

**Meeting of the Public Health Select Committee
Monday 18th September, 2023 at 6.00pm
In Committee Room 2 at the Council House,
Priory Road, Dudley, DY1 1HF**

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

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meeting held on 31st July, 2023 (Pages 4 - 16)
5. Public Forum
6. 5 to 19 Public Health Programme (Pages 17 - 48)
7. Development of Dudley's Integrated Model of Health and Care (Pages 49 - 66)
8. Update on High Oak Surgery (Verbal)
9. Update from the Director of Public Health (Verbal)
10. Public Health Select Committee Progress Tracker and Future Business (Pages 67 - 72)



11. 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: 8th September, 2023

Distribution:

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

Cc - Councillor I Bevan - Cabinet Member for Adult Social Care (Invitee);
Councillor J Foster (Substitute for Councillor M Hanif)

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Minutes of the Public Health Select Committee

Monday 31st July, 2023 at 6.00 pm
At Saltwells Education Development Centre, Bowling Green
Road, Netherton

Present:

Councillor J Clinton (Chair)
Councillor R Collins (Vice-Chair)
Councillors M Evans, M Hanif, D Harley, P Lowe, E Taylor and K Westwood; J Griffiths (Co-opted Member)

Dudley MBC Officers:

M Abuaffan (Acting Director of Public Health and Wellbeing), J Pritchard (Public Health Manager) (Directorate of Public Health and Wellbeing); J Scobie (Assistant Team Manager – Waste, Fleet and Licensing), Leigh Whitehouse (Street Scene Group Manager) (Directorate of Environment); and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health)
Councillors D Corfield (Cabinet Member for Highways and Environmental Services) (for Agenda item no. 6)
Councillor D Borley (Invitee as Ward Councillor for Lye and Stourbridge North) (for Agenda Item no. 6)
P Gass – Dudley Integrated Health and Care NHS Trust (for Agenda Item no. 6)
D Howells – Black Country Healthcare NHS Foundation Trust (for Agenda Item no. 7)
N Bucktin – Black Country Integrated Care Board (for Agenda Item no.8)
Together with Councillor J Foster and 3 members of the public.

1 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors M Dudley and W Little.

2 **Appointment of Substitute Member**

No substitute members were appointed for this meeting.

3 **Declaration of Interest**

Councillor R Collins declared a non-pecuniary interest in relation to agenda item no. 7 – NHS Quality Accounts, as a participant in the Research and Innovation activities.

Councillor P Lowe declared a non-pecuniary interest due to his current employment and being an active UNITE Trade Union Member.

Councillor K Westwood declared a non-pecuniary interest as an employee at Dudley Group NHS Foundation Trust.

Councillor I Bevan declared a non-pecuniary interest as an employee at Dudley Group NHS Foundation Trust.

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

4 **Public Forum**

Councillor J Foster, on behalf of constituents, raised questions in relation to High Oak Surgery, in respect of why Pensnett constituents were being denied an appropriate Healthcare Service, the amount of remuneration paid to a part-time GP and Locum GP's and what the current registration status was for High Oak Surgery at Brierley Hill Health and Social Care Centre, as it did not appear to be registered with the Care Quality Commission (CQC).

The Chair confirmed that apologies had been received from representatives of Dudley Integrated Health and Care NHS Trust (DIHC), and therefore requested that questions be submitted in writing, so that a written response from the DIHC could be arranged.

A member of the public raised concerns with regards to the lack of funding and support provided to the Lye area. The gentleman stated that he was a member of the Lye Community High Street Clean Campaign, who volunteered approximately 25 hours per week to clean the High Street and reported that he collected on average around 150 bags of rubbish per week. He expressed concerns with regards to the lack of environmental health visits to food premises within the High Street, particularly as there were known to be rat infestations within the area and the lack of enforcement with regards to the implemented No Alcohol Zone restrictions. He also raised concerns with regards to unfit properties located within the High Street and Vicarage Road which were dilapidated and the number of premises which appeared to house more people than it was designed for or safe to do so and it was questioned why these properties were not checked or inspected. He confirmed that several issues had previously been raised through Dudley Council Plus and local Ward Councillors, but to no avail.

The Acting Director of Public Health assured the Select Committee that food inspections were conducted in accordance with Food Standards Agency guidelines. Any concerns or complaints in relation to specific premises should be reported to Dudley Council Plus, which would be responded to immediately.

The Chair stressed that the remit of the Select Committee was in relation to Public Health functions, and that Street Care issues did not fall within the remit of this Committee, however endeavoured to ensure that all concerns were portrayed to the relevant Directorates.

The three Ward Councillors for Lye and Stourbridge North unanimously concurred with the comments raised by the gentleman, however stressed that they were all active Members within the community and were willing to work collectively and collaboratively with the residents to try to resolve ongoing issues.

5 **Programme of Meetings and Business Items for 2023/24**

Members of the Committee considered the programme of meetings and potential items of business for the Public Health Select Committee during 2023/24.

In considering the suggested items of business and taking into account the comments made during the Public Forum agenda item, Members were of the view that an update on Life in Lye should be a standing item for future meetings.

In referring to paragraph 9 of the report submitted, Councillor P Lowe commented on the proposed consequential updates to the Council's Overview and Scrutiny arrangements and emphasised the importance in ensuring that the current call-in and scrutiny arrangements remained, in that individual Select Committees be responsible for the scrutiny of any call-ins and budgetary implications relevant to their specific service area/Directorate. It was recognised however that the scrutiny of Borough wide issues should be undertaken by the Overview and Scrutiny Committee.

Resolved

- (1) That the programme of meetings for 2023/24, be noted.
- (2) That subject to the comments referred to above, the business items as outlined in paragraph 4 of the report submitted, be noted and agreed.
- (3) That the Overview and Scrutiny Committee be recommended to continue with the existing arrangements for call-in and that the Medium-Term Financial Strategy report continue to be submitted to individual Select Committees for scrutiny.
- (4) That the Lead for Law and Governance, in consultation with the Chair and Vice-Chair, be authorised to make all necessary arrangements to enable the Select Committee to undertake its work during the 2023/24 municipal year.

- (5) That, subject to any necessary amendments as a result of resolution 3, the draft terms of reference for the Select Committee, as set out in Appendix 1 of the report submitted, be noted.
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6 **The Life in Lye Programme**

Members considered a report of the Acting Director of Public Health and Wellbeing providing an overview of the 'Life in Lye' programme and its approach to improving community cohesion and reducing health inequalities in Lye through a system-wide, place-based approach.

In presenting the report, the Acting Director of Public Health and Wellbeing commented on the different approach that was being taken for Lye and the challenges faced around community cohesion and safety.

J Pritchard (Public Health Manager) outlined the challenges in Lye, together with the features different communities in Lye had in common. It was stated that prior to the Pandemic, some community insight had been gathered through the 'Stories in Lye' project and that partners had previously met to share work updates and issues through the Lye Community Cohesion, Health and Engagement Group. Post pandemic, a wider group of partners had come together to consider how they could collaborate and utilise resources more effectively and efficiently to achieve better outcomes for the people living in Lye, which had resulted in the establishment of the 'Life in Lye' programme.

Members were advised that funding for the initiative had been received from the Integrated Care Board (ICB) and the Police and Crime Commissioner (PCC) and a core group had been convened. An asset-based approach would focus on values, principles and ways of thinking and would provide support to the community to build on their own strengths to increase resilience and reduce service dependency.

It was recognised that it would be a long-term process to mobilise a community that was disengaged, and it was important to listen and understand the perspectives of all communities.

The year one scope for the programme was referred to, which it was indicated would focus on health inequalities and community cohesion. The ways in which this would be achieved were also outlined and it was reported that progress was reported on a quarterly basis to the ICB and PCC.

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

- a) In response to a question raised by Councillor R Collins with regards to what quick fixes could be implemented immediately to encourage communities to get involved, J Pritchard (Public Health Manager) advised that some initiatives were already in operation, namely litter picks and community walks. Listening events were taking place to establish what the community aspirations were and how these could be progressed by the community with support. However, building trust and relationships with the community would take time and some of the complex issues would not be resolved overnight.
- b) Arising from a comment made by the Chair, J Pritchard (Public Health Manager) confirmed that the Lye Action Group that was previously established by the Chief Executive was different to the Life in Lye Core Group, however regular updates on work through the programme were provided via email to the Head of Chief Executives Office.
- c) Councillor E Taylor commented on the proposals to change the community's mindset, however emphasised the importance of ensuring existing resources were used effectively, in particular ensuring that Closed Circuit Television (CCTV) was fully operational and not obstructed to help identify and penalise acts of anti-social behaviour and fly-tipping. The need for enforcement by the Local Authority and West Midlands Police was also emphasised.
- d) In response to a comment made in relation to the need for all Council Directorates to work collaboratively to address issues within Lye, J Pritchard (Public Health Manager) confirmed that collaboration across Council Directorates and external partners was a core feature of the programme and was facilitated through a 'Welcome to Lye' network, which had met for the first time on 21st July, 2023 and which was attended by over 40 stakeholders.

- e) Members recognised the difficulties experienced in engaging with different communities and how the issues in Lye also had a negative impact on neighbouring Wards. Officers emphasised that expectations would need to be managed as issues would not be resolved quickly and it would take a significant amount of time to engage all communities. It was commented that similar programmes were implemented and had worked successfully in Birmingham and other areas of the Country, although it had taken some time for benefits to be evident.
- f) Councillor P Lowe commented positively on the report and model approach being used and suggested if successful could be transferred to other areas of deprivation and poverty within the Borough. However, it was considered that significant investment would be necessary to continue to make a positive impact and it was important to operate a twinned approach of cheap quick wins, together with long-term projects. The exceptional work undertaken by Public Health in changing mindsets and early intervention was recognised, however it was vital that all health partners and senior leadership were all on board with the project.
- g) Councillor M Hanif also welcomed the report and the many initiatives that were already in place, however considered that the year one scope did not tackle the direct issues with regards to fly tipping and the significant costs that were incurred by the Local Authority as a result of clearing the waste. It was considered vital that all Directorates were involved to ensure issues were addressed. It was commented that numerous requests had been made for CCTV data to be provided but to no avail. He also questioned whether and where funding for the project would be obtained after March 2024. In responding, J Pritchard (Public Health Manager) confirmed that alternative funding avenues were actively being pursued.

- h) In referring to fly tipping issues, the Cabinet Member for Highways and Environmental Services provided data for the Lye area from the beginning of 2023 and it was stated that there had been 45 fly tipping incidents, with 8 fines issued; 155 fines had been issued for littering, with notification of the fines published in the local newspaper. The Cabinet Member also confirmed that the issues previously experienced with the Councillor Contact application were being reviewed by the Cabinet Member for Corporate Strategy and all backlog issues were proactively being addressed. Moving forward it was the intention to provide updates on a monthly basis to all Councillors, which would also be published in the public domain of all works completed by the Street Care teams.
- i) Councillor R Collins referred to Appendix 3 of the report submitted, in particular the poor response by residents to the leafletting request that cars are moved to enable a deep cleanse and suggested that more decisive action was required to ensure effective cleansing was accomplished. In response, the Cabinet Member for Highways and Environmental Health commented that as part of the Phases 2 Environmental Health Directorate restructure a different way of working would be operated which could support this action.
- j) In referring to complaints raised by Members with regards to tree branches obstructing CCTV cameras within the Lye area, the Cabinet Member for Highways and Environmental Health agreed to pursue this matter following the meeting.
- k) Arising from a question raised by Councillor E Taylor with regards to how fly tipping incidents were reported, it was stated that a small proportion were from public reporting, however the majority were identified via CCTV or patrol. It was further stated that photographic footage of fly tipping culprits were published on Dudley's You've Been Shamed webpage, which it was suggested should also be circulated to Ward Councillors for information and possible identification.

Following deliberations, the Acting Director of Public Health and Wellbeing concurred that quick wins would inspire residents and agreed to pursue the matter further to identify suitable quick win actions, however emphasised that quick wins would not be sustainable unless communities were engaged and supported to change behaviours in the long term.

Resolved

- (1) That the report and activity that had already taken place with regards to Life in Lye and the alignment with the Council Plan, Health and Wellbeing Board Strategy and the Forging the Future Dudley Borough Vision, be received and noted.
- (2) That the requirement for Public Health to submit quarterly reports to the Integrated Care Board (ICB) and the Police and Crime Commissioner (PCC) on activity in line with the agreed funding proposals, be noted.
- (3) That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.
- (4) That issues raised with regards to fly-tipping, street cleansing and houses in multiple occupation, which fall outside of the remit for Public Health Select Committee, be referred to the appropriate Directorate.

7 **National Health Service (NHS) Quality Accounts – Black Country Healthcare Trust**

The Committee considered the published Quality Accounts of the Black Country Healthcare NHS Foundation Trust for 2022/23, including priorities set out for their services for the forthcoming year.

Following the presentation of the report by D Howells – Chief Nursing Officer, Members made comments and responses were provided were necessary as follows:-

- a) Members commented on the complexity of the report and the need for this to be amended to reflect the audience in which it was intended. D Howells (Black Country Healthcare NHS Foundation Trust) concurred with the comments, however advised that the structure of the report was set nationally.

- b) In response to Councillor E Taylor's comments with regards to violence experienced by staff and what measures were being taken to abate violence in the workplace, D Howells (Black Country Healthcare NHS Foundation Trust) stated that following implementation of the Violence and Aggression Strategy Group and the additional training provided to staff, as well as mitigation strategies put in place, violence and aggression in the workplace had reduced slightly. Measures continued to be implemented to improve staff wellbeing following an incident of violence, with a follow-up meeting held with a Director level member of staff and wellbeing support offered.
- c) Councillor D Corfield commented on the lack of Mental Health intervention for the younger cohort, in particular the 8 to 21-year-old age bracket. He also commented that local charity support, namely The What Centre, was not appropriately utilised. In response, D Howells commented that the Children and Young Person Strategy was currently being updated and may be an area of interest for further scrutiny at a future meeting. A written response with regards to why resources at The What Centre were not utilised would be provided following meeting.

Resolved

- (1) That the Quality Accounts of the Black Country Healthcare NHS Foundation Trust for 2022/23 and the priorities set out for the service for the forthcoming year be received and noted.
 - (2) That D Howells – Chief Nursing Officer provide a written response with regards to the utilisation of local charities, namely The What Centre, to assist with providing mental health support to young people.
 - (3) That a further report be submitted to a future meeting, a date of which to be confirmed, in relation to Children and Young People's Mental Health.
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8 **Development of Dudley’s Integrated Model of Health and Care**

A report of the Dudley Managing Director – Black Country Integrated Care Board was submitted to advise the Committee on the progress in relation to the development of an integrated model of health and care for the people of Dudley.

In presenting the report, the Dudley Managing Director – Black Country Integrated Care Board referred to the cessation of the Integrated Care Provider procurement process in November 2022 and the review of Dudley Integrated Health and Care Trust (DIHC) as a result. The extensive work that had been undertaken to identify how services provided by ICP were referred to, together with the ongoing work to identify how services provided by DIHC would be provided in future.

Arising from the presentation, and in response to a comment made by Councillor P Lowe with regards to whether a special meeting of the Committee should be arranged to consider the impact to Dudley, the Dudley Managing Director – Black Country Integrated Care Board commented that work was currently ongoing and a report providing a clearer position of DIHC and the ICP was expected to be presented to the ICB in September. A further update was already programmed to be provided at the next meeting of the Select Committee in September.

