

Meeting of the Dudley Health and Wellbeing Board

**Thursday 13th June 2024,
at 4.00pm on Microsoft Teams**

(This meeting will be recorded purely to assist in the accurate production of decisions and actions. Once these have been agreed, the recording will be deleted).

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

1. Election of the Chair

The Elected Members of the Board to elect a Chair for the municipal year.

2. Election of the Vice-Chair and Co-opted additional Members

The Elected Members of the Board to elect a Vice-Chair and Co-opted additional Members for the municipal year.

3. Apologies for absence.

4. Appointment of Substitute Members.

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

6. To confirm and ratify the minutes of the meeting held on 14th March, 2024 as a correct record (pages 4-25)

- 16.20 7. Public Voice – presentation.
8. Items for Board sign-off
- 16.40 a) Proposed Programme of Meetings 2024-2025 and Refreshed Terms of Reference (pages 26-36)
- 16.45 b) Growing Up in Dudley – Growing Up in Dudley: A Qualitative Exploration of Underrepresented Communities’ Needs and Experiences (pages 37-40)
9. Items for Decision
- 17.10 Dudley Better Care Fund refreshed Plan 2024/2025 and 2023/2024 (pages 41-49) (Appendices 1-3 available on CMIS only)
10. Items for Information:
- 17.20 a) Report from the Children and Young People’s Partnership Board (pages 50-87)
- 17.30 b) Goal Progress – Highlight reports – Fewer people die of circulatory disease (pages 88-104)
- 17.35 c) Integrated Care Partnership Update (pages 105-114)
- 17.55 11. Any other business
12. To consider any questions from Members to the Chair where two clear days’ notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

Please note the following important information concerning the meeting:

- This meeting will be held virtually by using Microsoft Teams.
- This is a formal Board meeting, and it will assist the conduct of business if participants speak only when invited by the Chair.
- The Chair reserves the right to adjourn the meeting, as necessary, if there is any disruption or technical issues.
- All participants should mute their microphones and video feed when they are not speaking.

- Please remember to unmute your microphone and switch on your video feed when it is your turn to speak. Speak clearly and slowly into your microphone.
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- Elected Members can submit apologies by contacting Democratic Services: Telephone 01384 815238 or E-mail Democratic.Services@dudley.gov.uk

Distribution:

Members of the Dudley Health and Wellbeing Board



**Minutes of the Dudley Health and Wellbeing Board
Thursday 14th March 2024 at 4.00pm
Microsoft Teams Meeting**

Present:

Councillor I Bevan (Chair)
Dr R Edwards (Vice- Chair)

Councillors: R Buttery

Officers: M Abu Affan (Director of Public Health and Wellbeing), N Bucktin (Dudley Managing Director - Black County Integrated Care Board), A Gray (Dudley Council for Voluntary Service (DCVS) - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), A Shakespeare (West Midlands Fire and Rescue Service), Commander A Tagg (West Midlands Police), and L Jury (Democratic Services Officer).

Also in attendance:

Dr S Dougan (Interim Head of Services in Public Health)
C Webb (Chief Executive Officer – White House Cancer Support Limited) for agenda item no. 5
L Grainger (Casual Public Health Project Manager) – for agenda item no. 6(a)
P Billingham (Head of Family Solutions) - for agenda item no. 8(a)
Dr D Pitches – (Head of Healthcare Public Health) – for agenda item nos. 7(a) and 8(d)
J Essex – (Program Manager Dudley, Wolverhampton, and South Staffordshire Breast Screening Programme) – for agenda item no. 7(a)
J Burness (Dudley Group NHS Foundation Trust) – for agenda item no. 7(a)
B Johal (Public Health Manager – Healthy Communities and Place) for agenda item no. 8(e)
C Conway and S Cornfield

58 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of the Bishop of Dudley, M Bowsher, S Cartwright, C Driscoll, M Foster, S Tranter and D Wake.

59 **Appointment of Substitute Members**

It was reported that K Rose (Dudley Group NHS Foundation Trust) had been appointed to serve as a substitute for D Wake and C Conway (Head of Adult Safeguarding) had been appointed to serve as a substitute for M Bowsher, for this meeting of the Board only.

60 **Declarations of Interest**

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

61 **Minutes**

Resolved

That, the minutes of the meeting of the Board held on 14th December, 2023, be approved as a correct record.

62 **Public Voice**

The Chair advised that the item that had been due to be presented had been deferred to a future meeting and that C Webb – Chief Executive Officer from the charity White House Cancer Support had been invited to present to the Board.

In introducing the item, C Webb advised that the presentation slides would be emailed to the Board after the meeting which included a brief overview of the charity, however, this presentation would focus on the important work being undertaken on developing support available to the communities, and research that had been undertaken which had highlighted the significant inequalities around breast cancer.

It was advised that the charity offered practical and emotional support to all communities, however it had been recognised that support was predominantly given to the white community, and the charity were particularly interested in undertaking work to address this issue and ensure that support going forward was offered to diverse communities.

The charity strongly believed in partnership working, and reference was made to work involved with the Dudley Combined Partnership, a range of voluntary sector organisations who had come together to consider how they could support each other and support the integration of services agenda. It was noted that part of the work had been to apply to the National Lottery for the Healthy Communities Together Fund which Dudley were successful in obtaining and were also successful in obtaining additional funding to support the work moving forward.

It was noted that part of the lottery remit was to look at other partnerships and the charity had been particularly interested in an initiative that had been undertaken by the CVS at Tower Hamlets where they had worked with Somali women with regard to inequalities in sexual health and had achieved excellent outcomes. The model they had used was engaging with the community and co-production, where the community rather than the organisation had come up with solutions. Subsequently, the charity engaged with the group and had taken on some of the learning and applied them to Dudley.

Specific focus was given to deprived areas of Dudley, where the Integrated Care Board (ICB) were also looking to support work in health inequalities, with specific focus on breast screening and why the Black African and Caribbean communities were not attending for screening. It was noted that using the funding, work had been undertaken with the community in Central Dudley, particularly focusing on 50-71 year olds. Although it had become evident that some men within that community were eager to become involved and encourage their wives and daughters to take part, the research highlighted other difficulties the community were facing namely:

- different communities within the community who have different cultural beliefs,
- many were not aware of how to check their breasts for issues,
- a lot of perception around the Breast Screening service staff such as, many believed that male staff would be involved in the screening process, which was not the case,
- issues related to cancer and the belief that it should be dealt with within the family, shame related to cancer, lack of education and understanding on this issue,
- lack of communication in families about cancer, for example, one woman had stated that her mother and her four sisters had died of breast cancer and her father had never spoken about this, which strongly highlighted the need to educate and raise awareness of cancer,

- issues around poverty, related to the necessity to take time off work to attend appointments or need to use transport to attend, highlighted the need to consider other locations and offer appointments on Saturdays and evenings,
- hospitals were seen as barriers by some in the community, many feel uncomfortable attending statutory services and one woman stated that she had felt she had been treated differently to a white women,
- access to services especially if needed to travel and had any disabilities and no family or friend support network.

The outcomes of the research had highlighted a lot of issues that needed to be considered and reference was made to the Integrated Care Service (ICS) Engagement Team who were also looking to address inequalities across the Black Country and the charity were working with them and six other organisations to set up a network of voluntary groups from all areas of the Black Country.

Reference was made to the Black Breast Matters group where co-produced information was shared and material produced that addressed myths and realities relating to breast screening which was then presented to the communities and had received positive outcomes. It was noted that the material had also been presented to a conference in London on inequalities and to the Association of Breast Surgeons, where the presentations had been positively received.

To highlight the outcomes of the research undertaken and to consider how to address these issues, reference was made to a video that had been produced that demonstrated the traumatic realities of breast cancer and how to deal with it. A real scenario had also been used to highlight the challenges some women faced in accessing screening where a 15 year old daughter had supported her mother in sneaking out of the house to attend as her husband was unhappy with her involvement. This clearly demonstrated that young people needed to be educated and involved in the processes at an earlier age and celebrities such as Denise Lewis and Beverley Knight had added their support in this issue.

The research had also highlighted that the communities in the West Midlands were changing regularly and it was essential that NHS services acknowledged this and ensured that staff training was provided so that the communities felt they were being treated fairly and that services had a greater awareness of their actions. Engagement with communities was essential to continue with the work going forward, and care needed to be taken to not raise expectations and be open and honest with them. In a positive light, many of the women that had been involved had stated that they were happy to become Cancer Champions and go out into communities as advocates.

In conclusion, C Webb advised that the Black Breast Matters group were rebranding to become the Health Equity Partnership and would address all inequalities within the communities. The Board were advised to consider the work already being undertaken in relation to health inequalities to prevent duplication, to continue to engage with their communities and the importance of working with partners, to ensure that change happened.

Arising from the presentation, the Chair expressed his thanks to C Webb for an informative presentation and advised that he had seen the graphics previously and had forwarded them to the Director of Public Health and Wellbeing and the Head of Health Care Public Health to share going forward.

In response, C Webb stated that the material had also been presented to the ICB and the Chief Executive of Russells Hall Hospital and would be used going forward in other promotional events and played in GP surgeries. It was noted that the ICS Engagement Team were also working with the charity to help secure further funding to continue to promote awareness.

The Dudley Managing Director – BCICB referring to the need to involve young people in raising awareness, advised that the ICB and Public Health colleagues were jointly commissioning young health champions and suggested that they be approached to consider becoming involved in the work being undertaken by the charity.

In response to questions raised in relation to how to continue engaging with the communities and provide education to raise awareness, and how outcomes were measured, C Webb advised that voluntary sector organisations already had a good relationship with the communities and were seen as a trusted voice in comparison to the perception of statutory services that were often seen as a barrier to accessing health services. It was noted that this had been discussed within the cancer network and the need for partnership working and investment to be put into organisations to be able for them to continue to go out into the communities and engage was seen as essential. In terms of measuring outcomes, it was noted that many voluntary organisations were already proficient in evaluating and evidencing outcomes in order to obtain funding.

In conclusion, the Chair requested that on receipt of the presentation slides, Members share the information with other colleagues to continue to raise awareness of this important issue.

Resolved

- (1) That the information presented on the work of the White House Cancer Support charity, and comments made by Members, be noted.
 - (2) That the presentation slides be forwarded to Members and they be requested to share the presentation with other colleagues.
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63 Items for Board sign-off:

(a) Revised Terms of Reference and Governance

The Board received a report of the Director of Public Health and Wellbeing on a revised Terms of Reference (ToRs) for the Health and Wellbeing Board, in relation to Membership and Voting Rights of Members.

In presenting the report, the Casual Public Health Project Manager advised that the Terms of Reference had been updated as a result of the Development Sessions held in January 2023 and to reflect the change in Membership.

At the Board meeting on 14th December 2023, a report on a revision of the ToR was first submitted, and the Board sought further assurance and guidance on the Options recommended in the report in relation to voting rights of HWBB Members. As a result, a review of the guidance had been undertaken in line with the Local Government Act 1972 on Voting Rights for HWBBs and a review of the ToR of other HWBBs from neighbouring authorities. Reference was made to the proposals set out in the report which ensured compliance with Constitutional requirements in relation to voting rights, and two options were proposed.

In concluding, the Casual Public Health Project Manager, advised that the recommendation to the Board was that Option 1 be approved where all Members on the Health and Wellbeing Board would have voting rights, including Council Officers.

Arising from the presentation, Dudley Managing Director – Black Country Integrated Care Board advised that the Dudley Integrated Healthcare NHS Trust would be dissolved on 1st July 2024 and from 1st April 2024 Shropshire Community Health NHS Trust who would be responsible for providing a number of Children’s services, which was a Board priority. Therefore, it was proposed that the service also be included as Board Members. In response, the Chair proposed that this proposal be considered and the membership of the HWBB be amended as necessary.

Resolved

- (1) That, the report submitted on the revised Terms of Reference for the Health and Wellbeing Board, be noted.
- (2) That, Option 1 as set out in the report, proposing that All Members of the Health and Wellbeing Board to have voting rights, including Council Officers, be approved.
- (3) That, the proposal that Shropshire Community Health NHS Trust be included in the Membership of the Board, be considered and the membership amended as necessary.

64 Goal Progress

(a) Deep Dive – Breast Cancer Screening

The Head of Healthcare Public Health presented the report, and in doing so, acknowledged the support that had been given by J Essex, Programme Manager, Dudley, Wolverhampton and South Staffordshire Breast Screening Programme, who had been jointly leading the programme, and J Burness, the Health and Equality Lead for Breast Screening Programme, and others who had contributed to the work that had been undertaken on the screening programme.

It was advised that breast cancer was screened as it was one of the commonest forms of cancer in women, and occasionally men, and that the mortality rate in the United Kingdom was relatively high compared to some neighbouring countries. It was noted however, if detected early, this cancer was easily treatable compared to when the cancer had spread when the likelihood of a successful cure became much less. It was noted that a screening programme had been in place in the UK for three decades and it was estimated that this had saved around 1400 women's lives each year.

The cost of breast cancer screening nationally to Dudley was estimated at around £14m per year in terms of care costs, etc. The screening programme invited women aged from 50-70 years for screening once every three years and over 70 year olds were invited by request only.

Reference was made to the mobile units used for screening available in six Dudley Primary Care Network (PCN) areas including Brierley Hill and Kingswinford, and it was noted that historically, no suitable sites had been found to house the units in Halesowen, Dudley and Netherton PCN areas, signifying an inequality for women living in those areas. The challenges faced by women accessing the units was noted which included, transport, costs, childcare, and it was noted that Dudley and Netherton had the lowest uptake of breast screening in the Borough.

Referring to the number of diagnoses of breast cancer in the Borough, it was advised that it did not significantly differ from the national average and similarly, when looking at Ward level data, there was little variation in rates of diagnoses in national figures.

It was advised that Dudley and Netherton had the lowest number of urgent referrals in comparison to some of the other PCN areas, particularly Kingswinford, and the possible reasons for this were presented. As a result of identification of low screening, diagnosis rates in Dudley and Netherton PCNs, it was advised that efforts would be concentrated in these areas to encourage the uptake of breast screening.

Reference was made to the 'two week wait' process which comprised of a woman having seen her GP due to concerns and being referred for an assessment within a two week wait pathway. It was noted that a third of all diagnosis were picked up by screening and the proportion of women surviving if diagnosed through screening was higher than those presented through other routes, particularly if the cancer was presented at a more advanced stage, therefore the best chances of survival come from screening. However, it was acknowledged that not all cancers were picked up at screening as some cancers could present between screening and it was noted that breast cancer mortality in Dudley had been consistent at around 70 people per year.

Referring to measuring the success of the screening programme, it was noted that this was undertaken in two ways which were interrelated:

- coverage - being people who were eligible over a three year period and what percentage had been screened,
- uptake – an up-to-date figure of these who had received their invitation to screening and whether they had been screened within six months.

The effects of the pandemic on screening were acknowledged as many screening programmes had been scaled back and had taken time to recover. Dudley and Netherton's coverage, however, had continued to be low as opposed to other PCN's where screening was above the England average. Referring to uptake, it was noted that Stourbridge, Sedgley and Gornal were low, with Dudley and Netherton being the lowest compared to the Dudley and England average. It was acknowledged however, that these figures were volatile, but data demonstrated that Dudley and Netherton were consistently several percentage points below all other PCN's and the trajectory suggested that they would remain several percentage points below other PCN's.

To help understand why screening uptake was so low in the areas that had been identified, a literature review had been undertaken which had identified various ways of encouraging women to attend screening. Work had also been carried out in close partnership with the White House Cancer Support charity, the Breast Screening Service, and primary care, on some specific interventions to increase uptake particularly in Dudley and Netherton. Therefore, it was important to identify when specific general practices were aiming to send out invitations to screening as this would provide an opportunity to try out interventions now, and then review how they had worked, with a view to replicating them later in the year if successful. Reference was made to the pivotal role primary care played in encouraging women to be screened and the service had undertaken support in training Cancer Champions in most of the practices. Acknowledgment was given to the breast screening service who undertake a substantial amount of work before the invitations go out, working with the practices with regards to their procedures and ensuring that videos and literature were available in other languages on their websites.

Reference was made to the work that had been undertaken with the Black Country Mental Health Trust around improving the experience of screening for people with learning disabilities and looking at how to support carers to access screening. The work undertaken in terms of community engagement was presented which included an awareness event that had been held at Dudley College in May 2023 and a bus tour that took place recently in central Dudley to promote awareness of breast health and the screening programme.

It was advised that one of the main barriers women in Dudley and Netherton had raised about screening uptake was access to screening. Therefore, work had been undertaken to identify suitable sites in the Borough and Stafford Street car park had been identified due to its suitability to house the screening vehicle. Work had also been undertaken with local women to develop a publicity campaign which had been rolled out to beauty saloons, hairdressers, and in local pharmacies, drawing attention to the breast screening programme. These interventions would be monitored to ascertain how affective they were in improving uptake.

It was noted that different creative designs had been co-produced by Dudley's graphics team and a team of local women from Dudley and Netherton and the chosen design was presented.

In conclusion, the Head of Healthcare Public Health summarised the processes that had been followed, acknowledged the wealth of information that had been gained during the process that would also assist in improving the screening uptake for cervical and bowel screening programmes for cancer as the pattern identified for Dudley and Netherton breast screening had been mirrored in bowel and cervical screening.

Arising from the presentation, the Director of Public Health and Wellbeing paid tribute to a well-executed programme and stated that she was happy to see that the graphic design that was finally chosen to promote awareness of the programme had not been the one selected by the professionals and had been the one selected by the women involved. It was hoped to see the impact on the negative approach to screening in the PCN areas identified and reducing the inequalities in cancer screening in the near future.

In response to a question raised by the Chief Executive Office - Dudley Community Voluntary Service (CEO DCVS) in relation to why the uptake was so low in the PCN areas identified, the Head of Health Care and Public Health advised that challenges were faced accessing the screening van in Brierley Hill. In response, the CEO (DCVS) referred to work that had been undertaken with voluntary groups in relation to why some groups did not attend screening and the reasons identified included caring for dependents, not being able to read and understand the invitation letters, the time of day of the appointment, and travel and cultural issues and it was questioned whether consideration had been given to these issues.

In response the Programme Manager- Dudley, Wolverhampton and South Staffordshire Breast Screening Programme, advised that the service did not hold details of why women had not shown for their screening invitation but the issues that had been raised were historically well known. It was noted that some women who had received an appointment at the New Stafford Street location had telephoned to request a change back to Brierley Hill but that this had not come as a surprise to the service as the first group of women who had been invited included those who lived closest to the Brierley Hill site and the breast screening service was able to offer both locations simultaneously. The distribution of women to either location would be reviewed in time to help determine how successful having the new location in central Dudley had been.

Referring to times of appointments, it was envisaged that appointments would be offered out of hours namely, weekends, evenings, early mornings for women who worked or needed support at home. In terms of transport difficulties, locations for screening vans were located on bus routes but acknowledged the costs associated with this.

The Head of Healthcare Public Health, advised that women who had cited distance as a barrier to access screening, referred to childcare or caring challenges and, therefore did not have time to get to Brierley Hill but would be able to get to Stafford Street and some of these comments had been factored in when deciding where to locate the van. It was also noted that information on the website had been produced in many different languages and further work was being undertaken around the Black Breasts Matter programme including new videos being made walking women through the screening process which was hoped would reassure people before attending their appointments. The challenges and complexities in finding a suitable site to locate a screening van that would be accessible to all were presented.

The Programme Manager, Dudley, Wolverhampton and South Staffordshire Breast Screening Programme referring to a point raised in relation to employers releasing their employees to attend screening or other health related appointments, advised on an initiative that had been undertaken in Coventry where many employers were invited to attend a session to understand the long-term benefits to the organisation if their staff were allowed to attend.

J Burness (Dudley Group NHS Foundation Trust) advised that she had previously emailed some large superstores with regard to releasing staff to attend screening appointments and highlighted the benefits to organisations in the long-term if employees looked after their health. It was noted that materials and two videos had been made for the Deaf Community who had stated that they felt excluded from some NHS services, and animated videos, posters and leaflets had also been produced in five of the most popular languages used in Dudley and Wolverhampton. However, it was important to recognise that although some of the community could speak a language, they may not be able to read that language and with literacy levels being poor in Dudley, stressed the importance of going out into the communities to raise awareness. Reference was made to a successful event that had been held last year in Lye where 120 members of two different communities had attended to learn about the importance of screening and where other health issues were discussed.

In conclusion, the Chair, referring to the pink van used for screening and how noticeable it was which helped to draw attention to the screening service, referring to an issue raised by C Webb earlier in the meeting where a women had needed to sneak out of her house to attend her appointment, and stated that many women from certain communities may not wish to be seen entering such a noticeable van and this could be providing a barrier to accessing screening and consideration needed to be given to alternative ways to provide screening.

The Chair thank the officer for such an informative and interesting presentation.

The Head of Healthcare Public Health thanked all colleagues involved in the work that had been undertaken which he stated had been an inspirational journey and had highlighted areas where more focus was needed going forward and to be taken into consideration in relation to other screening programmes.

Resolved

That the report submitted on a deep dive of Breast Cancer Screening, and comments made by Members, be noted.

(b) Growing Up in Dudley

The Director of Public Health and Wellbeing requested that this item be deferred pending amendments to the report and a revised report be submitted for discussion at the next meeting of the Board.

Resolved

That, the item be deferred and a revised report be considered at the next meeting of the Board.

65 Items for Information

(a) Highlight Report – School Readiness

The Board received a Highlight Report on School Readiness in Dudley presented by the Interim Head of Service in Public Health and the Head of Family Solutions.

The Interim Head of Service in Public Health in introducing the item, advised that in terms of School Readiness, both HWB goals had been red rated, so the overall goal being as good as the England average or better and the goal to close the inequalities gap for children on free school meals had not been met. The reason why both goals had been red rated was presented noting that the 2022/2023 data had demonstrated a widening of the gaps between Dudley and England. It was advised that this was mainly due to the England average having improved at a faster rate than in Dudley, and particularly for children on free school meals the gap had widened, and a small decrease in achievement for children on free school meals in Dudley had been noted.

Some of the largest gaps identified were around speech and language, acknowledging however, that the statistics related to data for 2022/2023, and a lot of the interventions around the newly established Family Hubs and their impact would not be included in the data until 2023/2024.

Referring to the 2022/2023 statistics in Dudley, it was noted that 63.3% of children were school ready at the age of 5 years as opposed to 67.2% in England, and for children on free school meals, 44.2% were school ready at age 5 years compared to 51.6% in England, and Dudley's value of 44.2% was the lowest level in the West Midlands.

