

**Meeting of the Health Select Committee
Monday 8th January, 2024 at 6.00pm
In Committee Room 2 at the Council House,
Priory Road, Dudley, DY1 1HF**

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

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the Health Select Committee held on 23rd November, 2023 (Pages 4 – 27)
5. Public Forum
6. Director of Public Health and Wellbeing Annual Report (Pages 28 - 87)
7. Development of Dudley's Integrated Model of Health and Care (Pages 88 - 92)
8. Update from the Director of Public Health (Verbal)
9. Health Select Committee Progress Tracker and Future Business (Pages 93 – 96)
10. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).





Chief Executive

Dated: 28th December, 2023

Distribution:

Councillor J Clinton (Chair)

Councillor R Collins (Vice-Chair)

Councillors A Aston, B Challenor, M Dudley, M Evans, J Foster, M Hanif, D Harley, W Little and K Westwood; J Griffiths – HealthWatch Dudley (Co-opted Member)

Cc - Councillor I Bevan - Cabinet Member for Adult Social Care (Invitee)

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Minutes of the Public Health Select Committee

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

Present:

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

Dudley MBC Officers:

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

Also in attendance:

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

23 Introductory Comments

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



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

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

24 **Apologies for absence**

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

25 **Appointment of Substitute Members**

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

26 **Declarations of Interest**

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

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

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

27 **Minutes**

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

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

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

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

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

Resolved

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

27 **Public Forum**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolved

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

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

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

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

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

Resolved

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

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

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

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

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

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

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

Resolved

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

33 Update on High Oak Surgery

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

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

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

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

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

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

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

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

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

Resolved

That the update be noted.

34 **Update from the Director of Public Health and Wellbeing**

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

Pensnett and Brockmoor Project

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

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

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

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

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

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

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

Life in Lye Project

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

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

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

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

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

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

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

Resolved

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

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

Resolved

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

36 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 8.30 pm

CHAIR

Meeting of the Health Select Committee - 8th January, 2024

Report of the Director of Public Health and Wellbeing

Director of Public Health Annual Report

Purpose of report

1. This is the Director of Public Health's Annual Report for 2022.
2. The Annual Report from the Director of Public Health and Wellbeing presents an independent view to inform local people about the health of their community and identifies important issues, flags up problems and reports on progress. The theme of the report is at the discretion of the Director of Public Health and Wellbeing.
3. The Director of Public Health's Annual Report is an important resource to inform both professionals and the public of priorities and recommendations on population health, providing added value over and above intelligence and information routinely available.

Recommendations

4. The Committee is asked to:
 - note the Director of Public Health's Annual Report for 2022
 - consider improvements for future Director of Public Health reports in terms of style, design and layout, accessibility and dissemination

Background

5. The Director of Public Health (DPH) has a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities.

6. The Director of Public Health's Annual Report for 2022 "*Dudley for Everyone; COVID-19, looking back moving forward*", attached at Appendix 1, demonstrates the state of health within communities. The report focuses on the challenges of the global pandemic and its impact and our response in Dudley.
7. This report is both broad and narrow in that it covers several aspects like the impact of COVID-19, the impact of the rising cost-of-living, the war in Ukraine, and looks at our specific responses to these significant challenges that have no doubt changed our lives.
8. The recommendations included in this report outline how public health can improve the health and wellbeing of residents in our communities and help achieve the borough's vision for 2030.
9. **Recommendation 1**
Continue to develop and build trusting relationships with residents and communities, and in particular our underrepresented groups, and ensure that people's lived experiences inform our future working practices and priorities
10. **Recommendation 2**
Focus on tackling inequalities and the wider determinants of health, particularly where the gap has been widened due to the impact of the pandemic, through a whole system approach
11. **Recommendation 3**
Remain vigilant towards COVID-19 and other infectious diseases as we move into the recovery stage of the pandemic
12. **Recommendation 4**
Continue to support the immunisation programme to deliver an improvement in the uptake of COVID-19 and flu vaccines during 2022-23
13. **Recommendation 5**
Build on the community response to the pandemic to generate sustainable community-driven responses that build long-term resilience and renewal
14. **Recommendation 6**
Act upon the learning from the pandemic to ensure public health resilience and preparedness for any future pandemics
15. **Recommendation 7**
Protect educational continuity by including this as part of our continuing resilience planning

16. **Recommendation 8**
Engage meaningfully with our residents, customers and partners to ensure our communications are reading-age appropriate, culturally sensitive and available in different formats where required
17. **Recommendation 9**
Continue delivering existing health and wellbeing lifestyle programmes to promote healthy lifestyles and improvements in wellbeing
18. **Recommendation 10**
Prioritise the protection and enhancement of green spaces and ensure equal access for all Dudley residents
19. **Recommendation 11**
Prioritise the importance of ongoing strong health protection processes, procedures and oversight from the Director of Public Health, to ensure we can respond to incidents and outbreaks
20. **Recommendation 12**
Prioritise and protect the things which supported and enhanced people's health and wellbeing during the pandemic
21. The full report includes:
 - A foreword from Cllr Bevan, Chair of the HWB Board
 - A message from the Acting Director of Public Health
 - Chapter 1 – Dudley's Pandemic timeline
 - Chapter 2 – Dudley's response to the pandemic
 - Chapter 3 - The wider impact of COVID-19
 - Chapter 4 - Looking back, moving forward (including lessons learnt from the COVID-19 Pandemic and recommendations for the future)
22. The Annual Report has been published on the HWB website and shared with partners:
[\[DPH Annual Report 2022\]](#)

Finance

23. There are no direct financial implications of this Annual Report.

Law

24. The Director of Public Health (DPH) has a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities.

Risk Management

25. There are no specific risks arising from the evaluation.

Equality Impact

26. This report demonstrates that the pandemic has exposed and amplified the persistent inequalities across Dudley, both in terms of the direct impact of COVID-19 and the indirect impacts of COVID-19 across health, wellbeing and the wider determinants of health and wellbeing.

Human Resources/Organisational Development

27. There are no direct human resources or organisational development implications of this Annual Report.

Commercial/Procurement

28. There are no direct commercial/procurement implications of this Annual Report.

Environment/Climate Change

29. There are no direct environment/climate change implications of this Annual Report.

Council Priorities and Projects

30. The recommendations included in this report outlines how public health can improve the health and wellbeing of residents in our communities and help achieve the borough's vision for 2030.



Dr Mayada Abuaffan
Director of Public Health and Wellbeing

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Appendices

*Appendix 1 – The Director of Public Health's Annual Report for 2022
"Dudley for Everyone; COVID-19, looking back moving forward"*



Dudley

for everyone

COVID -19 looking back and
moving forward

2022

The Director of Public
Health Annual Report

**Dudley**
Metropolitan Borough Council

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CHAPTER 1

Pandemic timeline

Foreword

Public health annual report

The health and wellbeing of every single person living in our borough matters.

We are committed to delivering services that support as many people as possible to maintain and improve their health and wellbeing – both physically and mentally.

This report looks at the impact the COVID-19 pandemic has had on our health, our communities, our services, our children's education and our economy - and how it left us with significant new challenges, opportunities and ways of working.

The report also considers other challenges to public health including the impact of the rise in the cost of living.

Importantly, the report highlights our aspirations moving forward and looks at how we can build our resilience, level up our inequalities and ensure we are ready for whatever comes next.

A number of recommendations are included, which outline how public health can improve the health and wellbeing of local people and help achieve the seven aspirations of the borough's vision for 2030.

As cabinet member, I want to thank staff within public health for their resilience, perseverance and commitment to serving the people of Dudley borough.

My commitment is to support our workforce to help embrace new ways of working and drive forward further improvements to ensure we are delivering the best services for our residents despite the challenges we continue to face.

Councillor Ian Bevan

Cabinet Member for Public Health and Wellbeing

Message

From Acting Director of Public Health



Welcome to my 2021-2022 Director of Public Health Annual Report for Dudley. I have chosen to focus on the unprecedented COVID-19 pandemic and its legacy. The report centres on the impacts of COVID-19 on our residents, our response as a public health team and the considerable learning from the pandemic as we move to living with COVID-19.

I wish to take this opportunity to commend and thank our communities for the contribution they have made to public health during the pandemic. Our communities have demonstrated just how important community life is to our health and wellbeing and have shown great resilience through very challenging times. Through acts of neighbourliness

and a strong sense of community spirit we have seen solidarity across Dudley in the fight against COVID-19.

I also want to express my sincere thanks to the team and colleagues across the wider council. I also extend my gratitude to the enormous contributions made by elected members, health and care partners and our voluntary, community and faith sectors. All these people stepped up to the extraordinary challenges we faced and showed great professionalism, innovation, empathy and ongoing resilience.

What we learnt about the disease unfolded day by day, which made responding to the pandemic an extremely challenging task. Our public health team has been the epicentre for our response to protect our residents, staff and families. The team had to make quick and drastic organisational changes to maintain service continuity whilst responding to the needs of our communities to reduce transmission and keep people safe. From creating a sense of direction, developing and sharing guidance to our residents, supporting outbreaks in our schools and businesses, to setting up a local test and trace team, implementing widespread testing and supporting our most clinically vulnerable residents, staff worked busily. All of this was done at extreme pace, doing things in days that in the past may have taken months.

As we learn to live with COVID-19, the public health team is now faced with addressing a wide range of issues that have been exacerbated by the pandemic. We will continue to focus on our preparedness for any future waves of COVID-19 and other infectious diseases and ensure we have the resources and flexibility to respond.

I hope the legacy of the pandemic, including the lessons we have learnt through engagement with our communities and increased partnership working across the wider system, continues and provides us with further opportunities to work together and improve the lives of our residents.

Mayada Abu-Affan

Acting Director of Public Health & Wellbeing

Dudley's pandemic timeline

There is no doubt that we are living in unprecedented times. Over the last two years we have learnt so much about COVID-19, the devastating impact it has had on our residents and communities and on life as we know it.

Coronaviruses have been around for centuries and were first identified in the mid-1960s as a cause of disease in humans. At the end of 2019, a new species of coronavirus, called SARS-CoV-2, (severe acute respiratory syndrome coronavirus 2) began making people across the globe sick with a condition that was named COVID-19 – short for coronavirus disease 2019.

We quickly realised that this virus could spread rapidly from person to person through close contact and cause respiratory symptoms that can feel much like a cold or the flu. In the most severe cases it could lead to pneumonia, other life-threatening medical problems and ultimately death. Like many other respiratory

viruses, coronaviruses spread quickly through tiny airborne droplets that you project out of your mouth or nose when you breathe, cough, sneeze, or speak.

On 11 March 2020, due to sustained global transmission of COVID-19, the World Health Organisation (WHO) officially declared the outbreak to be a pandemic – an epidemic infectious disease spreading across the world and affecting large numbers of people.

Initially there was no readily available test. There was a lack of evidence about which medicines to use, no existing vaccine and no international consensus on the best approach to containing the spread. At first, control measures consisted chiefly of self-isolation if people showed symptoms (and the list of those symptoms grew rapidly), washing hands frequently and wearing a face mask in settings such as hospitals. International travel restrictions were imposed around the world.

Scientific research was intense and resulted quickly in the development of diagnostic tests for the virus and its variants. Our understanding of how to manage severe cases most effectively improved as clinicians around the world shared their experience.

Finally, a range of effective vaccines were produced. A summary of key dates and events appears at Figure 4.

It was estimated that a third of people who were infected with the virus did not display any symptoms. Of those showing symptoms of COVID-19, the majority experienced mild or moderate disease similar to a cold or influenza.

Initial estimates suggested as many as 15% of people infected with COVID-19 could develop severe enough disease to require hospital interventions such as oxygen support and 5% could have life-threatening disease.

Fortunately, as treatments improved and as more cases of mild infection emerged in younger healthy people in the wider population, the risk of serious disease and mortality began to fall, and once vaccines became available the risk fell dramatically. But from the outset it was clear that certain groups of people were at greater risk of severe disease and without stringent measures there was a real risk of health services being overwhelmed. Some of those at increased risk of severe disease included older people, men, those from more disadvantaged areas and people of certain

non-white ethnicities. Certain underlying health issues including pregnancy, diabetes and obesity also increased this risk.

The pandemic in Dudley followed a similar path to that seen across the United Kingdom, with four periods of particularly high intensity. The first wave, in the spring of 2020, was characterised by a rapid increase in cases and deaths that fell gradually over the course of the first “lockdown”. Given the likelihood of subsequent waves of infection, during the summer of 2020 much preparation went into the possibility of further problems later in the year.



A second wave of infections resulted in even more deaths than the first wave in Dudley during the winter of 2020-1, but from early 2021 as the people most susceptible to COVID-19 gained immunity through vaccinations, the risk from COVID-19 steadily diminished.

One particular feature of the SARS-CoV-2 virus is its ability to mutate causing new variants (strains) to arise periodically, which raised concerns about how effective pre-existing immunity would be. During the summer of 2021 the Delta variant emerged as a concern due to differences from the earlier strains, but in the event most people who were at highest risk of disease and had been vaccinated remained well protected. As a result, the Delta variant proved to be more of a threat to people who had not been vaccinated.

The winter of 2021 saw the arrival of the Omicron variant. This was far more infectious than any previous variant but less likely to cause severe disease. It was so infectious that the peak daily rates of new cases during the Omicron wave were several times higher than the maximum reached at the peak of the second wave. Despite this, the number of people who became seriously ill or who died from COVID-19 during the winter 2021 Omicron wave was far fewer than the equivalent number affected during the second wave one year earlier. The high levels of protection from vaccination by this point, combined with a milder strain of virus, meant Omicron became the turning point in the pandemic in Dudley.

By April 2022 more than six million deaths around the world had been confirmed as caused by COVID-19, though many people died from COVID-19 without being tested or because of later complications, so the true death toll could be several times higher.

What became evident early on is that rather than just a pandemic related to a single infectious agent, this was going to be a “syndemic” that would affect many pre-existing social vulnerabilities and diseases. There was always a risk that it would widen inequalities as it hit the most socio-economically disadvantaged and clinically vulnerable the hardest. It also

meant that people with diseases other than COVID-19 would experience delays and adverse outcomes.

The pandemic has prompted a wide range of responses from governments around the world. This report aims to outline the key events and outcomes of the COVID-19 outbreak in Dudley, our response and the lessons learnt.

Origin of COVID-19

The first case of COVID-19 in humans was detected in December 2019 in Wuhan, China. It was on New Year's Eve 2019 that the China Country Office of the World Health Organisation (WHO) was officially notified of an outbreak of 27 cases of fever and breathing difficulties amongst people who worked at or who had visited a seafood market in the city of Wuhan.

The market was closed for decontamination on 1 January and investigations began. After ruling out other viruses, a new type of coronavirus was identified as the cause of the outbreak and was named SARS-CoV-2. The disease it caused was called COVID-19.



How prepared was Dudley Council for a pandemic?

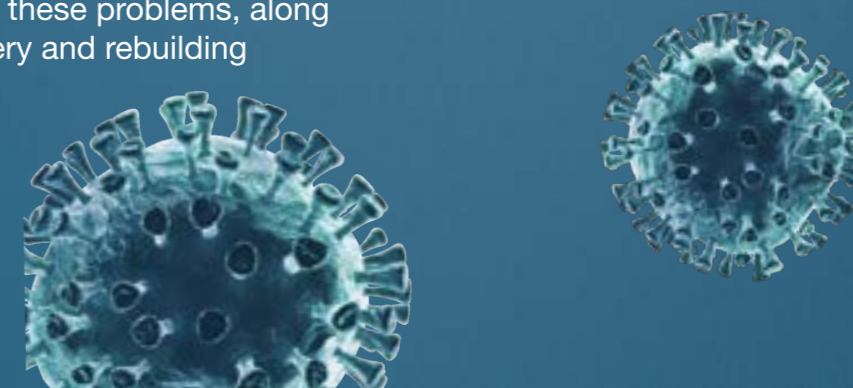
The COVID-19 pandemic has presented the most significant global public health challenge in decades. In Dudley, as part of our civic duty, there has always been a strong emphasis on planning and preparing for health emergencies. There has been a longstanding Co-operation Agreement in place between the Council and NHS organisations, which is developed to respond to pandemics on an integrated and multi-agency basis. It outlines the responsibilities of various health organisations and partners across Dudley.

Prior to the outbreak of COVID-19, Dudley Council had taken various measures to prepare for the eventuality of a public health emergency. In November 2019 we ran an exercise called ‘Perinthus’ which was a multi-agency exercise, developed jointly between Dudley Council, The Dudley Group NHS Foundation Trust and Dudley Clinical Commissioning Group. This event simulated a serious flu pandemic, enabling different agencies to understand how each would respond. It helped to identify gaps in our response as well as ways in which Dudley could find solutions to these problems, along with a focus on recovery and rebuilding following the incident.

People from organisations and businesses across the region came together to deal with scenarios ranging from dealing with how services would cope with reduced levels of staffing, the impact on our communities, failure of vital services and the development of new ones. During the event, solutions to some of the most challenging problems the development team had recognised were identified, with a commitment from all to work together.

Key learning from this exercise was the importance of clear communication channels from those making strategic decisions to staff delivering care; the need to support hospitals, primary and social care to cope with the expected demand and thinking about how services would need to adapt and develop to meet that demand.

In Dudley, the steps we took to prepare for a pandemic and the “can do” attitude shared across all agencies made us ready to tackle what was ahead - the motto “fail to prepare - prepare to fail” has rung true for us in Dudley.



Dudley and COVID-19 – understanding our communities

Dudley borough is proud to be the historic capital of the Black Country. With a rich industrial past, built on the hard graft and work ethic of local people, the borough remains home to a host of innovative and prosperous businesses.

Residents live in close-knit communities across a borough made up of vibrant and diverse towns and neighbourhoods and

the borough has a growing visitor economy which contributes to our ambitious future whilst celebrating our pioneering past. And perhaps surprisingly, given our industrial past, Dudley borough is also home to many places of inspiring natural beauty. Approximately 30% of the borough is green space through its range of award-winning parks and nature reserves.



Description of Dudley's population

The Census on 21 March 2021 found the population of Dudley was about 323,500. The proportion of people aged 19 and under in Dudley is similar to the rest of England and Wales, though a greater proportion of the population in Dudley is aged 65 or over (20.4%) compared to England and Wales (18.6%).

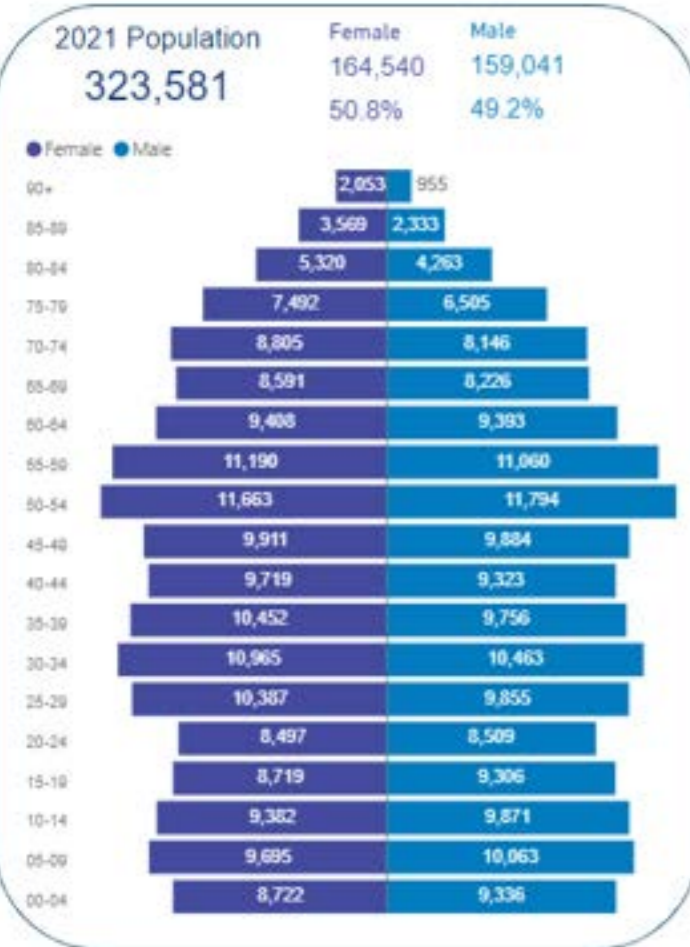
82% of the Dudley population identify their ethnic group as White English / Welsh / Scottish / Northern Irish / British. The next largest ethnic groups include Pakistani (4.6%), Indian (2.4%) and Other White (1.9%). However, the proportion of ethnic minority residents is higher in the younger age ranges.

Figures 1 & 2 represent Dudley's population in 2021 by age and gender and how this is projected to change by 2031.

In the 2019 Index of Multiple Deprivation (Figure 3) Dudley is ranked 74 out of 151 upper tier local authorities. Although Dudley is ranked fairly centrally out of all local authorities, this masks significant variation in certain areas of the borough, especially around Dudley town and Brierley Hill, which are considered to be socio-economically deprived.