In response to a question raised by Councillor M Hanif with regards to the excessive waiting time and 6 month delay for a young person to access the Early Years Speech and Language service, the Dudley Managing Director – Black Country Integrated Care Board agreed to report back on this matter, as he was not aware that the delay was that significant, although acknowledged that since the pandemic there had been a much higher demand for the service.

The Acting Director of Public Health and Wellbeing advised the Committee that Public Health Services that were provided by DIHC had now been put out to tender.

Resolved

- (1) That the current position in relation to the development and implementation of an integrated model of health and care for Dudley residents, be noted.

- (2) That the Dudley Managing Director – Black Country Integrated Care Board provide details of waiting times for young people accessing the Early Years Speech and Language service.
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9 **Update on High Oak Surgery**

As discussed during Agenda Item No. 4 - Public Forum, apologies had been received on behalf of representatives from Dudley Integrated Health and Care NHS Trust (DIHC). A written update had been circulated to Members of the Select Committee in advance of the meeting.

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

The Acting Director of Public Health and Wellbeing gave a verbal update on the Brockmoor and Pensnett Innovation Project and in doing so referred to the relocation of the High Oak surgery during the Covid pandemic. It was stated that Public Health had conducted a needs analysis and developed a cross party group to support the case of returning the surgery to the Ward.

It was stated that Brockmoor and Pensnett was the 2nd Ward in the Borough with the highest level of deprivation and that residents in that Ward were likely to live 9 years less than those in more affluent Wards in the Borough. It was also identified that Brockmoor and Pensnett had the highest level of obesity in children in England, which it was recognised would transpose into adulthood and the consequential impact this would have on system wide resources were outlined, together with other unmet needs identified.

The Acting Director of Public Health and Wellbeing advised that a system wide task and finish group had been established to try to reduce health inequalities, which would focus on three main aspects, namely, what professionals can do for communities, what professionals and communities can do together and what communities can do and an update on the progress made to date was provided. It was confirmed that the project group had secured 24 months support from the Connecting Health Community Initiative and a report had been submitted to the Economy Board asking for further support.

It was recognised that this approach was different to that being used in the Lye Community and should both be successful, the programmes would be adapted and implemented in other deprived Wards.

Arising from a question raised by Councillor R Collins with regards to whether Dudley would be the first Council to link obesity to poverty, the Acting Director of Public Health and Wellbeing confirmed that she believed that Dudley would be, although stressed that whilst quick wins could be implemented, it would take numerous years for there to be any evidence of tackling child obesity.

It was suggested by Councillor P Lowe that the Chair of the Public Health Select Committee should also be invited to attend future meetings of the Task and Finish groups.

Councillor P Lowe commented positively on the work being undertaken by Public Health to address inequalities, with limited resources and the need for this to be actively promoted and praised.

Resolved

That the verbal update be noted.

11 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 7.55 pm

CHAIR

Meeting of the Public Health Select Committee - 18th September 2023

Report of the Acting Director of Public Health

5 to 19 Public Health Programme

Purpose of report

1. To update members on the current Public Health workstreams relating to school aged children and young people in Dudley Borough. The report focuses on five areas; mitigating the impact of poverty, prevention and reduction of childhood obesity, vaccination uptake, emotional wellbeing and reducing risk taking behaviour.

Recommendations

2. It is recommended that:
 - Members support service planning to ensure developments reflect the growing numbers and increasing diversity of children living in the borough and the focus on reducing children inequalities;
 - That members support development of a system-wide strategy coordinating actions to mitigate the impact of poverty on children. Also, to encourage system participation in the strategic mitigating poverty group and join the cost-of-living training opportunity arranged for councillors on 5th October 2023;
 - Members support development and implementation of a system wide, evidence-based programme to prevent, reduce and tackle childhood obesity;
 - Members support a revised communications plan to ensure children and young people, families, schools, and others are aware of the services available in the Borough to support health and wellbeing.

Background

3. This report focuses on Public Health programmes working with children and young people aged 5 to 19 years. However, we recognise the major impact of earlier experiences on children and young people's health and

wellbeing, in particular the vital importance of the First 1001 days of life. Healthy pregnancy and the care received in the first months and years of life has a profound impact on the health of children starting school and continues to have an impact on emotional health and resilience into adolescence.

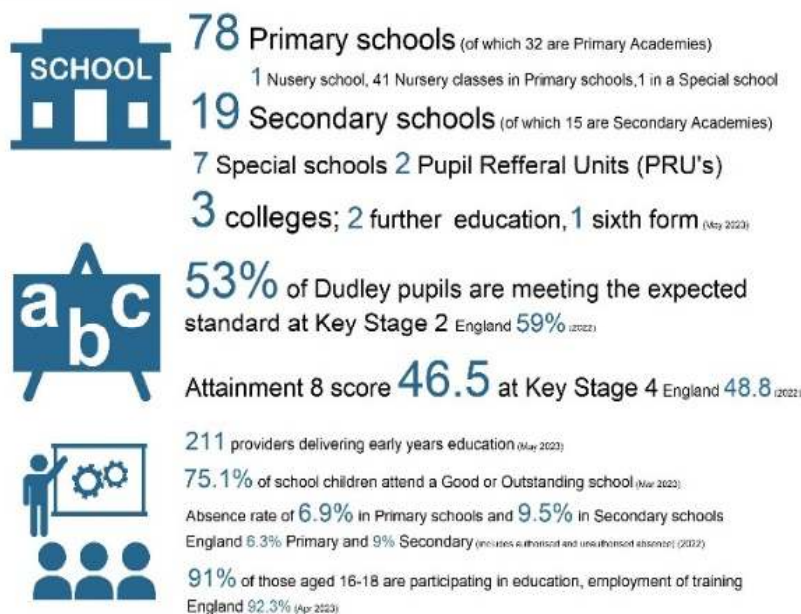
4. We also recognise the increase in self-efficacy of children as they grow, and that the role parenting and close family play will change as a child moves through the teen years and into adulthood. This will vary according to the individual needs of the child, particularly for children with additional vulnerabilities such as a learning disability.
5. This report focuses on the data and activity relating to five areas of Public Health focused on school aged children:
 - childhood obesity
 - vaccination uptake
 - emotional health and wellbeing
 - risk taking behaviours amongst adolescents
 - child poverty
6. Figures 1 and 2 highlight key data relating to children and young people in Dudley, whilst figure 3 visualises the wider determinants of health and wellbeing for children.

Figure 1 Dudley Children in Numbers

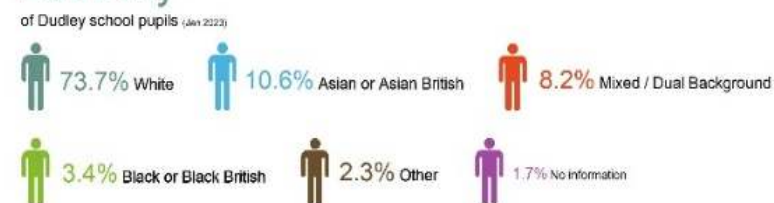
Population by school year (22/23)



Education



Ethnicity



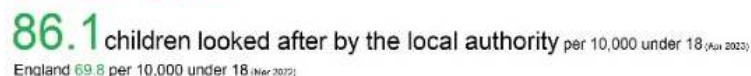
Income Deprivation



Free School Meals



Social Care



Special Educational Needs and Disability (SEND)

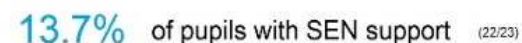
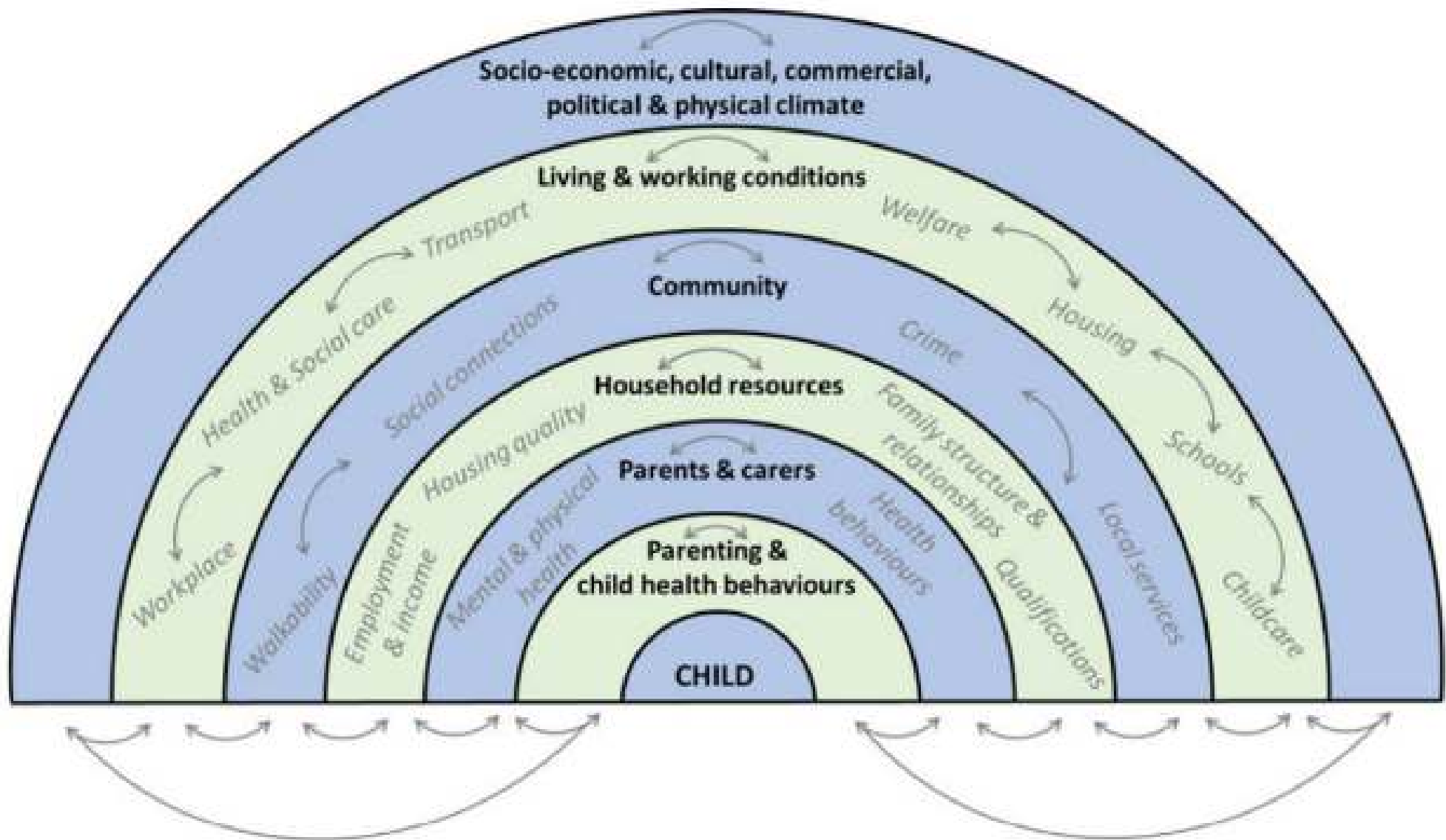


Figure 2 key performance indicators related to school aged children



Key stage 1	Key stage 2	Key stage 3	Key stage 4	Key stage 5
90.4% of children have received 2 doses of MMR by 5 years	3,509 children in Dudley are supported with an Education, Health and Care Plan		1.73% of under 18s become pregnant each year	
1 in 10 children are overweight or obese at reception age	4 in 10 children are overweight or obese when they leave primary school		9% of young people 16-18 years are not in education, employment or training	
Less than two thirds of children achieve a good level of development in reception	6.9% of primary aged pupils are persistently absent from school		85.1% of 12-13 year olds have taken up HPV vaccination, one of the highest in the region	
17.3% of 5 year old have visually obvious dental decay	Only half of children and young people are physically active; this is high compared to neighbouring areas		Hospital admissions due to substance or alcohol abuse is the lowest in the West Midlands	
21.2% of children live in absolute low income families				
20.8% of children take up free schoolmeals in primary years				

Figure 3 Social determinants of child health from Pearce et al, 2019¹

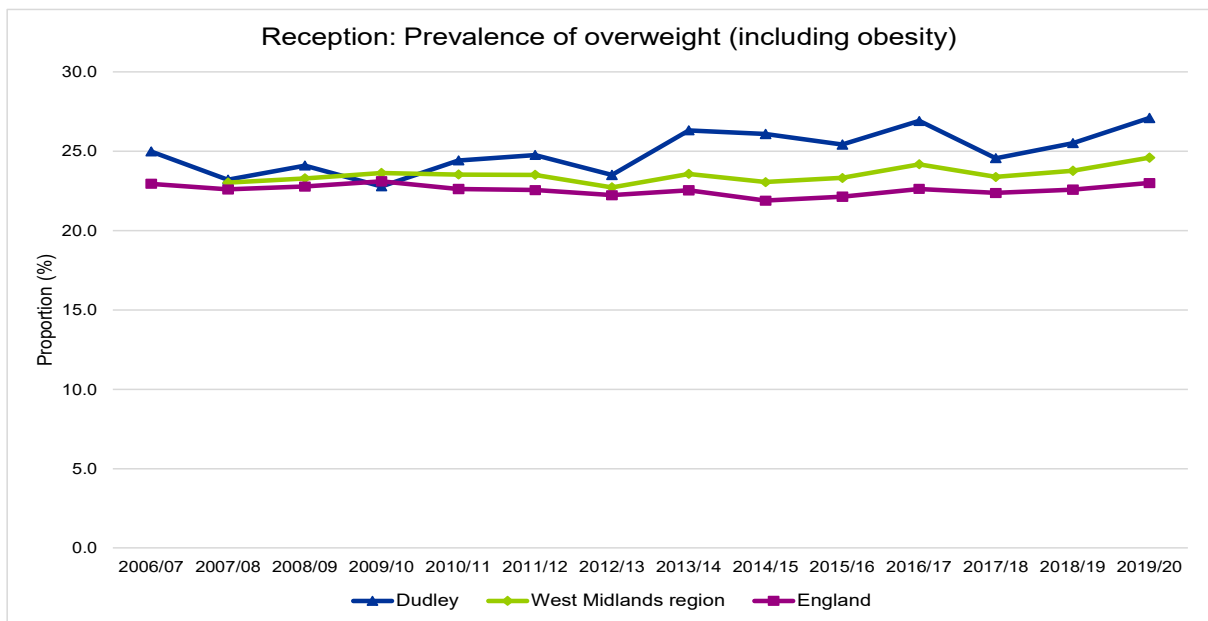


Childhood Obesity

7. Obesity is one of the biggest public health challenges facing our country – competing with tobacco for the leading cause of premature death¹. As well as causing obvious physical changes, it can lead to several serious and potentially life-threatening condition in adulthood including:
 - type 2 diabetes
 - coronary heart disease
 - some types of cancer, such as breast and bowel
 - stroke
8. Obesity in children can also affect their quality of life and teasing from other children leading to psychological problems, such as depression, anxiety and low self-esteem.
9. The National Child Measurement Programme (NCMP) is delivered as part of the School Health Service and measures the height and weight of children in reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools.