The Head of Family Solutions advised that the school readiness agenda was a critical piece of work that spanned across a range of children's services including the family hubs and the integrated early years service. Good school readiness required children to have a positive inclusion opportunity before entering school in any early years educational setting, along with children needing to have a positive home learning environment to motivate them and communicate the importance of learning and the excitement and opportunities of learning, enabling care givers to lift their children into a positive space.

It was noted that a lot of work being undertaken was based around speech and language and communication needs, noting that when children were able to communicate effectively and have an insight into their own environment, good levels of development could be achieved, and therefore, good readiness for school. A summary of the work that was being undertaken was then presented and included working with the Early Years Sector and reference was made to the The Wellcomm Toolkit that had been developed and rolled out that recognised need, created an assessment opportunity, and provided practitioners with a range of tools to respond to needs. The aim of these interventions was to help increase good levels of development and help to recognise need earlier in children, with the aim to boost good levels of development for the under 5's particularly in speech and language. Work was also being undertaken with Health Visitors in accessing the Wellcomm toolkit training and it was envisaged that improvements would be seen in the coming months.

Reference was made to the commencement of a digital pathway around speech and language and communication needs which would provide a resource hub for practitioners and parents to think about their child's needs and to access advice and support on-line. This had been launched recently and would enable the service to align children's needs earlier and connect up with other sectors to bring in needs when necessary.

The work that was being undertaken with pre-school settings was presented which included the launch of the Early Years Inclusion Hubs across the Borough and it was noted that four hubs were now running with the fifth hub soon to be completed, which would deliver a range of targeted support for children with additional needs and would create an inclusion experience to boost school readiness outcomes.

Reference was made to the Health Notification Pathway which would enable practitioners to make referrals for children with potential SEN earlier to enable the targeting of a local offer to ensure the right support was in the right place.

Reference was made to an early intervention and assessment resource which would provide a targeted time bound intervention to support children into Reception years by spotting children earlier who were already struggling. This would include a dedicated and funded piece of work to include children in that experience more positively.

Reference was made to the 0-19 (25 SEND) public health services, engaging with Shropshire colleagues who had been awarded the 0-19 contract, identifying the school readiness landscape and how to integrate more smartly as a service, drawing on the services already available to support school readiness and work with health visitors and the integrated early years service to undertake joined up assessment work, supporting families and schools in their home environment.

The Interim Head of Public Health advised that as the 0-19 health service transitioned, more work would be undertaken with Shropshire including the setting up of a partnership group. Black Country Healthcare had provided data to enable an equity audit to be carried out which would assist in identifying if the children with poor developments were those not getting checks through the health visiting service. The audit would also inform the next steps for the 0-19s service and some of the family hubs work.

Arising from the presentation, Councillor R Buttery commented that although she was pleased that this work had been undertaken, she expressed her disappointment at the timescale as this had been raised over two years ago when it had become evident that children who were starting a school setting post-Covid, were not school ready due to issues with their speech and language and behaviour which had been acknowledged nationally also. It was noted that discussions had been held to stress the need to obtain speech and language support earlier for those children to prevent them going down a negative pathway. Tribute was paid to the inclusion hubs and the teams who had developed the hubs and it was questioned whether links were being made with the Five Million Words programme due to its positive advantages to speech and language development. In response, the Head of Family Solutions, referred to the Start for Life programme and would undertake to check whether it aligned with the Five Million Words programme to prevent duplication and would provide the Member with a written response.

The Chair requested that the response to Councillor Buttery's question be shared with all Board Members via Democratic Services.

Resolved

- (1) That the information received on School Readiness in Dudley and comments made by Members, be noted.
- (2) That the Interim Head of Family Solutions provide the Board with a written response to the question raised by Councillor Buttery.

(b) Report of the Children and Young People's Partnership Board

The Board received a report of the Dudley Managing Director, Black Country Integrated Care Board (BCICB) on matters considered by the Children and Young People's Partnership Board (CYPPB) since the last meeting.

The Dudley Managing Director, BCICB, as Chair of the CYPPB, presented the report, and in doing so, advised on recent activities that had been undertaken by the Group including a useful piece of work that had been undertaken recently in conjunction with School Health Advisors who had highlighted issues relating to self-harm in schools as an increase in this area had been noted. As a result, an Action Plan had been developed in conjunction with the Advisors and was now being implemented.

Reference was made to the establishment of an Emotional Health and Wellbeing Group, under the leadership of Public Health colleagues, and it was advised that a key area of activity would focus on an all age Mental Health Needs Assessment which had been undertaken by the University of Wolverhampton, with the results anticipated to be available from October 2024.

In conclusion, reference was made to work being undertaken in relation to Special Educational Needs and Disabilities (SEND) included the completion of the first version of a SEND self-evaluation framework which would inform a refreshed SEND Strategy and was linked to the work being undertaken to prepare for an anticipated SEND inspection to be carried out in Spring this year. Referring to inspections and regulations, it was noted that recently an ungraded OFSTED inspection and feedback in relation to Children in Care had been positive.

Resolved

That the report submitted relating to matters considered by the Children and Young People's Partnership Group at their recent meeting, be noted.

(c) Refresh of Black Country Integrated Care Board Joint Forward Plan

A report of the Dudley Managing Director, Black Country Integrated Care Board (BCICB) updated the Board on the Black Country Integrated Care Board Joint Forward Plan refresh.

The Dudley Managing Director, BCICB presented the report, and in doing so, referred to the two plans produced by the ICB namely, an Annual Operation Plan and a Joint Forward Plan (JFP) that covered a five-year period, with the Operational Plan covering Year one of the JFP. Guidance had been received in December last year on refreshing the JFP which had now been undertaken and was attached to the report submitted as Appendix One.

Reference was made to an engagement process currently taking place which would be concluded on 15th March 2024 and had featured at the Dudley People Panel that took place recently. Discussions that had taken place covered a number of areas that featured in the plan including, primary care, children and young people and mental health. Key issues from a HWBB's perspective referred to how the Joint Health and Wellbeing and Inequalities Strategy priorities had been taken into account and specific reference was made to Dudley on page 111 of the plan which set out a number of areas of activity that supported the three priorities in the strategy namely, school readiness, cardiovascular disease and breast screening uptake.

In conclusion, the Dudley Managing Director BCICB advised that ICB colleagues at some point would be requesting confirmation from the Board that they were satisfied that the Plan had taken proper account of the Joint Health and Wellbeing Inequalities Strategy.

Resolved

That the report submitted on a refresh of the Black Country Integrated Care Board Joint Forward Plan, be noted.

(d) Dudley Pharmaceutical Needs Assessment – Supplementary Statement (2) March 2024

The Board received a joint report of the Head of Service (Healthcare Public Health) and Pharmaceutical Adviser, Partnerships and Public Health, Dudley Integrated Health and Care NHS Trust on behalf of the Community Pharmacy Development Steering Group, on the Dudley Pharmaceutical Needs Assessment- Supplementary Statement 2 (March 2024)

In presenting the report, the Head of Service (Healthcare Public Health) referred to the HWBB's requirement to assess the needs assessment every three years but as pharmacies changed ownership, closed, merged or a new pharmacy opened, changes had to be documented periodically to ensure that these could be undertaken and to understand the current state of the market for pharmacy providers.

It was advised that at the end of the first year, there had been several pharmacies who had reduced their extended opening hours due to the lack of pharmacies available to cover the hours and the Board requested that they be updated on a regular basis rather than once a year, hence the submission of the supplementary statement after six months. This also provided the opportunity to inform the Board of changes to the community pharmacy contract and provide updates to new service developments namely:

- the provision of lateral flow tests for Covid for those who were eligible i.e: those susceptible to the covid infection and if tested positive, anti-viral drugs could be offered to try to control the infection,
- the provision of certain oral contraception:
- since March 2023, a service entitled Pharmacy First had been introduced which allowed pharmacies to provide antibiotics for a range of common infections including, ear, nose, throat, skin infections, shingles and uncomplicated female urinary tract infections.

It was noted that data was not available currently to assess how successful this service had been but these service developments had been introduced to take some of the pressure off primary care and any outcomes that were feedback from the changes on provision would be closely monitored.

In relation to the pharmacy list, it was noted that no new pharmacies had opened, relocated or changed their hours in Dudley since the previous supplementary statement, however, changes to ownership and/or trader had taken place as set out on page 154 of the statement. It was anticipated that one pharmacy was planning to close but as it was located next door to another pharmacy and, therefore, it was expected that no service provision would be affected, other than the pharmacy provision no longer being available on a Saturday afternoon, and it was advised that this and other information would be included in the next pharmacy statement.

Resolved

That, information presented in relation to the Dudley Pharmaceutical Needs Assessment – Supplementary Statement 2 (March 2024), be noted.

(e)Sport England Place Based Investment

A report of the Public Health Manager (Healthy Places) was submitted informing the Board of the funding opportunity available for Dudley through the initiative and to seek input into the development of a Dudley bid.

The Public Health Manager (Healthy Places) presented the report and in doing so, referred to Sport England having invited places to apply for funding from a collective pot of £190 million to deliver a programme of work over five years with Dudley having been identified as one of one hundred places across the country to apply for funding. The programme of work to be undertaken would follow a series of local delivery pilots that they had been running since 2017 which had tested a new approach to working for Sport England.

Historically Sport England had identified interventions around sport and activity that they had funded areas to roll out and follow a pre-determined template. However, they now required areas to initially build relationships with their communities, by listening to what the communities were saying, pilot interventions, and then scale them up, specifically requiring areas to identify the process they were going to follow, rather than the specific interventions which would be followed. Reference was made to the two-stage bidding process which would require, firstly, a development bid to be submitted to enable Dudley to access any resources needed to carry out some insight on work already available in the Borough to build on and build towards a full application in the future.

Reference was made to the three initial areas identified for Dudley namely:

- Children and Young People – Sport England had advised that they wanted to see impact against positive experiences for young people.
- Changing transport behaviours – away from car use towards more sustainable and active modes of transport, an area of work that had been focused on already in Dudley and it was anticipated that the arrival of the metro would provide an opportunity to capitalise on this infrastructure project that should have a major impact on transport behaviours.
- Adult Social care – a priority area for the whole of the Borough which Sport England wanted to see work being undertaken with inactive residents and tackling inequalities.

In conclusion, it was advised that a Steering Group was being developed which would shape the two-stage application process which would be reflective of the whole system across the Borough. No set timescale had been set for the application process but Dudley was keen to move at a pace locally and already had insight into a couple of the priority areas and were therefore, well placed to move forward.

Arising from the presentation, the Director of Public Health and Wellbeing made reference to the asks of the Board to supply nominations to the Steering Group from organisations as one part of the adult social care priority was to reduce the risk of post-operative surgery and hospital stay. It was noted that a buy-in to the group from Headteachers from some of the most deprived areas in the Borough had already been received and the application needed to be produced in partnership with other organisations to ensure that the application was submitted in partnership just from the Local Authority. The Board were, therefore, requested to email nominations to the Democratic Services Officer who would forward nominations to the Public Health Manager (Healthy Communities).

Resolved

- (1) That the information presented on the Sport England Place Based Investment, be noted.
- (2) That nominations from organisations within the HWBB to be represented on the Steering Group be emailed to the Democratic Services Officer to forward to the Public Health Manager (Healthy Communities).

66 **Any Other Business**

Commander A Tagg advised on the recent announcement relating to the Future Town Initiative where Dudley was one of the recipients of some of the money allotted from Central Government. Reference was made to one of the elements of the initiative being looked at in relation to improving open spaces noting that a key element around health and wellbeing could be related to accessing and improving open spaces available to communities across the Borough. A Town Board was being established by a Council Officer who was helping to design the Board and it was proposed that the HWBB link into the Board and secure a place on the Board. It is believed that the Board would be Chaired by a Local Charity.

In response, the Chair stated that he would be happy for the Board to consider the proposal. The Director of Public Health and Wellbeing stated that the initiative would link well with the priority to reduce the risk of cardiovascular disease by improving physical activity and therefore, supported the proposal and requested that the details of the Local Authority's officer leading on the initiative be sent to the Democratic Services Officer.

Resolved

- (1) That the information presented in relation to the Future Town Initiative, and the proposal that the HWBB be represented on the Town Board, be noted and approved.
 - (2) That details of the Local Authority Officer leading on this initiative be sent to Democratic Services to forward to the Director of Public Health and Wellbeing.
-

67 **Questions Under (Council Procedure Rule 11.8)**

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

Meeting ended at 5.55pm.

CHAIR

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 8(a)

DATE	13th June 2024
TITLE OF REPORT	Programme of Meetings 2024-2025 and Refreshed Terms of Reference
Organisation and Author	Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Director of Public Health mayada.abuaffan@dudley.gov.uk
Purpose	<ol style="list-style-type: none"> 1. To consider the programme of meetings and routine items for the Health and Wellbeing Board during 2024/25. 2. To consider the future arrangements for publication of agendas and papers. 3. To agree the refreshed Terms of Reference given this is the first meeting of the municipal year, to ensure appropriate members and representation in order that the Board can fulfil its statutory responsibilities.
Background	The Dudley Health and Wellbeing Board is a statutory body established under Section 194 of the Health and Social Care Act 2012 charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. The Health and Wellbeing Board has a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
Key Points	This report presents, for approval, the proposed programme of meetings and items recommended for consideration for 2024-2025, the arrangements for receipt of Board papers and the refreshed Terms of Reference for the Health and Wellbeing Board.
Emerging issues for discussion	None

<p>Key asks of the Board/wider system</p>	<ul style="list-style-type: none"> To agree the proposed programme of meetings for 2024-25 and the routine items recommended for consideration at programmed meetings. Other items will be added to the agendas throughout the year. <p><u>Thursday, 13th June 2024 @ 4pm via teams</u> Bi-annual highlight report - Fewer people die of circulatory disease</p> <p><u>Thursday 12th September 2024 @ 4pm via teams</u> Annual Deep Dive – School readiness Bi-annual highlight report - More women are screened for breast cancer Pharmaceutical Needs Assessment (PNA) - Twice-yearly report Annual Joint Strategic Needs Assessment (JSNA) update</p> <p><u>Thursday, 12th December 2024 @ 4pm via teams</u> Annual Deep Dive - Fewer people die of circulatory disease</p> <p><u>Thursday, 13th March 2025 @ 4pm via teams</u> Annual Deep Dive - More women are screened for breast cancer Bi-annual Highlight Report - School Readiness PNA - Twice-yearly report</p> <p><i>*There is the option to convert one of these meetings to a face-to-face meeting</i></p> <ul style="list-style-type: none"> To support the Council’s Go Paperless initiative and other partners’ initiatives aimed at reducing our environmental footprint and promoting sustainability, it is recommended that members receive all Board papers electronically, these will also be available on the Health and Wellbeing Board intranet page. To agree the Terms of Refence for the Board, noting that changes in councillor membership requires separate approval. To note that given improving school readiness is one of the HWBB goals, it is recommended that representation from Shropshire Community Trust (the new provider of CYP 0-19 services with effect from the 1st of April 2024) be a member of the HWBB and be proactively involved in the local system.
<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> Improving school readiness 	<p>Dudley Health and Wellbeing Board will act as the strategic delivery structure to co-ordinate delivery of agreed actions and pieces of work aligned to the agreed key goals.</p>

<ul style="list-style-type: none"> • Reducing circulatory disease deaths • More women screened for breast cancer 	
<p>Contribution to Dudley Vision 2030</p>	<p>Dudley Health and Wellbeing Board's focus is on prevention and the wider determinants of health and to reduce health inequalities and improve the health and wellbeing across all stages of life by working with our communities.</p>

Contact officer details

Louise Grainger, Casual Public Health Project Manager louise.grainger@dudley.gov.uk



Dudley Health and Wellbeing Board – Terms of Reference Update – Municipal Year 2024

The Health and Wellbeing Board has responsibility for health and wellbeing across Dudley.

Core Purpose

- 1.1 Dudley's Health and Wellbeing Board provides strategic leadership, oversight and democratic accountability for the health and wellbeing of those who live, study and work in Dudley. This includes a focus on reducing health inequalities.
- 1.2 The Board adds value by leveraging its unique role in bringing leaders together from across the community, voluntary and public sector services in Dudley to take collective action on health, wellbeing, and inequalities.

Role

- 2.1 The Board has a statutory role, outlined in the Health and Social Care Act 2012
 - assessing the health and wellbeing needs of the local population in Dudley and publishing a joint strategic needs assessment (JSNA)
 - publishing a Joint Local Health and Wellbeing Strategy (JLHWS) that should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006)
 - encouraging integrated working across health and social care
 - developing a Pharmaceutical Needs Assessment (PNA)
- 2.2 To support this role the Board will:
 - advocate for partnership working across Dudley to improve health and wellbeing, prioritising action to reduce health inequalities and encouraging integration through the Health and Care Partnership Board.
 - develop an in-depth and longer-term place perspective, including a focus on the wider determinants of health working with the Forging a Future Executive and other Strategic Partnership Boards in Dudley, the Black Country, and the West Midlands.
 - work with partners across Dudley to embed community participation and involvement across the system to improve health and wellbeing.
 - ensure that services are commissioned based on health and wellbeing needs, and that there is equitable access and provision.

- develop outcomes focussed action plans to support the implementation and evaluation of Dudley’s Joint Health, Wellbeing, and Inequalities Strategy goals.
- hold the Dudley system to account and have regular progress reports made to Board on the delivery of the goals outlined in the Strategy, as well as other outcomes from the JSNA.
- advocate for Dudley and its health and wellbeing needs and approach within the Black Country, West Midlands and a national level.

Board Member Roles

3.1 Board members will:

- recognise that every Board member is an equal and active partner bringing different experiences and knowledge.
- endeavour to act first in the interests of the health and wellbeing of those who live, study and work in Dudley and working collaboratively together.
- contribute to delivering the health and wellbeing strategic goals including a reduction in health inequalities, to champion the work of the Board, drive board decisions and goals through individual organisations and networks.
- adopt an integrated commissioning approach
- ensure Board meetings are effective by:
 - attending meetings
 - attending Board development sessions
 - producing reports in a consistent format

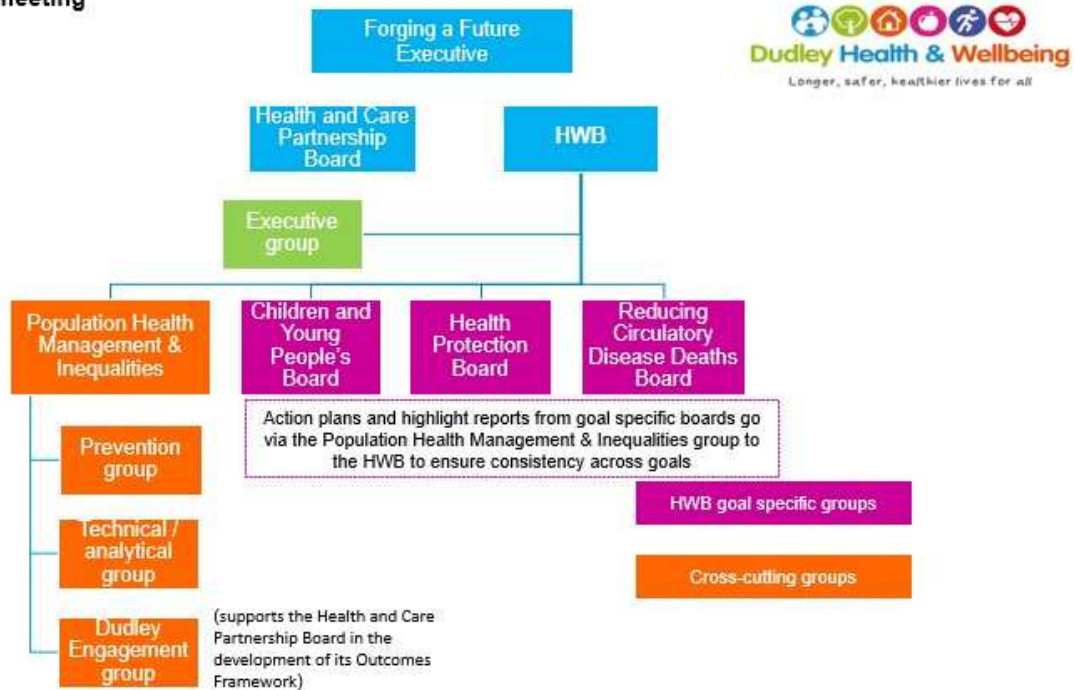
Governance and Accountability

- 4.1 The Board will work other Boards and partners across Dudley (*See Appendix A*), the Black Country and West Midlands.
- 4.2 The Board will have a Forward Plan which will be shared and agreed with Board Members and accessible on Dudley Council’s Website.
- 4.3 Agendas and supporting papers will be issued at least five clear working days before each meeting. Minutes will be produced and, at the next meeting, confirmed as a true record of the meeting to which they refer and signed by the Chair.
- 4.4. The minutes will be accompanied by an action tracker which will be used to update on the progress made on specific actions set at Board meetings.

4.5 There are several sub-groups under the Board that proactively support the delivery of the Health, Wellbeing and Inequalities Strategy. These are shown in Diagram 1.

Diagram 1

Proposed governance for Dudley’s Health and Wellbeing Board for delivery of the strategy - for formal agreement at September’s HWB meeting



Health and Wellbeing Board Membership

5.1 The core members of Dudley’s Health and Wellbeing Board are:

Organisation	Role
Dudley MBC	Cabinet Member for Public Health
	Cabinet Member for Adult Social Services
	Cabinet Member for Childrens Services and Education
	Cabinet Member for Housing and Communities

	One member from the Opposition Group
	Director for Public Health and Wellbeing
	Director of Adult Social Services
	Director of Children's Services
	Director of Housing
Black Country ICB	Dudley Managing Director
Dudley Group NHS Foundation Trust	Chief Executive
Dudley Council for Voluntary Service (CVS)	Chief Executive Officer
Dudley Healthwatch	Chair
Black Country Healthcare NHS Foundation Trust	Chief Executive
Dudley Safeguarding Board	Independent Chair
Dudley Primary Care Collaborative	GP
Dudley Integrated Health and Care NHS Trust	Chief Executive
West Midlands Police	Chief Superintendent
Shropshire Community Health NHS Trust	TBC - Divisional Clinical Manager, Children, Families and Planned Care
West Midlands Fire Service	Operations Commander
West Midlands Ambulance Service	Head of Strategic Planning
Church of England	The Bishop of Dudley

- 5.2 The Board can co-opt additional members on a temporary or permanent basis, with agreement of Board members. Other colleagues will attend by invitation of the Chair or Vice Chair in relation to specific agenda items.
- 5.3 Each Elected Member representative shall serve for their full term of twelve months commencing and ending with the Annual Meeting of the Council in May of each year.
- 5.4 If members are unable to attend a meeting, they may be substituted as a last resort, by notifying Democratic Services at least 24 hours prior to the meeting.
- 5.5 The Board cannot require any partner to act in a way contrary to its statutory responsibility.
- 5.6 At its first meeting in each municipal year, all Board members, will elect a Chair, and appoint a Co-Chair from a different agency to the Chair.
- 5.7 The Board will be advised and supported by officers from the local authority.

