

Minutes of the Public Health Select Committee

**Thursday 23rd November, 2023 at 6.00 pm
In Committee Room 2 at the Council House,
Priory Road, Dudley**

Present:

Councillor R Collins (Vice-Chair – in the Chair)
Councillors A Aston, M Evans, J Foster, M Hanif, W Little, P Sahota and
D Stanley; J Griffiths – HealthWatch Dudley (Co-opted Member)

Dudley MBC Officers:

Dr M Abu Affan (Acting Director of Public Health and Wellbeing), Dr M Andrews
(Programme Manager), L Grainger (Project Manager) and S Griffiths
(Democratic Services Manager)

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health)
N Bucktin – Black Country Integrated Care Board
M Hartland – Dudley Integrated Health and Care Trust
V Branch – Cranstoun, Here4YOUth Dudley
A Burford – Change Grow Live, Adults Substance Misuse Service

23 Introductory Comments

Councillor R Collins advised the Committee that, due to her visual difficulties, Councillor I Bevan would be providing practical support such as making a note of requests from Members to speak, as part of her accessibility adjustments.

Councillor R Collins congratulated Mayada Abu Affan on her appointment as Director of Public Health and Wellbeing (subject to confirmation at Full Council).

Councillor I Bevan (Cabinet Member for Public Health) also expressed congratulations and referred to a guide for expectant parents, a nationally recognised document, as an excellent example of Mayada's work.

24 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillors J Clinton (Chair), B Challenor, D Harley and K Westwood.

25 **Appointment of Substitute Members**

Councillors D Stanley and P Sahota, had been appointed to serve as Substitute Members for Councillors D Harley and K Westwood, respectively, for this meeting of the Committee only.

26 **Declarations of Interest**

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

Councillors I Bevan declared a non-pecuniary interest due to his employment with Dudley Group NHS Foundation Trust.

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

27 **Minutes**

In referring to minute no. 17(f), with reference to disposable income for middle income families, Councillor J Foster requested that the word 'also' be included into the sentence so that it read *'It was considered that support should also be provided based on disposable income to ensure a healthy diet for a child.'*

With reference to Minute No. 19 (Update on High Oak Surgery), Councillor J Foster commented that the details of progress made, which had resulted in a letter from High Oak Pharmacy being circulated, was not fully reflected in the minutes. Additional wording for inclusion would be provided to Democratic Services following the meeting to reflect the following:

'Councillor J Foster added that the update was particularly welcome as when she had spoken to the Pharmacist at the Pharmacy Galleria following the July meeting of the Health Select Committee, he had expressed his frustration at the lack of progress being made. However, in response, Councillor I Bevan commented that he had also spoken to the Pharmacist who, in his view, was happy with the progress being made.'

Councillor R Collins requested that the Chair and Vice-Chair be included in any correspondence concerning the business of the Select Committee.

In relation to Minute No. 20 (The Life in Lye Programme), Councillor M Hanif referred to paragraph (d) concerning the appointment of additional street cleansing support. He requested clarification on the roles of the two operatives that were working full-time in the area.

Resolved

- (1) That, subject to the amendments referred to above, and the inclusion of the additional wording, the minutes of the meeting held on 18th September, 2023 be approved as a correct record and signed.
- (2) That the Director of Public Health and Wellbeing provide written clarification in relation to the roles of the two street cleansing operatives, appointed to work in Lye.

27 **Public Forum**

A resident from Pensnett requested confirmation on the progress in relation to High Oak Surgery. The resident referred to the Scrutiny Committee held in January, where it had been stated by Mr King (Dudley Integrated Health and Care Trust (DIHC)), that the portacabin previously used as High Oak Surgery, would be reopened at the request of residents. It was indicated at that meeting that the Portacabin would continue for the duration of its lease whilst an alternative venue was pursued and clarification was requested as to whether this was still the case.

M Hartland advised that the commitment made through the public consultation still existed, in that there would be a site within Pensnett, and that the portacabin would remain until an alternative venue was identified. Dialogue continued with Galleria Pharmacist with regard to them providing an alternative setting.

In response to a supplementary question the Chief Executive (DIHC) confirmed that the alternative provision would continue as a General Practice service with a doctor present.