Figure 4: Reception Prevalence of Overweight or Obese children in Dudley by year

10.

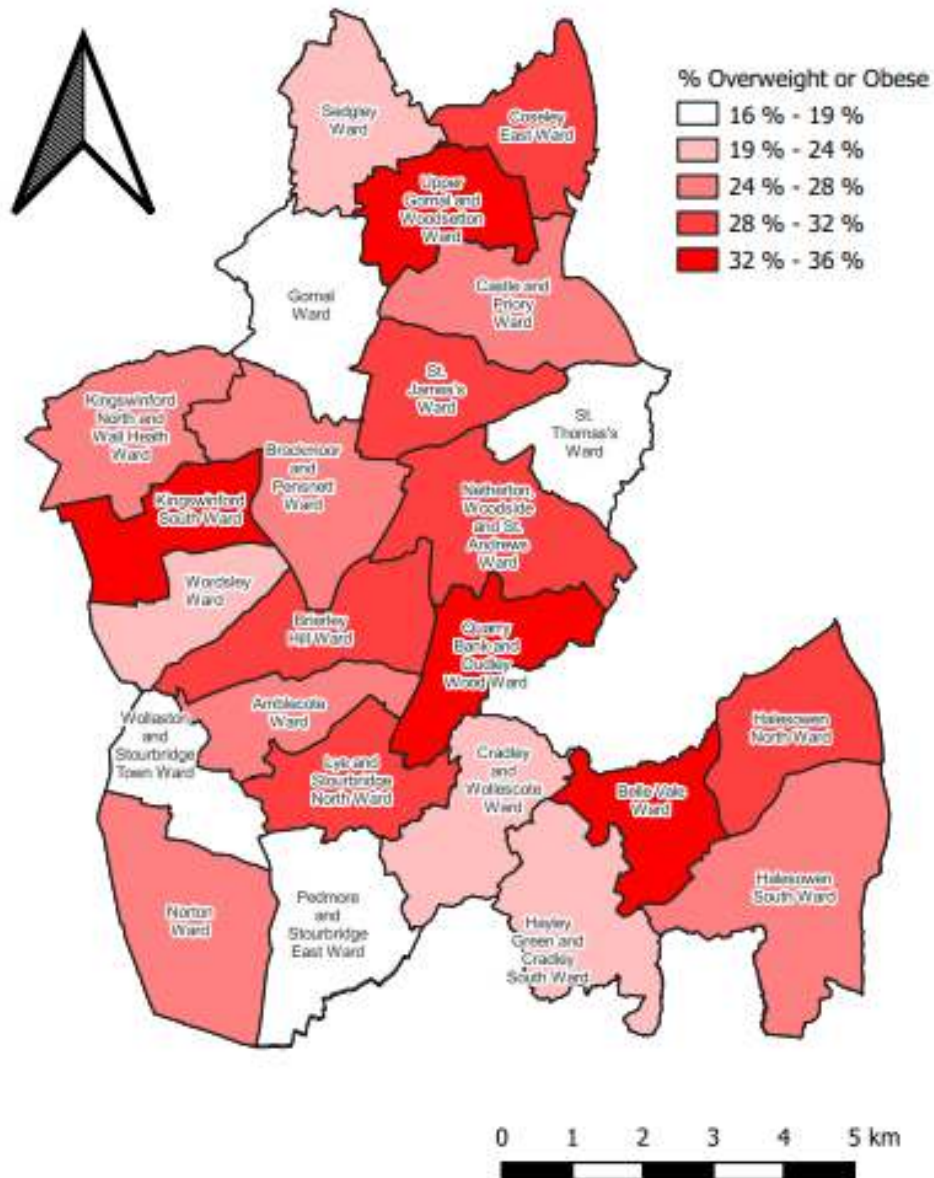


¹ <https://ukhsa.blog.gov.uk/2019/07/23/the-prevention-green-paper-a-chance-to-turn-talk-into-action/>

11. Studies tracking child obesity have shown those overweight in reception are more likely to continue being overweight through year 6 into adulthood. The probability of children who are overweight or living with obesity becoming overweight or obese adults increases with age.
12. The prevalence of overweight and obesity in both reception and year 6 is higher than both national and regional figures. 12.3% of reception age children in Dudley are obese. By the end of primary school, this proportion rises to 26.9%

Figure 5: Reception: Prevalence of Obese children in Dudley by year

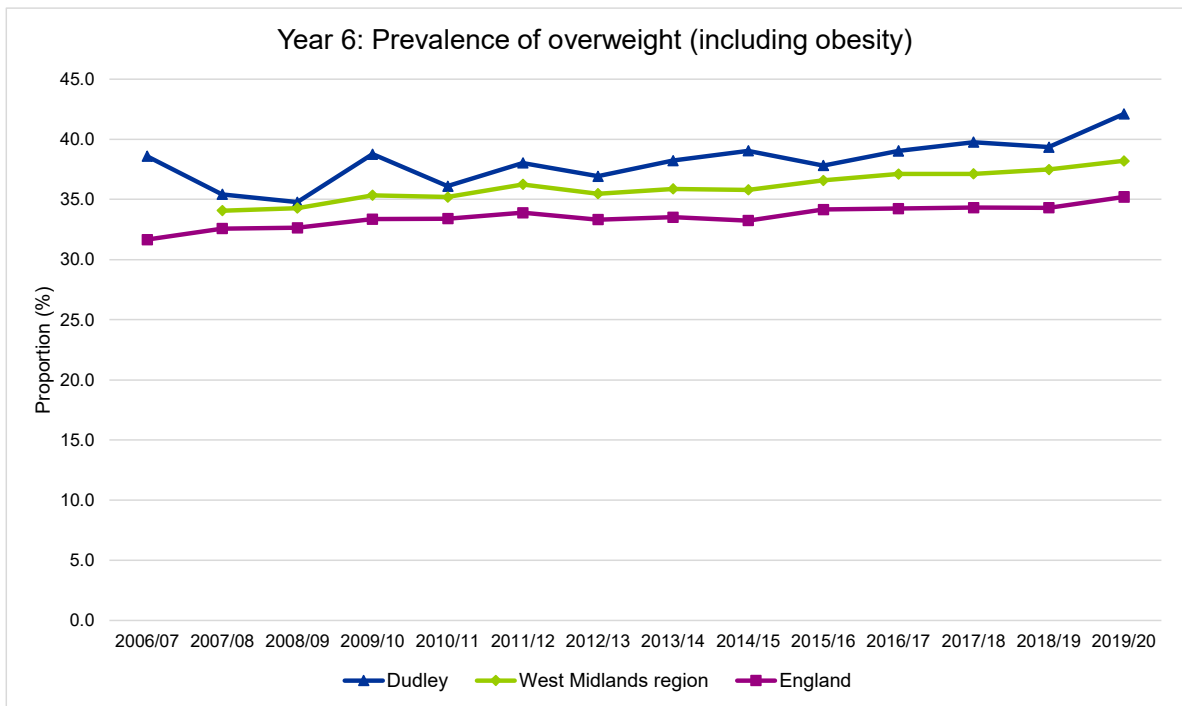
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Source: National Child Measurement Programme
 Produced by: Intelligence Team, Dudley MBC
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Figure 6: Year 6: prevalence of obese/overweight population in Dudley by year.

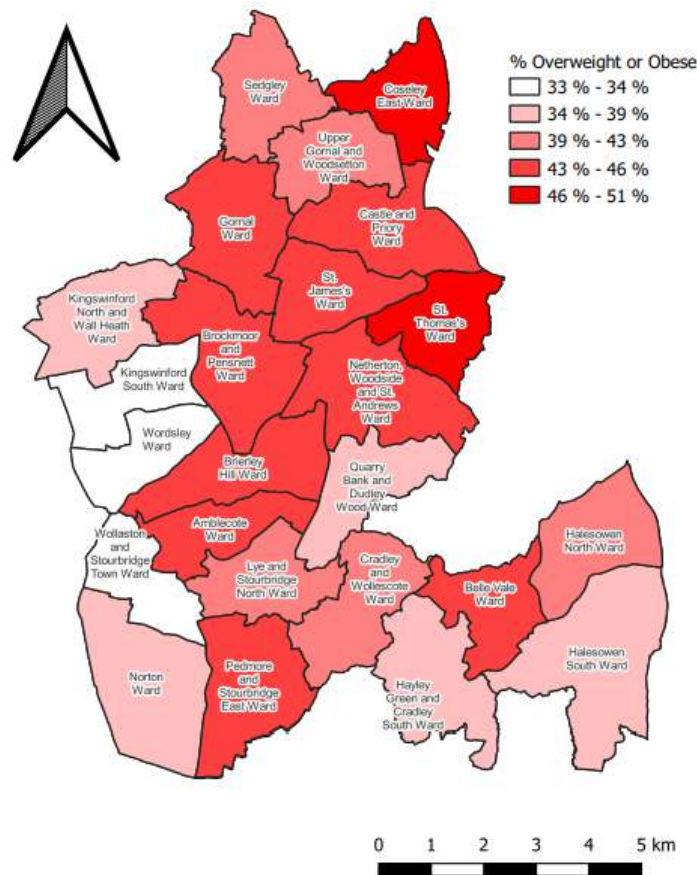
14.



15. One in every four children in Dudley are obese by the time they leave primary school, a figure that is increasing and getting worse.

Figure 7: Year 6: Prevalence of overweight or obesity in Dudley by ward

16.



17. The maps demonstrate that there are several wards that stand out in terms of obesity rates (St Thomas's being over half of the measured population (51%) being overweight or obese followed closely by Coseley East (47.5%).
18. Since transfer to Local Government, Dudley's Public Health team have invested over £1 million to prevent and reduce childhood obesity, with little impact on body mass index.

National interventions

19. In recent years we have seen national initiatives including:
 - A government-led social marketing campaign, Change4Life, running for nearly a decade.
 - New government standards for the procurement of food in the public sector and food provision in schools.
 - Restrictions on the marketing of food to children on TV.
 - Investment in cycling infrastructure.
 - The introduction of a strong fiscal intervention in the form of the soft drink industry levy.
20. Whilst local areas still have a role to play in supporting healthy lifestyles within their communities, some "top down" interventions are still required to enable and sustain change at a population level and halt the increase in all age obesity. The government published its policy paper, [Tackling Obesity: empowering children and adults to live healthier lives](#). This included legislation to end promotion of foods high in fat, sugar, and salt. However, implementation of associated legislation has now been delayed for a second time, with intended commencement of October 2024.

Current DMBC Workstreams

21. During 2020/2021, commissioned child weight management services, including those provided by our core Healthy Child Programme workforce (health visitors, school nurses) were paused. We took this opportunity to review the services and are currently proposing that due to the levels of obesity in childhood that 'healthy weight' support for children and young people should be universally offered (apart from Slimming World for the very overweight) regardless of weight status. The rationale for this approach is outlined below:
 - It supports a preventative approach to obesity and ensures every family can access support if required, regardless of weight status.

- Sustained and impactful behaviour change can take a long time to achieve changes in weight status and therefore may not be evident in the short term.
- A child's weight status should not be the only assessment made to determine whether a family requires lifestyle support/intervention e.g., a child with a healthy weight maybe inactive/sedentary and/or consume an unhealthy diet.
- Less of a focus should be on weight and more emphasis placed on healthy lifestyle habits that contribute to maintaining a healthy weight both now and in the future.
- The evaluation of services would no longer be based on changes in weight status, but on lifestyles changes, increases in confidence and improvements in mental health indicators, all essential prerequisites to long term healthy weight maintenance.
- Positive behaviour change is not always captured by assessing weight status e.g., an increase in physical activity levels or an increase in fruit and vegetable intake may not lead to a change in weight status, however both behaviours can have a significant impact on health outcomes and in the long term may lead to weight loss/healthy weight maintenance.
- It will remove the stigma which may help engage more families and consequently increase uptake and reach of support services.
- All family members can make changes together regardless of weight status, reducing stigmatisation of a young person that is overweight.

Vaccination Uptake

22. The UK routine vaccination schedule continues through the school years, with programmes for both age specific and seasonal vaccines commissioned by NHSE and delivered by the School Age Immunisation Team.
23. Pre Covid, Dudley had a higher population vaccination coverage than the English average for all child and pre-school vaccinations. However, an impact of the covid pandemic was a decrease in uptake of childhood vaccinations across England. Dudley followed this trend however the latest data shows that the level of decrease in Dudley was much less than in England. Therefore, vaccination figures in Dudley are generally higher than England average for all childhood vaccinations.

Table 1: Childhood vaccination uptake and trend in Dudley

24.

Population vaccination coverage in Dudley and England (2021/22 unless stated)	Percentage (%) of children receiving vaccination in Dudley (in England) 2021/22 figures unless indicated	Recent trend in percentage of children receiving vaccination in Dudley
Population vaccination coverage- Dtap/ IPV/ Hib (1 year old)	94.6 (91.8)	Decreasing
Population vaccination coverage- Dtap/ IPV/ Hib (2 years old)	94.6 (93.0)	Decreasing
Population vaccination coverage- PCV	96.1 (93.2) – 2019/20	Similar
Population vaccination coverage- Hib/ MenC booster (2 years old)	92.3 (89.0)	Decreasing
Population vaccination coverage- PCV booster	92.3 (89.3)	Decreasing
Population vaccination coverage- MMR for one dose (2 years old)	92.8 (89.2)	Decreasing
Population vaccination coverage- MMR for one dose (5 years old)	95.6 (93.4)	Decreasing
Population vaccination coverage- MMR for two doses (5 years old)	90.4 (85.7)	Decreasing

25.

The predominant age based routine vaccinations take place at

- 12-13 years old (year 8) for human papillomavirus (HPV) vaccine The national HPV vaccination programme for girls was introduced in 2008, its aim being to protect women against infections which cause cervical cancer. In 2019 universal HPV vaccination was offered to 12 -13-year-old boys. This is now given as a single vaccine and has demonstrated a remarkable reduction in cervical cancer since introduction.
- 14-15 years old (year 9) for Meningococcal, tetanus, diphtheria and polio. These are given as two vaccines, given at the same time.

Figure 9: Year 9 uptake of HPV Vaccine

26.