Meetings of the Board

- 6.1 The Health and Wellbeing Board will meet quarterly and in public. Dates and times of meetings will be agreed and published in advance. Additional meetings can be convened as required.
- 6.2 The provision of the Local Government Act 1972, as contained in the Council's Constitution, will apply to Board meetings in terms of the Notice of Meetings and consideration of exempt matters. Unless specified on the Board agenda, the public may attend all meetings. The public agenda, minutes and reports will be published on the Council's Website.

Decision making

- 7.1. In the exceptional circumstances where decisions cannot be reached by consensus, voting will take place, on a 1 member, 1 vote basis.
- 7.2 The Board is entitled to make recommendations to any relevant decision maker on matters falling within its terms of reference. The Board may make recommendations on:
 - policies and strategies
 - the way funds are allocated
 - allocation of pooled and other funds as they become available

- the realignment of resources where there is evidence that services are not contributing to the improvement of health and wellbeing outcomes for the Dudley population.

7.3 Commissioning decisions will only be taken when each commissioning organisation providing funds is present or has previously conveyed their agreement to the Chair.

Quorum

8.1 Quorum of the Board will be achieved when the following members are present:

- Chair or Vice Chair
- At least one elected member
- Director of Public Health and Wellbeing or representative
- A second DMBC Director or representative
- Chief Officer, ICB or representative
- Two other agency's representatives.

8.2 Members and non-elected representatives are required to disclose any conflict of interests that may be so significant that they would be likely to prejudice their judgement of the public interest. In such circumstances, the Member would be required to withdraw from the meeting.

8.3 The majority of Board meetings will be held virtually via Microsoft Teams with additional developmental meetings held in person as required.

Quality Assurance, Outcomes and Performance

9.1 The Board will hold the health and wellbeing system, including partners, to account on the delivery of the goals outlined in the Joint Health, Wellbeing and Inequalities Strategy with the Board receiving regular progress reports.

9.2 Through the JSNA process the Board will review a wider set of health, wellbeing and inequalities outcomes on an annual basis and will make recommendations for commissioners.

9.3 The Board will report into the Forging a Future Executive to provide updates on work to support the Borough Vision.

Amendments to the Terms of Reference

10.1 The Director of Public Health and Wellbeing, in consultation with the Leader of the Council, the Cabinet Member for Public Health and Wellbeing and the Lead for Law



and Governance be authorised to amend the Terms of Reference of the Board in accordance with wishes expressed by the Board.

Resources and Support

- 11.1 Democratic services will provide support to the Board with an officer and provide minute-taking and distribution of the agenda and associated papers.
- 11.2 The Public Health Manager, Partnerships post within Public Health and Wellbeing Directorate will support the coordination of the work programme for the Health and Wellbeing Board.

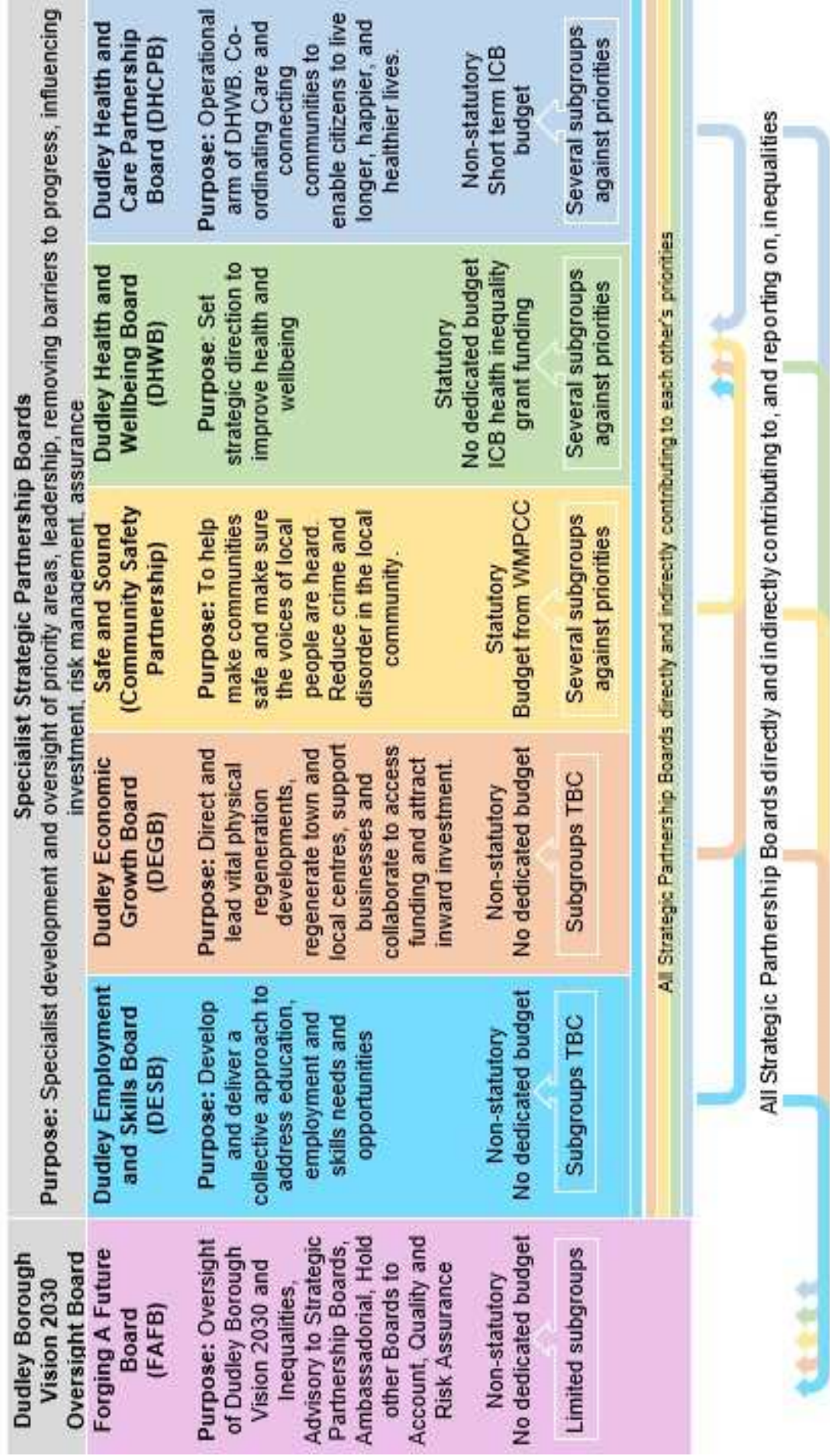
Code of Conduct and Declarations of interest

- 12.1 All members of the Board are required to disclose any conflict of interests that may be so significant that they would be likely to prejudice their judgement of the public interest.

Reporting Mechanisms

- 13.1 The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant Scrutiny Committee(s) of Dudley Council. The Board will publish an annual report on the progress that has been made against the Health and Wellbeing Board Strategy.

Appendix A – Draft Simplified Mapping of the Major Strategic Partnership Boards within Dudley – Subject to FAFE approval



DATE	13 th June 2024
TITLE OF REPORT	Growing Up in Dudley A Qualitative Exploration of Underrepresented Communities' Needs and Experiences
Organisation and Author	Public Health & Wellbeing - Jill Edwards
Purpose	To share the findings of the Growing up in Dudley report and proposed next steps.
Background	<p>Summary of the Growing up in Dudley (GUID) project.</p> <ul style="list-style-type: none"> • Frame Collective CIC were the appointed provider in December 2022 following a tender process by Public Health. • This was a jointly funded piece of work between the ICB and Public Health. <p>Purpose</p> <p>To find out from the lived experience of children, young people, new parents and families what it is like to live and grow up in Dudley.</p> <p>Key aims</p> <ul style="list-style-type: none"> • To gain insight into the positive aspects of growing up in Dudley, including those things which are particularly important to them. • To gain insight into what would make growing up in Dudley even better/ aspirations for the future. • Use innovative methods to reach those who may find it difficult to be heard. • To identify what the main priorities are for children, young people, parents/ carers in Dudley borough. • To analyse the insight and identify themes, recommendations and actions. • Present stories and insight to illustrate the above to a range of audiences and enable positive action to be taken

	<p>to improve children, young people’s and parents/carers experiences of living and growing up in Dudley.</p> <p>Timeframe of the project</p> <p>The project implementation and completion timeframe was from January – December 2023.</p> <p>Sample size and context</p> <p>The report was to provide a ‘narrow and deep’ qualitative insight into what it is like to live and grow up in Dudley, rather than a ‘wide and shallow’ quantitative or representative view of the whole borough. Many of the participants were from areas of the borough experiencing the greatest challenge and are underrepresented.</p> <ul style="list-style-type: none"> - Insight from 60 parents and carers and 163 young people - Qualitative deep insights into the lived experiences of people living in Dudley, with an emphasis on people who have greater challenges and are less heard. - A purposive sampling strategy was used to ensure coverage across these groups to reach these ‘less heard from’ populations through trusted community partner organisations.
<p>Key Points</p>	<p>The findings of the needs assessment are available in the following formats;</p> <p>1.The full GUID report is available by accessing the link here; https://www.allaboutdudley.info/news/childrens-needs-assessments/</p> <p>The full report shares insights gained from those with lived experience. The provider has included and not altered direct quotes and terms used by the people they engaged with.</p> <p>Some of the findings are not new to us as they have been expressed in other areas ie SEND feedback from the Parent Carer Forum (PCF). This information has been shared with the PCF as they become a more equal partner in working with us to improve the experience in Dudley for parents.</p> <p>2. A summary report is available on the link above.</p>

	<p>This summary is taken from the full report and pulls out examples of individuals who commented on their experience of life in Dudley.</p>
<p>Emerging issues for discussion</p>	<p>Next Steps</p> <ul style="list-style-type: none"> • The findings will contribute to the picture of Dudley, alongside the Joint Strategic Needs Assessment (JSNA) which commissioners use to plan and commission local services. • The report will also provide evidence for funding opportunities, eg. Sport England bid, Youth Services. • The recommendations will be used to create a partner-wide action plan that will be led and co-ordinated by Child Friendly Dudley to include; <ul style="list-style-type: none"> - Community and voluntary organisations, early years settings, schools and colleges, council directorates, NHS commissioners and providers and Police to work together to make Dudley a Child Friendly Borough. - Conversations with partners to assess provision since the assessment and address the points raised. - Share an action plan by end of July 2024 to coproduce improvements with the community and partners. - Communicate we have listened and will work as a system to make improvements.
<p>Key asks of the Board/wider system</p>	<p>To acknowledge receipt of report and support the plans for next steps.</p>
<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>Contributes to improving school readiness.</p> <p>Section 73A(1) of the 2006 Health and Care Act gives the Director of Public Health responsibility for all of their local authority’s duties to take steps to improve the health of the people in its area.</p> <p>The Health and Care Act 2022 requires Integrated Care Partnerships (ICPs) to respond to local needs assessments in the development of its integrated care strategy.</p>

Contribution to Dudley Vision 2030	<p>This insight has shared what life is like for some of our children and residents. This will now move forwards aligned with the Child Friendly Dudley agenda and plans. A multi partner 'system' action plan is desired to have greatest impact.</p> <p>Any plans for improving these findings will benefit everyone as these comments were made by our least heard community and those facing most challenge. If we can improve outcomes for this group, the whole borough will benefit.</p>
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Contact officer details – jill.edwards@dudley.gov.uk

Agenda Item no. 9(a)

DUDLEY HEALTH AND WELLBEING BOARD

DATE	13 th June 2024
TITLE OF REPORT	Dudley Better Care Fund refreshed Plan 2024/25 and 2023/24 End of Year return – approval.
Organisation and Author	Joint report of the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board
Purpose	To approve the refreshed Better Care Fund (BCF) Plan for Dudley for planning years 2024/25 in line with the national approval process. To approve the Better Care Fund (BCF) End of Year (EOY) return for 2023/24.
Background	<p>Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by two core objectives, to:</p> <ul style="list-style-type: none"> • Enable people to stay well, safe, and independent at home for longer. • Provide people with the right care, at the right place, at the right time. <p>The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB), governed by an agreement under Section 75 of the NHS Act 2006.</p>
Key Points	<p>The national planning guidance issued in 2023 required planning documents for a two-year period between 2023 -2025. This plan was submitted to the Health and Well-Being Board and approved for 2023-2025.</p> <p>A refreshed spreadsheet for year two now has to be submitted, with the expectation that the delivery of the core objectives of the BCF continues in line with the 2023 to 2025 BCF plan. These objectives are:</p> <ul style="list-style-type: none"> • Implementation of BCF policy objective 1: enabling people to stay well, safe, and independent at home for longer.

	<ul style="list-style-type: none"> • Implementation of BCF policy objective 2: providing the right care, at the right place, at the right time • Maintain the NHS’s contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services. <p>An End of Year return for 2023/24 is also required to be submitted.</p> <p>These submissions will be subject to an NHSE assurance process, due to be concluded by 31 July 2024 and we will update the Board as to the outcome in due course.</p>
<p>Emerging issues for discussion</p>	<p>Meeting the conditions and metrics is challenging in today’s climate due to:</p> <ul style="list-style-type: none"> • Availability of suitable and affordable workforce • Growing number of complex people requiring care and specialist services • Demand though our urgent care interface. <p>The 2023/25 plan has undergone a review to refresh year two of the plan for 2024/25.</p> <p>New metrics have been published within the planning guidance. Performance will be reported against those metrics on a regular basis.</p> <p>Discharge funding has been allocated which sits within the governance framework of the BCF.</p>
<p>Key asks of the Board/wider system</p>	<p>Approve the End of Year return for 2023/24 (Appendix 1)</p> <p>Approve the refreshed 2024/25 Better Care Fund Plan (Appendix 2)</p>
<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths 	<p>Improved health outcomes and enhanced wellbeing by using this plan to support:</p> <ul style="list-style-type: none"> • Improving the overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services.

<ul style="list-style-type: none"> • Improving breast cancer screening coverage <p>Focus on those neighbourhoods with the greatest need</p>	<ul style="list-style-type: none"> • Tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow, enabling people to return to support in their community. • Improving access to services to reduce inequalities
<p>Contribution to Dudley Vision 2030</p>	<p>Creating healthy, resilient and safe communities</p>

Contact officer details

Matt Bowsher,
 Director of Adult Social Care
 Dudley MBC

Neill Bucktin,
 Dudley Managing Director
 Black Country Integrated Care Board

DUDLEY HEALTH AND WELLBEING BOARD

DATE 13th June 2024

REPORT OF: Joint report by the Director of Adult Social Care, DMBC and the Managing Director, Black Country Integrated Care Board, Dudley

TITLE: Better Care Fund (BCF) Plan 2024/2025 refresh and Better Care Fund (BCF) 2023/24 End of Year return – Approval

PURPOSE OF REPORT:

1. To approve the Dudley Better Care Fund End of Year return for 2023/24.
2. To approve the Dudley Better Care Fund Plan refresh 2024/2025.

BACKGROUND

3. Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by two core objectives, to:

Enable people to stay well, safe and independent at home for longer.

Provide people with the right care, at the right place, at the right time.

4. The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB), governed by an agreement under Section 75 of the NHS Act 2006. This provides an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.
5. The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of the white published in 2021, "People at the Heart of Care". The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.
6. In 2023, a 2-year plan was submitted covering 2023 – 2025. We are now required to submit a refresh for the final year of the 2-year plan for 2024/25. The delivery of the BCF will support two key priorities for the health and care system that align with the two existing BCF objectives:
 - a. improving overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services.

- b. tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow.

KEY POINTS

7. The BCF national planning conditions for 2023/2025 are:
- A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
 - Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
 - Implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
 - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.
8. The refreshed BCF Plan had to be submitted to the national team by the 10th June 2024.
9. The End of Year report for 2023/2024 had to be submitted on the 23 May 2024.
10. Both documents have been submitted to the national team pending Health and Well Being Board sign off.

END OF YEAR POSITION 23/24

11. We are required to submit an End of Year report for 2023/24. The key aims of reporting are:
- To confirm the status of continued compliance against the requirements of the fund (BCF)
 - To confirm actual income and expenditure in BCF plans at the end of the financial year.
 - To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
 - To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.
12. The Dudley team has self-assessed itself as meeting the four national conditions outlined below:
- National condition 1: Plans to be jointly agreed.
 - National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.
 - National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time.
 - National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services.

13. Plans are required to set stretching targets against the following ambitions:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions
- Proportion of hospital discharges to a person's usual place of residence
- Admissions to residential or nursing care for people over 65
- Reablement outcomes
- Emergency admissions for people over 65 following a fall.

14. Although we are performing on an average basis compared to neighbouring places, we still are not achieving targets in all areas. Our emergency admissions have increased as have our admissions due to falls. In some areas we are still waiting for our annual update of metrics to assess our performance. Clearly there is more work to do over the next 12 months across all partners. However there have been some successes in 23/24 with additional capacity created in all pathways and the development of a more robust BCF management team at place, who have implemented a back to basics review of all BCF lines to assess for effectiveness. During 24/25, this plan will be subject to further development including plans to implement a discharge improvement programme.

FINANCE 24/25

15. The finances attached to BCF are outlined in the table below and are made up of several lines:

- NHS minimum contribution to the BCF
- Disabled Facilities Grant (DFG)
- Improved Better Care Fund (iBCF)
- Discharge Allocation

Table 1: Finances allocated to Better Care Fund

	2022/23 Plan	2022/23 Actual	2023/24 Plan	2023/24 Actual	2024/25 Plan
Disabled Facilities Grant (DFG)	£6,444,209	£6,444,209	£6,444,209	£7,105,663	£7,029,024
iBCF Contribution	£16,627,704	£16,627,704	£16,627,704	£16,627,704	£16,627,704
Local Authority Additional Contribution	£12,823,162	£12,606,073	£15,560,393	£17,591,834	£24,079,855
NHS Minimum Contribution	£26,901,524	£26,901,524	£28,424,150	£28,424,150	£30,032,957
Additional ICB Contribution	£1,879,611	£1,504,962	£1,559,524	£1,485,920	£2,489,441
Total BCF Pooled Budget	£64,676,210	£64,084,472	£68,615,980	£71,235,271	£80,258,981
ASC Discharge Fund					
LA Plan Spend	£1,301,350	£1,301,350	£2,331,178	£2,331,178	£3,885,297
ICB Plan Spend	£1,512,000	£1,491,356	£1,489,628	£1,489,629	£2,780,140
Total ASC Discharge Fund	£2,813,350	£2,792,706	£3,820,806	£3,820,807	£6,665,437
BCF + Discharge Fund	£67,489,560	£66,877,178	£72,436,786	£75,056,078	£86,924,418

PLANNING PROCESS

- 16.** The 2024/2025 BCF Plan refresh underwent a process called ‘Back to Basics review’, to help identify schemes that require more in-depth evaluation to inform future planning arrangements and to ensure that schemes contributing to the objectives are included within the BCF Plan. Schemes that will be subject to further review and evaluation are:
- Palliative Care - opportunity to integrate the Community Palliative Care Service. This may not reduce costs or release resources back into the system; however, this would create a more efficient way of working.
 - Reviewing the admission avoidance beds across health and social care to look at opportunities for joint commissioning and shared resources.
 - Reviewing the social work element within the plan (Health and Social Care) to identify any areas of duplication which can be transformed into efficiencies.
- 17.** Each scheme was assessed against their contribution to the objectives and priorities outlined within the BCF planning guidance. Following this process, it was agreed that the 2024/25 refresh plan would continue with minor amendments.
- Redesign of the Discharge Pathway 1: Further investment into Pathway Discharge to Assess pathway.
 - Step Down Support - Medical input into step down facilities provided by The Dudley Group NHS Foundation Trust. This was not utilised due to the closure of the Saltwells Care Home in April 2022. This line has been taken out of the BCF refreshed plan for 2024/25 and removed from the block contract with DGFT.
 - Additional funding for a handyman scheme to support the existing scheme funded by DMBC. This funds more specialist home interventions to support discharge, such as specialist house cleans.
 - Additional funding for ad hoc support to facilitate same day discharge.
 - Further investment into mental health services including funding a dedicated mental health nurse to be part of the existing High Intensity Users Service (HIU) which supports people accessing services at Dudley Group NHS Foundation Trust on a frequent basis.
 - Care home brokerage team, currently delivered by Dudley Integrated health and Care NHS Trust has now been added to the plan 2024/25. This service will transfer to Dudley Group NHS Foundation Trust on 1 July 2024.
 - Additional investment to the Dudley Clinical Hub and Own Bed Instead (OBI) has now been added to the BCF plan for 2024/25.

METRICS

- 18.** Beyond the four conditions (and grant conditions), areas have flexibility in how the fund is spent across health, care and housing schemes or services, however, partners need to agree ambitions on how this spending will improve performance against the BCF 2023/25 metrics set out below. Data analysis is taking place to inform the level of ambition, and this will be reported to the Board.

Provide people with the right care, at the right place, at the right time.

- In 2023/24: discharge to usual places of residence
- In 2024/25: discharge to usual places of residence, proportion of people discharged who are still at home after 91 days.

Enabling people to stay well, safe, and independent for longer.

- 2023/24: admissions to residential and care homes, unplanned admissions for ambulatory sensitive chronic conditions, the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services, emergency hospital admissions due to falls in people over 65.
- 2024/25: admissions to residential and nursing homes, unplanned admissions for ambulatory sensitive chronic conditions, outcomes following short-term support to maximise independence.
- The Business Intelligence (BI) Teams across both the ICB and Local Authority have been working in partnership to agree a reporting schedule against these metrics and the higher cost schemes within the plan. A performance report is submitted to the Integrated Commissioning Committee (ICC). The most recent report can be found in Appendix 3.

BCF PLAN ASSURANCE

19. The refreshed 2024/25 BCF Plan can be found in Appendix 2. Updates of the required elements for 2024/25 must be agreed by the ICB and the local authority chief executive, before being signed off by the HWB for submission by 10 June 2024.
20. A refreshed version of the narrative plan can be found in Appendix 4.
21. There will be a proportionate regional assurance process to approve updates to plans for 2024 to 2025. This will ensure all new entries that were not confirmed in 2023 are robust and have gone through an assurance process. The process will confirm that the Discharge Fund spending is in line with conditions and confirmed allocations for 2024/25 and that metric ambitions are appropriate and stretching. It will also consider the plan in relation to impact and value for money.
22. The assurance process will consider whether intermediate care capacity and demand plans for 2024/25 articulate sufficiently clear and cogent plans for matching planned capacity to projected demand, alongside confirming that BCF planning and wider NHS planning are aligned locally.
23. The expectation is the assurance process will have concluded by 31 July 2024.

