reflects how much this service is valued within our communities.

Dudley Disability Service

- Quarter 2 data extends the overall trend of reduced volume of people waiting for a Care Act review attributable to increasing resource focusing on reviewing. Specifically, a net reduction in waiting over 12 months has been achieved when compared to the same period in Q1.

Adult Safeguarding & Mental Health

- The Dudley Peoples Partnership Boards website and the Safeguarding sections on the Councils website have been updated to provide easier access to information and guidance for the public and professionals on how to raise a safeguarding concern. After wide communication and engagement Public and Professional Portals have been developed to raise safeguarding concerns and are available on both websites.

Public Health & Wellbeing

16. Service Report is attached as appendix 1

Finance

17. There are no direct financial implications arising from this report

Law

18. There are no direct legal implications arising from this report

Risk Management

19. The current performance reporting period, risk management is contained and reviewed in the performance reporting, however as part of the new risk management framework approved at audit and standards committee, risk reporting will not sit within performance and each directorate will need to develop a risk register for monitoring purposes.

Equality Impact

20. There are no special considerations to be made with regard to equality and diversity in noting and receiving this report.

21. No proposals have been carried out.

22. No proposals have been made, therefore does not impact on children and young people.

Human Resources/Organisational Development

23. There are no specific direct human resource issues in receiving this report. In terms of the Council's sickness level and the management of attendance, the HR and OD team continues to work with Directors and Heads of Service to assist and provide support in tackling those areas identified as having high levels of sickness.

Commercial/Procurement

24. There is no direct commercial impact.

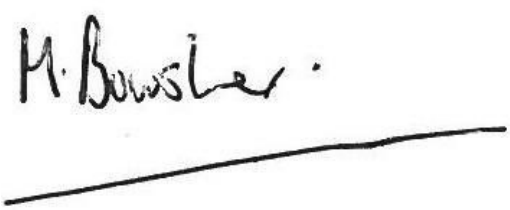
Council Priorities

25. The Council Plan and the Performance Management Framework enables a consistent approach for performance management across the organisation, aligning the Council Plan, Borough Vision and Future Council Programme and provides that golden thread between them.

26. Our Council Plan is built around 4 key priority areas, and our Future Council programme. The Council Plan is a 3-year **'**Plan on a Page**'**. Each directorate has a Directorate Plan that aligns to the priority outcomes that the Council is striving to achieve, as outlined within the Council Plan, and includes an assessment of how the service has contributed towards these priorities along with a range of key performance indicators to enable us to keep track of progress.

27. Performance management is key in delivering the longer-term vision of the Council. Quarterly Corporate Performance Reports are reported and reviewed by Strategic Executive Board, Informal Cabinet, the Deputy and Shadow Deputy Leader and all Scrutiny Committees.

28. This will help to enable the council to deliver the objectives and outcomes of the Council Plan and in turn the Borough Vision.



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Appendices

Appendix 1.1 - Adult Social Care and Public Health and Wellbeing Quarterly Performance Report

Appendix 1.2 – Q2 Dashboard Adult Social Care & Service Summary Sheet

Appendix 1.3 – Q1 Dashboard Public Health & Wellbeing and Service Summary Sheet

Appendix 1.1 – Q2 Dashboard Performance

Corporate Performance Dashboard
Adult Social Care

2022-23 Q2

Corporate KPI performance 2022-23 Q2

KPI's due to be reported	KPI's reported	KPI's missing data
4	4	0

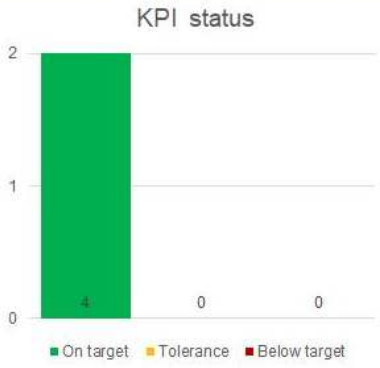
KPI short term trend
Comparing 2022-23 Q2 to 2022-23 Q1

3 improved | 0 consistent | 1 worsening

KPI annual trend
Comparing 2022-23 Q2 to 2021-22 Q2

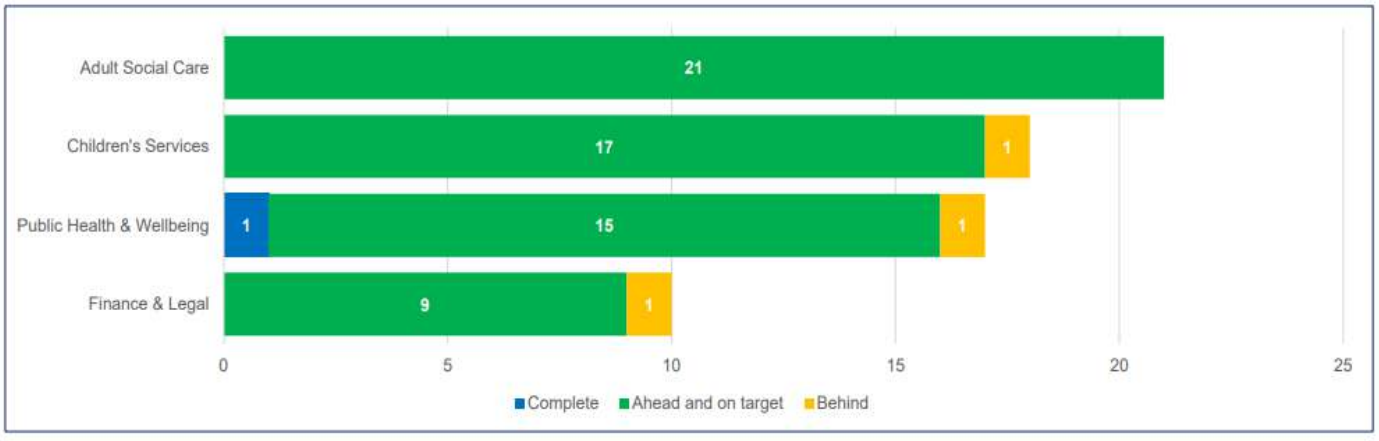
3 improved | 0 consistent | 1 worsening

KPIs new for 2022-23 cannot be compared



Directorate plan actions status 2022-23 Q2

Directorate plan actions - status by directorate



KPI scorecards 2022-23 Q2

Dudley the borough of opportunity	2021-22	2022-23 financial year						
Performance indicator	Qtr. 2 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Target	Score	Short term trend	Annual trend	Benchmarking comparator data
PI 2133 % of working age service users (18-64) with learning disability support living alone or with family	49.5%	46%	**73%**	**50%**	★	↗	↗	77.3% England 19/20
PI 2132 % of contacts to adult social care with an outcome of information and advice/signposting	10.6%	9%	**23%**	**11%**	★	↗	↗	Local measure
PI 501 (ASCOF2B) - Prop of 65+ at home 91 days after discharge from hospital into reablement services	93%	98%	**90%**	**83%**	★	↘	↘	82% England 19/20

Dudley the safe and healthy borough	2021-22	2022-23 financial year						
Performance indicator	Qtr. 2 outturn	Qtr. 1 outturn	Qtr. 2 outturn	Target	Score	Short term trend	Annual trend	Benchmarking comparator data
PI 2134 % of the conversion of safeguarding concerns to enquiry	8.4%	6%	**4%**	**20%**	★	↗	↗	77.3% England 19/20

Appendix 1. 2

Service Summary Sheet

Directorate	**Adult Social Care**
Date	2022-23 Quarter 2 performance reporting

Benchmarking *(with local authorities/nearest neighbours)*

- Social Care reform and Care Cap changes. Members will be aware of the two-year care cap delay announced in November's Autumn Statement. The adult social care charging reforms, including the £86,000 cap on care costs, are now due to come into force in October 2025.