28 **Substance Misuse Commissioning and Delivery in Dudley**

A report of the Director of Public Health and Wellbeing was submitted in relation to the issue of substance misuse in Dudley and the interventions and services commissioned by Dudley's Public Health and Wellbeing Directorate to address and mitigate the issue.

In presenting the report the Programme Manager (Dr M Andrews) provided an outline of the overall impact of substance misuse and the national and local picture, the services and interventions commissioned.

Substance misuse was recognised to be a significant issue nationally and contributed to a number of issues and problems across health and wellbeing, social wellbeing, families, crime and disorder, employment and other economic aspects. Overall, Dudley compared well in comparison with other authorities with similar demographics, particularly in terms of user engagement in treatment, which had also been recognised by the Office of Health Improvement and Disparities.

In terms of alcohol misuse, Dudley did have a relatively lower rate of alcohol related hospital admissions than both the regional and national averages. Overall successful treatment completions were a key indicator of performance of treatment services and the level of successful treatment completion had improved, although it was still lower than the national and comparable authorities' levels. Recent improvement in representation to treatment indicated that Dudley was maintaining engagement with those with treatment made and whilst they may not be successful in completing treatment initially, patients were returning for further opportunity. It was reported that with substance misuse, particularly in relation to opiates and crack cocaine, it would often take more than one treatment episode or journey to complete the journey to recovery.

It was reported that there were two specific issues within Dudley, namely Nitazene and Nitrous Oxide. There had been a notable spike in overdose deaths in the West Midlands during June to August 2023 and this had been associated with heroin adulterated with Nitazene, which was a synthetic opioid and stronger than heroin. In Dudley specifically it was reported that there had been three overdose deaths and two overdose injuries linked to Nitazene. Although it was recognised that the spike had faded, a plan of action for adulterated and strong drugs had been implemented, in conjunction with the two service providers and partners, including first responders, volunteers, GP pharmacists and rough sleeper teams to ensure that anyone who had an increased likelihood of being present or finding someone after an overdose of Nitazene, had received the appropriate training in dealing with and administering the lifesaving medication Naloxone.

It was further reported that whilst Nitrous Oxide had not been a treatment issue for Dudley to date, the substance had now been classified as a Class C drug which meant that it was illegal to process, import or sell the substance. The team was working collaboratively with Trading Standards to update information and their approach, to account for the legality change.

A Dudley combating Drugs Action Partnership had been established, which was part of the wider Government drug strategy from harm to hope and formed part of the regional West Midlands Structure and integrated with the Office for Health Improvement and Disparities, as they oversaw the additional funding provided to supplement substance misuse treatment and recovery fund.

Officers in attendance from commissioned service providers, namely Atlantic House Recovery Centre and Cranstoun, provided a brief outline of their services. The role of other commissioned services, in particular pharmacies were outlined in that these services were activity based which provided alcohol intervention, opiate substitution and needle exchange services.

Arising from the presentation, Members had opportunity to make comments and ask questions and responses were provided where necessary:-

- (a) Councillor R Collins was saddened by the 19 related deaths and injuries reported and requested further information on the number of heroin related deaths or injuries that would normally be experienced over the similar period.

In response, the Programme Manager (Dr M Andrews) agreed to provide the information following the meeting, however advised that the numbers did vary.

- (b) Councillor R Collins referred to there being only one pharmacy in Brockmoor and Pensnett, and was unaware if the pharmacy was commissioned to provide alcohol and drug intervention services, and therefore questioned where Brockmoor and Pensnett residents would go to receive these services.

In response, it was confirmed that Galleria Pharmacy did offer supervised consumption services for users and that a level of needle exchange was also offered at the Pharmacy. Work was currently being undertaken, as it was recognised that a number of pharmacies had closed, which had had an adverse effect on the services provided and resulted in residents having to travel further. Whilst it was recognised that pharmacies had their own pressures and priorities to focus on, Dudley continued to work collaboratively with them to try to alleviate the issue and improve access.

- (c) Councillor R Collins commented positively on the positioning of Youth stop, which was considered to be ideally placed, located in Merry Hill Centre within close proximity to the bus station.
- (d) Councillor R Collins proposed that an online session with Public Health Officers be arranged for Members to be provided with further in-depth information as to how they could proactively support substance misuse.