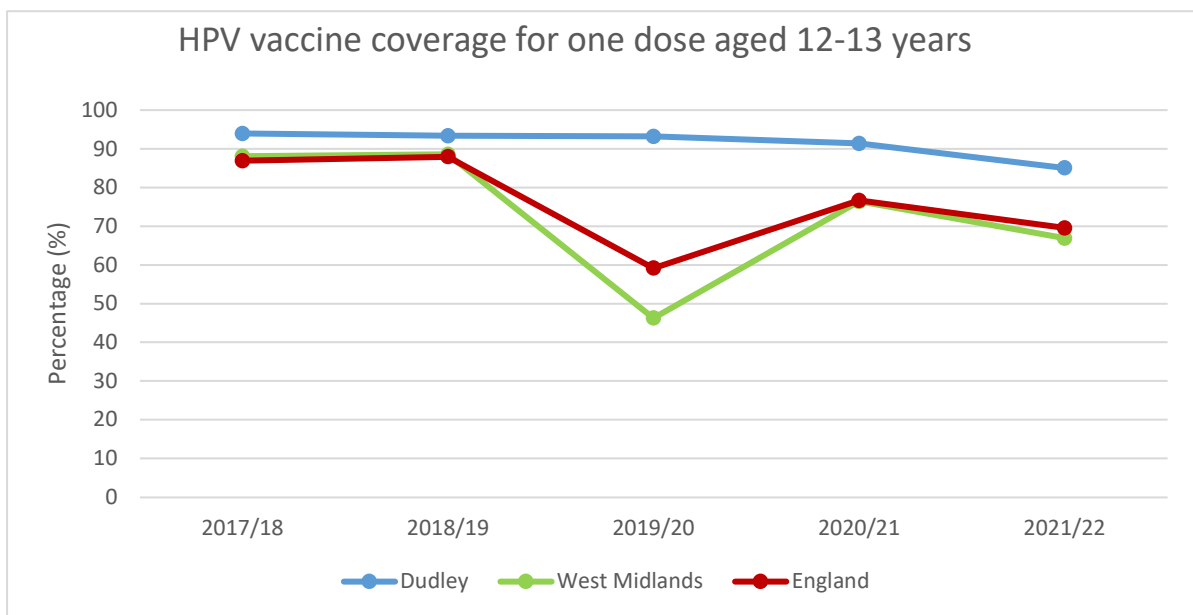
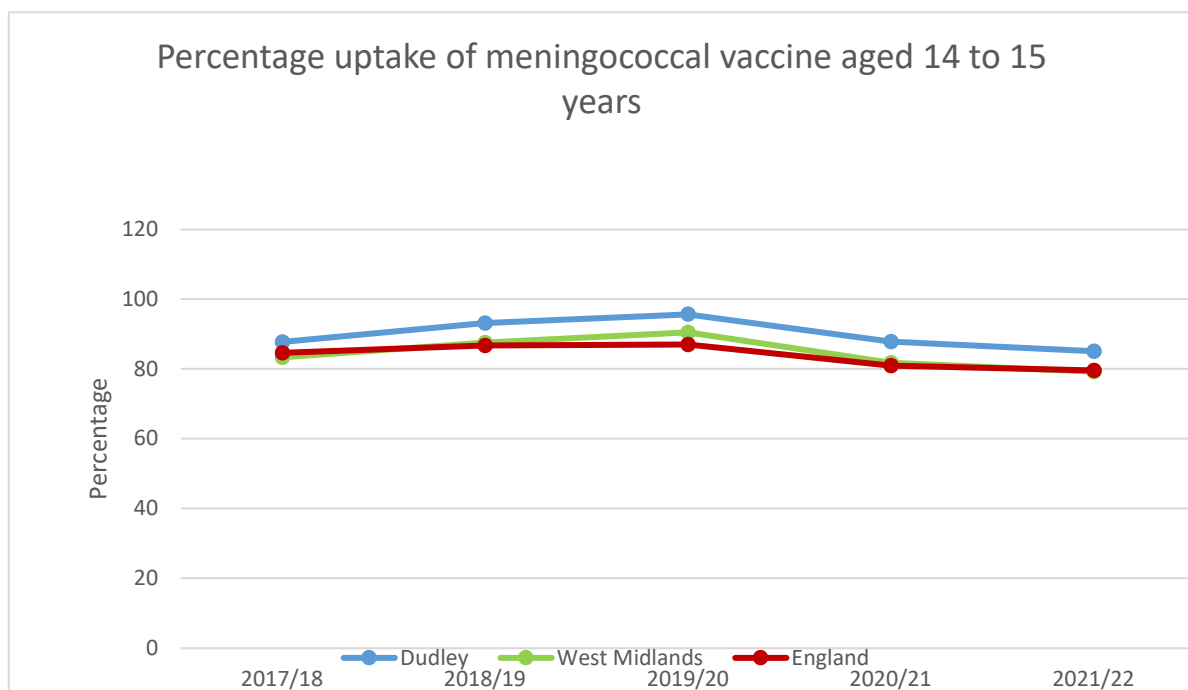


Figure 10 Year 10 uptake of Meningococcal vaccination

27.



28. As these vaccines are usually given at school, it is likely that pandemic related school closures may have led to reduced vaccine access. However, Dudley has maintained high levels of vaccine uptake compared to other areas.

29. Maintaining vaccination rates nationally remains a challenge.

- Despite this, Dudley consistently outperforms neighbouring authorities in the Black Country vaccination uptake. We do this by working closely with NHS commissioners and providers of vaccination services, to

ensure that despite the challenges we support them to overcome potential barriers.

- We have established, an immunisation group chaired by the Head of Health Protection, that reports to the Health Protection Board, bringing together colleagues from across the system to identify risks, and solutions to ensure the best possible uptake. The Health Protection Team have developed an Immunisation resource pack and are delivering education sessions to our commissioned providers of 0-19 services, to ensure they feel confident to discuss immunisations with parents and children. We have also delivered education and training to Dudley College students on the importance of immunisations.
- We have worked closely with the ICB to establish innovative Pop-up vaccination solutions into our town centres (featured on Midlands Today) and as part of play week to offer improved access to both childhood and adolescent vaccinations as well as have conversations with those who may be hesitant.
- We are working with ICB colleagues on solutions to support vaccine uptake and general health inequalities in some of most vulnerable communities.
- We work closely with partners and our communication team to promote immunisation, including through our e-bulletins, Your Home Magazine and social media platforms.
- Finally, with winter approaching we will be working with the NHS and our education colleagues to ensure the best possible uptake for the school flu vaccination programme including those outside mainstream education.

Child poverty

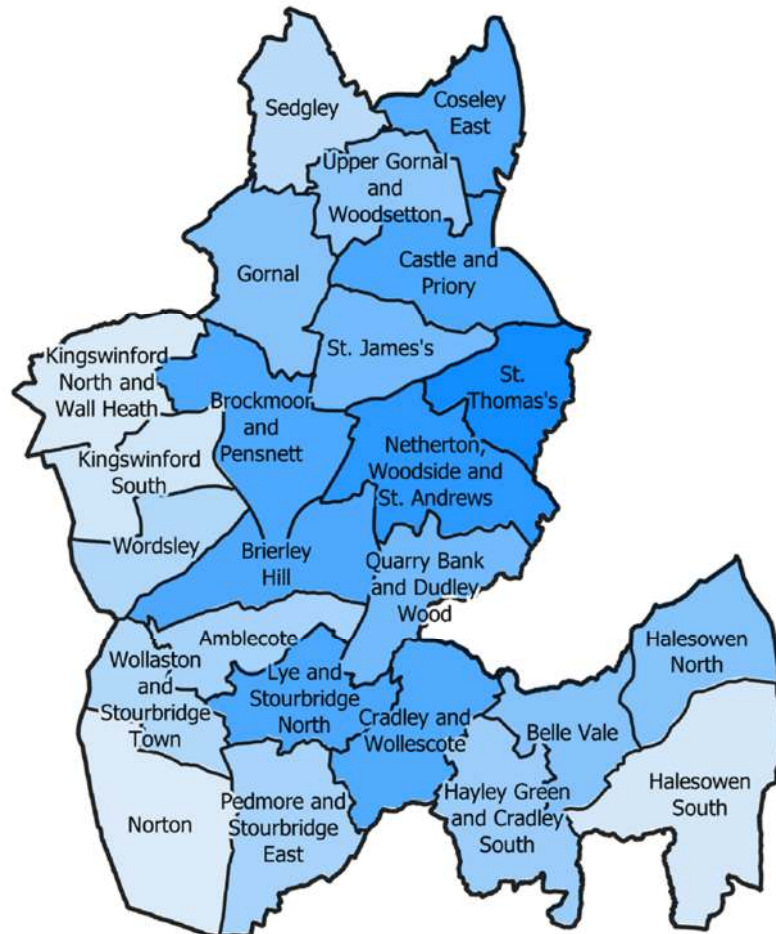
30. Children and young people's physical, emotional, and mental wellbeing are significantly shaped by the social determinants of health into which children and young people are born, live, learn and grow. There is a complex interrelationship between the experiences an individual child has in a family and those they experience in the wider community. Negative experiences, both at home and in the community, may mean that children are not only at greater risk of poorer outcomes because of these experiences but also of engaging in harmful activities as they grow up which increase their risks still further. This can perpetuate inequality throughout life and from one generation to the next. It emphasises the importance of addressing the risk factors which make children more vulnerable at an individual level but also in terms of the causes of wider risk factors in families and within a community.²

2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf

Material well-being

31. Socio-economic disadvantage is one of the main causes of health inequalities in the UK. Factors such as income, employment, education, and community safety contribute around half of modifiable factors affecting health and life expectancy.
32. Poverty can be easily defined as households where expenditure on necessities exceeds income. However, there are a variety of national definitions including relation to mean national income, fuel poverty and eligibility to means tested welfare benefits. Data from 2020/21 indicates that nationally:
- 25% of children live in low-income households
 - 70% of these children live with an adult who works
 - 40% of people in receipt of Universal Credit are working adults
 - 15% of older people live in low-income households
33. Figure 11: Childhood deprivation in Dudley by ward: IDACI 2019



34. Table 2 (below) displays data on the percentage of children per ward living in relative low-income families, ranging from 10.7% in Norton ward, to 43.8% in St Thomas's ward.

35. Table 2 Percentage of children living in relative low-income families by ward (Source: Local insight)

Ward	Percentage
Amblecote	19.0%
Belle Vale	24.6%
Brierley Hill	33.8%
Brockmoor and Pensnett	34.0%
Castle and Priory	34.0%
Coseley East	32.5%
Cradley and Wollescote	33.3%
Gornal	24.6%
Halesowen North	24.7%
Halesowen South	11.7%
Hayley Green and Cradley South	20.9%
Kingswinford North and Wall Heath	11.1%
Kingswinford South	12.5%
Lye and Stourbridge North	34.1%
Netherton, Woodside and St Andrews	39.4%
Norton	10.7%
Pedmore and Stourbridge East	19.0%
Quarry Bank and Dudley Wood	27.7%
Sedgley	16.2%
St James's	27.6%
St Thomas's	43.8%
Upper Gornal and Woodsetton	22.7%
Wollaston and Stourbridge Town	17.4%
Wordsley	17.4%

36. Many of the key health behaviours significant to the development of chronic disease follow social gradient: smoking, obesity, lack of physical exercise, unhealthy diet etc. The current cost of living crisis, coupled with recent Covid-19 pandemic is resulting in ever increasing social and economic inequalities.
37. Income deprivation affecting children index (IDACI) measures the proportion of all children aged 0 – 15 living in income deprived families. A higher score indicates that an area is experiencing high levels of deprivation.
38. Compared to other areas in the Black Country, Dudley has the highest IDACI rank (is the least deprived) notwithstanding this there are 28 Lower Super Output Areas (LSOAs) in Dudley that fall within the 10%

most deprived areas in England when ranked on the IDACI measure. Dudley is still ranked 72 most deprived out of 317 local authorities.

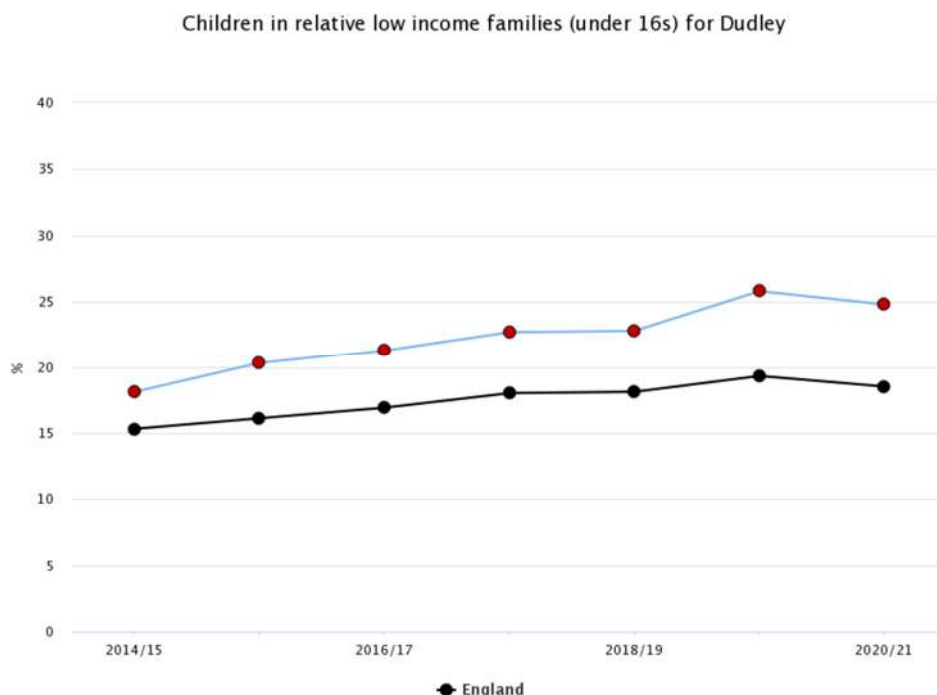
- 39. The ward with the highest IDACI score is Brockmoor and Pensnett and the ward with the lowest IDACI score is Kingswinford North and Wall Heath.
- 40. An alternate measure of poverty is related to household income.

Indicator	Definition
Relative low income	Households with income below 60% of the median in that year (currently below £18,000)
Absolute low income	Households with income below 60% of (inflation adjusted) median income as it stood in 2011 (currently less than £13,072)

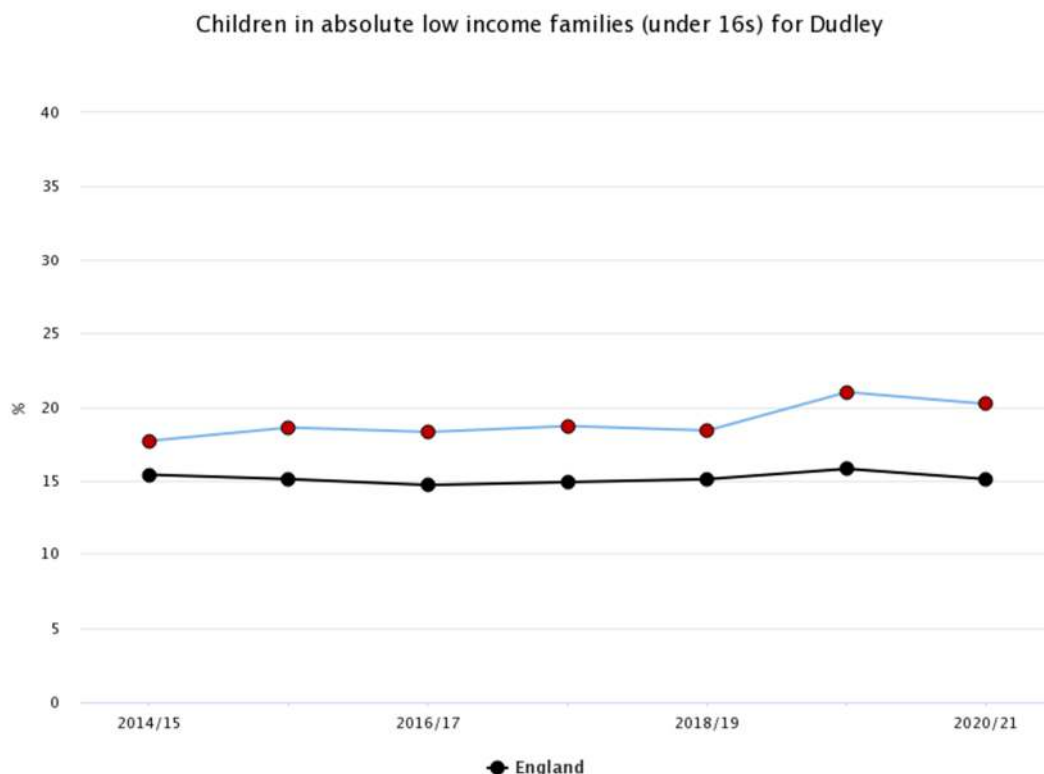
- 41. In 2020/21, a quarter of children in Dudley were in families with relative low income, which is similar to the West Midlands average. However, it is significantly higher than the England average of 18.5%. This trend is increasing and getting worse, with the gap between the England average and Dudley figures widening.