RECOMMENDATIONS

24. The Board is asked to approve the End of Year Return for Dudley Better Care Fund Plan 2023/24.

25. The Board is asked to approve the refreshed Dudley Better Care Fund Plan 2024/25.

Appendix 1: BCF End of Year return 2023/2024

Appendix 2: BCF refreshed plan 2024/25

Appendix 3: BCF metrics

Appendix 4: BCF Narrative refresh

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 10(a)

DATE	13 June 2024
TITLE OF REPORT	Report of the Children and Young People’s Partnership Board
Organisation and Author	N. Bucktin – Dudley Managing Director, Black Country ICB
Purpose	<ol style="list-style-type: none"> 1. To note matters considered by the Children and Young People’s Partnership Board. 2. To consider matters relating to health equity and the 0 -19 service.
Background	<p>The Children and Young People’s Partnership Board met on 7 May 2024.</p> <p>This report describes the main issues discussed.</p>
Key Points	<ol style="list-style-type: none"> 1. Terms of reference reviewed. 2. Updates received form Sub Groups – Early Help, Infants, Children and Young People Emotional Health and Wellbeing, SEN/D Partnership Board. 3. Report considered on new 0 – 19 service provided by Shropshire Community Health Services NHS Trust.
Emerging issues for discussion	The Board is asked to consider matters in relation to health equity for the 0 -19 service
Key asks of the Board/wider system	As above
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Improving school readiness
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.

Contact officer details

Neill Bucktin
Dudley Managing Director, Black Country ICB
Chair, Dudley Children and Young People's Partnership Board

neill.bucktin@nhs.net

1.0 PURPOSE OF REPORT

1.1 To note matters considered by the Children and Young People's Partnership Board.

1.2 To consider matters in relation to health equity and the 0 – 19 service.

2.0 BACKGROUND

2.1 The Children and Young People's Partnership Board met on 7 May 2024. This report describes the main issues considered by the Board.

3.0 TERMS OF REFERENCE

3.1 The Board has reviewed its terms of reference, in particular, taking account of the dissolution of Dudley Integrated Health and Care NHS Trust on 1 July 2024 and the award of the Council's contract for 0 -19 services to Shropshire Community Health Services NHS Trust. The Board's membership will be amended to reflect these changes.

4.0 SUB - GROUP REPORTS

4.1 The Board has received reports from its 3 Sub-Groups – Prevention and Early Help, Infant, Children and Young People's Emotional Health and Wellbeing and the SEN/D Partnership Board.

4.2 Prevention and Early Help – the Board has noted progress across the Group's workstreams.

4.3 Infant, Children and Young People's Emotional Health and Wellbeing Group – the Board noted that this Group had just been established and its work plan will focus on:-

- I Thrive model.
- Black Country digital tools
- support via Single Point Of Access for the WHAT Centre, Arts for Change, CAMHS and other support services
- ASD pathways and de-coupling from CAMHS
- mental health in schools.
- Over representation in the youth justice system

4.4 SEN/D Partnership Board – the Board noted that a draft Self Evaluation Framework was to be finalised following further Parent/Carer engagement. Work was taking place in relation to inspection readiness and a multi-agency audit was being prepared.

5.0 0 – 19 INTEGRATED SERVICE

5.1 The Board will be aware that this service, which includes the Health Visiting, Family Nurse Partnership and School Health Adviser services became the responsibility of Shropshire Community Health Services NHS Trust on 1 April 2024, following a Council led procurement process.

5.2 The Board has considered the contribution that each service component makes to the Health Child Programme in the context of the outcomes experienced by Dudley's children and the relationship with this Board's key goal of improving school readiness.

5.3 In addition, the Board has considered health equity audits in relation to:-

- Antenatal checks
- New Birth visits
- 12 month and 2-2 ½ year checks

5.4 This showed that:-

- **Antenatal checks** - there are differences in the percentage of women receiving an antenatal check by Health Visiting team, ranging from half in Stourbridge to one in ten in Brierley Hill and Dudley North.

Deprivation analysis shows that it is approximately the same percentage receiving a check in each deprivation decile.

- **New Birth Visits** - look reasonably equitable by % seen in each deprivation decile (1 = most deprived). However, because there are more babies born in the most deprived areas, there are more babies not checked: 507 in the 20% most deprived areas vs. 12 in the 20% least deprived between Q1 21/22 and Q3 23/24.

The same pattern is observed for the 6–8week check. 391 in the 20% most deprived areas were not checked vs. 75 in the 20% least deprived.

- **12 Month Check** - See larger differences by health visiting team but checks look reasonably equitable by % seen in each deprivation decile . 640 children unchecked in 20% most deprived areas vs. 150 in 20% least deprived.

82% of Black, Asian and Minority Ethnic children have been checked vs. 86% of White children. However, majority of unchecked children are White (238 vs.69).

- With respect to children's outcomes, the inequalities gradient in good levels of development – driven by communication – occurs between 1 year and 2 years of age. At 1 year good level of development is reasonably equitable across Dudley. By 2 years, 78% of children in the most deprived decile have a good level of development compared to 93% in the least deprived decile.

5.5 An Equality and Quality Impact Assessment will be carried out in relation to the potential targeting of resource towards areas of higher relative deprivation to address these differences. The Board is asked to consider if it would support such an approach.

6.0 RECOMMENDATION

6.1 That the matters considered by the Children and Young People's Partnership Board be noted.

6.2 That consideration be given to targeting resource to address the health equity gaps identified.

Dudley Public Health & Wellbeing commissioned 0-19 Integrated Service

Commissioner Perspective

**Integration of Healthy Child Programme
Services for
0-19 years (up to 25 years with SEND)**

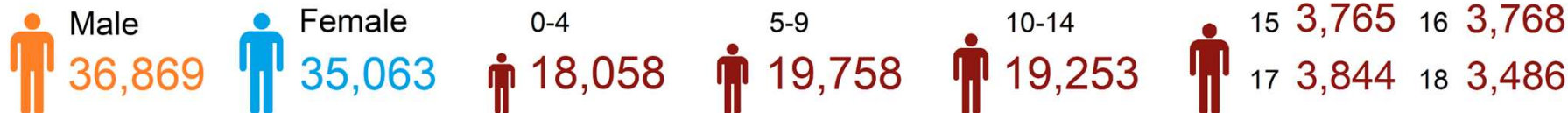
Health needs in Dudley

Infants, children, and young people



Children in numbers

Population Aged 0-18 71,932 (2021)



Education



78 Primary schools (of which 32 are Primary Academies)
1 Nuser school, 41 Nursery classes in Primary schools, 1 in a Special school
19 Secondary schools (of which 15 are Secondary Academies)
7 Special schools **2** Pupil Referral Units (PRU's)
3 colleges; **2** further education, **1** sixth form (May 2023)



53% of Dudley pupils are meeting the expected standard at Key Stage 2 England 59% (2022)
 Attainment 8 score **46.5** at Key Stage 4 England 48.8 (2022)



211 providers delivering early years education (May 2023)
75.1% of school children attend a Good or Outstanding school (Mar 2023)
 Absence rate of **6.9%** in Primary schools and **9.5%** in Secondary schools
England 6.3% Primary and 9% Secondary (includes authorised and unauthorised absence) (2022)
91% of those aged 16-18 are participating in education, employment of training
England 92.3% (Apr 2023)

Social Care

86.1 children looked after by the local authority per 10,000 under 18 (Apr 2023)
England 69.8 per 10,000 under 18 (Mar 2022)

Ethnicity

of Dudley school pupils (Jan 2023)



Income Deprivation

27.1% of children in low income families (Under 16)
England 19.9% (Mar 2022)

Health

4.3 infant deaths per 1,000 under 1 year of age
England 3.9 per 1,000 (2019-21)

11.0% of reception year school children are obese England 10.1% (2021/22)

27.4% of year 6 school children are obese England 23.4% (2021/22)

6.6% of those aged 16 and under are disabled as defined by the Equality Act (2010), with day-to-day activities limited a little or a lot
England 6.3% (2021)



Public Health priorities for Dudley – infants, children and young people

Dudley has poorer outcomes in all of these areas than national average:

- School readiness (esp. children on FSM)
- School absence
- Teenage conceptions
- Childhood obesity
- Smoking in pregnancy
- NEETs
- Children living in poverty

Dudley is average or above national average, but there are large inequalities within the borough or among different groups:

- Oral health
- Infant mortality
- Emotional health and wellbeing

0-19 Integrated Service

National expectations and Dudley-specific commissioned service



Healthy Child Programme

The core public health offer for all children includes:

- child health surveillance (including infant physical examination) and development reviews
- child health protection and screening
- information, advice and support for children, young people and families or carers
- early intervention and targeted support for families with additional needs
- health promotion and prevention by the multi-disciplinary team
- defined support in early years and education settings for children with additional and complex health needs
- additional or targeted public health nursing support as identified in the [joint strategic needs assessment](#), for example, support for children in care, young carers, or children of military families

<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning/commissioning-health-visitors-and-school-nurses-for-public-health-services-for-children-aged-0-to-19>

The Standard 0-19 Public Health Service Model

4 service functions

- Health Visiting
- Family Nurse Partnership
- School Nursing
- Emotional Health & Wellbeing

4 levels of service based upon individual or family need

- Community
- Universal
- Targeted
- Specialist

4 commissioning processes to improve outcomes

- Securing better outcomes (plan)
- Evidence into action (do)
- Improving access (study)
- Desired outcome (act)

0-19 Key Responsibilities

- Ensure delivery of the 0-19 Healthy Child Programme and High Impact Areas to all infants, children and families (including fathers/co-parents), starting from the antenatal period.
- Support families and communities who may find it more difficult to access services based upon protected characteristics.
- Ensure staff have the professional training, confidence, competence and autonomy to deliver the Healthy Child Programme for 0-19 (25), using a personalised family and community centred model.
- Use Public Health approaches to focus on prevention, health promotion, early identification of needs, early evidence-based intervention, and clear packages of support for infants, children, young people, and families.
- Prioritise the needs of infants, children, young people, and families who are most likely to experience poorer outcomes.

Health Visiting

The Health Visiting service is for 0-5 years, it includes all infants and children in the resident population. Health visiting includes child health surveillance, health promotion, health protection, health improvement as outlined in the healthy child programme.

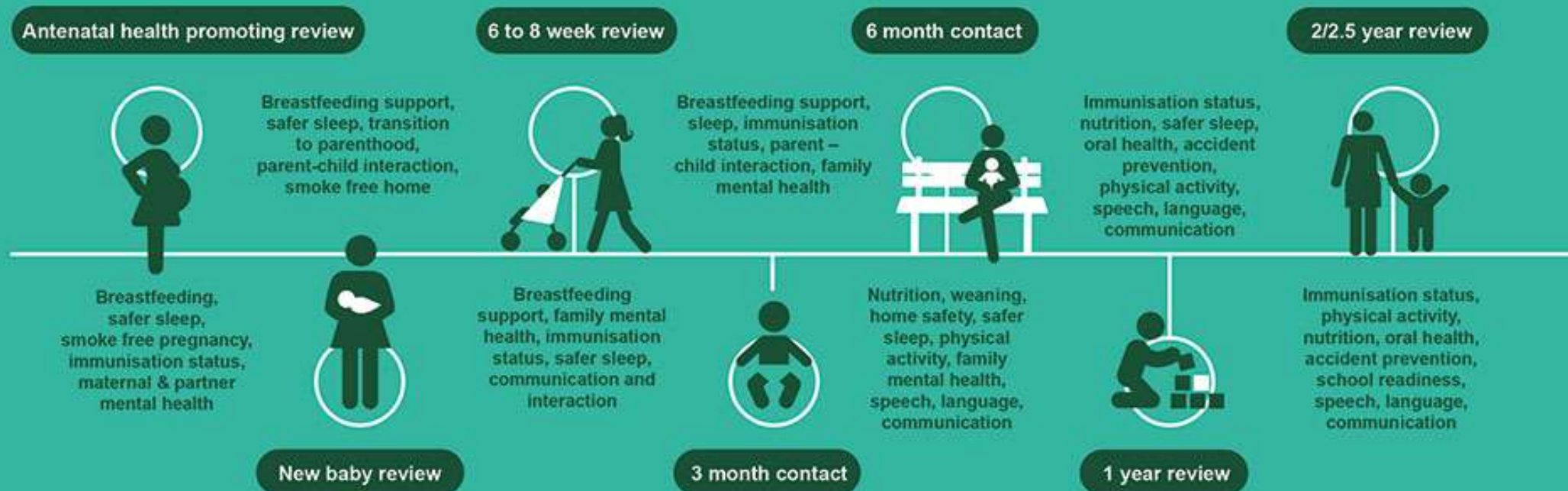
5 (working towards 7) Mandated Health Reviews

- Antenatal health promotion visit
- New baby review (10-14 days)
- 6–8-week assessment
- 3–4-month contact (working towards)
- 6-month contact (working towards)
- 1 year assessment
- 2-2½ review

Early Years High Impact Areas

- transition to parenthood and the early weeks
- maternal and infant mental health
- breastfeeding (initiation and duration)
- healthy weight and healthy nutrition
- health literacy
- reducing accidents and minor illnesses
- health, wellbeing and development (ready to learn, narrowing the 'word gap')

Health and wellbeing reviews and contacts for 0-5



<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model#high-impact-areas>

Statutory Indicators

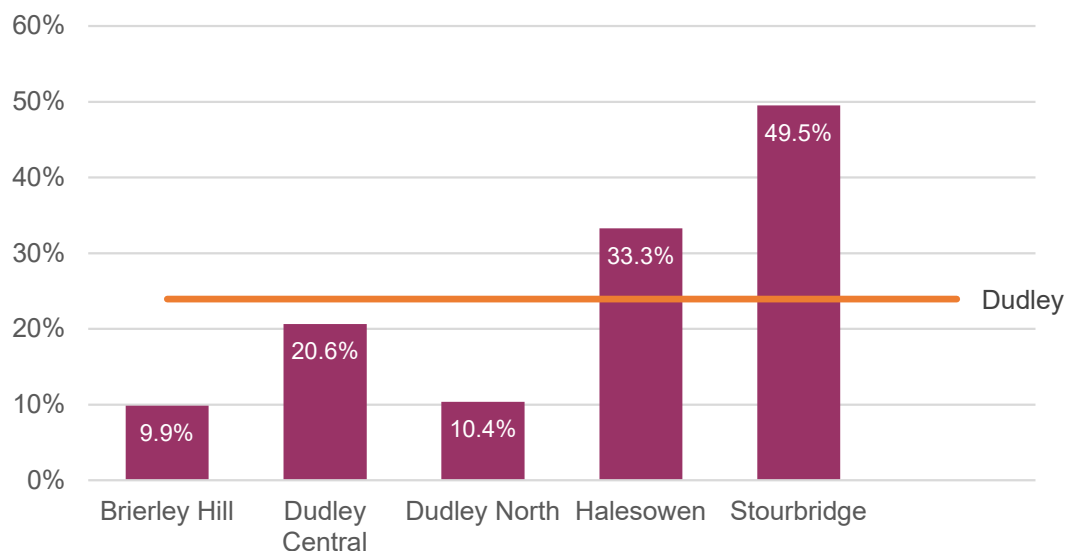
Current Health Visitor Performance

Contact / Visit	National Target	Dudley 2023/4				England 2022-23
		Q1	Q2	Q3	Q4	
Antenatal Contact (Face to face)	95%	204 25%	245 29%	363 39%	357 43%	Not available
New Birth Visit (in the home within 14 days)	95%	679 83%	716 85%	805 86%	679 82%	79.9%
6-8 Week Review	95%	818 86%	855 88%	876 88%	878 89%	79.6%
9–12-month Check	95%	870 75%	942 82%	886 82%	867 81%	70.9%
2 – 2 ½ Year Review	95%	685 72%	760 84%	848 88%	714 71%	73.6%

Health Equity Audit Data – Antenatal Check

Percentage of women getting an antenatal check from total of new birth visits by HV team

Q1 2021/22 to Q3 2023/24



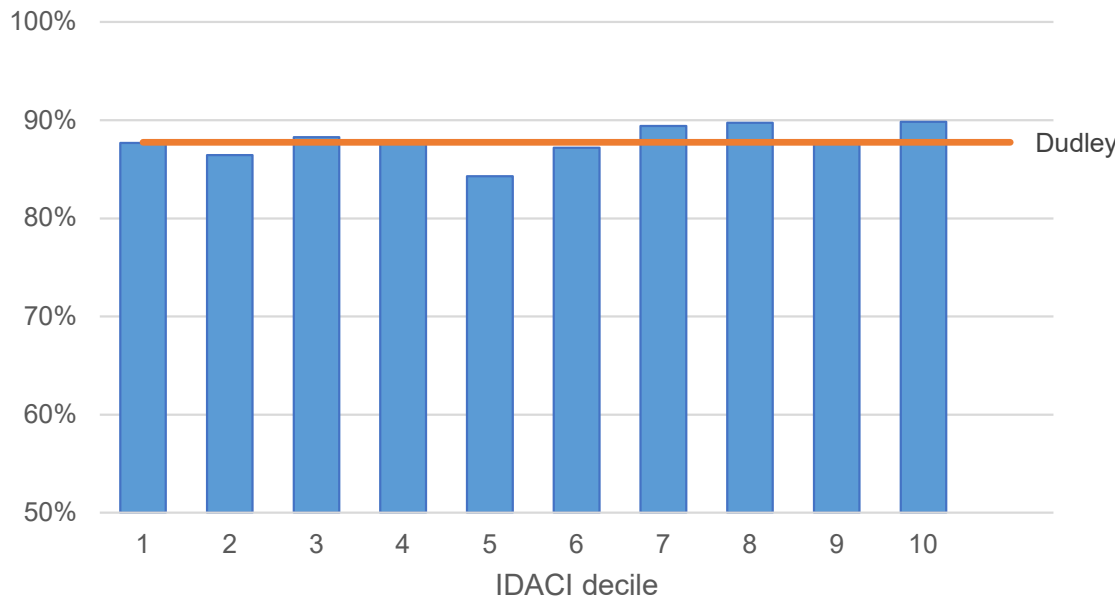
There are differences in the percentage of women receiving an antenatal check by Health Visiting team, ranging from half in Stourbridge to one in ten in Brierley Hill and Dudley North.

Deprivation analysis shows that it is approximately the same percentage receiving a check in each deprivation decile.

Need to look at capacity to increase checks and then whether there should be targeting if cannot reach 100%.

Health Equity Audit Data – New Birth Visit

Percentage of children getting a new birth visit check by IDACI decile
Q1 2021/22 to Q3 2023/24

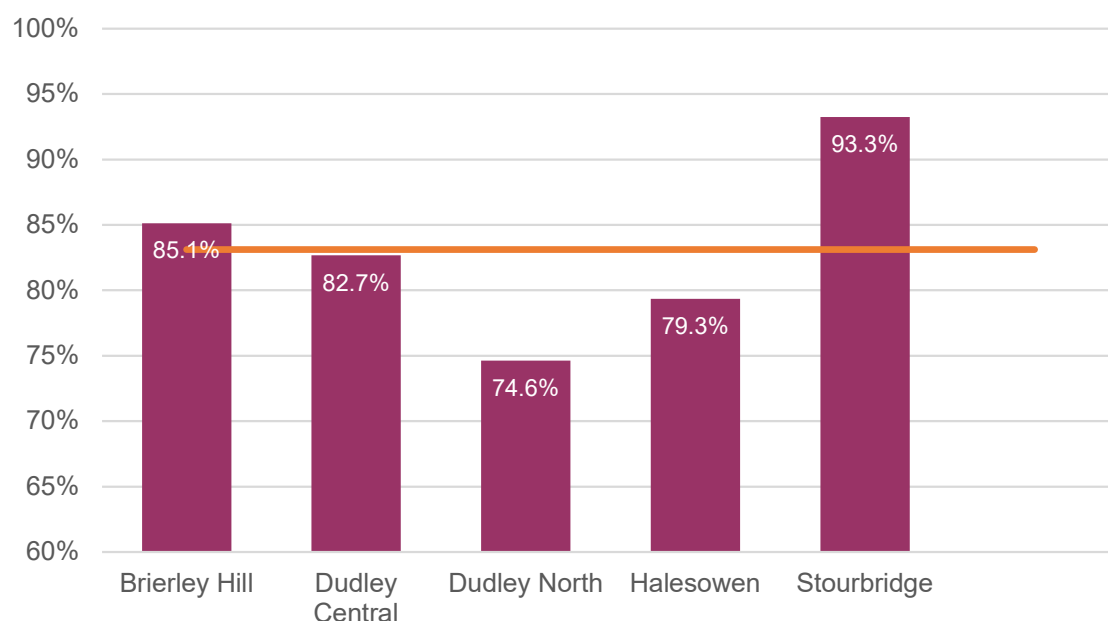


- New Birth Visits look reasonably equitable by % seen in each deprivation decile (1 = most deprived).
- However, because there are about 4x more babies born in the most deprived areas, there are more babies not checked: **507 in the 20% most deprived areas vs. 122 in the 20% least deprived** between Q1 21/22 and Q3 23/24.
- The same pattern is observed for the 6-8 week check. **391 in the 20% most deprived areas were not checked vs. 75 in the 20% least deprived**

Health Equity Audit Data – 12 month check

Percentage of children getting a 12 month visit check by HV team

Q1 2021/22 to Q3 2023/24



Pattern is similar for 2-2.5 year check

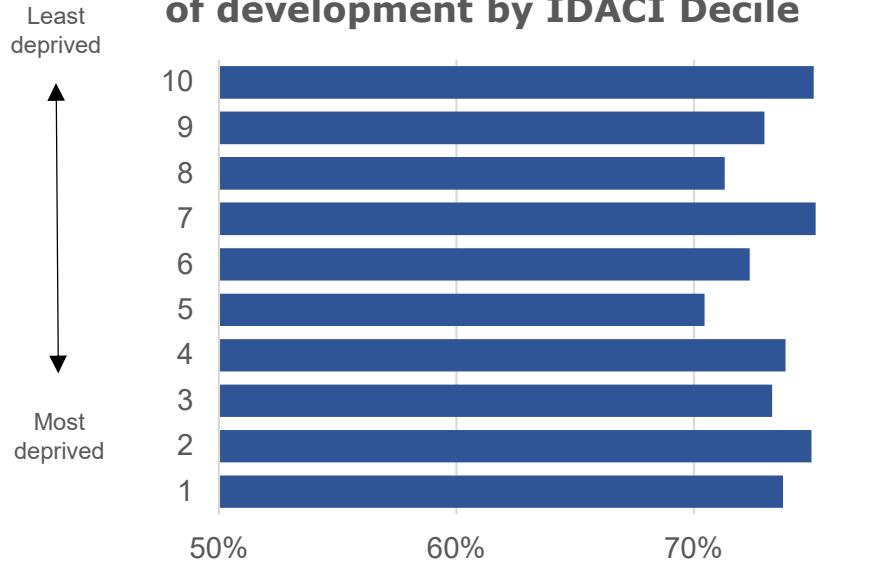
- See larger differences by health visiting team but checks look reasonably equitable by % seen in each deprivation decile (1 = most deprived).
- 640 children unchecked in 20% most deprived areas vs. 150 in 20% least deprived.
- 82% of Black, Asian and Minority Ethnic children have been checked vs. 86% of White children. However, majority of unchecked children are White (238 vs. 69).

