

Meeting of the Dudley Health and Wellbeing Board

Thursday 14th September 2023, at 4.00pm on Microsoft Teams

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Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. Appointment of Substitute Members.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm the minutes of the meeting held on 8th June, 2023 as a correct record (Pages 4 - 15)
5. Public Voice – Presentation
6. Items for Board sign-off
 - a) Revised Terms of Reference – Dr Sarah Dougan (Pages 16 - 26)
 - b) Final Joint Health, Wellbeing and Inequalities Strategy 2023-28 – Dr Sarah Dougan (Pages 27 - 44)
 - c) Health and Wellbeing Strategy Communication Plan - Launch – Verbal Update - Shelley Brooks
 - d) Improving School Readiness in Dudley – Salahdin Thirlway (Pages 45 – 67)
 - e) Joint Health, Wellbeing and Inequalities Strategy 2023-28 – Action Plans (Pages 68 – 105):
 - Reducing circulatory disease deaths Action Plan – Presentation – Dr Mayada Abu-Affan / Dr Duncan Jenkins
 - More women screened for breast cancer Action Plan – Presentation – Shelagh Clearly

- f) Pharmaceutical Needs Assessment – Supplementary Statement – September, 2023 – Jagdeep Sangha (DIHC) (Pages 106 - 117)
7. Items for Information
 - a) Right Care Right Person – Presentation – Chief Superintendent Kim Madill
 - b) Evaluation of Joint Health and Wellbeing Strategy 2017-2022 – Dr Sarah Dougan (Pages 118 - 134)
8. 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.
- Members of the public can view the proceedings by clicking on the link provided on the agenda.
- The Council reserves the right to record meetings. Recording/reporting is only permitted during the public session of the meeting.
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- Any agendas containing reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that information containing private and personal data is kept safe and secure at all times. Confidential papers should be securely disposed of. If you choose to retain the documents, you should ensure that the information is securely stored and destroyed within six months.
- 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:

Councillors I Bevan, R Buttery, N Neale and S Ridney.

B Heran – Deputy Chief Executive

M Bowsher – Director of Adult Social Care

M Abu Affan – Acting Director of Public Health and Wellbeing

C Driscoll – Director of Children’s Services

K Jones – Director for Housing and Communities

N Bucktin – Dudley Managing Director – Black Country Integrated Care Board (BCICB)

P Kingston – Independent Safeguarding Board Chairperson

Dr R Edwards – Black Country Integrated Care Board (BCICB)

A Gray – Dudley CVS CEO

C Craddick - West Midlands Police Representative

Operations Commander Matt Young – West Midlands Fire and Rescue Service

M Foster –Chief Executive - Black Country Healthcare NHS Foundation Trust

D Wake – CE Dudley Group NHS Foundation Trust

P Wall – Head of Strategic Planning (West Midlands Ambulance Service)

Officer Support

**Minutes of the Dudley Health and Wellbeing Board
Thursday 8th June 2023 at 4.00pm
Microsoft Teams Meeting**

Present:

Councillor I Bevan (Chair)
Councillor S Ridley

Officers: M Abu Affan (Acting Director of Public Health and Wellbeing), M Bowsher (Director of Adult Social Care), S Cornfield (Programme Director – Health and Care Partnership), S Dougan (Head of Adults and Public Health), C Driscoll (Director of Children’s Services), Dr R Edwards (Dudley GP – Black Country Integrated Care Board), A Gray (Dudley Council for Voluntary Service - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), K Jones (Director for Housing and Communities), Commander A Tagg (West Midlands Police), J Whyley (Communications and Public Affairs), and L Jury (Democratic Services Officer).

Also in attendance:

P Gass (Dudley Integrated Health Care) – substitute member for S Cartwright
S Knight (Black Country Integrated Care Board) – substitute member for N Bucktin
K Wilson (Black Country Healthcare NHS Foundation Trust) – substitute member for M Foster
L Heston–Collins (Health Improvement Practitioner)
L Grainger (Health and Wellbeing Business Support)

28 **Election of the Chair**

Resolved

That Councillor I Bevan be elected Chair of the Board for the 2023/2024 Municipal Year.
(Councillor I Bevan in the Chair)

29 **Election of the Vice-Chair**

Resolved

That Dr R Edwards be elected Vice-Chair of the Board for the 2023/2024 Municipal Year.

30 Election of Co-opted Additional Members**Resolved**

That, the Cabinet Member for Adult Social Care, the Bishop of Dudley, and a Representative from the West Midlands Ambulance Service be appointed as Co-opted Members of the Board.

31 Apologies for absence

Apologies for absence from the meeting were submitted on behalf of Councillor R Buttery, Bishop of Dudley, N Bucktin, S Cartwright, M Foster, B Heran, Prof P Kingston, and D Wake.

32 Declarations of Interest

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

33 Minutes**Resolved**

That, the minutes of the meeting of the Board held on 9th March, 2023, be approved as a correct record.

34 Public Voice

The Board received a verbal report from a Member of the Public, Jenny, who shared her story with the Board in relation to the impacts of poverty and her wish to make other people aware of how difficult it was for people at this current time who were already struggling to navigate the cost of living crisis, especially when other barriers were stopping them from accessing the support they required.

Arising from the presentation, the Chair acknowledged Jenny's courage in sharing her story with the Board and thanked her for her honesty and integrity.

Jenny confirmed that she had now received assistance in completing the required forms and had been given advice on other issues. The Chair responded that the presentation had highlighted that although help and advice was available within the community, it was acknowledged that signposting needed to be improved.

The Chief Officer Healthwatch Dudley, echoed the comments made by the Chair and acknowledged that although issues raised in the presentation had been raised previously in many reports presented to the Board, hearing real-life stories and the struggles that people were experiencing, made the issues more personal and poignant. The presentation had highlighted how difficult it was for people to navigate such complex systems, especially in the current climate which was already having such an impact on day-to-day life. Assistance was offered to Jenny to help navigate the complex system and it was noted that Jenny's email address would be made available to the Board in the chat function.

Councillor Ridney stated that the presentation had once again highlighted the issue of the difficulties the public had in navigating Council systems to access where advice and help was available, and it was requested that signposting be addressed as a priority.

35 **Items for Board sign-off:**

(a) Draft Evaluation of Joint Health and Wellbeing Strategy 2017-2022

The Board received a report of the Acting Director of Public Health and Wellbeing regarding a rapid evaluation that had been undertaken on the previous Joint Health and Wellbeing Strategy 2017-2022 which had been agreed at the last meeting.

In presenting the report, the Head of Adults and Public Health advised that the evaluation had started with a foreword from Councillor I Bevan setting out the context of the strategy and issues faced during the strategy specifically, the COVID pandemic and the cost-of-living pressures.

Reference was made to the section setting out each of the previous goals, namely: promoting a healthy weight, poverty, social isolation, and loneliness, and it was noted that in each section, reference was made to the initiatives that have been implemented in Dudley being either specific services, some of the work around community engagement partnership working, and in relation to poverty and healthy weight goals, the shift to a whole system approach. Information relating to where Dudley had supported the development of national guidance around childhood obesity had also been included.

It was noted that comments had been put under each goal from people who had worked in these areas on what had worked well and what had not worked so well, and recommendations had been produced from what had been learnt and would be fed into the new strategy along with how the Health and Wellbeing Board (HWBB) would take the new strategy forward.

In conclusion, the Head of Adults and Public Health, made reference to the recommendations, as set out on page 42 of the report and it was noted that should the Board approve the strategy, Communications and Public Affairs (CAPA) would be requested to typeset the strategy in the design used for the previous strategy, and a final draft would be circulated before being published on the HWBB website, along with communications with regards to its release.

Reference was made to the emerging issues for discussion and the key asks of the Board/wider system, as set in the report submitted.

Arising from the presentation, the Acting Director of Public Health and Wellbeing advised that in terms of the goal relating to obesity, no progress had been made on the actual rate which remained high, and a number of new ideas would be pursued to look at the issue in a different way, especially linking the obesity agenda with the economic viability and the poverty agenda more, to ensure that people were given the means and the support to afford more healthy food.

Resolved

That, the work undertaken on the draft evaluation of the Joint Health and Wellbeing Strategy 2017-2022 and the recommendations for the new strategy, be approved.

(b) Draft Joint Health, Wellbeing Inequalities Strategy 2023-2028

A report of the Acting Director for Public Health and Wellbeing was presented on the draft Joint Health, Wellbeing Inequalities Strategy 2023 to 2028.

In presenting the report, the Head of Adults and Public Health advised that the Board had agreed at its meeting in March 2023, the three goals that the strategy would focus on and the underpinning work to reduce health inequalities. The new strategy again contained a foreword from Councillor I Bevan setting out the context of the strategy and what was seeking to be achieved from the Vision. A section had been produced for each of the goals with each goal having a clear outcomes measure across the whole of the goal, and a measure around what was being done to try and reduce health inequalities.

Reference was made to the new principles that had been produced around taking a more family approach and noting that some of the old principles would continue around community participation and engagement and also the shift to prevention. The service's principle had been slightly amended to work with communities to deliver services for them and for everyone.

It was advised that set out at the end of the strategy was what each of the different partners of the HWBB strategy would be doing. This had been set out from a multi-agency approach and outlined what partner organisations would do and reference was made to engaging with the community and residents with regard to what they would like to see undertaken.

At this juncture, S Cornfield, Programme Director - Health and Care Partnership, was invited to address the Board setting out the proposals for completing the strategy with engagement.

Speaking on behalf of the Engagement Group, she advised that the approach suggested for the three priority areas was quite specific in emphasising that this was not a one-off consultation exercise, as engagement would be involved throughout the lifespan of the programmes.

The suggested approach would be that each of the three work streams identify at least two people who would become the Engagement Leads, linking into the Dudley Engagement Group and would be supported to undertake the work. It was suggested that the data be used to identify specific groups who were experiencing inequalities and initially target those groups for the life span of the project. It was recommended that the Leads review the insight that was already available on these groups, talk to the stakeholders who were already working with the groups, and listen to the professionals who already had trusted relationships with those groups.

The next step would be to collate the different insight and it was noted that the Dudley Engagement Group had a remit to support that piece of work along with identifying gaps which would be explored further with discovery and listening exercises and holding conversations with the residents. It was also suggested to carry out more discovery, build on existing opportunities, and support those groups to support the group in setting the work plans and priorities.

The Engagement Group were mindful that the communities might consider that the suggestions for the work plan may not be right but the group needed to commence with the work imminently, therefore it needed to be highlighted that dependent on community feedback, the Engagement Group may need to come back to the Board for support to change the groups focus and do things differently. The approach would also build resilience so the community would support itself and create opportunities for involvement and opportunities to link in to volunteering programmes or other avenues so the community resource would become not only for the three priorities, but for any neighbourhood work being done alongside the priorities.

Reference was made to capacity building and peer support elements and the commitment to the lifespan of the project and not just the consultation, was emphasised.

It was noted that the Engagement Group would be meeting soon, and it was suggested that any issues the Board may wish to raise could be fed back to the Engagement Group for consideration.

The Chief Officer for Healthwatch Dudley advised that a lot of engagement was being undertaken and this project provided an ideal opportunity for all to work together to produce one voice.

In conclusion, the Head of Adult and Public Health confirmed that engagement would be undertaken over the summer months to obtain the information that the communities and residents would contribute and then bring back the final version of the strategy to be signed off by the Board at its September meeting. A copy of the mock strategy that had been produced by CAPA was then presented to the Board.

It was noted that whilst the strategy was being finalised, work was being undertaken with all the Leads for the different goals, to produce different Action Plans and work out specifically what would happen for the delivery and would include work around some of the enabling work streams including engagement, and adding more of a programme management approach around delivery of the goals, and clearly identify what would be submitted to the Board and when, and a forward plan of meetings.

Reference was made to the emerging issues for discussion and the key asks of the Board/wider system, as set in the report submitted.

Resolved

That, the draft Joint Health, Wellbeing and Inequalities Strategy 2023 to 2028 and the proposed approach to community engagement to finalise the strategy, be approved.

(c) Dudley's approach to reducing health inequalities

The Board received a report of the Acting Director of Public Health and Wellbeing on Dudley's approach to reducing health inequalities.

In presenting the report, the Head of Adults and Public Health referred to the request by the Board to include a clear underpinning goal around reducing health inequalities within the strategy. Referring to the presentation set out in the report, which had been presented to the HWBB Away Day in April this year, was the proposed approach for Dudley which set out the background to health inequality. It was noted that the Intelligence Team had undertaken some analysis work looking at two of the HWBB goals, namely, school readiness and circulatory disease deaths, and had looked at how the relationship between the outcomes and some of the social determinants of health, namely, Housing, Employment, and Education.

It was noted that from the graphs set out in the presentation, a clear association was evident for all of the social determinants of health with poorer outcomes which highlighted the importance of looking more widely into this work rather than just health and care services. Reference was then made to national guidance and its recommendation that the Board should have a strong focus on the national determinates of health. It was advised that the Board needed to ensure that they were doing everything they could to empower communities and in terms of services, looking at the delivery of those at scale, sustainably and equitably.

Practical suggestions in relation to health and inequalities were then presented, noting that one of the recommendations had been to hear from a resident, which had taken place earlier in this meeting. Reference was then made to the Action Plans that were being developed by the Leads, and it was noted that they had been requested to specifically set out how they would be approaching health inequalities and the plan was to ensure across all action plans that this was aligned. It was advised that a specific piece of this work would then be presented to the HWBB for consideration in relation to reducing health inequalities.

In conclusion, the Head of Adult and Public Health referred to the asks of the Board/ wider system with regards to supporting the approach set out in the report and advise whether there were any specific aspects of the approach that Members would like to be focused on in the first year of the strategy.

Arising from the presentation, the Chair gave his support to the approach especially having regard to the comments made earlier in the meeting by the resident and emphasised that the public voice should be paramount and the focus of everything the HWBB should be doing and acknowledged the amount of work that had been undertaken since last year and expressed his thanks to all those that had been involved.

P Gass also gave his full support to the approach, especially as he had worked closely with J Pritchard – Public Health Manager, on a number of projects and had already seen some of the products of this approach.

Resolved

That, the approach set out in the report, with regard to reducing health inequalities which would underpin delivery of the HWBB goals, be approved.

36 Items for Information

(a) Report from the Joint Boards Away Day

In presenting the item, S Cornfield provided the Board with a verbal update advising that an event had taken place on 27th April 2023 and had been attended by three Boards namely, the Forging the Future Executive, the Health and Care Partnership Board and the HWBB and it was noted that over forty delegates had attended. Feedback from the event indicated that the event had been well received and it was requested that a further event be organised for next year. Work was now being undertaken in respect of the next steps and taking into consideration some of the asks that were captured at the event, and it was noted that these issues would be presented in a formal report to the next meeting of the Board for consideration.

(b) Better Care Fund Plan 2023 to 2025 – Approval

The Committee received a joint report of the Director of Adult Social Care and the Dudley Managing Director, Black Country Integrated Care Board (BCICB) requesting the Board's approval for the Better Care Fund (BCF) Plan for Dudley for the planning years 2023 to 2025 in line with the national approval process.

In presenting the report, S Knight (BCICB) advised that the BCF Plan had been submitted to the Board for approval prior to its submission to the BCF National Team. Included in the report was a paper that briefly described the elements around the BCF together with the planning template, all of the funding lines, and a comprehensive narrative plan which described the decision-making for the BCF and the expenditure lines.

The two policy objectives that the BCF was delivered against was then presented namely, enabling people to stay well, safe, and independent at home for longer and providing the right care, at the right time, at the right place. It was noted that the plan had been developed jointly between local health and social care commissioners and subsequently would need to be signed off by the HWBB.

It was advised that the plan differed slightly from previous years being a two-year plan, 2023 to 2025, which the National Team had agreed due to Covid pandemic and the challenges that had been faced during that time.

Joint priorities for 2023 to 2025 were then highlighted, and it was noted that they had been produced as a result of learnings identified from the Covid period and really challenging winter periods.

Referring to the 2022/2023 winter period, challenges identified included getting people out of hospital back at home or into bed-based services where they needed to be, providing succinct admission avoidance functions, and ensuring that the Dudley Group of Hospital Trusts (DGHT) had flow through their hospitals.

The BCF Plan had been developed around the learnings identified from the winter period and it was noted that a winter washup report had also been produced. The lines in the plan would be delivered to ensure that this winter and following winters, investment would be provided where it was needed, such as, the clinical hub, care home schemes, Pathways 1, 2 and 3 (domiciliary care at home, rehabilitation within the bed-based service, and longer stay bed-based services), along with consideration given to community partnership teams, ensuring people came together to discuss their care, and following a palliative care evaluation, it had been identified that the service needed to work in a more integrated way.

Reference was made to the Adult Social Care Discharge Fund, noting that this year additional investment had been received for winter 2022/2023 to fund some of the most pressurised areas and it was noted that these funds also formed part of the BCF Plan moving forward.

In conclusion, S Knight advised that the documents attached to the BCF Plan also included demand to capacity reporting which had looked at the bed-based capacity against demand, noting that demand through the 2022/2023 period had been substantial.

The Director of Adult Social Care expressed his thanks to S Knight and the Directorate on producing the plan and advised that there had been a detailed analysis of impact behind each of the lines proposed in the scheme which would enable the impact to be quantified in terms of both diversion away from hospital, and discharge for those people that needed to get home.

It was acknowledged that there was a need to be mindful of the major sustainability challenges in the Care Sector and that many ICS, including the Black Country, were facing severe financial challenges at the moment and therefore, major consultation had been undertaken with partners, including discussions at a recent Accident and Emergency Delivery Board, which had given them the opportunity to challenge both the data and the submission data, to ensure that full co-operation had been undertaken on the plan.

Arising from the presentation the Chair sought clarification on the NHS's minimum contribution to the fund, and the Director of Adult Social Care outlined the reason why a minimum and maximum sum was expressed as the plan would not be assured unless the stringent conditions were met. It was noted that assurance for all of the spend from the last financial year had recently been received, therefore confirming that the centre was satisfied that all of the money was being used to comply with grant conditions.

In response to a question raised by the Chair in relation to the ICB planned spend, S Knight advised that sign-off from the system team was still awaited.

Resolved

That the BCF Plan for Dudley for planning years 2023 to 2025 in line with the national approval process, be approved.

(c) Black Country NHS Joint Forward Plan

The Board received a report from the Dudley Managing Director, Black Country Integrated Care Board (BCICB) on the Back Country NHS Joint Forward Plan.

S Knight, in presenting the report advised that the joint plan had already been considered by the Council's Senior Leadership Team and had taken account of the HWBB's priorities. It was noted that the Dudley Plan set out on page 151 of the report submitted, specifically detailed the Dudley place joint forward plan and how it related to some of the priorities and the document in its totality detailed the ICB's approach to the priorities as a system.

Arising from the presentation, the Head of Adults and Public Health proposed that a statement be obtained from the Board should the Board be satisfied with the joint plan which could then be included in the plan.

S Cornfield advised that feedback from the Senior Leadership Team had resulted in some slight changes to the information on page 151 of the report and that the Vision had also been changed to reflect the HWBB's Vision. It was proposed that a copy of the updated information could be circulated to the Board.

Resolved

- (1) That a statement from the Chair be drafted for inclusion in the joint plan to reflect the Board's approval of the joint plan.
 - (2) That, the updated information relating to page 151 of the joint plan, be circulated to the Board for information.
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37 **Questions Under (Council Procedure Rule 11.8)**

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

Meeting ended at 5.00pm

CHAIR



DUDLEY HEALTH AND WELLBEING BOARD

DATE	14th September 2023
TITLE OF REPORT	Revised Terms of Reference
Organisation and Author	Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Acting Director of Public Health mayada.abuaffan@dudley.gov.uk
Purpose	To update the Health and Wellbeing Board Terms of Reference and sub-groups for delivery of the new Health, Wellbeing and Inequalities strategy.
Background	Following agreement at the Board development sessions held in January 2023, the Terms of Reference have been updated and also recent changes in membership.
Key Points	<p>This report presents, for approval, revised Terms of Reference for the Health and Wellbeing Board update to include:</p> <ul style="list-style-type: none"> - the proposals contained within this report ensures compliance with constitutional requirements - appropriate revised membership and representation to reflect recent approval on the 8th June 2023 to co-opt additional members (<i>to note a change in Elected Members also requires approval from the Lead for Law and Governance in consultation with the Leader and relevant Cabinet Member – subject to members approval of the revised terms of reference this will be actioned in the form of a memo</i>) - the recommendation that the Board will publish an annual report on the progress that has been made against the Health, Wellbeing and Inequalities Strategy - the recommendation for the Terms of Reference to be reviewed at the first meeting of each municipal year - the sub-groups under the HWB Board which will deliver on the goals in the Board's strategy

	The Board also needs to make a recommendation on the voting rights of the Board.
Emerging issues for discussion	<p>This is the guidance on voting rights on HWB Boards:</p> <p><i>Ordinarily S102 of the Local Government Act 1972 prevents non members of the Council from voting at section 102 committees except in relation to a specified set of committees. However, regulation 6 of the Regulations provides that unless the Council chooses to restrict voting rights to certain members of the Health and Wellbeing Board, all members of the Health and Wellbeing Board will have voting rights.</i></p> <p><i>Although Health and Wellbeing Boards have a unique role and membership requirement, the voting regulation presents a problem to local authorities. It is highly unusual to have officers of the council and (potentially) external partners voting on a council committee since this goes against the principles of local democracy and decision making by elected representatives.</i></p> <p>Options for voting rights based on other HWB Boards:</p> <ul style="list-style-type: none"> - All members of the Health and Wellbeing Board will have voting rights, except council officers <p>or</p> <ul style="list-style-type: none"> - Voting Rights in addition to Councillors: the statutory representatives from the Integrated Care Board and Healthwatch (and their substitutes if required) will be entitled to vote at meetings but Co-opted Members and Council officers will not.
Key asks of the Board/wider system	<p>To agree voting rights.</p> <p>To agree the updated Terms of Reference for the Board, noting that changes in councillor membership requires separate approval.</p>
Contribution to H&WBB key goals:	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.
<ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths 	

<ul style="list-style-type: none"> • 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

Dr Sarah Dougan, Interim Consultant in Public Health sarah.dougan@dudley.gov.uk
 Louise Grainger, Casual Public Health Project Manager louise.grainger@dudley.gov.uk