Figure 12: Children in relative low-income families (under 16s) for Dudley.

- 42.



43. In 2020/21, 20.2% of Dudley’s children under the age of 16 years lived in households classed in absolute low income compared to 15.1% for England. This equates to 12,604 children, with the trend suggesting that this is increasing, and the gap between Dudley and England getting larger.
44. The lag in data does not take in to account the full effect of covid and recent cost of living crisis which other data suggests may have had a significant impact on Dudley children and their families.
45. Figure 13: Children in absolute low-income families (under 16s) for Dudley



What works to reduce poverty?

46. There is no quick fix to solving poverty, but several parts of the UK have implemented measures to reduce the impact of poverty in the short term and to reduce poverty in the longer term. This report highlights three approaches from parts of the UK.

Cost of living crisis in Wales

47. Poverty is a longstanding issue in Wales, with almost a third of children living in low-income households. Welsh housing stock is some of the least energy efficient in Europe, with as estimated 45% of households experiencing fuel poverty.

48. The 2023 Child Poverty Strategy for Wales³ is currently open to consultation and includes 5 objectives using a Public Health approach to tackle poverty.
- Reduce costs and maximise family income, including maximising take up of welfare benefit entitlements and the Healthy Start programme, supporting third sector organisations to reduce food poverty and extending provision of free school meals to all primary aged pupils.
 - Creating pathways out of poverty to enable people to fulfil their potential, ensuring all children have the best start in life, ensuring school education is cost neutral, and supporting those with disabilities into good work.
 - Supporting child and family wellbeing, including a child's rights approach across government; prioritising appropriate housing, supporting mental health and ensuring play, sport, and youth opportunities.
 - Building communities, recognising the role of local, accessible services, particularly in rural areas.
 - Challenge the stigma of poverty, enshrining the UN declaration on the Rights of the Child in law, delivering services with kindness and compassion and ensuring all educational settings are inclusive.
 - Collaboration across all services at national, regional, and local level.

Leeds City Council – Cost of Living Response

49. Research demonstrated that the resilience of low-income households to cope with a crisis was becoming weaker, with massive increases in needs for emergency welfare support post Covid-19 pandemic.
50. A Cost of Living and Welfare Board was developed to drive a city-wide solution to welfare provision and addressing the cost-of-living crisis, with a specific focus on food, fuel, housing, and digital inclusion.
51. Targeted interventions were developed including:
- Heating on Prescription, ensuring that those most at risk of ill health and hospital admissions due to the adverse effects of cold weather could access the Green Doctors service and receive fuel payments where needed.
 - 127 referrals from via Primary care
 - 755 households with a cold related illness were assisted
 - 1116 people were directly assisted to reduce fuel poverty
 - The Fire service used social vulnerability index and joint funded winter warm packs to families in need, which included blankets, hats, gloves and scarfs, thermal cup, hot water bottles.

³ Welsh Government (2023) [Child Poverty Strategy for Wales](#)

- Workforce Development: Developed resources and training to increase workforce knowledge of the support available in Leeds for fuel poverty and Winter Warmth initiative.

Havering Council: Cost of Living Response

52. In Havering, a third of children live in low-income households, with only a fifth of the population earning the Living Wage. Havering Council partnered with the local NHS to mitigate poverty, with the twin focus to “stay on target” and give “money to those that needed it before they needed it”.
53. The focus was on a specific group of people – those who use high energy medical equipment with long term conditions and disabilities. Using a direct marketing approach, they received 62 applications, including 20 made within the first hour, highlighting the need.
54. Review of the scheme found:
- Residents were keen to apply, there was very little concern from the public that this could have been a “scam”.
 - People reported that there was an easy application form process.
 - This was an effective use of cost-of-living help services.
55. Havering Council have since developed the model to expand the scope to include more medical equipment and increase the individual funding available.

Dudley position

56. Dudley’s Strategic Mitigating Poverty Group coordinates the system wide actions to prevent and mitigate poverty. In relation to child poverty, local coordination of national initiatives currently supports the following initiatives:

Free school meals

57. 10,5056 school age children receive income related free school meals in Dudley, which equates to 20.8% of primary aged pupils and 18.9% of secondary age pupils. Around 5% of eligible pupils do not take up the offer of free school meals. To receive income related free school meals, families must be in receipt of income related welfare benefits or have a household income less than £7,400 per year. If pupils are in receipt of free school meals, schools also receive a government funded pupil premium to reduce the attainment gap linked to poverty.

Holiday Activity and Food

58. Around half of children eligible for free school meals took part in the Holiday Activity Fund in 2022, with around a third of participants coming from ethnic minority backgrounds. 2,800 children and young people are registered to take part in activities over Summer 2023. Key themes are around food, physical activity, signposting, SEND and supporting families.

Household Support Fund

59. Since 2021, the Department for Work and Pensions have allocated £13,000,000 to Dudley residents via the Household Support Fund. Over half of the government's 23/24 Household Support Fund allocation for Dudley is directed to supporting households with children, with £2,043,393 dispersed over the past 12 months. Proactive support over school holidays has continued with vouchers worth £10 for each child every week of the school holidays issued to families in receipt of free school meals. Family Hubs and School have a pot of hardship funds that they can allocate as required by their families. This has been used for support from a lost bus fare home for a school child to supporting an energy bill for a family.
60. Dedicated funding has been identified for care leavers which has supported with a variety of needs from warm winter clothing to kitchen appliances.
61. Families can also access Household Support Fund via the application scheme, the Cost-of-Living Hubs and community based third sector organisations.
62. *"We didn't know support funds were held via Just Straight Talk until Public Health suggested that we speak with them. Thank you, for supporting the young mom and her baby with such care and compassion to ensure she has a safe home for her baby. I can honestly say I've noticed such a difference in the baby over the last couple of weeks."*
Family Nurse, Black Country Healthcare Foundation Trust

Black Country Food Bank

63. The 12 food banks operating across the borough provided 85,894 meals for children in 2022. In the first 6 months of 2023, demand for support from households with children has increased by 18% compared to 2022.

64. The new Recipe Bag project has launched in Dudley, providing ambient ingredients and a recipe card with a link to a YouTube channel showing the family exactly how to cook a meal for a family of four. Through this scheme 500 recipe bags have been provided equating to 2000 meals for families and pupil premium children. 10 recipes are currently 'live' with 10 more in the pipeline. These have also been utilised in a cookery project in partnership with the YMCA targeting child poverty and youth poverty with positive feedback.
65. From September 2023, the Food Banks will be approaching primary schools in Dudley to start cookery sessions with pupil premium families following pilots in Sandwell. These cooking classes will enable families to learn and work together to develop cookery skills and budgeting skills.
66. Due to public donations and funding from DMBC Public Health, the Food Bank has been able to support other third sector organisations with food and toiletry items to enable cooked meals, children's lunches and essential toiletry packs to children including refugee groups, baby banks and youth groups who look after SEND children.
67. Black Country Foodbank report a difficult start to 2023 as the Cost-of-Living Crisis has taken a hold and decreased donations at the same time as increasing demand. To ensure continuity of services, the Food Bank has had to bulk buy food and toiletries using the funding provided by Dudley Public Health.
68. *"This funding has been a lifeline and we are incredibly thankful for the acknowledgement of our services and the support we have received."*
Jen Coleman, Chief Executive Officer, Dudley Food Bank

Brierley Hill Baby Bank

69. In the last year, the Baby Bank have issued 587 packs for expectant and new families, an increase of 54.4% over the past year, and with a value of £700,000 in kind. They have achieved funding from the National Lottery and in-kind support for a van and driver. The volunteers continue to operate in an innovative way to support the support the most vulnerable families in the borough. They have worked with the Council and local NHS to research parents' experiences in the First 1001 Days of life and piloted a reusable nappy project.

Dudley Cost of Living Hubs

70. Dudley and Wolverhampton Citizens Advice have rolled out Cost of Living Hubs across the borough to provide immediate support for households facing crisis. This has been provided in partnership between

Dudley Council Public Health and Dudley Health and Care Partnership Board. 5,719 clients were supported in the first 6 months, with 62% being households with dependent children.

71. The Public Health team and system partner organisations are currently coordinating a system response to mitigate child poverty, by:
- Drafting a child poverty needs assessment and planning a strategic approach to child poverty using evidence-based approaches led by communities.
 - Developing a pathway with NHS and third sector organisations to address infant food poverty in the borough.
 - Working with Children Northeast on pilot programmes to poverty proof maternity and Early Years services, and poverty proofing the school day.
 - Piloting supportive conversations training around financial wellbeing with Family Hub teams.
 - Use Family Hubs and the Start for Life offer as a springboard to increase support in the first 1001 days of a child's life, supporting good parenting and parent and infant mental health.
 - Supporting inclusion in our schools to enable more children and young people to benefit from mainstream education and can engage in training, further education, or work after leaving school.

Emotional health and wellbeing

72. Good mental health is important for helping children and young people to develop and thrive. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood.
73. There is good evidence to support the association between good mental health and education engagement and academic achievement. The benefits to preventing mental health problems in children and young people from arising, and intervening early where they do, can be significant for schools. For example, it may result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident, and resilient children and young people⁴.

⁴ Public Health England (2021) [Promoting children and young people's mental health and wellbeing: a whole school or college approach.](#)

The national picture

74. In the last three years, the likelihood of young people having a mental health problem has increased by 50%⁵.
- Five children in an average classroom of 30 are likely to have a mental health problem.
 - 52% of 17- to 23-year-olds have experienced a deterioration in mental health in the last five years, with 1 in 4 now having a probable mental health disorder.
 - 34% of those who do get referred into NHS services are not accepted into treatment.
 - 67% would prefer to be able to access mental health support without seeing their GP⁶.

75. The NHSE Wave survey for 2022 found significant differences in life experiences between those children with a mental health disorder and those without⁷.

	Children with a probable mental health disorder	Children without a mental health disorder
I feel safe at school	61.2%	89.2%
I have been bullied on social media?	29.4%	12.6%
I feel safe online	48.4%	66.5%
My family is struggling more with money now than last year	28.6%	19.9%

76. Children also reported that they were also less likely to report enjoyment of learning or having a friend they could turn to for support. Amongst young people aged 17 to 22 years with a probable mental disorder, experience of not being able to buy enough food or using a food bank in the past year was seven times higher than those without a mental health disorder. This demonstrates the close interplay between experience of poverty and emotional wellbeing.

⁵ The Childrens' Society (2022) [Children's mental health statistics](#)

⁶ Young Minds and the Children's Society (2021) [First port of call: the role of GPs in early support for young people's mental health.](#)

⁷ NHSE (2022) [Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey](#)

In Dudley

77. Local data for 2021-2022 shows that in Dudley, the rate of admission of young people due to mental health conditions and the rate of young people being admitted to hospital because of self-harm were both lower than the England average⁸.
78. Furthermore, local data indicates
- The most common primary needs of SEN pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional, and mental health needs (1,114)
 - In 2021, the percentage of school pupils with social, emotional, and mental health needs recorded is 2.9%, higher than both West Midlands region and England average at 2.6% and 2.8% respectively. This trend increasing and getting worse,
 - there were 19,645 contacts with community and outpatient mental health services by individuals <18 years in 2019/20 within Dudley however the number of inpatient stays in secondary mental health services within the Dudley population is significantly lower than both the West Midlands region and England average.
 - Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Dudley.
79. This need was further emphasised by the 2022 Make Your Mark survey; one of the top issues for young people in Dudley was mental health and support.
80. Data from the Black Country Integrated Care System area there has been a 57% rise in children in touch with mental health services between April 2021 and February 2023. There is an urgent need for further work to understand the needs of children and young people and determine the effectiveness and capacity of current service provision. There is also a need to implement evidence-based interventions to promote good emotional health and wellbeing for children and young people.
81. Black Country Healthcare NHS Foundation Trust are the lead provider for mental health services across the Black Country. The trust operates a Single Point of Access for referrals and a 24/7 urgent mental health helpline for people of all ages, including children and young people.

⁸ Office for Health Inequalities and Disparities (2023) Fingertips Maternal and Child Health Profiles

NHS led provision, including waiting times and caseloads is beyond the scope of this report.

What are we currently doing to support and improve Children and Young People's Mental Wellbeing in Dudley?

- 82.
- School Nursing⁹ – A universal service delivering the healthy child programme and providing the first point of contact for Mental Health support, signposting, and referral. Currently being re-modelled to strengthen the Mental Health element of work.
 - Here4YOUth – provided by Cranstoun, an open-door wellbeing service for young people to access via drop-in, outreach or social media. Offering a range of support and signposting including emotional wellbeing support, social prescribing, substance misuse support and sexual health services.
 - Happier Minds - A new mental wellbeing website for Dudley. It has pages for young people aged 11 and over, parents/carers and school professionals. It is intended to provide quality assured information and support and signpost to national and local services. The site is also being used to deliver topical messages providing a platform to support comms around issues including exam stress and transition.
 - Family Nurse Partnership¹⁰ – intensive, home-based support from pregnancy until a child is two years for younger parents. The programme focuses on self-efficacy, attachment, and supporting young parents' self-esteem.
 - Universal Emotional health and wellbeing Coordinators – Dedicated to identifying and co-ordinating universal mental health promotion and mental wellbeing initiatives and facilitating/supporting multi-agency working in relation to mental wellbeing.
 - What? Centre – providing counselling for young people who identify as LGBTQ+ and or/are a part of the BAME community.
 - Phase Trust – offering grief and loss support to children aged 7 – 11 years with underlying trauma and anxiety not able to be managed in mainstream provision.
 - Nurture and Resilience Programme– supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings provide a supportive and safe space in which children and young people can learn and develop.
 - Theatre in Education Awareness sessions - on relationships, bullying and mental health for students in all education settings, to help recognise when support is needed and how to access sources of support.