- Care Quality Commission (CQC) Assurance 2023 : there is a new CQC assurance process starting in April 2023. The Directorate is working towards its own preparation-based inspection process tested against 4 key quality statements envisaged in draft CQC guidance:
  1. How we work with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information, and advice.
  2. How we support people – market shaping, commissioning, workforce equality, integration and partnership working.
  3. How we ensure safety in the system – safeguarding, safe systems and continuity of care
  4. Leadership and Workforce – capable and compassionate leaders, learning, improvement, innovation, and governance.

  Dudley will undergo a peer review and self-assessment process as part of preparation for the CQC inspection going into quarter 3. This process will also ensure that quality assurance is embedded within the directorate to ensure continuous improvement and engaging both internal and external partners on this journey.

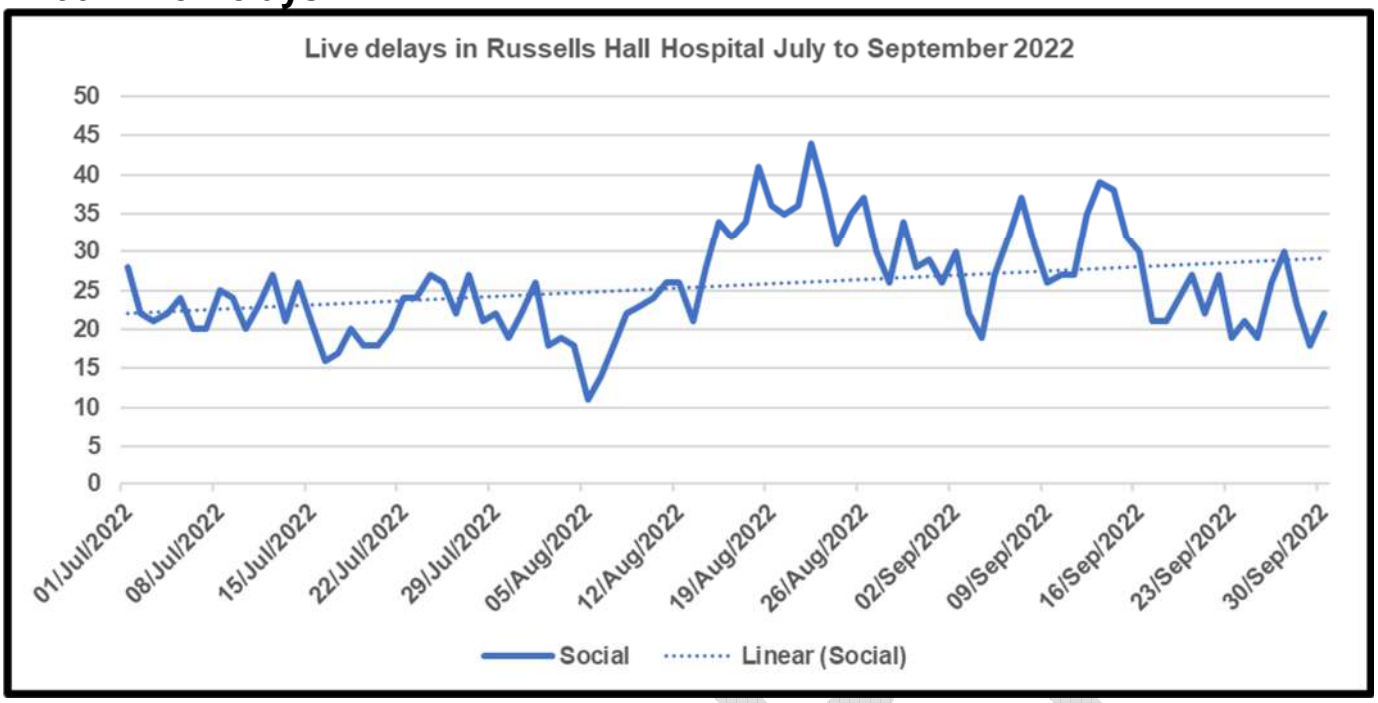
Overview of service delivery *(include any issues / risks)*

Presented below is a selection of key quality measures overseen by our leadership team through quarter 2 :

Assessment and Independence

Appendix 1. 2

AI00: Live Delays

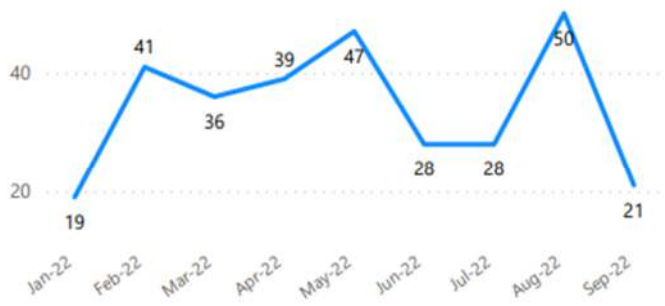


While a degree of variability is observed in Q2 the overall profile represents a net reduction in delays recorded at the end of Q2 relative to Q1. This downward pressure has been realised through innovative interventions including Bridging beds to allow people to discharge from hospital awaiting support at home; local authority staff re-entering the hospital to carry out screening for discharge to assess pathways; temporary increase in assessment capacity to reduce the need for spot purchased bed placements; and creation of an apprentice home care worker to encourage care staff back into the sector. The commitment to additional resources envisaged in November's Autumn Statement to prioritise national delayed hospital discharges in November's Autumn Statement - over care cap programmes- creates further opportunities to build on these collaboratives with health partners and in turn support Dudley winter surge planning. Moreover, approval has been given by the Integrated Commissioning Executive (ICE) to scope and model a redesign of the Pathway 1 (Discharge home with Care) to improve the offer of reablement to residents and create flow within the health and care hospital discharges.

Appendix 1. 2

A101: Demand for permanent residential care is remains unpredictable in view of acute hospital pressures giving rise to use of short term placements . As such this will not necessarily reflect improved patient flow demonstrated over the same period at AI00.	A102: The month on month increase in people receiving a long-term care package observed in Q2 represents a significant increase compared to previous reporting period; and is commensurate with the net reduction in delays observed at AI00.

AI01: Number of new people aged over 65 into residential care or nursing care



Current Value	Target	Nat Average	Success	Reporting Period
21	tbc	tbc	Smaller is better	Latest Month

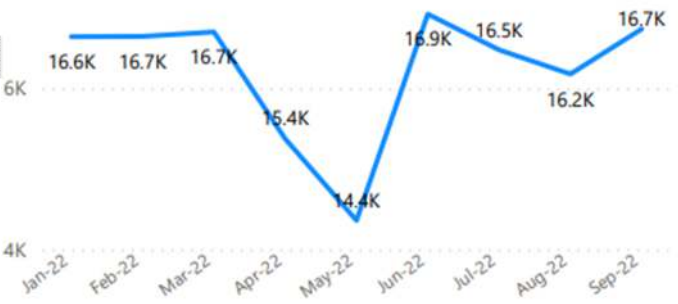
AI02: Number of new people aged over 65 receiving a long term care package (home care) in the community

Current Value	Target	Nat Average	Success	Reporting Period
82	tbc	tbc	Bigger is better	Latest Month

AI03: Number of people awaiting a Care Act review where the last review or assessment was over 12 months ago

Current Value	Target	Nat Average	Success	Reporting Period
818	tbc	tbc	Smaller is better	Latest Month

AI05: Number of home care hours being provided for people aged 65 and over

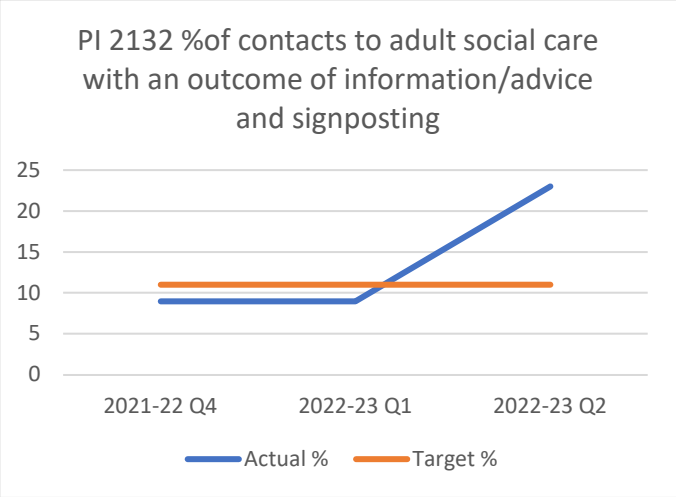


Current Value	Target	Nat Average	Success	Reporting Period
16743	tbc	tbc	Neutral	Rolling Year

A103: Grant monies which supported the increased demand for social care during the pandemic via funding contracts for assessors has ceased whilst demand rates remain at pandemic levels. AI03 illustrates the	A105: Stabilised provision of home care volume observed in Q2 compared to 2022/23 Q1 ; and represents an overall volume increase of care hours delivered - profile reflects patient flow through same period at AI00.

effect of this divergence growing into Q2.	