Figures 1-2

Figure 1 - Dudley population 2021



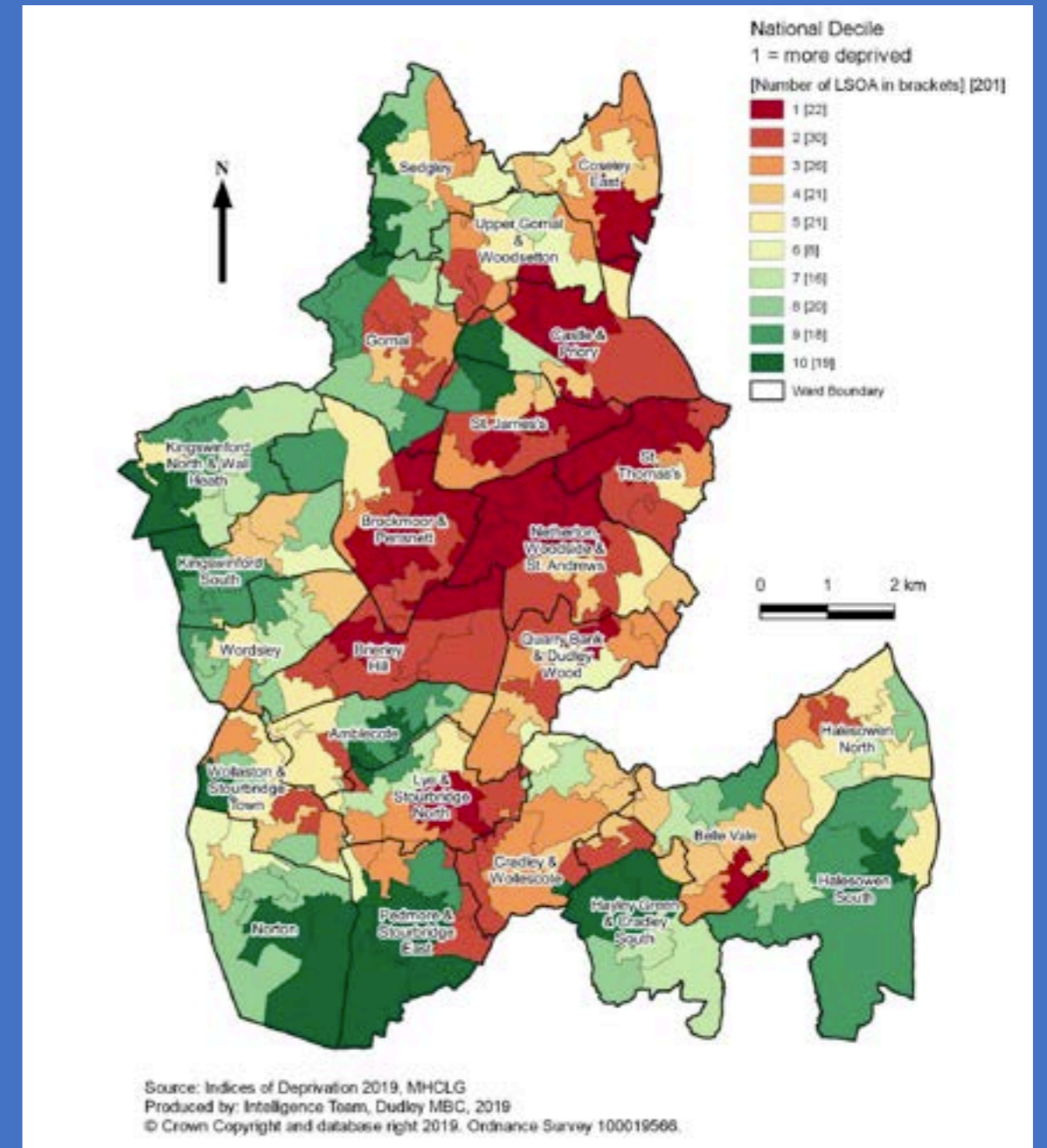
Source: ONS, Mid Year Population Estimates, 2021

Figure 2 - Dudley population projections 2031



Source: ONS, 2018-based subnational principal population projections

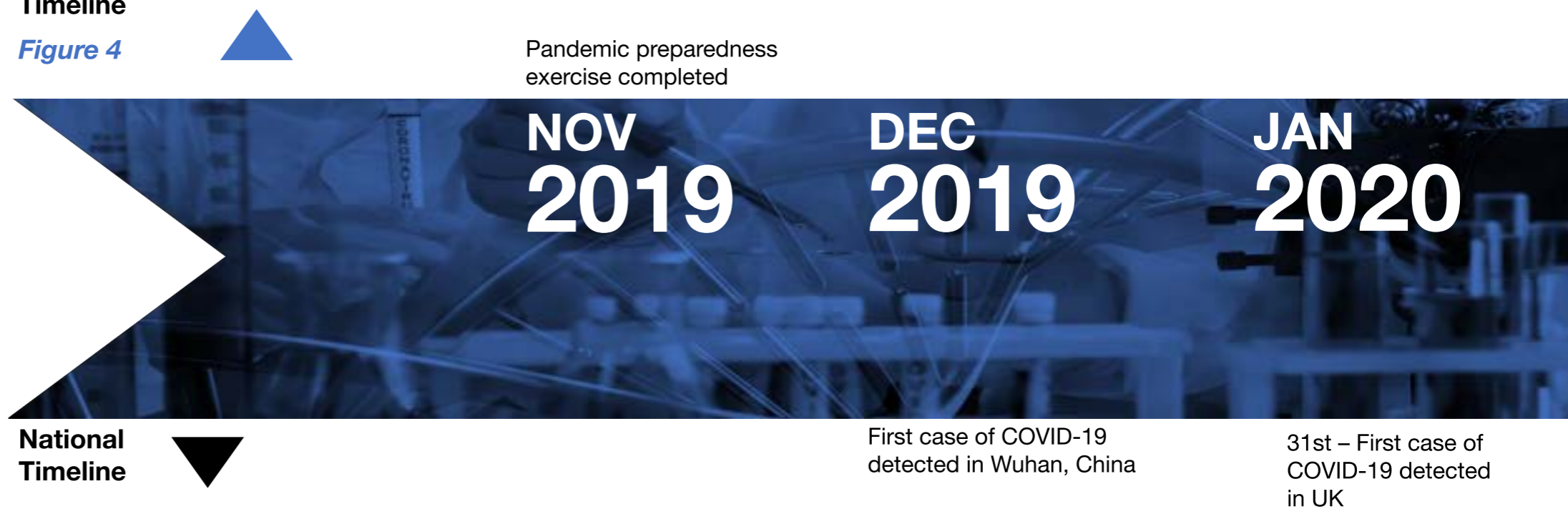
Figure 3 - index of multiple deprivation (IMD) by lower super output area (LSOA) Dudley



Timeline of events in Dudley

Dudley Public Health Response Timeline

Figure 4



From March 2020, when the first case of COVID-19 in Dudley was identified, our public health team was at the epicentre of the response to the pandemic and became an influencer across the system.

Although central government set the framework for responding to COVID-19, it was ultimately our local team and our communities across the borough who knew how best to respond.

The events that unfolded were part of an evolving national picture. It led to responding to central government briefings, getting organised at a local level, sharing messages with the public, safeguarding our communities and delivering the most effective local activities to respond to COVID-19 at a pace none of us have ever seen before.

**Dudley
Public Health
Response
Timeline**



Community Testing Team established
First system-wide meeting to discuss community response to Wuhan Novel Coronavirus
Support to small and medium businesses commenced

9th - First Dudley case identified
Incident Management Group established
COVID-19 helpline established
First cases identified in care homes
Care home swabbing team/multi-agency care home coordinating group commenced

On-call system and rota established to support people needing medication or food in emergency
Coordinated the provision and delivery of free school meals
Purchased and delivered emergency food for isolating families

FEB 2020

MAR 2020

**National
Timeline**



Prescription delivery to vulnerable patients
Welfare calls made to the clinically extremely vulnerable

Community development team started to share regular communications with their contacts and networks to ensure residents and community groups were kept fully informed of COVID-19 information

5th – First COVID-19 death in the UK

23rd - Announcement that the UK will enter strict lockdown phase

Key worker testing begins
Proactive care home swabbing commences

COVID-19 Health Protection Board established
Voluntary, community and faith subgroup formed to coordinate the COVID-19 response across these settings

MAR 2020

APR 2020

JUN 2020

Dudley Test and Trace Emergency Structure response developed

Six webinars for minority ethnic communities held to update on COVID-19, national, regional and local information and key messages. Sessions covered long-term conditions that increase risk, mental health, self-care and workplace and welfare advice and signposting to available local support

Dudley COVID-19 Outbreak Control Plan Stress Testing
Welfare Call Service commenced
COVID-19 Community Engagement Group established

1st – Lockdown restrictions eased
19th – UK COVID alert level lowered
30th – Local lockdowns in high prevalence areas

Established the COVID-19 Community Champions programme
Emergency food parcels secured from Black Country Foodbank

JUL 2020

AUG 2020

SEP 2020

1st – Shielding ends in the UK

2nd – Pupils at English schools return

COVID-19 homelessness centre was established
Introduction of welfare letters to all residents testing positive

Dudley Contact Tracing team established

Local asymptomatic testing site set up
COVID-19 Business Support Advisors were deployed
Pharmacy LFT testing commenced
14th – First COVID-19 vaccinations in Dudley

Further asymptomatic testing site set up
Provided LFT training for schools
Roll-out of Train the Trainer (self-test model)

**OCT
2020**

**NOV
2020**

**DEC
2020**

**JAN
2021**

5th – Second national lockdown

Discovery of Alpha Variant
2nd – Partial lifting of national lockdown
8th – UK vaccination programme begins
25th – Brief lifting of some restrictions for Christmas period

6th – Third national lockdown

COVID-19 Community Support Officer role deployed

LFT Community Collect service introduced

Tested our processes for surge PCR testing

**FEB
2021**

**MAR
2021**

**APR
2021**

8th – Schools reopened to all children

12th – Non-essential retail and public venues re-opened

First vaccine van mobilised in community
Supported the NHS vaccination programme roll-out

Grew the COVID-19 Community Champions programme

19th – Most legal restrictions of social contact removed

Community engagement and supportive conversations carried out in conjunction with community leaders to identify reasons for vaccine hesitancy and their priorities for living with COVID-19

Established a door-to-door team to further engage with individuals isolating

**MAY
2021**

**JUN
2021**

**JUL
2021**

**AUG
2021**

COVID-19 Response Team mobilised

Mobilised vaccination sites at colleges

Supported the opening of a local COVID-19 vaccination site

**SEP
2021**

**DEC
2021**

**JAN
2022**

Omicron variant discovered
27th – First appearance of Omicron variant in UK

23rd – Self-isolation rules reduced from 10 to 7 days

17th – Self-isolation rules reduced to 5 full days

COVID-19 teams demobilised

**FEB
2022**

**MAR
2022**

**APR
2022**

24th – Legal requirement to self-isolate removed

1st – All COVID-19 regulations removed for the general public



The COVID-19 pandemic in Dudley

Cases

On 9 March 2020, Dudley saw its first recorded case of COVID-19. The spread of COVID-19 during late 2020 saw infection rates increase rapidly and at the peak in January 2021 the borough had some of the highest rates and was one of the hardest hit areas nationally.

Since the start of the pandemic up to 31 March 2022 a total of 105,045 COVID-19 cases were recorded in Dudley residents.

The unequal impact of COVID-19 in our communities is evident. We know that COVID-19 has seen a disproportionately high impact on our most marginalised communities. Overall infection rates have varied substantially by ward within Dudley. In line with national trends, wards which are the most socioeconomically deprived have seen rates far higher than those which are the least deprived.

The differences in the rates of infection between ethnic groups seen nationally, have been replicated at a local level. An examination of all infections in Dudley by ethnic group, revealed that the overall infection rate in individuals from minority ethnic groups was almost double the rate seen in individuals from white groups.

Note that due to limited availability of testing during the first wave in the spring of 2020, the number of positive cases reported at the time of the “first wave” of infections is likely to be much lower than the actual number of cases (Figures 5 and 6).

Numbers of cases increased exponentially during the second wave, briefly falling during the second lockdown in November 2020, before increasing further during December. This culminated in the introduction of the final lockdown of January 2021 after which cases fell for a while.

There was another increase in cases after many of the control measures were relaxed in the summer of 2021 but thanks to the success of the vaccination program which was well under way by this point, it was not accompanied by an increase in deaths or hospital admissions on the scale of earlier waves. The number of cases at the end of 2022 was much higher than at any previous time of the pandemic, but fortunately by that stage the dominant strain was the milder Omicron variant and most of the adult population had been vaccinated by that point, so only a very small proportion of people became seriously ill with COVID-19 then.

Figure 5

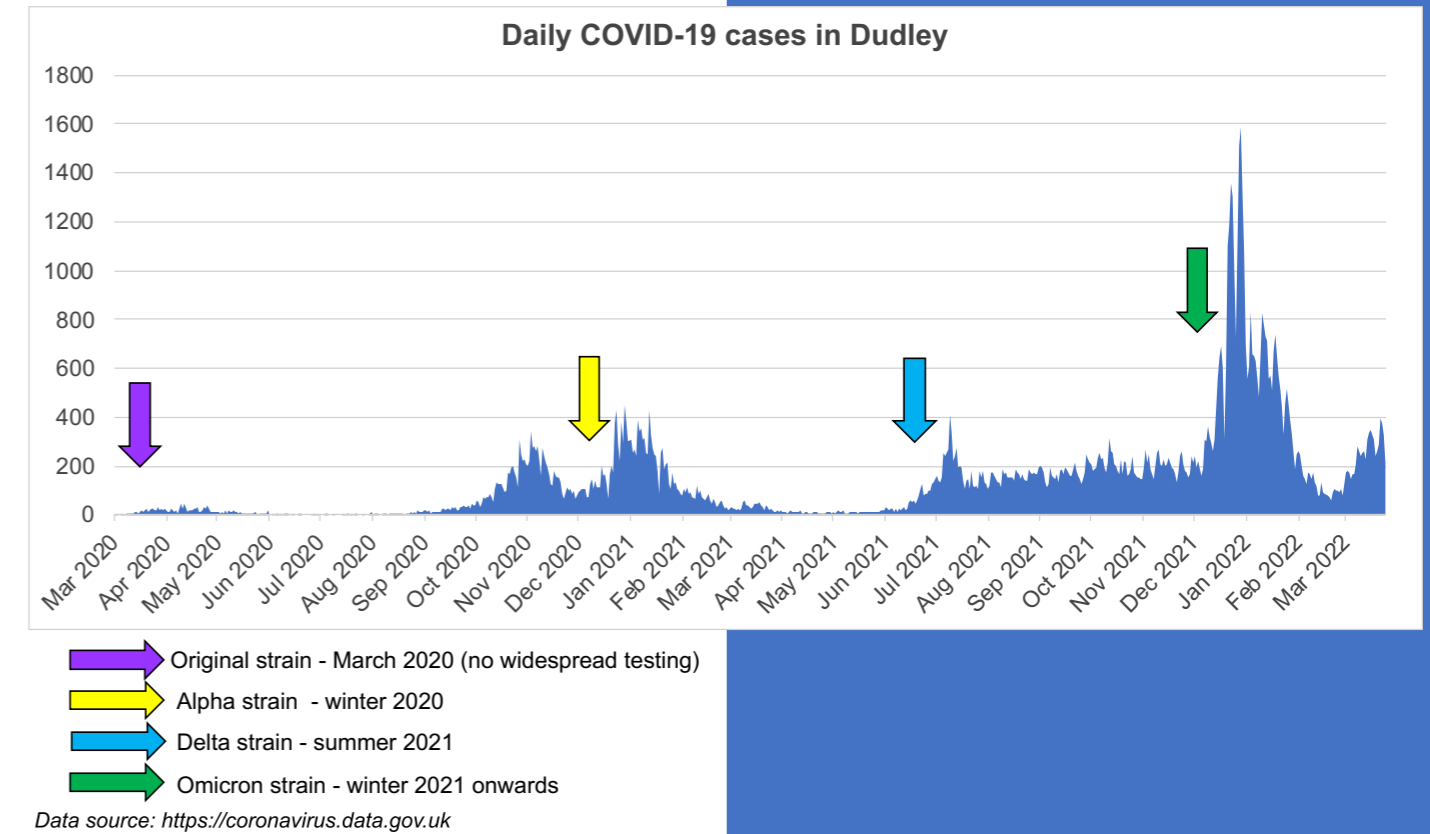
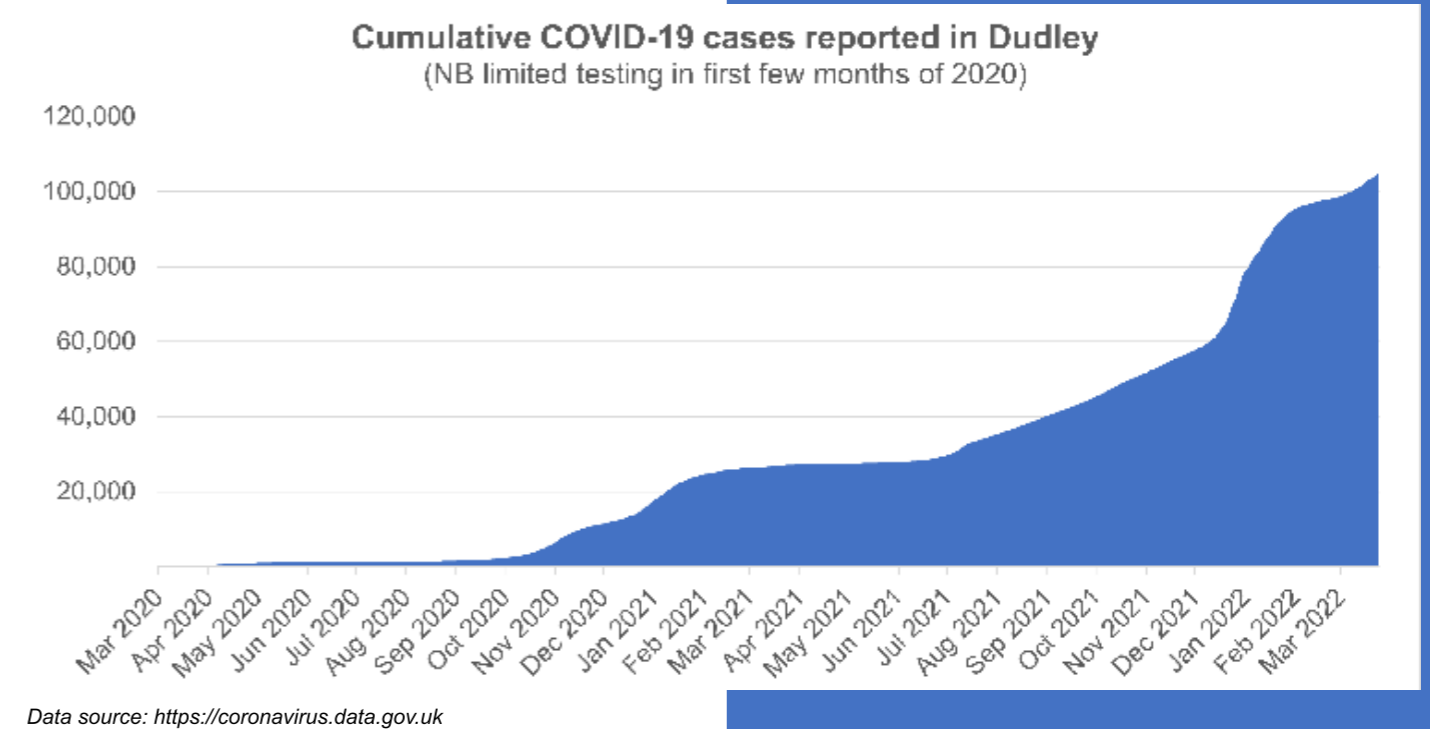


Figure 6



Hospitalisations

Until the advent of the vaccination program in 2021, hospital admissions amongst Dudley residents mirrored case numbers and reached peak levels at the beginning of 2021. In Dudley we saw lower levels of hospital admissions from spring 2021 onwards as the impact of the vaccination programme began to be felt.

We saw only a small increase in hospital admissions at the end of 2021 which is likely to be connected to the emergence of

the Omicron variant of the SARS-CoV-2 virus and the sheer numbers of people becoming infected by it, despite this variant being milder than previous strains of COVID-19. There have been 5587 hospital admissions for COVID-19 from the start of the pandemic to 31 March 2022 (figures 7, 8 and 9).

The number of patients in mechanical ventilation (i.e. intensive care) beds at Russells Hall Hospital with COVID-19, during the same period (Figure 10), correlates with the overall number of admissions.

Figure 7

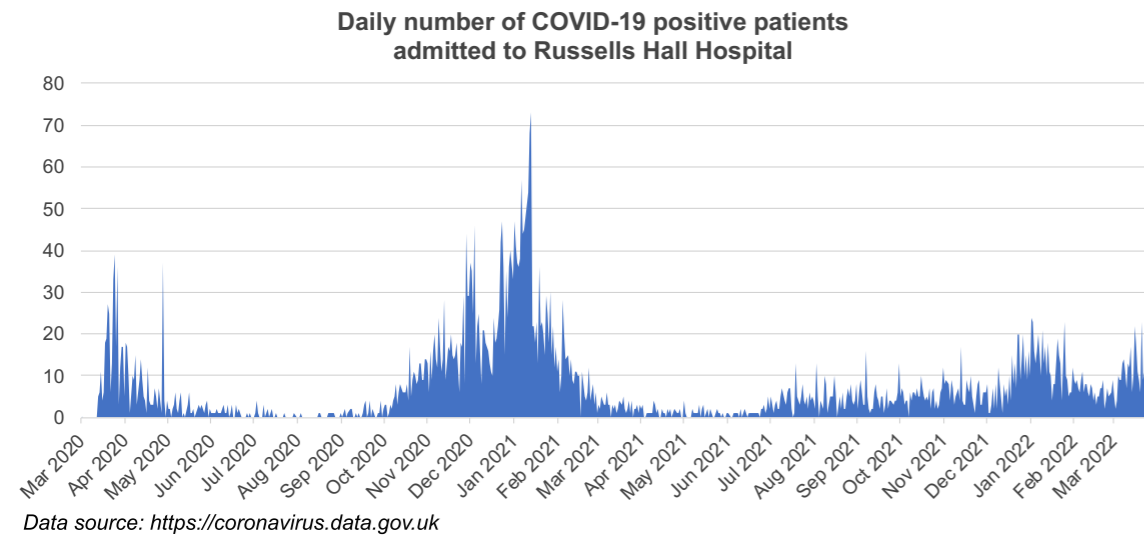


Figure 8

Figure 8 shows the monthly rate of hospital admissions of Dudley residents at any hospital with a primary diagnosis of COVID-19.

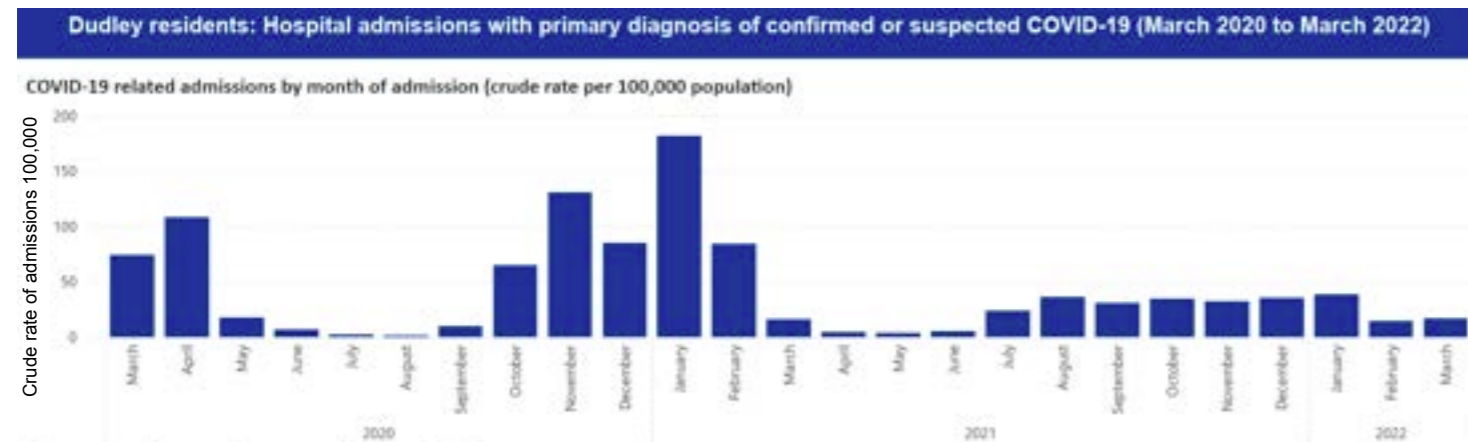


Figure 9

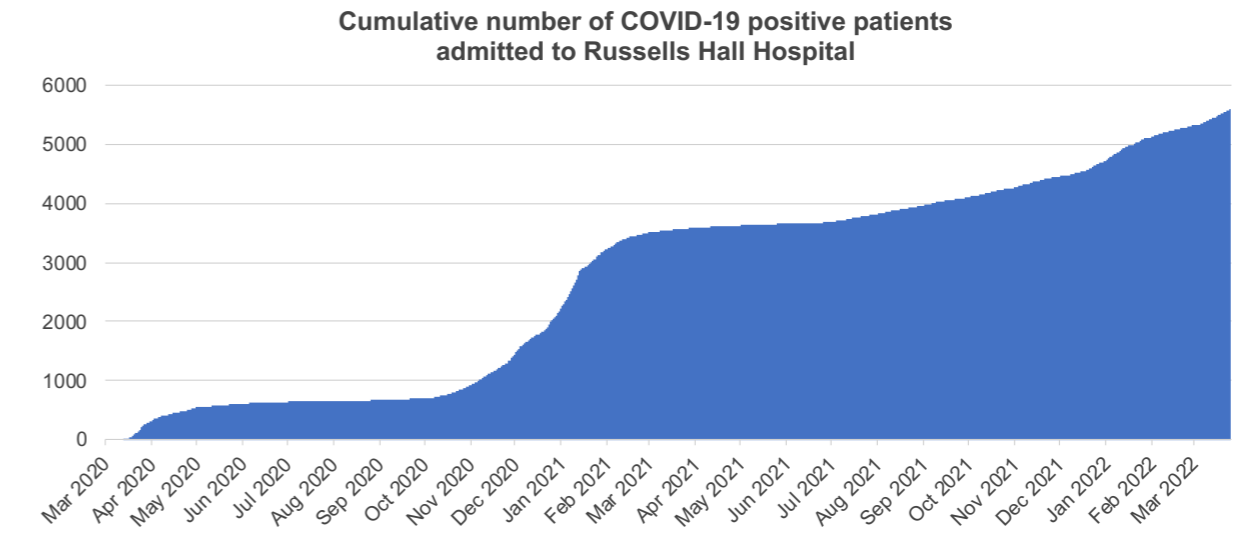


Figure 10

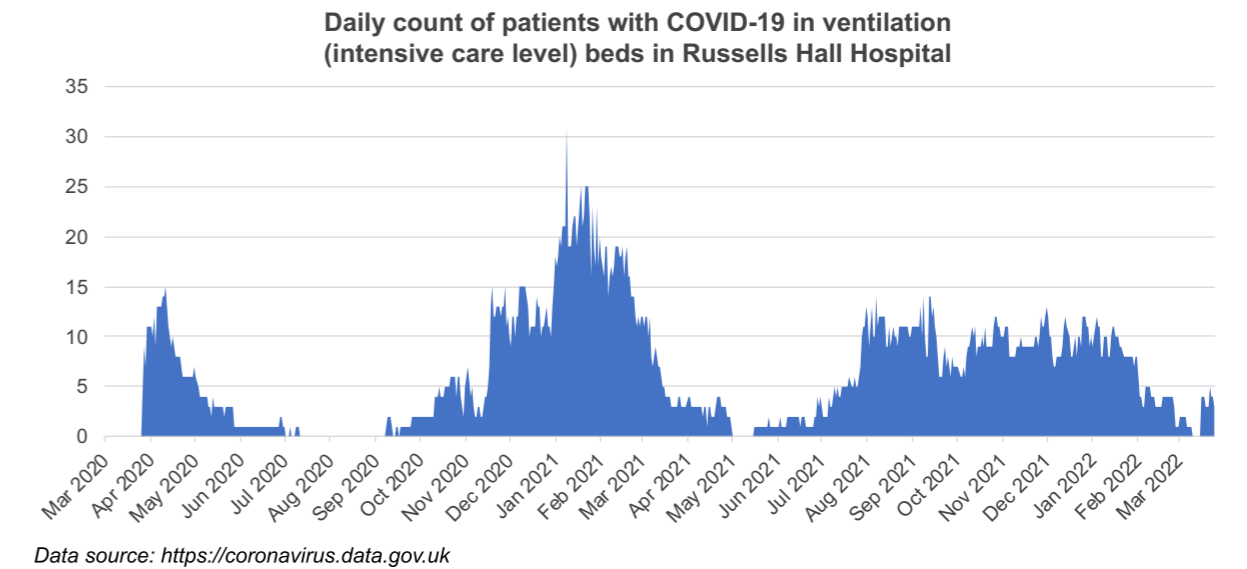


Figure 10 shows the number of patients living in Dudley who were in intensive care beds in Russells Hall Hospital (usually requiring some form of mechanical ventilation or breathing assistance) with a primary diagnosis of COVID-19 up to 31 March 2022.