⁹ This service is currently out to procurement and will form part of a 0-19 Children and Young People's Service

¹⁰ This service is currently out to procurement and will form part of a 0-19 Children and Young People's Service

- Harmony Project – a music-based initiative which incorporates the [5 Ways to Wellbeing](#) messages and signing. Developed as part of Children’s Mental Health Week 2022 and now an annual event.
- Health Related Behaviour Questionnaire – providing schools with data to support RSHE planning and health related activity.
- Workforce Development Training– delivered both virtually and face to face by statutory, voluntary, and private organisations to upskill the universal workforce in and allied with schools/education settings.
- Mental Health Support Teams (MHSTs) for schools to provide support and extra capacity for early intervention and help for mild to moderate mental health issues and promotion of good mental health and wellbeing have been welcome in Dudley. It was estimated that 35% of schools/colleges in England would have a MHST by the end of 2023-24. In Dudley we currently have over 50% of our schools supported by MHSTs with a further wave planned for January 2024.
- The Senior Mental Health Lead training has been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Dudley currently has a high uptake of this training with more schools applying for their training grant in order to complete one of the DfE accredited courses.

Young people’s behaviours including risk taking.

83. Young people can very often receive a ‘bad press’ regarding their behaviour and related to making decisions that adults may consider poor choices.
84. Besides their bodies visibly developing and changing, and being flooded with huge amounts of hormones, the teenage brain is under construction and is not fully developed until the mid-twenties. As these changes take place in the brain, children and teenagers are unable to access certain skills and abilities that adults may take for granted; a lack of executive functions can result in teenage risk-taking behaviours.
85. The teenage years are transitional, as the move from child to adolescent to adulthood. Whilst for many young people this transition is straight forward many others will feel extremely anxious and need support with their mental health. For others, this will be an experimental period where they want to try as many new things as possible that they feel show they are becoming an adult. Unfortunately, many of these new ‘things’ are usually considered as ‘risk taking’ behaviours which can cause harm to themselves or others.

86. Most children will have had decisions made for them by a carer during their lifetime whether at home or school. Therefore, when put in a situation where they need to decide on their own, with a brain not fully 'equipped', they may not be able to make an informed or sensible decision. Influence from peers or other who seek to exploit young people, the desire to 'fit in' and to be exciting contribute to risk taking.

Public health response

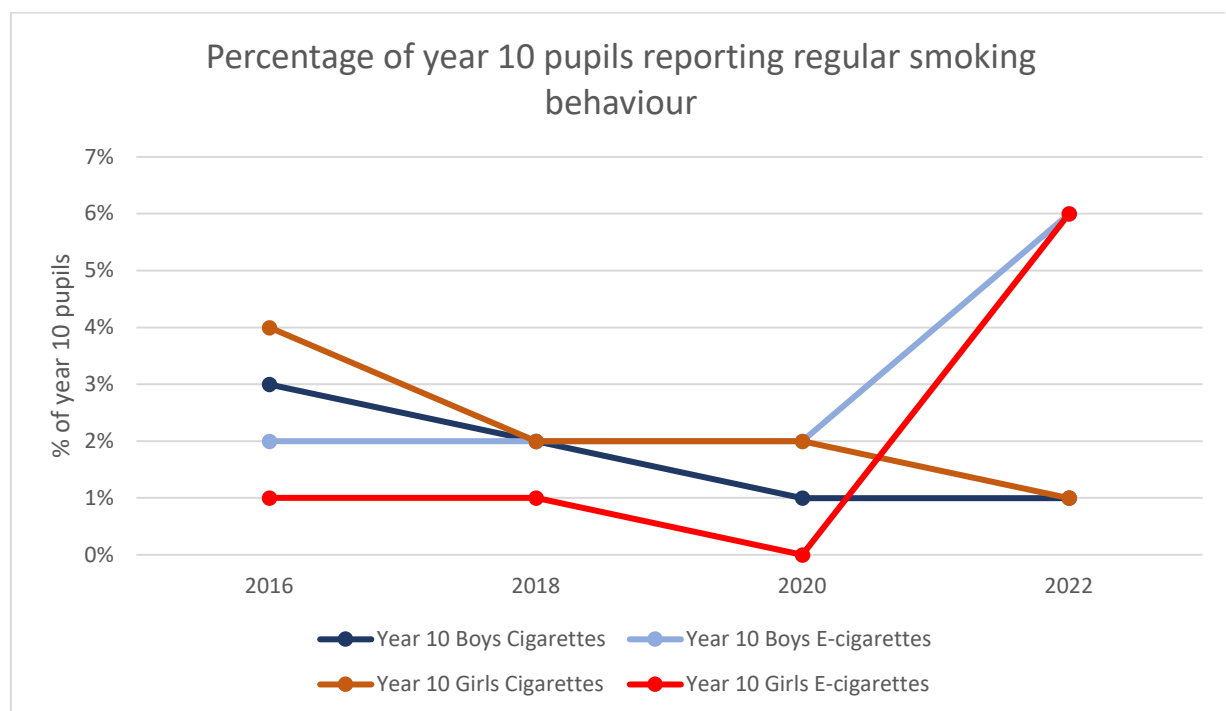
87. Public Health use data and evidence to commission services supporting around substance misuse, sexual health, and knowledge and skill development.

Substance misuse

88. Locally, 686 young people asked for support during the last year, some of these were wellbeing requests but 74 entered structured treatment for substance use. The main drug of choice for young people is cannabis, followed by alcohol and pills. Close working arrangement established between many other services for young people including the Youth Justice Service, safeguarding and CAMHs (Child and Adolescent Mental Health service).
89. Smoking rates have drastically declined for young people, with some taking up vaping. Training and advice have been produced for young people and schools to provide information about vaping.

Figure 14 Regular smoking and vaping in year 10 pupils

- 90.



Teenage conception and sexual health

91. *NB. Sexual health and relationships are a part of everyday life and are only considered as risky when; individuals are not protected from infection or pregnancy, it is not consensual, there is an exploitative element, the relationship is abusive.*
92. Locally 477 young people were seen by the young people's sexual health service between April and June 2023, with girls and women the predominant users.
93. Conceptions in girls under the age of 18 have continued to decline nationally and locally. Dudley mirrors the national picture for sexually transmitted infections. Dudley follows best practice testing, offering dual testing for chlamydia and gonorrhoea.

Pregnancy support

94. Dudley's Family Nurse Partnership Service supports pregnant young girls/women to ensure attachment and positive outcomes for both. There is a close partnership working arrangement between Brook and FNP.
95. Public Health are working on a teenage pregnancy policy to support education settings.

Our Commissioned providers

96. The Substance Misuse service provider is Cranstoun, providing a service for young people in Dudley called Here4YOUth, young people can 'walk in' or make appointments for health & wellbeing advice.
97. Young people who need support for substance misuse are seen in structured sessions using methods and venues agreed by the service user. Some of our most vulnerable young people are seen in this service, Here4YOUth act as advocates for the young people, enabling access to additional support.
98. This service also supports smoking and vaping cessation, prescribing Nicotine Replacement Therapy as needed.
99. The Sexual Health Treatment service provider is Brook. Brook provides education and advice for education settings explaining testing and treatment for positive results. They have several venues and methods for young people to access their support including telephone, media consultation and postal support to enable easier access. There is an anonymised Partner notification system in place to ensure positive STI results are followed up and treatment is accessed. Brook has secured

the all-age sexual health service provision for Dudley contract, starting on 1st November 2023. Brook provides support for the RSHE (Relationship and Sexual Health Education) agenda in schools and colleges.

100. The School Nurse service provides support for children, young people, their families and education settings from the child's age of 5 – 16 years. This service will expand to the age of 19 years, or 25 years with additional needs following procurement. The nurses support all aspects of health & wellbeing, offering immediate support and advice then referring on to higher level support/treatment when needed. They receive notifications from A&E when children & young people have visited hospital and will follow up with the child and family afterwards to ensure support is being accessed if needed.
101. School nurses liaise closely with other commissioned support services to ensure correct support by the most appropriate service is utilised. Substance misuse admissions to hospital are followed up and in liaison with Cranstoun. Smoking and vaping cessation is provided by the nurses, prescribing Nicotine Replacement Therapy as needed.

Education via theatre & workshops

102. [Loudmouth theatre](#) company provide sessions for children and young people, covering important issues in an age-appropriate way, including

Relationships and sexual health	Online safety
Puberty	Recognising abusive or exploitative situations
Power and abuse in relationships	Misogyny and harassment of girls
Bullying	Knife crime, gang culture and county

Mental Health

103. A piece of theatre is performed to a group identified in the education setting. Following the performance, characters are brought back to stage to be asked questions about their decision making or offered support from the audience. During this process discussion takes place about what could have happened to have a better outcome for the character. A workshop then follows with smaller numbers for all to ask clarification questions or explore further thinking to better understand the situations we could all find ourselves in. National and local sources of support and help are then shared should anyone need to discuss their thoughts or feelings further. The initial point of support is always the school nurse.

RSHE support

104. Training and resource support is commissioned and offered to all education settings and frontline staff to ensure staff are confident and equipped with up-to-date information to best support children and young people. The CYP team have established links with the education team and issue a termly newsletter for staff and parents with advice and support available. There are always local and national sources of support shared via the school bulletin. An event is planned for partners to come together as a marketplace to show case the support available for schools on 10th October at Saltwells 2023.
105. The Health-Related Behaviour Questionnaire is carried out every 2 years in education settings to identify local data. This anonymous survey gives children a voice on many issues and gauges their understanding and activity to help us and schools plan to best meet their needs.

Finance

106. The work is predominantly funded by the ring-fenced Public Health Grant. A small grant contribution towards substance misuse is made by the Office for Health Improvement and Disparities. A total of £500,000 from the Public Health reserves was allocated to support community hardship between 2022 and 2024. The Black Country ICB also supported creation of the Cost-of-Living Hubs via £75k of inequalities funding. In addition, Dudley residents have benefited from over £13 million income from government via the Household Support Fund since September 2021.

Law

107. These programmes support the statutory role of Public Health in improving population health and none mandated role to improve the health and wellbeing of children aged 5-19. The services also support the statutory duty of Dudley Council to protect children from all forms of abuse as outlined in the Children Act 1989. The School Nursing service undertakes the mandated National School Measurement Programme.

108. The Child Poverty Act 2010¹¹ commits the government to reduce child poverty and places specific duties on local authorities to work towards ending child poverty.

Specifically, it places a duty on each local authority to:

- cooperate with partners and other bodies to reduce child poverty, and work to mitigate its effects.
- produce an assessment of the needs of children living in poverty in its area (a child poverty needs assessment).
- prepare a joint Child Poverty Strategy with relevant partners.

Risk Management

109. Provision of the Healthy Child Programme is currently open to tender. There is a risk that a suitable provider is not identified.

Equality Impact

110. There are stark inequalities in child health, largely based along socio-economic and ethnic lines. Children, those living with disabilities or chronic health conditions and those who are carers are more likely to experience poverty. There are also disparities in risk taking behaviours, with boys more likely to require drug treatment or be involved with the youth justice system compared to girls.

111. Public Health activities aim to reduce health inequalities by ensuring services are accessible and acceptable to those who may find it most difficult to access support. Mandated aspects of services use universal proportionalism to ensure more resource is used for those communities which require greater support.

112. The Growing up in Dudley project is currently active and will elicit the views of children and young people about living in Dudley. Services outlined in this report regular receive feedback regarding service provision, using this to improve the offer to children and young people.

Human Resources/Organisational Development

113. The whole system approach identifies the need for all staff who work with children, young people, families, and carers to understand the factors affecting health and wellbeing and be able to give consistent messages regarding lifestyle.

¹¹ HM Government (2010) [Child Poverty Act 2010](#)

Commercial/Procurement

114. The 5-19 element of the Healthy Child Programme is currently open to tender.

Environment/Climate Change

115. Encouraging increased physical activity and active travel may reduce environmental pollution.

Council Priorities and Projects

116. These activities support the council priority for children and young people to have the best possible start in life in our Child Friendly borough.



Mayada Abuaffan
Acting Director of Public Health

Report Author: Angela Cartwright
Telephone: 01384 817184
Email: Angela.Cartwright@dudley.gov.uk

Meeting of the Public Health Select Committee – 18th September, 2023

Report of the Dudley Managing Director – Black Country Integrated Care Board

Development of Dudley’s Integrated Model of Health and Care

Purpose of report

1. To advise the Committee of progress with work in relation to the development of an integrated model of health and care for Dudley people with specific reference to integrated pathway development.

Recommendations

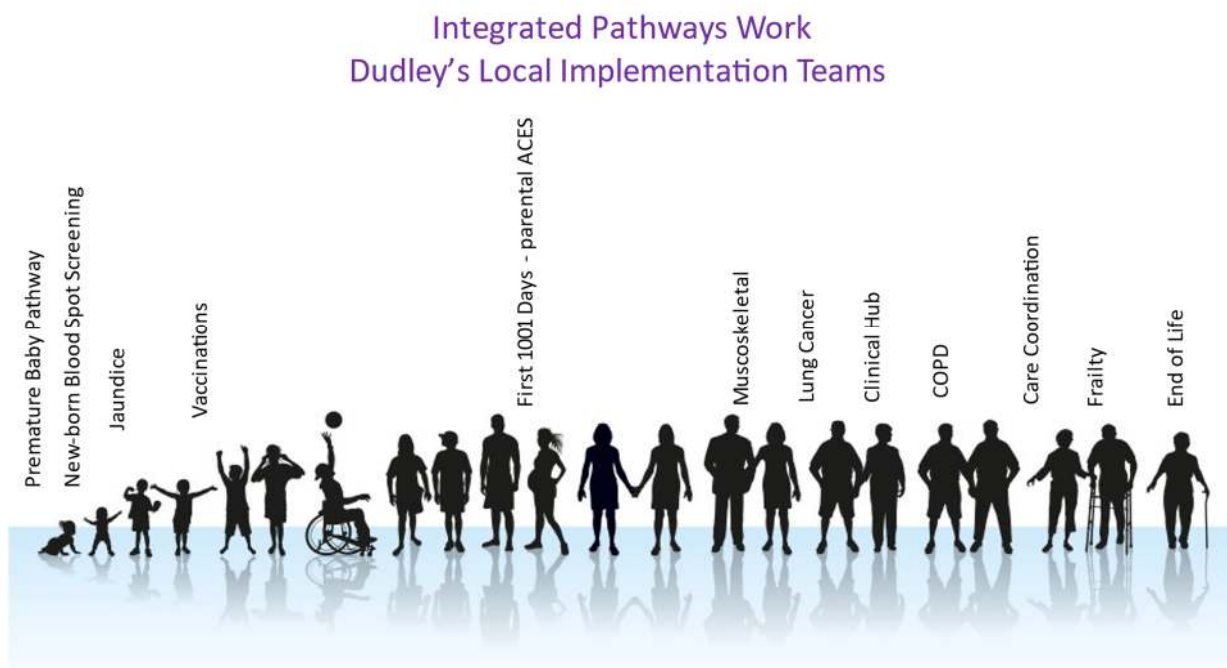
2. It is recommended that the Committee note the current position in relation to integrated pathway development.

Background

3. The Committee will be aware from previous reports of work that has taken place in Dudley to develop an integrated model of health and care. The implementation of this has been overseen by an Integrated Pathways Group which meets monthly to provide oversight and assurance and reports to the Dudley Health and Care Partnership Board.
4. Despite areas of good practice, our data tells us, that at times we are failing our patients and that health inequalities persist across our borough, especially around the health of our children with inevitable lifelong consequences. There are also particular clinical areas with unexplained negative variance, for example, around lung cancer diagnosis and areas where pathways are increasing prescribing costs. Thirdly, we are aware of the ever-increasing pressures on access to both primary and secondary care and the need to manage this pressure for our patients and frontline colleagues.