Whilst Councillor J Foster was not against the proposal, it was further suggested that the session include how Members could employ their scrutiny skills to help drive improvement as a critical friend of the service.

- (e) Councillor R Collins commented positively on the experience a resident had received from Atlantic House and suggested that it would be beneficial for Members of the Select Committee to visit the provision had they not already done so.

A Burford – Change Grow Live, Adults Substance Misuse Service welcomed Members to visit the service, who were encouraged to contact the service directly. Alternatively, Members were advised that in February 2024 a full relaunch of the service was planned and Members would be invited to attend at that time.

- (f) Councillor P Sahota referred to the high numbers in relation to alcohol addiction and questioned if in-depth detailed probing in terms of the demographic and geographic of those experiencing alcohol addiction had been undertaken and if there were known hot spot areas in the Borough. He also asked what interventions were being taken to manage the situation and if there were any best practices from other local authorities that Dudley could adopt.

In responding, the Programme Manager (Dr M Andrews) confirmed that some analysis work had been undertaken, although it was recognised that there was more that could be done to establish a clearer profile as to what Dudley's alcohol issue looked like. Some local authorities were known to have conducted a pilot and innovative work around alcohol prevention and approaches, which could be used as best practice, together with information collated by the Health Improvement and Disparities Office.

The Director of Public Health and Wellbeing concurred with the comments made by Councillor P Sahota and suggested that an alcohol dependence improvement action plan could be developed which would then be shared with the Select Committee in due course.

Councillor P Sahota reiterated the importance of establishing the demographics within the Borough to ensure adequate support was provided to all communities, together with the development of an action plan to enable targeted support.

Gaps in service with regards to underrepresented groups, in particular females and those from ethnic minorities, were recognised and it was commented that as part of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), a specialist outreach worker had been employed, and their role would be to engage with hard to reach groups to establish an understanding of the barriers and to try to help them to access appropriate services.

- (g) Councillor P Sahota referred to paragraph 44 of the report which related to Equality Impact and commented that in his view and, in light of the responses from officers with regards to the demographics and gaps in service, the wording was considered to be contradictory and did not accurately reflect the current position.
- (h) Councillor J Foster referred to the drug naloxone, and expressed concern about the reported side effects following administering the drug and requested clarification as to what ongoing support was provided to those persons that had received the treatment, particularly as one of the side effects was reported to be withdrawals, which it was considered without support could lead to further misuse and overdose.

It was reported that the naloxone offer in place, was a training offer, as well as a kit, with clear guidance and not just a case of administering the drug and then leaving the person. The situation was still classified as an emergency and emergency services should continue to be involved. Naloxone would allow the person to breathe before ambulance services arrived. In terms of ongoing treatment, this would be the opportunity for anyone to provide support for them to access relevant services. Public Health, together with commissioned service providers continued to work closely with Russells Hall Hospital to develop an advanced pathway so that attempts to engage with the person could begin.

- (j) In referring to paragraph 37 of the report, Councillor J Foster commented on the role of the local authority in terms of Licensing and asked what role and involvement Trading Standards had with regard to investigating residents' complaints in relation to the authenticity of particular shops and their conduct.

In response, the Director of Public Health and Wellbeing commented that Trading Standards detected illicit alcohol, tobacco and vapes and undertook investigations, processed prosecutions and the closure of premises if deemed necessary. It was reported that it was evidenced that people who used illicit tobacco and alcohol experienced complications faster than from taking normal goods. Trading Standards were working to develop that link and raise awareness of the issue.

The work undertaken by Trading Standards in the fight against drugs and illicit substances was recognised and a report on the work of Trading Standards would be welcomed by Councillor J Foster at a future meeting of the Select Committee.

At this juncture, the Cabinet Member for Public Health and Wellbeing encouraged Members to report any concerns raised by residents directly to Trading Standards, who would investigate accordingly.

- (k) In referring to paragraph 15 of the report in relation to Nitrous Oxide and it being an emerging issue, whilst it had not currently been identified as an addiction and treatment issue in Dudley, Councillor A Aston requested clarification as to whether it was expected for this issue to escalate, and asked if it had become a significant issue anywhere else, and could any lessons be learned from other authorities where it was an issue.