Dudley Health and Wellbeing Board – Terms of Reference Update August 2023

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

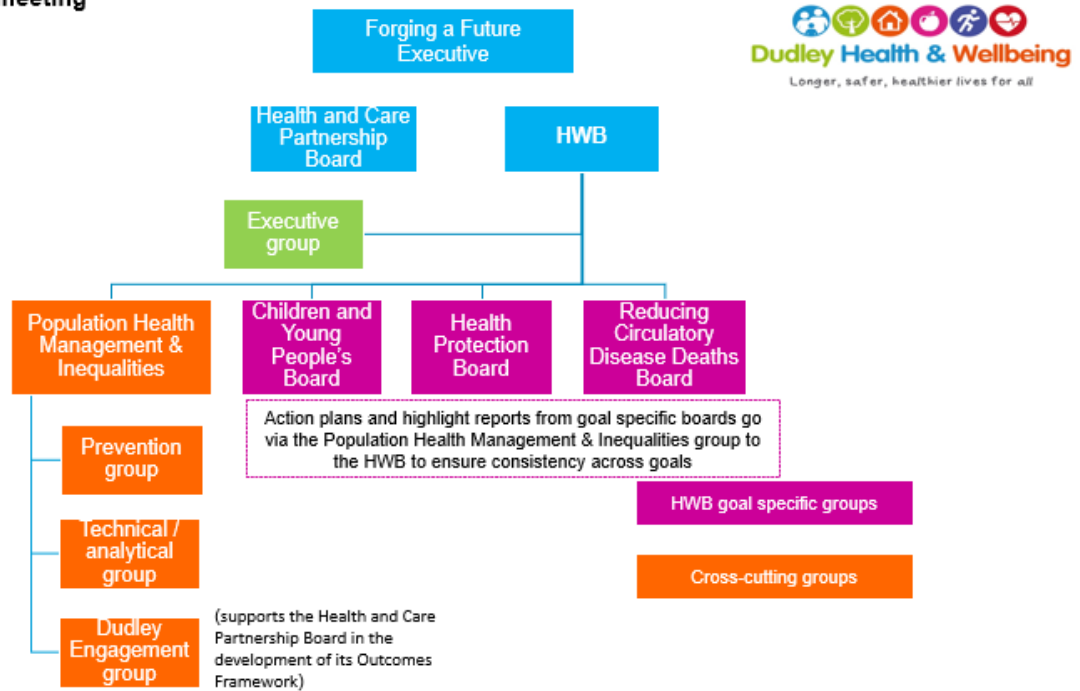
Governance and Accountability

- 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 Health and Wellbeing (Chair)
	Cabinet Member for Adult Social Services
	Cabinet Member for Children and Young People
	Cabinet Member for Housing

	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
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 Health and Wellbeing Policy Officer in the 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

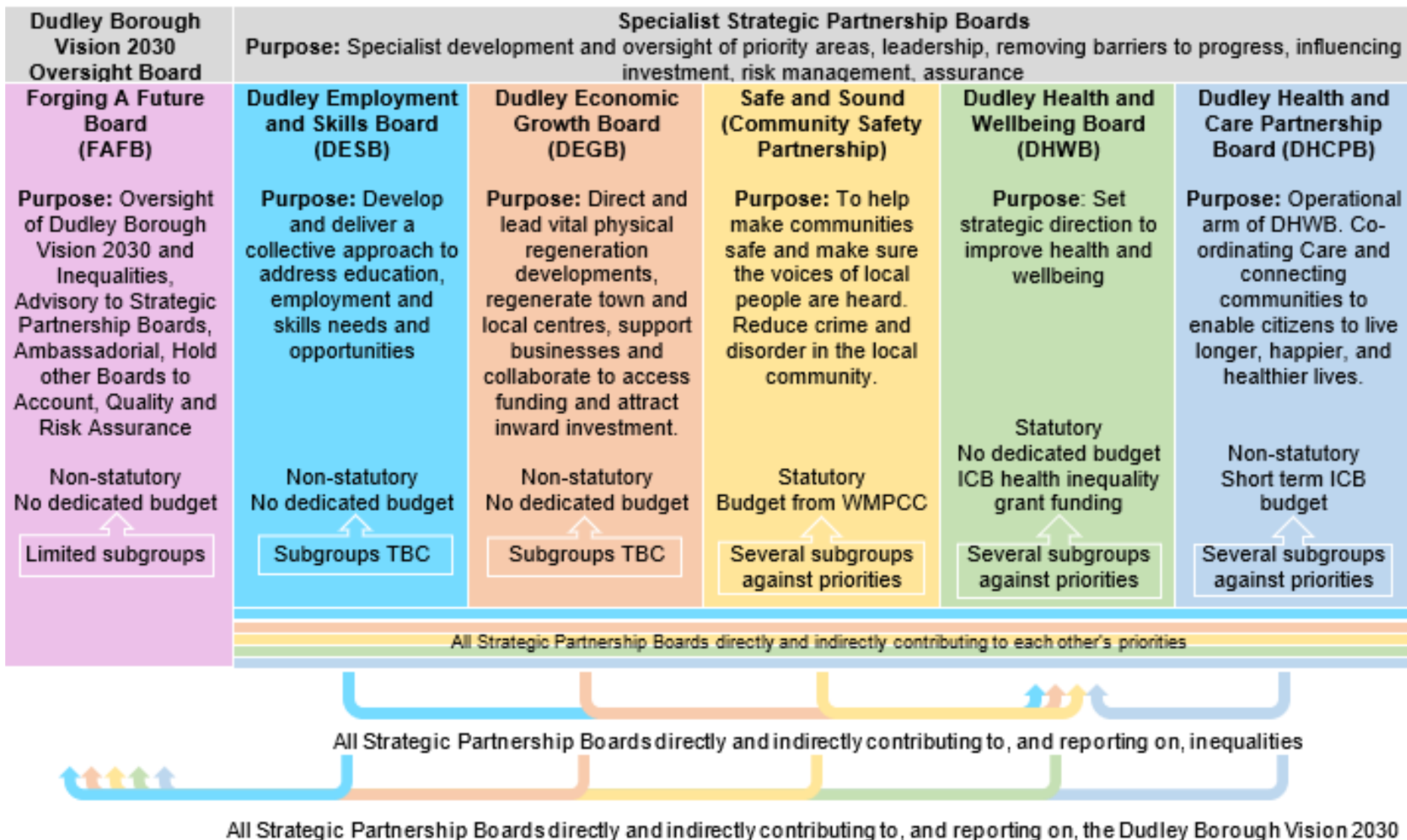
- 12.1 All members of the Board are required to disclose any conflict of interests that may be so significant that they would be likely to prejudice their judgement of the public interest.

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



Resource: A small informal matrix team of staff who are individually responsible for supporting and developing all six of the strategic partnership boards, including building and sustaining effective relationships, cross-board navigating, partnership management and development, supporting joint agenda setting and action planning, identifying synergy opportunities and duplication issues.

DUDLEY HEALTH AND WELLBEING BOARD

DATE	14 th September 2023
TITLE OF REPORT	Final Joint Health, Wellbeing and Inequalities Strategy 2023-28
Organisation and Author	Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Acting Director of Public Health mayada.abuaffan@dudley.gov.uk
Purpose	To agree the final version of the Strategy for publication
Background	At its June meeting the HWB Board agreed the majority of the content of the Joint Health, Wellbeing and Inequalities Strategy 2023-28. Since then some residents and patients have been engaged to help complete the commitment from partners section and the Strategy has been typeset.
Key Points	The strategy includes: <ul style="list-style-type: none"> • A foreword from Cllr Bevan, Chair of the HWB • Views from residents and communities about what makes Dudley a great place • A section for each individual goal setting out the HWB's aspirations, including on reducing health inequalities, some background to the issue in Dudley, and what the HWB will do during the lifetime of the strategy • The commitment of HWB partner organisations and the community.
Emerging issues for discussion	<ul style="list-style-type: none"> • Are HWB Board agreed that the Strategy can be published?
Key asks of the Board/wider system	The Board is asked to note that the Strategy will be launched in September 2023 and Board members will be asked to cascade it within their own organisations.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths 	Not applicable as this is the new strategy.

<ul style="list-style-type: none"> • More women screened for breast cancer 	
<p>Contribution to Dudley Vision 2030</p>	<p>Directly contribute to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.</p>

Contact officer details

Dr Sarah Dougan, Interim Consultant in Public Health sarah.dougan@dudley.gov.uk

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



Dudley Health & Wellbeing Board

working together for
**longer, safer,
healthier lives**

Our vision for Dudley in 2028



Working together for longer, safer, healthier lives

OUR VISION FOR DUDLEY IN 2028



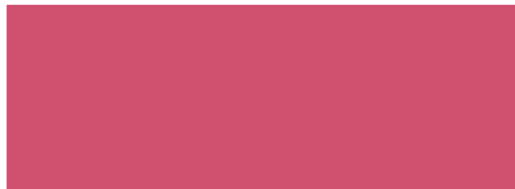


‘Our vision for Dudley in 2028 is that it is a place where everyone lives longer, safer and healthier lives.’

Councillor Ian Bevan

CHAIR OF THE HEALTH AND WELLBEING BOARD

Introduction



The COVID-19 pandemic caused disruption across society and within services, negatively impacting on many people’s physical, mental and emotional health and wellbeing. Subsequent cost-of-living pressures have made it much more challenging for lots of people and families on lower incomes – including those in work – to be able to live a healthy life. As elsewhere, increasing poverty is widening the gaps in physical, mental and emotional health between communities in Dudley with long term impacts on people’s life chances, and particularly for our children and young people.



During these challenging times, however, we have seen our communities pull together to support each other, the strength of our voluntary organisations, and the ability of our services to respond, react, and to work differently. There has been a better understanding of the health and wellbeing needs of those who live and work in Dudley, the need to work together, and a renewed focus on tackling health inequalities – the difference in health status that exists between different communities.



Our 2023-2028 health, wellbeing and inequalities strategy for Dudley is about how we (individuals, families, communities, organisations and local politicians) can build upon our strengths and work together to improve health and wellbeing, going further and fastest in our most disadvantaged communities.



First, we need to keep doing things differently

We have identified 4 principles that will continue to inform the way we all work together and what we do to improve health and wellbeing:

01.

Building community capacity and resilience

improving and sustaining good health and positive wellbeing by building people's social support networks; enabling people to support each other, making best use of individual and community resources and assets; and making sure that people who use services get a chance to pursue their own interests and contribute to community life.

02.

A shift to prevention

challenging our organisations to invest in prevention and early intervention across services and ensuring a focus on addressing the wider determinants of health. Making it easier to make healthier choices in Dudley, enabling people and families to take an active role in looking after themselves and their family.

Information about people's lives in Dudley since the COVID-19 pandemic tells us that focussing our resources and energy on **3 goals** will have the biggest impacts on people's health and wellbeing:

1. Children are ready for school
2. Fewer people die from circulatory disease
3. More women are screened for breast cancer



03.

A stronger focus on family

recognising that people do not live in isolation and taking an approach that focuses on the family will have a bigger impact. Looking at how we can better embed a family approach throughout our policies and services.

04.

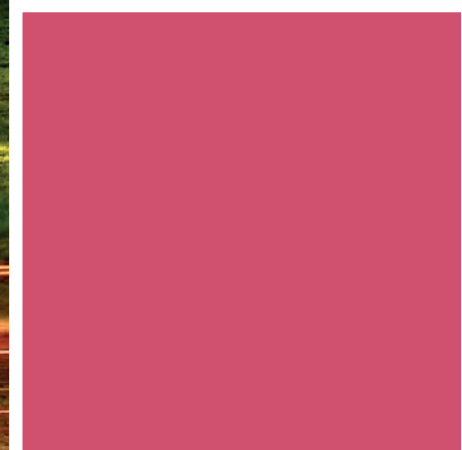
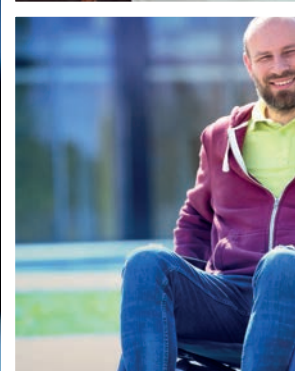
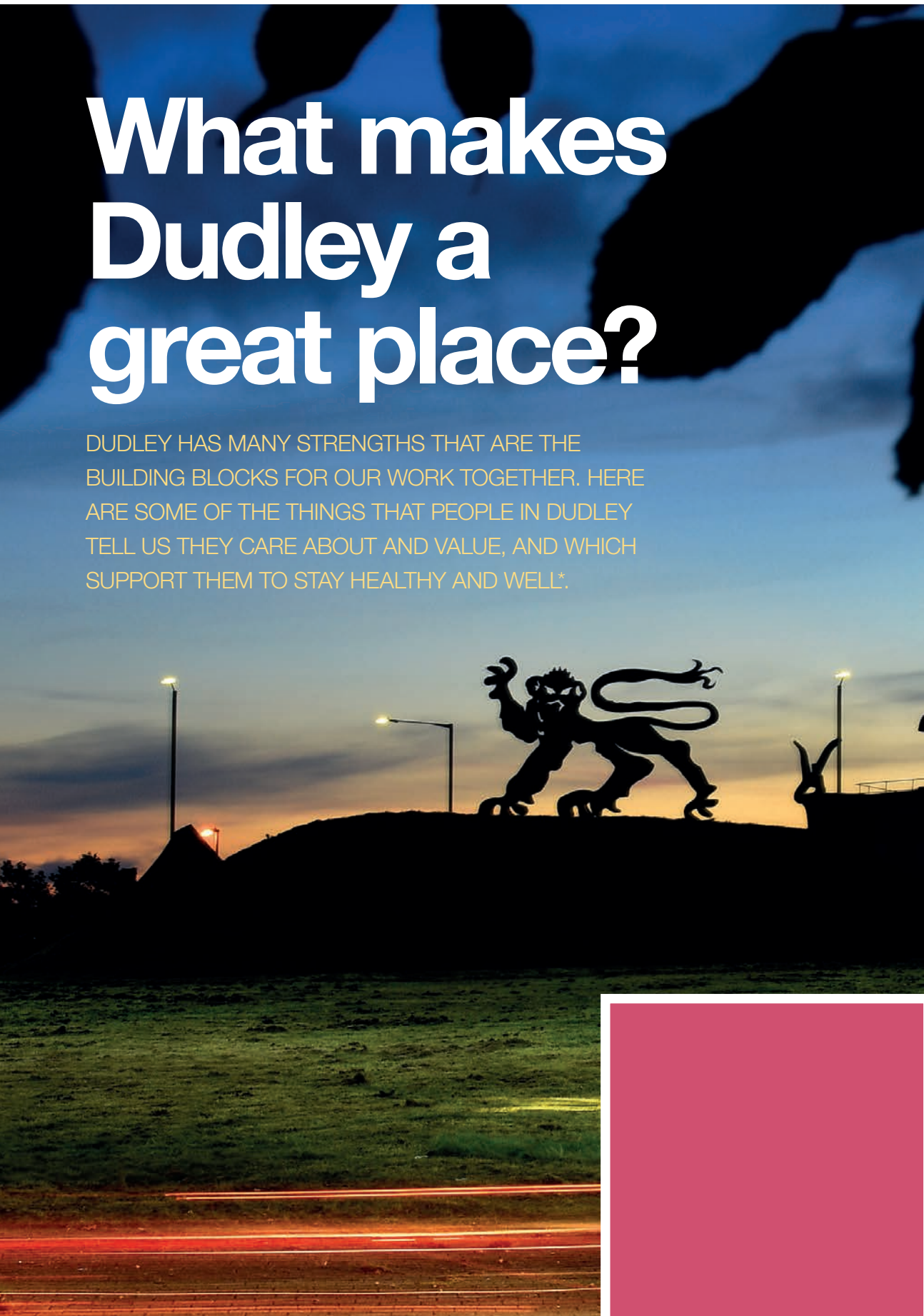
Services that work with and for everyone

making more effective use of the complementary skills and assets of people, communities, and practitioners. Shifting the focus from practitioner-led service design to co-design of services with the people who use them. Ensuring that services are in places where people and families can easily access them and making it easy to find out what support is there to help.

Across all of these 3 goals we will embed an approach to reduce health inequalities – to close the gap in health and wellbeing for the most disadvantaged families and communities. Across our plans, we will ensure a focus on the wider determinants of health such as income and employment, unleash the potential of our communities, and deliver services furthest and fastest to those who need them most. We all have a role to play in helping to achieve these goals – individuals, families, communities, organisations and local politicians. We are inviting everyone to play an active part in making Dudley borough a place where everyone can live longer, safer and healthier lives.

What makes Dudley a great place?

DUDLEY HAS MANY STRENGTHS THAT ARE THE BUILDING BLOCKS FOR OUR WORK TOGETHER. HERE ARE SOME OF THE THINGS THAT PEOPLE IN DUDLEY TELL US THEY CARE ABOUT AND VALUE, AND WHICH SUPPORT THEM TO STAY HEALTHY AND WELL*.



**Taken from: Dudley, A Story of Stories, April 2018, Stories of Lye, 2019 and Looking Backwards, Moving Forwards - Stories from COVID times, May 2022*



The people

time and again local people are described as being very friendly, helping each other out and always having a story to tell, so many people report positive relationships and connections with others.

"The people round here are first class; they do things – they just help you and they don't expect anything back."

"There's an inherent pride in Dudley folk – they're the salt of the earth!"

"I value having good neighbours to rely on when needed. I feel protected. It makes me feel happy."



Access to amenities and transport

good local amenities and things to do within close proximity of where people live provide a sense of place and purpose.

"I feel safe and secure in my area. I enjoy access to parks, walks, nature reserves. I am able to access shops and libraries where I can then access local services. I value this access. It makes you feel that you have some control over your environment and life."

"This (Daybreak service) is the only thing I do all week. The rest of the time I'm on my own. I love coming here; it's my lifeline."



The green spaces

parks, canals, countryside; being able to reach the countryside quickly, cycle the canals and visit bluebell woods and fossil grounds.

"The thing I like is that it's (Stourbridge) on the edge of the countryside. Best of both worlds, city and country activities."

"Our garden and allotment and woodland walks got me through the seasons of lockdown!"



Activities and groups

provide many opportunities for people to contribute and learn new things – being involved and helping out, being able to share information with each other, provide peer support as well as try new things, learn new skills and enjoy activities with others who have a shared interest.

"Volunteering is my 'get up and go!'"

"At the forum we find out about so many things that are going on."

"The best thing about Queens Cross Network is that I can help there."



The history

from the steelworks to mining, chain making, the extinct volcano, the canals, museums, and castle. Many people feel that the local history provides a sense of identity and belonging and a source of pride.

"All of the people who worked at the steelworks used to live in close proximity and you were always welcome into anybody's house for a tea or coffee."

"I've lived in Lye since 1960 and am proud of Lye."

The goal: Children are ready for school

In 2021/22, 1,415 Dudley children were not school ready at age five. This will impact on their future educational attainment and life chances, including life expectancy.

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially, and emotionally. It means that a child can make the most of school so that they can learn, develop relationships, know how to behave, and reach their full potential.

Being school ready starts from before birth with the First 1,001 days providing a critical opportunity to build the foundations of emotional wellbeing, communication, resilience and adaptability.

Things that help to improve school readiness include parents having good mental health, parents speaking to their baby and reading with their child, being physically active, evidence-based parenting support programmes and access to high-quality early education.

Wider family circumstances have a big impact on a child being ready for school. Families in poverty and debt find it more challenging to support their child to be school ready, as do those with children with additional support needs.

These issues result in inequalities in levels of school readiness in different parts of our communities. Neglect, unsuitable accommodation, domestic violence, and substance misuse also need to be addressed where children are experiencing this.

What will we do?

- Provide shared leadership to set the vision and 10-year strategic plan for whole-system early years transformation — it takes a whole village to raise a child, not just one organisation or service.
- Increase integration of early years health, education and local authority services, so that parents and children do not have to repeat their stories. This means improving links both between services and between commissioning responsibilities.
- Work to keep the best parts of Family Hubs & Start for Life programme, by supporting the longevity of priority commitments and activities beyond the programme's 3-year funding period (ending on 31 March 2025).

How will we know if this goal has been achieved?

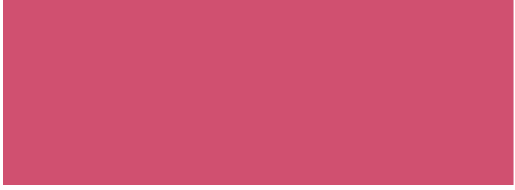
Children across Dudley will achieve a good level of development at the end of reception that is at least similar, if not higher, than the average for the West Midlands.

While it has been improving, Dudley has consistently had a lower percentage (62% in 21/22) of children that are achieving a good level of development at the end of reception compared to the West Midlands (64%) and England averages (65%).

The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed.

Only 45% of Dudley children on free school meals were school ready in 21/22 compared to 66% of children who were not eligible for free school meals.





The goal: Fewer people die of circulatory disease

In 2022, 959 people died from circulatory disease in Dudley, of which 244 (25%) were under 75 - an early death.

Circulatory disease is a general term for conditions affecting the heart, blood vessels or the blood. It can often largely be prevented by having a healthy lifestyle, which can be enabled by the wider determinants of health such as having a good income. Once somebody has circulatory disease it can be managed using medications if detected and adopting a healthier lifestyle can prevent further deterioration.

Circulatory disease is the biggest cause of early deaths in Dudley and the borough has, for many years, had a consistently higher death rate from circulatory disease compared to England. Men in Dudley have a higher death rate than men across England. It is the largest contributor to the life expectancy gap between the richest and poorest parts of Dudley, fuelling health inequalities.

Deaths from circulatory disease have been increasing since the COVID pandemic. Higher death rates from circulatory disease are likely to persist. This is because fewer people were diagnosed and treated for circulatory disease during COVID and with ongoing pressures it has been difficult for the NHS to catch up. Some people have also been less active and have gained weight. For families struggling with the cost of living, stress, poor mental health, and the inability to buy healthier foods, will also increase their circulatory disease risks.

What will we do?

- Take action on the wider determinants of health, such as improving air quality, use of green and blue space to promote active travel, and town planning and regeneration to enable people and families to be more active.
- Make it easier to access services to support people and families to adopt a healthier lifestyle, including mental health support to enable people to make a change, and support for cost-of-living to reduce stress.
- Increase detection and ensure better management of high blood pressure within the NHS, and support for people when they have had a cardiac event to increase their chances of living a longer life.

How will we know if this goal has been achieved?

Reduce circulatory disease deaths in Dudley so that the rate is similar or lower than the national average.

In 2021, the mortality rate from circulatory disease in Dudley was 248.5 per 100,000 people significantly higher than the 230.4 per 100,000 for England

The gap in early deaths from circulatory disease between the most deprived and least deprived areas of Dudley will have narrowed.

Between 2016-2020, mortality from circulatory disease among people under 75 years was 42% higher than the Dudley average in Dudley Central but 20% lower in Stourbridge.

The goal: More women are screened for breast cancer

Nearly 14,000 (38%) Dudley women aged 50-70 years have not been screened for breast cancer putting them at risk of developing more serious disease and avoidable death.

Dudley's breast cancer screening service was particularly impacted by COVID-19, with a bigger drop in coverage than other areas. Before COVID-19, the borough's screening rate was higher than the West Midlands and England averages.

While women in Dudley currently have similar rates of new diagnoses of breast cancer and death compared to the West Midlands and England averages, the drop in breast screening coverage may result in more Dudley women experiencing more serious disease and avoidable deaths from breast cancer in the coming years.

Women from Dudley's more deprived communities have much lower breast cancer screening rates and based on national statistics, are more likely to die from breast cancer.

As well as personal suffering from more serious breast cancer disease and early death, there are also wider impacts on women's families including grief and bereavement. Intergenerational impacts include grandchildren missing out on a relationship which is important in providing grounding and security, and their parents may miss out on emotional support and help.

What will we do?

- Work with local communities where fewer women are being screened, to increase awareness of the benefits of breast screening and understand the barriers that stop them going for screening to ensure that the service is offered in a culturally sensitive, accessible, and meaningful way.
- Identify additional locations for the breast screening van in communities with lower uptake.
- Work with GP practices with lower uptake, to make sure their patients are aware of their opportunity to be screened and train more cancer screening champions within GP practices to encourage uptake.

How will we know if this goal has been achieved?

Breast cancer screening coverage for women aged 50-70 years in Dudley will increase to reach at least pre-pandemic levels which were better than West Midlands and national averages.

In 2022, Dudley's breast cancer screening coverage was 62% compared to 76% in 2018. Regional and national averages in 2022 were 74% and 75%, respectively.