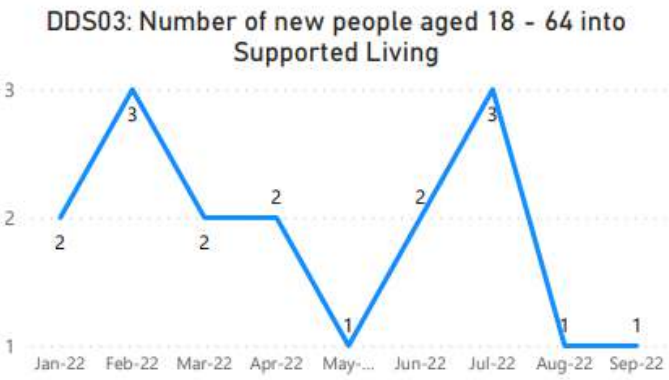
Access and Prevention



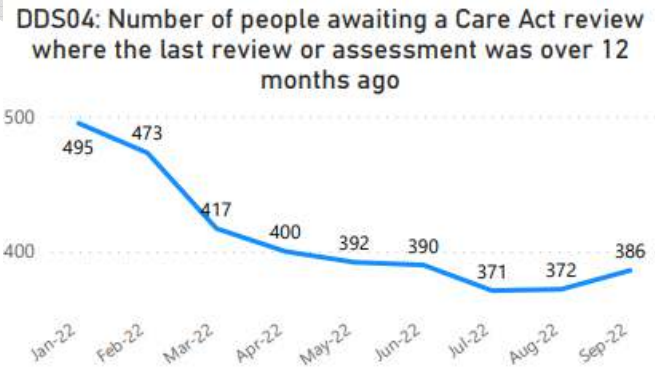
Current Value	Target	Nat Average	Success	Reporting Period
1493	tbc	tbc	Bigger is better	Latest Month

AP01a shows a greater volume of contacts into services observed in Q2 compared to Q1. The increase is predominantly due to the incorporation of manual data due to LAS not recognising a case notification and when reporting, only counting 'new contacts', therefore discounting when someone is already known to adult social care. The incorporation of manual figures now illustrates a true picture of the number of contacts made with an outcome of information/advise and signposting.

Dudley Disability Service



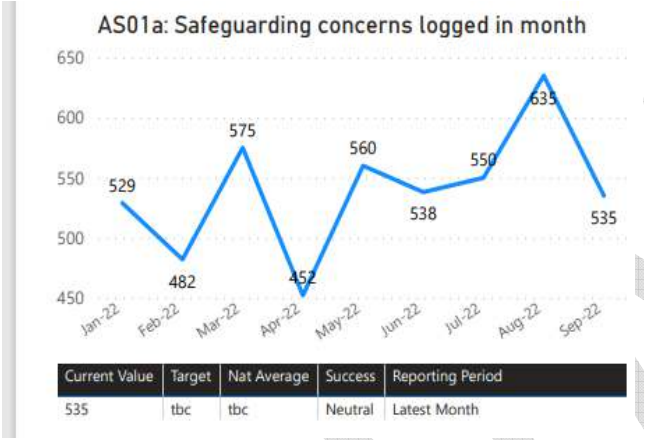
Current Value	Target	Nat Average	Success	Reporting Period
1	tbc	tbc	Bigger is better	As at

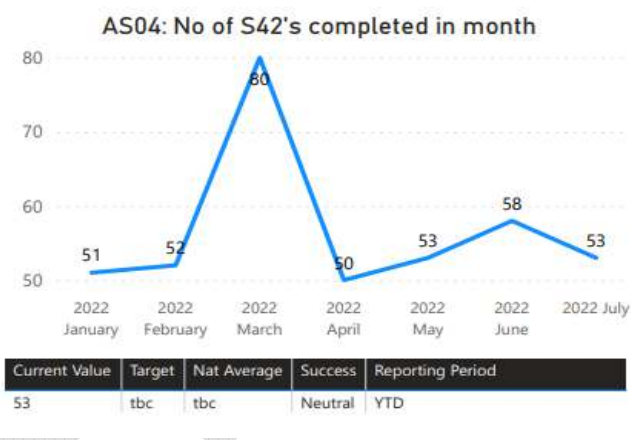


Current Value	Target	Nat Average	Success	Reporting Period
386	tbc	tbc	Smaller is better	As at

DDS03 reflects a fall from February this year and slight increase in June this is in part due to of a lack of capacity in supported living due to issues with flow. The recommendations from the housing needs assessment for people with disabilities will help us to address the issues and increase capacity in the market.	DDS04: Above profile represents a reduced volume in people awaiting a review where the last review was 12 months. This is reflected in the reduced count of people waiting at the tail end of Q2 in comparison to same period in Q1.

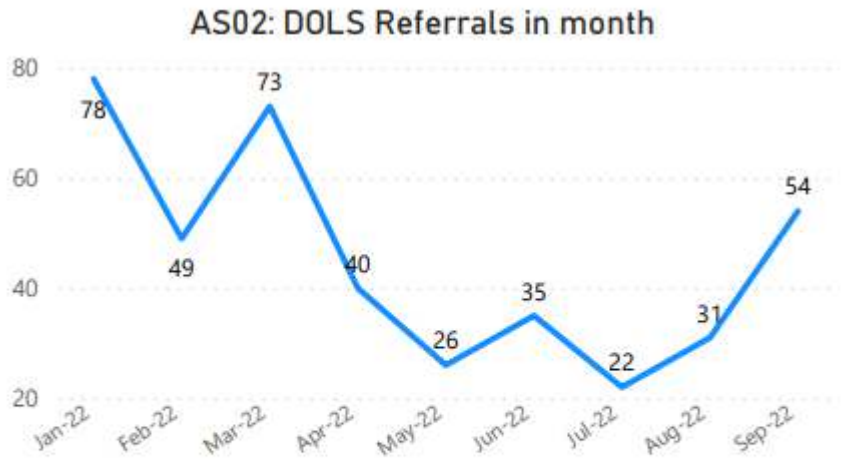
Adult Safeguarding





AS01a/AS04: In Q1 members noted safeguarding concerns are referred to the Multi-agency Safeguarding Hub (MASH) or via Access to social care teams, if the individual has an allocated worker. If Safeguarding concerns meet Care Act 2014 threshold criteria information is gathered to ascertain if this meets the criteria for a Section 42 (Care Act 2014) enquiry. Enquires are then coordinated through ASC or "caused" to be completed through system partners. As safeguarding involves a mix of complex and relatively straightforward cases a variable distribution of cases is to be expected as demonstrated above.

