

## **Meeting of the Health and Adult Social Care Scrutiny Committee**

**Monday 14<sup>th</sup> November, 2022 at 6.00pm**  
**In the Council Chamber, Priory Road, Dudley**

### **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 meetings held on 8<sup>th</sup> September and 10<sup>th</sup> October, 2022 as a correct record (Pages 5 to 12)
5. Public Forum
6. Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (LPS) (Pages 13 to 57)
7. Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model (Pages 58 to 65)
8. Impact of the Dudley Telecare Digital Strategy (Pages 66 to 81)
9. Action Tracker and Future Business (For the Committee to note) (Pages 82 to 89)



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: 4<sup>th</sup> November, 2022**

**Distribution:**

Councillor M Rogers (Chair)  
Councillor P Atkins (Vice-Chair)  
Councillors R Ahmed, T Crumpton, A Davies, J Elliott, M Hanif, A Hopwood, L Johnson, P Lowe, M Qari, K Razzaq and D Stanley.  
J Griffiths – HealthWatch Dudley (Co-opted Member)

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## **Minutes of the Health and Adult Social Care Scrutiny Committee**

**Thursday 8<sup>th</sup> September, 2022 at 6.00 pm  
in The Council Chamber at the Council House, Priory Road,  
Dudley**

### **Present:**

Councillor M Rogers (Chair)  
Councillor P Atkins (Vice-Chair)  
Councillors R Ahmed, H Bills, R Collins, A Davies, J Elliott, J Foster, M Hanif,  
K Razzaq and T Westwood; J Griffiths (Co-opted Member).

### **Dudley MBC Officers:**

M Abuaffan – Acting Director of Public Health and Wellbeing, M Bowsher –  
Director of Adult Social Care, C King – Head of Environmental Health and  
Trading Standards, L Tromans - Principal Environmental Health Officer and  
H Mills – Democratic Services Officer.

### **Also in attendance:**

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)  
Councillor N Neale (Cabinet Member for Adult Social Care)

Black Country Integrated Commissioning Board – N Bucktin  
Dudley Integrated Health and Care – H Codd  
Pharmacy, Optometry and Dental NHS England – Tracy Harvey

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## **17 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors  
T Crumpton, A Hopwood, L Johnson, P Lowe, M Qari and D Stanley.

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## 18 **Appointment of Substitute Members**

It was reported that Councillors H Bills, R Collins, J Foster and T Westwood had been appointed to serve as Substitute Members for Councillors M Qari, A Hopwood, P Lowe and D Stanley, respectively, for this meeting of the Committee only.

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## 19 **Declarations of Interests**

No Member made a declaration of interest, in accordance with the Members Code of Conduct, in respect of any matter considered at the meeting.

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## 20 **Minutes**

### **Resolved**

That the minutes of the meeting held on 14<sup>th</sup> July, 2022, be approved as a correct record and signed.

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## 21 **Public Forum**

The Chair reported that a written question, from a member of the public, had been submitted in advance of the meeting, as follows:-

According to UK Government statistics, in May 2020, 24,248 households in Dudley Borough were in fuel poverty. With the recent increase in energy prices and further rises on the way, many more will struggle to heat their homes this autumn and winter. What actions is the borough taking to help those at risk of or who are already experiencing fuel poverty and will the authority also coordinate a network of community 'warm banks' to provide heated spaces, within walking distance, for those most in need?

A written response to the question had been provided by Public Health as follows and would be circulated to the resident and all Members of the Committee for information:-



Dudley Metropolitan Borough Council shares the concern regarding the impact of fuel poverty on our population. We are working in partnership with other agencies, including health and the community and voluntary sector to mitigate poverty in our borough. This includes coordination of the Warm Homes scheme, distribution of the government's Household Support Fund and funding for services to support people experiencing poverty. Local support which people can access without referral are available on our website <https://www.dudley.gov.uk/council-community/cost-of-living/>

We are working with Dudley Council for Voluntary Services (CVS) who are coordinating a network of Warm Hubs to provide heated spaces and services for those in need. For more information on Warm Hubs please contact Kate Green at Dudley CVS on [kate.green@dudleycvs.org.uk](mailto:kate.green@dudleycvs.org.uk)

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## 22 **Change in order business**

Pursuant to Council Procedure Rule 13(c) it was: -

### **Resolved**

That the order of business be varied and the agenda items be considered in the order set out in the minutes below.

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## 23 **Food Safety and Standards in Dudley Borough**

The Committee considered a report of the Director of Public Health and Wellbeing on an update on the work undertaken by the Council's Food Team in securing improvements in both food hygiene and food standards in food businesses within the Borough over the last 12 months.

The Head of Environmental Health and Trading Standards presented the report, referring Members to paragraphs of specific importance. It was highlighted that should a business not achieve the top rating of 5, an option was available for them to apply for a revisit and reassessment, however this service would be provided at an additional cost of £184.88.



It was reported that during the Covid-19 Pandemic, the Food Standards Agency (FSA) advised Local Authorities to suspend food inspection programmes, therefore the Food Team staff were reassigned to support the pandemic. Food Inspections were reinstated in July 2021, however it soon became apparent that there had been a drop in food hygiene standards in some businesses and a higher non-compliance than before the pandemic, which was also recognised nationally.

The Head of Environmental Health and Trading Standards referred to the Covid-19 Local Authority Recovery Plan issued by the FSA for the period from 1<sup>st</sup> July, 2021 to 2023/24, which provided guidance and advice on safeguards for public health and consumer protection in relation to food and the credibility of the Food Hygiene Rating Scheme.