Figure 11

What the figures show

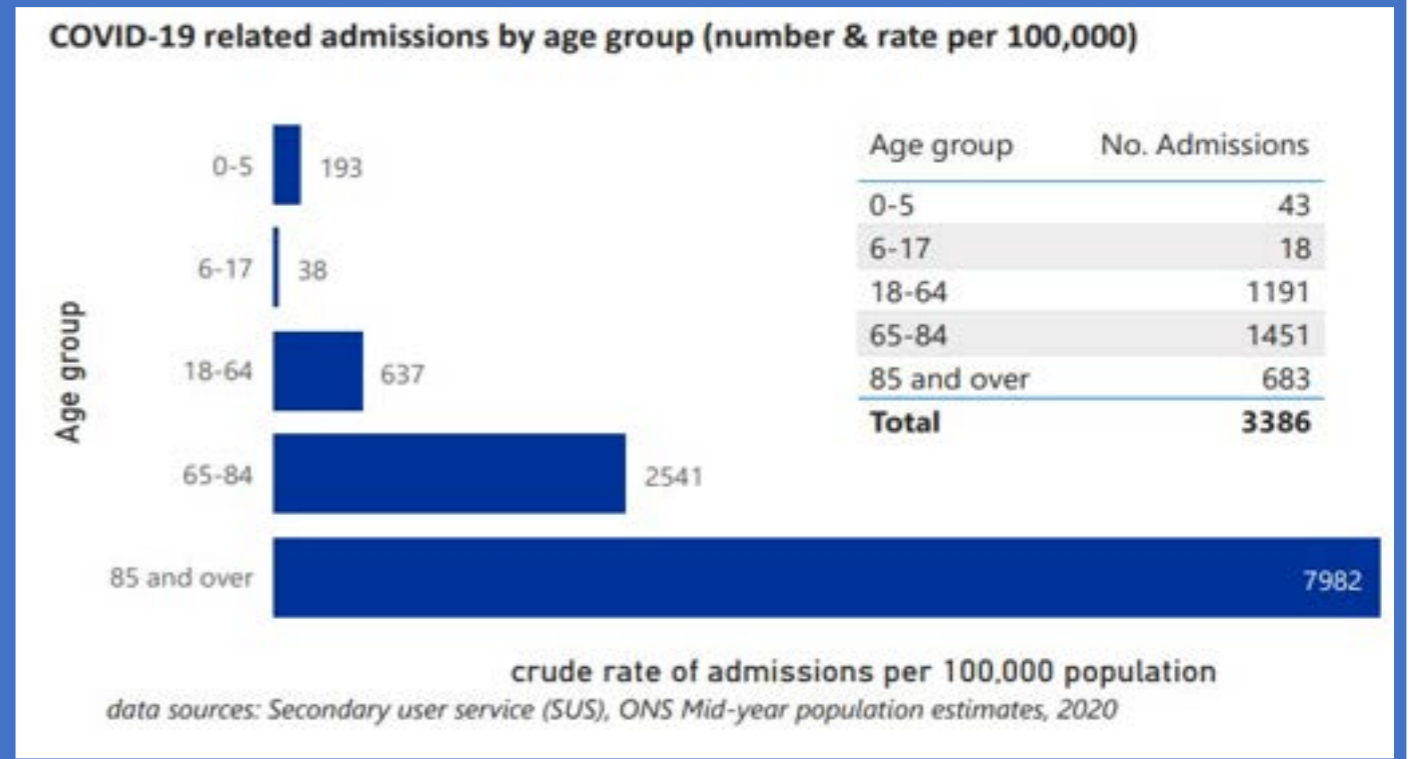


Figure 11 shows how COVID-19 related admissions were highest in those aged 85 and over.

Figure 12 highlights the number of COVID-19 related admissions by ethnic group and the rate per 100,000 of the population. As we can see, the highest rate of admissions due to COVID-19 have been observed in the Black ethnic group, followed by White and Asian ethnic residents. This highlights the existing inequalities in our population with regards to ethnicity and health and mirrors national trends suggesting people from minority ethnic groups have been hit hardest by the pandemic.

Figure 13 shows the COVID-19 related admissions by Index of Multiple Deprivation. It is clear that those in the most socio-economically deprived areas of Dudley have a higher rate of admission due to COVID.

Figure 14 shows the rates of hospital admission due to COVID-19 in each Dudley ward. St Thomas's had the highest numbers of COVID-related admissions.

Figure 12

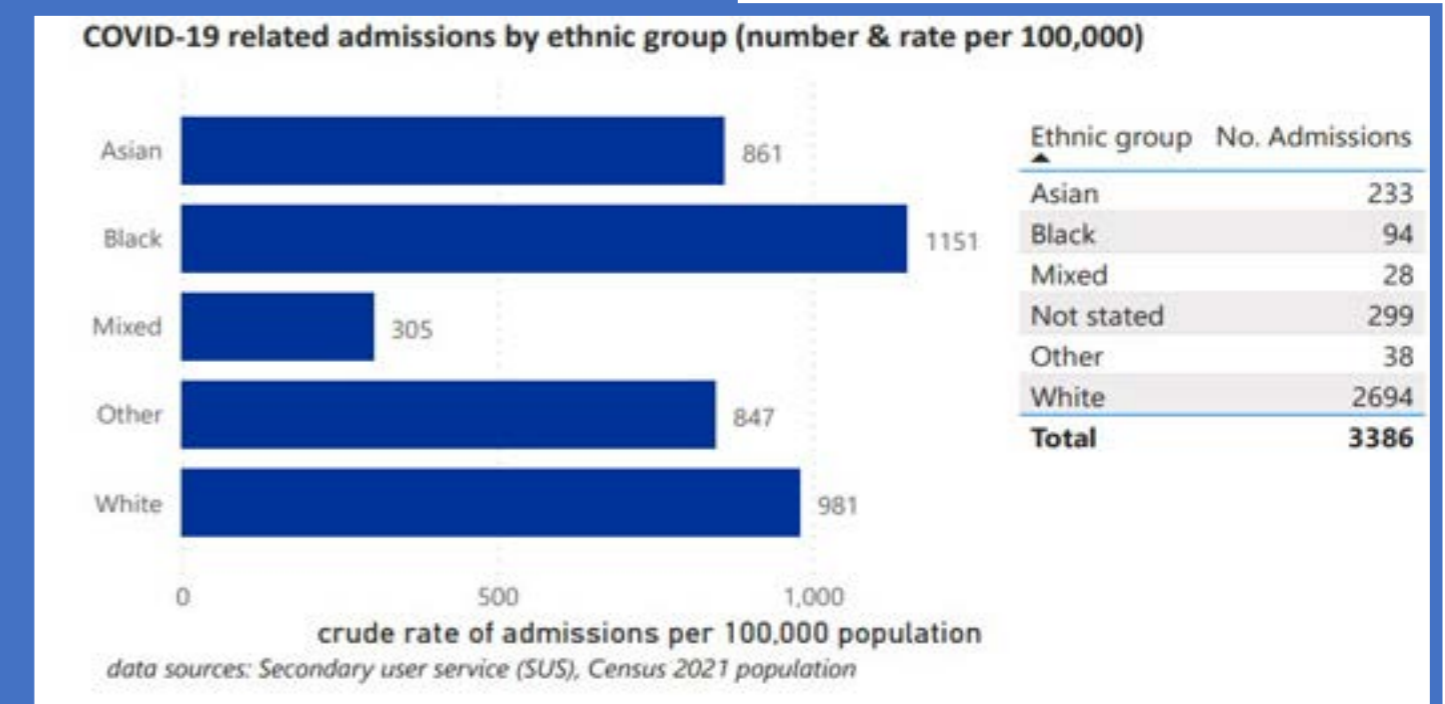


Figure 13

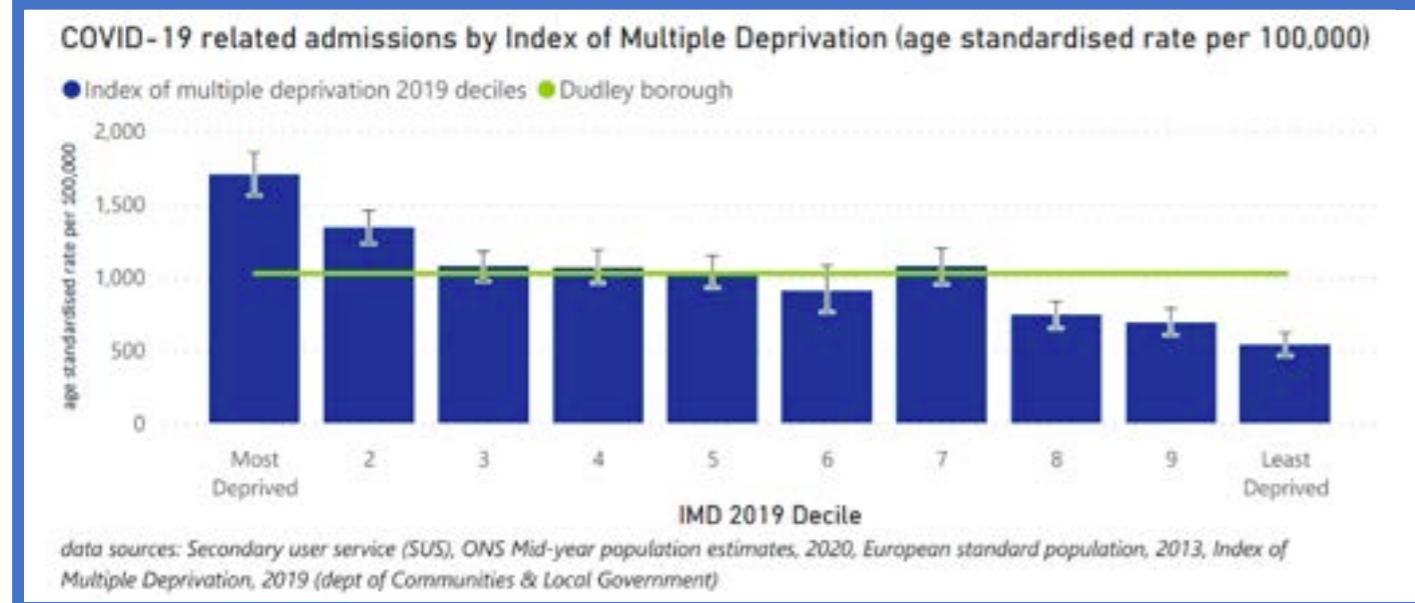
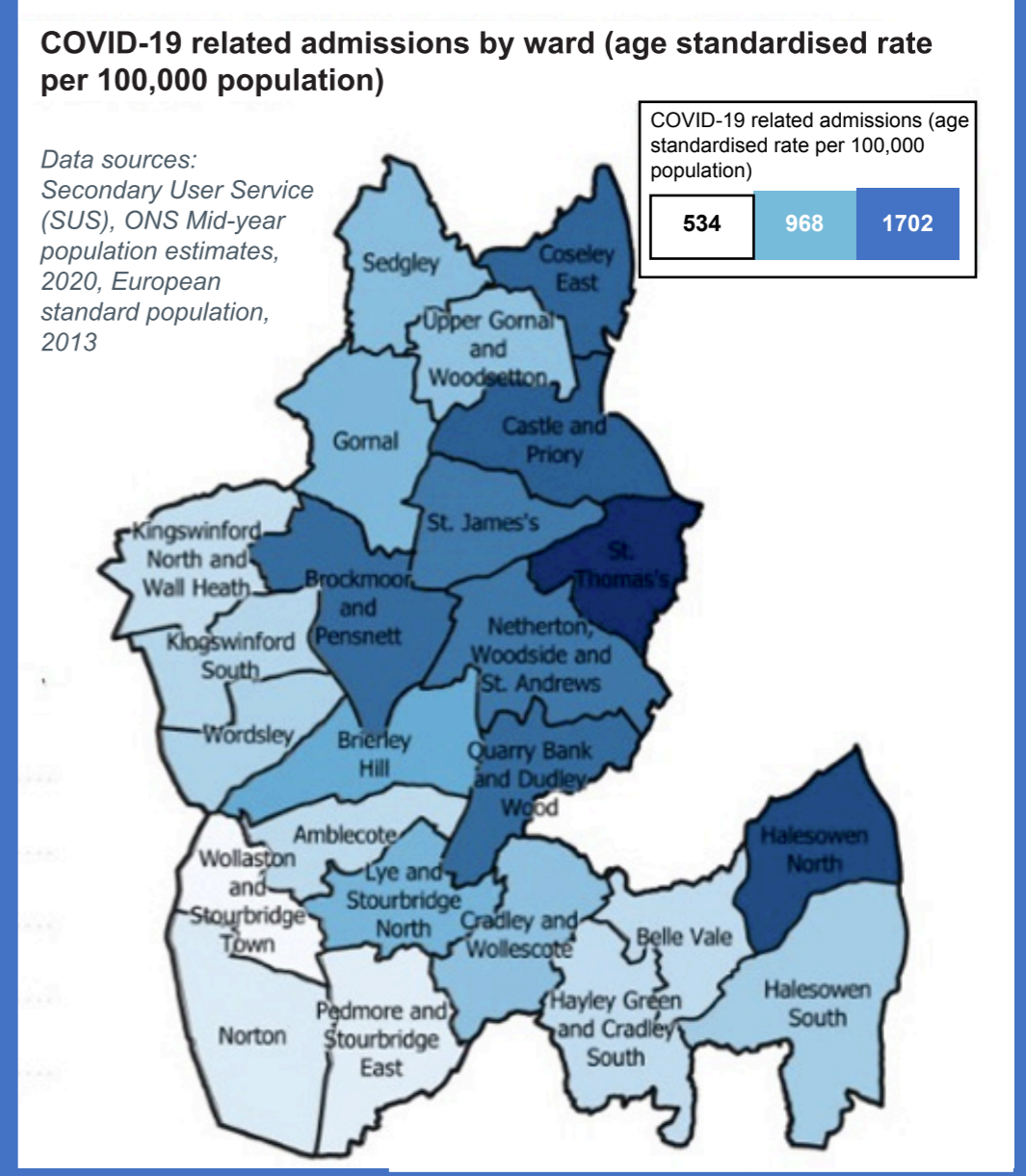


Figure 14



Deaths

In line with national trends, there has been a substantial excess mortality rate in Dudley since the pandemic began. This means the number of deaths has been considerably higher than what we would normally expect over this period.

Sadly, as of 31 March 2022, 881 people in Dudley had died directly due to COVID-19 infection. This very closely mirrors the number of excess deaths between March 2020 and April 2022 (869 more people died over this period than would have been expected had the pandemic not happened).

Around 31% of deaths due to COVID-19 that took place by 1 April 2022 happened during the first wave of the pandemic in the spring of 2020. A further 53% occurred during the second wave (October 2020 through to June 2021 – Figure 15).

With the advent of vaccinations against COVID-19 in the spring of 2021, the number of deaths and the mortality rate due to COVID-19 fell considerably.

Dudley data reflects the picture seen elsewhere in that older people, especially those aged over 80, had the highest risk of dying if they contracted COVID-19 (Figure 16). Nevertheless, the youngest people to die from COVID-19 in Dudley were still in their 20s (Figure 17). Men were more likely than women to die from COVID-19 and 55% of deaths were in men.

People who lived in the least affluent tenth of the population were 73% more likely to die from COVID-19 than people living in the most affluent 10% of the population (Figure 18).

16.2% of all deaths in Dudley that were due to COVID-19 occurred in the most socioeconomically deprived tenth of the population, compared to 6.5% for the most affluent tenth of the population (figure 20). Note that for figures 18 and 20, as care homes collectively accounted for a relatively larger number of deaths than any other single address, they were not included in our analysis of deaths by socioeconomic status to avoid disproportionately affecting the results of that analysis.

Figures 20 and 21 demonstrate how COVID-19 has exacerbated health inequalities and caused higher mortality rates amongst those living in the most socio-economically deprived areas.