Appendix 1. 2

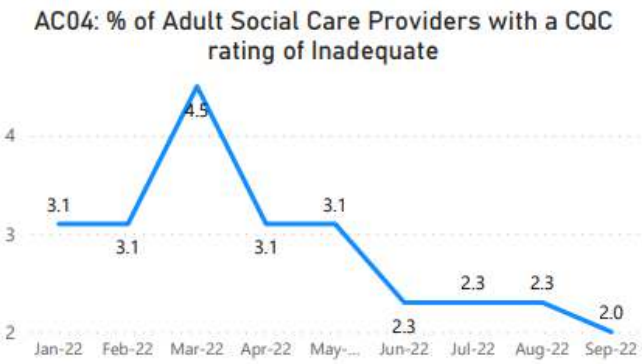


Current Value	Target	Nat Average	Success	Reporting Period
54	tbc	tbc	Neutral	Calendar Month

AS02: DoLS (Deprivation of liberty safeguards) are referred to the Local Authority from Care homes and Hospitals. The numbers of referrals received vary as people subject to DoLS may move which increases referral rates or remain where they are or recover mental capacity which would lead to a reduction in referrals. DoLS lasts a maximum of 12 months when it must be renewed which also influences referral rates. Predictably increased patient flow noted in AI100 will have bearing on upward trajectory seen over the same period in Q2.

Adult Commissioning

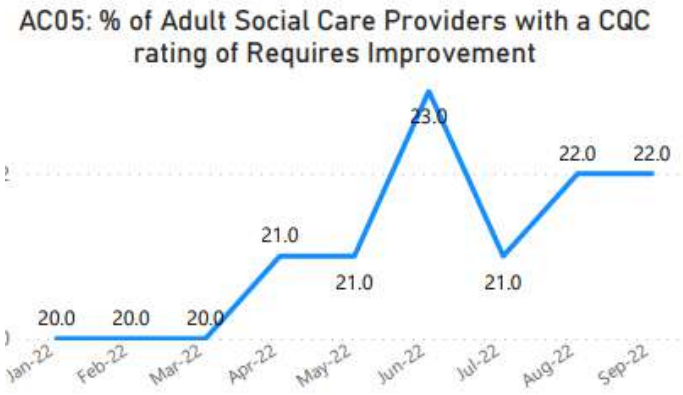
Current Value	Target	Nat Average	Success	Reporting Period
1	tbc	tbc	Smaller is better	Rolling Year



Current Value	Target	Nat Average	Success	Reporting Period
2	tbc	tbc	Smaller is better	As at

Appendix 1. 2

AC02: Commissioning continue to work with providers to address issues – quality and safety staff ensure monitoring based on risk. Suspended services are prioritised for quality assurance support with the intention to steer providers to deliver safe quality services . Through health system partners we have supported one large nursing home to reverse suspension on a phased basis to ensure improvements are sustained.	AC04: CQC providers rated as inadequate indicates serious quality and safety failures to be acted on. ACO4 presents proportion of providers that we have contract with and have a published rating of inadequate. These services are prioritised for intervention through support from Quality and Safety officers with data showing a quarter-on-quarter reduction in inadequate ratings, aiding capacity into Q3. We continue to work closely with CQC where ratings are in adequate - these services are automatically suspended until improvements are made and higher quality ratings are confirmed by CQC.



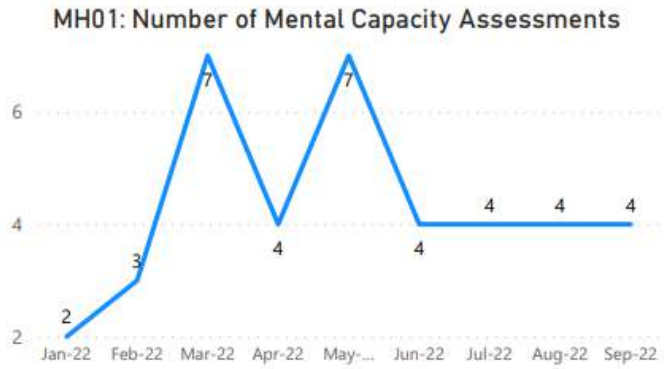
Current Value	Target	Nat Average	Success	Reporting Period
2	tbc	tbc	Smaller is better	Rolling Year

AC05: Profile shows contracted providers receiving a CQC 'Requires Improvement' rating in several aspects. Commissioning continue to apply downward pressure on required improvement in Q2 outperforms peak volume observed in Q1; and consistent with reduced pattern of inadequate publications at AC04.

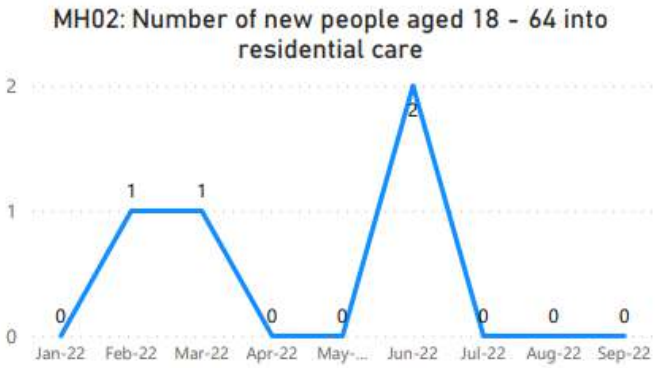
Monitoring and tracking of actions plans for 'Requires Improvement' rated services is undertaken to support and encourage providers to make improvements in safety and quality . Common areas for improvement include governance and medicines management . Advice and support on appropriate management and audit systems is given to assist providers alongside clinical support from health partners for improvements . The number of services with a requires improvement rating is similar to neighbouring authorities . Providers are feeding back that workforce challenges are having a significant impact service quality.

Appendix 1. 2

Mental Health



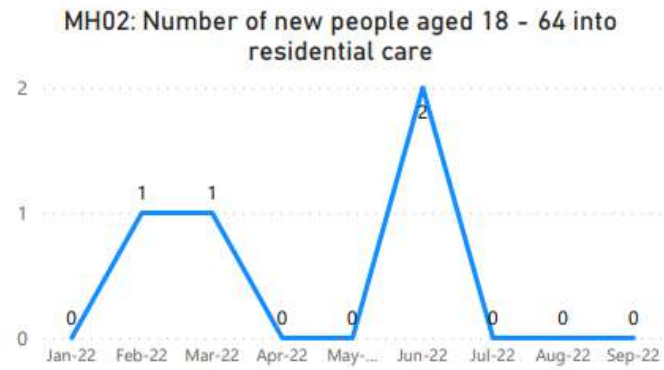
Current Value	Target	Nat Average	Success	Reporting Period
4	tbc	tbc	tbc	tbc



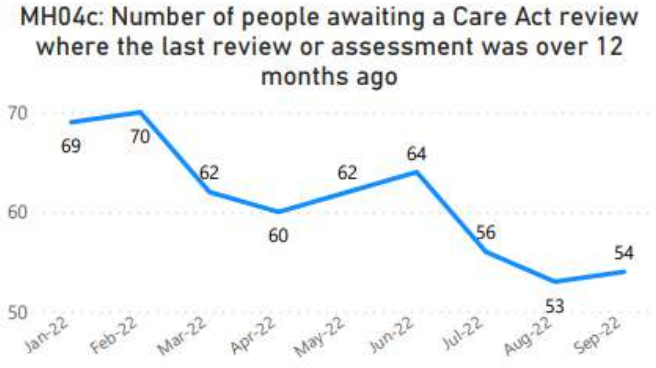
Current Value	Target	Nat Average	Success	Reporting Period
0	tbc	tbc	Smaller is better	Latest Month

MH01: Demand for new Mental Health Act Assessments has remained static throughout the reporting period.

MH 02: Data demonstrates low numbers of people with mental health needs moving into residential care- meaning appropriate support has been offered in a community setting.