5. The Integrated Pathways Group has initiated a series of Local Improvement Teams (LITS) that, by taking an appreciative inquiry approach, bring together stakeholders from different statutory, community and voluntary organisations to innovate, collaborate and effect change. The LITS were launched in March 2023 and although weighted at either end of the pathways where need is greater and impact most significant, reviews are taking place across the life course.

6.



7. The areas recommended for review by the Medical Directors of Dudley Group NHS Foundation Trust, Dudley Integrated Health and Care NHS Trust and Black Country Healthcare NHS Foundation trust are listed below with progress against each pathway:

1. Premature Baby Pathway	Project Initiation Document (PID) expected October
2. New-born Blood Spot Screening	Project Initiation Document (PID) approved. LIT underway. Small numbers but potential serious consequences if screening missed – leading to significant impact on both child and family’s life as well as additional costs to NHS and wider social care.
3. Jaundice	Complete – case study attached as Appendix 1.
4. Vaccinations	Complete – investigations confirm we are performing above the England average.

5. First 1001 Days – ACES	Project Group is active. Dads' Social Prescriber role is out to advert. Project Initiation Document (PID) expected October.
6. Musculoskeletal	Plans to develop a single point of access in development. Significant capacity issues within Pain Clinic provision have been identified via the review. Agreement to work on a Black Country footprint to work collaboratively and ensure the strategic direction is aligned. Project Initiation Document (PID) expected November.
7. Lung Cancer	Dudley Group NHS Foundation Trust is currently working on implementation of the targeted Lung Health Checks Programme. A lack of capacity in radiology diagnostic services has been identified. Project Initiation Document (PID) expected October.
8. Clinical Hub	Project Initiation Document received, and significant progress made with improved patient outcomes - case study attached as Appendix 2.
9. COPD	Project Initiation Document received, and significant progress made to include psychological support added to the pathway. 3 GP Practices identified to participate in a virtual ward step up pathway pilot, with referral pathways through to the Clinical Hub.
10. Care Coordination	Project Initiation Document received, and significant progress made with improved patient outcomes - case study attached as Appendix 3.
11. Frailty	Scope of LIT yet to be established. Project management support now identified to drive this work forward. Project Initiation Document (PID) expected December.
12. End of Life	Strategy developed on a Black Country footprint to work collaboratively and ensure the strategic direction is aligned. Local implementation and governance currently being reviewed.

8. LIT progress continues to be variable due to the impact on clinicians of ongoing industrial action within the NHS. Despite these challenges, work is progressing.

9. The current list of LITs does not include any mental health pathways. It was agreed by the Group at the August meeting that the Dudley Mental Health Working Group will expand its remit beyond operational service delivery and transformation to include pathway review. The membership will be amended to include a wider group of stakeholders in Dudley (e.g. LA, Housing, Public Health, VCSE representatives, substance misuse services) and will work in partnership with the Dudley Mental Health JSNA Group to help define the priorities of the Working Group that will benefit from partnership working – e.g. suicide prevention, dual diagnosis, MH prevention and promotion.
10. In addition, PIDs were received for Child Obesity, Child Poverty and Early Years' Speech, Language and Communication. The Group agreed with the proposals but determined that ongoing oversight and assurance would be via the Children and Young People's Partnership Board, of which the ICB Managing Director is also Chair.
11. We will know we are doing things differently when the shared outcomes for all pathways are met:-
 - patients are empowered and supported to remain well at home;
 - care is provided out of hospital where possible;
 - there is appropriate discharge (at all tiers).

Finance

12. There are no immediate financial implications arising from this report. Any developments have been funded from within existing budgets or as the result of agreed business cases.

Law

13. The ICB, the Council and the Health and Wellbeing Board have complementary duties relating to the integration of health and care services.

Risk Management

14. There are no material risks identified

Equality Impact

15. Any significant service changes will be the subject of Equality and Quality Impact Assessments.

Human Resources/Organisational Development

16. No immediate implications

Commercial/Procurement


17. No implications

Environment/Climate Change

18. No implications

Council Priorities and Projects

19. Forging a Future – healthy, safe, resilient communities.



Neill Bucktin
Dudley Managing Director
Black Country ICB

September 2023

Telephone: 01384 321925
Email: neill.bucktin@nhs.net

Appendices

Appendix 1 – Jaundice Case Study

Appendix 2 - Clinical Hub Celebration Presentation

Appendix 3 – Community Partnership Teams Presentation

Appendix 1

Jaundice Case Study – prepared by Angela Cartwright SRO for the Children’s Pathways

In January 2022, the Dudley Health and Care Partnership commissioned Capgemini Invent Consulting Services and their Accelerated Solutions Environment (ASE) to transform health and care in Dudley through the development of a new model of care. Infants, children and young people were agreed as a priority area where the new Integrated Model of Care is believed to have significant impact.

In September last year over 100 clinicians and stakeholders from statutory, voluntary and community sectors met to agree the main aims of the workstream and to propose recommendations to the Dudley Health and Care Partnership Board. The agreed aims were:

- An outcomes framework for all services working with children and young people.
- Increase recognition of clinical skills of staff, ease referrals and inter-profession discussions, increase staff job satisfaction therefore increasing recruitment and retention.
- Focus on preventative health and care, focused on needs of the population, not needs of providers or service delivery.
- Focus on universal offer, considering specialist where needed.

The ambition is that services need to operate as one “Dudley Children’s Team” * regardless of the employing organisation enabled by a streamlined matrix management structure and a governance enabled system to agree and enact change at speed. Optimum conditions for implementation of the new Model of Care have been explored and new ways of working have been suggested.

In order to "test" the new way of working the Medical Directors of DGHFT, DIHC and BCH have proposed a series of pathways to be reviewed and the Jaundice Pathway was identified as one of the first that, without financial investment, could be redesigned to improve outcomes for infants in the First 1001 Days.

Prior to the redesign Dudley Health Visitors were not able to refer directly to the paediatric department at Russell's Hall Hospital. Despite the Health Visitors having the necessary clinical skills to make an appropriate referral and having assessed the child, families must be redirected to their own GP for an additional assessment. This posed the following problems:

- Delay in referral - worsening of condition

- Difficulty in obtaining an appointment in Primary Care / blocking of appointment phone lines
- Wasted appointment in Primary Care (HV has already assessed)
- Loss of GP appointment for other patients

In addition to the above it is widely recognised that vulnerable families with additional complexities (deprivation, ESOL, mental health conditions etc) are likely to fall through the gap without direct referral as the additional need to book/attend another medical appointment is prohibitive. This increases the risk for these already vulnerable children.

The following actions are in place:

Health Visitors from Dudley are now able to refer directly into the Paediatric Assessment Unit (PAU) for urgent review of children. This has been updated in the PAU Standard Operating Procedure.

In addition, Health Visitors can refer into directly into Children's Services via a specific email address. Completion of a proforma is required. This is monitored daily and responded to in a timely way.

This will result in timely intervention to issues by the acute hospital team and give the opportunity for triage of the referral to ensure appropriate review without multiple referrals.

In the case of prolonged jaundice there would be opportunity for the referral for prolonged jaundice to be directed immediately into the nurse led clinic at DGFT.

We anticipate the following outcomes:

- Timely assessment and intervention of child avoiding unnecessary delay
- Release of primary care appointments to GP's
- Improved professional satisfaction for health visitors as their expertise is recognised without the need to refer to GP's
- Opportunity to avoid expense to parents and carers due to loss time at work / travel if multiple appointments required

The following **Core Principles for Team Dudley can be assumed*

- *The voice of the child is fundamental to our working practice.*
- *Co-design is an agreed way of improving our services and relationships with families.*

We will work "with" families and aid them to seek their own solutions

Appendix 2

Clinical Hub Presentation

Spotlight - Dudley Clinical Hub

- The Dudley Clinical Hub is a community based integrated service that co-ordinates care and give advice for patients. It receives and facilitates referrals and communication between primary care, community staff and secondary care.
- The team aims to ensure all patients get access to the appropriate clinician or service.
- Referrals are received via a Single Point of Access- telephone or e-mail.
- The service operates 08:00 – 21:00 7-days a week including bank holidays and serves the population of Dudley. Last referral accepted at 20.00

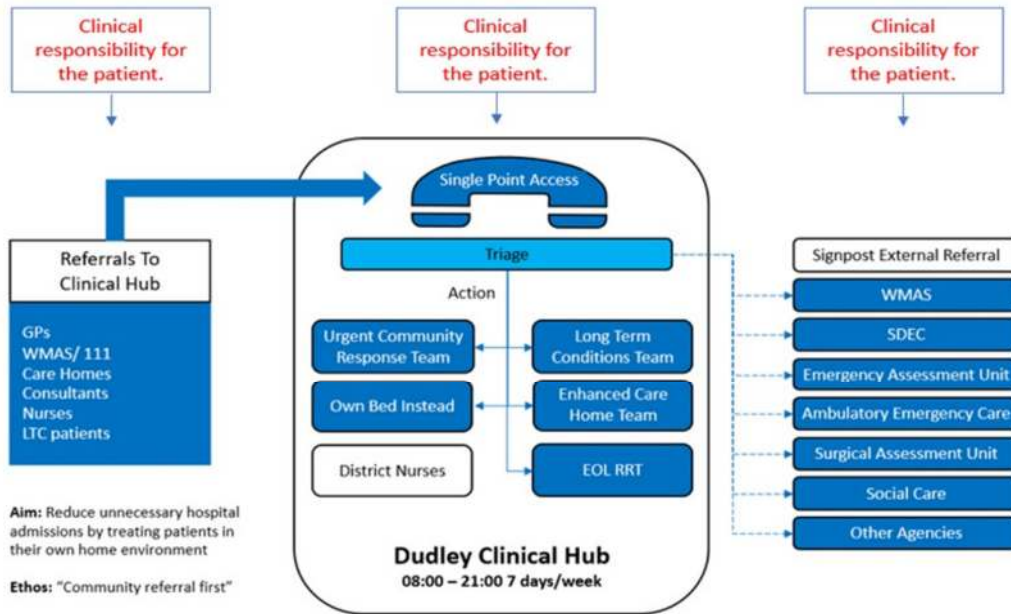
Single Point of Access

Telephone Triage/ Email referrals

The single point of access **co-ordinate** care delivery including:

- Advanced assessments within two hours for patients needing urgent health interventions and care who can remain at home (2 hours, same day or the next day)
- Step-down to community nursing for longer term needs for patients needing district nursing care, long term condition management and treatment at home
- Provision of urgent equipment to avoid acute hospital admission
- Admission to community bedbased services, where appropriate
- Intravenous antibiotics
- Signpost to alternative pathways
- Access to Same day emergency care
- Give clinical advice
- Liaison with patient's GP to effectively manage clinical care at home and the wider health and social care system.

SPA Triage Process



Urgent Community Response Team

2hr, Same Day & Next Day

Clinical Condition		
2 Hrs	Same Day	Next Day
<ul style="list-style-type: none"> The person is experiencing a crisis which can be defined as a sudden deterioration in their health and wellbeing The crisis may have been caused by a stressor event which has led to an exacerbation of an existing condition or the onset of a new condition or significant deterioration in clinical state or baseline functioning This health or social care need requires urgent treatment or support within two hours and can be safely delivered in the home setting <p>Fail, Decompensation of Frailty, Reduced function, EOL/ palliative, Confusion/delirium, Urgent catheter care, Urgent support for diabetes, urgent equipment provision to support.</p>	<ul style="list-style-type: none"> Catheter Care (Not retention) Non urgent diagnostic test Chronic condition 	<ul style="list-style-type: none"> Review following commencement of treatment Patient that can safely wait for SDEC the following day Packages of care

Patient story...

- 88 yr old lady
- Fall from bed
- Long lie >1hr
- Pressed pendent alarm, family found & contacted GP
- GP contacted patient/family
- History over past 2/7
- Chesty cough +++
- Rattling ++
- Not productive
- Reduced appetite
- Reduced balance/mobility



MDT collaboration with DCH



REFERRAL TRIAGED IN OBI @ 13:40



DECREASED FUNCTIONAL ABILITY
= INCREASED RISK OF HOSPITAL
ADMISSION REMAINED

OBI Ax



Physio assessed pt at home @ 14:15



Physical assessment conducted, pt not
at baseline. Equipment needed to
maintain safety

OBI Ax cont...



Physio referred to A & I equipment driver to obtain immediate equipment for assessment



Driver met physio at property within 30 mins



Equipment Ax completed & family shown how to use

OBI Ax cont...

Pt had reduced functional ability to maintain own PADL's therefore urgent POC needed

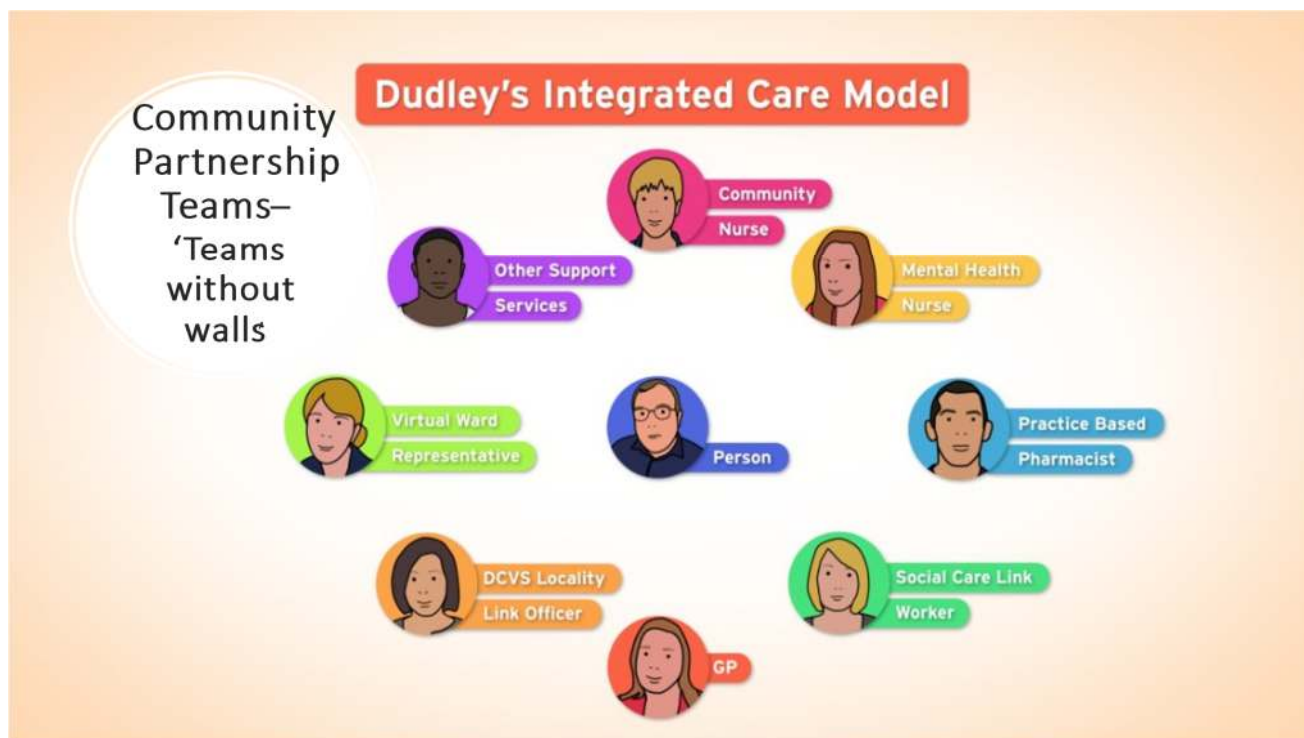
In collaboration with OBI triage, TOC was completed & discussion held with urgent care