Figure 15

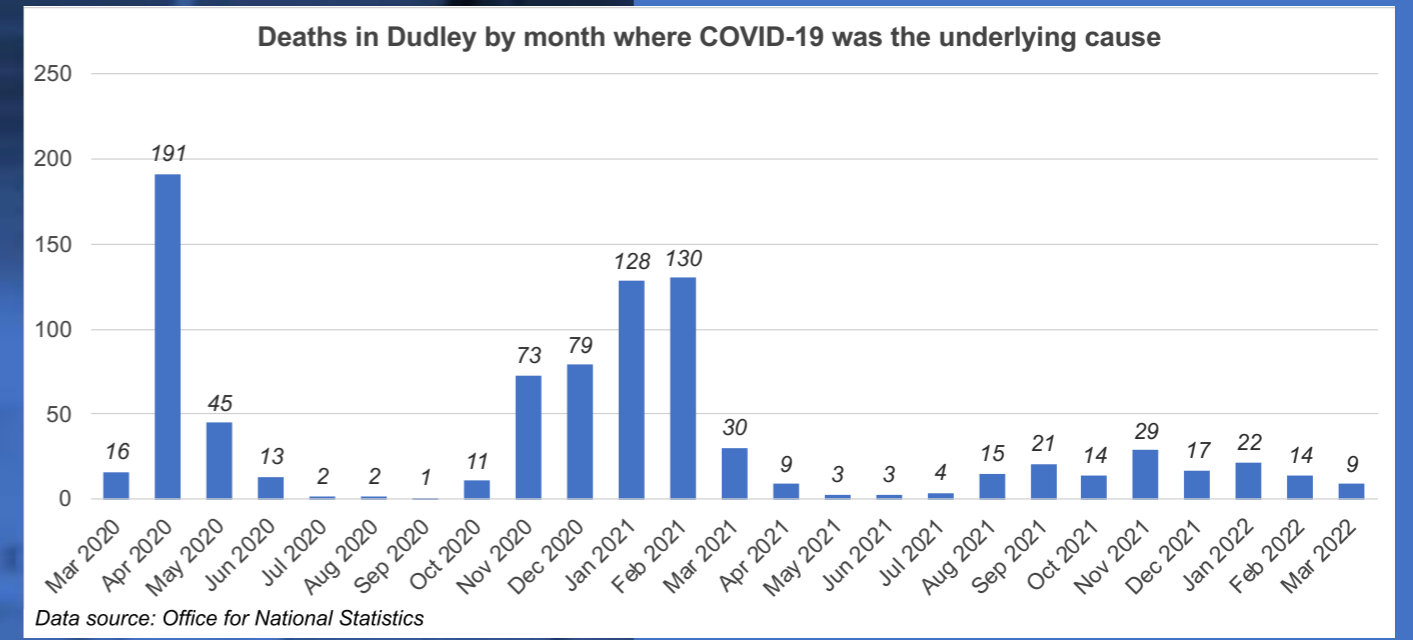


Figure 16

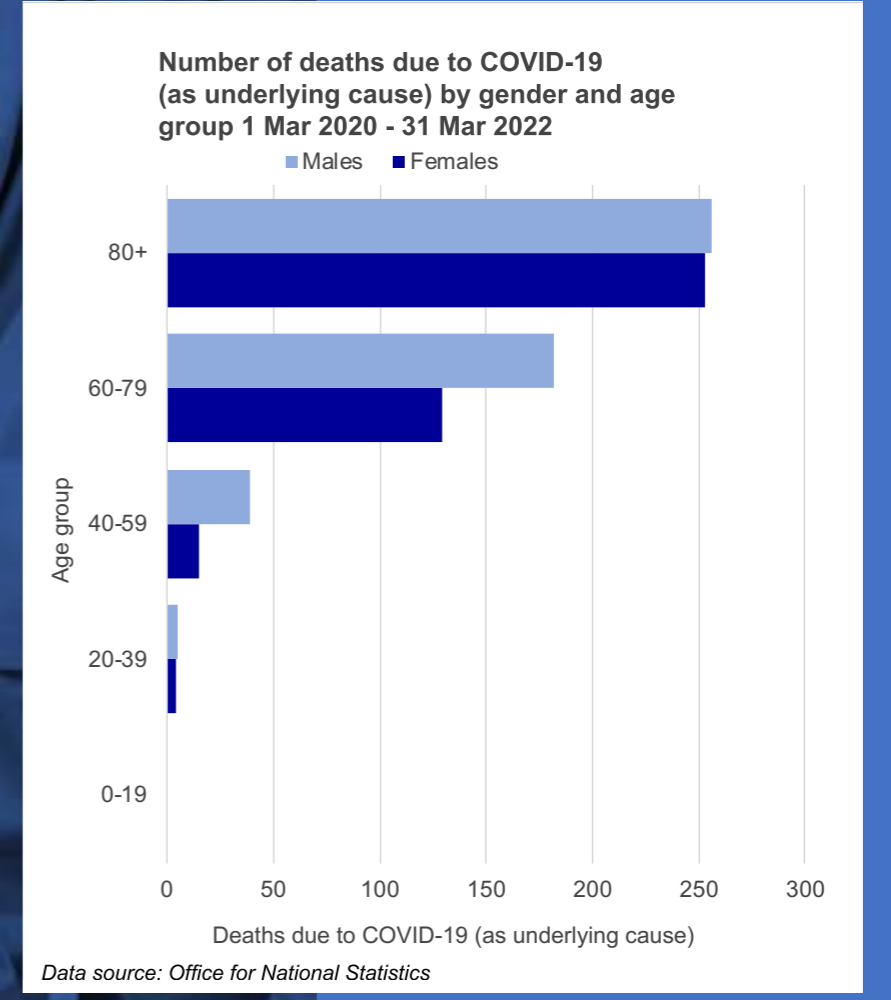


Figure 17

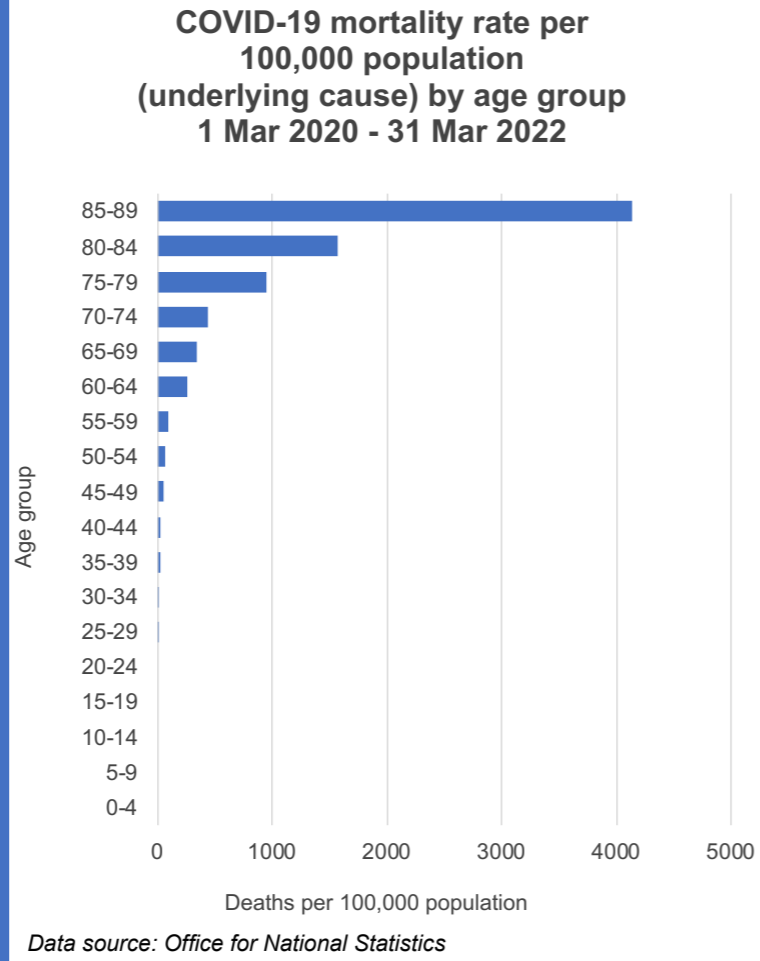


Figure 18

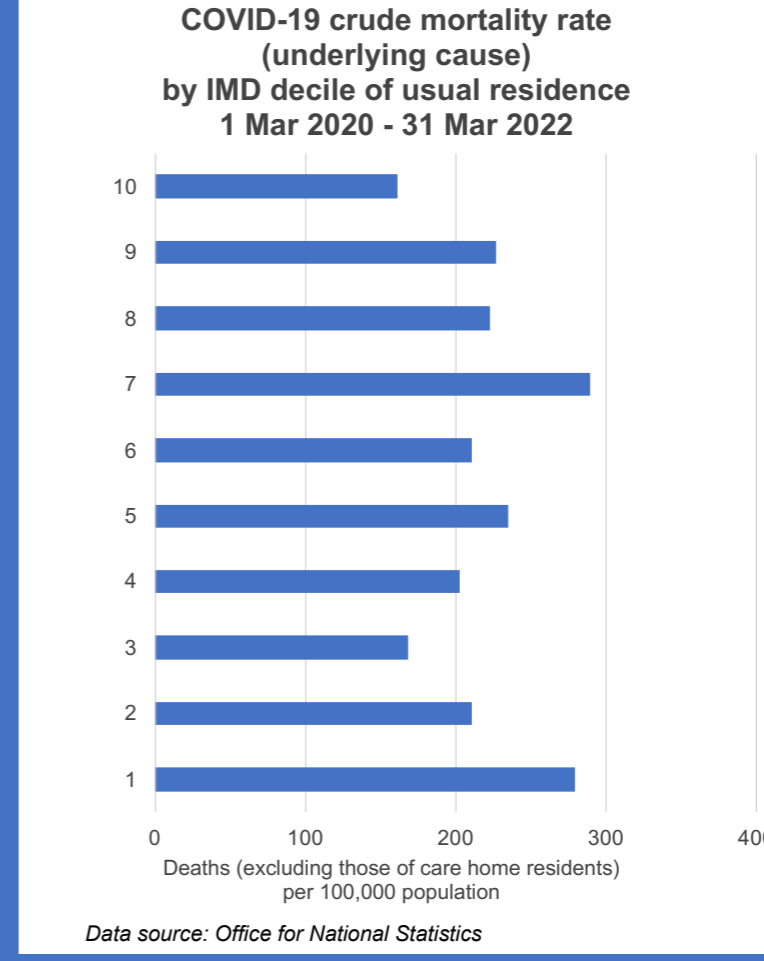


Figure 19

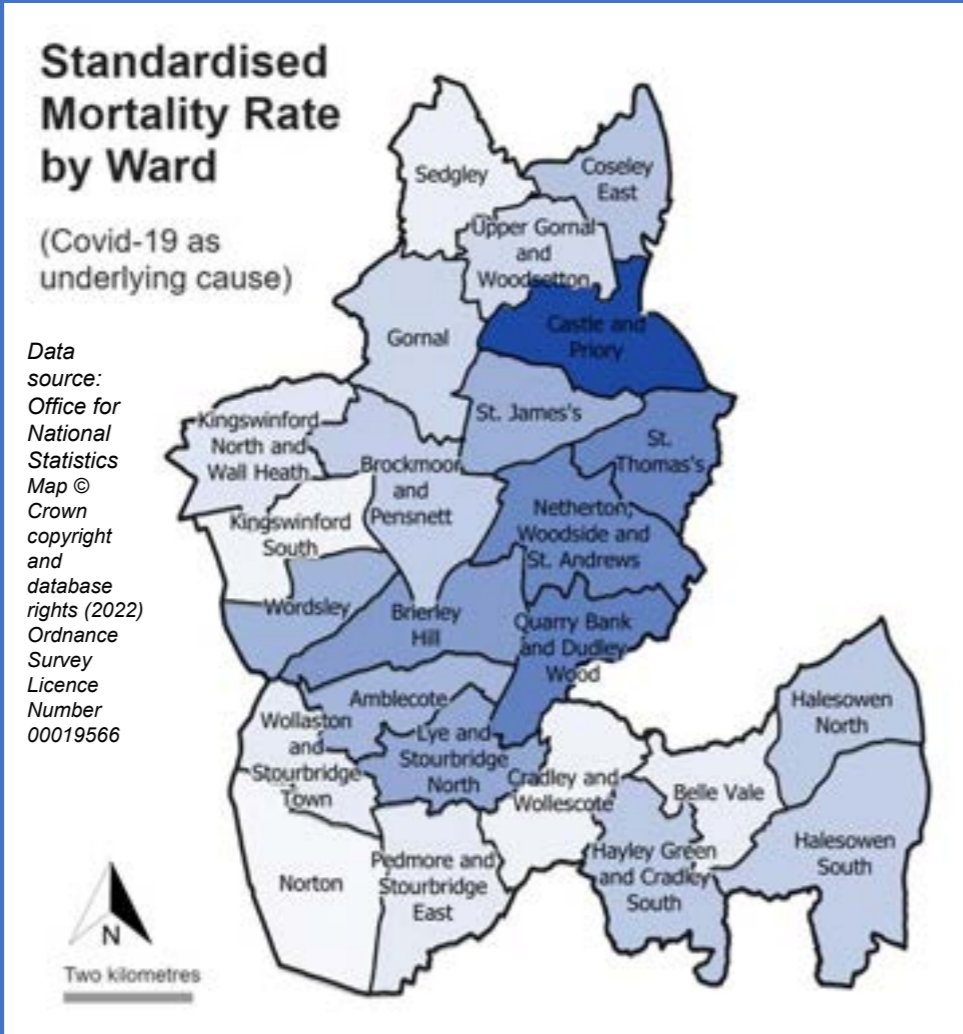
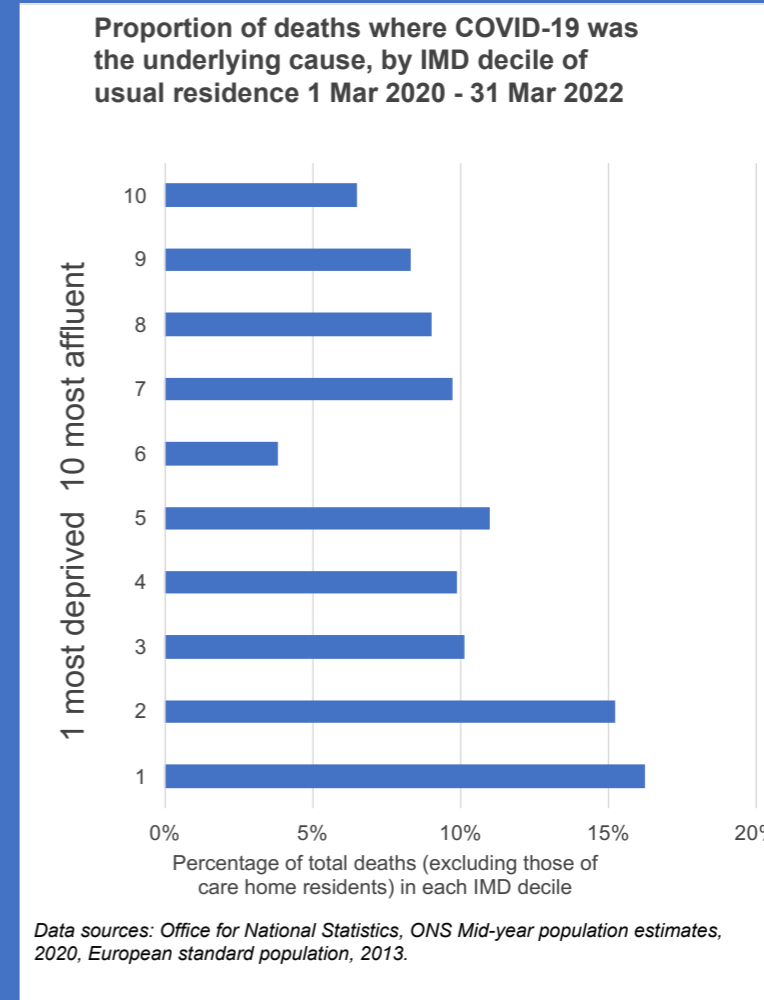


Figure 20



Data and public health intelligence

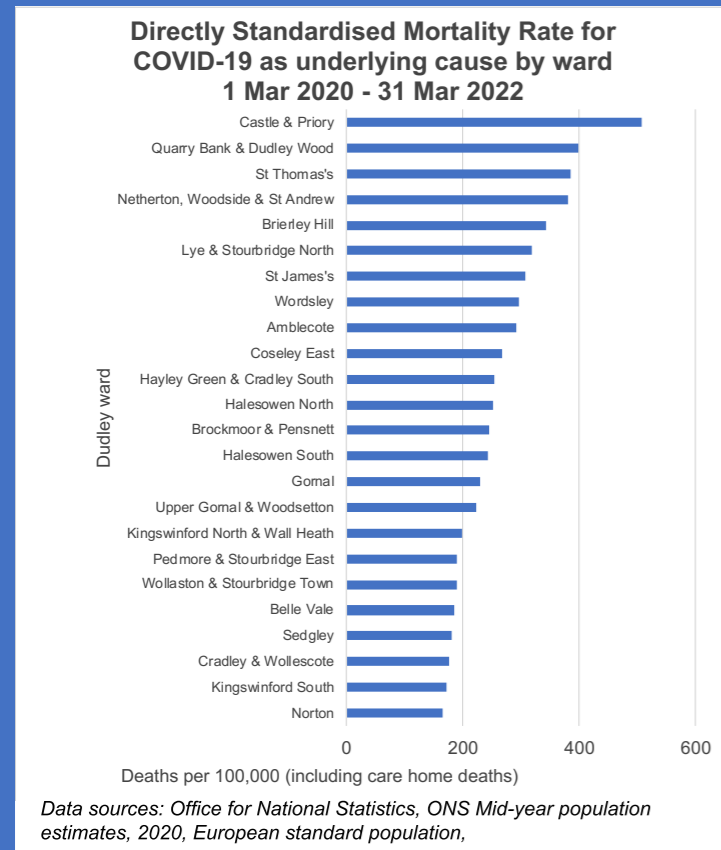


Figure 21

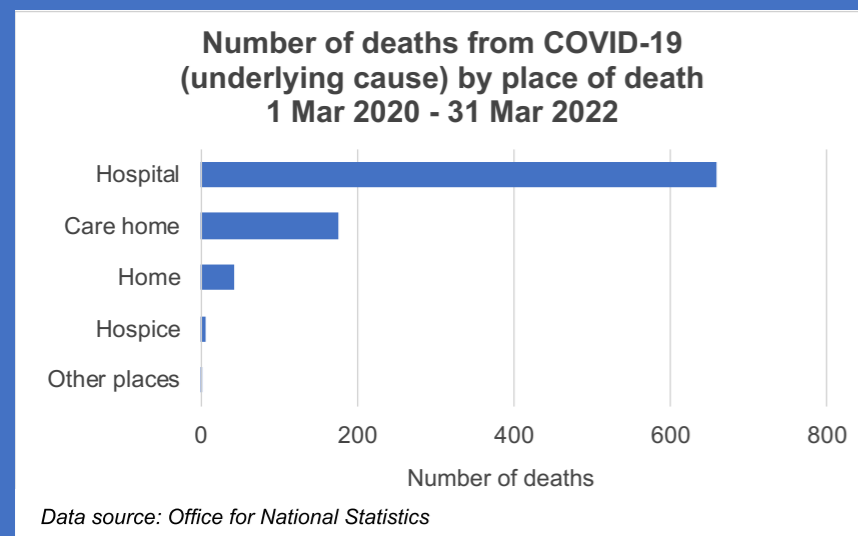


Figure 22

Figure 22 demonstrates how the majority of deaths that were due to COVID-19 by 31 March 2022 occurred in hospital (75% of the total). The second most common place of death from COVID-19 was in care homes (20%). Sadly, we know that patients of older age are at greater risk from severe infection and mortality from COVID-19. In contrast, relatively few people (5% of the total) died from COVID-19 in their own home.

Throughout the COVID-19 pandemic our public health intelligence team has been analysing data on a wide range of vitally important measures, including test results, hospital admissions, deaths and numbers of vaccinations across Dudley. This enabled us to have accurate, real-time monitoring of the evolution of the pandemic, which was necessary to ensure robust prevention and control, along with the ability to anticipate and plan ahead.

Reliable and timely access to high quality data has not only been critical when managing outbreaks in settings where people were more vulnerable, but it also helped to identify areas of greater risk so that prompt preventative action could be taken. The team produced daily and weekly reports for a wide range of audiences including health and care professionals, council members and the wider public, summarised in an online “COVID-19 dashboard”.

In addition, our knowledge services team drew upon old public health and newspaper reports from previous pandemics (especially those of 1890, 1918, 1957 and 1968) to look at lessons learned and understand issues facing people during those times.



CHAPTER 2

Dudley's response to the pandemic

Dudley Public Health's response to the COVID-19 pandemic

In Dudley, our public health team and wider council colleagues pivoted swiftly to address the immediate needs emerging from the sea of challenges presented by the COVID-19 pandemic. Locally, at a pace not seen before, systems were rapidly set up to coordinate the Council's responses and do everything in our power to contain or delay the spread of COVID-19, to keep our residents, businesses and communities safe, and keep vital services running.

Early tasks were to identify clinically and socially vulnerable groups and to mobilise distribution of protective personal equipment (PPE). We followed this by implementing widespread COVID-19 testing and developing systems that enabled us to contact people who were infected with the virus to help control the

spread of COVID-19 in Dudley. Finally we supported the NHS with the mammoth task of rolling out the biggest vaccination programme in its history.

All this would not have been possible without the dedication of our local workforce, volunteers from across the borough, partner agencies and crucially the solidarity, resilience and incredible support from our communities across the Dudley borough.

Dudley Council's top priorities

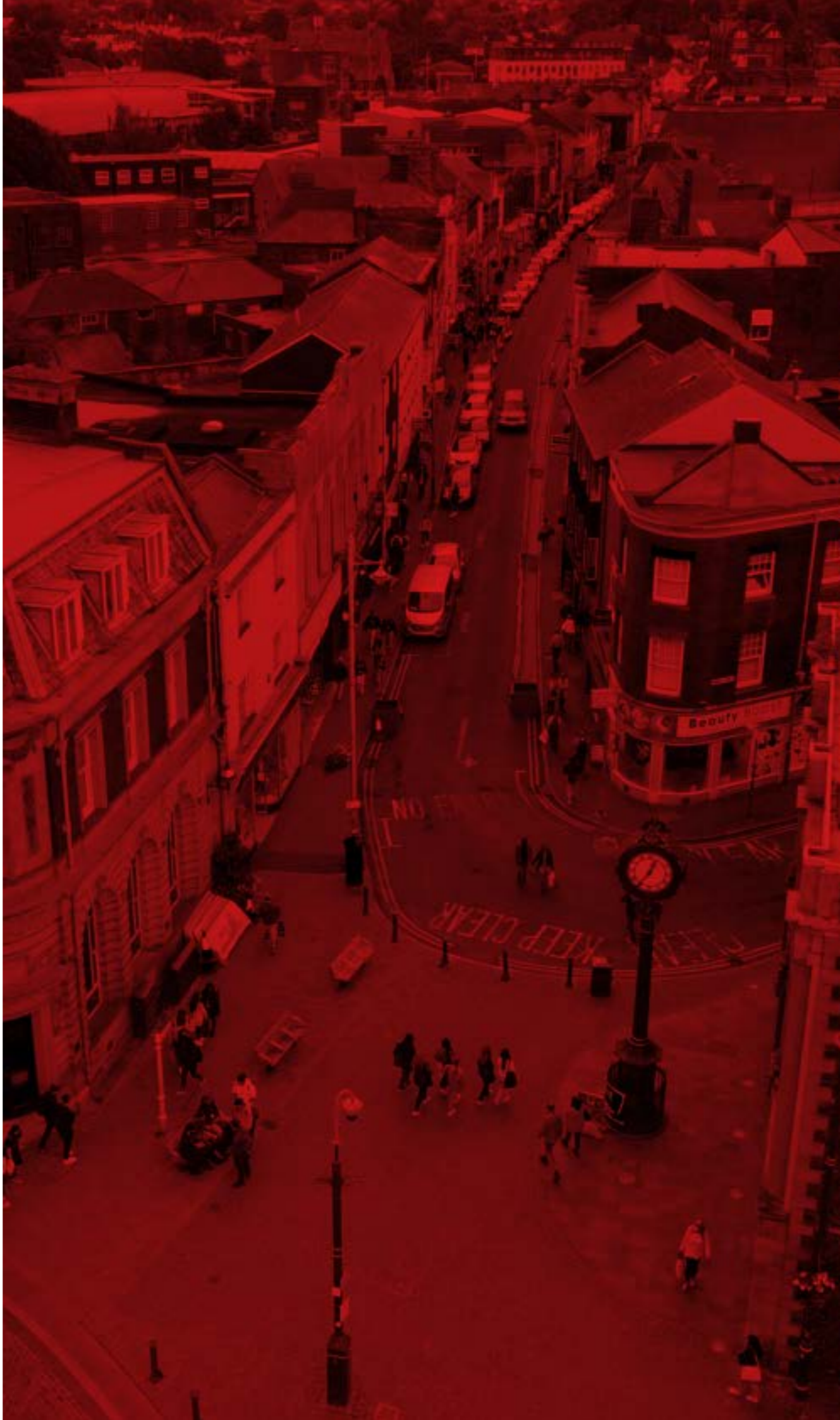
The council's top priorities to keep communities safe in Dudley during the pandemic were centred around the following eight key themes:

Council top priorities

- Deliver our statutory responsibilities
- Mobilise and support critical council functions and services
- Mobilise community response
- Protect the most vulnerable
- Support and protect the workforce
- Support frontline services
- Support our economy, its financial resilience and recovery
- Communication

Local outbreak management plan

Building on these themes, Dudley's Local Outbreak Management Plan (LOMP) was first published in summer 2020 and later updated in March 2021. It reflected the changing landscape of the pandemic and consolidated best practice that had emerged locally. It was developed with key partners and provided our system-wide response needed to manage COVID-19 and mitigate the impact on our health and social care system, communities and local economy. It also focused on preparing Dudley for the next phase of the journey to recovery, including living with COVID-19.



Communications & engagement

Ensuring Dudley residents had the right information about the rules nationally and about support available locally throughout the pandemic has been fundamental to ensure information was effectively communicated. We shared information about assistance for the vulnerable, business support, kerbside refuse collection and other essential functions. We also communicated about working alongside Dudley Community Voluntary Sector (DCVS), such as when providing school meals to those most in need.

Responding quickly and effectively was key. This was particularly notable when reacting to spikes in cases in specific areas across the borough. A communications process to address hotspots quickly was introduced. This ensured all available channels across partners and community groups could be mobilised quickly, and meant we could reach local residents in these areas often within hours of identifying them as a hotspot.

What we did to engage communities

We utilised the expertise of our community development workers and the established and trusted relationships they had with residents and diverse communities across the borough to ensure that people received timely and accurate information.

We maintained an ongoing dialogue with residents and community groups through our community development workers, to ensure that feedback on the COVID-19 response and insight from the community has informed the ongoing development of the COVID-19 response.

We established a network of more than 150 local COVID-19 community champions who regularly passed on useful information and updated guidance. The champions were recruited by reaching out to our existing community contacts, encouraging council staff to get involved and promoting the opportunity to local residents via social media channels. It was important for us to listen to questions from the champions and their communities and gather insight, so we knew which topics to provide more guidance on and to ensure that people's lived experiences of COVID-19 informed our response. Many of the champions

were not only giving up their time to share information but also helping any way they could. The champions' contribution to keeping their communities safe to prevent the spread of COVID-19 was immense. The diagram below shows some reflections and comments from our champions.

We gathered stories from local trusted people, celebrating their positive messages about receiving the vaccination through social media. This is an example of how we use insights-based social marketing.

We hosted joint webinars involving senior doctors and other health professionals to discuss concerns and questions from Dudley residents and groups representing our ethnic minority communities.

We shared links to national webinars and community sessions aimed at key groups including South Asian, Black majority church communities and Yemeni/Arabic speaking communities.