Current Value	Target	Nat Average	Success	Reporting Period
0	tbc	tbc	Smaller is better	Latest Month

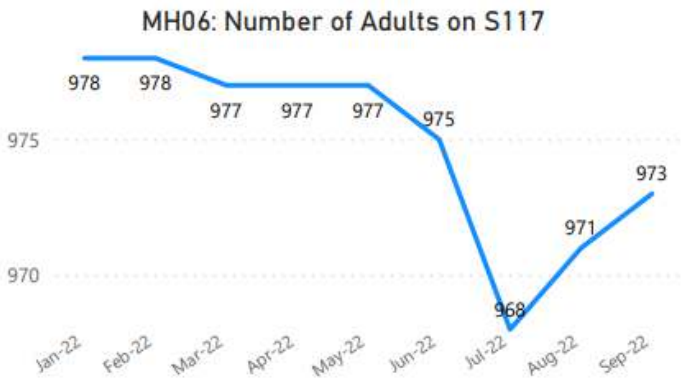


Current Value	Target	Nat Average	Success	Reporting Period
54	tbc	tbc	Smaller is better	Rolling Year

MH04B: The frequency of reviews in mental health services is six months (opposed to twelve months in other service areas.) Though there was a slight improvement in March there has been limited overall reductions in people awaiting reviews.

MH04c: Reduced number of cases observed in Q2 off-setting slight increase recorded throughout the first quarter.

Appendix 1. 2



Current Value	Target	Nat Average	Success	Reporting Period
973	tbc	tbc	Smaller is better	Latest Month

MH06: Proportion of people with a S.117 has increased slightly this quarter 2 off-setting reduction observed in Q1. However, in the context of total number the change is not statistically significant.

Workforce Profile

Workforce Analytics September 2022 - Adult Social Care

Division	Full Time Headcount (Non Casual)	Part Time Headcount (Non Casual)	Employee Headcount (Non Casual)	FTE	Employee Headcount (Casual)	Agency Headcount	Total Establishment Headcount	No of Fixed Term & Temporary Contracts
Access & Prevention	153	97	250	221.34	3	15	268	8
Adult Safeguarding	15	11	26	21.52	2	18	46	1
Assessment & Independence	134	179	313	253.76	7	47	367	33
Dudley Disability Services	31	42	73	58.99	0	7	80	4
Integrated Commissioning Performance & Partnerships	52	20	72	65.02	3	23	98	12
Management Team	1	0	1	1.00	0	1	2	0
Mental Health	19	7	26	23.88	1	8	35	0
Successor Team - Adults	0	0	0	0.00	0	8	8	0
Directorate Total	**405**	**355**	**760**	**645.51**	**14**	**127**	**901**	**58**

Service achievements *(report of any external accreditation, nomination for awards, positive publicity, during the past quarter*

Assessment and Independence

- Net reduction in delayed transfers of care from hospital was observed in Q2 achieved through interim collaboratives with health partners. Moreover approval has been given by the Integrated Commissioning Executive (ICE) to scope and model a redesign of the Pathway 1 (Discharge home with Care) to

improve the offer of reablement to residents and create flow within the health and care hospital discharges.

Access and Prevention

- Telecare rebranding has been completed and as a result we have updated and modernised our literature also to reflect this. A short video from a service user perspective has been completed and will be used for training, marketing and events, as well as on the council's social media platforms. External events are proving once again successful in supporting residents across the Borough, working in partnership with WMFS and the NHS. Digital upskilling across the workforce has commenced and will enable us to educate service users and maximise the use of the TEC that they already own, promoting alternatives to the traditional telecare offer, e.g. digital solutions, apps etc. We continue to deliver over and above industry expected standard on our call handlings times answering 98.26% of alarm calls within 60 seconds and 99.77% within 180 seconds.
- Cabinet Member Cllr. Neale and DASS congratulated all those involved in Dementia Gateways for reaching the finals of the Great British Care Awards that will take place later in the year; and reflects how much this service is valued within our communities.

Dudley Disability Service

- Quarter 2 data extends the overall trend of reduced volume of people waiting for a Care Act review attributable to increasing resource focusing on reviewing. Specifically, a net reduction in waiting over 12 months has been achieved when compared to the same period in Q1.

Adult Safeguarding & Mental Health

- The Dudley Peoples Partnership Boards website and the Safeguarding sections on the Councils website have been updated to provide easier access to information and guidance for the public and professionals on how to raise a safeguarding concern. After wide communication and engagement Public and Professional Portals have been developed to raise safeguarding concerns and are available on both websites.
- Restructure of mental health services is expected to be in-place early Q3 and several workshops have been arranged to support effective transition. Each workshop will be approximately 3 hours long and covers areas including: How staff are feeling – connectivity to others; Legislation; Strength Based Practice; Support Agencies/stakeholders linking to the specific workstream; and Buddy/Mentor Support/peer knowledge;
  and Continual Professional Development (CPD) discussions with management.

Appendix 1. 2

Opportunities for improvement *(information relating to service complaints / compliments and learning from these).*

- Assessment and Independence continue to build on interim measures to realise a further reduction of hospital delays into Q3 whilst exploring opportunities to strengthen approaches signalled in the Autumn Statement as part of the national drive to reduce delay pressures; and in-turn better support winter surge planning.
- Commissioning continues to leverage market capacity opportunities through resilient risk-based assessment and quality and safety activity in reversing suspended contracts.
- Digital upskilling. Continuation of borough-wide campaign advising service users of alternatives to the traditional telecare offer so that every opportunity is taken engage all those wishing to upskill in telecare and our digital offer.
- Dudley Disability Services continue to focus resource on reviewing those waiting over 12 months for Care Act review maintaining average month on month fall in cases into Q3.
- On-going Mental Health restructure maintain continues to focus on timeliness of new assessments whilst ensuring it remains responsive to those most at risk of experiencing poor or worsening mental health as a result of the growing Cost of Living crisis.
- Review progress on Dudley's fair cost of care exercise conducted with all registered care providers in the Borough with particular emphasis on residential and nursing care homes and domiciliary care agencies. This will demonstrate the impact of rising wage and inflationary cost pressures in delivering care compared to the rates paid by the Council.

Any additional information relevant to scrutiny committees

Given the scale of the escalating Cost Crisis, combined with the continued uncertainty posed by Covid-19, and a possible resurgence of Flu, this winter is set to be even more challenging than in previous years. Another Covid variant could also increase demand and exacerbate an already pressured system. However, as evidenced in this report our service continues to adapt to meet the needs of the Borough and maximise innovative ways of working - despite increased demand, staffing absences, limited domiciliary care capacity and inflationary cost pressures.

Corporate Performance Dashboard
Public Health and Wellbeing

2022-23 Q2

Corporate KPI performance 2022-23 Q2

KPI's due to be reported	KPI's reported	KPI's missing data
4	4	0

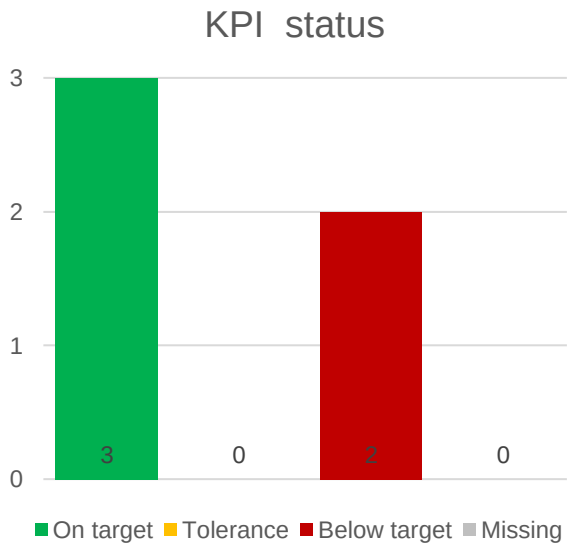
KPI short term trend
Comparing 2022-23 Q2 to 2022-23 Q1