In response, it was clarified that in terms of Adults Substance misuse, none of the current client group had identified Nitrous Oxide as a substance of use, however, from a children and young person perspective a notable increase of young people presenting to services at Hear4YOUth had been reported and it was now considered as an emerging theme that would require to be monitored.

In terms of best practices, it was acknowledged that both Atlantic House and Cranstoun were organisations with lots of best practices and links across the country available to them to make sure that they were constantly learning from each other. With regard to the emerging nitrous oxide theme, internal focus groups had been established to consider how all other young people services were responding to nitrous oxide and to develop a treatment offer to support young people.

- (l) J Griffiths (Dudley HealthWatch) referred to the geographical issues residents within the north of Borough experienced in accessing services at Atlantic House and requested further information in relation to the outreach programme offered.

In responding, A Burford – Change Grow Live stated that lots of service user consultations were conducted at Atlantic House. The Service was aware of potential travel difficulties and cost implications that may be experienced, and therefore bus passes were offered to service users to reduce the cost of travel. Service users that were required to see a medic would need to attend Atlantic House, however, psychological social support could be provided in the community and at local GP practices if preferred. The benefits of attending Atlantic House were conveyed, particularly the recovery hub and therefore all users would be encouraged to attend onsite.

- (m) Councillor M Hanif referred to paragraph 21 of the report which provided the number of service users in treatment as of May 2023, namely 1230. However it was recognised that this was 6 months ago therefore it was assumed that this would be a much higher number. The comments raised previously by Councillor P Sahota in terms of future reports/presentations on hot spot areas and demographic data were reiterated.
- (n) Councillor M Hanif referred to the location of the Adults Substance Misuse Services based in Atlantic House, Lye, which was a distance away from residents located in the north of borough and questioned how these residents accessed the service.

In response, it was reported that mapping exercises of service users were conducted, and it was evident that there were widespread service users accessing the service, as well as users that lived outside of the borough, which suggested that there was no issue regarding access. A key focus was to engage with the hard-to-reach groups and address ways on how to remove barriers so that they too could access treatment.

- (o) Councillor M Hanif commented positively on the level of detail contained in the report, which highlighted additional groups that the service had been working with, however, it was noted that West Midlands Police had been omitted, and requested clarification as to whether the Police were involved.

The service worked very closely and collaboratively with West Midlands Police, along with outreach workers. The Service had an Offender Manager, as well as Criminal Justice workers, who specifically worked with prison related discharges to ensure continuity of any rehabilitation that had occurred within their custodial setting. Dudley's Drug and Alcohol Partnership and the West Midlands Drug and Alcohol Partnership were both Chaired by a representative of West Midlands Police and they also sat on the drug related deaths panel.

- (p) Councillor M Evans referred to paragraph 21 of the report in particular the Adults Substance Misuse Services contract awarded to Change Grow Live, and asked for clarification as to what checks were undertaken by Dudley on the quality of service delivered.

The Director of Public Health and Wellbeing assured Members that a strong framework was in place in terms of quality assurance and confirmed that the contract was awarded through a formal procurement process. The service had been assessed using stringent criteria and there were key performance indicators and contract monitoring which the provider was required to achieve. Concerns with regards to individual cases should be referred directly to Change Grow Live following the meeting for further investigation.

- (q) In referring to paragraph 15 of the report, Councillor J Foster concurred with previous comments made about Nitrous Oxide and referred to a documentary that was recently broadcasted which described Birmingham as being the nitrous oxide capital of the UK. It was considered vital that measures were taken to address the situation and develop a treatment offer prior to the issue escalating.

Resolved

- (1) That the report in relation to Substance Misuse Commissioning and Delivery in Dudley, be noted
- (2) That the ways in which Select Committee Members can support substance misuse work in the Borough, as outlined in the report and discussed at the meeting, be noted.
- (3) That the Programme Manager (Dr M Andrews) provide information in relation to the number of heroin related deaths or injuries normally be experienced over a similar period.
- (4) That the Director of Public Health and Wellbeing give consideration to providing an online session to the Select Committee on how Members can proactively support substance misuse work in the Borough and how their scrutiny skills could be deployed to help drive improvement as a critical friend of the service.
- (5) That any Member wishing to undertake a visit to Atlantic House be requested to contact A Burford – Change Grow Live.
- (6) That a report on the associated work undertaken by Trading Standards be presented to a future meeting of the Select Committee.