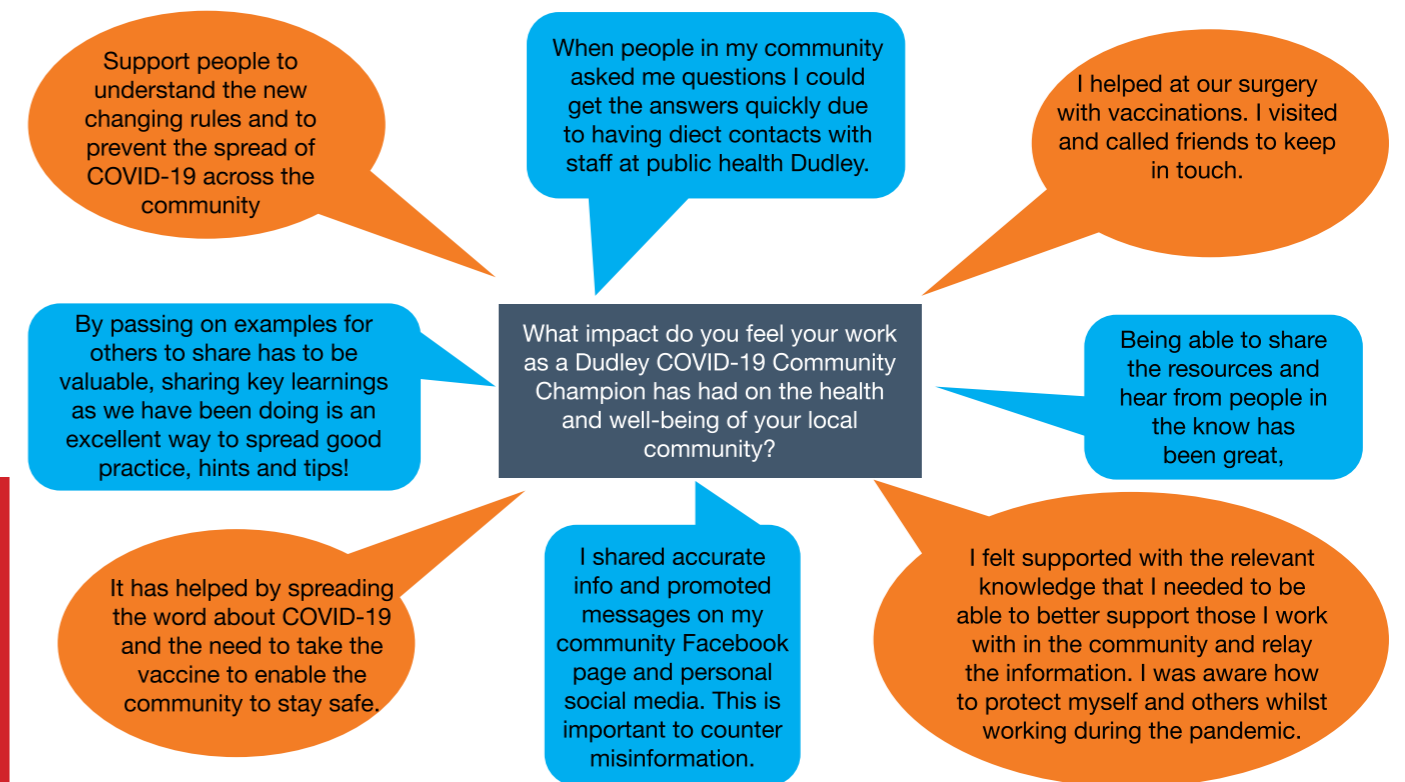
We surveyed people working in care homes who had declined to be vaccinated to understand the reasons and provide answers and reassurance to the most frequently expressed concerns.

We connected GP practices to a health behaviour change specialist project working with ethnic minority communities. The pilot project with two practices tested the effectiveness of supportive conversations to encourage uptake. The approach was successful and was developed further.

We worked closely with community leaders through our 'Reaching Out' community conversations project to engage with people living in areas with a low vaccination uptake. The project engaged with the Black African and Caribbean, Pakistani, Arab and Roma communities living

in the wards of St James's, St Thomas's and Lye to understand the reasons for vaccine hesitancy and the support people would like to help them to stay well and 'live with COVID-19' in the future.

We carried out borough-wide in-depth storytelling work to capture people's life experiences of COVID-19 to ensure that this insight contributes to our learning from the pandemic and informs our future working practices and priorities. The project 'Looking Back, Moving Forwards' has captured more than 90 stories from people across the borough through community narrative, a photo voice project and community.



Contribution of elected Members

Our elected Members are among the people who know our local area best. We used this knowledge to play an important role in supporting our communities. Elected Members were represented at the COVID-19 Outbreak Engagement Board, providing political ownership in relation to our response to COVID-19. In partnership with officers, the Board oversaw the progress of local outbreak management plans. In addition, the council held monthly webinars for members in order to update them on activity and key messages. Elected Members supported the delivery of these plans by sharing official messages, working with local community groups and supporting our most vulnerable residents and businesses. They provided reassurance and facilitated support, feeding back local intelligence into the council.

Our elected Members have been instrumental in providing public-facing engagement and played a key role to ensure that our COVID-19 response, including test, trace and vaccinations, were delivered at the right time and right place to protect the health and wellbeing of citizens.

Elected Members were often seen out in the community supporting “on the street” initiatives, including the rollout of lateral flow test distribution points in key shopping centres, where thousands of tests were distributed to residents of Dudley. Through this engagement they formed a closer working relationship with the COVID-19 response team, providing useful insight to help direct efforts to promote testing and vaccination to our most underrepresented and disproportionately impacted communities of Dudley.



Outbreak management

Within Dudley Public Health, our health protection team is committed and mandated to manage the threat of infectious diseases such as COVID-19 and protect the public from the harm they can cause. Working with colleagues from within the wider public health team and across the council, together with partner agencies, the team was at the centre of measures to tackle the spread and impact of COVID-19. Over the course of the pandemic the team supported the following:

Providing management support seven days a week to almost 2600 outbreaks and incidents across social care settings (almost 700), workplaces (almost 1000), healthcare facilities (900) and approximately 30 individual settings that supported communities or vulnerable people

Arranging and co-ordinating swabbing in care homes, allowing early identification of positive cases

Planning and developing training before we had the first cases in Dudley and throughout the pandemic

Care home advice and support

Supporting education and early years settings

Dealing with hundreds of contact tracing issues

Helping and supporting those impacted by the infection

Interpreting and implementing national guidance

Working with the former Public Health England (PHE), the health protection team provided support to NHS organisations including pharmacies, dentists, primary care and secondary care, as well as private healthcare facilities. When individuals tested positive and when there were outbreaks, they worked together to bring those outbreaks under control and limit the number of staff who had to self-isolate. Through careful investigation and analysis of outbreaks, at times the team was able to help organisations avoid having to temporarily close services due to staff shortages.

As another example, early in the pandemic we observed that certain outbreaks were particularly affecting back-office NHS staff who had not been wearing surgical face masks, as this had not yet been required in such settings. We strongly advocated their use throughout all parts of healthcare organisations, even before this became mandatory in non-clinical areas. This undoubtedly helped protect both healthcare staff and patients sooner.

Compliance and enforcement



A vital role was to help our communities understand the importance of following the guidelines and COVID-19 regulations to keep people safe and limit the spread of the virus. We used an approach of engaging, explaining and encouraging our residents to follow COVID-19 regulations and only used enforcement when absolutely necessary.

In Dudley, no fixed penalty notices for breaches of regulations were issued during the pandemic. Only one business was

issued with directions to close or limit their activities for failing to maintain adequate COVID-19 security.

This illustrates that our communities recognised just how important it was to comply with the guidelines and regulations to keep themselves and others safe.

Multi-agency response with care homes

During the early stages of the pandemic, we set up a multi-agency group to manage COVID-19 outbreaks in care homes. This group's work included supporting care home capacity and capability to prevent COVID-19. It involved planning clinical and social support to manage residents with COVID-19, daily monitoring of all care homes to support early detection of cases, outbreaks and shortages of staff or equipment, and facilitating communication across all care homes.

Supporting our clinically extremely vulnerable residents

Support for our most vulnerable during lockdown started at the end of March 2020. People with serious pre-existing health conditions were at particularly high risk of harm if they contracted COVID-19. Around 12,000 people in Dudley were identified through their NHS records as being "clinically extremely vulnerable" and were urged to "shield" at home avoiding contact

with other people to protect themselves from infection. Between March and June 2020 we contacted 9704 people to offer specific support packages in response to their needs, such as provision of essential groceries, delivery of medicines to their homes, and emotional and social care support.



PPE

Supply chain and logistics management was a concern long before the first case of COVID-19. As the pandemic took hold and the national PPE supply chains could not meet demand, in Dudley, to combat these issues we took the lead in tackling the issue of PPE shortages for social care staff. We recognised its importance in protecting not only staff but the most vulnerable in our communities. Staff within procurement, corporate landlord services, public health, adult social care and others came together to get emergency supplies to providers in need. We distributed 416,992 items of PPE and sanitiser free to those who required it across Dudley.



Workforce

Within public health, workforce challenges were hugely significant. We had very little time to plan for lockdowns and the requirements placed on us to serve the public throughout the crisis. Many of our teams found themselves redeployed right at the heart of the COVID-19 response. Staff stepped up to support our communities through the crisis, providing and co-ordinating support for those who were shielding, delivering food packages and medicines, working at testing sites and supporting the roll-out of the vaccination programme.

To increase our workforce capacity, in July 2021 we mobilised a dedicated COVID-19 Response Team. They provided a flexible, multidisciplinary agile response primarily to carry out testing, door-to-door contact tracing, a programme of community outreach and engagement. The team also worked closely with businesses to promote safe measures. Our COVID-19 Response Team was regularly seen on our high streets, at local shopping centres and at community events to provide COVID-19 support to residents, provide lateral flow tests and promote the message to “be considerate, be kind, be safe”.

Testing

Symptomatic testing - PCR testing

Throughout the pandemic, public health worked with national partners to set up a range of symptomatic mobile and walk-in testing sites across Dudley using the polymerase chain reaction (PCR) test, bookable by calling 119 or online. With a combination of local intelligence, testing data and a detailed knowledge of community needs, we provided a tailored testing programme to ensure these sites were located in the optimum locations to maximise uptake, reduce access inequities and targeted specific demand.

Community testing - LFT testing

In Dudley, we recognised that in order to engage with our under-represented and disproportionately impacted communities, it was imperative to take testing out into our communities, to engage through trusted voices and provide support where necessary. We implemented widespread lateral flow testing (LFT) at pace for people without symptoms to check if they were infected, throughout all our communities. This proved invaluable to our understanding of the distribution of cases of COVID-19 in Dudley, and in turn helped to control its spread.

Our model of testing offered a range of delivery methods, including community nurse-led swabbing, a roving testing model,

local testing sites and an award-winning pharmacy-led programme. Notably, we were one of the first areas in the country to successfully roll-out asymptomatic testing in the community.

When Community Collect testing was introduced, a key barrier to testing was lifted: access to testing centres. This greatly improved participation in testing and helped to reduce potential and existing health inequalities related to access to resources. We expanded this availability over time, holding testing events within all local hospitals, supporting testing in schools, and had a strong presence at both places of work and places of worship.

Figure 23

Covid-19 - the right test helps protect us all

There are two different types of Covid-19 test. To make sure you are taking the right test, answer this question:

Why are you taking a test?

<p>I don't feel well, I want to check if my symptoms are from a Covid-19 infection <i>For advice on symptoms, see reverse</i></p>	<p>I feel fine and have had my second vaccine but I want to check if I have non-symptomatic Covid-19 so I don't pass it on to my friends and family</p>
<p>I don't have any symptoms, but I've been told I am a close contact of somebody with Covid-19, and I have been advised to get tested</p>	<p>My workplace has asked me to take regular Covid-19 tests to keep an eye out for non-symptomatic Covid-19</p>

Symptoms or close contact = PCR Test		No symptoms = Lateral Flow Test (LFT)	
✉ Is it sent away for processing?	✓	✉ Is it sent away for processing?	✗
🕒 Results received:	Within up to 72 hours	🕒 Results received:	Within 15-30 minutes
🦠 Tells if you have Covid-19?	✓	🦠 Tells if you have Covid-19?	✓
🦠 Can be checked for variants?	✓	🦠 Can be checked for variants?	✗

Find local test sites and how to get a home test at www.nhs.uk/coronavirus
For help and support with self-isolating visit www.dudley.gov.uk/self-isolation

Free boxes of rapid tests (LFTs) can be ordered online for collection or delivery - find and order to your local collection point at www.dudley.gov.uk/symptomfree

Play your part - protect Dudley borough

Through our COVID-19 Response Officers, we worked on the ground with local businesses and engaged with all our communities to raise the importance of testing and promote behaviours that kept residents safe, tackling both disinformation and misinformation.

Testing became a point of pride for Dudley's public health team, with our models being recognised at a local and regional level and replicated across other areas.

Data below shows the COVID-19 testing rates in Dudley along with comparative rates across the Black Country and England for the period 10 February 2020 to 31 March 2022.

Figure 24 - testing rates in Dudley



Contact tracing

Along with testing, we knew that tracing people who were infected with the virus was vital to our efforts to tackle and contain COVID-19 in Dudley. It was soon recognised that the national contact tracing team's performance in contacting those people who tested positive was mixed and having local knowledge of the area to successfully trace contacts was critical for controlling the spread of the virus.

Our local contact tracing effort was led by our Dudley Council Plus team, which worked seven-days a week cross-checking council data to identify and contact those who needed to self-isolate. Those isolating were sent an initial text message from the team to say they would be calling and from what number so that people recognised this as legitimate. We also put in place a local team to knock on doors and deliver letters to those we were unable to contact, urging them to get in touch to receive guidance and support.

During a contact tracing call, the call handler noticed the resident, aged 28, was struggling to breathe. The call handler and team manager acted swiftly and organised for an ambulance to attend the property.

Figure 25 - contact tracing data April 2021 - February 2022



Welfare support

During the pandemic, one of our main priorities was to provide support for our residents who were self-isolating as positive cases. We had a team of trained callers who provided welfare support to those isolating making it easier for people to stay at home and reduce the transmission by providing a network of support.

Welfare calls focused primarily on supporting shielding residents with access to essential supplies, social contact and medication. Through the calls, our staff were able to provide assistance to residents in some very difficult situations.

In terms of urgency, getting essential supplies such as food and other household items was the task that required instant support. Often residents would be contacted who did not have supplies beyond their next meal, and no way to access them quickly. Working with Black Country Foodbank, systems were set up to ensure that basic food parcels were available, with an out-of-hours delivery system set up working with a local taxi company. To cover for specific dietary requirements, allergies, or for items such as baby formula, a system was developed to let our call staff provide these via Uber grocery delivery services. These systems required innovation and creativity to devise and establish, but they ensured that residents were always able to get the support they required.

Through one particular welfare call it emerged that the resident isolating was residing in a small industrial unit which could not be accessed by vehicle. As such, the resident was unable to receive government food parcels. A local delivery from our Saltwells food hub was arranged, and a referral was made to the homeless team in housing to support the resident to access accommodation.

Figure 26 - welfare support - June 2021 - February 2022



Bereavement support

We have seen the pandemic bring anguish into most households and sadly grief into many. Earlier in this report we regrettably had to report that as of 31 March 2022, 881 people in Dudley died directly as a result of COVID-19 infection.

The death of a loved one can be among the most difficult moments that any of us will face and we recognised that the COVID-19 pandemic presented additional emotional considerations. Whether due to COVID-19 or from another cause, it is likely to have been particularly distressing for people to experience a loved one's death during the pandemic. For extended periods of time many close family members and friends were unable to be beside their loved ones when they died, and they will undoubtedly have felt cut off from their usual support networks.

In Dudley we saw care homes were faced with the challenge of supporting increased numbers of bereaved people and families. To support our social care colleagues, we expanded our bereavement support from preparation for end of life to supporting the bereaved post funeral arrangements. Information and resources were distributed to care homes to offer end of life support for residents and their families. We provided additional assistance and help for care home staff who were preparing families for grief through educational events that went beyond the basic practical care needed. A supporting leaflet for families of people receiving end of life care was developed, signposting to bereavement resources along with a bereavement toolkit and we extended our bereavement pages on our Let's Get website to include dementia,

learning disability and help for those who were offering end of life care at home. This culminated in the development of a Bereavement Charter for Dudley, adopted by the Health and Wellbeing Board and believed to be a national "first". This describes how we can all be more supportive and compassionate towards those who experience bereavement.

The COVID-19 pandemic showed the power of people helping other people, along with our partners whilst making use of existing assets in their communities, helping to empower families who were having to go through one of the most difficult times of their lives.

Support to voluntary, community and faith sector

Throughout the pandemic the healthy communities team in public health took the lead on maintaining regular contact with community, voluntary and faith groups and individuals (particularly from marginalised groups) to ensure people were well informed and felt supported and to ensure that community insight was used to inform the COVID response. The following approaches were used:

Community development workers (CDWs) had regular dialogue/communications with existing contacts from community, voluntary and faith groups (including minority ethnic and other marginalised groups) via WhatsApp, email and telephone. This enabled the team to maintain and build levels of trust, support, and reassurance, share key information and guidance in an accessible way, respond to questions, concerns and issues and gather insight into people's lived experiences of COVID-19.

CDWs carried out additional community outreach work in Lye with the Roma community, who faced multiple complex issues because of the pandemic, in addition to language and cultural barriers.

Targeted support was also provided to those living on council-owned and private traveller sites in the borough. The CDWs established relationships with a key contact on each site and kept in touch via telephone, as well as providing some bespoke printed materials at a relevant reading age as

levels of literacy and access to electronic communications presented barriers to accessing information.

A test and trace subgroup for the voluntary, community and faith sector partners was established at the beginning of the pandemic to provide up-to-date information and guidance for those working and volunteering in these settings as well as to hear about the issues being faced in these community settings.

A series of webinars for community, voluntary and faith groups / community leaders was held online throughout the pandemic. These webinars provided information, an opportunity to ask questions and share community insight in relation to the experiences and views of communities / groups at that point in the pandemic. During the Friday Focus webinars several suggestions were made in respect of future work with minority ethnic communities, around the themes of information sharing, and the need for greater cultural competency.

This inclusive approach has proved invaluable throughout our response to COVID-19. Our regular contact with a range of communities and individuals across the borough as well as conversations with community leaders and partners has provided us with rich insight into the things which have worked well and which we need to continue and grow, as well as the things which have not worked so well, and which need to be done differently.

Schools and educational settings

At the beginning of the COVID-19 pandemic all education settings were closed but these settings still had a duty of care to provide meals for those most in need. In March 2020, public health worked in partnership with Dudley Catering Services to quickly mobilise and coordinate the delivery of school meals and food parcels to children entitled to free school meals across the borough. Supporting more than 25 schools, 5869 meals were delivered over an eight-day period by approximately 40 volunteers per day, including volunteers from Dudley Council staff and DCVS.

The government then asked schools to remain open for the most vulnerable children and those whose parents were providing emergency or vital services as key workers to the community. Following this, the education settings were asked to open fully so every child could be seen in school and all parents could return to their work or other commitments. Dudley's public health team provided extensive support for education and childcare settings to conduct risk assessments to ensure they could remain open safely. Government messaging from then on was clear that closure of educational settings was to be an absolute last resort.

Our public health team developed and provided a standard operating procedure (SOP) based on government guidance to establish clarity for decision-making and contacts for support. The team also established a COVID-19 weekly group meeting for leaders and representatives across the council and NHS, to act as a troubleshooting, problem-solving and message consistency group. This group

included representatives from public health, education and childcare settings, health and safety, communications, health protection and senior council officers. With these mechanisms in place, settings and colleagues could feel supported and build confidence and resilience to manage the response to COVID-19.

Public health provided ongoing support to ensure that national guidance was followed, outbreaks were managed effectively, and infection prevention and control measures were implemented to reduce transmission. Public health provided settings with a single point of contact for any enquiries or specific support they required. A bespoke digital Infectious Disease Notification System was developed for settings to report all positive cases. This platform enabled public health to efficiently monitor and manage cases and outbreaks across all education and childcare settings. Furthermore, public health supported settings to set up and manage onsite LFT testing and mobile testing units where necessary.

Regular communication was maintained with all settings via weekly head teacher meetings and sub-group education meetings and the school/early years bulletins. In addition, communication with parents was reinforced and enhanced by public health with the development of local resources such as infographics, posters, template letters and information sheets, which were also housed on the council's website to increase reach and access.

Infection control advice extended to supporting school transport services and particularly those responsible for bringing children with special educational needs to school and back home safely.

In April 2021 we surveyed children and young people via a health-related behaviour questionnaire for insight and lessons learnt during the COVID-19 pandemic, to shape our future priorities and recovery planning. This helped us understand the emerging needs of children and young people and make the most of new opportunities.

By working with partners, we reshaped provision and access to information. Our commissioned providers adapted their offer too, to accommodate the new landscape and ensure the Holiday Activity Fund programme complied with COVID-19 restrictions at the time.



COVID-19 immunisations for the Dudley population

Vaccines - and notably the largest, most complex vaccination programme in the UK's history - have been the key to enabling the removal of restrictions, having helped to control the pandemic and prevented hundreds of thousands of hospitalisations and countless deaths.

When the COVID-19 vaccinations were rolled out in December 2020, the public health team supported the national effort and worked closely with NHS and other partners to ensure that everyone had access to the vaccine.

Over the last year we have been engaging with communities with low vaccine uptake and with the aid of Tandrusti (a local organisation working to improve health and wellbeing for minority ethnic communities in Dudley) we held more than 200 telephone discussions with individuals who had declined vaccination. This enabled us to establish their rationale for their decision and to inform subsequent vaccine communications, making them more culturally appropriate.

Through the 'Reaching Out' community conversations work we obtained valuable insights into people's views on 'living with COVID-19' such as the 'protective factors' which helped them to stay well and the priorities they felt need to be addressed to

support them to stay well in the future. Eight key themes were identified to inform post-pandemic work across the borough. These were:

1. Fragmentation of communities
2. Isolation and digital exclusion
3. Insecurity in respect of food, clothing, housing and finances
4. Mental wellbeing
5. The value of alternative channels of communication e.g. WhatsApp
6. The value of "third sector" support from food banks and community volunteers / staff
7. Health literacy – communications which are reading-age appropriate, culturally sensitive and available in community languages, where required
8. Transparency and candour – communicating in an honest and timely manner

During the 10-week period that these community conversations took place we noted a substantial increase in vaccine uptake in the Black and Asian communities in Dudley, who had previously had a lower proportionate weekly increase in vaccine uptake than the 'White' community.