3 improved	0 consistent	1 worsening

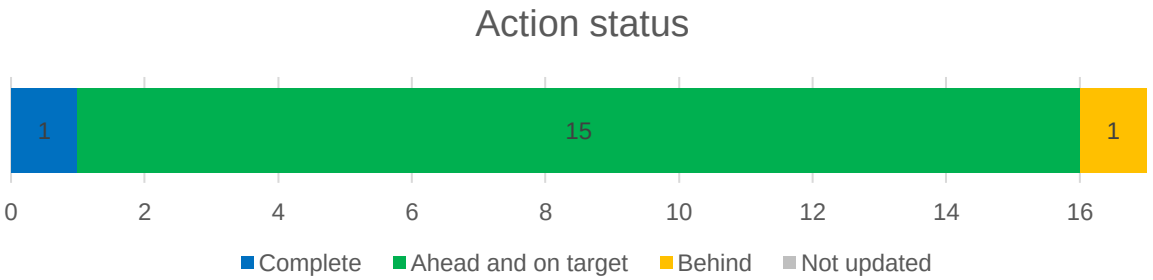
KPI annual trend
Comparing 2022-23 Q2 to 2021-22 Q2

1 improved	0 consistent	3 worsening

KPI's new for 2022-23 cannot be compared



Directorate plan actions status 2022-23 Q2



Actions due to be updated	Actions updated	Actions not updated
17	17	0

KPI scorecards 2022-23 Q2

Dudley the safe and healthy borough	2021-22	2022-23 financial year						
Performance indicator	**Qtr. 2 outturn**	**Qtr. 1 outturn**	**Qtr. 2 outturn**	**Target**	**Score**	**Short term trend**	**Annual trend**	**Benchmarking comparator data**
PI 1441 Air Quality completed in actions in accordance with the timetable in the approved Air Quality Action Plan	100%	97.7%	**98.9%**	**75%**	★	↗	↘	
PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team)	£410,400	£135,000	**£6,000**	**£150,000**	▲	↘	↘	Local measure
PI 2074 Proportion of premises in the borough that are broadly complaint with food hygiene law (star rating of 3 or more).	86.6%	89.5%	**92.9%**	**90%**	★	↗	↗	
PI 2260 Percentage smoking at time of delivery (Dudley residents)	6.8%	11.5%	**8.4%**	**9%**	★	↗	↘	Local Measure

Performance reporting

This dashboard shows top level figures from the Corporate Quarterly Performance Management Report.

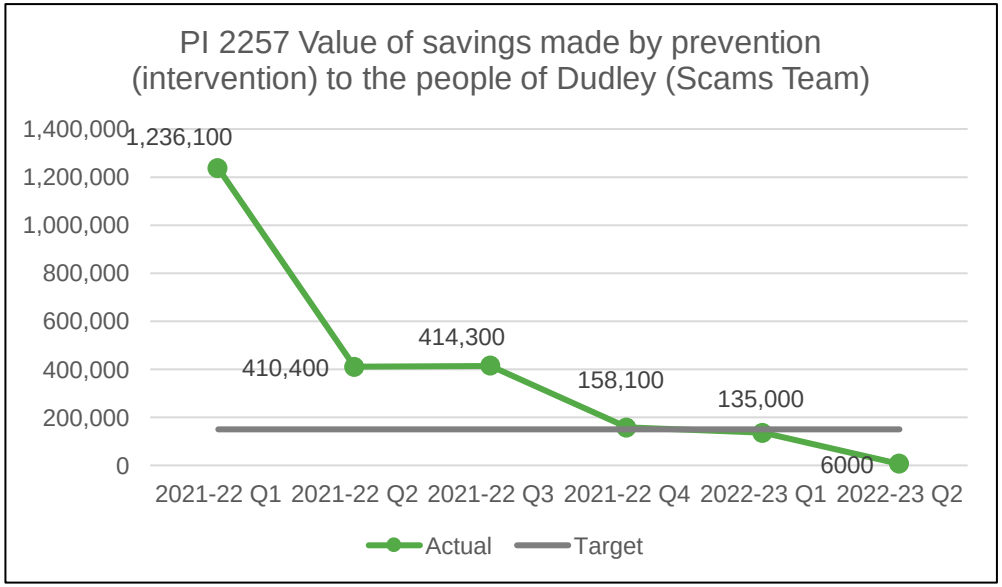
The report is published via the website: https://www.dudley.gov.uk/council-community/performance/

Performance indicators and actions can be viewed via Spectrum: https://appsrvr4.dudley.gov.uk/spectrum

Exception reporting

PI 2257 Value of savings made by prevention (intervention) to the people of Dudley (Scams Team)

	2021-22				2022-23				
	Q1	Q2	Q3	Q4	Q1	Quarter 2			
PI						Outturn	Target	S	T
PI 2257	1,236k	410k	414k	518k	135k	6k	150k	▲	↘



Performance: what is the data telling us?

The intervention figure is significantly below target due to various factors;
In qtr 2 the Scams Team (consisting of two officers, 1.8fte) have concentrated on providing ongoing support to known victims, which does not provide added value to intervention savings. They have also been diverted to assisting in other TS work – notably test purchasing and raids on illegal tobacco sellers – due to TS being short staffed and currently carrying two full time vacancies, one full time secondment to the Commonwealth Games, and one long term sick, which has had a significant impact on the team.

Impact: what are the issues/risks for service delivery?

Failure to support scam victims exposes them to continued risk of financial abuse and subsequent impacts on financial independence and mental health.

Assurance: evidence that actions are in place and having an impact

The issue has been addressed, and the service of free installation of call blockers has been promoted via social media. As a result the team has spent October dealing with new referrals and installing call blockers. As a result the savings accrued for October are £191,000. The team is expected therefore to be on or above target by end of qtr 3.

Service Summary Sheet

Directorate	Public Health and Wellbeing Directorate		
Year	2022	Quarter	Q2
Overview of service delivery – Quarter 2 2022 Reporting against the Public Health and Wellbeing Business Plan			

A.4149 Working with partners to develop the aspirations of the child friendly borough

ONTARGET

Child Friendly Dudley Steering Group in operation. Recruitment to project manager role unsuccessful. Approval granted for Growing up in Dudley project and survey being sent to stakeholders. Further discussion required around UNICEF status

A.4150 Working with partners to promote childhood vaccines

ONTARGET

An ICB immunisation lead has been appointed and will soon come into post. A Black Country PH/ICB Collaboration Meeting has been established to look at opportunities to reduce inequalities. A Dudley System Group continues with partners, this is currently focusing on COVID and flu programmes. Including measures to reduce inequalities.

A.4151 Working in partnership with Children's Services to complete a SEND needs assessment and Strategy

ONTARGET

Children's Services have completed the SEND needs assessment and strategy.

A.4152 Working with communities, anchor organisations and partners to take forward asset based approached

ONTARGET

Support provided to community organisations to apply for Your Home, Your Forum grant funding and preparations for connecting older people funding event. Collaboration with community payback team to clear outdoor space in Coseley that has enabled a weekly Mum and toddler group to take place. Support has been provided to DIHC to integrate asset based approaches in the development of neighbourhood teams. Similar support has been provided to teams working on the development of Family Hubs and the Start for Life project. Working corporately to explore alternative models (e.g. a crowdfunding platform) for community groups to connect and seek grant funding for local projects.

A.4153 Creating a health protection model and emergency planning structures and processes

ONTARGET
Monthly meetings continue. Training and updates have been provided to its members, meaning we have a core workforce, should the need arise.
A.4154 Work with NHS, Social Care commissioners and providers to develop a programme to improve quality and minimise disruption to services from infectious disease
ONTARGET
An ICB Health Protection Group has been established. PH departments are working with colleagues to develop Terms of Reference and shape the group. The ICB are developing testing and treatment pathways as well as an MOU to put into place how we respond to outbreaks and incidents moving forward. The audit and education programme for social care continues. The PH Health Protection Team continues to support outbreak management within social care on a daily basis, to ensure effective management of cases and a rapid conclusion.