The gap between breast cancer screening coverage in the most and least deprived primary care networks will have narrowed.

Only 43% of women aged 50-70 years in Sedgley, Coseley and Gornal and 48% of women in Dudley and Netherton primary care networks had been screened for breast cancer in 2021/22 compared to nearly 70% in Halesowen primary care network.



Everyone in Dudley can play their part in working together for longer, safer, healthier lives





Dudley Health & Wellbeing Board

Dudley Health and Wellbeing Board will put local people at the centre of their work. We will listen, act, feedback and be accountable for our actions.

What Dudley's Health and Wellbeing Board partner organisations will do:

- Inspire and enable people, businesses and communities to get involved
- To achieve our main outcomes we will provide easily accessible support whilst supporting services for those needing help.
- Share our progress, be honest, admit mistakes and share learning.

What organisations and communities will do together:

- Talk, listen and recognise difference whilst keeping in mind the identity of Dudley
- Use our respective resources, skills and assets to achieve our priority outcomes
- Develop and deliver community-based plans. Achieve and communicate our priority outcomes for Dudley.

What Dudley residents and communities can do:

- Live the Vision for Dudley
- Become involved in your local community
- Look after your loved ones' health and wellbeing and strive to improve it



Dudley Health & Wellbeing Board

For further information please contact:

Dudley Health & Wellbeing Board

Telephone 01384 815238

or E-mail Democratic.Services@dudley.gov.uk



DUDLEY HEALTH AND WELLBEING BOARD

DATE	14 th September 2023
TITLE OF REPORT	Improving school readiness in Dudley
Organisation and Author	<ul style="list-style-type: none"> • Sal Thirlway, Service Director for Education, SEND and Family Solutions • Angela Cartwright, Head of Service - Consultant in Children & Young People's Public Health
Purpose	<p>This report is to:</p> <ol style="list-style-type: none"> Brief the Board on Dudley's school readiness inequalities, and what is currently being done to tackle this problem. To explore barriers, challenges and system solutions to improving school readiness - for discussion by the Board. To seek the Board's approval of the 2023-24 action plan (Appendix 1), and a set of reportable impact measures/KPIs for school readiness and monitoring arrangements (Appendix 2 and 3).
Background	<ul style="list-style-type: none"> • On 8 June 2023, Dudley's Health and Wellbeing Board (H&WBB) agreed to select 'Improving School Readiness' as one of its four priority goals for inclusion within Dudley's Joint Health, Wellbeing and Inequalities Strategy 2023-28. • Dudley's place-based Health and Care Partnership has also prioritised 'Improving School Readiness' as part of the Black Country Joint Forward Plan.
Key Points	<ul style="list-style-type: none"> • Disadvantage starts before birth and accumulates throughout life. The current socioeconomic landscape is characterised by an increasing cost of living, declining public budgets, and persistent health inequalities in Dudley Borough. • Now more than ever, we need to invest wisely. Tackling inequality in the <i>very youngest</i> will help prevent the gap from widening into older childhood and later in life, and ultimately lead to improved life outcomes for Dudley's children. • One of the strongest predictors of wellbeing in early years is the mental health and wellbeing of the mother or caregiver and parenting has a bigger influence on a child's life chances in the early years than education, wealth or class. It is key we work to optimise opportunities for parents to be the best they can be. • We need to focus on children being 'ready to learn' in the earliest years, as well as being 'ready for school' to develop those dispositions for learning. This requires a whole-system approach that maximises the benefits of services working together better and involving families and communities at every stage - from conception

	<p>to reception. We need: 'ready families 'ready services', 'ready communities', ready children' in Dudley all which contribute to children being ready for school success.</p> <ul style="list-style-type: none"> • In Dudley Borough, good levels of development (GLD) at 2-2.5 years and at the end of reception are persistently lower than regional and national averages. • All four Black Country areas perform poorly compared to other West Midlands areas for GLD at 2-2.5yrs and end of reception. • Children in Dudley's more deprived areas begin to fall behind their peers between 12 months and 2 years, particularly in communication, and then remain behind at reception age. • There is evidence that poor school readiness negatively impacts on future life prospects including earning, mental health and wellbeing - becoming a causative factor of intergenerational poverty and poor attainment. • Brain development starts antenatally, therefore acting earlier in a child's life has a measurable impact. Improving Ages and Stages Questionnaire (ASQ) performance domains (communication, fine and gross motor skills, problem solving and personal-social) at 9-12 months of age, particularly in areas of high deprivation, must be a key outcome for all partners in the maternity and early years system. • Whilst it is important to improve outcomes for all infants, children and young people in Dudley, we need to focus proportionately on those experiencing the poorest outcomes. • We are at the beginning of a journey of early years whole-system transformation in Dudley, and the Family Hubs and Start for Life programme has provided an important launch pad for change.
<p>Emerging issues for discussion</p>	<ul style="list-style-type: none"> • Dudley Borough's local maternity and early years system is under strain and experiencing workforce shortages. • There are identified gaps in <u>very</u> early help for families in the earliest years. • Parents say maternity and early years staff are too busy to provide quality interactions, and that staff morale is low. They have reported a lack of early opportunities to learn more about being a parent and supporting their child's development. • Parents value peer support group opportunities to help promote their own wellbeing and socialize with their infants. However, lack of local provision, accessible information and cost are prohibitive. • A pressing need for proportionate investments/service allocation - based on place-based need and inequitable early years outcomes.

	<ul style="list-style-type: none"> • Duplication of governance and reporting arrangements relating to the maternity and early years agenda, both at Dudley Borough and Black Country levels. • An Early Years Needs Assessment completed in March 2023, which includes strategic recommendations which need to be advanced. • A need for a multi-agency conception to reception strategy for Dudley that harnesses whole-system leadership and a shared focus on the planning and delivery of maternity and early years services for better outcomes. • The key role and contribution of education in helping to develop early years strategic priorities, plans and interventions for Dudley. • A complex commissioning landscape in Dudley that has hampered advances in joint commissioning and pooled budgets. • A deep dive of commissioning for speech, language and communications is required to ensure best use of scarce financial and human resources. • The Family Hubs & Start for Life Programme is making an important contribution to school readiness, but programme funding ends on 31 March 2025. • Integrated Start for Life teams within Family Hubs require time and a “test and learn” approach and require commitment extending beyond 31 March 2025. • Lack of data sharing and intelligence processes and systems in Dudley Borough is a barrier to fully achieving integrated working across maternity and the early years. • Further investment in skills development of an integrated, multi-agency conception to reception workforce is needed, supported by an early year’s workforce competency framework. • Dudley’s Start for Life one-click platform needs further co-production and refinement to effectively communicate Dudley’s support assets, but parents report a preference for social media as a way of seeking local information.
<p>Key asks of the Board/wider system</p>	<ul style="list-style-type: none"> • To secure commitment from across all health partners (commissioners and providers), education providers inclusive of early years, statutory school age provision and post-16-yrs provision, local authority and wider partners to develop a whole-system ‘conception to reception’ strategic framework, priority workstreams and multi-year (up to 10 years) action plan for Dudley. • H&WBB members to nominate relevant leads, with decision making abilities, to join a senior level working group to begin to shape the above work.

	<ul style="list-style-type: none"> • To support a review to streamline governance and reporting arrangements relating to the maternity and early years agenda. • To agree the 2023-24 action plan for school readiness (see Appendix 1) • To agree a set of shared school readiness impact measures KPIs for whole-system monitoring (Appendix 2) • View a place-based School Readiness Inequalities Monitoring Dashboard for Family Hubs (Appendix 3).
Contribution to H&WBB key goals	Direct contribution to 'Improving School Readiness' goal and communication of this commitment and responsibility to respective Service Leads.
Contribution to Dudley Vision 2030	<p>Direct contribution to:</p> <ul style="list-style-type: none"> • Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of Improved health outcomes and higher wellbeing. • A strong collaborative partnership approach, working innovatively to improve outcome in the earliest years. • High aspirations for all, focusing on the most vulnerable. • Developing and sustaining a skilled workforce who are responsive to families, children in their earliest years.

Contact officer details:

Jacqueline Carolan, Service Manager - Integrated Early Years

Sophy Forman-Lynch, Public Health Manager, First 1001 Days

1. Background

1.1 What is school readiness?

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. Good Level of Development (GLD) is used to assess school readiness.

Children are defined as having reached a GLD at the end of the Early Years Foundation Stage if they achieved at least the expected level in the early learning goals in the prime areas of learning (personal, social and emotional development, physical development and communication and language) and in the specific areas of mathematics and literacy.

School readiness and a readiness to learn are crucial to a child's lifelong development. For those who struggle to achieve a GLD, this can have a detrimental impact on future educational attainment and their life chances into adulthood.

Securing school readiness starts from conception. The Marmot Review 'Fair Society, Healthy Lives' (2010) states: *"Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational attainment and economic status"*.

1.2 What affects school readiness?

There are numerous wider determinants that affect children's ability to learn in the earliest years and to get ready for school, these include poverty, housing and homelessness, family breakdown, neglect, domestic violence and substance misuse (see Appendix 4 for Overview of wider School Readiness indicators).

Things that we know help to improve school readiness include:



1.3 The picture in Dudley

Good levels of development in Dudley Borough for children at 2-2.5 years and at the end of Reception have consistently been below the regional and national averages over recent years.

Findings from Dudley Borough's March 2023 [Early Years Needs Assessment](#) show that children in more deprived areas begin to fall behind their peers in GLD at some point between 12 months and 2 years (particularly in communication) and then remain behind at reception age (and beyond). This is particularly notable in Dudley Central township.

In 2021/22, 37.7% of children screened at 2-2.5-yrs did not achieve a good level of development - significantly higher than most statistical neighbours (rank 6th lowest out of 7), national (18.8%) and West Midlands (20.7%) rates.

In the same year, 38.1% (1,415) of Dudley's children did not reach a good level of development by the end of reception (36.3% West Midlands, 34.8% England).

There are notable inequalities in GLD at reception amongst specific groups:

- Children on free school meals (44.5%) have significantly worse GLD compared to those not eligible for FSM (65.9%) - a percentage point difference of 17.4% that is higher compared to West Midlands (13.2%) and England (16.1%).
- Children with a special education support (SEN) including those with a SEN statement/EHCP (19.2%) achieve significantly lower GLD compared to those without SEN (68%) - a percentage point difference of 48.8%. This is lower than West Midlands (50.7%) and England (52.2%) rated.
- Boys (54.8%) GLD is significantly lower than girls in Dudley Borough (69.7%), with a higher percentage point difference of 14.9% - compared to West Midlands (13.6%) and England (13.2%).
- Children with Asian ethnicity (54.9%) perform poorly compared to their White British counterparts in Dudley Borough (63.6%). This is a notably higher percentage point difference (8.7%) compared to West Midlands (0.9%) and England (1.4%).

Too many children in Dudley Borough have their speech, language and communication (SLC) needs missed:

- In 2021-22, 25% of children at reception did not achieve GLD for SLC, this is worse than West Midland (22.4%) and England (20.5%) averages.
- This increased to a third in Dudley Central (29.1%) and North Dudley (27.6%).
- 22.4% of children aged 2-2.5yrs do not achieve a GLD for communication, compared to 14.7% in the West Midlands, and 13.5% in England.

Following Covid-19, Dudley has seen an increase in the complexity of needs amongst young children and their families. Primary schools report that children entering reception are less prepared to learn, socialise and communication. There are also more children with emerging SEN and development needs, and a reported increase in requests for education health and care needs assessments and the allocation of education health and care plans in early years. In addition, local families are struggling with socio-economic challenges linked to increased costs and inflation.

2. What we are doing to improve school readiness

2.1 Family Hubs & Start for Life

- In April 2022, Dudley Borough was pre-selected as one of 75 local authorities to receive national [Family Hubs & Start for Life](#) funding. Dudley has been allocated £3.87m over three-years. Current funding ends on 31 March 2025.
- All funded Start for Life workstreams directly contribute to improving school readiness: **(a)** Parent and Infant Emotional Wellbeing and relationships, **(b)** Infant feeding, **(c)** Parenting Education and Support, **(d)** Early Language & Home Learning Environment, **(e)** a published Start for Life offer, and **(f)** co-production with parents to inform pathways, priorities, planning and service improvements.
- As part of FH&SfL work, Dudley has completed an up-to-date early year needs assessment and whole-system mapping of the maternity and early years landscape using a variety of evidence-based sector-led improvements tools (details published [here](#)).

2.2 Developing an Integrated SfL Model of Support

- As part of the Family Hub & Start for Life programme an integrated Start for Life) team model is being developed (through a ‘test and learn’ approach). This includes the following core services: Midwifery, Health visiting, Family Nurse Partnership, the Integrated Early Years Service, Early Help, Family Hub Managers, Parenting Coordinators, and a new integrated cadre of Family Hub Practitioners.
- Family Hub Practitioners have been recruited to explicitly fill an identified gap in very early family support and evidence-based interventions. They will contribute to improving school readiness outcomes.
- At a place-based level, each Family Hub integrated team will regularly assess local needs and report against a set of priority outcomes based within an agreed Monitoring Dashboard. ‘Ready to learn’ and ‘School Readiness’ outcome measures will be key to monitoring inequalities in local families and will inform responsive service provision and design (see Appendix 3).
- We are working to strengthen the integrated 2-2.5 yr. review process, whereby those children at greatest risk of poorer school readiness receive a more comprehensive integrated assessment and evidence-based interventions.

2.3 Early Language and Home Learning Environment

- In June 2022, Dudley became a member of the national DfE funded *Early Years SEND Partnership*. As part of this, Dudley has received advisory support from Speech & Language UK, undertaken a series of four action learning sets with local stakeholders, and joined a national learning network to promote a whole-system approach to speech, language and communication (SLC).
- Under the banner of the Family Hubs & Start for Life Programme, an Early Language & Home Learning Environment working group was established (from Sept 2022). This is a multi-agency working group, with an agreed theory of change and vision, a mission statement and a plan of action.

- We have made a commitment to embed Speech & Language Therapy (SaLT) expertise within our integrated Family Hub teams to ensure: (a) skills development of Family Hub teams, (b) quality early triage, and (c) delivery of evidence based SLC interventions. This will be done through a ‘Coach, Consult, Co-work’ approach. We will take learning from good practice areas such as the [Stockport’s ‘Start Well’ programme](#).
- We have completed a whole-system mapping exercise of Dudley’s speech, language and communication pathways and identified gaps and the need for a stronger universal offer and *earlier* SLC engagement with families. We need grow joint commissioning arrangements and pool budgets to strengthen Dudley’s whole-system SLC pathway and fill gaps.
- We are currently rolling out the [WellComm assessment tool](#) across Dudley’s early years system to improve universal SLC screening consistency, increase earlier identification, and take action (using the Big Book of Ideas) to tackle emerging SLC needs. The tool was launched in March 2023, and needs to be use as early as possible – at 9-12 months and 2-2.5yrs reviews.
- We Are developing a Home Learning Environment graduated model. This includes (a) the universal roll-out of Dudley STaRT messages (Sing, Talk & Read Together) from the antenatal period onwards, and (b) an evidence-based [Making it Real](#) intervention for targeted infants and families at greater risk of poorer school readiness outcomes.
- We have developed whole-system activities to market and increase uptake of the 2yr-old education offer including improved direct contact with families not taking up the offer, stay & play promotional sessions in targeted communities and harnessing proactive support from health, early help and social care colleagues.
- An ‘*early years transition day*’ event took place in June 2023, with over 60 school staff members. The focus was on getting children ready to transition into school, in respond to the post-Covid challenges reported by primary schools.

2.4 Parenting and Strengthening Parent-Infant Relationships

- As part of FH & SfL funding, Dudley is introducing two new evidence-based interventions to strengthen parent-infant relationships and parental confidence: [Triple P for Babies programme](#) and [Video Interactive Guidance](#). In addition, public health investments have been made to commission and roll-out the [HENRY](#) parenting programme. These interventions contribute to infants being ready to learn and then ready for school.
- FH & SfL investments have been made to advance **infant feeding transformation** across Dudley’s Family Hub Network - to help improve rates and promote earlier bonding, ‘mental representations’ (visualizing the unborn baby), and communication between mum and baby from the antenatal period. Breastfeeding has numerous health benefits for both mother and baby including improved child health, cognitive development and mother-infant bonding.

2.5 Improving Information Sharing and Co-production

- The launch of a [Dudley Start for Life platform](#) and published offer, was a requirement of FH & SfL funding by 31 March 2023. This one-click platform needs further testing, co-production and refinement. However, there is a need to

develop social media approaches to sharing information, as local parents have reported that this works better for them than websites.

- The recent creation of ‘*Dudley Family Voices*’. This includes a FH & SfL Parents & Carers panel and a developing suite of engagement approaches. DFV provides important co-production potential for early language and home learning environment messaging, marketing and intervention offers.

3. Local Barriers and Challenges to Improving School Readiness

- Dudley Borough’s local maternity and early years **system is under strain**, with **workforce shortages** in key services such as midwifery and health visiting, and a drop in early years provision due to financial viability difficulties. This problem is mirrored across the Black Country and West Midlands. When services are under strain, they tend to revert to silo working, which risks poorer communication between partners, duplication of effort and missed opportunities for support.
- Dudley Borough’s early years education provision has not recovered from the impact of Covid-19 (i.e., after staff were furloughed or made redundant). Salaries are historically low in the early years sector, and many staff found alternative work in other sectors after Covid-19 and have not returned to the early years. Nursery settings are struggling to recruit well qualified staff and new entrants to the workforce have a lower level of expertise. Since January 2023, there has been a **net loss of early years providers** in Dudley Borough, including the closure of five nurseries/preschools.
- The minimal legacy of children centre functions in Dudley Borough, and capacity limitations of the Health Visiting service, have resulted in **identified gaps in very early support** and interventions for families in the earliest years.
- In 2022, **some engagement work with parents** in the First 1001 Days was undertaken by Brierley Hill Baby Bank in DY1 and DY2 areas. Parents reported that maternity and early years staff were too busy to provide quality interactions, and that staff morale seemed low. They said they **lacked opportunities to learn more about being a parent** and how to help their infant’s development and progress - starting in pregnancy. Fathers felt marginalised from discussions about their infants.
- Loneliness was a common experience and parents talked about the value of **peer support groups** to help promote their wellbeing and to socialize their infants. However, there were **not enough of these groups** in Dudley Borough (especially ones that appealed to dads), they were not easy to find, and most had a cost that discouraged access when money was reported to be increasingly tight for families.
- Early (Jan-March 2023) ‘*Growing up in Dudley*’ research findings suggested new parents find it **difficult, frustrating or overwhelming to locate the information** they need about local services and support offers in the First 1001 Days.
- The term ‘proportionate universalism’, coined in the ‘Fair Society, Healthy Lives’ Marmot review (2010) refers to the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. There is a pressing need in Dudley for **proportionate investments and service allocation** - based on progressive universalism – where services are planned and delivered

in a continuum of support **according to place-based need** and inequitable early childhood outcomes.

- Dudley lacks a multi-agency strategy that harnesses whole-system leadership and provides a shared focus for the planning and delivery of maternity and early years services. The Early Intervention Foundation (EIF) **maturity matrix recommends a strategy that takes account of evidence and up to date population needs**. It should cover child development from the antenatal period onwards, and spans universal, targeted and specialist support for families.
- There are several strategies, delivery plans, reporting and governance arrangements in Dudley relating to maternity and early years that overlap and potentially duplicate. These **need** to be brought together under an **overarching ‘conception to reception’ strategic framework, priority workstreams and multi-year action plan** that ensures whole-system commitment, sustainability, adequate resourcing, accountability and quick decision making at the highest leadership levels.
- An **Early Years Needs Assessment**, completed in March 2023, includes a **number of strategic recommendations** that need to be advanced through the above proposed ‘conception to reception’ strategic framework and forward plan, and through the Black Country Integrated Care Board ([see pg. 13](#)).
- Early years stakeholders are keen for **education to be actively involved** in the development of early years strategic priorities, plans and interventions in Dudley.
- Dudley has a **complicated commissioning landscape**, which has hampered advances in joint commissioning and pooled budgets. There is a need to map the commissioning landscape, funding and interdependencies, to jointly address pathways. Note: The FH&SfL guidance encourages areas to develop a joint-commissioning plan between the local authority and other partners, such as health commissioners, for the services accessed through the Family Hubs.
- More specifically, a deep dive of **commissioning for speech, language and communications (SLC)** is needed to **consider some redistribution of resource** to fill identified early intervention gaps. We need to further clarify the position of the ICB in SLC commissioning, planning and investment needs at a place-based level.
- All elements of the Family Hubs & Start for Life Programme make an important contribution to school readiness and support early educational recovery post-Covid. However, programme funding ends on 31 March 2025, and there is an **urgent need to agree the FH&SfL priorities that must be sustain, and how to fund these as a shared system**.
- There is a need to **secure senior-level, whole-system commitment to maintaining and further developing integrated Start for Life teams** across Dudley’s Family Hub Network. The FH&SfL programme encourages the creation of capacity through new workforce models that incorporate skill mix and facilitate closer working across professions. However, there is no blueprint to integrated working, so a “test and learn” approach is needed over a longer period (extending beyond 31 March 2025) to develop a sustainable model for Dudley.
- There is a need to look at integrated data systems across maternity and early years and **strengthen information sharing across Family Hubs and**

integrated SfL teams - so families do not have to tell their story more than once. It is crucial that any advances made in integration and sharing of information are sustained beyond the FH/SfL funding period (31 March 2025). **Note:** it is imperative that this work aligns with the work being undertaken by the Black Country ICB to develop a One Health Care Shared Record System – to avoid any duplication.

- The Family Hubs' integrated Start for Life teams should be well gather and interpret data on need and uptake of services at a township level - to inform demand management and services planning. However, some existing electronic records have **data capture gaps** for Start for Life workstreams that need to be resolved.
- There is a need for further investment in the skills development of an integrated, multi-agency conception to reception workforce, supported by an **early years workforce competency framework**. We need to learn from places, such as [Greater Manchester](#) and its FH & SfL funded local authorities, that are more advanced in this journey of whole-system early years workforce development.
- Dudley's **Start for Life one-click platform needs further co-production** and refinement, but parents report a preference for social media as a way of seeking local information. There is a need to work in co-production with the DFVs to undertake some user testing of the Start for Life webpages to identify information gaps and areas for improvements. Migration of the Start for Life webpages onto the Dudley Community Information Directory is being considered to improve information access to softer communication assets and support.