Figure 27 - people aged 12 and over who have received vaccinations, by vaccination date - December 2020 - March 2022

Dudley residents 12+ who have received 1st dose vaccination	Dudley residents 12+ who have received 2nd dose	Dudley residents 18+ who have had booster/3rd dose
241,014 (83.2%)	227,175 (78.4%)	176,494 (60.9%)

Figure 28

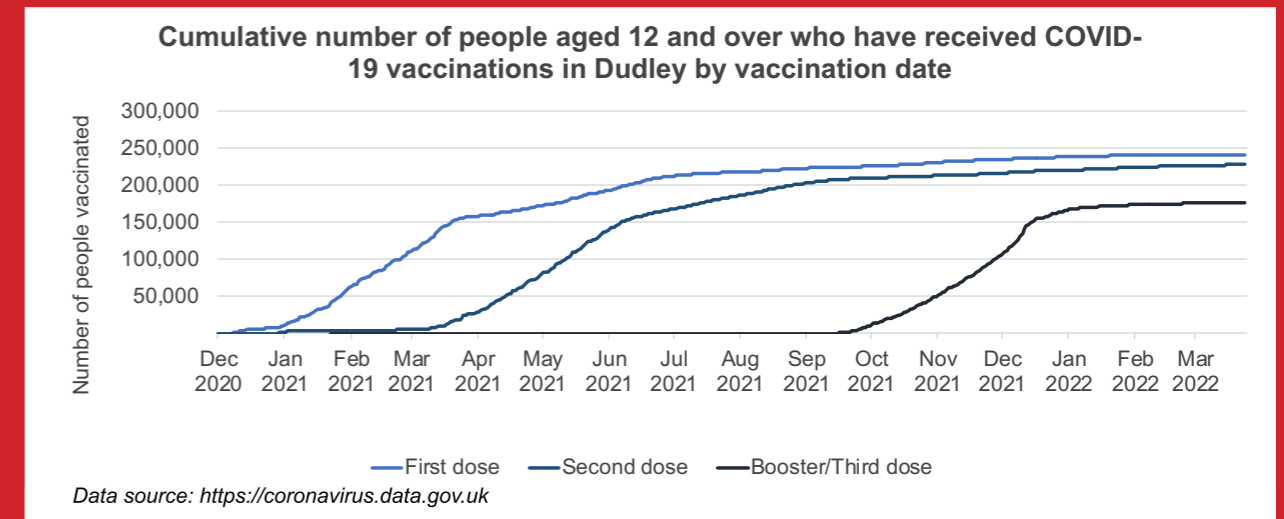


Figure 29

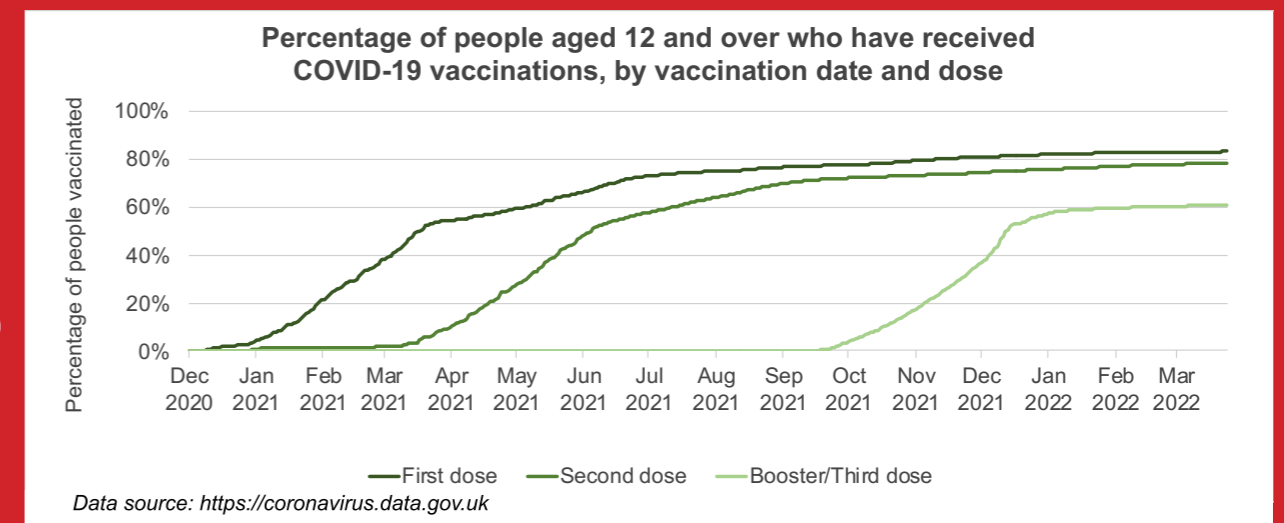
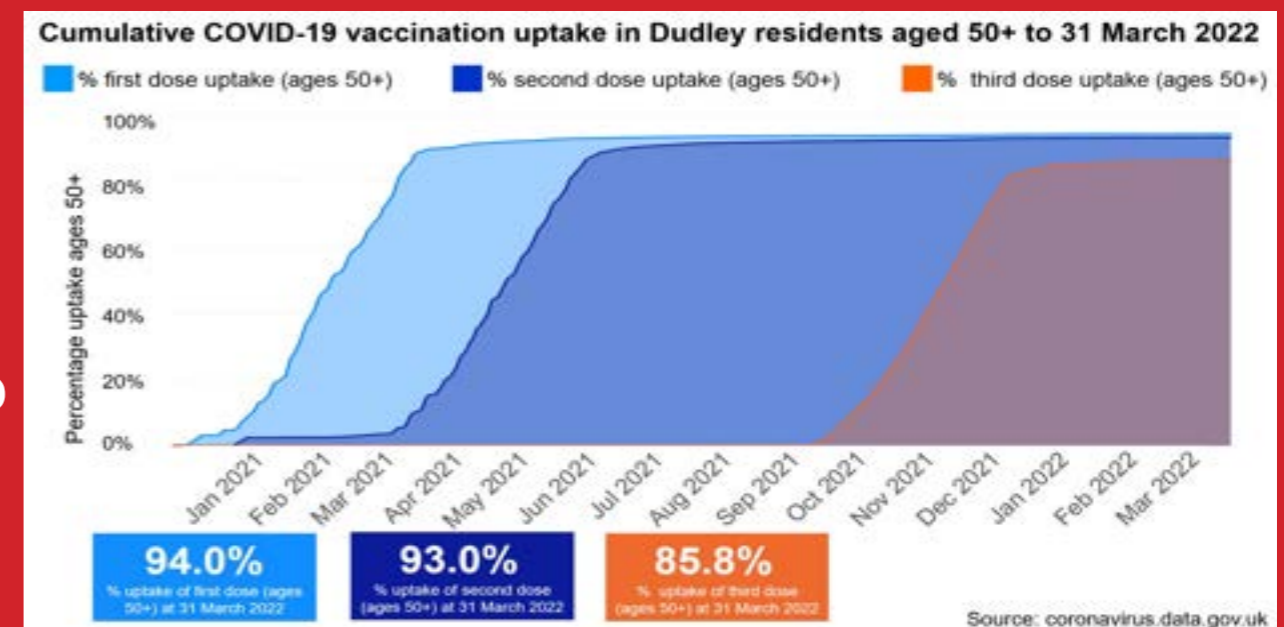


Figure 30



Financial support

During the pandemic our residents facing financial difficulties and hardship as a consequence of COVID-19 were able to receive financial support through a series of schemes overseen by our revenue and benefit service. By the end of the scheme, we received and processed nearly 10,000 applications. In total nearly £1,650,000 was paid out to Dudley residents to support them through the pandemic.



Business support

As well as supporting our residents, an important element of our COVID-19 response was to support our local businesses impacted by the effects of the pandemic. Support through the Business Grant Scheme was provided to our small and medium businesses throughout the borough. As well as financial support, we deployed a dedicated team of business advisors who were able to provide practical support and help businesses across the borough to keep up-to-date with the latest guidance and provide assistance and advice. In total 1511 business visits took place. We were also able to extend testing support to our local businesses and provide access to tests to support businesses to remain open and to stay safe. Businesses also have, and continue to, receive Dudley Business First weekly ebulletins.

Quote from MetroAlliance

“As a highly important infrastructure project for the Black Country area, the pandemic could not have come at a worse time for us. Without the ongoing support of Dudley Council and the active COVID testing programme we were able to provide through them, we would have suffered major programme issues which would have meant delays and cost implications.”

**Andy Jacques
Senior Delivery Manager**





CHAPTER 3

The wider impact of COVID-19

The wider impact of COVID-19 on the health and wellbeing of people in Dudley

In the last two chapters we focused on the unfolding of the COVID-19 pandemic and our response to the challenges this presented. But whilst that was happening there were still other threats, opportunities, weaknesses and strengths, affecting the health and wellbeing of the people of Dudley.

On 23 March 2020, the UK went into its first national lockdown to reduce the incidence of COVID-19 cases among the population. The social distancing and lockdown measures that were introduced to keep us safe during the pandemic have led to major changes in the way society functions. It has directly impacted Dudley's health and wellbeing. But the effect of COVID-19 stretches wider than this and has indirectly affected almost every aspect of life.

While many indicators of health and wellbeing in Dudley are favourable compared to the norms in England, we still have much to do. Those individuals who were the most disadvantaged before the pandemic began have suffered from a greater risk of infection

and death from COVID-19 infection. They have also been hit the hardest by wider impacts that have arisen from social distancing measures.

This chapter demonstrates that the pandemic has exposed and amplified the persistent inequalities across Dudley, both in terms of the direct impact of COVID-19 and the indirect impacts of COVID-19 across health, wellbeing and the wider determinants of health and wellbeing.

Mortality

The COVID-19 pandemic caused a large increase in "excess deaths" globally compared to the number that would normally have been expected. This has been observed in Dudley too, especially during the first and second waves of infection. From the beginning of the pandemic until 31 March 2022, there were 881 deaths in Dudley directly due to COVID-19 (underlying cause of death). Figure 31 shows the excess weekly deaths in Dudley throughout the pandemic, with the largest peaks of excess deaths coinciding with the major

waves of COVID-19 infections until the roll-out of vaccinations led to a major decoupling of infections from deaths.

Figure 32 shows weekly registered deaths in Dudley, including those where COVID-19 was mentioned on the death certificate, between 27 March 2020 and 1 April 2022. Again, this highlights the high numbers of deaths involving COVID-19 in Dudley throughout the pandemic, especially around the first and second waves of infection.

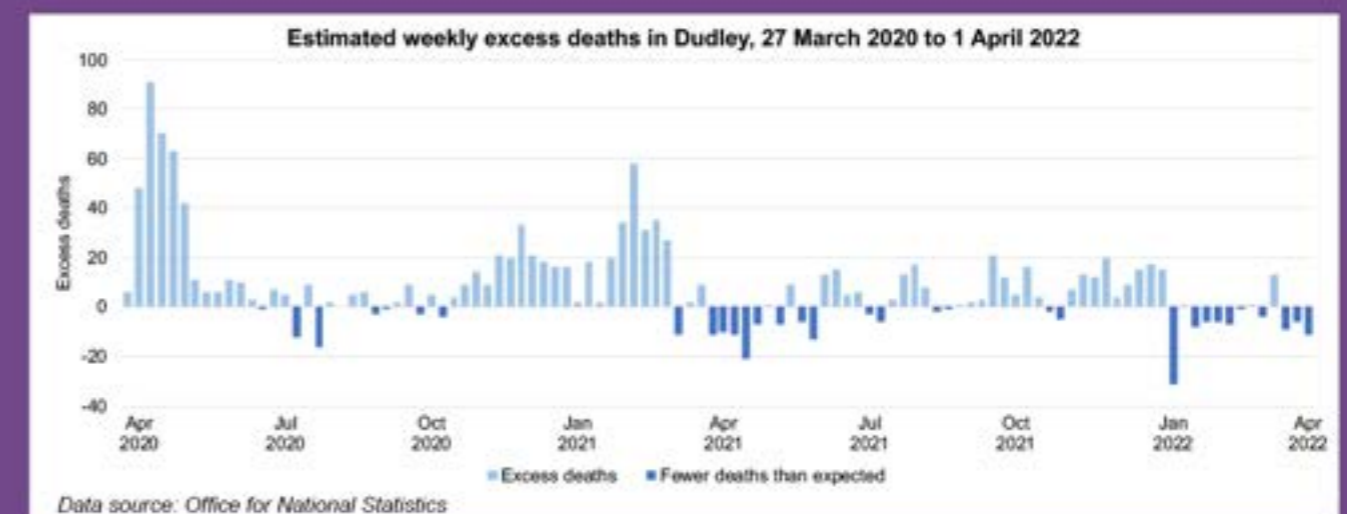


Figure 31

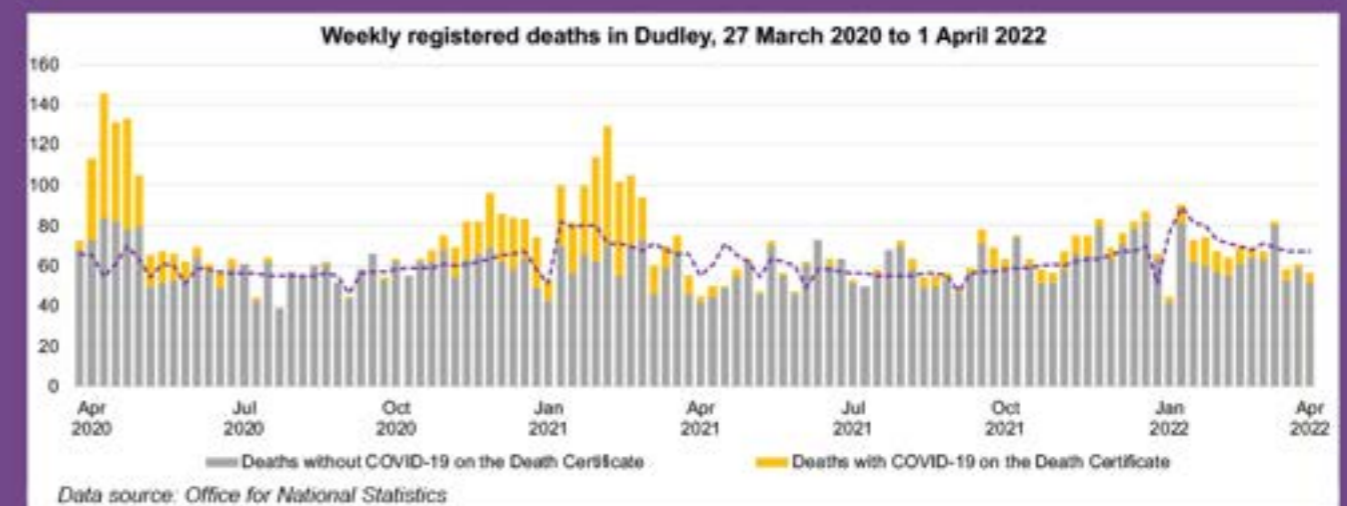


Figure 32

Morbidity

The COVID-19 pandemic has impacted certain areas of society more than others. In particular, areas of existing greater disadvantage have experienced the most severe impacts and COVID-19 has compounded existing inequalities.

Certain co-morbidities such as diabetes, severe asthma and obesity have a higher prevalence in areas of deprivation and in some ethnic minority groups and this is where we have seen a greater risk of severe infection from COVID-19 and poorer outcomes for many people.

Post COVID-19 condition

For some people, post COVID-19, commonly known as long COVID, symptoms can last longer than three months after infection. Research has suggested that around 1 in 20 people who has been infected experiences long COVID. Symptoms can vary from person to person and range from mild to severe, with some individuals seeing a debilitating disruption to their daily lives.

Evidence has shown that the incidence of long COVID is higher in women, those aged 35-69 years, individuals living in more deprived areas, those with pre-existing health problems and those who required hospital admission for COVID infection.

The NHS has developed an online programme titled 'Your COVID Recovery' which provides support for people following infection and offers resources to aid with recovery from the disease. Evidence on the most effective treatment for long COVID is currently limited and research is ongoing.

Access to health services - primary and secondary

Many 'non-urgent' and non-COVID-19 services were closed or severely restricted for large parts of 2020 as the NHS tried to navigate the challenges of the pandemic and its impacts. Many services moved to virtual and telephone assessments whilst GPs maintained face-to-face appointments for those who clinically needed it.

During the pandemic the number of people accessing health services reduced, driven both by a fear of becoming infected with COVID-19 whilst visiting care facilities and a desire to protect and avoid overloading the NHS.

There is evidence that individuals have avoided presenting to their GP. This has resulted in fewer referrals from primary to secondary care, with the greatest reduction in routine referrals

In March 2020 NHS hospitals in England were asked to suspend all non-urgent elective surgery to help free up general and acute care capacity. The impact of this on the total number of elective (planned) admissions, emergency admissions and accident and emergency (A&E) attendances at Dudley Group NHS Foundation Trust.

With demand for hospital treatment outstripping capacity even before COVID-19, it is no surprise that the demands of delivering care during the pandemic have led to significant backlogs and longer waits for patients.

The postponement of routine admissions and outpatient appointments early in the pandemic has increased the number of patients waiting and facing delays for investigation and treatment.

For example, the number of patients referred to hospital for a 'two week wait' assessment because their GP suspected they might have cancer fell sharply during the first wave of the pandemic. Although referral rates soon returned to normal, the number of patients who missed the national target has increased (see figure 35).

Figure 34

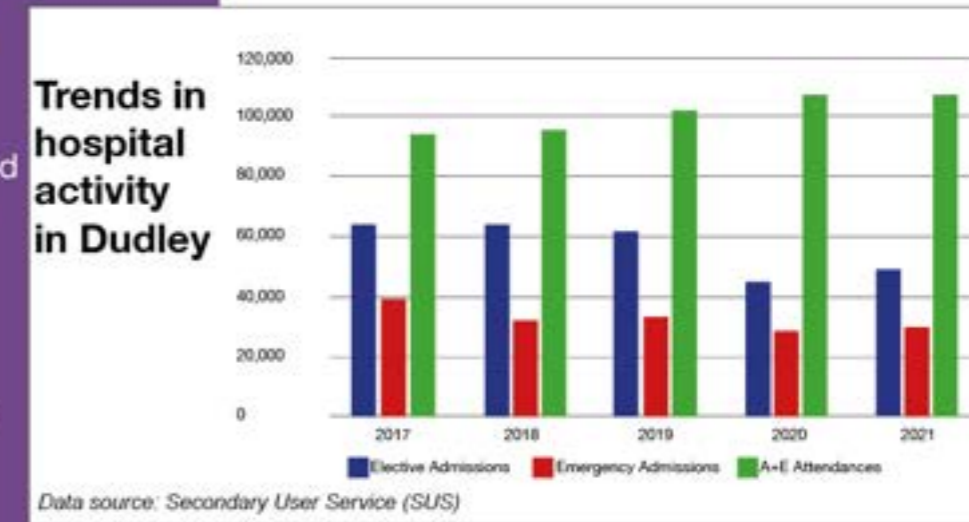


Figure 33

Trends in primary care appointments in Dudley (all professionals, face to face, video, telephone and home – up to 1.75 million by 2029)

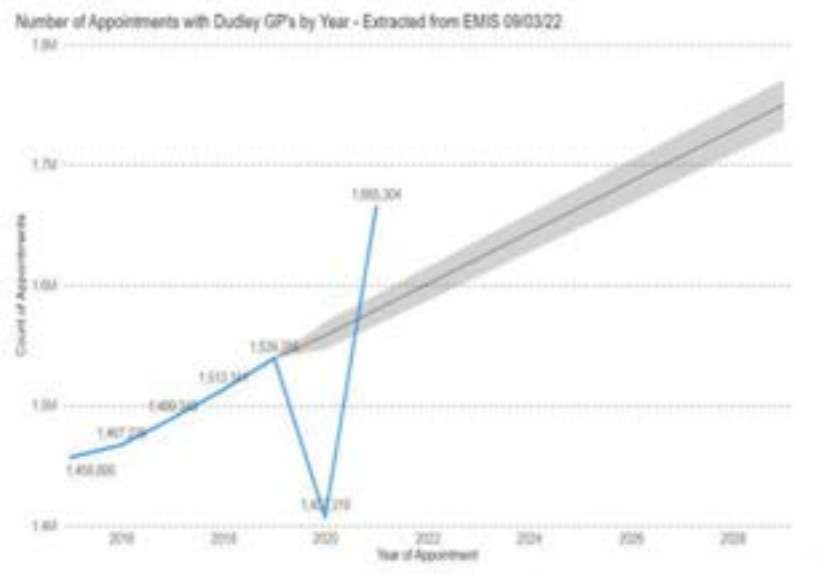
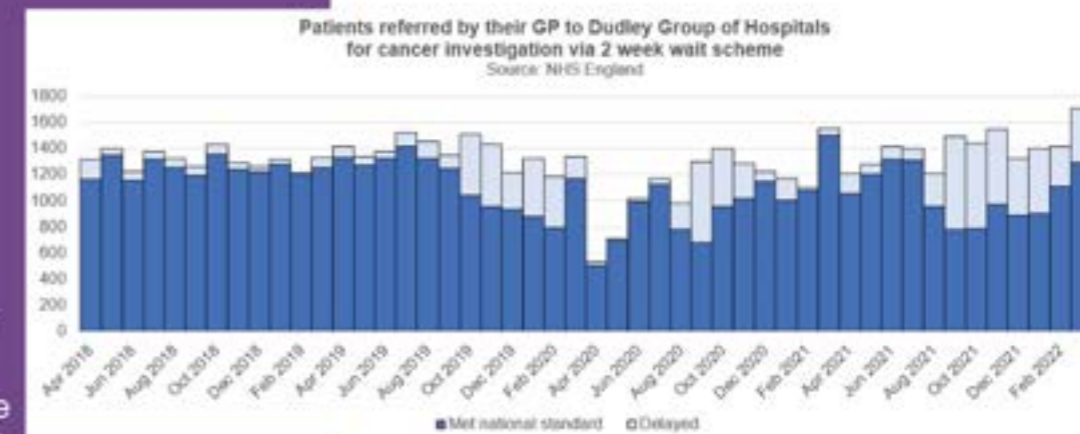


Figure 35



Variation in infection

We have seen a great deal of variation in infection rates across Dudley. In chapter 1, the data demonstrated there has been a higher rate of COVID-19 infections in those wards which are the most socioeconomically deprived.

In line with research conducted at a national level, in Dudley we have also seen that COVID-19 has had a disproportionate impact on individuals from certain groups including many of our minority ethnic communities,

those living in overcrowding housing and those that work in certain high contact occupations. This suggests that inequalities that existed long before the pandemic have widened further.

The 2019 Index of Multiple Deprivation showed that 28.1% of Dudley's population live in areas within the most deprived 20% of England.



The number and proportion of Dudley's population in groups at increased risk of severe COVID-19 infection

	Dudley	England
Aged over 70 years	47,865 (14.9%)	7.4m (13.1%)
Estimated number in clinical risk group aged under 70-years (based on flu vaccine eligibility)	46,370 (14.5%)	7.5m (13.4%)
BAME adults (% non-White population)	40,549 (12.8%)	8.1m (13.0%)
Proportion of residents living in areas in the most deprived 20% of IMD 2019	28.1%	20%
Clinically extremely vulnerable ("shielding") people	12,355 (3.9%)	2.2m (4.0%)
Adults with a long-term health problem or disability that limits their daily activities	28,034 (14.4%)	12.7%

Sources: UK Government, Dudley MBC Data Intelligence Team, ONS.

Healthy behaviours

The pandemic has affected our behaviour in different ways. Measures to stop the spread of COVID-19 has altered the norms of daily living and has precipitated unintended negative consequences on lifestyle behaviours. Physical inactivity, smoking, poor diet and excessive alcohol consumption

continue to be the biggest causes of preventable deaths. Obesity is a global pandemic in its own right and research has shown an increased risk of severe disease for those people living with obesity that become infected with COVID-19.

At a local level, during the pandemic, we saw a decrease in the number of people setting a smoking quit date with the Let's Get Healthy Dudley smoking cessation service

The 'Be Heard' survey in Dudley revealed that 26% of respondents had increased their alcohol intake since the beginning of the pandemic, with 15% saying this had decreased and 59% remaining the same

Since the pandemic there has been a decrease in the number of people completing the 12-week ShapeUp4Life weight management course with Let's Get Healthy Dudley



Mental health

Looking after our mental health is equally as important as looking after our physical health. It is vital we recognise the impact COVID-19 has had on our mental health and how it has affected people in different ways. Unsurprisingly, with huge changes in day-to-day life during the pandemic, we have seen significant deterioration in mental health which has led to an increase in self-reported mental health issues in people of all ages.

The mental health impact of the pandemic has been keenly felt among certain groups, such as young people, disabled people, households with a lower household income and people living in more deprived areas. Reduced social interaction, concerns about access to healthcare and medication and financial stress are among the contributing factors.

In Dudley we have seen a reduction in referrals into our local Child and Adolescent Mental Health Services

(CAMHS) but as restrictions slowly eased referrals picked back up again in 2021/22 and have continued to do so currently. We have also seen waiting times increase with the government-mandated restrictions although these have improved steadily once restrictions started to ease and lift.

Referrals to Dudley Talking Therapy Service continue to be higher than pre-pandemic levels. We are seeing a higher level of need within the service and a higher number being affected by the socio-economic uncertainties. We have adapted our ways of delivery to try and ensure clients have a range of treatment options to choose from to reduce the impact therapy has on their day-to-day lives. We continue to work closely with partners in both statutory and non-statutory sectors to provide the best care possible.

Dudley CAMHS Referrals - External	2019/20	2020/21	2021/22
All Dudley CAMHS Teams	2151	2051	3057

NHS health checks

Prior to the pandemic (2013 to 2018) the five-year uptake of health checks in Dudley was 63%. Due to reduced numbers of face-to-face GP appointments, in 2021/22 only 2.9% of Dudley residents aged 40-74 eligible for an NHS health check were able to receive one, which is around a fifth of the number that might normally have attended.

Screening uptake

Breast cancer screening uptake in Dudley had been running at around 75% for many years but dipped below 59% in 2021, which was a steeper fall than for England overall. Abdominal aortic aneurysm screening uptake dropped from 83% to 46%, which is also a steeper drop than for England.

Social impacts

The COVID-19 outbreak has affected all sectors of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, including people living in poverty, older people, people with disabilities and young people. Early evidence indicates that the health and economic impacts of the virus are being borne disproportionately by wards which are the most socioeconomically deprived. Those who were struggling financially before the pandemic are more than twice as likely to say they are financially worse off than those living comfortably.