Good levels of development (1)

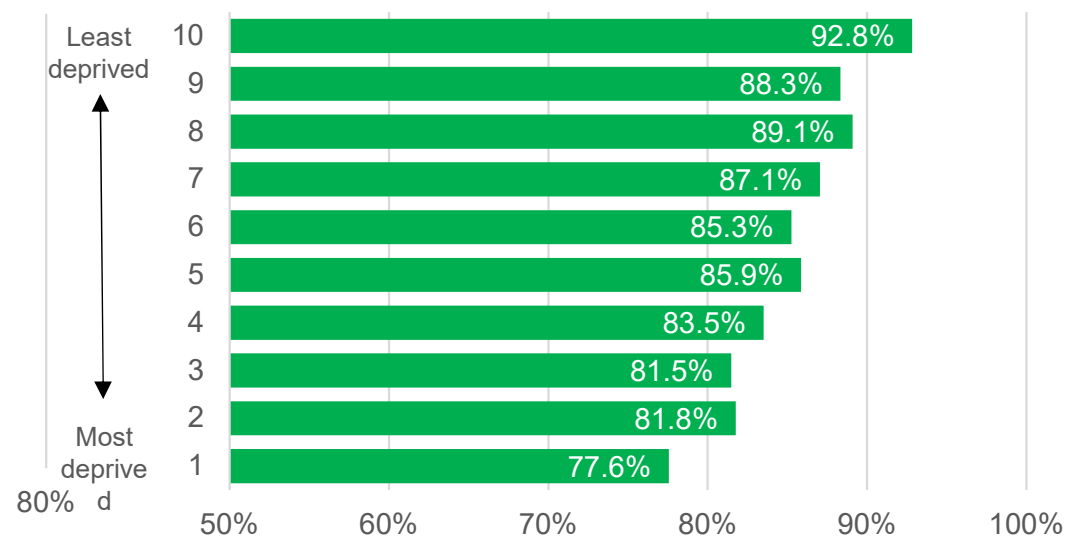
During checks, the Ages & Stages Questionnaire (ASQ) is undertaken. Shows that the inequalities gap in good levels of development occurs between 9-12 months and 2-2 ½ years. These are (obviously) just the children who have been checked.

By age 2-2 ½ years, 93% of children in the 10% least deprived decile have a good level of development compared to 78% in the 10% most deprived decile. Attainment was similar at 9 months.

Percentage of children aged 9-12 months achieving an overall good level of development by IDACI Decile

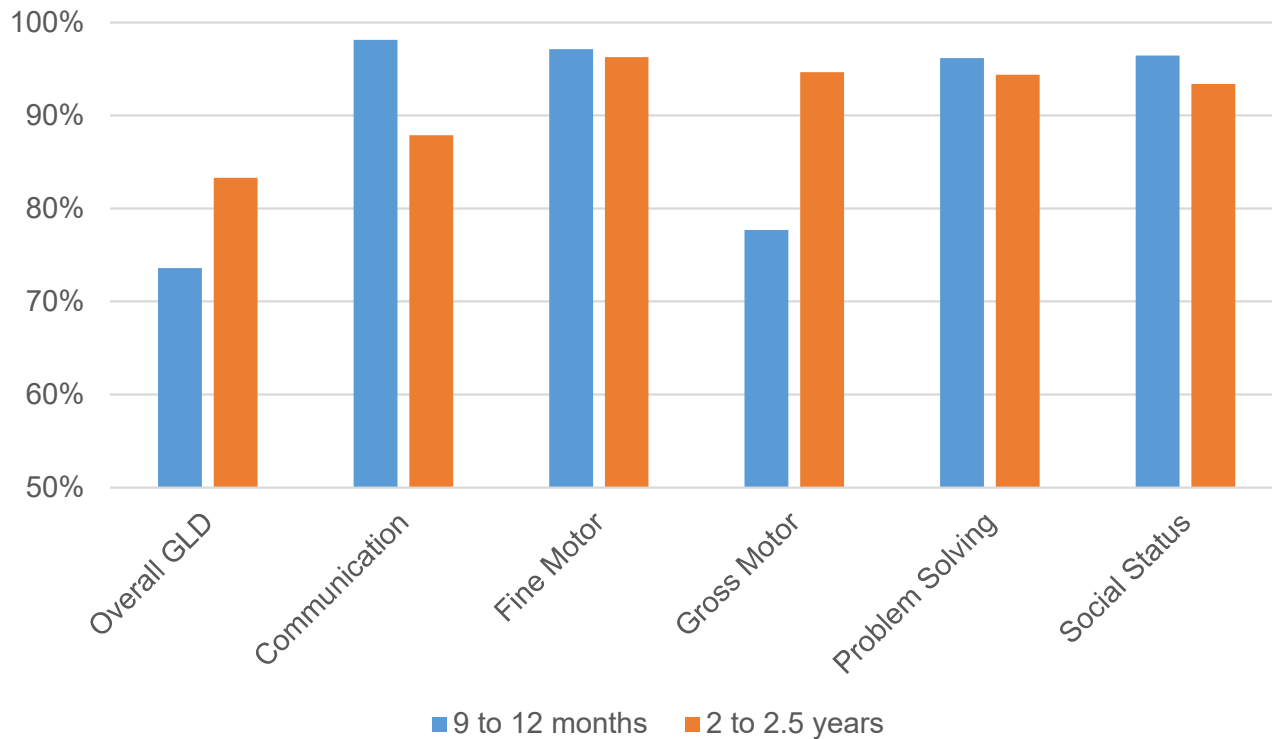


Percentage of children aged 2 to 2½ years achieving an overall good level of development by IDACI Decile



Good levels of development (2)

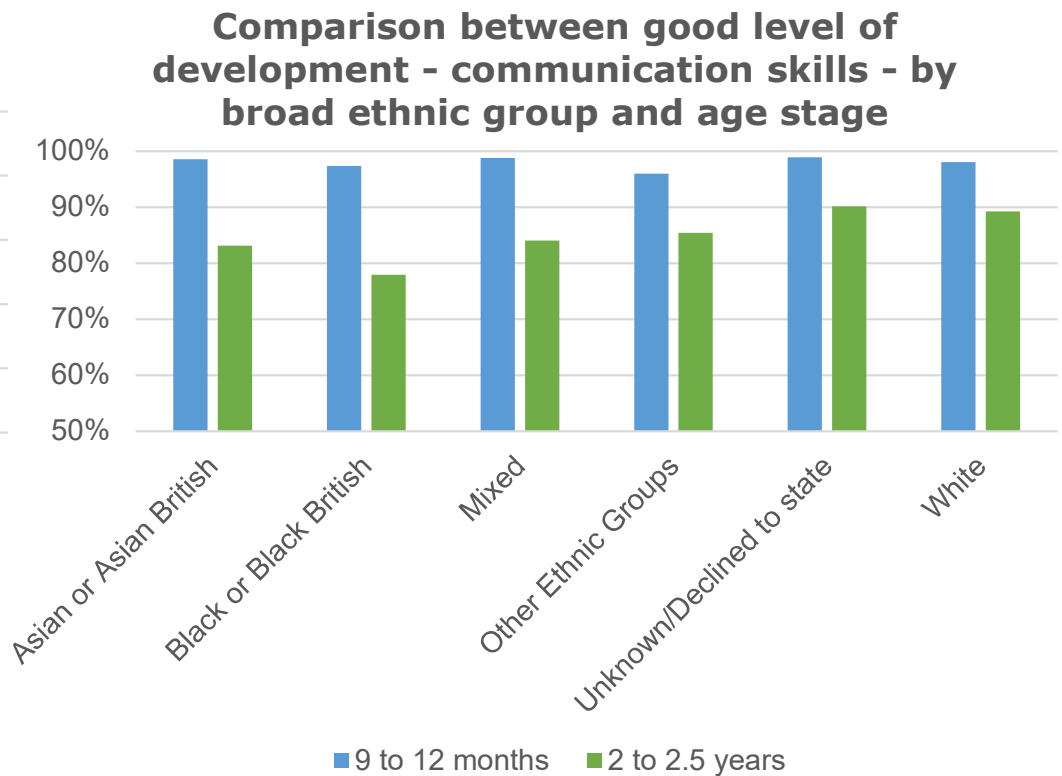
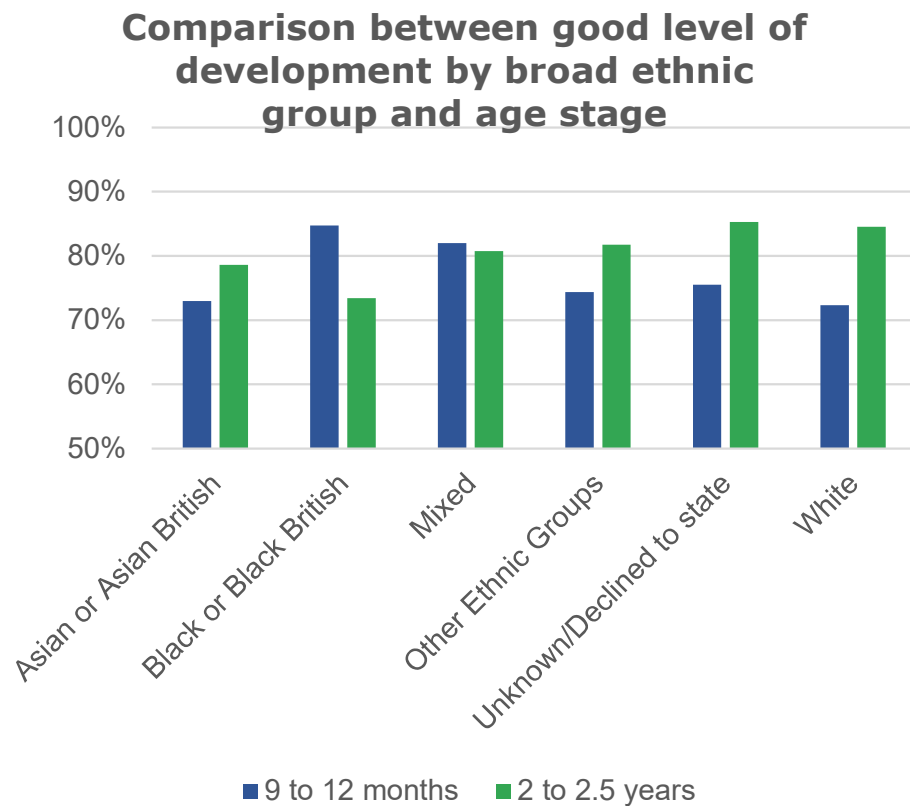
Comparison between development areas and age stage



- While there is an increase overall in good levels of development between 9-12 months and 2-2 ½ years in Dudley, the gaps in attainment are being driven by communication skills.

Good levels of development (3)

On ethnicity, some minority ethnic groups (e.g. Black or Black British) have a higher level of development among children at 9-12 months but then fall behind, because of communications skills.



Family Nurse Partnership (FNP)

The FNP operates under a license agreement, providing an evidence-based programme for our youngest mothers and their children. The service also offers support to fathers and close family members. This is an intensive programme of tailored support which aims to improve life chances for young first-time parents and their babies by breaking the cycle of disadvantage.

Reviews/Contacts

- Home visits
- Planned sessions

Early Years High Impact Areas

- transition to parenthood and the early weeks
- maternal and infant mental health
- breastfeeding (initiation and duration)
- healthy weight and healthy nutrition
- health literacy
- reducing accidents and minor illnesses
- health, wellbeing and development (ready to learn, narrowing the 'word gap')

FNP statistics 2023/24

- A total of 138 families actively engaged with Family Nurse Partnership during 2023/24, equating to a total of 3,035 client contacts.
- 57% of caseload had DY1, DY2 or DY5 postcodes.
- A quarter of all contacts were undertaken in the presence of, and in partnership with, the baby's father.
- 27% of FNP clients breastfed *exclusively* at birth (Higher than FNP National average of 23%).
- From the babies that have reached their 1st birthday - 24% of these continue to receive breastmilk.
- 37 clients graduated during this timeframe.

FNP Client Quotes

- “My Family Nurse was the most helpful person to have whilst pregnant and for the first 2 years of my son’s life. I cannot put into words how helpful and brilliant she has been. From the day I met her I felt safe to talk and we clicked straight away. She has been incredible with me talking about previous trauma that I haven’t been able to talk to anyone about before. Anyone that has her should feel privileged to have such a nice and caring person looking after them”.
- “Before her (my Family Nurse) I was very sceptical about sharing personal information with professionals due to past experiences. However, she has changed my perspective on things. She’s never failed to be there for me support wise, even when the majority of my own family haven’t. As many will say, the service I think should carry on for longer than it currently does. But she has done the ‘above and beyond’ and I can’t thank her enough”.
- “Everything my Family Nurse did was absolutely amazing. She helped me and my partner to become better parents”.
- “My Family Nurse always listened to me and helped me whenever I needed it. I couldn’t have asked for a better family nurse. She was honest as well as helpful and considerate all at the same time. I am more than happy with the time that I had on the FNP Programme”.
- (Dad) “Made me feel more relaxed for when the baby comes. Feel prepared and not so nervous”.

School Nursing

School Nurses support children and young people from age 5 up to the age of 19 who attend an educational setting in Dudley. From 1st April 2024 this will include up to the age of 25 with an Education, Health and Care Plan. Their role includes health surveillance, health promotion, health protection, health improvement and support outlined in the healthy child programme 5 to 19.

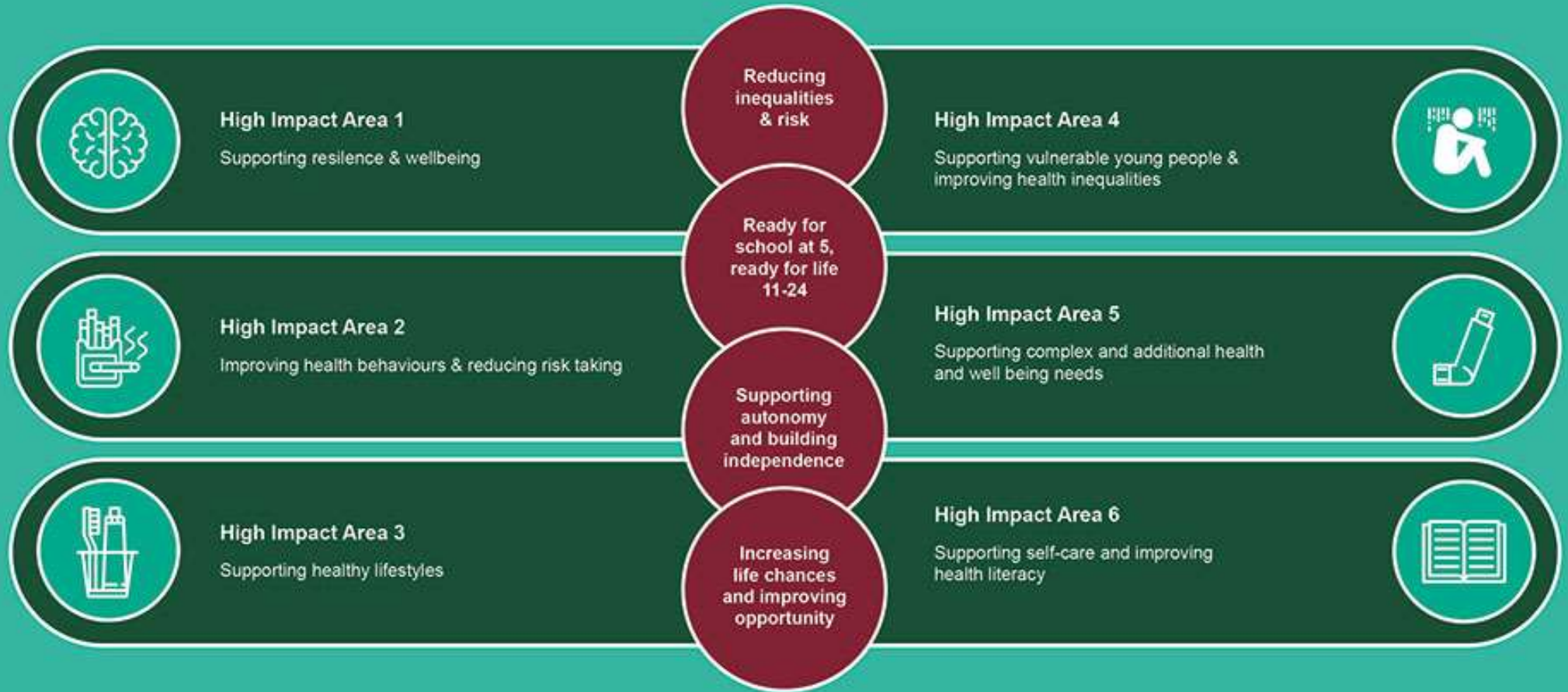
These are recommended reviews and contacts

- 4-5 Health needs review
- 7-8 Health needs review
- 10-11 Health needs review
- 12-13 Health needs review
- School leaver review
- Transition to adult services
- 18-24 Health Need Contact

School Age High Impact Areas

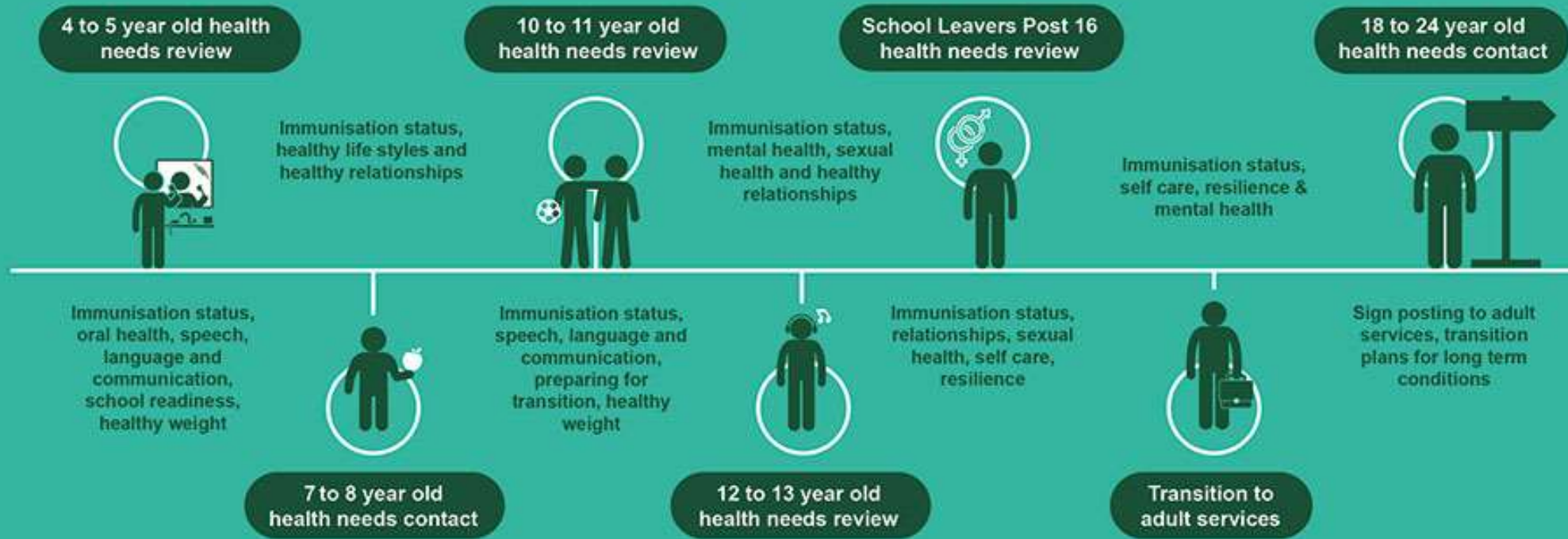
- resilience and wellbeing
- health behaviours and reducing risk taking
- healthy lifestyles
- vulnerable young people and improving health inequalities
- complex and additional health and wellbeing needs
- self-care and improving health literacy

High Impact Areas for school age years



<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model#high-impact-areas>

Health and wellbeing reviews and contacts for 5-24



<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model#high-impact-areas>



Nationally Mandated Programme delivered by School Nurses

The National Child Measurement Programme (NCMP)

Measures the height and weight of children in primary schools to assess overweight and obesity levels.

The measurements are conducted in

- Reception (aged 4 to 5) and
- Year 6 (aged 10 to 11)

Figures are from 2022/23 data

Prevalence of Overweight & Obesity: Dudley, West Midlands & England Compared

2022/23, From National Child Measurement Programme Data

RECEPTION CHILDREN	West Midlands Region			Dudley compared to England	Recent Trend
	Dudley	West Midlands Region	England		
Overweight (incl. obesity)	23.8%	22.2%	21.3%	●	➡
Obesity (incl. severe obesity)	11.5%	10.1%	9.2%	●	➡
Severe Obesity	3.2%	2.9%	2.5%	●	➡

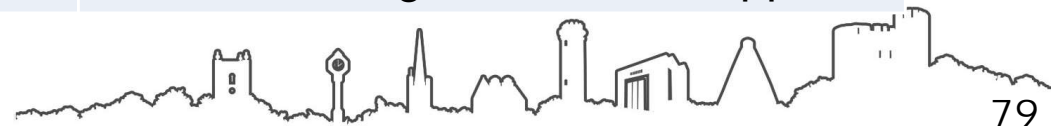
YEAR 6 CHILDREN	West Midlands Region			Dudley compared to England	Recent Trend
	Dudley	West Midlands Region	England		
Overweight (incl. obesity)	40.5%	39.3%	36.6%	●	➡
Obesity (incl. severe obesity)	26.3%	25.2%	22.7%	●	➡
Severe Obesity	7.1%	6.7%	5.7%	●	➡

Key: ● = Dudley value worse than England value
➡ = Recent trend: No significant change



Current School Nurse Impact Areas

Impact areas	Support
Resilience & wellbeing	EHWB/MH drop-in sessions, individual needs or requests
Healthy lifestyles	Support following very low or very high NCMP results. Puberty sessions.
Health behaviours and reducing risk taking	Drop-in sessions and individual support requests for sexual health and smoking/vaping
Improving health inequalities and supporting the most vulnerable	Workforce deployed to meet need across borough, higher deprivation areas, CIC, CP, CIN.
Self-care and improving health literacy	Promoting wellbeing, knowing when and how to seek help
Support for complex needs	Medical conditions and care plans, GP liaison, Brighter Futures support



Emotional Health & Wellbeing

The Emotional Health & Wellbeing team will support School Nurses to provide a whole school approach to wellbeing, supporting children, young people, and their families to maintain and improve their own individual and peer emotional health and wellbeing.