DHWB JHWIS Goal - Action Plan (2023-24)

JHWIS goal:	Improving School Readiness	Year:	2023-24
DHWB leads:	Angela Cartwright, Head of Service - Consultant in Public Health, Children & Young Peoples Public Health Sal Thirlway, Service Director of Education, SEND & Family Solutions		
Outcome(s):	<p>Improved school readiness, resulting in the longer-term goal of increased attainment and attendance:</p> <ul style="list-style-type: none"> • Children across Dudley will achieve a good level of development at the end of reception that is at least similar, if not higher, than the average for the West Midlands. • <i>While it has been improving, Dudley has consistently had a lower percentage (62% in 21/22) of children that are achieving a good level of development at the end of reception compared to the West Midlands (64%) and England averages (65%).</i> • <i>The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed.</i> • <i>Only 45% of Dudley children on free school meals were school ready in 21/22 compared to 66% of children who were not eligible for free school meals.</i> 		

1. KEY ACTIONS TO CONTRIBUTE TOWARDS GOAL

Issue	Proposed actions	Owner(s)	Ask of DHWB
LONG TERM GAINS: Impacting on the “causes of the causes” — the wider determinants of health			
Interventions done to families rather than with families	Strengthen co-production approaches with families in the earliest years.	AC	Recognise and support ‘Dudley Family Voices’ as a new co-production asset.
Silo working, linked to a strained system	Advance integrated or joint commissioning, with investment informed by proportionate universalism.	ST	Support this approach and identify lead commissioners to be involved.
MEDIUM TERM GAINS:			
Need to grow system collaboration and ownership around school readiness	Co-produce a high profile “conception to reception” strategic framework with priority workstreams that help to sets out a robust whole-system vision and 10 years forward plan for Dudley. Priority workstreams to include: <ul style="list-style-type: none"> • Workforce capacity and development • Commissioning & proportionate investment • Integrated provision (including information sharing) • Sustainability of priority FH&SfL investments 	ST	Support development of the strategic framework, priority workstreams and forward plan Work with FAFE on exploring new opportunities for workforce development
Absence of early year's workforce	Use learning from Family Hubs / Start for Life to develop whole systems approaches to workforce development	AC	HWB members support this approach

competency framework	across early years system, including development of a competency framework.		
Need for smarter communication of school readiness messages to the public	Develop a marketing and communications plan and co-produce approaches to deliver key school readiness messages - including use of community volunteers and champions.	AC	HWB members support this approach and Mar-Comms plan
FH & SfL programme funding ends 31 March 2025	Costing of FH&SfL priority investments and interventions that need to be sustained beyond 31 March 2025, and consider how these could be funded by shared system.	ST	Review findings and facilitate pooled funding across the system
SHORT TERM GAINS:			
Needs whole system approach to improve outcomes	Identify leaders/partners from across the system to be part of a senior-level working group to kick-start the development of a “conception to reception” strategic framework with priority workstreams that help to sets out a robust whole-system vision and multi-year (up to 10 years) action plan for Dudley.	ST	HWB members to nominate leads in their areas with decision making abilities.
Ensure system ownership of the programme	Map and review whole-system governance and accountability arrangements for early years (conception to reception period) and wider CYP. Present recommendations to develop/rationalise multiagency governance structure for school readiness.	ST	HWB members to review recommendations and support any proposed governance arrangements

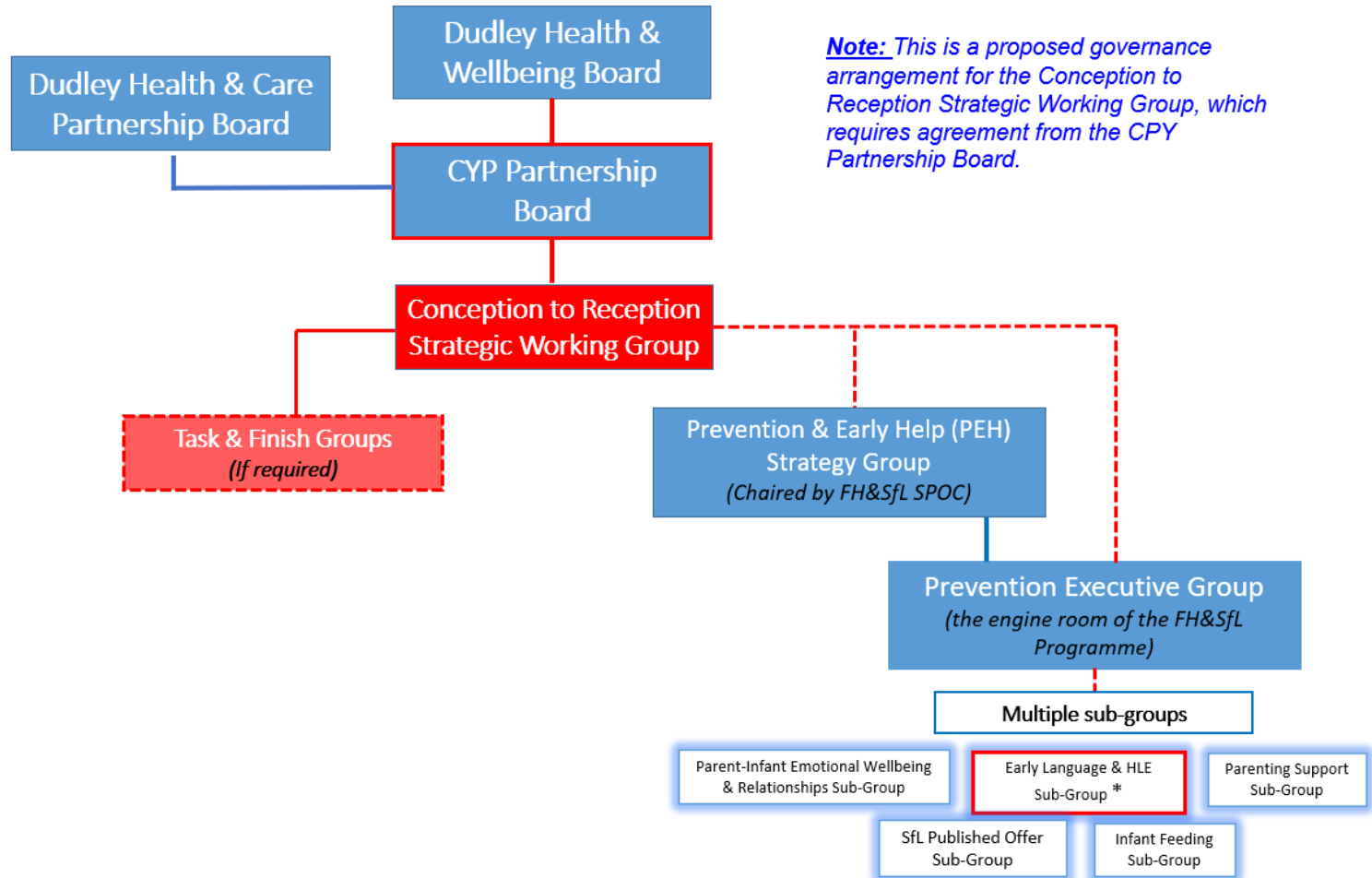
2. APPROACH TO REDUCING HEALTH INEQUALITIES

Outline	Ask of DHWB
Approach to reducing health inequalities in the most deprived areas	
<p>Shifting of resource allocation to most deprived communities, using proportionate universalism.</p> <p>Improved libraries offer for conception to reception.</p> <p>Specific targeting and tailoring of SLC social marketing to communities in most need.</p>	<p>HWBB to champion key public messaging</p>
Approach to reducing health inequalities for groups with disproportionately poor health	
<p>Focused activity on infants and families eligible for free school meals</p> <p>Focus activities on families from ethnic minority backgrounds.</p> <p>Utilise early years transformation and system-change to improve inclusion in early years settings.</p> <p>Preterm baby / neonatal pathway, to ensure effective pre and post discharge support.</p> <p>Strategic commitment and a culture shift toward 'father inclusive practice' within all commissioned conception to reception services.</p>	

3. MILESTONES

Milestone (2023-24)	Date to be achieved
Nominations received for senior leads to join a school readiness working group	September 2023
A senior-level working group established to kick-start the development of a “conception to reception” strategic framework with priority workstreams that help to sets out a robust whole-system vision and multi-year (up to 10 years) action plan for Dudley.	By November 2023
Agreed structure, processes and actions for advancing ‘conception to reception’ priority workstreams	By November 2023
Support mapping of governance arrangements for maternity, early years and CYP (as part of Child Friendly Dudley review process) and a set of recommendations for consideration by CYP Partnership Board/HWBB	By December 2023
Share early findings/recommendations from the ‘conception to reception’ priority workstreams with the CYP Partnership Board/HWBB	By March 2024
Whole system ‘reception to conception’ multi-year (up to 10 years) action plan for Dudley	By June 2024
Maintain Family Hub & Start for Life ‘Early Language & Home Learning Environment; actions and milestones (as specified in the FH&SfL Delivery Plan)	Ongoing (up to 31 March 2025)

4. Governance diagram



Note: This is a proposed governance arrangement for the Conception to Reception Strategic Working Group, which requires agreement from the CPY Partnership Board.

* This is an operational group

5. Key stakeholders (Agreed Working Group members)

Note: Whole-system, multi-agency representation to be secured / agreed with the HWBB

Name	Job title	Organisation
Sal Thirlway	Service Director, Education, SEND and Family Solutions	DMBC
Sarah Dougan	Interim Head of Service, Maternity, Children and Young People	DMBC
<i>Additional members to be added.....</i>		

6. HIGH-LEVEL RISKS AND ISSUES

Risk or issue	Mitigation	RAG rating
Workforce shortages in maternity, health visiting and early years services.	Support from FAFE regarding opportunities for skills mix and new workforce	Red
Sustaining Family Hubs and Start for Life investments, priorities and interventions once funding ends on 31 March 2025	Present costings for priorities that need to be sustained beyond 31 March 2025 to CYP Partnership Board / HWBB for shared whole-system solutions / pooled funding	Red
Need multi-agency senior-level ownership for this whole-system agenda.	Request support and nominations from HWBB	Green

Headline Impact Measures for School Readiness

A set of impact measures have been developed for reporting to the Health & Wellbeing Board. These measures include some existing KPI commitments (*see * and ** below*)

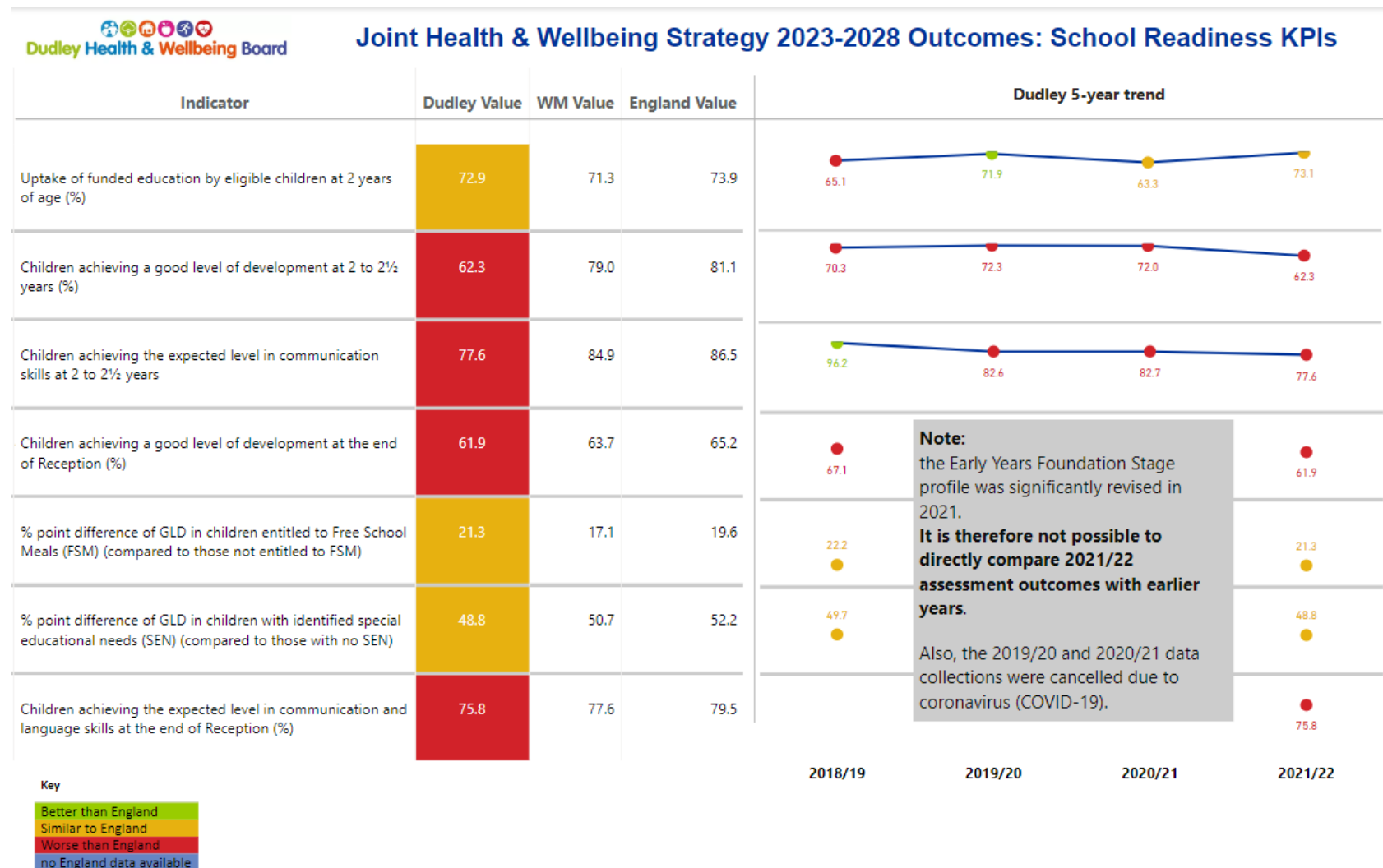
- Every child screened with WellComm by 2.5yrs of age (by 2025)
- Overall GLD in reception in line with or better than West Midland rate (by 2028) *
- Communication & Language GLD at reception in line with or better than England rate (by 2028) *
- Increase uptake in 2-year-old offer to a consistent 85 - 90 % (by 2028)
- At least 95 % of early years settings will consistently be rate 'Good/Outstanding' (Benchmark: Spring 2023 - Dudley 93%, WM 95%, England 96%) (by 2028)
- All *targeted** children are offered graduated HLE intervention, and 70% offered 'Making it Real' intervention complete the programme (by 2025) **
- 3% increase breastfeeding initiation and breastfeeding rates at 6-8 weeks (by 2028) *
- 50% increase in parents accessing evidence-based parenting programmes (by March 25) **
- Annual 10% increase in parents-infants receiving dyadic interventions (from 2024) **

* *Existing outcome measure within Dudley's Place-Based Delivery Plan (part of the NHS Black Country Joint Forward Plan, 2023-28)*

** *Existing outcome measure within Dudley's Family Hubs & Start for Life Delivery Plan 2022/3 - 2024/5 (agreed by DfE).*

Appendix 3: School Readiness Inequalities Monitoring Dashboard

Note: These indicators will be added to the Family Hubs place-based monitoring dashboard for regular review



Joint Health & Wellbeing Strategy 2023-2028: School Readiness Overview

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness Overview

Outcome	Period	Dudley Value	Dudley Count	WM Value	England Value
Overarching					
Children achieving a good level of development at the end of Reception (%)	2021/22	61.9	2296	63.7	65.2
Children achieving the expected level in communication and language skills at the end of Reception (%)	2021/22	75.8	2814	77.6	79.5
Children with free school meal status achieving a good level of development at the end of Reception (%)	2021/22	44.5	310	50.5	49.1
Factors relating to the child					
Smoking status at time of delivery (%)	2021/22	9.4	313	9.8	9.1
Low birth weight of live babies, five year pooled (%)	2016 - 20	7.9	1417		6.8
Breastfeeding prevalence at 6-8 weeks after birth (%)	2021/22	43.4	1513		49.2
A&E attendances (0-4 years)(Rate per 1,000)	2021/22	1061.9	19175	827.4	762.8
Children achieving a good level of development at 2 to 2½ years (%)	2021/22	62.3	1899	79.0	81.1
Children achieving the expected level in communication skills at 2 to 2½ years	2021/22	77.6	2368	84.9	86.5
Reception: Overweight (including obesity), 3-years data combined (%)	2019/20 - 21/22	25.3	2375	23.9	22.6
Special educational needs (Reception year) (%)	2022	12.2	455	1.4	10.7
Received DTaP/IPV booster and at least 2 doses of an MMR vaccine between the ages of 1 and 5	2021/22	25.3	969		80.6
5 year olds with experience of visually obvious dental decay (%)	2021/22	17.3		23.8	23.7
Family factors relevant to school readiness					
Under 18s conception rate / 1,000	2021	17.3	95	15.2	13.1
Looked after children under 5 (rate per 10,000 population)	2017/18	44.3	86	39.4	34.9
Children in relative low income families (under 16s) (%)	2021/22	27.1	16477	27.0	19.9
Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	2020/21	8.2	312	11.8	11.6
Factors relating to the system					
Children receiving a 12-month review (%)	2021/22	93.2	3411	88.4	82.0
Children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	2021/22	100.0	3050	92.6	90.3
Uptake of funded education by eligible children at 2 years of age (%)	2022/23	72.9	827	71.3	73.9
Free school meals: % uptake among all pupils (Primary school age)	2023	20.8	5944	23.1	19.3

Key

Better than England
Similar to England
Worse than England
no England data available

Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness

Outcome	Community Forum Area					Dudley Value
	Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge	
Overarching						
Children achieving a good level of development at the end of Reception (%)	55.9	62.4	60.7	70.4	61.0	61.9
Children with free school meal status achieving a good level of development at the end of Reception (%)	41.3	44.0	50.3	45.0	35.4	44.5
Factors relating to the child						
Low birth weight of live babies, five year pooled (%)	8.9	7.8	7.4	8.1	6.5	7.9
Reception: Overweight (including obesity), 3-years data combined (%)	26.5	30.6	23.6	22.8	23.5	25.3
Special educational needs (Reception year) (%)	14.3	11.3	13.2	10.9	11.7	12.2
Family factors relevant to school readiness						
Children in relative low income families (under 16s) (%)	35.1	24.5	24.1	23.7	20.6	27.1
Factors relating to the system						
Free school meals: % uptake among all pupils (Primary school age)	20.5	14.1	15.1	15.2	13.6	20.8

Outcome	Primary Care Network					Dudley Value
	Dudley & Netherton	Brierley Hill	Sedgley, Coseley & Gornal	Stourbridge, Wollescote & Lye	Halesowen Kingswinford & Wordsley	
Factors relating to the child						
Received DTaP/IPV booster and at least 2 doses of an MMR vaccine between the ages of 1 and 5	8.4	22.2	6.7	70.1	37.6	25.3

Key

- Better than Dudley
- Similar to Dudley
- Worse than Dudley

DUDLEY HEALTH AND WELLBEING BOARD

DATE	14 th September 2023
TITLE OF REPORT	<p>Joint Health, Wellbeing and Inequalities Strategy 2023-28 - Action Plans</p> <ul style="list-style-type: none"> • Reducing circulatory disease deaths Action Plan • More women screened for breast cancer Action Plan
Organisation and Author	<p>Reducing circulatory disease deaths Action Plan</p> <ul style="list-style-type: none"> • Dr Mayada Abu Affan, Acting Director of Public Health, DMBC (Mayada.abuaffan@dudley.gov.uk) • Dr Duncan Jenkins, Associate Director, Pharmacy and Clinical Divisional Director, Pharmacy and Population Health Management, DIHC (duncan.jenkins@nhs.net) <p>More women screened for breast cancer Action Plan</p> <ul style="list-style-type: none"> • David Pitches, Head of Healthcare Public Health- Dudley MBC, (david.pitches@dudley.gov.uk) • Joanne Essex, Dudley Wolverhampton and South West Staffordshire Breast Screening Program Manager, (joanne.essex@nhs.net) <p>Contact officer details - Casual Public Health Project Manager, Public Health, DMBC (louise.granger@dudley.gov.uk)</p>
Purpose	<p>This report is to:</p> <ul style="list-style-type: none"> • Provide a short briefing to the Board on current progress on the actions plans for improving breast cancer screening coverage and reducing circulatory disease deaths, including inequalities. • The Board will have the opportunity to fully understand these proposals when each goal comes for a “deep dive” at the December and March meetings.
Background	<ul style="list-style-type: none"> • On 8 June 2023, Dudley’s Health and Wellbeing Board (HWB) agreed to select reducing deaths from circulatory disease and improving breast cancer screening uptake as two out of three of its priority goals for inclusion within Dudley’s Joint Health, Wellbeing and Inequalities Strategy 2023-28. All goals were to be underpinned by work to reduce health inequalities.
Key Points	<ul style="list-style-type: none"> • Goal leads have been identified and have been working to pull together action plans for each of the goals. These plans focus on the first year to begin with but will be further developed to cover the whole of the Strategy period (2023-2028) in time and following feedback. • In addition to specific actions with identified leads and asks of the HWB Board, leads have identified how their approach will tackle

	health inequalities and also how progress will be measured. Some of this work is still in progress and will be further developed over time.
Emerging issues for discussion	<ul style="list-style-type: none"> • Appreciating that the Board have only had a quick overview at this meeting, are Board members satisfied with progress and that work is moving in the direction expected? If not, what should goal leads do differently? • Do Board members have a preference for the order of the deep dives on these goals? It is proposed that one comes to the December meeting and the other to the March one.
Key asks of the Board/wider system	<ul style="list-style-type: none"> • To agree the 2023-24 action plans
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 	<ul style="list-style-type: none"> • Directly contributes to reducing circulatory disease deaths and more women being screened for breast cancer.
Contribution to Dudley Vision 2030	Directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.