Education and school attendance

One of the most impacted sectors during the pandemic was education. School closures and restrictions meant the entire system of learning had to change for children of all ages. Classes were held virtually for the most part and the format of exams changed to teacher assessments.

Teachers and schools have worked exceptionally hard to assess gaps in knowledge skills and understanding and make up for lost learning since the return to normal schooling. It has been suggested that some children and young people made only limited progress during the periods of lockdown and the legacy of this is still impacting

on progress and projected outcomes for 2021/22. Primary age pupils appear to have been affected more than secondary age pupils, most probably because periods of remote learning are less effective with younger age pupils. Those from disadvantaged backgrounds have also been impacted, possibly due to lower levels of access to remote learning devices and connectivity.

We have seen that a small number of children and young people who have returned to school have exhibited behavioural or anxiety-based issues, including non-attendance, and that school readiness amongst some of the youngest pupils entering primary school is low when compared with a pre-pandemic context. There has also been an increase in the numbers of children registered as electively home educated following the pandemic.

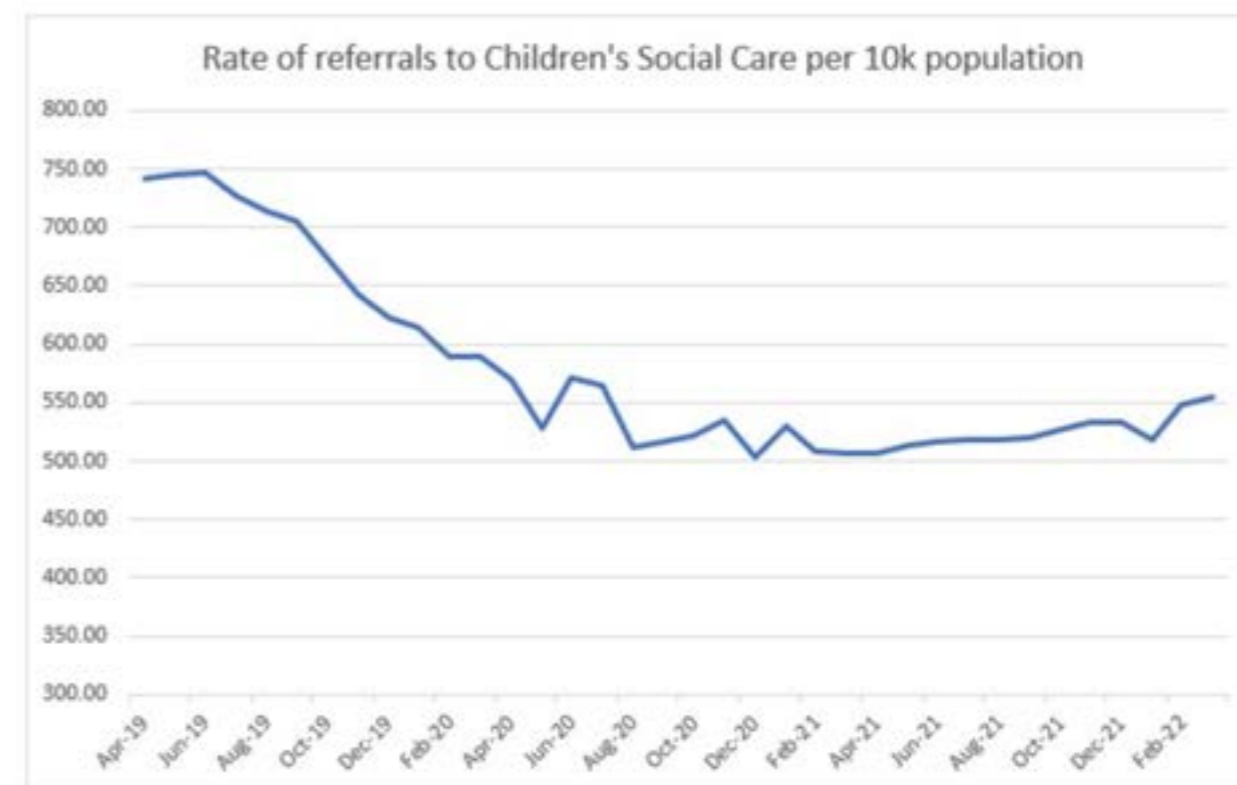
Illness remains the largest reason for absence from schools and has increased from 1.5% in 2020/21 to 4.78% in 2021/22. Anecdotal information is suggesting the biggest reason for this is due to mental health and wellbeing and children being absent from school due to anxiety and worry. This is considered to be associated with the experience of being isolated from society.

Referrals to children's services

Prior to the pandemic, the number of referrals to children's services was reducing following a spike in 2019. The pandemic caused an increase in the number of referrals but a decrease in the number of contacts made to the Dudley Multi-Agency Safeguarding Hub (MASH).

This is likely due to a decrease in the number of referrals coming from schools due to closures. Numbers of referrals have remained fairly consistent since this period and continue to sit between 500 and 550 per 10k population.

Figure 36



Homelessness services

During the first year of the pandemic, the homelessness team made 2518 homelessness decisions. This is a slight increase on the year 2019/20 when 2464 decisions were notified. We know from our data that approaches for homelessness assistance have remained steady for several years at approximately 2500 each year. In year two of the pandemic numbers remained steady at this level in 2021/22.

On average the service receives approximately 200 new referrals each month. However, at the start of the pandemic, following the guidance to 'stay at home', referrals into the service fell by 25%, most likely because of the immediate shock felt by the public in reaction to the pandemic and because of measures put in place by government to suppress homelessness.

However, by June 2020 referrals into the service increased, and throughout the remainder of the year numbers exceeded pre-pandemic averages by 25%, with numbers regularly reaching and exceeding 250 per month, eventually bringing the annual numbers back to normal levels by the end of the year 2021/21. They have remained the same in 2021/22.

In the past most referrals into the service have come from people seeking help to prevent their homelessness with a smaller proportion of referrals involving cases where applicants were already homeless at the time when they approached for help. This changed during the 'lockdown' and the service

experienced an increase in demand from those who were 'roofless that night' whilst numbers threatened with homelessness at a later date dropped significantly due to the measures put in place by government. However, although government efforts reduced the threat of immediate eviction for those with security of tenure, for those reliant upon friends or family for accommodation, or for those whose relationships had broken down, the options narrowed.

As 2021/22 progressed the demand on the service slowly began to change but to date is still not as it was pre pandemic.

Digital exclusion

11% of people in the West Midlands are completely offline and a further 18% of people do not have the necessary digital skills to be able to find information online. The increased reliance on online health information during the pandemic has further marginalised these groups. It is recognised that accessing health care services online has advantages but can also be overwhelming to navigate when many different platforms are used by healthcare organisations. The increased use of online technology to communicate with friends and family also risks increasing loneliness in those who are digitally excluded.

Employment

The West Midlands economy has undeniably been badly affected by the pandemic, shrinking by 11% in 2020. When COVID-19 hit, certain business sectors were particularly affected by lockdown and social distancing measures, especially sectors reliant on social contact, including entertainment and hospitality. This led to many local businesses closing, driving the rate of unemployment up. ONS figures show that the total number of people in employment in Dudley had decreased from 145,200 at the start of the pandemic to 141,700 by March 2021. Young people were particularly affected due to being more likely to be in customer-facing jobs.

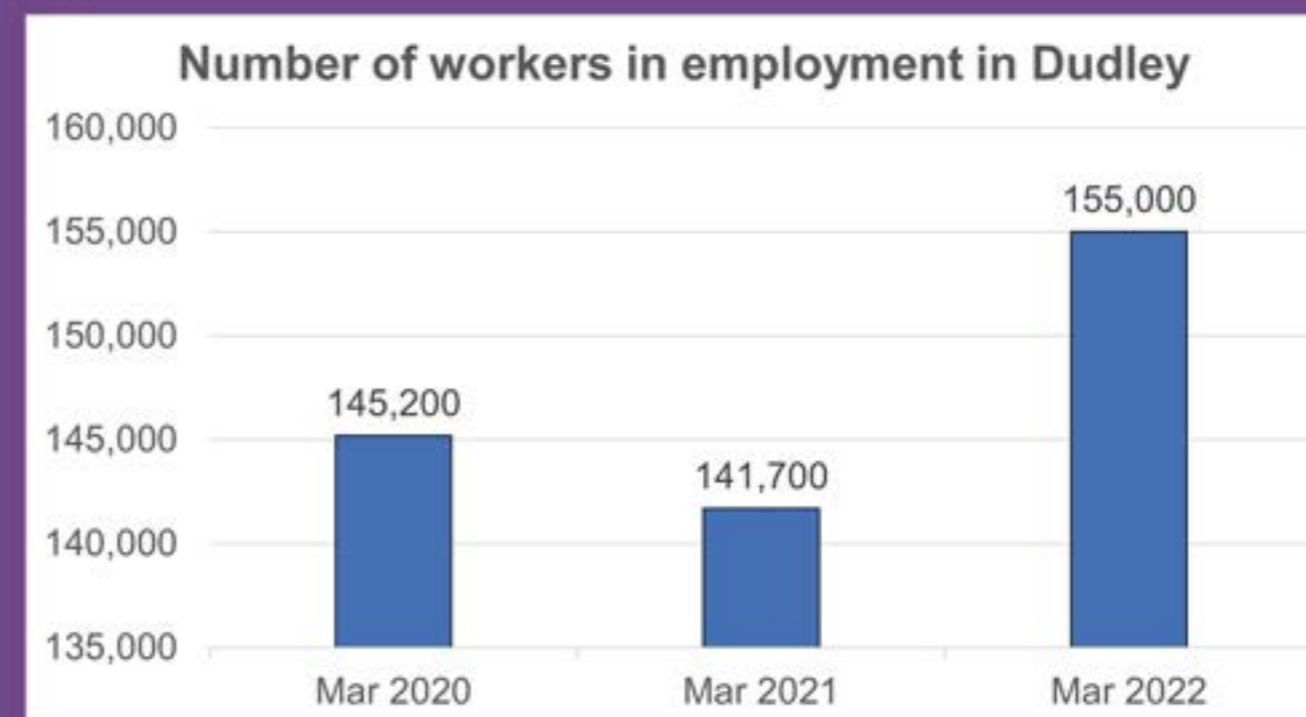
The bounce-back since the pandemic has been encouraging, with youth unemployment in Dudley now lower than pre-COVID-19. The figures from March 2022 show that the number of workers

on company payrolls has risen again to 155,000, which has increased above pre-pandemic levels. The changing rate of employment throughout the pandemic can be seen in Figure 37.

Data from Office for National Statistics (ONS) has shown a reduction in the number of people claiming unemployment benefits in Dudley over the last year. In March 2022, 10,315 people were claiming unemployment benefits. This has dropped from 14,400 people seeking support in March 2021.

The economic impacts produced by COVID-19 are more likely to affect those already most disadvantaged as they are more likely to have had a reduction in income during the pandemic.

Figure 37



Community and environmental safety

Crime

The pandemic and government instructions to limit social contact have had a significant impact on patterns of crime nationally, with reductions in total crime reported during the first lockdown. In Dudley there was a short-lived reduction of 18% in total crime reported (excluding anti-social behaviour) in April 2020 compared to April 2019. However, this reduction has not been sustained over the course of the pandemic and the overall crime rate in Dudley in 2021 was 131 crimes per 1,000 people. This compares poorly to the West Midlands' overall crime rate.



Environmental

Research has shown that during the first lockdown, road traffic in the West Midlands dropped to 30% of normal levels, which led to a significant reduction in the levels of NO2 in the air in the region. This suggests that aiming to reduce future vehicle emissions and increase green travel could positively impact air quality.

Green spaces

During the national lockdowns, often the only escape for residents from staying indoors was to go for a walk or exercise outdoors. Nature has been a source of solace for many and we have seen our resident's heightened appreciation for our local parks and green spaces. There is a large amount of evidence demonstrating the health benefits of access to green spaces with notable improvements to mental health and cardiovascular illness.

Just before COVID-19 struck, Dudley published its Open Space Review 2019 to audit the amount of green space, its quality and accessibility and to inform the Local Plan. In Dudley we have a rich resource of parks, nature reserves and open spaces and throughout the pandemic we saw an increase in the number of residents using these spaces. COVID-19 has emphasised the importance of creating, restoring and maintaining green spaces to encourage the people of Dudley to spend more time in them and reap the benefits.

Dudley Council has invested significant time and energy into transforming its local parks, working hard to increase the health and wellbeing of local residents. Over the next three years the council is committed to investing a further

£900,000 in parks across the borough to bring communities together and protect these precious spaces for generations to come.

Cost of living and rising rates of inflation

Many people will have been under increased financial strain during the pandemic because of lost or lower income and in the first few months of 2022 we saw increases in the price of food, gas and electricity being felt by many. Changes in work practices have led to more residents working from home, resulting in increased reliance on home utilities and therefore increased monthly utility bill costs. It is predicted that this will only get worse as the year progresses and is likely to widen and deepen existing inequalities across the borough and worldwide.

Ukraine war 2022-23

Even as the worst excesses of the pandemic were passing and Omicron was becoming established, a new threat emerged in the form of the invasion of Ukraine by Russia in early 2022. This immediately posed a risk to the fragile economic recovery underway following the pandemic and in a short space of time led to very significant increases in inflation, particularly affecting the affordability of heating and healthy food. In addition, the war in Ukraine sparked new concerns for residents, who may already have been experiencing anxiety and uncertainty due to the COVID-19 pandemic. The legacy of this conflict will no doubt complicate recovery from the pandemic.



CHAPTER 4

Looking back, moving forward

Learning from the pandemic story in Dudley

There is no doubt that the COVID-19 pandemic has presented monumental challenges and has impacted on everyone in one way or another. To be prepared for any future public health crisis and to improve health and wellbeing it is crucial that we reflect on our response to the challenges presented by the pandemic and the lessons we have learnt from this. To build community resilience and reduce health inequalities, we need to build on the things which have supported and enhanced people's health and wellbeing during the pandemic and focus on the things which people have told us really mattered to them.

We also need to remember the value of community insight, as demonstrated throughout the pandemic. Perhaps this is most notable in relation to the 'Reaching Out' community conversations which provided rich insight into some of the reasons behind the low uptake of the COVID-19 vaccine amongst the Black African and Caribbean, Pakistani, Arab and Roma communities. Moving forward, it is important that we address the issues and challenges raised by these communities to ensure that we build credibility and inclusivity in our future work.



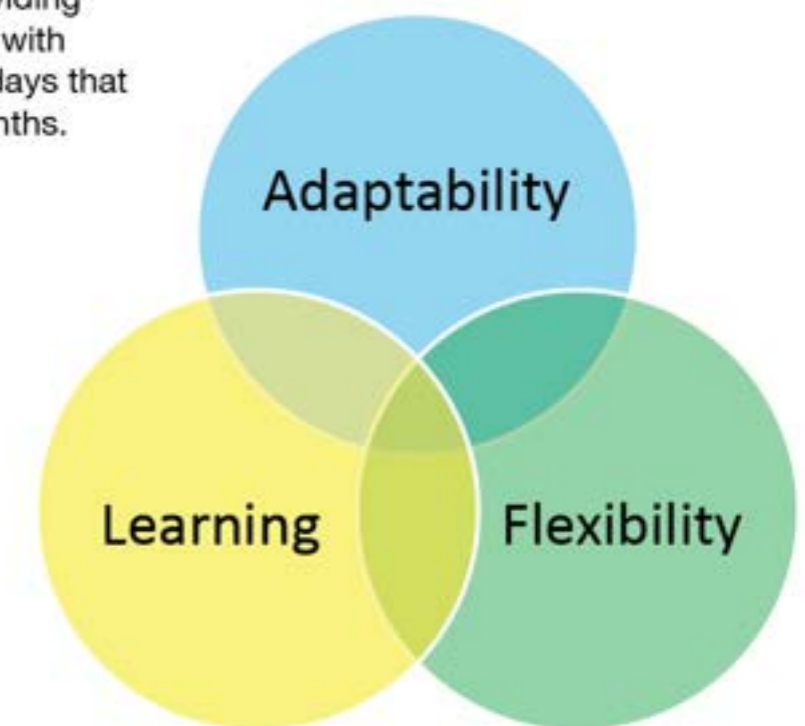
Adaptability

Throughout the pandemic, what we learnt about the disease unfolded day by day which made responding to the pandemic extremely challenging. Our response involved making infection-control decisions and managing resources – often under extreme pressure given the extent by which lives were being lost.

Public health was able to take action to control situations locally and on the ground to safeguard our communities and deliver the most effective activities to respond to COVID-19 at a pace none of us have ever seen before. As a council we had to work flexibly and respond quickly to the crisis, making rapid organisational changes to maintain service continuity as well as implementing governance, providing a sense of direction and acting with extreme pace, doing things in days that in the past may have taken months.

Overnight we set up new services to support the vulnerable. Drawing on local capacity and expertise we led partnerships across the public, voluntary and community sectors, handling requests for food parcels, financial support and wellbeing services.

We recognised that this crisis was everyone's business and having resources ready and strategies regularly tested made rapid response easier. Keeping plans up-to-date and having adaptable infectious disease monitoring systems in place for upcoming threats forms part of our COVID-19 legacy.



Collaboration

Dudley's response to COVID-19 was a massive collective effort; working in genuine partnership with the public sector, health and care services, voluntary, community and faith organisations, businesses and residents to minimise the spread of infection and protect those most at risk.

Community engagement coupled with local knowledge and contacts with elected members, community and faith leaders proved vital to being informed of emerging issues and responding effectively. The partnership working and "can do" attitude that emerged was exemplary and we will work hard to maintain and build on these relationships as part of our recovery and resilience planning.

We will continue to work collaboratively to promote and protect public health within Dudley. Together we can continue to address public health concerns, support better health outcomes across our communities and focus on building long-term resilience.



People's lived experiences

The COVID-19 pandemic has impacted on all of us by changing our home lives, our work lives and the ways in which we interact with our families and communities. It has also changed relationships between local people and those who provide public services.

In autumn 2021, as we were beginning to emerge from the most critical phase of the pandemic, we embarked upon a borough-wide project to capture people's lived experiences of COVID-19. We wanted to ensure that this insight informed our learning from the pandemic and our future working practices and priorities. We heard a total of 91 stories from people across the borough told through the mediums of storytelling, a participatory photography project and a community quilt. We asked people to tell us what they valued the most during COVID times and why. Each story was unique and personal, however some common themes emerged which provide a call to action for everyone involved in setting priorities for the future. These themes were:

1. The importance of green spaces and connecting with nature

We heard a lot about the powerful connections that people had with nature

during the pandemic, and the positive impact this had on their physical, mental and spiritual health. Moving forward, we should prioritise the protection and enhancement of green spaces. Service providers and groups should be encouraged to consider how they can deliver more activities outdoors to enable people to maintain the connections with nature that they have made or reinforced during the pandemic.

2. Connections

Maintaining connections with family and friends was vital and was easier for some to do than for others. Stories illustrated a widening gap in which those who already had good relationships with family, friends and their communities experienced deeper levels of connections, whereas those who were more isolated, without conscious strategies to reduce this, became more so. The impact of isolation on a person's mental wellbeing and longevity is well established. Forging ahead, we should consciously create opportunities and reasons for people to connect, be it through friendship cafes, intergenerational projects, friendly benches or many other possibilities. These should be woven into the fabric of Dudley in the future.



3. Being creative

We heard many examples of how being engaged in creative activities such as music or crafts helped people to navigate the difficult times during the pandemic. Progressing from here, we should support creativity. Creative activities, which utilise green spaces and /or create opportunities for people to mix more in groups and share a common interest, should be made more widely available and accessible in a range of community settings.

4. Supporting people and people being supported

Throughout the pandemic we have witnessed extraordinary levels of community spirit, of people supporting others and being supported. We heard about a sense of inclusion with everyone looking out for each other and services relaxing strict criteria and

working practices. This resulted in more innovative, timely, efficient and effective responses. However, the pandemic also highlighted the impact of digital exclusion and the impact on those who were less able to access online support, leaving them with the feeling that they had 'fallen through the net.'

Reciprocity (or supporting one another in different situations) is the cornerstone of effective community building. It creates connections and mutual understanding. It also affords people dignity if they are able to give as well as receive. Going forward, opportunities for people to contribute their time, skills and talents should be built into the way of working in Dudley, alongside a shift in focus from services being delivered 'to people', to 'doing things together'. This will help to embed Dudley's current shift towards asset-based working (pulling together our strengths as a borough) and delivery models.

5. Work and routine

We heard many stories which illustrated the value of work and routine, including opportunities to contribute actively and creatively within local communities. Many of those who were in regular employment during the pandemic appreciated the distraction, focus and security of work as well as the opportunities to connect with, support and be supported by others. However, those with a more precarious work situation found difficulties were amplified by the pandemic and work became a source of stress and anxiety. Generally, people without a focus or routine fared less well.

Moving on, we should recognise and realise the value of volunteering beyond a route into work or support to an organisation. Volunteering programmes should focus on matching people carefully to opportunities where they may derive dignity and a sense of structure to their day-to-day lives. This will become increasingly important as the population shifts to longer life expectancy and potentially longer periods of retirement.



6. Time to slow down and reflect

During the COVID-19 pandemic, people valued the opportunity to live life at a slower, more reflective pace, and they recognised the benefits this had on their mental, emotional, and physical wellbeing. Looking forward, we should consider how the value of slowing down and taking time to reflect can be recognised and reflected in organisational culture and communications. This will support and enable people living and working in the borough to move beyond a dominant narrative of business.



Community resilience

We have listened to stories from residents, heard from people we have never engaged with before and been inspired by the contributions that individuals and groups have made to supporting each other during the pandemic. These examples should be celebrated, supported, and replicated.

We have witnessed the positive role that residents and groups can have in emergencies and recognise that communities themselves are best placed to know what their priorities are. We need to continue to see and value what is strong in communities and support people to discover, connect and mobilise what is working well to address the challenges and possibilities ahead. Working in this way will require a shift in mindset and approach, changing the narrative around people and asking what they like to contribute as well as receive.

Living with COVID-19

Though COVID-19 is still with us, the virus is now less of a threat, thanks largely to vaccination and partly due to mutations that resulted in the Omicron variant plus the development of antiviral treatments. Whilst cautiously optimistic, we cannot be sure there will be no further unexpected setbacks. Meanwhile COVID-19 continues to cause significant amounts of illness for some people and fewer, but not zero deaths. Whilst most people can safely go about as normal now, we need to be especially mindful of those whose immune systems are weakened and who remain vulnerable.

With the lifting of all coronavirus restrictions in the UK on 1 April 2022 and our journey toward COVID-19 being a part of communities in the same way flu is and other infectious conditions for example, there is reason for relative optimism as we begin to adjust to living with COVID-19.

At the time of writing this report in early 2023, COVID-19 related hospital admissions remain relatively low and stable, and COVID-19-related deaths occur infrequently.

Figure 38 illustrates how, from the middle of 2021, COVID-19 gradually became a less serious threat to health for most people. On the left side of the graph the height of the dark blue bars shows the high numbers of people admitted to hospital due to COVID-19 during the first and second waves in 2020.

However, by the middle of 2021 most people had become less vulnerable to serious illness due to vaccination (the yellow line shows the increasing uptake of the vaccine). The mutation of the coronavirus into the Omicron

variant at the end of 2021 further reduced the risk that COVID-19 infection would require hospital admission.