29 **Evaluation of Joint Health and Wellbeing Strategy 2017-2022 and Health, Wellbeing and Inequalities Strategy 2023-2028**

The Project Manager, Public Health, advised that as Agenda items 7 and 8 were associated, they would be presented together as one agenda item.

Members considered the reports of the Director of Public Health and Wellbeing on the findings and recommendations from the Health and Wellbeing Board's evaluation of the Joint Health and Wellbeing Strategy 2017-2022 and the new joint Health, Wellbeing and Inequalities Strategy 2023-28 which had been developed by the Health and Wellbeing Board.

The Project Manager presented the reports and outlined the reason for the evaluation and how the authority was progressing on achieving the three 2017-2022 strategy goals, namely promoting a healthy weight, reducing the impact of poverty and reducing loneliness and isolation. It was acknowledged that whilst the priorities for the new strategy had changed, work continued on the goals for the 2017-2022 strategy, which had become embedded as 'business as usual'.

The recommendations for the new strategy were outlined, together with lessons learned. It was recognised that there was no evidence to suggest improvement on childhood obesity or obesity in general during the five-year period, and it was considered that this was due to the lack of a clear action plan and key performance indicators. It was reported that this had been addressed in the new Strategy, in that all new priorities had an action plan and key performance indicators associated, as well as details as to how it would be measured in terms of primary intervention, secondary intervention and across all services.

In terms of the new Joint Strategy, the Health and Wellbeing Board, following consideration of the Joint Strategic Needs Assessment, had agreed that the three new goals would be underpinned by an approach to reducing health inequalities, namely ensuring children were ready for school, fewer people died from circulatory disease and that more women were screened for breast cancer. It was considered that by working to reduce circulatory disease by default, this would impact and improve other conditions and wider determinants.

Councillor I Bevan commended the new strategy and expressed his thanks to all those involved in its development and encouraged all Members to read the document if they had not already done so.

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

- (a) Councillor J Foster, whilst welcoming the report, expressed concern about the Health and Wellbeing Board evaluating their own work and the fact that the report presented to the Select Committee was just to be noted. Clarification of the role of the Select Committee in scrutinising the work of the Health and Wellbeing Board was requested.

The Director of Public Health and Wellbeing acknowledged the comments and would take this on board for future reports. It was advised that the development of the strategy had previously been undertaken in conjunction with the Local Government Association (LGA), however, on this occasion the Best National Expert had worked with the Board to develop the strategy.

Councillor J Foster suggested that as the new strategy was currently being implemented, the role of the Select Committee in scrutinising its effectiveness, as it was being embedded, should be considered and presented to the Select Committee at regular intervals, which would ensure independent scrutiny.

- (b) Councillor D Stanley referred to the low uptake in breast cancer screening, particularly in the Sedgley, Coseley and Gornal areas and commented that it had recently been brought to his attention that this was likely due to the lack of appointment availability and residents being referred to provisions in Birmingham for an appointment, as their GP Practice formed part of the Sandwell and West Birmingham Trust. Clarification was requested as to whether these residents could attend local screening units instead.

In responding, the Director of Public Health and Wellbeing advised that the Screening programme was operated by NHSE. Women were called every three years to attend a breast screening appointment, but should that appointment be missed, that patient would not be called again for another three years, unless requested. It was recognised that there were several units available within the Dudley Borough and a patient had the option to choose their preferred site. However, should an issue be identified, then that patient would be referred to an appropriate hospital provision. The Director of Public Health and Wellbeing agreed to investigate the concerns raised by Councillor D Stanley in relation to issues experienced by individual residents.

- (c) Councillor P Sahota commended Public Health for recognising that some of the goals set and initiatives implemented had not been successful, however, expressed the need for further detailed information to be provided outlining what had not been successful and the reasons why. It was considered that more precise information was required to ensure that the recommendations presented were being delivered.

The Director of Public Health and Wellbeing stated that the previous three priorities were not successful, in particular with regard to obesity, due to the lack of behavioural change. It was recognised that the services previously offered were not successful and therefore a change in approach was necessary.