The whole school approach work will focus on the schools in Dudley without a Mental Health Support Team, to ensure there is an equitable offer.

The team will also provide a point of contact for educational and young people's workforce, providing education and training to support children's emotional wellbeing.

This element of the 0-19 service is jointly funded with the ICB.

i-Thrive framework



Governance



Commissioning Process

- Part of the ring-fenced Public Health Grant from OHID to local authorities is to provide 0-5 years (prescribed*) and 5-19 years (non-prescribed*) services and mental health support (non-prescribed).
- Full competitive tender process completed in line with legal requirements
- Provider awarded - ***Shropshire Community Health NHS Trust***
- Contract commencement 1st April 2024 (3 years + 2 years + 2 years)
- Contract monitoring of mandatory/statutory measures and performance will begin from 1st April 2024 as outlined in the tender.
- Development phase from 1st April 2024 to 31st March 2025
 - establish governance and processes, including across partnership
 - agree partnership priorities for development
 - service model development, integration and pathways
 - development of outcomes and KPIs, including on equity

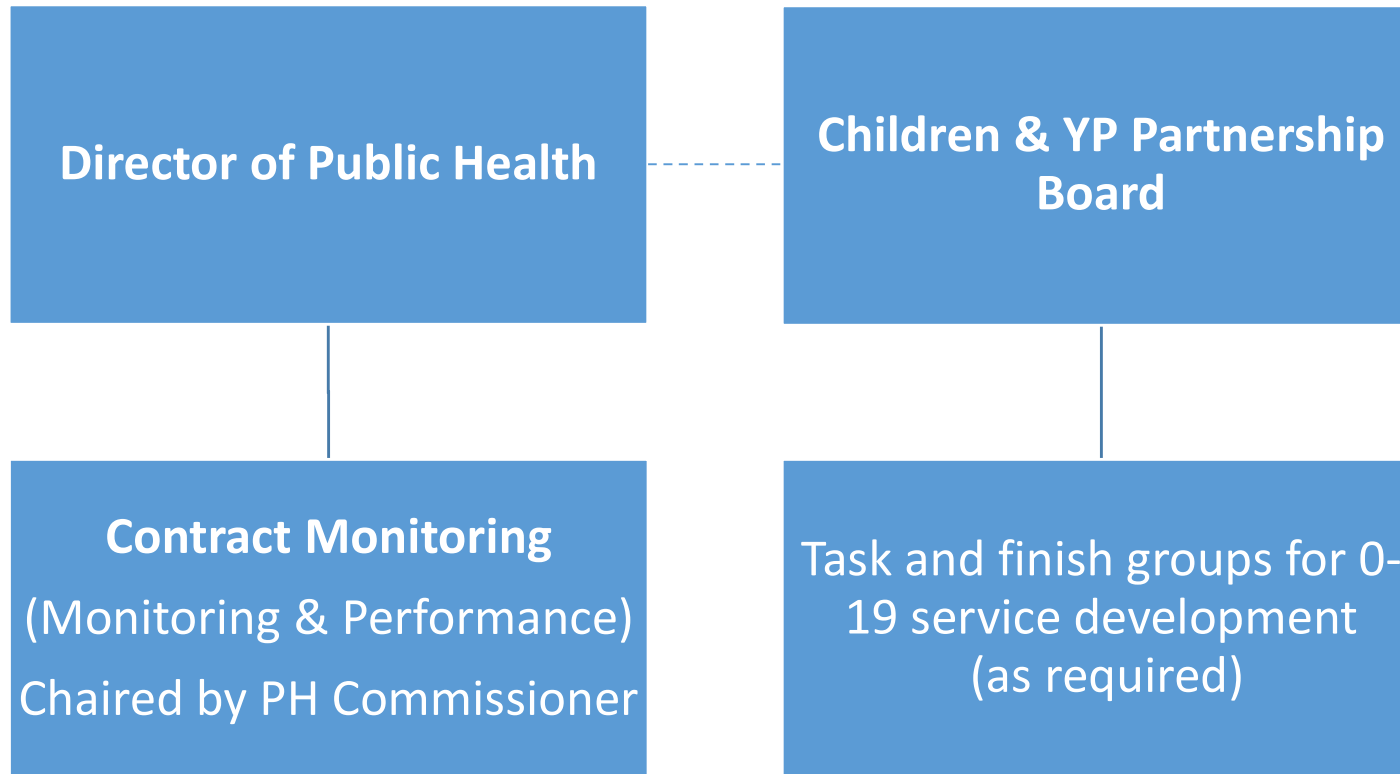
*a prescribed function in the Public Health Grant is one that all local authorities are expected to commission/deliver to a prescribed model. Non-prescribed functions need to be delivered but there is more discretion on that delivery, according to local population health needs.

Whole System Approach & Partnership Working

- The service will
 - Work as part of a wider health system to deliver optimal health outcomes for children, young people and families
 - Maintain efficient working relationships with allied services, agencies and stakeholders
 - Work with partners to promote, protect and improve health inequalities
 - Ensure delivery is informed by national and local policy including JSNA and DPH annual reports
 - Ensure robust clinical governance arrangements are in place including Duty of Care, CQC registration, Clinical Audits, SI reporting and Safeguarding



Proposed Governance Framework



Development Priorities

Phase 1 – April 2024 (1st year)

- Safe landing of workforce and service
- Concentrated effort to improve school readiness
- Coproduce and finalise local KPIs
- Establish Emotional Health & Wellbeing Team
- Establish 16-to-19-year support

Dudley Council Contract Monitoring

- Compliance with the Council's Gold Standard contract monitoring requirements
- Quarterly contract meetings with commissioner and provider
- All formal contract elements, contract variations, finance and FNP licence requirements will be covered
- Where appropriate, issues, concerns and under performance will be reported to the 0-19 Strategic Partnership for resolution

Key contacts – Public Health, Dudley Council

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Agenda Item no. 10(b)

HWB Strategy 2023-2028 - Highlight Reports – Goal Achievements

Purpose

Bi-annual “Highlight Reports” will provide an overview of activity and progress of local shared projects supporting the delivery of the three goals of the Health and Wellbeing Strategy. These reports will describe what has been achieved against the outcomes, how collaborative working has aided this progress and identify new data and insights that have been released in the previous 6 months.

Highlight Reports will be used to increase awareness through organisations of delivery of the strategy and are intended for wider use with partners and the public, and to support a wider understanding of the priorities within the Health and Wellbeing Strategy.

Highlight Reports will provide an overview of each goal, describe what has been achieved in the previous reporting period and how collaborative working has aided this progress. Detailed implementation plans will continue to sit behind the Highlight Reports with risks escalated to the HWB Board as necessary.

Highlight Report

Goal 2. Fewer people die from circulatory disease

Goal 2 - Fewer people die from circulatory disease			
Reporting timeframe - 1st October 2023 – 31st March 2024			
RAG Rating – please complete status for goal achievement (tick relevant box)			
Red – no progress	Amber – Moderate progress	Green - Significant progress	
Overall goal achievement/progress against outcome		Overall goal achievement against reducing health inequalities	
Red		Red	
Amber	AMBER	Amber	AMBER
Green		Green	
Outcomes by 2028			
<ul style="list-style-type: none">• Reduce circulatory disease deaths in Dudley so that the rate is similar or lower than the national average.• The gap in circulatory disease deaths between the most deprived and least deprived areas of Dudley in people aged under 75 years will have narrowed			

Who is leading this?	Goal sponsors: Dr. Duncan Jenkins (NHS prevention) Dr. David Pitches (DMBC prevention)
Goal 2 is focused on: <ul style="list-style-type: none"> • Reducing mortality, especially premature mortality, and morbidity (burden of illness) from diseases of the circulatory system • Reducing inequalities in cardiovascular disease • Identifying opportunities for collaborative and systemwide working • Providing assurance to the Director of Public Health to meet their statutory responsibility to facilitate improvement of the health of the local population 	
What has been achieved for this reporting period under Goal 2: (please include specific achievements with respect to health inequalities)	<p>Over the past six months work has progressed across the system, led by DMBC (for upstream interventions and wider determinants) and NHS primary and secondary care partners (downstream and secondary prevention). Key achievements include:</p> <p>Communications A continuous program of supportive communications has been underway, with particular emphasis on increasing physical activity, healthy eating and awareness of circulatory disease. A more detailed account of specific campaigns and messaging that complements and reinforces NHS and national awareness raising initiatives can be found in Appendix 1. Further work is planned during 2024 to promote awareness of risk factors and prompt recognition of strokes and to promote measures that can reduce the risk of occurrence.</p> <p>Integrated health improvement Our new service began in November 2023 and supports people and their families to adopt healthier lifestyles. As part of the mobilisation of the new service we have been working with the provider to increase capacity, maximise coverage and ensure community venues offer the best coverage for services. We are supporting ABL to improve pathways that will enable smokers to access smoking cessation services after being discharged from hospital. We are monitoring the delivery and impact of this program to ensure that interventions are accessible to those who have the greatest need and potential to benefit.</p> <p>Placemaking approaches to maximise health potential of planning, housing, transport and regeneration Audits of the health-promoting potential in the retail offer of high streets in four of the borough's town centres have been undertaken using a methodology developed by the Royal Society of Public Health. This has shown variation between the four centres, with lower scores (signifying for example more gambling and fast food establishments) in areas of existing deprivation This will help to inform future planning and</p>

regeneration priority areas that could empower residents to make healthier choices. It also complements earlier insight work undertaken during 2023 following Beat the Streets that communities have highlighted as opportunities and barriers to using physically active and more sustainable forms of transport.

An empty retail unit in the Churchill shopping centre saw the trial of a “Health on the Shelf” healthy hearts hub event in November 2023: <https://blackcountry.icb.nhs.uk/news-and-events/events/event-details?occurrenceID=1105>

The Commonwealth Active Communities (CAC) programme supports physical activity in areas of higher circulatory disease mortality. Priority areas for this West Midlands Combined Authority funding included central Dudley, Brierley Hill and the Brockmoor and Pensnett areas.

NHS Health Checks

During 2023-4 we have continued to advocate for NHS Health Checks to be prioritised amongst people with known elevated pre-existing risk factors for circulatory disease (e.g. overweight, smoker, previous QRISK score greater than 5%) and/or people who have never previously attended an NHS Health Check. Existing local data showed an inequality of access to NHS Health Checks in areas of greater deprivation, meaning that people in more disadvantaged areas were both at greater risk of dying from circulatory disease and less likely to take up an NHS Health Check that might detect and offer interventions for cardiovascular risk factors. This could potentially widen the inequalities gap as it facilitated people at existing lower risk to reduce their personal risk further.

Incentivising primary care providers through an enhanced payment for each person invited who lives in the lowest quintile of deprivation has led to a levelling off of the inequality gradient in the first full year of adopting this approach, and we have achieved the second highest number of completed NHS Health Checks in the past decade (14,797, or almost 90% of the eligible total for the year).

This led to 2,987 patients being identified as having high blood pressure, 707 had high cholesterol diagnosed and 350 were identified as having a greater than 20% risk of having a stroke or myocardial infarction (heart attack) in the next decade without medical or lifestyle changes.

Healthy heart hubs

This initiative is led by health and wellbeing coaches with support from pharmacists, healthcare assistants and the GP clinical lead for health inequalities. Over a dozen events have

been held in the past 12 months which have engaged over 500 individuals. The hub has a good geographical spread but with a focus on Dudley and Netherton Primary Care Network (PCN) and Sedgley Coseley and Gornal PCN. The healthy heart hub has attended workplaces, schools, further educational establishments, community groups, shopping centres and the African Caribbean centre. The project was due to finish March 2024 however the budget has been used widely and funds should allow the initiative to continue for at least a further 6-12 months with a view to appraise and apply for further funding.

Improving diagnosis and treatment of high blood pressure, high cholesterol and high blood glucose

Community pharmacies are now measuring blood pressure in people aged over 40 and can undertake ambulatory 24-hour blood pressure monitoring for more accurate diagnosis. This is being monitored to ensure any gaps in provision in more deprived areas are addressed. This boosts the detection capacity provided by the Healthy Hearts Hub work as well as a 'making every contact count' approach alongside the ICB mobile vaccination service. The detected prevalence of hypertension in over 18s has increased from 22.0% to 22.3% between Q1 and Q4 of the 2023-2024 financial year. The range across the PCNs at Q4 is 18.9% to 24.8%.

With respect to blood pressure treatment to age-specific targets, there has been an increase from 71.5% to 78.6% across Dudley practices, against an aspiration of 80%. The range across PCNs is 75.1% to 78.2%.

The percentage of patients with circulatory disease receiving lipid lowering medicines has increased from 69.8% to 84.9% between quarters 1 and 4 against a target of 90%. The range across the six PCNs in quarter 4 is 82.0% to 86.7%.

With respect to the percentage of patients with circulatory disease receiving lipid lowering medicines treated to cholesterol threshold, all six PCNs have exceeded the original target (35%) with an overall achievement of 44.2% (range across PCNs, 41.0 to 46.9%). This objective is being reconsidered with a view to extending the ambition or focussing on other priorities.

Overall "triple control" in people with diabetes (blood pressure, cholesterol and blood glucose) has improved from 33.9% in quarter 1 of 2023/4 to 41.9% in quarter 4 against a target of 44%.

In conclusion, steady progress has been made blood pressure management, treatment of people with circulatory disease with lipid lowering medicines and triple control in people with

	<p>diabetes. The objective relating to managing cholesterol to target in patients with circulatory disease has been achieved. Further focus on detection of hypertension is required.</p>
<p>Latest Data and insights</p>	<p>Local extraction of data showing primary care attainment is available on a quarterly basis, though mortality data is updated annually (Appendix 2). Steady progress is being made towards targets in secondary prevention of circulatory disease in people at high risk in primary care. All six PCNs have exceeded the original target for patients with circulatory disease receiving lipid lowering medicines treated to cholesterol threshold.</p> <p>Primary care data is also available at practice level and helps to identify the range of activity and focus on particular inequalities. However, attention should be given to age adjustment, as practices in more socio-economically disadvantaged areas tend to have younger populations. If not taken account of this can appear to suggest inequalities that are less relevant once age is accounted for.</p> <p>Note that the timeliness of data presented varies with the source and in some cases dates back to 2016 (e.g. for ward level mortality, which has to be counted over a period of several years due to low numbers at local level). Primary care data extracted from GP information systems can be much more recent but includes a different range of indicators.</p>
<p>Opportunities</p>	<p>The Healthy hearts hub has partnered with ABL health to deliver health checks in the community and Dudley workplaces. We look to continue this collaboration to support the wider endeavours in Dudley relating to CVD.</p> <p>Black Country ICB is engaging in a national campaign called May Measure Month. This actually runs from May to July and will promote the importance of detecting and managing high blood pressure. Community pharmacies are being encouraged to participate and there will be local media releases and targeted social media activity.</p> <p>The ICB is launching a blood pressure task force to address detection and management of hypertension as well as a continued focus on prevention in patients with kidney, circulatory disease and diabetes.</p> <p>Primary care pharmacy teams are being upskilled to better manage hypertension, through a targeted approach.</p> <p>A multi-disciplinary group has been formed which will offer targeted support to practices in disadvantaged areas with high mortality rates where blood pressure and cholesterol management could be improved. Four practices have been identified as initial focus.</p>

	<p>We are looking to include a smoking cessation aspect to the HHH also given the key importance of reducing smoking rates in Dudley. This is in addition to supporting referrals from secondary care to community pharmacies.</p> <p>We are actively looking for and applying for bids for research opportunities and pilot studies where funding is being offered.</p>
Challenges	<p>Whilst the HHH has many successes there have been difficulties recruiting peers. A plan to promote and develop this further is in place and there has been some tentative interest here.</p> <p>Progress towards addressing inequalities in cardiovascular disease prevention in primary care has been made through additional funding, so a caveat is the importance of safeguarding funding to more disadvantaged areas at a time of heightened financial pressures.</p>
Milestones or expected achievements for the next six months	<p>The relationship between transport and health will be supported through the local planning processes. A separate transport and health strategy had been considered but there is now expected to be a health chapter within the wider Dudley Transport Strategy. Timescales for production of this are at present unclear however, as West Midlands then Black Country strategies need to be completed before the Dudley strategy.</p> <p>Development of a financial wellbeing strategy – reduced stress and more affordable food and sustainable active transport will impact upon circulatory disease risk factors.</p> <p>Development and implementation of programme to accelerate hypertension detection through Healthy Hearts Hub, Community Pharmacy Blood Pressure Service and other community outreach opportunities.</p> <p>Review cholesterol-related objectives and assess other primary care-based initiatives which could contribute to a reduction in circulatory disease. For example, atrial fibrillation detection and secondary prevention in patients with coronary heart disease.</p>

Appendix 1 Summary of public communications supported by DMBC between April 2023 and April 2024

(a) Promotion of physical activity

Family Healthy Lifestyle Service – ongoing.

Saltwells Mindful Walks – helped establish a brand, voice, communications channels and promotion.

Let's Get Moving - ongoing campaign aimed at encouraging people who don't move much, particularly those aged 50-plus to become more active and build up daily activity, strength and balance, to reduce the risk of falls.

This campaign was launched following concerns that adults were becoming more at risk of falls following the COVID-19 pandemic, where people may have stayed at home, reduced physical activity and movement and were lonely and isolated.

Eight challenges have been created and promoted so far. Since 2023 two challenges have been created and widely promoted each year.

- The May 2023 challenge tied in with National Walking Month and was called [Spring In Your Step](#). It urged everyone to walk, either on the spot, or outside, for at least five minutes a day, and add in at least five heel raises and walk upstairs a few times daily. These exercises were designed to build up fitness and balance. An [animation](#) was produced to illustrate the challenge. Local regular walks were also highlighted.
- The January 2024 challenge was named [31 days to strong and steady](#). This encouraged residents to conduct five simple strength and balance exercises, listed in a calendar format, every day in January. Throughout the month the intensity and repetition of the exercises increased.

Healthier Futures stakeholder magazine – provided wording and images for a double page spread on outdoor exercise opportunities in the borough.

Swim United pop-up swimming pools at two schools – supported communications.

Wellbeing Walks – gained national endorsement for the video produced on Dudley's [Rambler Wellbeing Walks](#) from The Ramblers' national e-bulletin.

National Walking Month – promoted along with local opportunities and created and distributed a communications pack for onward sharing

Phases free gym sessions for young people – produced marketing materials and promotion

Park Active – successful communications campaign to call for more volunteers, promotion of three volunteers who had clocked up more than 100 hours of volunteering and presentation of certificates, communications campaign to promote five years of Park Active.

Ageing Well Festival – created marketing collateral and promoted the autumn 2023 festival, which included many local exercise opportunities

Exercise opportunities for children – promoted in Your Borough Your Home residents' magazine

Healthy Steps – promoted national campaign for children to exercise

Healthy Ageing Champions – created marketing collateral to encourage people to become champions, which will involve promoting moving more

Dance To Health – various promotions of taster sessions, session and digital resources for older people to dance to improve fitness, balance, strength and tackle isolation

Sustrans Moving Challenge – promoted the national campaign

New year exercise opportunities – promoted opportunities during 2024 to exercise outside for free

Junior Parkrun – promoted

UK Prosperity Fund for outdoor gyms – promoted

NHS Group Charity fun run and family day – promoted

Park Yoga – promoted new free yoga sessions in Brierley Hill and the Black Country

(b) Promotion of healthy eating

2023 Spring – introducing solid foods campaign

March – Nutrition and Hydration Week (resources were sent to care homes)

Ongoing – promoting [Healthy Lifestyle service](#) (promotes eating well for families as well as moving more)

May – promoted Healthier Futures women's health and wellbeing event

June & August – promoted national Healthy Steps (children's healthy eating and exercising campaign)

Summer – annual summer wellbeing campaign – includes sections on staying hydrated and food safety

Autumn – Ageing Well festival promotion (this covered everything people can do to age well, including food and nutrition)

Autumn onwards – produced and promoted Healthy Lunchbox booklet and [microsite](#) (healthy and tooth friendly lunchbox ideas for parents)

Winter wellbeing campaign (particularly aimed at older residents) – includes nutrition and vitamin D advice

2024 Jan – March and ongoing – produced, printed, created and promoted a digital [recipe book for young people](#) who are newly independent, by young people.