DHWB JHWIS Goal - Action Plan

JHWIS goal:	Reducing deaths from circulatory disease	Year:	2023-24
DHWB leads:	Dr Mayada Abu Affan, Acting Director of Public Health, DMBC Dr Duncan Jenkins, Associate Director, Pharmacy and Clinical Divisional Director, Pharmacy and Population Health Management, DIHC		
Intended Outcome(s):	<p>Overarching outcome: Reduce circulatory disease deaths in Dudley so that the rate is similar or lower than the national average.</p> <p>Inequalities outcome: 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</p>		
JHWIS goal objective(s):	<p>Overarching outcomes:</p> <ol style="list-style-type: none"> 1. Increase awareness of healthy food choices and its importance, alongside working to increase availability of skills to adopt healthier lifestyles across the Borough. 2. Make it easier for people and families to adopt a healthier lifestyle and access services in the Borough including smoking cessation, weight management, mental health and cost of living support. 3. Take action on the wider determinants of health, to enable people and families in Dudley be more active and achieve the minimum physical activity as recommended within national guidelines. 4. Increase the GP recorded prevalence of hypertension in patients 18 years and over from 22% to 24% 5. Increase the percentage of patients with hypertension controlled to age-appropriate blood pressure target from 69% to 80%. 6. Increase percentage of people with cardiovascular disease treated with lipid modifying drugs from 69% to 90%. 7. Increase percentage of people with CVD treated to target cholesterol values from 32% to 35%. 8. Increase the 'triple control' of diabetes from 33% to 44% 		

	<p>Inequalities outcomes:</p> <p>9. Target interventions at those communities at higher risk of circulatory disease using existing data to make the case for action</p> <p>10. Enhance access to NHS Health Checks, through provision of services in local communities where evidence of uptake amongst the eligible population is lowest.</p>
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1. KEY ACTIONS TO CONTRIBUTE TOWARDS GOAL

ACTION TOWARDS SHORT & MEDIUM TERM OBJECTIVES: Reducing the risk of developing circulatory disease (“upstream” behavioural and lifestyle factors) and the risks for people already living with circulatory diseases (“downstream” clinical interventions)					
Objectives	Proposed Actions	Start Date	End Date	Action Owner	Ask of DHWB
General project planning	Establishment of four task and finish workstreams. Given the complex, multi-facetted nature of upstream interventions, the following groups	Sept 2023	Mar 2028	Mayada Abu Affan/Sarah Dougan	Support the establishment of the task and finish workstreams

	<p>will be established to deliver or oversee workstreams which are evidenced to reduce the risk of circulatory disease. These areas are to: -</p> <ul style="list-style-type: none"> • Increase healthier food choices • Increase physical activity • Decrease unhealthy lifestyle choices i.e. smoking and alcohol, • Take action on the wider determinants of health 				<p>To receive reports and recognise areas of collaborative working within other boards or organisations</p> <p>Advocate and support the four key workstream topics.</p>
Increase uptake of healthier food choices	<p>To include: - Increase awareness of healthy food choices and its importance in prevention of circulatory disease deaths and illness via a communications plan utilising existing literature, developing new information and utilising several communication channels using culturally sensitive and appropriate materials, Promote and support healthy start to life initiatives such as distribution of</p>	Sept 2023	Mar 2024	Nikki Cheung/ Shelley Brooks	
		Sept 2023	Mar 2028	Angela Cartwright	

	<p>healthy start vitamins, breast feeding, cook for life etc, Work with partners, including school nurses, environmental health, voluntary sector to promote healthy eating and healthy eating initiatives</p>	<p>Sept 2023</p>	<p>Mar 2024</p>	<p>Krishna Vyas</p>	
<p>Increase physical activity</p>	<p>To include: -</p> <ul style="list-style-type: none"> • Campaign on benefits of physical activity • Consideration of proposals to make active travel more accessible and achievable by wider population • Review of use of current leisure activities in the borough and schemes to increase use • Engagement with leisure, parks, education, planning and other council services to create active environments and societies, and increase physical activity amongst their staff and wider population 	<p>Sep 2023</p>	<p>Mar 2024</p>		

<p>Decrease unhealthy lifestyle choices</p>	<p>Making it easier for people and families to adopt a healthier lifestyle to include: -</p> <p>Successful mobilisation, implementation and integration of Dudley's newly commissioned Health Improvement Service,</p>			<p>Krishna Vyas</p>	<p>Recognition and promotion of the new commissioned Health Improvement Service.</p>
<p>Take action on the wider determinants of health</p>	<p>Undertake a review and mapping exercise of all current commissioned services, workstreams and assets within the Borough which can contribute to reducing the risk factors contributing to circulatory disease, for example poverty, employment, parks and leisure facilities, air quality, active travel</p> <p>Utilise this information to facilitate collaborative working, establish referral pathways and maximise</p>	<p>Nov 2023</p>	<p>March 2024</p>	<p>Krishna Vyas/ Bal Johal</p>	

	<p>benefits to health and better outcomes</p> <p>Collate, maintain, share and publicise this information to all stakeholders involved in prevention or treatment of circulatory disease</p>			Nikki Cheung/ Shelley Brooks	
Increase prevalence of GP recorded hypertension in patients aged 18 and over from 22% to 24%.	Increase opportunistic blood pressure monitoring and diagnostic capacity through use of the community pharmacy blood pressure service.	Apr 2023	Mar 2028	Duncan Jenkins	To ensure the target is included in the Health and Wellbeing Board's Pharmaceutical Needs Assessment to address any gaps in service provision, particularly in deprived areas.
Increase the % of patients with hypertension controlled to age-appropriate blood pressure target from 69% to 80% in all practices.	Utilise practice-based pharmacists to improve hypertension management in practices.	Apr 2023	Apr 2028	Duncan Jenkins	Support from primary care and ICB to prioritise hypertension management as clinical focus for structure medication reviews undertaken by practice-based pharmacy team.

Increase % of people with CVD treated with lipid modifying drugs to 90%.	Targeting of practices in deprived areas with System Transformation Fund inequalities project (ICB) which aims to improve management of cholesterol and reduce cardiovascular risk.	Apr 2023	Mar 2024	Duncan Jenkins	Continued inclusion of cholesterol related metrics in ICB prescribing incentive scheme. Inclusion of cholesterol related metrics in the Dudley Quality Outcomes Framework for Health (DQOFH).
	Support to practices from Practice-based pharmacists with pathways, case-finding tools and structured medications reviews.	Apr 2023	Mar 2028	Duncan Jenkins	Support from primary care and ICB to prioritise cholesterol management as clinical focus for structure medication reviews undertaken by practice-based pharmacy team.
Increase % of people with CVD treated to cholesterol threshold (non HDLC to < 2.5 or LDLC to < 1.8) to 35%	Targeting of practices in deprived areas with System Transformation Fund inequalities project (ICB)			Duncan Jenkins	Support from primary care and ICB to prioritise cholesterol management as clinical focus for structure medication reviews undertaken by practice-based pharmacy team.
	Support to practices from Practice-based pharmacists with pathways, case-finding tools and structured medications reviews	Apr 2023	Mar 2028	Duncan Jenkins	
Increase triple control in diabetes (blood	Implement population health	Apr 2023	Mar 2028	Duncan Jenkins	Continued inclusion of triple control metric in the Dudley

<p>pressure, blood sugar and cholesterol) to 44%.</p>	<p>management approach at PCN or practice level using PALM tool.</p> <p>Develop targeted approach through diabetes Community Partnership Teams.</p>				<p>Quality Outcomes Framework for Health (DQOFH).</p> <p>Prioritisation of diabetes for development of a collaborative working (through Community Partnership Teams) by all Dudley health and care providers.</p>
<p>Increase prevalence of detected hypertension to 18% with a specific focus on practices with a Core 20 level of deprivation (IMD > 33)</p>	<ol style="list-style-type: none"> 1. Engage community pharmacies to deliver blood pressure service in targeted areas, facilitation collaborative working with GP practices. 2. Utilise practice based pharmacists to improve efficiency of hypertension detection in practices. 3. Undertake a specific needs assessment with respect to targeting of community pharmacy blood pressure service 	<p>Apr 2023</p>	<p>Mar 2028</p>	<p>Duncan Jenkins</p>	<p>Support inclusion of blood pressure service in Pharmaceutical Needs Assessment.</p> <p>Support hypertension detection through ICB inequalities project.</p>

<p>Increase the uptake of physical health checks for people with severe mental health illness in Dudley. This is currently below the national average.</p>	<ul style="list-style-type: none"> • Gather information on pilots/innovative approaches to SMI checks with practices in Dudley and other areas. • Joint Primary Care/Public Health development group to work on a new model for SMI checks to increase uptake • Liaise with Black Country Health care on opportunities 				
<p>Offer community support for people who initiate smoking cessation programme in hospital.</p>	<p>Review the current pathway and process for patients commencing smoking cessation in hospital when discharged into the community</p> <p>Implement recommendations from the review which may include clearer communication channels, automatic referrals to Integrated Health Improvement Service (ABL Health)</p>			<p>Krishna Vyas</p>	

	Establish a connection between Healthy Heart Hubs and newly commissioned provider of Health Improvement Services			Krishna Vyas	
<p>Undertake a co-ordinated communications campaign to: -</p> <p>Increase public and staff awareness on how to reduce their risk and access services</p> <p>Increase awareness of importance of treatments and secondary prevention in those already living with circulatory diseases</p>	<ul style="list-style-type: none"> • Dedicated comms campaign during 23/24 focussed on prevention, detection and treatment of circulatory disease • Targeting those most at risk of circulatory disease, areas with high deprivation indices and those already identified and on treatment for circulatory disease 	Sep 2023	Mar 2024	Nikki Cheung/ Shelley Brooks	Support and advocate the promotional campaign across Dudley both to the public/patients and to their staff

<p>Improve the quality of information of service providers available to support high risk individuals identified in primary care and the referral pathway</p>	<ul style="list-style-type: none"> • Explore option of adding EMIS alerts in primary care to identify individuals at high risk from circulatory disease and possible referral pathways for wider support • Develop data sharing, consent agreements to facilitate improved collaboration between primary care and providers of community services • Model potential impact on lifestyle services 			<p>Shelagh Cleary</p>	<p>Encourage primary care to adopt</p>
<p>Improve collaborative working by bringing together different services and initiatives together</p>	<ul style="list-style-type: none"> • Look at where services are based (e.g. make services accessible by basing at cost of living centre and/or lifestyle service with Healthy Hearts Hub etc., employment specialists). All partners to work together on this. 			<p>Krishna Vyas</p>	<p>Support for co-location approach</p> <p>Agreement to co-locate relevant services</p> <p>Facilitate premises availability process</p>

	<ul style="list-style-type: none"> • Check that the locations are in the places with the highest needs, services are addressing the community's specific needs, and that there is equitable access across the borough. • Work with regeneration team at DMBC to identify empty premises that may be suitable for “pop up” centres if no other community venues available. 				
<p>ACTION TOWARDS LONG TERM OUTCOMES: Impacting on the “causes of the causes” — the wider determinants of health</p>					
<p>Objective</p>	<p>Proposed Actions</p>	<p>Start Date</p>	<p>End Date</p>	<p>Action Owner</p>	<p>Ask of DHWB</p>
<p>Improve active travel availability and uptake</p>	<p>Complete the Transport and Health strategy with annual action plan.</p>		<p>Sep 2024</p>	<p>Bal Johal</p>	<p>Review and contribute to development of the strategy. NHS sites to enable / actively promote</p>

	<p>Carry out insight work on residents' barriers and motivations to active / sustainable travel to inform future work in this area and production of report.</p> <p>Produce follow up action plan with steering group partners.</p>	Sep 2023	Aug 2023 Mar 2024		<p>opportunities for active or sustainable travel</p> <p>Encourage NHS sites to implement recommendations facilitating active travel to and from sites.</p>
<p>Use of Town Planning and regeneration process to help facilitate workstream aims and objectives</p>	<p>Explore the option of using vacant high street locations for 'pop up' NHS services.</p> <p>Ensure that the emerging Dudley Local Plan (replacing the Black Country Plan) includes measures to make town centres supportive to walking and cycling</p> <p>Continue Public Health input into Lye Regeneration work</p> <p>Discuss incorporating Public Health as a standard consideration into all significant planning consultations</p>			Bal Johal	<p>Identify services that could be delivered using this model.</p> <p>HWB members support this approach when the plan goes out for consultation.</p>

<p>Improve the use and availability of green and blue space</p>	<p>Influence the funding from WMCA delivered through Commonwealth Active Communities (CAC) programme</p> <p>Deliver work programme of the Commonwealth Active Communities, with a focus on activating green and blue spaces.</p>	<p>Sep 2023</p>	<p>Sep 2026</p>	<p>Bal Johal</p> <p>Bal Johal</p>	<p>Support funding going to areas with highest rates of circulatory disease mortality</p> <p>Strengthen social prescribing to use green and blue spaces for HWB gains. Work with integrated plus, pharmacy and ICS</p>
<p>Reduce the availability or sale of illegal tobacco / vapes</p>	<p>Continue a program of test purchasing, sampling raids and legal proceedings to remove illegal products from marketplace</p>	<p>Aug 2023</p>	<p>Mar 2028</p>	<p>Chris King</p>	<p>Support enforcement by reinforcing messages of dangers of illicit tobacco and vapes. Education to children of risk.</p>
<p>Monitoring of, and propose or support initiatives to improve, air quality in Dudley</p>	<p>Ongoing monitoring of air quality by Environmental Health. Support of West Mids Combined Authority strategy to improve air quality. Education in schools initiative.</p>	<p>Aug 2023</p>	<p>Mar 2028</p>	<p>Chris King</p>	<p>Support and promotion of initiatives. Consider initiatives within the Council which will contribute to improved air quality and sustainability</p>
<p>Monitor and respond to Noise complaints</p>	<p>Respond to complaints of statutory noise nuisance from business and commercial premises which negatively impact residential amenity.</p>	<p>Aug 2023</p>	<p>Mar 2028</p>	<p>Chris King</p>	<p>Support and promotion of service</p>

APPROACH TO REDUCING HEALTH INEQUALITIES

Approach to reducing health inequalities in the most deprived areas

Approach to reducing health inequalities in the most deprived areas

Circulatory disease (CD) remains the leading cause of premature deaths in England, with the impact in Dudley being greater than the England average. It is also one of the conditions most strongly associated with health inequalities, with people living in England's most deprived areas being almost four times more likely to die from premature CD than those in the least deprived. As well as living, on average, shorter lives, the conditions or risk factors associated with CD also significantly impact on their quality of life. Much of the ill health and many of the deaths associated with CD are potentially preventable by modifying risk factors and the use of readily available evidence-based, cost-effective interventions and treatments. In addition, the risk factors for CD e.g. smoking, obesity, inadequate physical exercise and also risk factors for cancer, diabetes, dementia and other long-term conditions so by addressing these as part of the CD board it is also addressing other issues. Although complex and multi-faceted, by tackling CD risk factors it is contributing to wider improvement of population health and reducing health inequalities, NHS and social care demand and costs.

Approaches include: -

- Identifying new, additional appropriate locations and co-location of all services so that they are focussed in the most deprived areas of the borough where circulatory disease mortality is highest,
- Considering co-location of additional services which impact on the wider determinants of health e.g job centres, cost of living hubs
- Where appropriate, incorporating into contracts for commissioned services a focus on inequalities, including deprivation
- Reviewing current policies and strategies to ensure they are sufficiently focussed on reducing health inequalities by deprivation.
- Targeting of communications messages and undertake community engagement events in deprived areas in a culturally sensitive and meaningful way.

- Undertaking equity audits of service delivery / health needs (e.g. for BP management and control) to highlight where more action is required.

Approach to reducing health inequalities for groups with disproportionately poor health

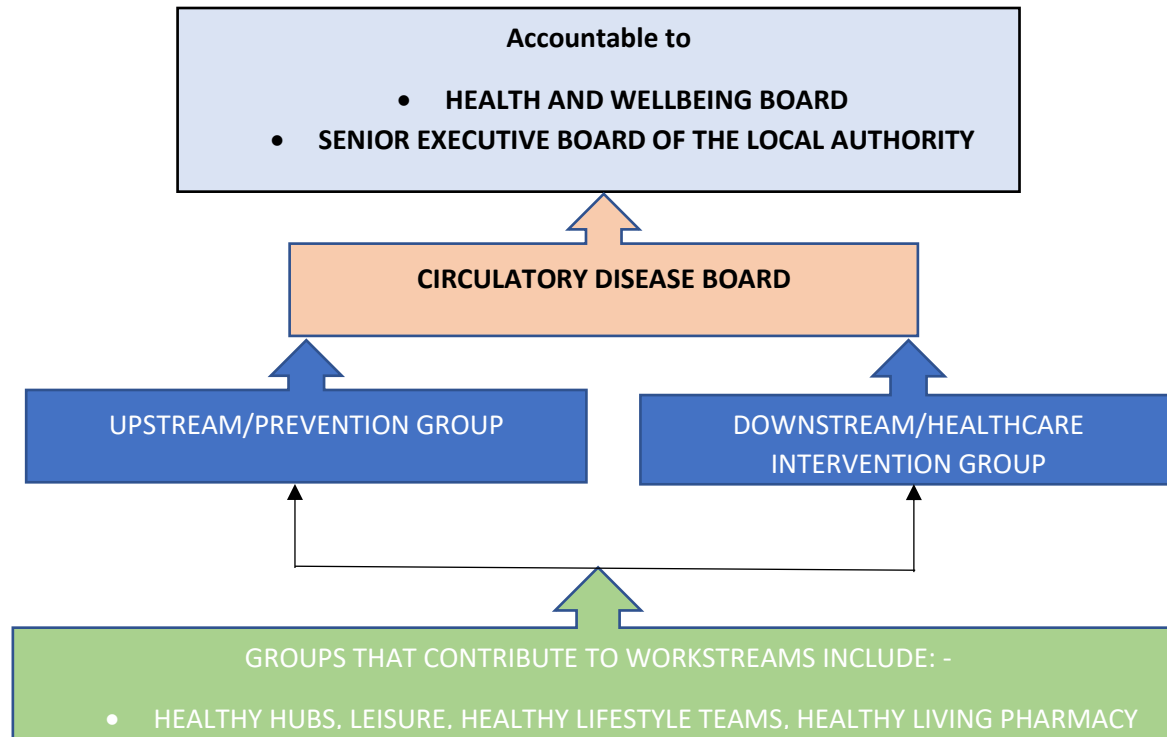
Approach to reducing health inequalities for groups with disproportionately poor health

As above and in addition: -

- Undertake a literature review into effective upstream interventions that increase positive and decrease negative behaviours or risk factors that contribute to circulatory disease
- Review data on those eligible for NHS Health checks and target cohorts both at higher risk of CD and those with no or low attendance rates.
- Review and embed learnings from other programmes and areas that have successfully engaged with and improved the health of marginalised groups
- Work closely with primary care, mental health and learning difficulties workforce to identify approaches to behavioural changes and reduce barriers to access services
- Engage with individuals with severe mental illness and support organisations to provide additional information and access to physical health checks and subsequent management of any conditions
- Enhance knowledge, understanding, skills and confidence of wider workforce in areas such as smoking cessation, use of vapes etc to make every contact count.

2. GOVERNANCE

Governance diagram



The Circulatory Disease Board and workstream groups will be chaired by DHWB leads and alternate meetings monthly as per Terms of Reference document.

Key stakeholders

Name	Job title	Organisation	Email
Balraj Johal	Public Health Manager	Dudley MBC	
David Pitches	Head of Healthcare Public Health	Dudley MBC	
Jas Johal	Pharmaceutical Advisor, Service Development	DIHC	
Jo Taylor	Strategic Commissioning and Transformation Lead	DIHC	
Krishna Vyes	Public Health Manager	Dudley MBC	
Laura Brookes	SMI physical health	Black Country Healthcare	
Lloyd Baron	Clinical lead for Inequalities and GP	DIHC	
Matt Banks		Dudley Group	
Piotr Gass		DIHC	
Rebecca Lewis	Clinical lead for mental health and GP	DIHC	
Sarah Dougan	Interim Head of Adults and Older People	Dudley MBC	
Shelagh Cleary	Public Health Manager	Dudley MBC	

3. HIGH-LEVEL RISKS AND ISSUES

Risk or issue	Mitigation	RAG rating
Risk of competing demands and priorities from other services collaborated with due to complex nature of upstream interventions impacting on meeting objectives	<ul style="list-style-type: none"> Engagement with stakeholders on workstreams Support from HWBB of priority Robust evaluation of interventions and workstreams to demonstrate value 	
Lack of resources – both financial and personnel	<ul style="list-style-type: none"> Financial planning Robust evaluation to include myths busting, business case development and sharing of good practice Consider use of wider workforce, peer workers and voluntary sector in health promotion Build in Public Health goals throughout the wider council considerations 	
GP capacity and lack of financial incentives to engage in interventions	<ul style="list-style-type: none"> Early engagement with ICB Engagement with GP Lead/GP on Circulatory disease board membership Consideration of other workforce delivery models for some interventions where appropriate 	
Behavioural change and prevention or reduction in risk of circulatory disease is	<ul style="list-style-type: none"> Use of local insight and evidence to inform interventions 	

<p>complex, multi-facetted, and long-term process</p>	<ul style="list-style-type: none"> • Key milestones implemented into workstreams to demonstrate progress to objectives • Regular board meetings 	
<p>Wider factors impacting on workstreams I.e., cost of living crisis, poverty challenging healthy eating process</p>	<ul style="list-style-type: none"> • Consideration of colocation of relevant services addressing wider determinants of health, • Mapping and signposting to services providing wider support 	

APPENDIX 1: OUTCOMES FRAMEWORK

To be initially supplied by health intelligence colleagues for feedback from team delivering on this action.

JHWIS goals and impact	How goal will be monitored and how often?
<p>Overarching outcome: Reduction in circulatory disease deaths in Dudley so that the rate is similar or lower than the national average.</p> <p>Inequalities outcome: 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 by ensuring greater reduction in deaths in the most deprived population.</p>	<p>Monitored through national fingertips data which is updated annually</p> <p>Monitored through national fingertips and local data which is updated annually</p>

JHWIS goal objective(s):	Measures of success	How progress towards success will be monitored and data source
Overarching outcomes		
Increase uptake of healthier food choices	To be determined by workstream – examples to include: - <ul style="list-style-type: none"> • Percentage of adults aged 16 and over meeting the “5-a-day” fruit and vegetable consumption recommendation • Breastfeeding prevalence at 6-8 weeks after birth 	Annual review of Fingertips data/local insight Annual review of fingertips data/contract data
Increase physical activity	To be determined by workstream – examples to include: - <ul style="list-style-type: none"> • Adults cycling/walking for travel at least three days per week • Percentage of physically active children and young people/adults 	Annual review of fingertips data Annual review of fingertips data
Decrease unhealthy lifestyle choices	To be determined by workstream – examples to include: - <ul style="list-style-type: none"> • Smoking prevalence in adults (15+) • Smoking in early pregnancy • Adults in treatment at specialist alcohol misuse services 	Annual review of fingertips data Annual review of fingertips data Annual review of fingertips data/contract service KPI's
Take action on the wider determinants of health	To be determined by workstream – examples to include: - <ul style="list-style-type: none"> • the proportion of all children aged 0 to 15 living in income deprived families • Number of people accessing local mental health support services 	Annual review of fingertips data Local service data
	Increase the GP recorded prevalence of hypertension in patients 18 years and over from 22% to 24%	Quarterly review of CVDPREVENT data

	Increase the percentage of patients with hypertension controlled to age-appropriate blood pressure target from 69% to 80%.	
	Increase percentage of people with cardiovascular disease treated with lipid modifying drugs from 69% to 90%,	Quarterly review of CVDPREVENT data
	Increase percentage of people with CVD treated to target cholesterol values from 32% to 35%.	Quarterly review of CVDPREVENT data
	Increase the 'triple control' of diabetes from 33% to 44%	Quarterly review of CVDPREVENT data
Inequalities outcomes		
Enhance access to NHS Health Checks, through provision of services in local communities where evidence of uptake amongst the eligible population is lowest	<ul style="list-style-type: none"> • Reduced gap between highest and lowest or most socioeconomically deprived performing PCNs • Number of community NHS Health checks completed in areas of deprivation 	<ul style="list-style-type: none"> • Annual tracking through Fingertips data • Local contract performance data
Target interventions at those communities at higher risk of circulatory disease using existing data to make the case for action	<ul style="list-style-type: none"> • Increased interventions in areas where population have highest recorded cases of circulatory disease or highest risk factors 	<ul style="list-style-type: none"> • Review of interventions

DHWB 2023-28 JHWIS Goal - Action Plan

JHWIS goal:	Breast Cancer Screening	Year:	2023-24
DHWB leads:	<p>David Pitches (DP) Head of Healthcare Public Health- Dudley MBC</p> <p>Joanne Essex (JE) Dudley Wolverhampton and South West Staffordshire Breast Screening Program Manager</p>		
Intended Outcome(s):	<p>Overarching outcome: Breast cancer screening coverage for women aged 50-70 years inclusive in Dudley will increase to reach at least pre-pandemic levels, which exceeded the acceptable standard and were higher than West Midlands and national averages. Coverage is the percentage of women eligible for screening who have been adequately screened at least once in the last three years. The national standard for an acceptable level, which all breast screening services should be attaining, is 70%; the level considered achievable is 80%.</p> <p>Inequalities outcome: The gap between breast cancer screening coverage in the most and least deprived primary care networks (PCNs) will have narrowed.</p>		
JHWIS goal objective(s):	<p>Overarching outcomes:</p> <ol style="list-style-type: none"> 1. Increase awareness of breast cancer screening and its importance, alongside service availability amongst the eligible population, in accordance with the service delivery schedule in the locality 2. Improve the quality and recording of data as well as the timely sharing of accurate information between partners 3. Establish primary care cancer screening champions and advocates throughout the locality 4. Reduce the number of women who ‘Do Not Attend’ (DNA) their appointments <p>Inequalities outcomes:</p> <ol style="list-style-type: none"> 5. Enhance access to breast cancer screening, through provision of service in communities, venues and events where uptake of screening amongst the eligible population is lowest 6. Improve the invitation uptake to eligible women including those who are yet to attend an appointment as well as women with physical and learning disabilities and mental health 		