In relation to changing residents' behaviour, and in response to Councillor P Sahota's question on how public health was working with education, housing and environment to develop a golden thread in addressing the issue, the Director of Public Health and Wellbeing commented that it had been acknowledged in previous circumstances, support had only been provided once a person had been identified as living in poverty, therefore the new approach would be to focus on the prevention of poverty. It was anticipated that Public Health would be restructured and it was desirable for the structure to include a dedicated person to lead on the wider determinants of health. However, due to the current financial situation of the Council, work would be focussed to prioritise what could and could not continue to be achieved.

- (d) Councillor P Sahota concurred with the comments previously made in terms of the role of the Select Committee in effectively scrutinising the Health and Wellbeing Board's Action Plan and key performance indicators, as well as being able to question Officers and Members of the Board to ensure that recommendations were delivered and improvements achieved.

The Director of Public Health and Wellbeing welcomed the opportunity for the Health and Wellbeing Board to form part of the scrutiny process, as this was considered to be an asset which added value to the work of Public Health.

- (e) Councillor I Bevan welcomed the interest shown by Members with regard to the Health and Wellbeing Board and future scrutiny of the strategy and achievements. It was suggested that previously the strategy and other initiatives had been shared with Members at the monthly webinars, however due to poor attendance the webinars had ceased. Should there be an interest for the webinars to return, the issues raised could be addressed together with other new initiatives rather than overloading the Select Committee's agenda.

Councillor J Foster concurred that the webinars previously held, particularly during the Covid-19 Pandemic, had been an excellent initiative and considered that the webinar could work alongside Scrutiny, particularly to inform Members on selected topics which would enable them to ask relevant questions. This could be an opportunity in terms of evaluating the effectiveness of the work done by the Health and Wellbeing Board, in that a topic could be selected and experts and Board Members involved in the topic could attend a future meeting to present the data, which would enable the Select Committee to contribute to the Health and Wellbeing report. It was recognised that Health was a large agenda, which should focus on the areas that needed to be improved.

The Cabinet Member for Public Health commented that all Members had previously been contacted with regards to the continuation of the webinars, which had received very little response, however, it was agreed that this would again be pursued and Members would be given the opportunity to request the topics to discuss, with the Health and Wellbeing Board Strategy included and a deep dive into alcohol.

A review of the Select Committees work programme was also suggested.

Resolved

- (1) That the new Health, Wellbeing and Inequalities Strategy 2023-2028 and its new goals, be noted.
 - (2) That the reinstatement of the monthly webinars for all Members to provide support and to discuss Health and Wellbeing initiatives, including the Health and Wellbeing Board Strategy and a deep dive into alcohol abuse, be reconsidered by the Cabinet Member for Public Health and the Director of Public Health and Wellbeing.
 - (3) That consideration of the role of the Select Committee in scrutinising the work of the Health and Wellbeing Board be considered and that the Chair and Vice-Chair review how this may be incorporated into the work programme for the Select Committee.
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31 **Dudley Urgent Treatment Centre (UTC) – Operational Changes**

A report of the Dudley Managing Director – Black Country Integrated Care Board (ICB) was presented on changes made to the operation of the Dudley Urgent Treatment Centre with effect from 1st October, 2023.

The Dudley Managing Director referred Members to paragraphs of specific importance, in particular referring to paragraphs 8 and 9 of the report, which outlined the changes that had been made to the service to be staffed between midnight and 6.00am. It was further commented that these changes had been effective from 1st October, 2023 and monitored closely by the ICB, Mulling Health (service provider) and the Dudley Group of Hospitals Foundation Trust, with no adverse impact evidenced. One benefit that had been identified from the change had been that Mulling Health had moved from a position of providing locum GPs to now having permanent employed GP's which had made a significant difference in terms of sickness absence.

In responding to a question raised by the Vice-Chair on the impact on residents being small, the Dudley Managing Director confirmed that the actual service that was being delivered was no different to the way in which the service had previously operated, as the pathway was the same, as well as the patient experience. The change related mainly to staff in that there was now one less nurse and one less receptionist on duty, therefore the change was viewed as minor.

In response to questions from Councillors M Hanif and M Evans on the time period of the change and whether this decision would be reversed should demand increase, the Dudley Managing Director stated that following extensive discussions, once the decision had been made, the changes were implemented with immediate effect. The impact of the change on the patient was considered relatively small, as activity levels between midnight and 6.00am were relatively low. The situation continued to be monitored and should levels of activity increase then the situation may need to be revisited. The change was made following an assessment of activity and currently it appeared to be working satisfactorily.