Spring and ongoing – promoted Healthy Start vitamins

March – promoted FSA campaign on vegan foods and allergens

Currently being developed – infant feeding campaign, advocating breastmilk

(c) Communicating about circulatory disease

2023 April – diabetes type 2 awareness week promotion, including a full page article in the residents' [Your Borough Your Home](#) magazine that is sent to all households

May - stroke awareness month communications

May – stroke awareness day communications

May – type 2 diabetes prevention week communications

August – amplified national messaging on preventing heart attacks

September and October – promoted knowing your numbers

November and December – promoted abdominal aortic aneurysm

November – diabetes day communications

2024 February – circulatory disease article in the residents' Your Borough Your Home magazine

February and March – get your blood pressure checked at community pharmacies communications

April – article on hypertension in the residents' ebulletin

May – [social media](#) promoting the National Diabetes Survey

May – shared ICB Facebook message calling on people to have their blood pressure tested at community pharmacies

Currently being developed – Stroke Awareness Month, Type 2 Diabetes Prevention Week, World Hypertension Day

Appendix 2 Latest CVD outcomes – Dudley and PCN level summary

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: Circulatory Disease Overview

Outcome	Period	Dudley Value	Dudley Count	WM Value	England Value	England time period if different from Dudley
Overarching						
Deaths from circulatory disease, all ages, standardised mortality ratio	2016 - 20	108.7	4,156		100.0	
Deaths from circulatory disease, under 75 years, standardised mortality ratio	2016 - 20	107.2	1,115		100.0	
Premature mortality due to cardiovascular diseases in adults with severe mental illness (rate per 100,000)	2018 - 20	14.4	100		18.9	
Wider determinants of health						
Adults cycling for travel at least three days per week (%)	2019/20	0.8			2.3	
Adults walking for travel at least three days per week (%)	2019/20	11.3			15.1	
Air pollution: fine particulate matter (µg/m3)	2021	7.7			7.4	
Utilisation of outdoor space for exercise/health reasons (%)	Mar 2015 - Feb 2016	20.5			17.9	
Behavioural and clinical risk factors						
Depression: QOF prevalence (18+ yrs) (%)	2022/23	15.9	42,135		13.2	
Obesity: QOF prevalence (18+ yrs) (%)	2022/23	17.2	45,550		11.4	
Obesity: Reception - Overweight (including obesity), 3-years data combined (%)	2020/21 - 22/23	24.6	2,265		22.1	
Obesity: Year 6 - Overweight (including obesity), 3-years data combined (%)	2020/21 - 22/23	41.7	4,525		36.6	
Physically active adults (%)	2022/23	60.7			67.1	
Smoking prevalence in adults with a long term mental health condition (18+) (%)	2022/23	26.9			25.1	
Smoking: QOF prevalence (15+ yrs) (%)	2022/23	15.9	44,179		14.7	
Primary prevention						
Eligible people offered a weight management referral in the last 3 years (%)	2022/23	90.5	45,255			
eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (%)	2018/19 - 22/23	35.1	29,292		42.3	
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (%)	2022/23	86.9	134,121		86.0	
Patients with learning disabilities who had a health check in the last 12 months (%)	2022/23	76.3	151		79.9	
Patients with severe mental illness receiving all 6 elements of the physical health check (%)	2022/23	68.1	1,579		58.5	
Smokers successfully quit at 4 weeks (rate per 100,000)	2022/23	1669.5	540		1620.1	
Prevalence of GP recorded hypertension in patients aged 18 and over	2023/24 Q4	22.3	60,129		14.0	2022/23
Secondary prevention						
For patients with CHD, a record that aspirin, APT or ACT is taken exists (%)	2022/23	87.6	11,675		90.5	
For patients with stroke a record exists that an anti-platelet agent or an anti-coagulant is taken (%)	2022/23	87.5	4,429		90.4	
Last BP reading of patients (<80 yrs, with a history of stroke or TIA) in the last 12 months is <= 140/90 mmHg (%)	2022/23	72.6	3,047		71.4	
Last BP reading of patients (<80 yrs, with CHD) in the last 12 months is <= 140/90 mmHg (%)	2022/23	75.5	7,246		75.9	
Patients with CHD, PAD, or on Stroke/TIA Register, who have cholesterol controlled to acceptable levels	2023/24 Q4	44.2	8,511			
Patients with circulatory disease currently prescribed a statin, or another lipid-lowering therapy (%)	2023/24 Q4	84.9	17,869			
Patients with Diabetes meeting all 3 NICE treatment targets (%)	2023/24 Q4	41.9	8,146			
Hypertension: treatment to recommended age specific thresholds (all ages) (%)	2023/24 Q4	78.6	43,933		75.7	2022/23

Key	
Better than England	no England data available
Similar to England	Higher than England
Worse than England	Lower than England

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: Circulatory Disease

Outcome	Community Forum Area					Dudley Value
	Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge	
Overarching						
Deaths from circulatory disease, all ages, standardised mortality ratio	131.5	108.2	117.3	97.4	97.9	108.7
Deaths from circulatory disease, under 75 years, standardised mortality ratio	141.9	119.1	112.4	92.8	80.2	107.2
Behavioural and clinical risk factors						
Obesity: Reception - Overweight (including obesity), 3-years data combined (%)	26.4	28.2	24.2	21.4	22.6	24.6
Obesity: Year 6 - Overweight (including obesity), 3-years data combined (%)	46.1	44.1	40.7	39.2	36.9	41.7

Outcome	Primary Care Network					Dudley Value
	Dudley & Netherton	Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye	Halesowen	
Behavioural and clinical risk factors						
Depression: QOF prevalence (18+ yrs) (%)	15.6	17.3	16.7	14.6	15.0	16.2
Obesity: QOF prevalence (18+ yrs) (%)	18.0	18.6	17.5	15.7	16.1	17.1
Smoking: QOF prevalence (15+ yrs) (%)	20.4	18.5	15.6	15.6	13.0	11.8
Primary prevention						
Eligible people offered a weight management referral in the last 3 years (%)	86.6	97.4	88.3	91.9	85.5	93.5
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (%)	87.5	87.1	86.5	84.9	88.5	87.6
Patients with learning disabilities who had a health check in the last 12 months (%)	76.9	62.5	79.3	84.2	75.9	77.4
Patients with severe mental illness receiving all 6 elements of the physical health check (%)	63.4	69.9	62.8	67.2	65.9	83.3
Prevalence of GP recorded hypertension in patients aged 18 and over	18.9	21.2	22.4	23.9	23.0	24.8
Secondary prevention						
For patients with CHD, a record that aspirin, APT or ACT is taken exists (%)	86.8	86.7	89.6	86.8	89.5	86.7
For patients with stroke a record exists that an anti-platelet agent or an anti-coagulant is taken (...)	85.5	88.1	89.1	86.5	88.1	88.1
Hypertension: treatment to recommended age specific thresholds (all ages) (%)	75.1	79.6	78.2	81.1	78.6	78.2
Last BP reading of patients (<80 yrs, with a history of stroke or TIA) in the last 12 months is <= 1...	68.4	71.7	71.3	76.7	73.7	72.8
Last BP reading of patients (<80 yrs, with CHD) in the last 12 months is <= 140/90 mmHg (%)	71.2	77.3	74.7	79.0	75.0	75.4
Patients with CHD, PAD, or on Stroke/TIA Register, who have cholesterol controlled to acceptabl...	45.8	43.3	45.0	41.0	46.9	44.7
Patients with circulatory disease currently prescribed a statin, or another lipid-lowering therapy ...	82.0	86.6	83.5	86.7	85.5	84.7
Patients with Diabetes meeting all 3 NICE treatment targets (%)	39.0	42.4	39.9	40.5	43.2	47.8

Key

Better than Dudley
Higher than Dudley
Lower than Dudley
Similar to Dudley
Worse than Dudley

Appendix 3 Latest CVD outcomes – practice level outcomes

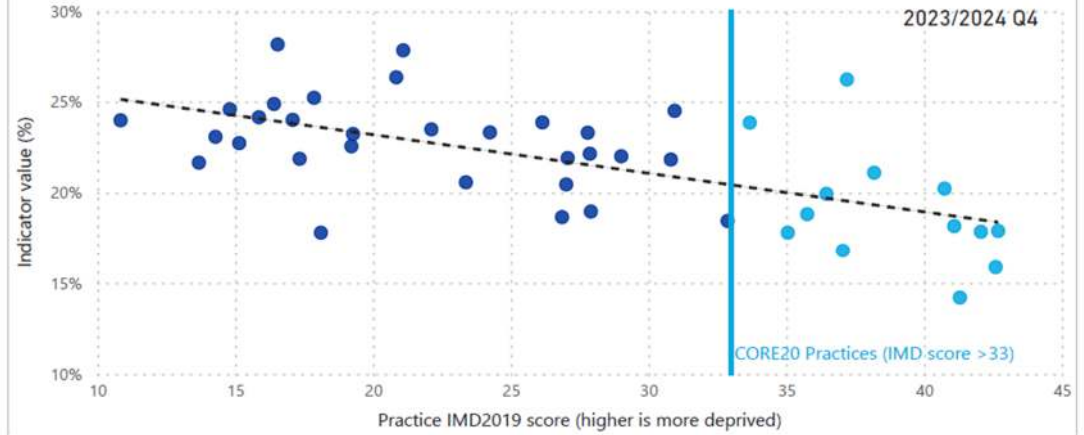
Prevalence of GP recorded hypertension in patients aged 18 and over

Source: EMIS web

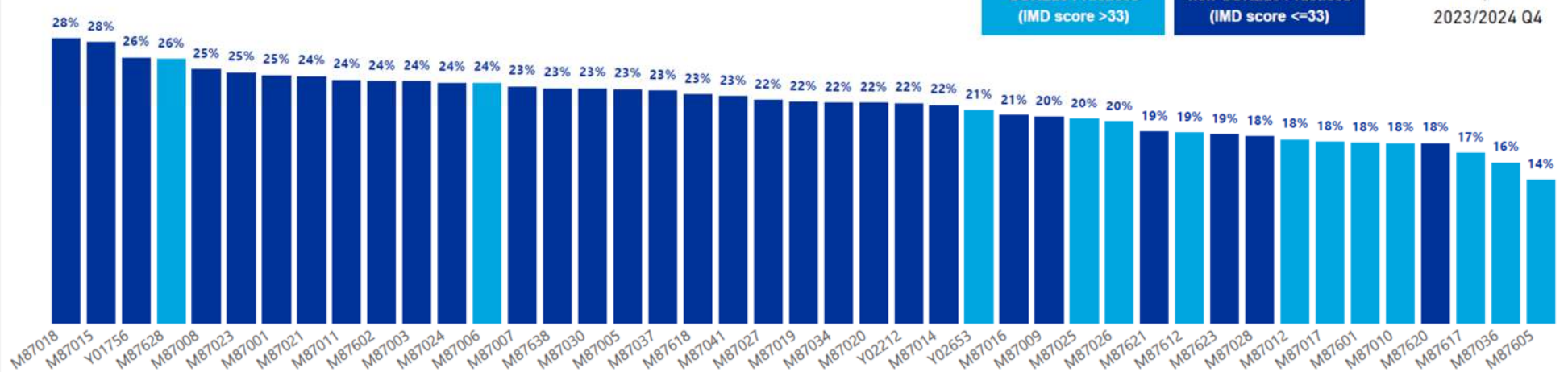
Indicator value (%) by PCN

Primary Care Network	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4
Brierley Hill PCN	21.0%	21.0%	21.0%	21.2%
Dudley And Netherton PCN	18.8%	18.8%	18.8%	18.9%
Halesowen PCN	22.5%	22.6%	22.7%	23.0%
Kingswinford & Wordsley PCN	24.5%	24.6%	24.7%	24.8%
Sedgley, Coseley & Gornal PCN	22.2%	22.3%	22.3%	22.4%
Stourbridge, Wollescote & Lye PCN	23.3%	23.4%	23.5%	23.9%
Dudley GPs	22.0%	22.1%	22.1%	22.3%

Indicator value (%) vs Practice IMD2019 score



Indicator value (%) by GP Practice

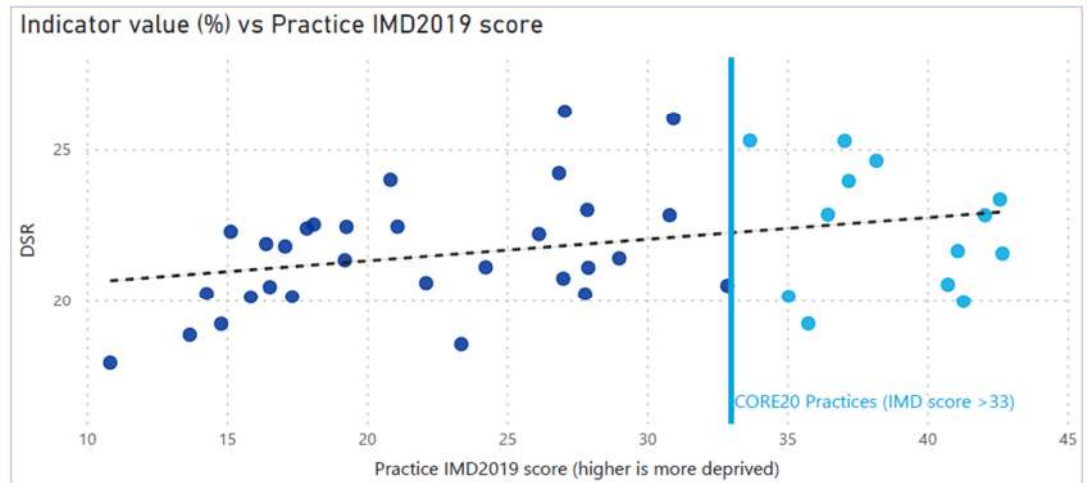


Dudley GPs

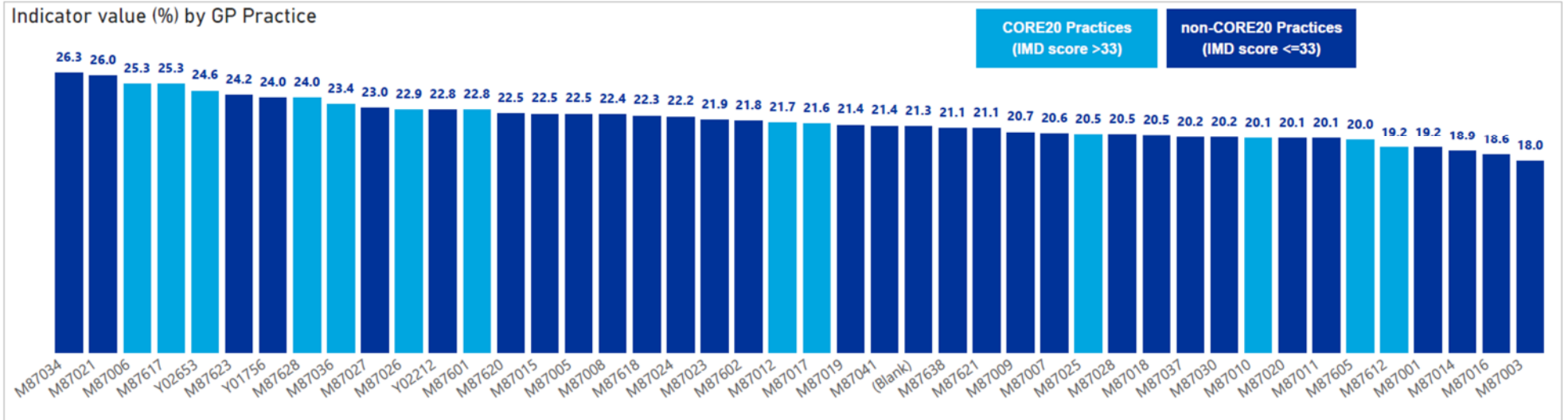
21.3

Age standardised prevalence (%)

Primary Care Network	DSR
Brierley Hill PCN	21.6
Dudley And Netherton PCN	22.4
Halesowen PCN	21.4
Kingswinford & Wordsley PCN	20.1
Sedgley, Coseley & Gornal PCN	21.5
Stourbridge, Wollescote & Lye PCN	21.1



Indicator value (%) by GP Practice



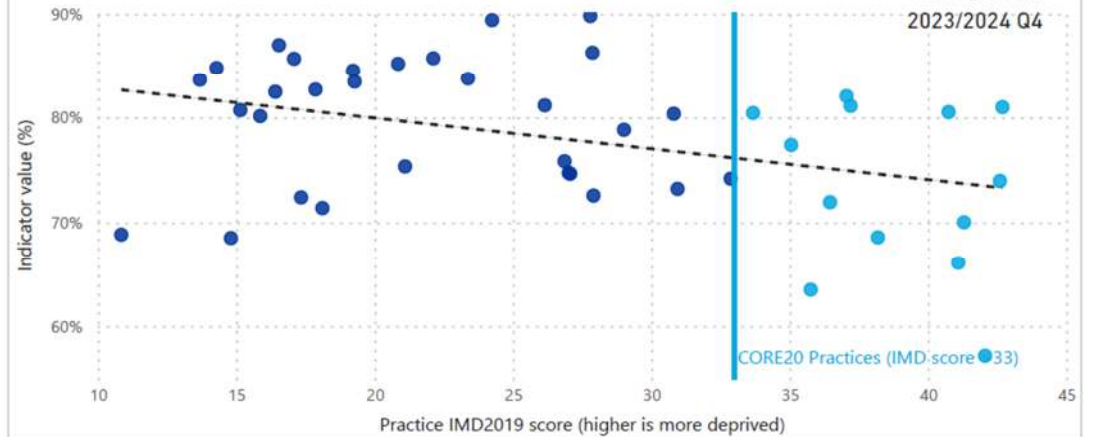
Hypertension: treatment to recommended age specific thresholds (all ages) (%)

Source: EMIS web

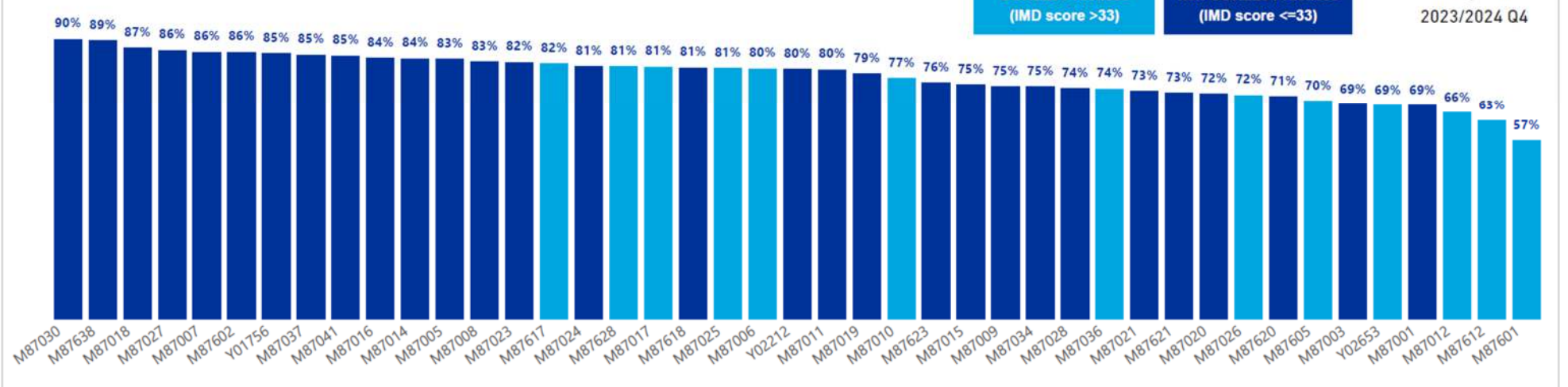
Indicator value (%) by PCN

Primary Care Network	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4
Brierley Hill PCN	72.1%	72.7%	74.5%	79.6%
Dudley And Netherton PCN	66.1%	68.2%	70.0%	75.1%
Halesowen PCN	72.4%	71.8%	73.5%	78.6%
Kingswinford & Wordsley PCN	70.4%	70.9%	73.0%	78.2%
Sedgley, Coseley & Gornal PCN	72.0%	72.1%	74.0%	78.2%
Stourbridge, Wollescote & Lye PCN	75.0%	74.9%	74.8%	81.1%
Dudley GPs	71.5%	71.9%	73.4%	78.6%

Indicator value (%) vs Practice IMD2019 score



Indicator value (%) by GP Practice



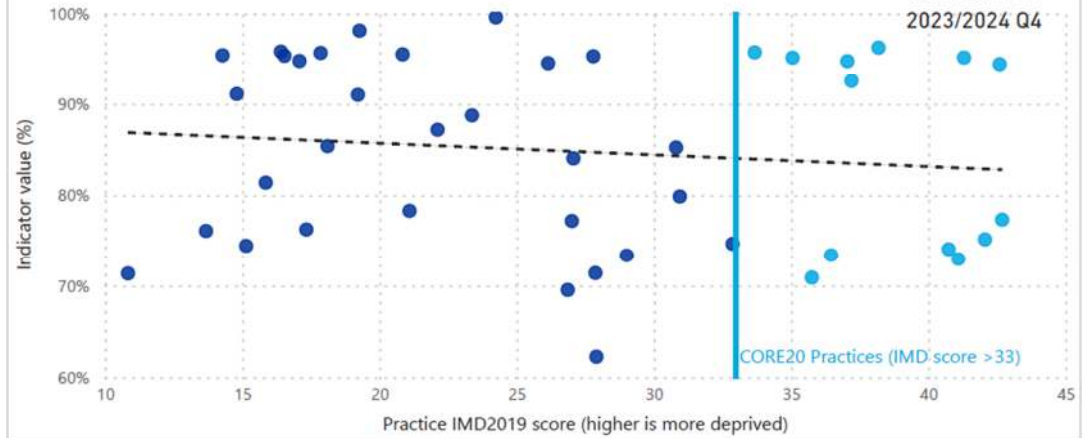
Patients with circulatory disease currently prescribed a statin, or another lipid-lowering therapy (%)

Source: EMIS web

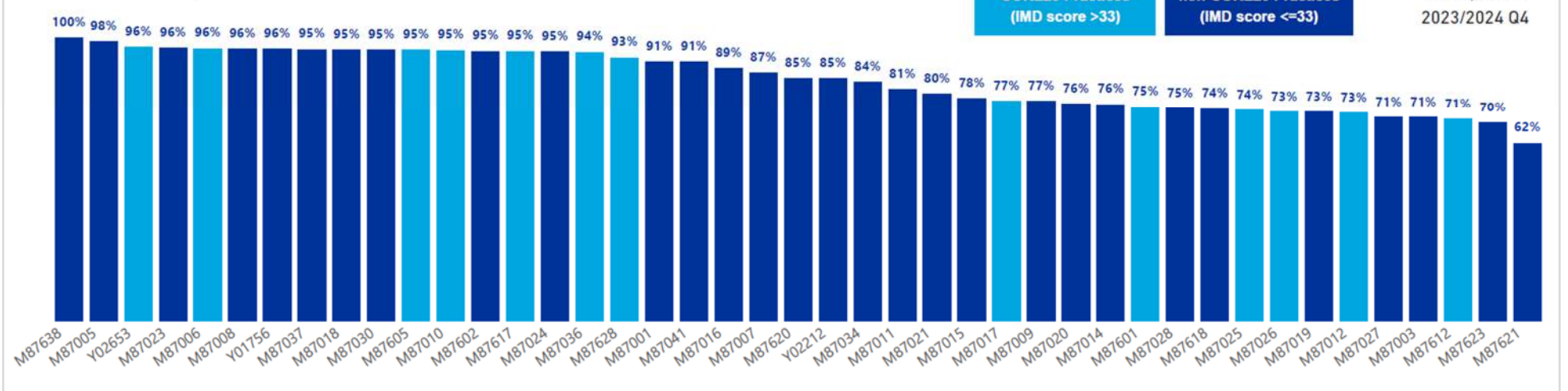
Indicator value (%) by PCN

Primary Care Network	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4
⊕ Brierley Hill PCN	72.3%	73.0%	72.5%	86.6%
⊕ Dudley And Netherton PCN	71.3%	71.2%	71.3%	82.0%
⊕ Halesowen PCN	68.4%	68.4%	69.3%	85.5%
⊕ Kingswinford & Wordsley PCN	69.7%	70.0%	70.3%	84.7%
⊕ Sedgley, Coseley & Gornal PCN	68.8%	68.9%	68.7%	83.5%
⊕ Stourbridge, Wollescote & Lye PCN	68.8%	68.7%	66.6%	86.7%
Dudley GPs	69.8%	69.9%	69.6%	84.9%