1. KEY ACTIONS TO CONTRIBUTE TOWARDS GOAL

SHORT TERM GAINS: improved understanding of current challenges			
Objective	Proposed Actions	Owner	Ask of DHWB
General project foundations	Explore what is the most recent available breast cancer screening data including at ward, borough, GP practice and PCN level including number of women eligible, screened, uptake and coverage across the Dudley borough and map these against socioeconomic deprivation and when screening is due	AB	Support appropriate data sharing
	Identify new, additional appropriate locations for the breast screening van closer to the populations least likely to be accessing breast screening	DP	Support use of new screening venues where identified
	Share with DHWB board members the breast screening service schedule and sequence of practices from which women will be called for screening	JE	Anticipate when and where to expect changes in rates
	Review service workforce and capacity to reflect potential increase in demand	JE	Support increased rates of breast screening as a priority for Dudley
Improve the quality and recording of data and timely sharing of information	Explore adding EMIS alerts in primary care to women who have missed previous screening opportunities or never before been screened	SC	Encourage primary care to adopt
	Encourage GP practices to record breast screening codes on patient records and ensure these are “cleansed” and up to date before women are due to be invited women to ensure the appropriate women are recalled according to eligibility criteria	ICB	Encourage primary care practices to recognise the value of this
	Develop data sharing arrangements with primary care that enable the breast screening service to identify women with specific vulnerabilities (e.g. learning difficulties) and invite through alternative channels	ICB	Support information sharing and development of data sharing agreements

MEDIUM TERM GAINS: increased awareness of, and confidence in promoting and accessing cancer screening			
Increase awareness of breast cancer and the importance of screening for early detection	Identify and utilise promotional assets including information leaflets for the public and awareness raising events and publicity in culturally sensitive and meaningful ways bespoke to the communities in Dudley. Adopt Black Country ICB educational material to myth bust and inform prevention interventions In Dudley.	PB	Advocate use of Black Country ICB and national screening program materials across the borough; support promotional events and publicity
	Develop a communications toolkit for primary care, DMBC, local voluntary, community and social enterprise (VCSE) organisations to promote the service immediately before, during and shortly after women in each location and GP practice are invited to attend screening	DP	Promote use of toolkit
Establish primary care screening champions and cancer coordinators	Using the Black Country and Dudley Cancer Champion Model, recruit and train additional cancer screening champions in each primary care practices and establish at least one cancer care coordinator in each PCN to encourage and advocate	ICB	Advocate training opportunities for new cancer screening champions and support cancer care coordinators in each PCN
	Develop a breast cancer screening topic guide and standard operating procedure document to assist champions and coordinators with encouraging woman to book screening appointments	SC	Encourage use of SOP across champions and coordinators
Reduce the number of women who 'Do Not Attend' (DNA) appointments	Explore sending a reminder text message from the breast screening service to everyone 24-48 hours before their appointment asking people to confirm attendance, cancel or rearrange	JE	Support service to trial this initiative
	Breast screening service to provide GPs with list of women who DNA'd three years earlier for practice cancer screening champion to contact the woman before her screening appointment to encourage her to attend	JE	Encourage primary care practices to prioritise, especially in more disadvantaged areas
	Primary Care Cancer Champions and Cancer Care Coordinators to carry out targeted interventions with women that 'Did Not Attend' (DNA) screening before the six months close of cycle, e.g. by sending a bespoke letter, text message, or telephoning patients to discuss any barriers to attendance.	PB	Encourage primary care practices to prioritise, especially in more disadvantaged areas
	Learn from and consider replicating the Breast Screening Service initiative carried out in Wolverhampton to engage with patients that have not attended Breast Screening for six years or more	JE	Encourage primary care practices to prioritise, especially in more disadvantaged areas

**ACTIONS TOWARDS LONG TERM OUTCOMES:
Impacting on the “causes of the causes” — the wider determinants of health**

Avoid barriers to screening in the workplace	Identify and mitigate any organisational barriers that prevent staff in DHWB partner organisations from attending screening when invited	DP	Enable staff in DHWB partner organisations to access screening when invited
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APPROACH TO REDUCING HEALTH INEQUALITIES

Approach to reducing health inequalities in the most deprived areas

At the end of 2022 Dudley & Netherton (DN) and Sedgley, Coseley & Gornal (SCG) PCNs had the lowest breast screening coverage in the Black Country ICB and were significantly lower than the England average. Dudley & Netherton PCN includes some of our areas of highest deprivation, but no suitable sites for the breast screening van have been identified and are in use. In contract SCG PCN had relatively high coverage before the pandemic so may regain that position more easily.

Working in partnership with DMBC public health and other stakeholders, the Breast Screening Service will therefore seek to enhance access to breast cancer screening, through provision of the service closer to communities where coverage and uptake amongst the eligible population is lowest. This will include:

- Organising community engagement events in areas of low uptake to raise awareness of cancer screening programmes in culturally sensitive and meaningful ways, and capture learning about barriers to access screening (based on insights from the approach taken in Lye)
- Identifying new, additional appropriate locations for the breast screening van closer to the populations least likely to be accessing breast screening

Approach to reducing health inequalities for groups with disproportionately poor health

There is lower uptake of breast screening in areas of higher levels of deprivation and amongst vulnerable populations, including those with physical and learning disabilities, mental health and minority ethnic groups. This has been exacerbated by the COVID pandemic which caused a substantial temporary reduction in screening across the borough which we are now recovering from.

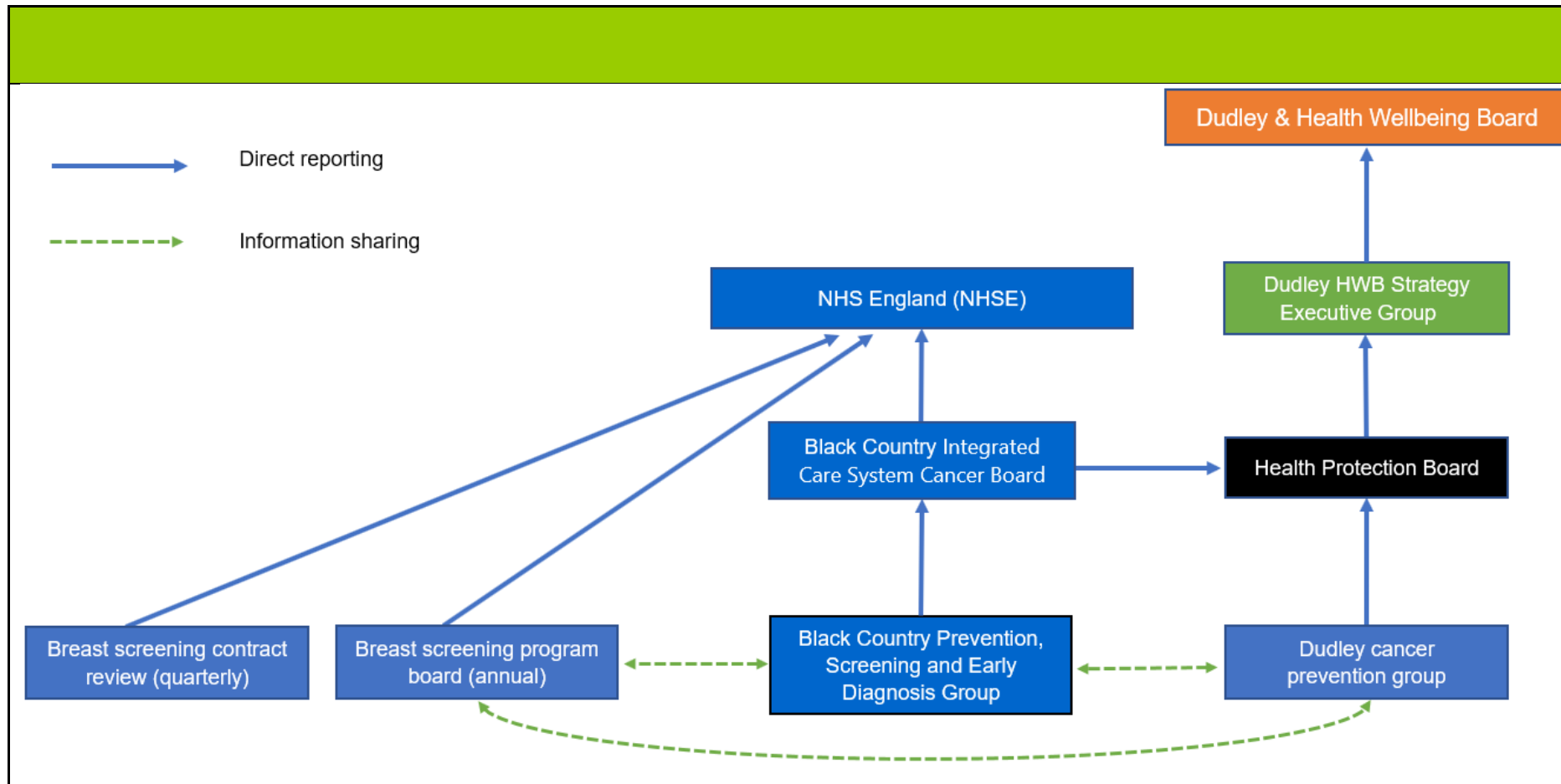
Adoption of community-centred approaches for groups with disproportionality poor health will be supported by the following:

- Undertake a literature review into effective interventions that increase uptake of breast cancer screening amongst low uptake, marginalised and underserved groups
- Review and embed the learning from other programmes that have successfully engaged and improved health of marginalised groups, including COVID vaccination and maternity programmes
- Build on assets-based approaches to working with marginalised communities, including engaging with faith leaders, community leaders and community development workers to make every contact count with regards to awareness of the value of breast screening and how to get screened
- Review imagery and language barriers based on community insights work and coproduce promotional assets
- Adapt invitations and timings based on findings of community insights – for example in certain communities grandparents provide much informal childcare and it cannot be assumed therefore that they will be available to attend appointments that are provided during the normal working daytime
- Identify women with special health or learning difficulties who may benefit from additional information or support to access facilitated screening (e.g. at Russells Hall)
- Work closely with physical and learning disabilities and mental health workforce and primary care leads to identify approaches to improve uptake of screening and implement these into practice
- Ensure that cancer screening awareness is embedded in annual checks for people with physical and learning disability
- Identify training needs about cancer screening for those working with people with learning disabilities and mental health service users
- Deliver cancer screening awareness training to those working with people with learning disabilities and mental health service users

2. MILESTONES

Milestone	Date to be achieved
Identify priority areas (wards, PCNs and practices) based upon latest available data	December 2023
Develop baseline uptake amongst those women that DNA following second invitation letter then take up screening within a year to benchmark future improvements against.	April 2024
Identify potentially suitable sites for screening van in central Dudley and Netherton	April 2024
Significant increase in uptake in women who have DNA'd then taken up screening compared to baseline	April 2025
Training of a cancer screening champion in every primary care practice and a cancer care coordinator in every primary care network	April 2025
Increase in coverage and uptake amongst women in Dudley & Netherton and Sedgley, Coseley and Gornal PCNs	April 2026
Reduction in gap between highest and lowest performing PCNs	April 2026
Improvement in overall breast screening rate for Dudley	April 2026

3. GOVERNANCE



Key stakeholders		
Name	Job title	Organisation
Andy Baker (AB)	Head of Integrated & Knowledge Services	Public Health Intelligence, Dudley MBC
Parminder Bhatia (PB)	Health Improvement Practitioner	Health Care Public Health, Dudley MBC
Shelley Brook (SB)	Senior Manager	Communications & Public Affairs, Dudley MBC
Jayne Burness (JB)	Health Inequalities Lead	Dudley, Wolverhampton and South West Staffordshire Breast Screening Programme
Shelagh Cleary (SC)	Public Health Manager	Health Care Public Health, Dudley MBC
Esther Collinson (EC)	Cancer Care Co-ordinator	Dudley and Netherton PCN
Lisa Cowley (LC)	CEO	Beacon Vision
Jo Essex (JE)	Programme Manager	Dudley, Wolverhampton and South West Staffordshire Breast Screening Service
Mandy Marsh (MM)	Learning Disabilities Manager	Black Country Healthcare NHS Foundation Trust
Dr David Pitches (DP)	Head of Healthcare Public Health	Health Care Public Health, Dudley MBC
Joanne Pritchard (JP)	Public Health Manager	Healthy Communities, Public Health, Dudley MBC
Christine Stewart (CS)	Cancer Care Coordinator	Brierley Hill And Amblecote PCN
Dr Poonam Tank (PT)	Clinical Lead for Cancer, End of Life Care & Macmillan GP	Dudley Integrated Health & Care NHS Trust
Caroline Webb (CW)	Manager	White House Cancer Support
To be confirmed	Cancer facilitator	Black Country Integrated Care Board
To be confirmed	Mental health lead	Dudley Integrated Health & Care NHS Trust

4. HIGH-LEVEL RISKS AND ISSUES

Risk or issue	Mitigation	RAG rating
Information sharing between primary care organisations and the breast screening service may not enable the service to separately identify and invite women with specific vulnerabilities (e.g learning disabilities)	Develop data sharing agreements with primary care that overcome this limitation	
Breast screening service cannot identify those women who are about to become eligible for their first screen, and reaching them is important as those who undergo their first screening are more likely to attend later.	Develop initiatives in primary care to reach women about to become eligible for screening through age.	
Breast Screening cycle runs every three years, and underperforming practices will not have their patients invited until the next round. This would have an impact on measuring uptake difference pre and post intervention in a timely manner. This is a particular issue in Dudley and Netherton PCN which contributes the most to lowering the overall Dudley breast screening uptake. However, patients registered within this area will not be invited to screening until 2024-5 and as validated data is published one year later, improvements in uptake for this PCN, and overall rate for Dudley, may not be seen until 2025-6.	Start awareness work in conjunction with the screening cycle to utilise 6-month window of opportunity to reach those that 'Did Not Attend' their previous appointment. Plan and develop interventions to inform women and address barriers to attendance within this community, in the period coming up to their screening round	
Breast Screening Service may not have the capacity to screen unpredictable or increased numbers of women in an area of focus as the duration of appointments, number per day and time of appointment (including outside normal working hours) in different areas is based upon past performance.	Work closely with Breast Screening service when planning targeted interventions to build in adequate buffer time to screen those that decide to accept having previously not taken up the invitation.	
Seasonal pressures on screening service staff	Advocate healthy working practices and flu vaccination for screening program staff including radiographers	

APPENDIX 1: OUTCOMES FRAMEWORK

JHWIS goals and impact	How goal will be monitored and how often?
<p>Overarching outcome: Breast cancer screening coverage for women aged 50-70 inclusive years in Dudley will increase to reach at least pre-pandemic levels which were better than West Midlands and national averages.</p> <p>Inequalities outcome: The gap between breast cancer screening coverage in the most and least deprived primary care networks will have narrowed.</p>	<p>Reporting against high level indicators will be based on national Fingertips data which is updated annually</p> <p>Service level data cannot be published until validated but will be used to guide local priorities and monitor progress against baseline</p>

JHWIS goal objective(s):	Measures of success	How progress towards success will be monitored and data source
Overarching outcomes		
Increase breast cancer screening coverage through improved awareness of and access to screening opportunities amongst the eligible population	Increased coverage of breast cancer screening Increased uptake of breast cancer screening Breast screening coverage in women with learning disabilities aged 50-69	Annual review of Fingertips data at GP practice, PCN and borough level
Establish primary care cancer screening champions and cancer care coordinators across the locality	Cancer screening champion in every GP practice in Dudley Cancer care coordinator in every PCN in Dudley	Regularly reviewing which practices and PCNs already have these positions and who is newly undertaking training
Reduce the number of women who “Do Not Attend” (DNA) their appointments	Increased screening uptake, especially in areas and GP practices associated with historically high DNA rates	Reviews of breast screening service local data following each period of sending invitations to screening
Inequalities outcomes		
Enhance access to breast cancer screening, through provision of service closer to communities where uptake of screening is lowest	Reduced gap between highest and lowest or most socioeconomically deprived performing PCNs	Annual tracking through Fingertips national data at PCN level
Improve the uptake in eligible women who are yet to attend an appointment as well as women with physical, mental health and learning disabilities	Increased screening uptake, especially in populations associated with historically high DNA rates	Reviews of breast screening service local data following each period of sending invitations to screening

DUDLEY HEALTH AND WELLBEING BOARD

DATE	14 th September 2023
TITLE OF REPORT	Pharmaceutical Needs Assessment – Supplementary Statement – September 2023
Organisation and Author	Dr David Pitches, Head of service, Healthcare Public health Jag Sangha, Pharmaceutical Adviser, Partnerships and Public Health, Dudley Integrated Health and Care NHS Trust <i>On behalf of the Community Pharmacy Development Steering Group</i>
Purpose	To inform the Health and Wellbeing Board of material changes to provision of community pharmacy services in Dudley since the publication of the 2022 Pharmaceutical Needs Assessment
Background	Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each Health and Wellbeing Board periodically to assess the need for pharmaceutical services in its area and to publish a statement of its assessment (Pharmaceutical Needs Assessment, PNA) every three years. When subsequent changes in pharmacy provision or local population occur (e.g. if a pharmacy closes through consolidation with a nearby existing pharmacy), a “supplementary statement” of changes should be published by the Health and Wellbeing Board to indicate that it does not believe this creates a gap in provision that could be met by application from another provider.
Key Points	The full PNA was last published in September 2022. Since then two pharmacies have closed, one through consolidation with a nearby pharmacy. The other is also close to an existing pharmacy. There has been a reduction in the number of pharmacies open for at least 100 hours per week but these are utilised infrequently during the unsociable hours that have been reduced. The Community Pharmacy Development Steering Group therefore recommends to the HWBB board, that it is concluded that the changes since the 2022 are unlikely to impact service users due to alternatives nearby.

<p>Emerging issues for discussion</p>	<p>Workforce pressures have resulted in a number of 100-hour pharmacies applying to reduce their total weekly hours. Amended regulations allow this to avoid unplanned temporary suspension of services. If this trend continues it may have implications for accessing pharmacy service during unsociable hours for a larger population.</p>
<p>Key asks of the Board/wider system</p>	<p>The Community Pharmacy Development Steering Group requests the Health and Wellbeing Board to:</p> <ul style="list-style-type: none"> (a) note that changes in pharmaceutical provision since the 2022 PNA are unlikely to impact service users due to alternatives nearby. (b) publish a Supplementary Statement to record that conclusion.
<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>Pharmacies have an important role to play in the prevention of circulatory disease through healthy living advice and interventions, for example in promoting blood pressure measurement and safe dispensing of medication for circulatory disease.</p>
<p>Contribution to Dudley Vision 2030</p>	

Contact officer details

Dr David Pitches
Head of service, Healthcare Public health

Pharmaceutical Needs Assessment – Supplementary Statement – September 2023

Date Dudley Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA), originally published 26th September 2022
Supplementary Statement (1) issued 1st September 2023

The following items have been identified (in bold) as needing corrections, clarifications or premises details update. This updated information should be read in conjunction with the last PNA and reflects the position as of 11th August 2023.

- **Ownership and or trading change**
- **Pharmacy closure**
- **Change in opening hours.**

Introduction: A note on the implications of the Health and Social Care Act 2012

The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs to Health and wellbeing Boards (HWBBs) from April 2013. Prior to this, Primary Care Trusts (PCTs) held this responsibility as well as the additional responsibility of considering applications from persons wishing to provide pharmaceutical services for inclusion onto a relevant pharmaceutical list.

From April 2013, the specific responsibility for using PNAs as the basis for determining market entry onto a pharmaceutical list transferred from PCTs to NHS England. The current regulations (The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) make provisions for the conduct of PNAs. Regulation 5 stated that each HWBB must publish a PNA every three years.

Regulation 4(2) requires each HWBB in so far as is practicable, to keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement). This map identifies the premises at which pharmaceutical services are provided in the area of the HWBB.

Amendment of regulation 65 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2023

The Secretary of State for Health and Social Care with effect from 26th April 2023, amended regulation 65 which provides an opportunity for 100-hour community pharmacy owners to apply to reduce their total weekly hours to 72 within set conditions. The Department of Health and Social Care (DHSC) is introducing the changes to help relieve the current pressures (financial and workforce) on these pharmacies (100 hours per week). It also seeks to ensure patient access to NHS pharmacy services (pharmaceutical services) over their extended opening hours. DHSC and NHS England (NHSE) reported that these changes were necessary, due to the higher rate of unplanned temporary suspensions seen amongst 100-hour pharmacies compared to the community pharmacy sector as a whole. See footnote [1] for further information.

[1] PSNC Briefing 012/23: DHSC's changes to the Pharmaceutical Regulations (updated May 2023). <https://cpe.org.uk/wp-content/uploads/2023/05/PSNC-Briefing-012.23-DHSCs-changes-to-the-Pharmaceutical-Regulations.pdf>

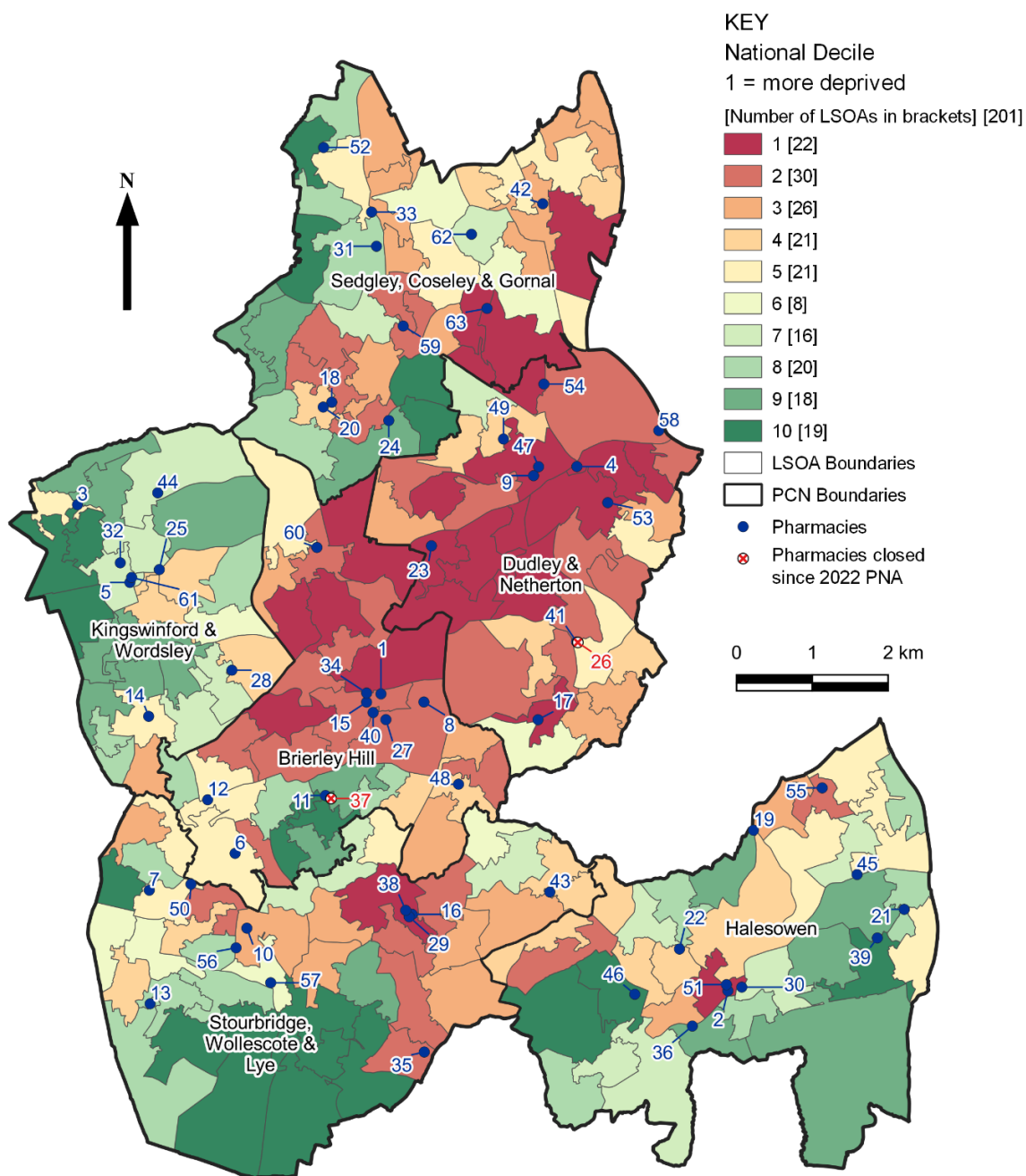
Between 2005 and 2012, many community pharmacies were allowed onto pharmaceutical lists if they agreed to provide services for 100 hours per week, rather than the usual 40 core hours. Prior to this Regulation change, those 100 hours pharmacies had not been allowed to reduce their 100 hours commitment. These Regulations allow them to reduce it to 72 hours per week (or to between 72 and 100 hours) if they make an application to NHS England to that effect. However, as part of the reduction, they are not allowed to reduce their hours between 5pm and 9pm, Monday to Saturday, or 11am to 4pm on a Sunday (with a limited exception for a rest break), or to reduce their overall number of hours on a Sunday. Any such evening or Sunday commitment that they had before these Regulations came into force becomes (with a limited exception for Sunday rest breaks) irreducible.