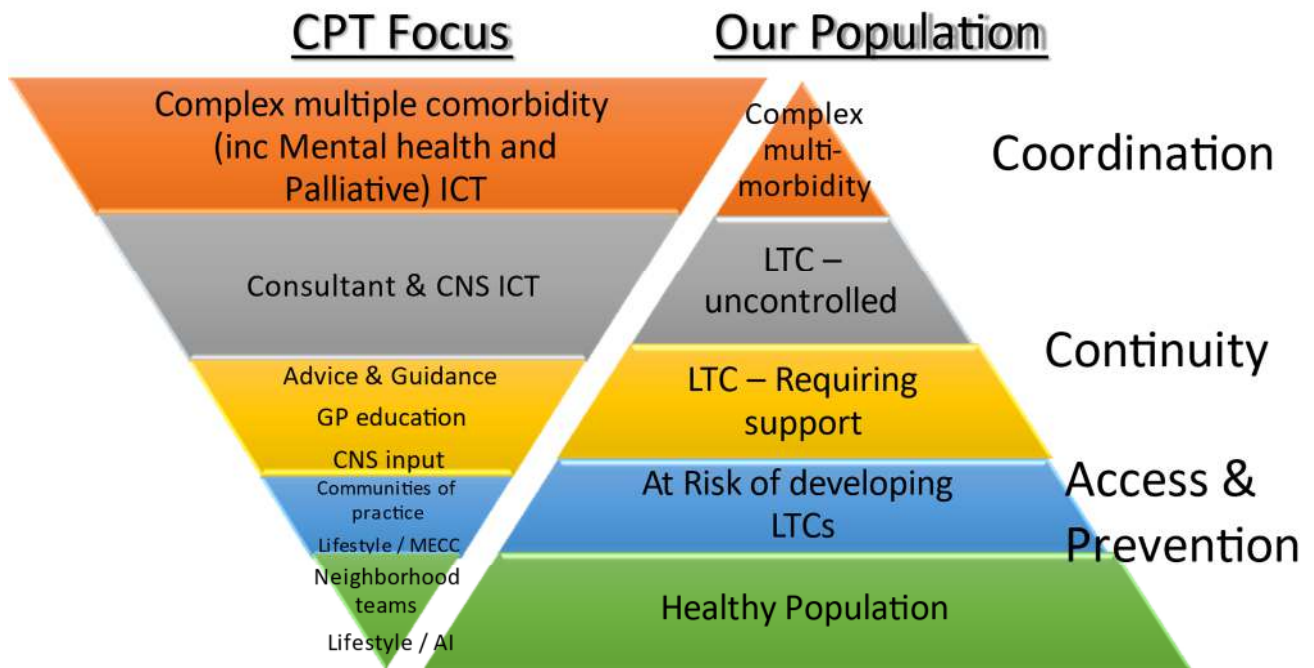
Referral accepted by urgent care with an agreed start date of 48hrs

POC consisted of QDS calls with x 2 carers

Dudley Integrated Care Model : Clinical Model for Community Partnership Teams

12 months progress update





CPT Local Implementation Team (LIT)

- Transformation Group meeting since June 22
- Baseline assessment of current position - Staff survey and Staff focus Groups
- Development of model in collaboration with frontline Staff
 - CPT variation across the PCN's- number of recommendations to be implemented
 - Core aspects of Care Coordination
 - Improving discharge pathways and communication
 - Cross organisational OD and Culture- facilitated by Dudley Improvement Practice (DGFT)

Survey - *Successes you want to share*

"The ICT has helped many of my patients and has also made me aware of agencies and services on offer to patients that I previously didn't know about."

"There have been a number of times that I have fed back to my supervisor during supervision sessions the importance of the ICT meetings and how some excellent joined up working has been achieved as a result of them."

"I feel the ICTs are a very good platform to help Dudley residents to get the help they needs and with all professionals involved. It's nice to discuss and have different opinions and direction towards the correct support."

"The rapport that our team has is brilliant. We are lucky to have a (reasonably) stable core workforce and when there have been changes new members are made to feel welcome and slot into the team easily and feel part of it quickly."

"Great palliative care monitoring, shared decision making between teams, early involvement of community teams. Supporting women and men with domestic abuse, financial and social issues impacting on their health."

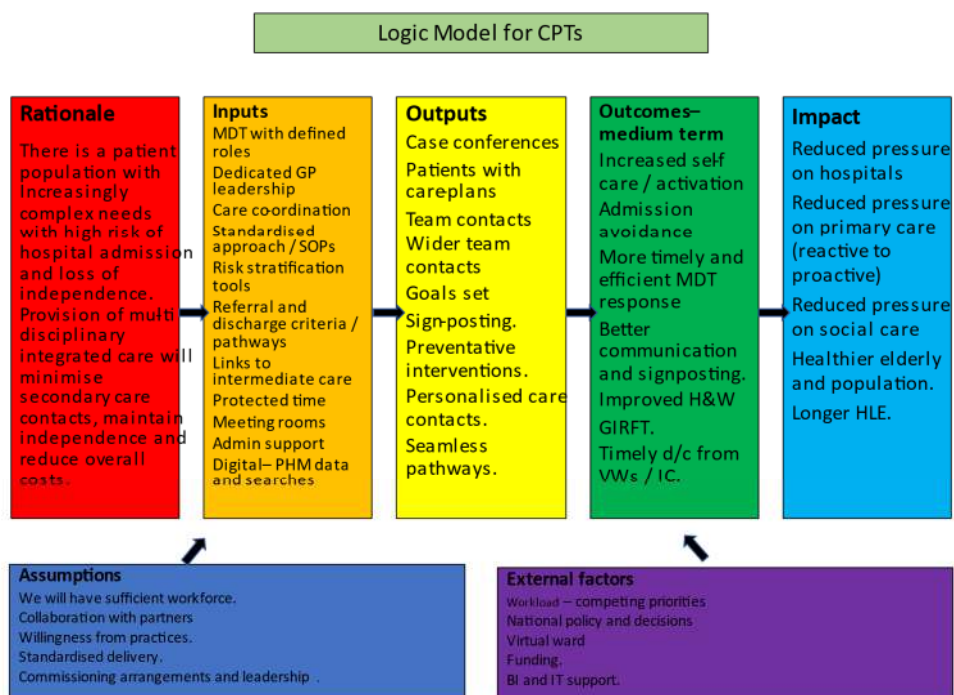
"Through the use of migrant social prescribing and mental health services, some of our Asylum seeker patients have been able to access care and support."

Progress in the last 12 months

- Dedicated Leadership across all 6 PCN's
- Review of Commissioning arrangements – improve compliance and attendance
- Standardisation – roles and responsibilities, service model, agenda
- Change of name – ICT's to CPT's
- Alignment of Intermediate Care Team - facilitate better discharge co-ordination
- Palliative Care focused CPT's - monthly across all PCN's, Early tool pilot for better identification of EOL
- Complex Mental health CPT's – alignment of adult psychiatrists, older adults in progress

Progress in the last 12 months

- Dedicated substance misuse CPT – bimonthly with links into individual CPT’s from Atlantic House
- Diabetes Population Health management – PARM tool, plans to transition to CPT model
- Respiratory focussed CPT – alignment of Respiratory consultants, pre -winter approach, step-up pathway for VW
- Updated CPT referral form
- EMIS template – process of revision to ensure systematic capture of data, will include specialist areas
- CPT contact protocol – contact details of all staff (including PCN)



Community Partnership Team Communication Tool

Name of Patient	
NHS Number	
Address	
DOB	
Name of Sender	
Job Role and team of Sender	
Mobile number for sender	
Sender's team phone number & email	
Urgency level*	Within 2 hours / Within 24 hours / Within 7 days
Information for recipient	
Actions for recipient	

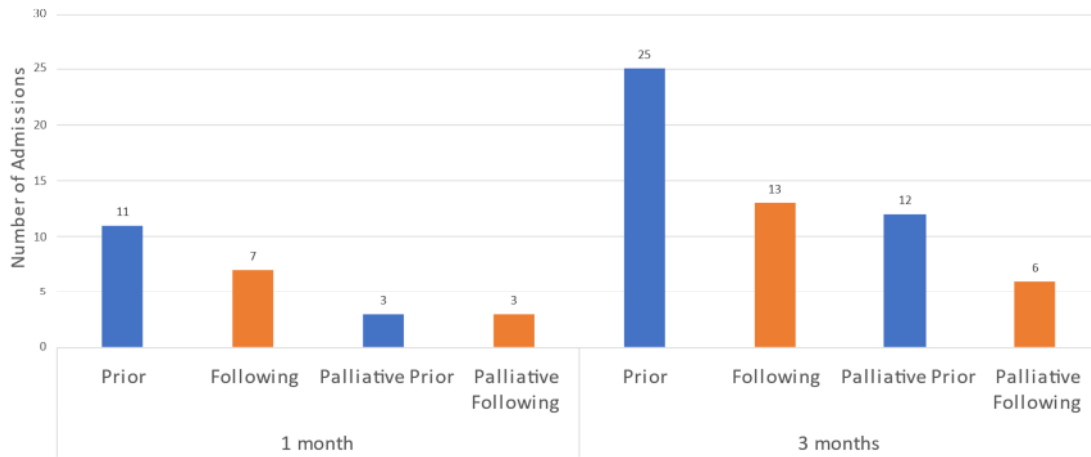
*(If within 2 or 24 hours the sender must phone the recipient: clinical responsibility remains with the sender until this phone contact is documented.)

Potential metrics for CPTs

- Unplanned admissions in over 75s in ICT footprint and ICT caseload (outcome and search tool)
 - Last 3 months – cumulative
 - Last 6 months – cumulative
- GP appointments (outside of ICT) in ICT caseload
 - Last 3 months
 - Last 6 months
- Goal Attainment Scaling– goals assessed and achievement **GAS by individual practitioner eg walk to shops, BP to target, 2 social contacts per week.**
- Frailty assessment and rate of movement 5/6 to 7/8 over 6 months / 1 year
- Mental health– WMWEBS change in score over 3 month period [FAQs \(warwick.ac.uk\)](#)– **or similar scale– BCH approached.**

CPT4 Admissions Audit

EMIS search for patients discussed in CPT meeting 1st July – 1st October.
Record review on those patients to count admissions in the 1 month prior to and following discussion and 3 months prior and following.



Number of admissions prior and post discussion at the CPT meeting between 1st July and 1st October 2022

Future

- Care plan
 - Named care coordinator
 - Optimisation plan (LTC, including lifestyle & social inclusion)
 - Exacerbation plan (including ceilings of care, ReSPECT)
 - Shared with patient and family
- Closer links to Clinical Hub and Care Homes
- IT – Shared EPR would save substantial clinical time and would improve “care by conversation”
- Workforce
 - Universal offer, shared recruitment and training
- Prevention – how do we move current CPT’s to cover preventative agenda?
 - MECC, Social model of care, Early in age, Early in disease

Public Health Select Committee

Progress Tracker

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Minute no. 4 – Public Forum	Questions raised by Councillor J Foster, on behalf of local residents, in relation to High Oak Surgery, to be submitted in writing, for a written response to be provided by Dudley Integrated Health and Care Trust.	Democratic Services/Dudley Integrated Health and Care Trust	Completed – response to questions emailed 31/08/2023
	Concerns expressed by a member of the public with regards to issues and the lack of support within the Lye area, be portrayed to the relevant Directorates for consideration and further action.	Democratic Services	Completed – email sent to the Director of Housing and the Acting Service Director for Environment

Minute no. 5 - Programme of Meetings and Business Items for 2023/24 (Meeting held on 31 st July, 2023)	That the Overview and Scrutiny Committee be recommended to continue with the existing arrangements for call-in and that the Medium-Term Financial Strategy report continue to be submitted to individual Select Committees for scrutiny.	Democratic Services	Completed – recommendation emailed to the Chair/Vice-Chair of Overview and Scrutiny Committee, the Monitoring Officer and the Director of Finance and Legal
Minute No. 6 – The Life in Lue Programme (Meeting held on 31 st July, 2023)	That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.	Acting Director of Public Health	On going
	That issues raised with regards to fly-tipping, street cleansing and houses in multiple occupation, which fall outside of the remit for Public Health Select Committee, be referred to the appropriate Directorate.	Democratic Services	Completed - email sent to the Director of Housing and the Acting Service Director for Environment
Minute No. 7 - National Health Service (NHS) Quality Accounts –	That D Howells – Chief Nursing Officer provide a written response with regards to the utilisation of local charities, namely The What Centre, to assist with providing mental health support to young people.	D Howells – Chief Nursing Officer (Black Country Healthcare Trust)	On-going

<p>Black Country Healthcare Trust (Meeting held on 31st July, 2023)</p>	<p>That a further report be submitted to a future meeting, a date of which to be confirmed, in relation to Children and Young People’s Mental Health.</p>	<p>D Howells – Chief Nursing Officer (Black Country Healthcare Trust)/ Acting Director of Public Health/Democratic Services</p>	<p>On-going</p>
<p>Minute No. 8 - Development of Dudley’s Integrated Model of Health and Care (Meeting held on 31st July, 2023)</p>	<p>That the Dudley Managing Director – Black Country Integrated Care Board provide details of waiting times for young people accessing the Early Years Speech and Language service.</p>	<p>N Bucktin - Dudley Managing Director – Black Country Integrated Care Board</p>	<p>Completed – response emailed to Members of the Committee 22/08/2023</p>

Future Business 2023/24

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>	<u>Notes</u>
23rd November, 2023	Staff Wellbeing	Mayada Abu Affan	
	Substance Misuse	Mayada Abu Affan	
	Evaluation of previous Health and Wellbeing Strategy and the New Health and Wellbeing Strategy	Mayada Abu Affan	
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan	
	Update on High Oak	DIHC	
	Update from the Director of Public Health - Life in Lye	Mayada Abu Affan	
25th January, 2024	High Oak	DIHC	
	Director of Public Health Annual Report	Mayada Abu Affan	
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan	

	Update from the Director of Public Health - Life in Lye	Mayada Abu Affan	
	Corporate Quarterly Performance Report – 2023/24 Quarter 2 (To be circulated for information only)	Alison Harris	
28 th March, 2024 (Additional meeting)	Mental Health	Mayada Abu Affan/DIHC/Black Country Healthcare Trust	
	Your Home, Your Forum	Mayada Abu Affan	
25 th April, 2024	Annual Report and Draft Scrutiny Programme	Steve Griffiths	
	NHS Quality Accounts	David Pitches and NHS Partners	
	Household Support Fund	Mayada Abu Affan	
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan	

	Update from the Director of Public Health - Life in Lye	Mayada Abu Affan	
	Corporate Quarterly Performance Report – 2023/24 Quarter 3 (To be circulated for information only)	Alison Harris	