Indicator value (%) vs Practice IMD2019 score



Indicator value (%) by GP Practice



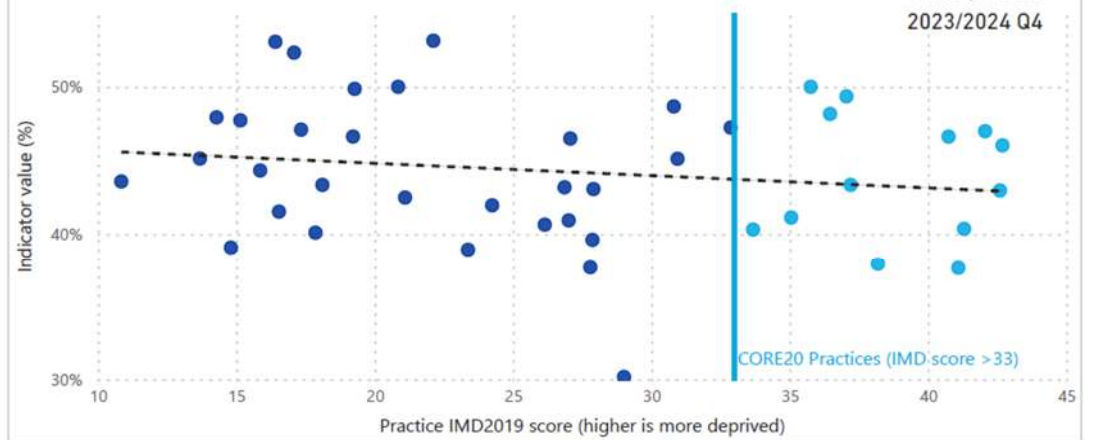
Patients with CHD, PAD, or on Stroke/TIA Register, who have cholesterol controlled to acceptable levels (%)

Source: EMIS web

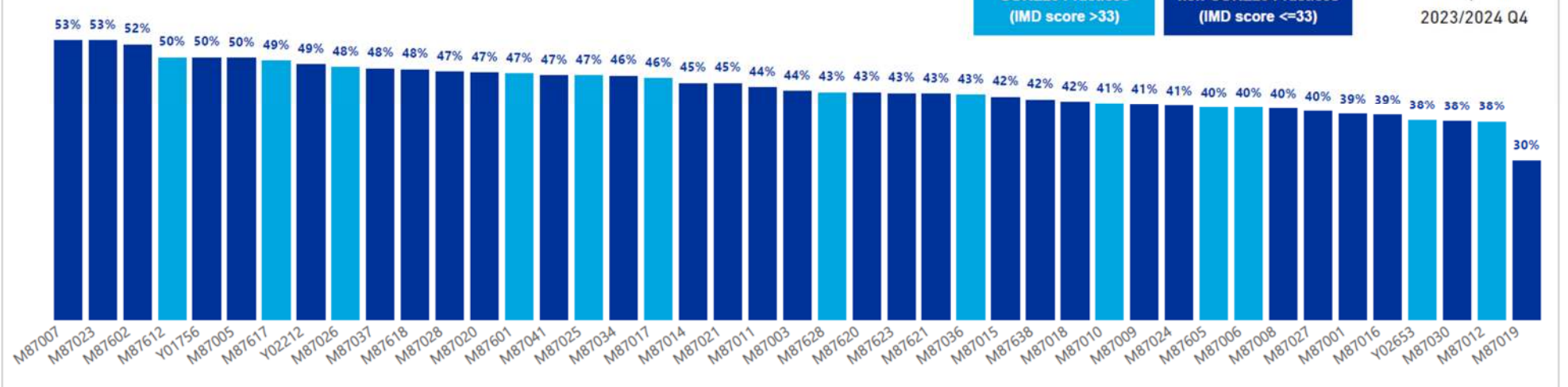
Indicator value (%) by PCN

Primary Care Network	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4
Brierley Hill PCN	33.0%	36.0%	40.8%	43.3%
Dudley And Netherton PCN	33.4%	35.9%	40.1%	45.8%
Halesowen PCN	31.7%	34.3%	42.2%	46.9%
Kingswinford & Wordsley PCN	33.6%	37.7%	41.6%	44.7%
Sedgley, Coseley & Gornal PCN	34.7%	38.5%	43.1%	45.0%
Stourbridge, Wollescote & Lye PCN	30.6%	33.1%	38.9%	41.0%
Dudley GPs	32.8%	35.8%	41.0%	44.2%

Indicator value (%) vs Practice IMD2019 score



Indicator value (%) by GP Practice



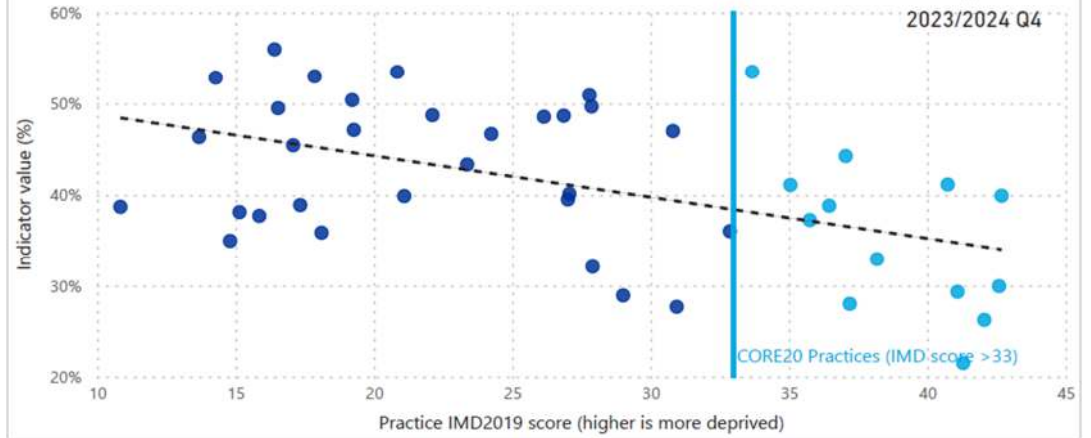
Patients with Diabetes meeting all 3 NICE treatment targets (%)

Source: EMIS web

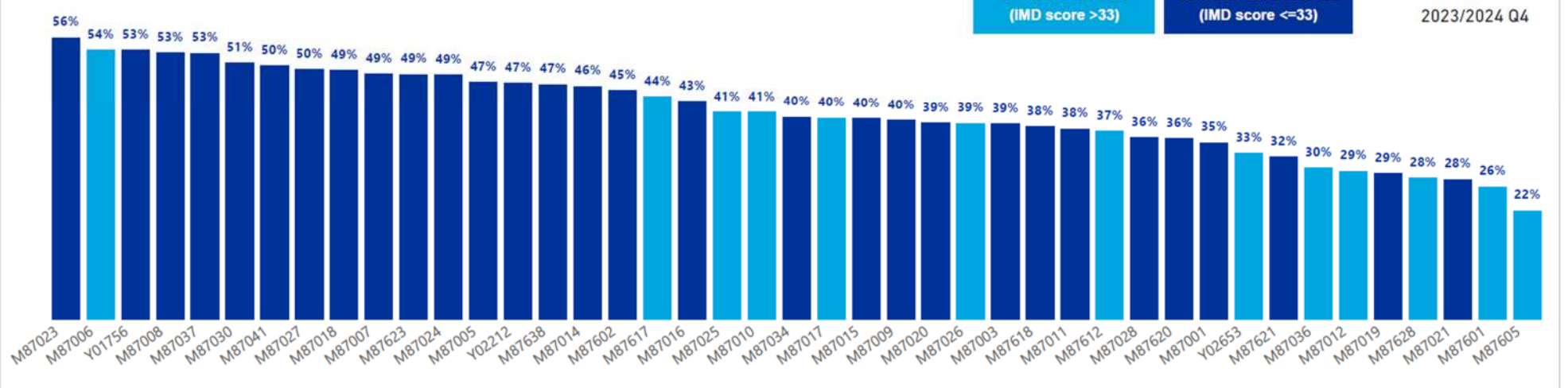
Indicator value (%) by PCN

Primary Care Network	2023/2024 Q1	2023/2024 Q2	2023/2024 Q3	2023/2024 Q4
Brierley Hill PCN	42.6%	41.8%	42.2%	42.4%
Dudley And Netherton PCN	37.0%	38.4%	38.7%	39.0%
Halesowen PCN	36.8%	39.5%	41.8%	43.2%
Kingswinford & Wordsley PCN	38.9%	43.5%	45.7%	47.8%
Sedgley, Coseley & Gornal PCN	37.8%	39.5%	39.4%	39.9%
Stourbridge, Wollescote & Lye PCN	34.8%	34.0%	34.7%	40.5%
Dudley GPs	37.9%	39.3%	40.2%	41.9%

Indicator value (%) vs Practice IMD2019 score



Indicator value (%) by GP Practice



DATE	Thursday 13 June 2024														
TITLE OF REPORT	Integrated Care Partnership Update														
Organisation and Author	Tapiwa Mtemachani, Director of Transformation & Partnerships														
Purpose	To update the Board and give assurance on business undertaken by the Committee.														
Background	To update the Health and Wellbeing Board on the development of the Integrated Care Partnership and its Integrated Care Strategy. The meeting held on the 11th April was the fourth meeting of the Black Country Integrated Care Partnership (ICP) and the second in public. – See appendix 1 for the full meeting report. This report sets out the key points of discussion and actions undertaken to engage health and Wellbeing Boards on the refresh of the Integrated Care Strategy.														
Key Points	<p>The current priorities within the Integrated Care Partnership are as below;</p> <ul style="list-style-type: none"> • Mental Health & Emotional Wellbeing • Children & Young people • Adult social Care • Workforce <p><u>Terms of Reference</u></p> <ul style="list-style-type: none"> • The Terms of reference were formally signed off in January 2024. They include the LA membership that the partnership has agreed as set out below: <table border="1" data-bbox="555 1552 1358 2074"> <thead> <tr> <th>ICP CX / Director representative</th> <th>LA lead</th> </tr> </thead> <tbody> <tr> <td>Lead Chief Executive</td> <td>Sandwell</td> </tr> <tr> <td>Substitute</td> <td>Walsall</td> </tr> <tr> <td>Lead Director for Adult Social Services</td> <td>Walsall</td> </tr> <tr> <td>Substitute</td> <td>Wolverhampton</td> </tr> <tr> <td>Lead Director for Childrens Services</td> <td>Dudley</td> </tr> <tr> <td>Substitute</td> <td>Sandwell</td> </tr> </tbody> </table>	ICP CX / Director representative	LA lead	Lead Chief Executive	Sandwell	Substitute	Walsall	Lead Director for Adult Social Services	Walsall	Substitute	Wolverhampton	Lead Director for Childrens Services	Dudley	Substitute	Sandwell
ICP CX / Director representative	LA lead														
Lead Chief Executive	Sandwell														
Substitute	Walsall														
Lead Director for Adult Social Services	Walsall														
Substitute	Wolverhampton														
Lead Director for Childrens Services	Dudley														
Substitute	Sandwell														

Lead Director for Public Health	Wolverhampton	• In
Substitute	Dudley	

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

- The full terms of reference are available [here](#).

ICP Strategy Forums

- The Partnership considered the role of the ICP Strategy forums (listed below).
 - Prevention and Personalisation Forum – Chaired by Dr Mayada Abu Affan.
 - Refugee and Migrant Forum – Chaired by Dr Nadia Ingliss.
 - Health Inequalities Forum – Chaired by Dr Salma Reehana.
 - Health and Housing Forum – Chaired by Connie Jennings (whg – Director).
 - Black Country Anchor Institutions Network – Chaired by Taps Mtemachani.
- The primary role of the forums are to support the ICP to co-develop the IC strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also reviewed alongside an initial set of objectives which will be further refined with the support of the Academy.

WMCA Health Equity Advisory Council

- Building on the Health of the region report, the West Midlands Combined Authority have formed a Health Equity advisory council with the membership of:
 - ICB Chief Executive/Chair - Birmingham and Solihull
 - ICB Chief Executive/Chair - Coventry and Warwickshire
 - ICB Chief Executive/Chair - Black Country
 - Regional Director of Public Health
 - Representation from the West Midlands Association of Directors and Public Health
 - Representation from the Director of Public Health from the three ICS regions.
- The advisory council has only met once to date, however, the aims of the combined authority is to further develop its approach to ‘health in all policies’ and to keep the connection with ICPs.
- A further workshop took place on Tuesday 23rd April 2024 – we are yet to receive a read out of the conversations.

DHSC Refresh of Integrated Care Strategy Guidance

- ICP members have now had an opportunity to discuss the Refreshed IC Strategy guidance and its implications. The key discussion points related to:
 - The emphasis on subsidiarity and the primacy of Place – the partnership noted this was very much in line with the principles of working which were agreed from the inception of the Partnership and reinforced within the initial strategy and the terms of reference.
 - The partnership agreed to convene a meeting of ICB and LA CEOs and their representatives to discuss how to ensure the ICP relates and adds value to local governance infrastructure and ensures the notion of subsidiarity is upheld whilst delivering the legislative requirement of an ICP.
- The partnership also discussed the refresh of the Integrated Care Strategy based on a process proposed around the engagement of HWBB to obtain any feedback or insights drawn from local communities, that will then inform a public engagement exercise over the summer/into the autumn. The outputs from that will then inform the refreshed strategy, which according to the guidance should be published by April 2025. To that effect, a letter has now gone out to HWBB Chairs and Directors of Public Health with a deadline of the end of May.

Health Inequalities Funding Proposal 24/25

- As previously reported to the board, the Partnership discussed the development of the population outcomes framework and suggested that further work is to be done through each of the Places to ensure that the framework delivers against local expectations.
- A proposal tabled by Directors of Public Health for each Place was discussed, the proposal is based on delivering against the workforce education and training priority of the initial strategy and includes delivering against the CORE 20+5 framework within primary and community care using both medical and non-medical workforce.
- The partnership agreed the principle of the proposal but only on the basis that the Population Outcomes Framework was signed off and utilised by all Places as a mechanism for demonstrating resource impact.
- The partnership also noted whilst it can endorse/support a revised proposal it does not have a budget or executive powers and that any proposal will need to be taken through appropriate ICB governance.
- The Partnership also supported a proposal for the Interim DPH in Sandwell to lead the process of engaging all PbPs in developing a final proposal for consideration through appropriate ICB

	Committee and once the ICP has discussed the final fully costed proposal.
Emerging issues for discussion	Not applicable.
Key asks of the Board/wider system	The board is asked to take note of progress to date and key discussion points.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Links to the following ICB Corporate Objectives; <ul style="list-style-type: none"> • Population health • Addressing inequality • VFM/productivity • Supporting broader socio-economic development
Contribution to Dudley Vision 2030	Links to the following ICB Corporate Objectives; <ul style="list-style-type: none"> • Population health • Addressing inequality • VFM/productivity • Supporting broader socio-economic development



Tapiwa Mtemachani

Director of Transformation Partnerships & Population Health Academy

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Appendices

- *Appendix 1 – Black Country Integrated Care Partnership Meeting*

Appendix 1

Black Country Integrated Care Partnership Meeting

Thursday 11th April 2024

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



1.0 Introduction

The meeting held on the 11th April was the fourth meeting of the Black Country Integrated Care Partnership (ICP) and the second in public. The notes of the meeting are intended to be shared both with partners and with the Health and Wellbeing Boards (HWBBs) across the Black Country, so that they are sighted on the aims, ambitions and progress of the ICP. Plus, importantly, how the ICP is intended to complement the ongoing activities of the HWBBs.

2.0 Declarations of Interest

Partnership members were asked to identify any declarations of interest, to which none were received other than those noted within the pack. It was asked that anybody who has not completed the online form, do so accordingly and if there are any issues then to contact a member of the team.

3.0 West Midlands Combined Authority Health Advisory Committee

Building on the Health of the region report, the West Midlands Combined Authority have formed a Health Equity advisory council with the membership of:

- ICB Chief Executive/Chair - Birmingham and Solihull
- ICB Chief Executive/Chair - Coventry and Warwickshire
- ICB Chief Executive/Chair - Black Country
- Regional Director of Public Health
- Representation from the West Midlands Association of Directors and Public Health
- Representation from the Director of Public Health from the three ICS regions.

It was confirmed that the advisory council has only met once to date. However, the aims of the combined authority is to develop its approach to health in all policies and to keep the connection with ICPs. A further workshop is scheduled to take place on Tuesday 23rd April 2024.

The committee agreed that this item would become a standing agenda item for the partnership.

4.0 ICB Finances by Local Authority FDs

Noting that the 2024/25 planning guidance was released much later than usual on Thursday 28th March 2024 and for a subsequent system submission to be made the first week of May. Given these timescales it was not possible to facilitate a discussion with LA partners ahead of the submission, but a commitment was made to table a report that sets out the process partners will undertake at the next meeting to the Partnership in July.



5.0 Department of Health & Social Care – Guidance on the preparation of Integrated Care Strategies

Colleagues were advised that this paper is split into two parts; the refresh of the national guidance on the preparation of the Integrated Care Strategy and a proposed approach on how the ICP could work with Health and Wellbeing Boards.

The refreshed national guidance, which was published on Thursday 1st February 2024 now details the ‘must-dos’ and should-dos’ of the ICP. The guidance confirmed a greater emphasis on working with our Health and Wellbeing Boards to develop a strategy that adds value to local plans and delivers against the wider determinants of health. There is also an expectation for greater engagement with our population, as well as our population representative bodies such as Healthwatch. It was noted that the guidance sets an expectation for ICPs to publish the refreshed strategies by April 2025.

Work has been ongoing with the ICB’s Director of Communications and other senior Communication leads from across the four local authorities, acknowledging that the new ICP Strategy should be shaped by the views of local people. It has been collectively agreed by Communication leads that this engagement piece should be led and convened by the ICB representative. That said, it was noted that it cannot be led by the NHS on its own and that Health and Wellbeing Boards have a key role to play in drawing out the views and expectations of our communities. There was also a recognition that previous involvement work will offer significant insight in to understanding what matters to our communities. Therefore, it was agreed that we would draw from what we already know and sense check with the community over the summer, but this could be impacted by the pre-election period.

A timeline was proposed within the paper, to which comments were received by colleagues in the room, which included the early publicising of these engagement sessions. A decision was also made to have a private partnership development session in September 2024, to discuss the key headlines that have been obtained following the community consultation sessions instead of waiting for October’s meeting, which again could be in a pre-election period.

The partnership agreed, in view of the timelines and impact of pre-election, contact be made with Health and Wellbeing Board Chairs to request any insights immediately.

6.0 Comparison summary of the four Place Partnerships ToR

The comparison of the terms of reference was to understand what the place partnerships are doing and how they are organised to deliver against the four strategic priorities that the partnership set out. Upon reviewing, it was confirmed that they are reasonably consistent but that a discussion is needed to determine whether the ICP is the right place for them to report into. It was then agreed that this would



be subject to a focused small group discussion at a closed development session which will include Chief Executives and representative officers from Local Authorities.

7.0 Health Inequalities Funding 2024

A presentation was shared in addition to the report in the pack, it was explained that it does fit with the four priorities of the ICP and particularly comes under workforce. Confirming that there is a substantial evidence base behind what is being presented and that it fits with the national movement around supporting Place led delivery. The committee was also advised that it has been endorsed by the Directors of Public Health for each place, but not yet the Health and Wellbeing Boards.

It was identified that a financial commitment cannot be made because firstly, the partnership has no budgetary mandate and secondly, negotiations are still being had between the ICB and NHS England and are expected to conclude by May 2024 around the financial planning. However, it was explained that in order to obtain sign up from the ICB on the ask that is being proposed, the following need to be met.

- Adoption of the Population Health Outcomes Framework from each place so we can measure and monitor the projects.
- A priority ranking order from each place on the projects that will have been identified.

8.0 Volunteering for Health

A summary was provided, confirming that volunteering for health is a £10 million programme spanning across three years. It recognises new opportunities under the Integrated Care System to accelerate change. Identifying that the bid has been led by the Black County Healthcare Trust, with the support from the ICB, Voluntary, Community, Faith, and Social Enterprise (VCFSE), NHS Trust Leads and NHS Charities. An overview on the phases of the programme were shared, identifying that the bid application has been submitted, with successful applications being announced in May 2024, so the outcome and next steps will be shared at the next meeting.

9.0 Items to Note

- **Social Care Accelerating Reform Fund** – Follow January’s report, the expression of interested has been successful with the first £20 million of this investment to be distributed.
- **Work Well Vanguard** – It was advised that the successful pilots are now expected to be announced following the local elections in May.



10.0 Questions from the Public

No questions were received from the public in advance of this meeting; however, two were asked during the meeting, but answered at the end.

- **West Midlands Combined Authority Health Advisory Committee – ‘Health in all Policies’ - Will that refer to a holistic health of an individual?** Mark Axcell, ICB Chief Executive confirmed that if you look at what the combined authority are working on, which is deployments of all different aspects, not just healthcare, so it is certainly their aim to consider health in its widest sense.
- **Name and job role for the colleague presenting the Health Inequalities Funding agenda item.** Liann Brookes-Smith, Interim Director of Public Health – Sandwell.

11.0 Any Other Business

Sharon Nanan-Sen, Wolverhampton Chief Executive Officer for Voluntary Community Action requested a 10-minute slot on one of the upcoming ICP agendas for the Voluntary, Community and Social Enterprise (VCSE). This was agreed and it was also noted that a VCSE Memorandum of Understanding has recently been signed off by the Integrated Care Board, which would need to come to the ICP for consideration and endorsement.

12.0 Agreed Actions of Date of Next Meeting

The actions from the previous meeting on the 18th January 2024 were updated. The agreed actions and their deadlines from the meeting held on the 11th April 2024 were:

- To report back the key themes identified from Health and Wellbeing Boards and set out a fuller engagement plan. (July 2024)
- A private ICP Development Session to be scheduled for September 2024, to discuss the key headlines that have been obtained following the community engagement sessions. (September 2024)
- A request to Health and Wellbeing Boards for them to share any insights/feedback from communities that will then be distilled into themes that will form the basis for an engagement exercise in September 2024. (May 2024)
- To share / provide the ICB Chair and Chief Executive evidence of the adoption of the Population Health Outcomes Framework for each place and a priority ranking of the projects that have been identified. (May 2024)



- To share and update partner members on the outcome and next steps of the Volunteering for Health bid. (July 2024)
- A 10-minute slot to be allocated to one of the upcoming ICP agendas for Voluntary, Community and Social Enterprise (VCSE). Noting that a VCSE Memorandum of Understanding is to also come to the ICP for consideration and endorsement. (July 2024)