Resolved

That the position in relation to the changes made to the Dudley Urgent Treatment Centre, be noted.

32 Development of Dudley's Integrated Model of Health and Care

The Committee considered a report of the Dudley Managing Director - Black Country Integrated Care Board (ICB), on the current position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust.

The Dudley Managing Director - Black Country ICB presented the report and referred to the process and principles used to review where services currently provided by the Trust, should be delivered from in the future.

A final report on the recommendations would be submitted to the ICB in November 2023 and DIHC Board in December, 2023.

M Hartland, Chief Executive of the Dudley Integrated Health and Care Trust then referred to DIHC key focus as the incumbent provider, in that to achieve the principles outlined, in particular ensuring that any service transfer was safe and appropriate and that there was a safe transition from DIHC into the new provider, as well as to protect the employment of their staff. The timeframe in which to meet principles was outlined, and further updates would be provided in the next few months.

In referring to paragraph 10 of the report, Councillor M Evans requested an update on the present position in relation to the transfer of Additional Roles Reimbursement Scheme (ARRS) staff. In response, the Chief Executive of the Dudley Integrated Health and Care Trust advised that, at the time of writing, the decision of all six primary care networks had not been received, with the final response being received on 23rd November. They were currently working towards 1st April, 2024, and testing of the critical path was ongoing.

Resolved

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

33 Update on High Oak Surgery

M Hartland, Chief Executive of the Dudley Integrated Health and Care Trust provided the Select Committee with an update in relation to High Oak Surgery.

It was reported that the current priority was to fulfil the outcome of the public conversation that was conducted earlier in the year, namely to maintain a GP presence in Pensnett and also to engage with the local pharmacists within the Galleria Pharmacy on the business case to get a more permanent solution.

GP services did continue to be provided at the portacabin site in High Oak and services would continue from that venue until a more permanent solution had been identified. It was further clarified that the plan presented to the Select Committee at the previous meeting still remained, in that the pharmacists at Galleria Pharmacy were being supported in the development of a business case, which was to be considered by both DLUHC, as the host of the practice, and also the ICB, as the ultimate commissioner of primary care services, to make sure the business case was fit for purpose and in accordance with governance procedures. A project manager had been appointed to work directly with the pharmacists to produce the business case for the additional clinical room.

It was initially anticipated for the business case to be presented to the ICB in November, however, due to issues with the business case this had not yet been submitted to DIHC or ICB. It was considered that it was in the interest of all parties for this business case to work and all parties were working collaboratively to achieve the best outcome. It was important to note, however, that the business case would need to work for both the ICB and Galleria Pharmacy and also had to be affordable. It was now anticipated that the business case would be submitted to DIHC and ICB in December, which would allow the project to move forward in the new year.

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

- (a) In response to a question raised by the Vice-Chair in regard to whether there was anything that the Select Committee, Cabinet Member, Chair or Vice-Chair could do to progress the plan, the Chief Executive DIHC confirmed that at this particular time there was nothing that needed to be escalated, as dialogue with Galleria Pharmacy continued.
- (b) The Vice-Chair commented that this issue had been ongoing for a period of three years and it felt like the situation had plateaued. In response the Chief Executive acknowledged the length of time it had taken, however, emphasised that it was a priority which needed to be resolved as soon as reasonably possible.
- (c) The Cabinet Member for Public Health reiterated the previous comments in that all Members were committed to supporting the project and should be contacted if support was required.

- (d) Councillor J Foster, referred to the Select Committee in September where reassurances had been provided by DIHC officers that progress was going at pace, however, expressed disappointment that the situation was no further forward. It was emphasised that what was now proposed to be delivered was not what the residents of Brockmoor and Pensnett had initially wanted, and that it was their desire for a full extensive healthcare surgery to be provided. Having spoken with the Chair of the Select Committee she had been of the view that an invite from the Chair had been sent to pharmacists at Galleria Pharmacy to attend the Select Committee, so that the Select Committee could ask questions directly on how they felt the situation was progressing and the support that he had received, however it did not appear that this had happened.

The Chief Executive DIHC advised that he intended to meet with the pharmacists directly to discuss the situation and to help progress the business case.