Since publication of the 2022 Dudley PNA, three of the six 100-hour community pharmacies (Pharmacy ID 1, 2 & 38 – see Figure 1 and appendix 1) have successfully applied to reduce their total weekly opening hours under this new amended regulation. One 100-hour pharmacy (Pharmacy ID 37 – see Figure 1 and Appendix 1) has now closed.

The approach being taken is therefore to

- Discuss the changes at the Community Pharmacy Development Steering Group
- Update the map of pharmaceutical services within Dudley to reflect current pharmacy locations
- Publish a PNA Supplementary Statement in September 2023, detailing these changes.

Figure 1: Index of Multiple Deprivation 2019 National Deciles by LSOA with Pharmacy Locations



Source: ODS DataPoint, NHS Digital / LLPG, Dudley MBC / Indices of Deprivation 2019, MHCLG
 Produced by: Intelligence Team, Dudley MBC
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For the key to Pharmacy ID numbers, see Appendix 1.

Please note: There are two distance selling pharmacies (Meds at Home and Dixons Green Pharmacy) in Dudley. These pharmacies are not included on the map since patients cannot visit them.

CHANGES TO PHARMACY OWNERSHIP AND/OR TRADING NAME

Boots Pharmacy, Steppingstone Medical Centre, Stafford Street, Dudley, DY1 1RT.

The above pharmacy with effect 10th October 2022 has changed ownership to **Portway Healthcare Ltd**, trading as **Steppingstone Pharmacy**. The pharmaceutical service provision and operating hours remain unchanged.

This pharmacy is number 9 on the map (Appendix 1).

Boots Pharmacy, off Squires Court, Withymoor Village, Brierley Hill, DY5 3RJ

The above pharmacy has changed ownership with effect 23rd May 2023 to **Jacksons Pharma Ltd**, trading as **Withymoor Pharmacy**. The pharmaceutical service provision and operating hours remain unchanged.

This pharmacy is number 11 on the map (Appendix 1).

Lloyds Pharmacy, 11 Peckingham Street, Halesowen, B63 3AW

The above pharmacy has changed ownership to **NBB Healthcare Ltd** with effect from 17th December 2022, trading as **Halesowen Pharmacy**. The pharmaceutical service provision and operating hours remain unchanged.

This pharmacy is number 30 on the map (Appendix 1).

Lloyds Pharmacy, 24-28 Dudley Street, Sedgley, Dudley DY3 1SB

The above pharmacy has changed ownership to **Sync Chem Ltd**, trading as **Sedgley Pharmacy**. The pharmaceutical service provision and operating hours remain unchanged.

This pharmacy is number 33 on the map (Appendix 1).

Lloyds Pharmacy at Talbot Street, Brierley Hill, Dudley DY5 3DS

The above pharmacy has changed ownership to **LP SD Thirty Two Limited**.

This pharmacy is number 34 on the map (Appendix 1).

Lloyds Pharmacy at 175 The Ridgeway, Sedgley, Dudley DY3 3UH

The above pharmacy has changed ownership to **LP SD Thirty Two Limited**.

This pharmacy is number 31 on the map (Appendix 1).

Lloyds Pharmacy, Moss Grove Surgery, 15 Moss Grove, Kingswinford, DY6 9HS

The above pharmacy has changed ownership to **LP SD EIGHTEEN LIMITED**.

This pharmacy is number 32 on the map (Appendix 1).

Lloyds Pharmacy, 173A High Street, Lye, Stourbridge, DY9 8LN

The above pharmacy has changed ownership to **West Midlands Healthcare UK**, with effect 1st July 2023, trading as **Lymes Pharmacy**. Pharmaceutical service provision and operating hours remain unchanged.

This pharmacy is number 29 on the map (Appendix 1).

PHARMACY CLOSURES

Jhoots Pharmacy, 145 Halesowen Road, Netherton, Dudley DY2 9PY.

The pharmacy has consolidated its contract onto the site at **Milan's Chemist**, 137 Halesowen Road, Netherton, Dudley, DY2 9PY. Jhoots Pharmacy at 145 Halesowen Road has **closed**.

These pharmacies are number 41 and 26 on the map (Appendix 1).

Lloyds Pharmacy in Sainsbury Supermarket, Sandringham Way, Withymore Village, Stourbridge, DY5 3JR.

This pharmacy was open 100 hours per week and has now closed.

This pharmacy is number 37 on the map (Appendix 1) and **trading ceased 14th June 2023**

CHANGES TO OPENING HOURS

Asda Pharmacy, Pearson Street, Brierley Hill, DY5 3BJ.

The above pharmacy has reduced its opening hours from 100 hours to **78 hours**.
Previous hours: Monday 8am to 11pm, Tuesday to Friday 7am to 11pm, Saturday 7am to 10pm and Sunday 10am to 4pm.

New hours: **Monday to Saturday 9am to 9pm** and **Sunday 10am to 4pm** (no change)

The trading name and pharmaceutical service provision remains the same.

This pharmacy is number 1 on the map (Appendix 1).

Asda Pharmacy, Cornbow Shopping Centre, Queensway Mall, Queensway, Halesowen, B63 4AB.

The above pharmacy has reduced its opening hours from 100 hours to **78 hours**.
Previous hours: Monday 8am to 11pm, Tuesday to Friday 7am to 11pm, Saturday 7am to 10pm and Sunday 10am to 4pm.

New hours: **Monday to Saturday 9am to 9pm** and **Sunday 10am to 4pm** (no change)

The trading name and pharmaceutical service provision remains the same.

This pharmacy is number 2 on the map (Appendix 1).

Lye Pharmacy, 37 High Street, Lye, DY9 8LF

The above pharmacy has reduced its total core opening hours from **100 to 73 hours and 30 minutes** per week, effective from 3 July 2023. The trading name and pharmaceutical service provision remain unchanged.

Previous hours: Monday to Friday 8am to 11pm, Saturday 8am to 9pm and Sunday 9am to 9pm.

New hours: Monday to Friday **9:30am to 9pm**, Saturday **5pm to 9pm** and Sunday **9am to 9pm** (no change).

This pharmacy is number 38 on the map (Appendix 1).

Milan Pharmacy, 137 Halesowen Road, DY2 9PY

The above pharmacy has reduced its opening hours from **51 to 49 hours** per week, effective from 1st September 2023. The trading name and pharmaceutical service provision remain unchanged.

Previous hours: Monday to Friday 9am to 6pm and Saturday 9am to 3pm

New hours: Monday to Friday **9am to 6pm**, and Saturday **9am to 1pm**

This pharmacy is number 41 on the map (Appendix 1).

Murrays Healthcare, 57 Queensway, The Cornbow Shopping Centre, Halesowen, B63 4AG.

The pharmacy opening hours have reduced to **47 hours and 30 minutes** per week, effective from 2nd January 2023. Pharmaceutical service provision remains unchanged.

Monday to Friday opening hours **remain 9am to 5:30pm**; **Saturday** opening hours **9am to 5pm** and Sunday closed. However, the pharmacy is now **closed** each day **Monday to Saturday** between **1:30pm** and **2pm**.

This pharmacy is number 51 on the map (Appendix 1).

Murrays Healthcare, 37/38 High Street, Quarry Bank, Brierley Hill, DY5 2AA.

The pharmacy opening hours have reduced to **49 hours** per week, effective from 2nd January 2023. Pharmaceutical service provision remains unchanged.

Monday to Friday opening hours **remain 9am to 6:30pm**; **Saturday** opening hours **9am to 1pm** and Sunday closed. However, the pharmacy is now **closed** each day **Monday to Friday** between **1pm and 1:30pm**.

This pharmacy is number 48 on the map (Appendix 1).

Murrays Healthcare, 33 Thornhill Road, Halesowen, B63 1AU.

The pharmacy opening hours have reduced to **43 hours** per week, effective from 2nd January 2023. Pharmaceutical service provision remains unchanged.

Monday to Wednesday and **Friday** opening hours **remain 9am to 6:15pm**; **Thursday** remains **9am to 1pm**; **Saturday** remains **9am to 1pm** and Sunday closed. However, the pharmacy is now **closed** each day **Monday to Wednesday** and **Friday** between **1pm and 1:30pm**.

This pharmacy is number 46 on the map (Appendix 1).

Tesco Instore Pharmacy, Towngate Retail Park, Birmingham New Road, Dudley, DY1 4RP.

The pharmacy opening hours have reduced to **71 hours** per week, effective from 28th November 2022. **Monday to Saturday** opening hours have changed from **8am to 9pm** to **8am to 8pm**. Sunday opening remains unchanged 10am to 4pm. Pharmaceutical service provision remains unchanged.

This pharmacy is number 58 on the map (Appendix 1).

Access to Pharmaceutical Services

Assessment of changes to the 100-hour community pharmacies above, identifies reduced access in Halesowen PCN (Asda Pharmacy, ID 2) between 7am and 9am and 9pm and 11pm Monday to Friday and between 7am and 9am and 9pm and 10pm on a Saturday. At these unsociable hours, local service users may need to travel further (vehicle requirement) to access pharmaceutical services. However, previous public research supporting our current PNA recommendations concluded that pharmacies are utilized infrequently at these unsociable hours.

Changes to 100-hour pharmaceutical provision above for SWL PCN (Lye Pharmacy, ID 28 – reduced hours) and Brierley Hill PCN (Asda Pharmacy, ID 1 and Lloyds pharmacy, ID 37 – closed) are not expected to impact service users as there are alternative nearby 100-hour pharmacies within each PCN; namely Day Night Pharmacy, ID 16 and Jhoots Pharmacy, ID 27 respectively.

Closure of Jhoots Pharmacy (ID 26) in Netherton is not expected to impact service users given NHS England approved consolidation of this contract to Milan's Chemist (ID 41) which is within a very short walking distance.

Overall, it is concluded these changes are not expected to significantly impact pharmaceutical services access for our population, however, this will be considered in more detail as part of the next full PNA process (next PNA due October 2025).

Supplementary Statement issued by Dudley Health and Wellbeing Board

Signed:

Designation: Chair, Dudley Health and Wellbeing Board

Date: 1 September 2023

Appendix 1: Key to pharmacy locations in maps and summary of changes

Map identifier, name, addresses and PCN of pharmacies within Dudley (changes since September 2022 are shown in red)

ID	Pharmacy	Address	Postcode	PCN
1	Asda Pharmacy (reduced from 100 hours to 78 hours)	PEARSON STREET, BRIERLEY HILL	DY5 3BJ	BH
2	Asda Pharmacy (reduced from 100 hours to 78 hours)	THE CORNBOW SHOPPING CTR, QUEENSWAY MALL, HALESOWEN	B63 4AB	H
3	Boots	14 ALBION PARADE, WALL HEATH	DY6 0NP	KW
4	Boots	25-26 MARKET PLACE, DUDLEY	DY1 1PJ	DN
5	Boots	16-18 MARKET STREET, KINGSWINFORD	DY6 9JR	KW
6	Boots	STOURBRIDGE HTH & SCC, JOHN CORBETT DRIVE, AMBLECOTE	DY8 4HZ	BH
7	Boots	141 BRIDGNORTH ROAD, WOLLASTON	DY8 3NX	SWL
8	Boots	UNIT3, MERRY HILL CENTRE, BRIERLEY HILL	DY5 1QT	BH
9	Steppingstone Pharmacy (previously Boots Pharmacy)	STEPPING STONES MED CTR, STAFFORD STREET, DUDLEY	DY1 1RT	DN
10	Boots	5 RYEMARKET, STOURBRIDGE	DY8 1HJ	SWL
11	Withymoore Pharmacy (previously Boots Pharmacy)	OFF SQUIRES COURT, WITHYMOOR VILLAGE, BRIERLEY HILL	DY5 3RJ	BH
12	Brettell Lane Pharmacy	108B BRETTELL LANE, STOURBRIDGE	DY8 4BS	BH
13	Broadway Pharmacy	95 THE BROADWAY, NORTON, STOURBRIDGE	DY8 3HX	SWL
14	County Pharmacy Ltd	15 WORDSLEY GREEN CENTRE, WORDSLEY	DY8 5PD	KW
15	Day Night Pharmacy	20 ALBION STREET, BRIERLEY HILL	DY5 3EE	BH
16	Day Night Pharmacy	45 HIGH STREET, LYE	DY9 8LQ	SWL
17	Dudley Wood Pharmacy	2 BUSH ROAD, DUDLEY	DY2 0BH	DN
18	Eggington JT Ltd	ABBEY ROAD, LOWER GORNAL	DY3 2PG	SCG
19	Evergreen Pharmacy	161 COOMBS ROAD, HALESOWEN	B62 8AF	H
20	Gornal Wood Pharmacy	18 ABBEY ROAD, GORNAL WOOD	DY3 2PG	SCG
21	Grange Pharmacy	8 HOWLEY GRANGE ROAD, HALESOWEN	B62 0HN	H
22	Hawne Chemist	177 STOURBRIDGE ROAD, HALESOWEN	B63 3UD	H
23	Holly Hall Pharmacy	178 STOURBRIDGE ROAD, HOLLY HALL, DUDLEY	DY1 2ER	DN
24	Jhoots Pharmacy	100A MILKING BANK, DUDLEY	DY1 2TY	SCG
25	Jhoots Pharmacy	468 HIGH STREET, KINGSWINFORD	DY6 8AW	KW
26	Jhoots Pharmacy	Formerly of Halesowen Road. This pharmacy has consolidated its contract onto the site of Milan Chemist [41], closing the site at [26].	DY2 9PY	DN
27	Jhoots Pharmacy	BRIERLEY HILL H & S C C, VENTURE WAY, BRIERLEY HILL	DY5 1RG	BH
28	Lad Chemist	30 MADELEY ROAD, HIGH ACRES, KINGSWINFORD	DY6 8PF	KW
29	Lymes Pharmacy (previously Lloyds Pharmacy)	173A HIGH STREET, LYE	DY9 8LN	SWL
30	Halesowen Pharmacy (previously Lloyds Pharmacy)	11 PECKINGHAM STREET, HALESOWEN	B63 3AW	H
31	Lloyds Pharmacy (change in ownership)	175 THE RIDGEWAY, SEDGLEY	DY3 3UH	SCG
32	Lloyds Pharmacy (change in ownership)	MOSS GROVE SURGERY, 15 MOSS GROVE, KINGSWINFORD	DY6 9HS	KW

ID	Pharmacy	Address	Postcode	PCN
33	Sedgley Pharmacy (previously Lloyds Pharmacy)	24-28 DUDLEY STREET, SEDGLEY	DY3 1SB	SCG
34	Lloyds Pharmacy (change in ownership)	204 TALBOT STREET, BRIERLEY HILL	DY5 3DS	BH
35	Lloyds Pharmacy	WYCHBURY MEDICAL CTR, 121 OAKFIELD ROAD, STOURBRIDGE	DY9 9DS	SWL
36	Lloyds Pharmacy	ST MARGARETS WELL SURGERY, 2 QUARRY LANE, HALESOWEN	B63 4WD	H
37	Lloyds Pharmacy	Formerly in Sainsbury Supermarket, Withymore. This pharmacy has ceased trading.	DY5 3JR	BH
38	Lye Pharmacy (reduced from 100 hours to 73 hrs 30 mins)	37 HIGH STREET, LYE	DY9 8LF	SWL
39	Manor Pharmacy	12 MANOR LANE, HALESOWEN	B62 8PY	H
40	McArdle I Ltd	92 HIGH STREET, BRIERLEY HILL	DY5 3AP	BH
41	Milan Chemist (reduced from 51 hrs to 49 hrs)	137 HALESOWEN ROAD, NETHERTON	DY2 9PY	DN
42	Millard & Bullock	UNIT 2, JOSIAH HOUSE, CASTLE STREET, COSELEY	WV14 9DD	SCG
43	Modi Pharmacy	118 COLLEY GATE, HALESOWEN	B63 2BU	SWL
44	Morrisons Pharmacy	CHARTERFIELD SHOPPING CTR, STALLINGS LANE, KINGSWINFORD	DY6 7SH	KW
45	Murrays Pharmacy	5&6 HALESOWEN ROAD, HALESOWEN	B62 9AA	H
46	Murrays Pharmacy (reduced from 47 hrs 30 mins to 43 hrs)	33 THORNHILL ROAD, HALESOWEN	B63 1AU	H
47	Murrays Pharmacy	CROSS STREET HEALTH CTR, CROSS STREET, DUDLEY	DY1 1RN	DN
48	Murrays Pharmacy (reduced from 51 hrs 30 mins to 49 hrs)	37-38 HIGH STREET, QUARRY BANK, BRIERLEY HILL	DY5 2AA	BH
49	Murrays Pharmacy	ST JAMES MEDICAL PRACTICE, MALTHOUSE DRIVE, DUDLEY	DY1 2BY	DN
50	Murrays Pharmacy	LION MEDICAL CTR, 2 LOWNDES ROAD, STOURBRIDGE	DY8 3SS	SWL
51	Murrays Pharmacy (reduced from 50 hrs 30 mins to 47 hrs 30 mins)	57 QUEENSWAY, THE CORNBOW SHOPPING CTR, HALESOWEN	B63 4AG	H
52	Northway Pharmacy	6 ALDERWOOD PRECINCT, THE NORTHWAY, SEDGLEY	DY3 3QY	SCG
53	Pharmaco Dudley Limited	5 BEAN ROAD, DUDLEY	DY2 8TH	DN
54	Priory Community Pharmacy	95-97 PRIORY ROAD, DUDLEY	DY1 4EH	DN
55	Rajja Chemist	5 CLEMENT ROAD, HALESOWEN	B62 9LR	H
56	Stourbridge Pharmacy	35 WORCESTER STREET, STOURBRIDGE	DY8 1AT	SWL
57	Swinford Pharmacy	90 HAGLEY ROAD, STOURBRIDGE	DY8 1QU	SWL
58	Tesco Pharmacy (reduced from 84 to 71 hrs)	TESCO SUPERSTORE, BIRMINGHAM NEW ROAD, DUDLEY	DY1 4RP	DN
59	The Arcade Pharmacy	4 THE ARCADE, UPPER GORNAL	DY3 2DA	SCG
60	The Pharmacy Galleria	96 HIGH STREET, PENSNETT	DY5 4ED	BH
61	Village Pharmacy	9-11 MARKET STREET, KINGSWINFORD	DY6 9JS	KW
62	Woodsetton Pharmacy	41 BOURNE STREET, DUDLEY	DY3 1AF	SCG
63	Wrens Nest Pharmacy	100 MAPLE GREEN, DUDLEY	DY1 3QZ	SCG

PCN Key:

BH = Brierley Hill

DN = Dudley and Netherton

H = Halesowen

KW = Kingswinford and Wordsley

SCG = Sedgley, Coseley and Gornal

SWL = Stourbridge, Wollescote and Lye

DUDLEY HEALTH AND WELLBEING BOARD

DATE	14 th September 2024
TITLE OF REPORT	Evaluation of Joint Health and Wellbeing Strategy 2017-2022
Organisation and Author	Dudley Metropolitan Borough Council Dr Mayada Abu Affan, Acting Director of Public Health mayada.abuaffan@dudley.gov.uk
Purpose	To note the evaluation of the Joint Health and Wellbeing Strategy 2017-2022 has now been published on the HWB Board website.
Background	At its June meeting the HWB Board agreed the evaluation of the Joint Health and Wellbeing Strategy 2017-2022.
Key Points	The evaluation includes: <ul style="list-style-type: none"> • A foreword from Cllr Bevan, Chair of the HWB Board • A section for each individual goal setting out the HWB Board's original aspirations, a summary of actions undertaken by HWB partners with case studies, and reflections on what worked well and what did not work so well. • Recommendations for the 2023-2028 Health, Wellbeing and Inequalities Strategy
Emerging issues for discussion	None
Key asks of the Board/wider system	The Board is asked to note that the evaluation has now been published on the HWB intranet pages.
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 	This evaluation report summarises progress against the goals of the 2017-2022 strategy and makes recommendations for delivery of the new goals.
Contribution to Dudley Vision 2030	Directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.

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Dudley Health & Wellbeing

Longer, safer, healthier lives for all



Strategy 2017-2022 Evaluation Report

Foreword

Dudley's Health and Wellbeing Strategy 2017-22 set out our local health and wellbeing priorities for our residents and the approaches that would be taken for everyone in Dudley to live longer, safer and healthier lives.

It focussed our energies on what we believed would have the biggest impact on reducing the effects of disadvantage and increasing the strength of our communities at that time.

Our chosen 3 goals were:

- Promoting a Healthy Weight
- Reducing the Impact of Poverty
- Reducing Loneliness and Isolation

We also identified four principles to inform the way organisations, communities and individuals could work together, what they could do and how they could show they had made a difference to health and wellbeing in Dudley. These principles were:

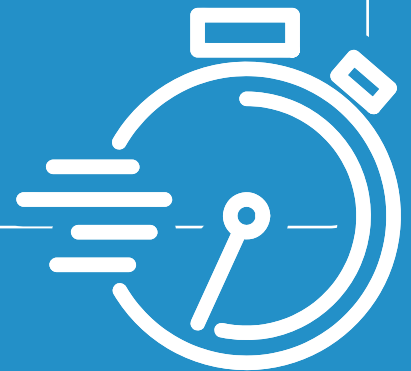
- A new relationship with communities
- A shift to prevention
- A stronger focus on joining up health and care services
- A stronger focus on what the strategy has achieved

Since the Health and Wellbeing Strategy was launched in 2017, the COVID-19 pandemic and subsequent cost-of-living pressures have adversely impacted on our ability to achieve these goals. During the pandemic, many people experienced increased social isolation and loneliness. Studies have shown that there was also a decrease in physical activity and increased eating and snacking. Loss of income and rising costs of food, energy and petrol have increased economic hardship for some communities, making it more difficult for people to stay healthy. As elsewhere, the persistent inequalities in Dudley have been exposed and amplified, and particularly for those living in poverty, older people, people with disabilities, and young people.