A.4155 Development of integrated family hubs, providing health, education and social care for all Dudley Families

ONTARGET

Family hubs and Start for Life steering group operational. Working groups established around parent and infant mental health, parenting, infant feeding, and home learning environment. Project template submitted and delivery plan started.

A.4156 Develop a system wide pathway to reducing loneliness and isolation

ONTARGET

Resources to support older people: Later Life Planning resource rolled out. A total of 302 copies distributed to DMBC, voluntary sector, community groups, businesses, and events. 10 briefing sessions delivered supporting 93 DMBC employees and 36 employees from 15 external organisations. Digital inequalities: 14 new referrals received this quarter. 316 hours of digital skills sessions delivered as 1-1s or group setting compared with 216 hours from last quarter. Currently 53 active participants. Many older people being supported are at high risk from digital exclusion due to health conditions, disabilities and poor mental health. Significant improvements in people's confidence in using technology, making new friends, increased contact with others and participating in their local community as well as reduced loneliness and isolation. Collaborative approaches: Healthy ageing team engaged with 27 local community groups that involve or support older people. These groups meet for social activities, hobbies and clubs, exercise and health. The team are using these opportunities to build relationships, provide support, help develop projects and discuss concerns on keeping healthy and well. Social connectedness network: September event postponed due to resources redirected to support cost of living situation. Currently asset mapping taking place of services and activities which focus on improving social connections and reducing loneliness.

A.4157 To protect the people of Dudley by expanding the work of the trading standards team

ONTARGET

Trading Standards continues to focus on protecting consumer and legitimate businesses. Ongoing projects include dealing with premises selling illegal tobacco and vapes, investigating scams, investigating bogus carers targeting the vulnerable, and several investigations against second hand car dealers. It is expected that the current economic climate will increase demands on the service as business are forced to cut corners, and consumers take risks to save money.

A.4158 Ensure robust emergency planning and business continuity processes are in place across the council and commissioned services to respond to incidents that impact our residents and services

ONTARGET
The Major Emergency Plan has been updated in September. Work on The Business Continuity Audit is in progress. The Service Area Critical Functions Report has been shared with Directors and Senior Management Teams to review. A Business Continuity Management Policy and a reviewed Incident Management Group Terms of Reference will be presented to next Incident Management Group meeting. A template has been developed for Directors and Senior Management Teams to complete an evaluation of contracted out services which are commissioned to deliver critical services on behalf of the organisation. One-to-One quality review meetings of completed Business Continuity Plans are being arranged with Heads of Service. Preparations are being made for Winter Planning.
A.4159 Support the council wide response to poverty focusing on child poverty
ONTARGET
Creation of a multi-agency strategic group to co-ordinate poverty mitigation efforts across the borough. Poverty needs assessment and strategy commenced. Successful recruitment to Public Health Manager and Health Improvement Practitioner posts to focus on this agenda. Poverty proofing education and health to be added next year's business plan.

A.4160 Improve links between delivery of Public Health goals and the regulatory activities of the Environmental Health and Trading Standards Service
ONTARGET
Work continues to develop links between food hygiene inspections and initiatives encourage healthy eating (tackling obesity), removing illicit tobacco from sale (reducing tobacco addiction/reducing smoking in pregnancy), improving air quality (tackling climate change) and visiting vulnerable residents who are targeted by scammers (tackling loneliness and isolation). Work is now underway to close several rogue premises across the borough which endemically supply illicit tobacco and illegal vapes.
A.4161 To promote the extensive air quality monitoring network operated by Environmental Health and encourage the application of the data obtained to deliver cleaner air in the borough
ONTARGET
A program to promote the importance of air quality and the value of the data we hold is ongoing. Presentations have been given to SEB and Climate Change Scrutiny Committee, new roadside signage has been produced, and schools visits are being planned.
A.4162 Work in collaboration with groups from marginalised communities to understand barriers to improving health and develop programmes to address these barriers
ONTARGET
Work undertaken with marginalised communities in Lye and Brierley Hill to address barriers to accessing services and receiving health information. This has included work with DIHC to develop flash cards for Primary Care settings to enable the Roma community and GP receptionists to understand the reason for their visit and the language support required.
A.4163 work with partners and the community to co-produce an inclusion guide 'Making Dudley a Place for Everyone
COMPLETED
This has been completed with support from the National Development Team for Inclusion. This toolkit will be shared at partnership boards over the coming months. The Children and Young People's Public Health team and have identified inclusion as a priority for 2023/2024 and this will be added to next year's business plan.
A.4164 Rebuild the Public Health Department following the 2 year covid response

ONTARGET
The learning and development department are supporting the H&WB division with a proposal which includes 5 key areas: creating a culture of coaching through everyday conversation offer coaching across the division facilitation of SLT to identify future business priorities Set up peer support groups and Facilitation of groups following the Employee Survey 2022
A.4165 Recommission and redesign Public Health contracts to be fit for the future and to meet the relevant regulations
BEHIND
Preparatory commissioning arrangements continue with Task and Finish groups refreshing service specifications, collectively agreeing and shaping services to ensure they are fit for the future as well as defining KPI's and service expectations. Continued delays in reaching an agreed model of integrated health and care in Dudley is likely to delay the commissioning of PH contracts - we await the decision from the ICB and transformation groups to assess whether the original requirements of the procurement, which saw Dudley Integrated Health and Care NHS Trust appointed as an Integrated Care Provider can be met given the length of time which has lapsed. In view of these delays it is likely that negotiations with incumbent providers of Public Health contracts will take place to discuss new 6 months/1 year contracts to provide adequate time for commissioning and mobilisation.

Workforce metrics

Headcount & FTE as at 30/09/2022

Division	Non Casual Headcount (FT and PT)	Non Casual FTE	Casual Headcount	Agency Headcount	Total Headcount
Adults & Older Peoples Public Health	9	7.48	0	2	11
Children & Young Peoples Public Health	10	8.87	0	4	14
Credit Union	6	4.08	0	3	9
Environmental Health & Trading Standards	42	36.91	0	1	43
Executive Support Team	12	10.14	0	0	12
Health & Wellbeing Business Support	9	7.22	2	0	11
Health & Wellbeing Volunteers	0	0.00	0	1	1
Health Care Public Health	4	2.42	1	5	10
Health Protection	8	7.80	0	5	13
Healthy Communities & Place	19	17.61	0	0	19
Management Team	4	3.09	0	0	4
Public Health & Wellbeing Total	**122**	**105.62**	**3**	**21**	**144**

Ethnicity	%
Ethnic Minority Group	14.8%
Undisclosed	8.2%
White	77.0%
Grand Total	**100.0%**

Quarter	Turnover rate %
2022-23 Q2	6.43%

Meeting of the Health and Adult Social Care Scrutiny Committee – 25th January, 2023

Report of the Chair

Feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group

Purpose of report

1. To provide feedback from the joint meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group held on 15th December, 2022.

Recommendations

2. That the Scrutiny Committee note and endorse the recommendations formulated at the joint meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group, as set out in paragraphs 7, 10 and 13 of the report.

Background

3. The joint meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group held on 15th December, 2022, considered three separate reports in relation to Child Poverty, Childhood Obesity in Dudley and an overview of the Mental Health needs and support available in Dudley for children and young people.

4. Members considered each report in detail and made comments, asked questions and responses were provided accordingly. Action notes from the meeting will be circulated to Members of the Working Group in due course.

Child Poverty

5. Members considered a report in relation to Child Poverty, nationally and locally within the Dudley Borough, and received information on the support services available to families living in poverty.

6. The short and long-term impacts from living in poverty were presented, together with the work being undertaken by the Council, in conjunction with partner organisations, to address the impact to the child/young person, as well as the family as a whole approach.