Councillor R Collins advised that she had been led to believe that a letter had been sent to the pharmacists at Galleria Pharmacy from the Chair of the Select Committee by recorded delivery, however no response had been received and agreed to discuss the matter with the Chair.

Resolved

That the update be noted.

34 Update from the Director of Public Health and Wellbeing

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

Pensnett and Brockmoor Project

A background to the development of the community innovation project was provided. The Director of Public Health and Wellbeing advised that Public Health, together with HealthWatch Dudley, had started community engagement to explore the views of communities on the challenges and assets within the Brockmoor and Pensnett ward. A number of challenges had been identified from the engagement events, in particular with regard to poor attendance and that of those that attended, there were residents from outside of the Borough. Public Health were now developing a digital questionnaire and looking at a wider engagement event which would be held in January 2024 in association with the Health Communities Initiatives.

The Select Committee was advised that funding had been identified to fund a Community Researcher for a period of two years, however, recruitment to the post was now subject to the Council's spending controls.

J Griffiths, in referring to the engagement events, acknowledged that there had been a slow start, but advised that resources between Public Health and Health Watch were being used, as well as working in tandem with other work streams to engage with as many people as possible.

The asset mapping exercise was now complete and data would be compiled and consideration will be given as to how this information would be published.

There had been a slight delay in the development of a Cost of Living Hub, although the Hub would open on 28th November, 2023. 148 appointments had been made available and filled. Liaison engagement subgroups with Healthwatch and ICB, and another subgroup namely, the Improvement, Economic Employability and Skills Team, would be added to the training initiative.

Poverty Proofing had commenced in Primary schools and work had commenced on providing oral health, with free toothbrushes and toothpaste and training provided for all children in primary schools. This was funded from grant funding and was exempt from the Council's spending controls.

In response to a question raised by the Vice-Chair, the Director of Public Health and Wellbeing agreed to provide further information in relation to Poverty Proofing that was provided in schools, together with poverty proofing in maternities which was also due to commence.

Life in Lye Project

The Director of Public Health and Wellbeing referred to the collaborative working with the Head of Regeneration and Planning to increase involvement in the regeneration of the High Street in Lye. It was also commented that the group was supporting the High Street Task Force visit to ensure the visit was effective and had also collaborated with the Waste Enforcement Manager and Street Scene Manager and Housing Enforcement Team to address ongoing issues regarding poor housing conditions and fly tipping. Collaborative working with the Romanian speaking Housing Support Officer was ongoing to develop and improve relationships and support the Romanian Community in terms of quality of housing and overcrowding.

Community litter picks continued, with further dates arranged for November 2023 and January 2024. More residents were getting involved and community cohesion had improved. Community walks had also been arranged with one event planned for 25th November, 2023.

A 6-week family learning programme for Romanian families had been established and Welcome to Lye events were well attended. The Cost of Living Hub had opened in Lye and a Street Watch group was being established.

At this juncture, Councillor M Hanif declared a non-pecuniary interest as a Member of the Life in Lye group.

In response to a question raised by Councillor M Hanif in relation to what would happen following cessation of funding in March 2024, as it was recognised that more work was required, particularly as Lye had been neglected for many years, the Director of Public Health and Wellbeing agreed to explore the continuation of the project moving forward and would look at future funding initiatives. Support would continue to be provided to communities in terms of applying for additional funding, including the Commonwealth funding, and information available on funding initiatives would be shared with Councillor M Hanif following the meeting.

Councillor P Sahota welcomed the community development work that had taken place. The need to build on capacity was recognised, as well as the importance of working with Councillors as a connection to the community and community groups, to encourage community self-sufficiency was expressed.

The Cabinet Member commended the work completed on both projects and recognised the work undertaken by fellow partners and health organisations in supporting the Local Authority and Public Health.

Resolved

- (1) That the verbal update be received and noted.
- (2) That the Director of Public Health and Wellbeing provide further information in relation to Poverty Proofing that was provided in schools, together with poverty proofing in maternities which was also due to commence.
- (3) That the Director of Public Health and Wellbeing provide Councillor M Hanif with details of future community funding initiatives, that could be shared with Community Groups.

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

Resolved

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

36 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 8.30 pm

CHAIR