Through these unprecedented times, however, we have seen organisations, communities and individuals in Dudley building new relationships and working in partnership to keep our residents, businesses and communities safe, keep vital services running, and proactively supporting communities who have been most severely impacted. The partnership working and “can do” attitude that emerged during the pandemic is closely aligned to the guiding principles of our Health and Wellbeing Strategy.

This rapid evaluation looks at how we have done in achieving the 2017- 2022 strategy goals. The findings have been gathered from across Dudley Health and Wellbeing Board partners and includes evidence from across the lifetime of the strategy. It includes resident engagement and storytelling allowing us to capture our residents’ lived experiences and find out what supports and enhances people’s health and wellbeing such as access to green spaces, having strong relationships and connections with others, having opportunities to contribute and give back, to be creative and learn new things, and having a sense of purpose. We have reflected on what went well and what we should do differently or continue to focus on to make recommendations for the next strategy.



Even without a pandemic and increases in the cost-of-living it was always going to be challenging for us to achieve the ambitious goals that we set out in 2017. Despite our best efforts, and as in other areas of the country, we have seen increases in poverty, social isolation and loneliness and continued increases in children’s weight.

Our reflections on what we have and have not achieved will help us with our new strategy and plans. We remain hopeful, however, that by working together we can build on the opportunities to work with our communities to create positive and long- lasting change, maintain and build upon our strong organisational partnerships for the benefit of residents, and that over time we will improve the health and wellbeing for all Dudley residents.

A handwritten signature in white ink, appearing to read 'I. Bevan'.

Cllr Ian Bevan

Chair of the Dudley Health and Wellbeing Board

GOAL...

Promoting a Healthy Weight

Why was this priority important?

In 2017 statistics showed that being overweight and obese was increasing among primary school children in Dudley, with weight gain starting at an earlier age and inequalities between different areas locally.

Promoting a healthy weight saves lives as obesity doubles the risk of dying early.

Obese adults are seven times more likely to develop diabetes than adults of a healthy weight. People who are obese are more likely to get physical health conditions like heart disease and are also more likely to have poorer mental health, for example, living with depression.

What did we do?

We made a significant commitment to promoting a healthy weight, supporting a system-wide approach for both adults and children. Comprehensive pathways and services have been developed enabling residents to access the support they need to lose weight, and training packages have been rolled out across the system. This included training over 100 health and care professionals on "How to raise the issue of weight", training Parks Physical Activity Advisors on height/weight measurement and brief interventions, and Leisure Services staff in breastfeeding resulting in our Leisure Centres gaining UNICEF baby friendly accreditation.

Our services for promoting healthy weight include:



Case Study: Healthy Weight in Pregnancy ²

A pregnant woman with a Body Mass Index (BMI) of 48kg/m² and weighing over 130kgs was first seen by the Healthy Pregnancy Team at 10 weeks gestation. She did not have time to focus on her wellbeing as she was busy looking after her other children.

“With support this pregnant woman had a healthier pregnancy and healthier weight. She had a healthy new-born baby at term. At the 3 weeks postnatal check this mum had lost over 20kgs compared to her first pregnancy weight and accepted the offer of further support from Dudley’s ‘Let’s Get Healthy’ 12- week programme of diet management and exercise”.

Healthy Pregnancy Service

The Healthy Pregnancy Support Service supports pregnant women from becoming overweight or obese before, during and after pregnancy. The aim is to help all women who have a baby to achieve and maintain a healthy weight and a healthy lifestyle, by adopting a balanced diet and being physically active. The service works alongside midwives in community antenatal clinics and can also see women on a one-to-one basis in their homes, to support women and their families to make healthy choices.

Self-help Healthy Weight Packs

Over the past 5 years, 80% of families in Dudley requesting support with their weight have chosen to use our Self-help Healthy Weight Packs. For some families this low-level support, which they can manage themselves, will be sufficient to enable them to make lifestyle changes. For others, it is a ‘stepping-stone’ to accessing more specialised services.

Child Weight Management Service

During COVID-19, child weight management services, including those provided by our health visitors and school nurses were paused. This provided us with the opportunity to review the services and reflect on whether there was a better way to promote a healthy weight for children. Support was offered and available to all school children, with Slimming World for the very overweight – the term Dudley parents prefer to be used – older teenagers.

In 2022 it was agreed that:

- Healthy weight support for children and young people, and their families, should be available to all and not just to those with a higher body mass index.
- The focus should be on nutrition, having a healthy relationship with food, and supporting physical activity as part of everyday life rather than just losing weight.

These services and the focus on providing support to all who want it have ensured that:

- There is a preventative approach to obesity and ensures that every family can access support
- A child's weight status should not be the only assessment made to determine whether a family requires lifestyle support/intervention
- Less of a focus should be on weight and more emphasis placed on healthy lifestyle
- The removal of the stigma which may help engage more families

Case Study: Family Support with Weight Management

A local family with two children required healthy eating support. They had a face-to-face appointment with the Healthy Family Lifestyle Service, at a location easily accessible to the family. SMART goals were set together with the children around eating well and moving more. The family completed all 7 sessions and have been referred to the Phases physical activity programme for further support.

Over the years, the understanding of how to promote a healthy weight has evolved nationally and Dudley has been proactively involved in developing this understanding, and particularly around the importance of community involvement. There is now widespread recognition that a "whole systems approach" is required to tackle obesity and promote a healthy weight. It needs to include addressing the wider determinants of health such as the environment in which we live enabling us to be able to actively travel — by bike or by walking, access to healthy and affordable foods, and regulation around the sugar content of drinks and foods.

Dudley was one of four pilot local authorities recruited to work with Leeds Beckett University and Public Health England to test a "Whole System Approach to Obesity Prevention." Our involvement in this programme not only transformed how we tackled obesity in Dudley it also contributed to national guidance on promoting a healthy weight.



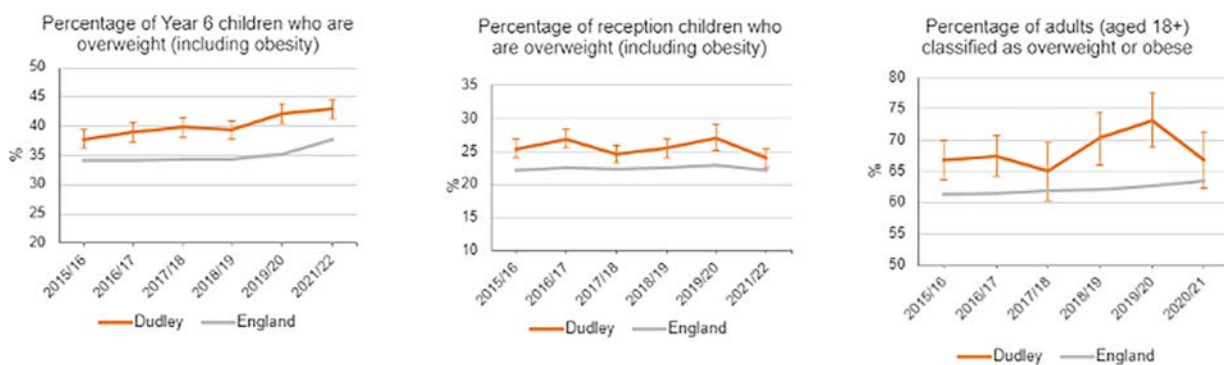
What difference have we made?

Despite the significant effort and investment, levels of obesity have not reduced as we would have liked in Dudley. In fact, levels of obesity continue to increase for children in year 6 (figure 1). This is similar to what has been seen in other areas in England and indeed globally.



Figure 1

Changing prevalence in overweight and obesity in Dudley and England over time



A key legacy of the work of the Health and Wellbeing Board has been the mainstreaming of conversations locally, as has happened nationally, about system approaches to tackling obesity and the importance of the wider determinants of health on people's ability to maintain a healthy weight. Engagement with residents has consistently shown that they value the borough's green and blue space, and the council continues to invest in these areas. Additionally, as new transport links are established with the Dudley Metro stations, there is work ongoing to enable "active travel" to get to them to encourage more cycling and walking.

We have also shifted our approach to put more emphasis on having a healthy lifestyle – which may also help to reduce the stigma associated with obesity, the importance of good mental health in being able to achieve this, and the recognition that interventions need to support the whole family to make a positive change. As a consequence, our services have been redesigned and continue to be adapted. Finally, the understanding and approaches from tackling a complex issue like obesity have been increasingly applied to other areas of work, including poverty.

GOAL...

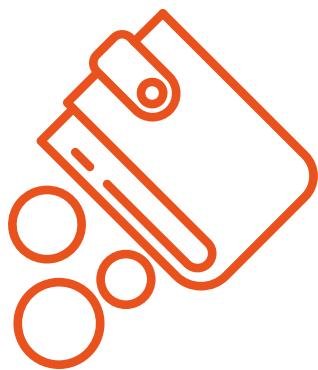
Reducing the Impact of Poverty

Why was this priority important?

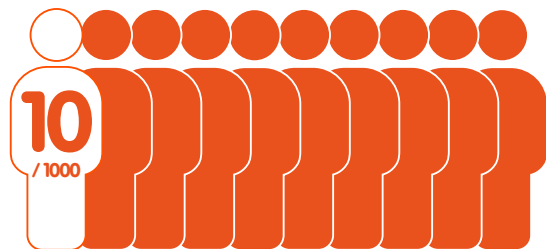
23%

of young people aged under 20 live in **poverty** in Dudley compared to **20% in England.**⁽²⁰¹³⁾

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



Dudley has **higher unemployment** than England and people stay unemployed for longer. Dudley is also less economically productive.



people in Dudley (16-64) claim long term job seekers allowance **compared to 4/1000 in England overall.**

We know that rewarding work is good for people's health and wellbeing, keeps them connected with others and out of poverty. It underpins our 3 goals.⁽²⁰¹⁶⁾

We recognise that living in poverty is a key driver of poor health and wellbeing and underpins the healthy life gap between different areas in Dudley. When the 2017- 2022 Strategy was being developed, Dudley had more young people living in poverty and a higher unemployment rate than England.

What did we do?

Given the complexity of addressing poverty and learning from our work on promoting a healthy weight, we recognised that we needed to start taking a “whole systems approach” to poverty. This began by assembling a steering group of key stakeholders to coordinate and steer the poverty work and to develop a roadmap, and ensure a whole systems approach was being implemented. Issues that were identified included people getting access to services – improved communications have helped to address this; and navigating the system – better interagency signposting has helped as has a referral platform managed by Citizens Advice Bureau. Although progress on the roadmap was interrupted by the pandemic, the established steering group and partnership continued through the pandemic response and the more recent cost-of-living pressures.

The COVID-19 pandemic and cost-of-living pressures have meant that we have had to be reactive to the immediate needs of residents to be able to afford food, housing and energy.

Through the pandemic, welfare support was offered to residents required to isolate under government guidance. Although similar support was available in all local authority areas, our Dudley offer provided more comprehensive support, and has been kept in place for longer than most, if not all local authorities in the region. From August 2020 to February 2022, we offered support on 96,609 different occasions for people testing positive for COVID-19, with support given 2,130 times.

Following on from the pandemic, Dudley Council has worked with voluntary and community partners to distribute government funds to support households who have been most impacted by the increasing cost-of-living, distributing £6.7million between October 2021 and March 2022 to our most vulnerable residents to provide immediate support. The Council has developed a central information point on its website for residents, with over 100,000 visits.

A key success of the Household Support Fund has been how it has been made easy for residents to access financial support, which

is often through vouchers that can be redeemed at supermarkets. So far we have supported more than 115,000 households including 90,000 with children and 10,000 with a pensioner.

The Citizens Advice Bureau now deliver Cost of Living hubs in 3 sites in Dudley that offer a wraparound service to residents that goes beyond emergency support of food vouchers. They include a whole suite of support focusing on prevention and more sustainable support options including advice on budgeting, grants and benefits, how to save money via efficient fuel and energy usage.

Welfare support provided

- 151 residents provided with mental health support
- 1138 provided with financial support
- 514 provided with food support
- 5 referred to Adult social care
- 328 signposted to other support services



Case Study: Household Support Fund

Client A came to the hub needing help due to leaving work recently. She claimed Universal Credit and did not have any food or money. There was only £2 on her electricity meter and she had poor mental health including a breakdown a few weeks prior to her visit.

“We triaged the client and noticed she was very anxious and struggled with crowds. We took her to a quieter space to complete a needs-based assessment and shared with her the Making the most of your money on a 1:1 basis. She was eligible for a Housing Support Fund voucher of £75 and a fuel voucher worth £49 to top up her electricity meter. The client was grateful for the help”.

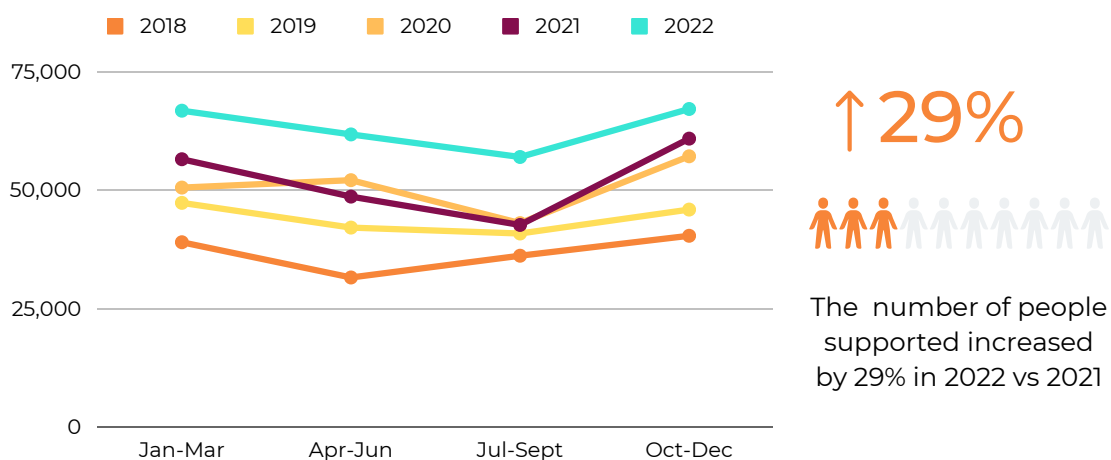
What difference have we made?

These initiatives which have been delivered through a partnership approach have provided a vital mechanism for immediate support for Dudley's most vulnerable residents. Having this partnership in place enabled a quick response to the surge in demand for support experienced as the cost-of-living has increased, as exemplified by the large increases in people relying on foodbanks (figure 2).

Figure 2

Meals Distributed from 2018 - 2022

The comparison of the number of meals distributed in each quarter between 2018 - 2022



A new Strategic Mitigating Poverty Partnership has now evolved from the original group that was set up by the Health and Wellbeing Board. The Partnership aims to use data and evidence to encourage the Dudley System to help support people in poverty and help lift people out of poverty. The partnership will coordinate the ongoing work including work in schools and communications around the cost-of-living webpage and e-updates.

Dudley will be working with the charity Children North East to pilot their Poverty Proofing the School Day tool in local schools. Poverty Proofing the School Day is a powerful tool for identifying the barriers children living in poverty face to engaging fully with school life and its opportunities. Focused on listening to the voices and experiences of young people, it offers a pathway for schools to address often unseen inequalities within their activities, helping them reduce stigma, break the link between educational attainment and financial background, and supports schools to explore the most effective way to spend the Pupil Premium.

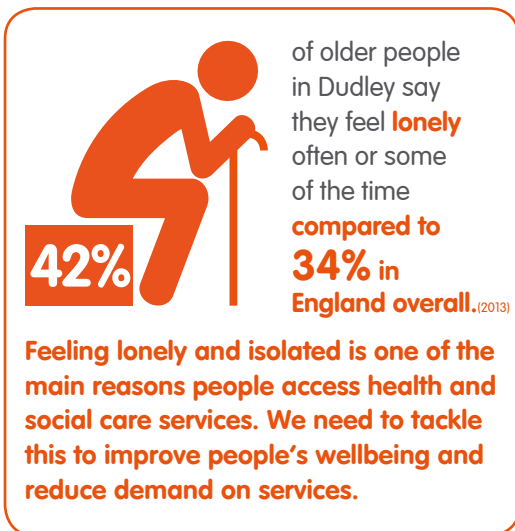
Researchers will conduct consultations with students, parents, staff and governors to understand the challenges they face, in an inclusive, straightforward and supportive process. We will then complete a Poverty Proofing audit and will identify pathways to reduce the impact of poverty on students. Schools receive a thorough written report and action plan to inform impactful decision-making, and receive accreditation pending a follow-up review. The process will also include training for staff and governors on the causes, consequences, and impact of poverty on children, young people and their families and ways to identify and mitigate barriers in their roles.



GOAL...

Reducing Loneliness and Isolation

Why was this priority important?



There has been a growing recognition that loneliness is a serious problem, with far reaching implications, not just for individuals, but also for wider communities. Loneliness is a serious condition which can detrimentally affect a person's mental and physical health, increasing the pressure on a wide range of council and health services.

At the time of developing the 2017- 2022 Strategy, we knew that disproportionately more older people in Dudley said they felt lonely compared to the national average.

What did we do?

A multi-agency group directed a system wide approach to strengthen partnerships and address loneliness and isolation. The group identified, developed and implemented the following initiatives with the initial focus on older people.

- An online Dudley Community Information Directory was developed to enable communities and local people to be able to share activities, events and groups, helping people to connect with each other. The directory was developed because local people said there was lots going on in the borough but people don't know about it.
- A Voluntary Sector Innovation Fund stimulated activity within the voluntary and community sector. It provided funding and networking opportunities as well as sponsors who supported the lifetime of the project.
- Volunteers were matched with older people to provide regular contact and friendship for older people through a befriending scheme.
- A loneliness e-learning module was launched in November 2018 to raise awareness on the issue and impact of loneliness and isolation. Nearly 350 people who work alongside communities or meet with people in their role were trained to make every contact count, enabling them to identify someone who might be experiencing loneliness and signpost for help and information.

We have also developed a number of specific services that have supported people who are socially isolated or lonely, providing a gateway into mental health services, social care, adult learning and community groups.

The Pleased to Meet You Service

The Pleased to Meet You (P2MY) service launched in 2017/18 and is available to people aged 65 years or over and younger people at risk (e.g., people with an illness, disability, mental health issue or a carer), with referral from their health or care professional.



Activities included a chat helpline and involving people in local community groups. These groups helped with social connections, offering companionship and volunteering opportunities. Examples of practical support:

- assisting people to set up online accounts for services,
- completing forms for assessments,
- getting practical aids at home and
- 72 hours of support for people discharged from hospital.

The service receives an average of 50 enquiries each week with a third of these contacts receiving support for 6-12 weeks. Almost 3,000 people received support during 2020/21-2022/23.

Connecting Older People Programme

The Connecting Older People (COP) programme included engagement sessions exploring the values which were important to older people. Community groups joined in and shared their project ideas. Local residents listened and decided who received the funding by voting at the event and a variety of projects were funded including:

- health and wellbeing sessions
- social groups
- arts, music and theatre clubs
- support groups
- improvements to local green spaces

These projects helped older people to take part and contribute, as well as building relationships, making friends and staying in touch.

Integrated Plus

Integrated Plus has helped people with complex health needs connect with community assets by embedding social prescribing in GPs aligned to the six Primary Care Networks in Dudley.

Social Prescribing seeks to address people's needs in a holistic way - recognising that people's health is determined primarily by a range of social, economic and environmental factors. It also aims to support individuals to take greater control of their own health and wellbeing. Acknowledging this, Social Prescribing is most usually defined as: "A way for local agencies to refer people to a Link Worker. Link Workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support."

The approach combines a flexible, non-clinical, holistic package of support which focuses on the whole person's needs to jointly find solutions to problems faced. Support is independent, impartial and usually provided in people's own homes, so that the service can build a true picture of the person, their living conditions and family support networks. Staff have a 'can do' approach and attitude as the service is not tied by organisational boundaries and cultures. Quality time is spent with people, actively listening to their needs and aspirations. Staff ensure people are accessing services appropriate to their needs and help them to navigate the health and social care system. Evaluation of the service has shown that costs are being avoided through reduced use of A&E and other NHS services.

Scams Team

A new Scams Team was launched in 2017/18 by Dudley Council's Trading Standards primarily working with vulnerable residents who often find themselves victims of financial scamming. As part of the team's remit, the team work closely with social services and engage with potential scam victims in Dudley, to raise awareness, improve reporting of scams and stop financial abuse. The Team also refer people to services such as social workers, occupational health, mental health, and signpost people who feel lonely and isolated to local activities in the borough.

The Scams Team have adopted a proactive and preventative approach by:

- Providing talks to community groups
- Developing 'friends against scams' and 'scams champions' training
- Shared information via an information package and quarterly e- newsletter
- Continued to deliver the approved trader's scheme, and Fix-A-Home brochure

Dudley Scams Team have reached 1,541 people with an estimated saving of £9 million.

Facts

- Scams affect millions of people across the UK.
- People who are scammed often experience loneliness, shame and isolation
- Only 5% of victims report being scammed
- The average loss is £1,000 per victim
- Older victims are 2.4 times more likely to die or go into care within two years of being scammed

What difference have we made?

The thing that stands out the most is that all of our initiatives have been building up the informal and formal networks between organisations. They reach out to lonely individuals, make every contact count with opportunities for talking and understanding, and then refer and signpost to supported access. The person is the centre of any intervention offered which helps to promote independence.

Although national data demonstrates little or no change in the percentage of adults reporting feeling often or sometimes lonely, locally we know that each service has demonstrated the effectiveness of their intervention. The activities and interventions have also had a broader positive impact on health and wellbeing, beyond loneliness and social isolation.

Some of the initiatives were not specific to addressing loneliness and isolation, however, by the process or activity itself, they have made a significant contribution to the goal. The members of this group have now re-established as a 'social connectedness network' and continue to invest in addressing the impact of loneliness and isolation in Dudley.

Recommendations

The evaluation of the Health and Wellbeing Strategy 2017-22 has highlighted the following recommendations for the new strategy:

Build on the community response to the pandemic and Dudley's community assets to generate sustainable community-driven responses for long term improvements in health and wellbeing.

Embed an approach to reducing health inequalities and identify more effective interventions proportionate to need across all goals.

Build on Dudley's strong local partnerships, with each HWB partner clear about their role in delivery, and providing opportunities for new partners to be involved in improving health and wellbeing.

Make a shift from services being delivered 'to people', to 'doing things together' with co-design and co-production – requires all partner organisations to work differently.

Continue work to tackle poverty as it is a key driver of poor health and wellbeing outcomes.

A greater focus on prevention, including enabling healthy behaviours and addressing the wider determinants of health.

Ensure monitoring and evaluation throughout the lifetime of the strategy and sharing of progress, which includes capturing the views of our communities.

Continue taking a whole systems approach – applying systems thinking, methods and practice to better understand challenges and identify collective actions.

Build our capabilities as a system, particularly in digital and workforce alongside specific interventions.