7. Following discussions and deliberations at the meeting, the recommendations below were formulated:-

    i. That the short-term crisis interventions that the Council provide be noted, and that Public Health be tasked to research into good and innovative practises in other parts of the country, in respect of the long-term strategy to tackle the cycle of poverty embedded in parts of Dudley's Communities to assist with the development of the Dudley Strategy, and to report back to a future meeting of the joint working group.

    ii. That the Head of Service – Children and Young Peoples Public Health provide a detailed Ward by Ward breakdown of the percentage of children living in poverty within the Dudley Borough.

    iii. That a clear set of Key Performance Indicators and robust monitoring of the council's activities on poverty reduction be agreed as part of the Dudley strategy.

    iv. That the Head of Service – Children and Young Peoples Public Health provide a list of the Schools in the Borough taking part in the National Breakfast Club Scheme and the companies schools work with to provide breakfast club supplies.

    v. That the Leadership of the Council be recommended to write to Central Government, as a matter of urgency, to request additional funding during the current cost of living crisis to assist families. It is acknowledged that the Government have to date made money available to assist families with fuel and food however as the crisis deepens, more families who would traditionally not have found themselves in relative poverty were now struggling. Demand on the voluntary sector was growing and resources were not keeping pace.

vi. That the Housing and Communities Directorate be reminded of their Corporate Parenting role and responsibilities and be a named and active key partner within the Dudley Strategy.

vii. That a report on the role and responsibilities of the Private Sector Housing Team; what powers of enforcement they have at their disposal and an understanding of how they put the child at the centre of the work they undertake, be submitted to a future meeting of the Children and Young Peoples Scrutiny Committee Working Group.

viii. That the Head of Service – Children and Young Peoples Public Health, to pursue the arrangements of a meeting with the Department for Works and Pensions, to raise concerns of the impact of the change in benefit eligibility and to consider the possibility of sharing data and to notify a school when a child was eligible for free school meals.

Childhood Obesity in Dudley

8. Members considered a report on the current rates of childhood obesity in the borough, and the actions taken by the Local Authority to try to prevent and reduce overweight and obesity in children and young people.

9. The significant efforts and investments dedicated to address and prevent child obesity, together with the universal pathways and packages available were outlined.

10. Following discussions and deliberations at the meeting, the recommendations below were formulated:-

i. That a further report on ideas and initiatives Dudley could utilise to develop healthy High Streets and provide advice on whether fast-food delivery organisations require a special license to deliver food, be submitted to a future meeting of the joint Working Group.

ii. That the Head of Service – Children and Young Peoples Public Health, provide the joint Working Group Members with a copy of the delivery plan in relation to the Family Hub Funding.

iii. That the Head of Service – Children and Young Peoples Public Health, provide an update on the number of schools enrolled on the Apprenticeship Levy.

iv. That Public Health undertake research and benchmark with other Authorities in relation to the Car Free Streets Scheme and provide a report outlining the advantages and disadvantages to a future meeting of the Working Group.

An overview of the Mental Health needs and support available in Dudley for children and young people.

11. Members were provided with an overview of the current picture of Mental Health Needs and support available in Dudley for Children and Young People.

12. An overview of the demographics in Dudley were outlined, together with the high demand for services.

13. Following discussions and deliberations at the meeting, the recommendations below were formulated:-

    i. That a further report to review the data and progress made in relation to Mental Health needs and support for children and young people, be submitted to the Children and Young Peoples Scrutiny Committee in 12 months and included in the Annual Scrutiny Programme for the 2023/24 municipal year.

    ii. That the Acting Director of Public Health and Wellbeing provide a briefing note on the services commissioned and provided by Cranstoun.

14. The Scrutiny Committee is asked to endorse the recommendations referred to above.

Finance

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

Law

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

17. Working Groups are not Committees as defined by Section 101 of the Local Government Act, 1972 and can only make recommendations.

Risk Management

18. The Council is committed to adopting best practice in its management of risk. It aims to ensure risk is maintained at an acceptable level to maximise opportunities and demonstrate that it has given full

consideration of the implications of risk to the delivery and achievement of its outcomes, strategic aims and priorities.

Equality Impact

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

Human Resources/Organisational Development

20. The issues referred to in this report are administered within existing staffing resources.

Commercial/Procurement

21. This report has no impact on the Council's potential to commercially trade.

Environment/Climate Change

22. This report has no direct implications on the environment or the Council's work in addressing Climate Change and achieving Net Zero target by 2041.

Council Priorities and Projects

23. In order the deliver the aims and objectives of the Council Plan and contribute the wider borough vision it is imperative the authority has a sound and robust process in place to consult with its key stakeholders on activity across the authority.

Councillor M Rogers
Chair of the Health and Adult Social Care Scrutiny Committee

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List of Background Documents

Action notes of the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children's Corporate Parenting Board Working Group - 15th December, 2022

Action Tracker – Health and Adult Social Care Scrutiny Committee

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS) (Meeting held on 14th November, 2022)	That the Cabinet be recommended to refrain from making any additional resource cuts in relation to Safeguarding, irrespective of budgetary issues and pressures, and that consideration be given as to how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.		**Completed** 29/11/22 – Recommendation circulated to Cabinet Members
	That the Independent Chair (Safeguarding) and Director of Adult Social Care be requested to continue to update the Committee on the level of safeguarding demand and performance of the Directorate.	Independent Chair (Safeguarding) and Director of Adult Social Care	To be included in future Annual Scrutiny Programme
Progress update on the development of the Black	That the Dudley Managing Director - Black Country Integrated Care Board, be requested to provide a further report on the significant changes in the care system and the impact this	Neill Bucktin/DIHC	A date to be confirmed

Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model (Meeting held on 14th November, 2022)	had on the role of a Councillor and provide further clarity on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated.		
	The Dudley Managing Director be requested to invite Brendan Clifford to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors.		A date to be confirmed
Impact of the Dudley Telecare Digital Strategy (Meeting held on 14th November, 2022)	That data in relation to how quick calls were responded/ answered be circulated to the Scrutiny Committee following the meeting.	M Spittle/N Boerm-Hammond	Ongoing
	That a letter on behalf of the Scrutiny Committee be sent to the Telecare Services team expressing their thanks for their exemplary service.	Chair/Democratic Services	Letter sent on 29th December, 2022
	Consideration be given to the development of an information pack/booklet for Elected Members and that information on the service be included	M Spittle/N Boerm-Hammond	Ongoing

	as part of the induction training for Elected Members.		
Relocation of High Oak Surgery (Meeting held on 10th January, 2023)	That the comments made at the meeting, be submitted to DIHC and taken into consideration as part of the public conversation.	Chair/Democratic Services	Report to be submitted by 19th January, 2023
	That the agenda item in relation to High Oak Surgery remain on the Scrutiny Committee's working programme, with a further update provided to the Scrutiny Committee in April, 2023.	DIHC/Democratic Services	Ongoing

Future Business – Health and Adult Social Care Scrutiny Committee

Date of Meeting	Work Programme	Responsible Officer/Area	Notes
24th April, 2023	Approved Mental Health Professionals (AMHP) Hub	M Bowsher/Head of Mental Health – Directorate of Adult Social Care	Report
	Annual Report and draft scrutiny programme	Democratic Services	Report
	NHS Quality Accounts	D Pitches – Directorate of Public Health/DGFT/WMAS/DIHC	Report
	Children and Young People – Dudley Integrated Health and Care NHS Trust	DIHC	Report
	Progress update on the development of the Black Country Integrated Care System (ICS) and	N Bucktin – Black Country ICB /M Abuaffan – Public Health and Wellbeing	Report

	Dudley's Integrated Health and Care Model (ICB)		
	Update on High Oak Surgery	DIHC	Report
	Children and Young People – Dudley Integrated Health and Care NHS Trust	DIHC	Report
	Mental Health and Inequalities	DIHC	Report
	Director of Public Health Annual Report	M Abuaffan – Directorate Public Health and Wellbeing	Report
	Health and Wellbeing Strategy and Review of the Dudley Health and Wellbeing Board	M Abuaffan - Directorate of Public Health and Wellbeing	Report