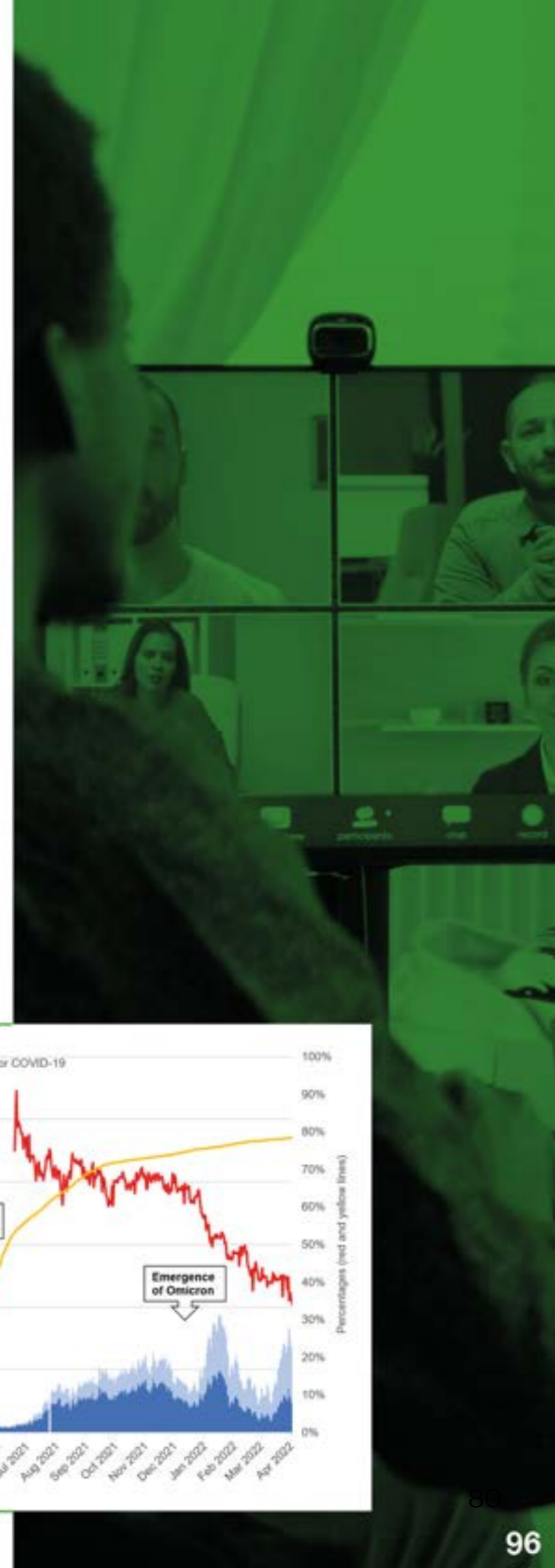
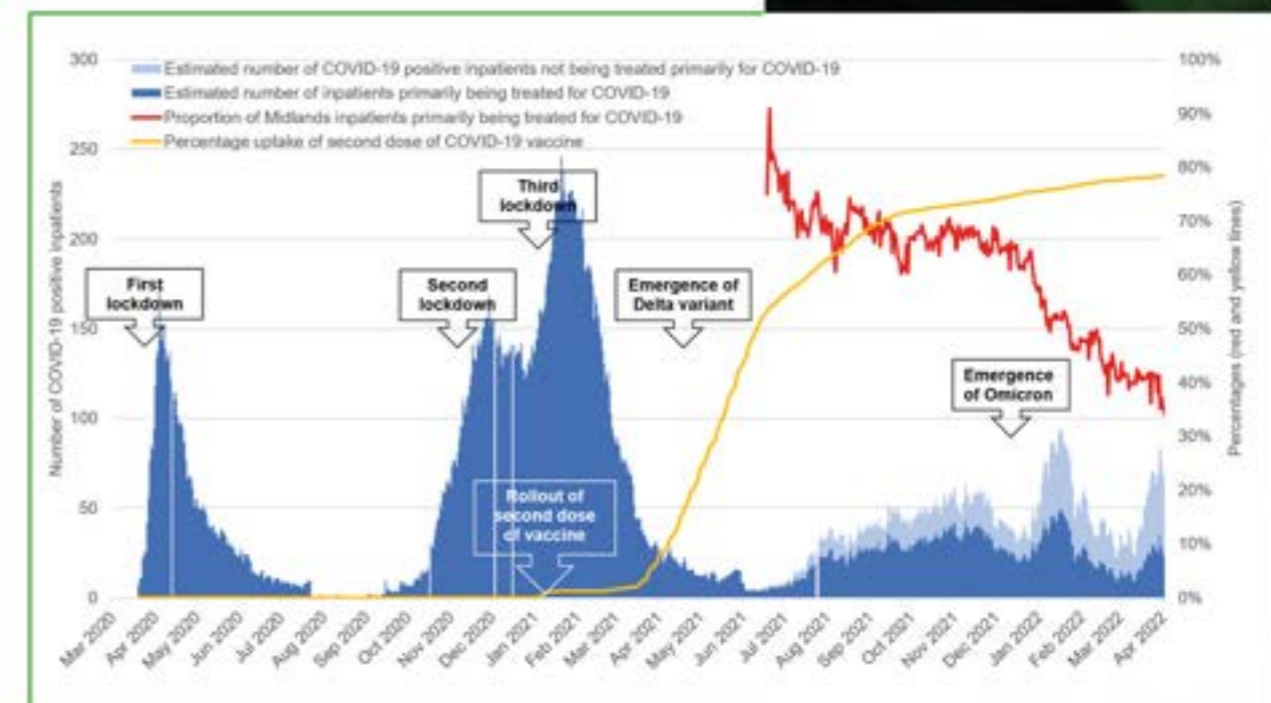
During 2020 nearly everyone who was admitted to hospital with a positive COVID-19 test was poorly due to coronavirus infection. Towards the end of 2021 an increasing proportion of patients admitted to hospital with a positive COVID-19 test had incidental infections unrelated to the cause of their admission. Whilst this still mandated infection control measures to protect others around them, it suggested that the threat to health from COVID-19 was beginning to decline.

In June 2021, when the proportion of hospital inpatients with a positive COVID-19 test who were being treated for COVID-19 was first published by NHS England, nearly 90% of inpatients who had a positive COVID-19 test were poorly due to COVID-19. By March 2022, around 37% of inpatients positive for COVID-19 were primarily in hospital due to coronavirus infection. The increasing proportion of hospital inpatients with a positive COVID-19 test but without viral illness is seen in the emergence of the pale blue bars towards the right of Figure 38. These reflect growing numbers of inpatients who were testing positive for the coronavirus without actually being ill from COVID-19 as the vaccination program increased population immunity.

More remarkably, infection rates in the community during the Omicron wave of winter 2022 were several times higher than during the first and second waves of 2021, yet the number of people being treated in hospital for COVID-19 (darker blue bars) during this later period was a fraction of the number of inpatients with COVID-19 during 2020. At last infections had become decoupled from hospital admissions and deaths – the threat from COVID-19 was declining.

It is important, however, for us all to remember that living with COVID-19 does not mean that the disease poses no risk. There are still people that can get very sick from COVID-19 including people who are older, immunocompromised, have certain disabilities, or have underlying health conditions. However, there are things we can all do to live safely and help reduce the risk of catching the virus and passing it on to others.

Figure 38



To limit further spread of coronavirus and other respiratory infections, and ensure people keep well, it remains sensible advice to follow the following precautions:

- ✓ get vaccinated against COVID-19
- ✓ open windows to let in fresh air when meeting people indoors
- ✓ if you feel unwell, if possible stay at home and avoid contact with other people, especially if their immune system puts them at high risk of serious illness from COVID-19
- ✓ consider wearing a face covering in crowded and enclosed spaces, especially if you are at high risk or are meeting someone at high risk of serious illness from COVID-19
- ✓ wash hands regularly

While the Government's Living with COVID strategy has moved us away from a focus on reducing prevalence, to reducing the risk of serious harm to vulnerable people and although the future path and severity of the COVID-19 virus is uncertain, in public health we will continue to ensure we are prepared for any future waves and that we have the capacity, resilience and skills within the council to upscale our activities and respond should the need arise.

The plan is to manage COVID-19 like any other respiratory illness. The situation in Dudley will be regularly monitored and we will take appropriate steps should things change, to limit any future impact the virus may have. In public health we have developed an outbreak response team with a dedicated workforce identified and trained ready to be stepped up and respond to outbreaks, surges in COVID-19, and / or a variant of concern, ensuring resilience in both our workforce and response.

As part of their work, this team will also look at the widening gaps in inequalities and how the impact of COVID-19 and other infectious diseases can have a disproportionately detrimental effect on our most vulnerable communities.

Vulnerable individuals and communities have tended to be hit hardest during the pandemic. We know that inequalities have widened, and recovery can take longer for our most exposed communities. As part of our recovery from the pandemic we will be taking action at a local level to protect the most vulnerable and reduce the impact on equalities.

We want to get into the heart of our communities to address these widening inequalities and increase the pace of progress of reducing health inequalities. Recognising the impact that COVID-19 has had on our communities and acting on this knowledge is a high priority for the team.

Another significant area for understanding and tackling inequalities is to ensure that public investment in services is equitable and we need to make sure that the way we commission and deliver services and in how we allocate resources is based on genuine need.

The pandemic has shown that health and wealth are inextricably connected. A sustainable recovery therefore presents an opportunity to create a healthier and prosperous society, to reduce the stark inequalities exposed by the pandemic.



Next steps

To increase community resilience and reduce health inequalities, it is imperative that we build on the things which have supported and enhanced people's health and wellbeing during the pandemic. The nurturing of these factors that are health-enhancing and supportive will build on existing strengths and foster resilience as opposed to creating services to fill gaps and fix things.

As we learn to live with COVID-19, we are faced with a wide range of issues that have been exacerbated by the pandemic. Data and evidence show that mortality rates from the virus are highest in areas of the borough with the highest deprivation. Moving forward it will be important to place equal emphasis on data as well as qualitative insight from community conversations and stories. Whilst the data will help to identify issues to focus on, it is the stories that will tell us 'why' the issues exist in the first place and 'what' we should do to address them.

As a council, we pledge to address these challenges with a renewed focus on primary prevention, addressing health disparities and their drivers, the social determinants of health and the causes of poor health outcomes. We will unlock the learning from the pandemic to protect and support our communities against future pandemics and look to build upon the incredible community capacity that has been developed.

While the worst of the pandemic is over, COVID-19 will live with us. Learning from and adapting to COVID-19 is an essential part of living with COVID-19 for all of us.

Over the last couple of years, the flu season has been practically non-existent with many people not being exposed to flu due to COVID-19 restrictions and low circulating levels of the virus. However, future flu seasons could be severe.

It is important to make sure you and the people you care for are protected against serious illnesses such as flu. We will build on the lessons from COVID-19 which has allowed us greater reach into our communities to support confidence in vaccines and help those in the priority vaccine groups access vaccines quickly and safely. By having the flu vaccine you will protect yourself and others from what can be a severe illness, sometimes fatal and you will also be protecting the NHS at a time of great pressure.

Looking forward

Working to be fit for the future, at Dudley Council we are ambitious in our plans to make the borough a destination of choice and innovation, creating opportunities for all to thrive in a safe and healthy environment. In 2018, before COVID-19 struck, Dudley Council published its vision for 2030. Despite all the changes and challenges of the pandemic, the vision and its seven aspirations remain relevant.

The people of Dudley borough are central to its strengths. They are hardworking people with a strong allegiance to their community. Dudley Council's vision will help residents, businesses and visitors to shape the future of the borough for the people of Dudley.

In 2030, Dudley borough will be...



A place of **healthy, confident, and resilient communities** with high aspirations and the ability to shape their own future.



An **affordable and attractive** place to live, learn and work with a green network of high-quality parks, waterways and nature reserves that are valued by local people, businesses and visitors.



A place where everybody has the **education and skills they need**, and where outstanding local schools, colleges and businesses secure consistently excellent results for their learners.



Renowned as home to a host of **innovative and prosperous businesses**, operating in high quality locations with space to grow, sustainable energy supplies and investing in their workforce.



A **unique visitor destination** that drives opportunity, contributing to its ambitious future while celebrating its pioneering past.



Better connected with **high quality and affordable transport**, combining road, tram, rail, and new cycling and walking infrastructure.



Full of **vibrant local centres** offering a new mix of leisure, faith cultural, educational, residential and shopping uses.

Conclusion

The COVID-19 pandemic has created an unexpected and unprecedented challenge. The response of the public health team, in collaboration with colleagues both inside and outside of the council and residents, has been thorough and wide-reaching, as demonstrated throughout this report.

The people of Dudley have been through a lot during this time and as we enter the “new

normal” it is our aim to help our communities feel supported and provide them with the opportunity to live their lives well. This report also highlights our aspirations moving forward and looks at how we can build our resilience, level up our inequalities and ensure we are ready for whatever comes next.

Never has the saying “think global, act local” been more fitting (Patrick Geddes).

Recommendations

We have seen exemplary work taking place in our communities to support people's health and wellbeing during the pandemic. It is now our priority to build on the things that we have learnt and incorporate them into our plans for the future so that we can all live safely with COVID-19 and forge a better future for Dudley residents.

Recommendation 1

Continue to develop and build trusting relationships with residents and communities, and in particular our underrepresented groups, and ensure that people's lived experiences inform our future working practices and priorities

Recommendation 2

Focus on tackling inequalities and the wider determinants of health, particularly where the gap has been widened due to the impact of the pandemic, through a whole system approach

Recommendation 3

Remain vigilant towards COVID-19 and other infectious diseases as we move into the recovery stage of the pandemic

Recommendation 4

Continue to support the immunisation programme to deliver an improvement in the uptake of COVID-19 and flu vaccines during 2022-23

Recommendation 5

Build on the community response to the pandemic to generate sustainable community-driven responses that build long-term resilience and renewal

Recommendation 6

Act upon the learning from the pandemic to ensure public health resilience and preparedness for any future pandemics

Recommendation 7

Protect educational continuity by including this as part of our continuing resilience planning

Recommendation 8

Engage meaningfully with our residents, customers and partners to ensure our communications are reading-age appropriate, culturally sensitive and available in different formats where required

Recommendation 9

Continue delivering existing health and wellbeing lifestyle programmes to promote healthy lifestyles and improvements in wellbeing

Recommendation 10

Prioritise the protection and enhancement of green spaces and ensure equal access for all Dudley residents

Recommendation 11

Prioritise the importance of ongoing strong health protection processes, procedures and oversight from the Director of Public Health, to ensure we can respond to incidents and outbreaks

Recommendation 12

Prioritise and protect the things which supported and enhanced people's health and wellbeing during the pandemic



Glossary

A&E	Accident & Emergency
CAMHS	Children and Adolescent Mental Health Services
DCVS	Dudley Council for Voluntary Service
IMD	Index of Multiple Deprivation
LFT	Lateral Flow Test
LOMP	Local Outbreak Management Plan
ONS	Office for National Statistics
PCR	Polymerase Chain Reaction
PHE	Public Health England
PPE	Personal Protective Equipment
WHO	World Health Organisation



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Paul Quigley, Intelligence Analyst
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Rachel Allison, Foundation Year 2 Doctor
Shelley Brooks, Communications & Public Affairs Senior Account Manager
Steve Wilkinson, Team Manager, Education Support Service
Suzi McFall, Public Health Speciality Registrar, Dudley Council
Vicky Cook, Performance Manager, Integrated Commissioning Performance & Partnerships



Meeting of the Health Select Committee - 8th January 2024

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

Development of Dudley’s Integrated Model of Health and Care

Purpose of report

1. To advise the Committee of the current position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust and the development of integrated care pathways.

Recommendations

2. It is recommended that the position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust and the development of integrated care pathways be noted.

Background

3. The Committee will be aware from previous reports of the ICB’s decision that it did not see a future for Dudley Integrated Health and Care NHS Trust (DIHC) as a free-standing NHS Trust and the subsequent work to identify options for the future delivery of services it currently provides. This report provides the Committee on the current status of the options appraisal process.
4. The Committee will also be aware of work to develop integrated care pathways. This report provides an update on progress.

Current Service Provision

5. DIHC currently provides the following services:-
 - Commissioned by the Council – School Health Adviser Service

- Commissioned by the ICB – Talking Therapies/Primary Mental Health Care, primary care services (High Oak Practice, Chapel Street Practice, Enhanced Health in Care Homes Service, Special Allocation Scheme, Local Improvement Schemes), former CCG functions (commissioning, primary care development, NHS Continuing Care/Intermediate Care, Pharmaceutical Public Health, corporate support functions)
- Commissioned by the 6 Primary Care Networks (PCNs) – Additional Roles Reimbursement Scheme (ARRS) staff – a number of roles that support primary care including pharmacists, social prescribers, physicians' assistants etc..)

Options Appraisal

6. The potential options for these services have been reviewed through a process overseen by a Project Board, the membership of which includes representation from the Council.
7. At its last meeting the Committee was advised that decisions were still outstanding in relation to the services commissioned by the 6 Primary Care Networks. These issues have now been resolved.

Recommendations

8. DIHC and the ICB have now approved the following:-
 - School Health Adviser Service – will transfer to Shropshire Community Health Services NHS Trust as part of the new contract awarded by the Council for services.
 - Talking Therapies/Primary Mental Health Care – transfer to Black Country Healthcare NHS Foundation Trust.
 - Local Improvement Schemes (LISs) – transfer to PCNs.
 - Other ICB commissioned primary care services and ARRS staff – transfer to Dudley Group NHS Foundation Trust (DGFT) – to operate as part of the evolving place partnership arrangements.
 - Former CCG functions – transfer to DGFT – to operate as part of the evolving place partnership arrangements.

- ARRS Staff – 3 PCNs (Dudley and Netherton; Brierley Hill and Amblecote; and Halesowen) – transfer to DGFT – to operate as part of the evolving place partnership arrangements. 3 PCNs (Stourbridge, Wollescote and Lye; Kingswinford; and Sedgley, Coseley and Gornal) – transfer to a lead practice within each PCN.
9. It should be noted that the ARRS pharmacists will all transfer to DGFT, alongside the former CCG Pharmaceutical Public Health Team, thus retaining a single, integrated team.
 10. The Committee will recall that a set of principles was agreed by the ICB and DIHC regarding the future arrangements for services. These recommendations meet the principles except for the primary care services where a small element – the LISs – will be provided by the PCNs, and 3 PCNs will employ their ARRS staff through a lead practice. This means that the primary care services in total will not be delivered by a single entity.
 11. The School Health Adviser Service will transfer to Shropshire Community Health Services NHS Trust on 1 April 2024. The timescales for the other transactions are to be determined, with the expectation that all will be completed by 30 June 2024.

Integrated Care Pathways

12. The development of integrated care pathways has now progressed to the point where the work previously overseen by the Integrated Care Pathways Group, reporting to the Health and Care Partnership Board, will transfer to the relevant body considered appropriate to oversee the work prospectively, with reporting to the Partnership Board continuing as necessary.
13. The precise destination for each pathway is being determined and an update will be provided at the meeting.

Finance

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

Law

15. Any service transfers and transactions will be managed in accordance with the requirements of the NHS Acts and associated NHS England/NHS Improvement guidance. The Council led procurement has been conducted in accordance with the Council's Standing Orders and procurement regulations.

Risk Management

16. No material risks have been identified.

Equality Impact

17. Equality and Quality Impact Assessments have been carried out and no adverse impacts identified. These have been considered by both boards.

Human Resources/Organisational Development

18. These are being managed in accordance with established principles and TUPE regulations.

Commercial/Procurement

19. None identified. A contract for the School Health Adviser service has now been awarded by the Council to Shropshire Community Health Services NHS Trust, following a Council led procurement exercise, conducted in accordance with the Council's Standing Orders and procurement regulations.

Environment/Climate Change

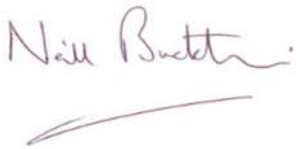
20. None identified.

Council Priorities and Projects

21. An integrated model of health and care can be aligned to both the Council Plan and Borough Vision. Future delivery of these services will ensure we are striving to achieve against our council plan priority 'Dudley the borough of opportunity' and work towards achieving the following outcomes:
 - Children and young people benefit from the best possible start in life in our Child Friendly borough.
 - Everyone, including our most vulnerable, have the choice, support and control of the services they need to live independently.

- All residents benefit from access to a high quality, integrated health and social care.

22. Through the golden thread, the council plan is linked to the Forging a Future For All Borough Vision. The Borough Vision is made up of seven aspirations for how the borough should be by 2030, with this work aligning to the aspiration '*A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future*'



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Public Health Select Committee

Progress Tracker

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Minute No. 6 – The Life in Lye Programme (Meeting held on 31 st July, 2023)	That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.	Acting Director of Public Health	On going
Minute No. 7 - National Health Service (NHS) Quality Accounts – Black Country Healthcare Trust (Meeting held on 31 st July, 2023)	That D Howells – Chief Nursing Officer provide a written response with regards to the utilisation of local charities, namely The What Centre, to assist with providing mental health support to young people.	D Howells – Chief Nursing Officer (Black Country Healthcare Trust)	On-going
	That a further report be submitted to a future meeting, a date of which to be confirmed, in relation to Children and Young People’s Mental Health.	D Howells – Chief Nursing Officer (Black Country Healthcare Trust)/ Acting	On-going

		Director of Public Health/ Democratic Services	
Minutes of the meeting held on 18 th September, 2023	That the Director of Public Health and Wellbeing provide written clarification in relation to the roles of the two street cleansing operatives, appointed to work in Lye.	Director of Public Health and Wellbeing	On-going
Substance Misuse Commissioning and Delivery in Dudley (Meeting held on 23 rd November, 2023)	That the Programme Manager (Dr M Andrews) provide information in relation to the number of heroin related deaths or injuries normally be experienced over a similar period.	Programme Manager (Dr M Andrews)/Director of Public Health and Wellbeing	On-going
	That the Director of Public Health and Wellbeing give consideration to providing an online session to the Select Committee on how Members can proactively support substance misuse work in the Borough and how their scrutiny skills could be deployed to help drive improvement as a critical friend of the service.	Director of Public Health and Wellbeing	Recommendation forwarded to the Director of Public Health – 12th December, 2023
	That a report on the associated work undertaken by Trading Standards be presented to a future meeting of the Select Committee.	Director of Public Health and Wellbeing	On-going

Evaluation of Joint Health and Wellbeing Strategy 2017-2022 and Health, Wellbeing and Inequalities Strategy 2023-2028 (Meeting held on 23 rd November, 2023)	That the reinstatement of the monthly webinars for all Members to provide support and to discuss Health and Wellbeing initiatives, including the Health and Wellbeing Board Strategy and a deep dive into alcohol abuse, be considered by the Cabinet Member for Public Health and the Director of Public Health and Wellbeing.	Cabinet Member for Public Health and Wellbeing/ Director of Public Health and Wellbeing	Recommendation forwarded to the Director of Public Health and Wellbeing and the Cabinet Member for Public Health and Wellbeing – 12th December, 2023
	That consideration of the role of the Select Committee in scrutinising the work of the Health and Wellbeing Board be considered and that the Chair and Vice-Chair review how this may be incorporated into the work programme for the Select Committee.	Chair/Vice-Chair/ Director of Public Health and Wellbeing/ Democratic Services	On-going
Update from the Director of Public Health and Wellbeing (Meeting held on 23 rd November, 2023)	That the Director of Public Health and Wellbeing provide further information in relation to Poverty Proofing that was provided in schools, together with poverty proofing in maternities which was also due to commence.	Director of Public Health and Wellbeing	On-going
	That the Director of Public Health and Wellbeing provide Councillor M Hanif with details of future community funding initiatives, that could be shared with Community Groups.	Director of Public Health and Wellbeing	On-going

Future Business 2023/24

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>
28 th March, 2024 (Additional meeting)	Mental Health (Adults and Children)	Mayada Abu Affan/DIHC/Black Country Healthcare Trust
	Your Home, Your Forum	Mayada Abu Affan
	High Oak	DIHC
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan
	Update from the Director of Public Health	Mayada Abu Affan
25 th April, 2024	Annual Report and Draft Scrutiny Programme	Steve Griffiths
	NHS Quality Accounts	David Pitches and NHS Partners
	Household Support Fund	Mayada Abu Affan
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan
	Update from the Director of Public Health	Mayada Abu Affan
	Corporate Quarterly Performance Report – 2023/24 Quarter 3 (To be circulated for information only)	Alison Harris