In referring to the Key Performance Indicator PI 2074 in relation to the proportion of premises in the Borough that were rated 3 or higher with food hygiene law, which a target of 90% had been set, it was reported that in 2021 only 81.06% of premises were compliant. This figure however included newly registered businesses which had not been inspected due to the cessation of inspections. In the first quarter of 2022, this figure had increased to 89.5% and it was envisaged that it would increase further, above the 90% target by the end of the year.

The impact on businesses as a result of the new requirements on allergen labelling legislation was referred to and it was confirmed that compliance of the legislation also impacted upon a premises food hygiene rating.

In response to a question raised by Councillor R Ahmed, it was confirmed that food inspection visits to premises were undertaken unannounced, with exceptions to those premises which required advance approval to attend, such as HM Prisons.



In responding to a question raised by Councillor M Hanif in relation to whether premises rated 0 were allowed to continue to trade, the Principal Environmental Health Officer stated that in instances when a premises is found to have infestations or sewage issues, immediate action would be taken to ensure the premises was closed and unable to reopen until the issue was resolved. However, closure of a premises was a complex process and Court proceedings were required. For premises rated 0-2, operators were provided with a list of actions to implement to improve their rating and further visits were undertaken by the Food Team. Should improvements continue not to be made, Legal action could be pursued.

## **Resolved**

That the information contained in the report and provided at the meeting in relation to the work undertaken by the Council's Food Team in securing improvements in food hygiene and food standards within the Borough, be noted and supported.

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## **24 Update Report regarding Primary Care Dental Services**

A report of the Senior Commissioning Manager (Pharmacy, Optometry and Dental) NHS England was submitted to provide an update on the issues relating to dental services in the Borough.

In presenting the report, the Senior Commissioning Manager referred to the improvements that were being made to dental services and the ongoing challenges faced, in particular in relation to infection prevention control and access to services.

It was reported that since April, 2022, when the previous update was provided to the Scrutiny Committee, significant work had been undertaken to transform the NHS Dental contracts and improve access to dentistry for those patients who have a higher clinical need. Some of the proposed changes included the introduction of enhanced Units of Dental Activity; the introduction of a minimum indicative UDA charge; review of guidance and patient recalls to free up appointments; improve clinical skill mix and to regularly update the information contained on the NHS website to ensure patients were fully informed.

The Senior Commissioning Manager emphasised that dental registration had not existed since 2006 and patients were unable to register with an NHS Dentist in the same way as a General Practitioner (GP) as Dentists were commissioned to provide dental activity rather than to care for a specific group of patients. It was further reported that patients would be prioritised on their level of need, rather than check-ups being provided, although it was recommended that children were recalled between three and 12 month intervals.

The Senior Commissioning Manager advised that a small number of contractors had terminated their general dental contracts, with one provider being within the Halesowen area. However, all UDA's from that provision had been dispersed to other practises within a 1.3 mile radius of the original site.

The additional funding investment that had been secured for 2022/23, as outlined in paragraph 14 of the report was referred to.

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## 25 **Chair's Announcement**

At this juncture, the Chair informed the Committee of the sad news of the death of Her Majesty Queen Elizabeth II. As a mark of respect, the Chair requested that the meeting be closed and that the following outstanding items of business would be considered remotely by email:-

- Update Report regarding Primary Care Dental Services
- Quarterly Performance Report – Quarter 1 (1st April – 30th June, 2022)
- Primary Care Access
- Action Tracker and future business

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The meeting ended at 6.40pm

CHAIR

## **Minutes of the Health and Adult Social Care Scrutiny Committee**

**Monday 10th October 2022 at 5.30 pm  
in Committee Room 2 at the Council House, Priory Road,  
Dudley**

### **Present:**

Councillor M Rogers (Chair)  
Councillor P Atkins (Vice-Chair)  
Councillors J Elliott, M Hanif, P Lowe, M Qari, K Razzaq, D Stanley.

### **Dudley MBC Officers:**

M Bowsher – Director of Adult Social Care and K Buckle – Democratic Services Officer.

### **Also in attendance:**

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)  
Councillor N Neale (Cabinet Member for Adult Social Care)  
Councillor R Collins

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### 26. **Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors R Ahmed, A Davies and L Johnson.

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### 27. **Declarations of Interests**

No Member made a declaration of interest, in accordance with the Members Code of Conduct, in respect of any matter considered at the meeting.



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28 **Feedback from the Health and Adult Social Care Scrutiny Committee Working Group.**

The Committee considered a report of the Chair of the Health and Adult Social Care Scrutiny Committee on the feedback from the Health and Adult Social Care Scrutiny Committee Working Group meeting held on 29<sup>th</sup> September 2022, on the work undertaken by the Council's Mental Health, Health and Safety and Corporate Landlord Teams on the Woodside Day Centre.

**Resolved**

- (1) That the information contained in the report submitted on the feedback from the Health and Adult Social Care Scrutiny Committee Working Group, be noted.
- (2) That the short-term capital required to ensure Woodside Day Centre is committed from the Adult Social Care capital budget and the proposed partial re-opening and use of the two portacabins on site, subject to remedial works, be noted and endorsed.
- (3) That the Cabinet Member for Adult Social Care, in conjunction with the Director of Adult Social Care, be recommended to seek a land valuation for the site and report back to a future meeting of the Health and Adult Social Care Scrutiny Committee Working Group with options for future provision of the service identified.

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The meeting ended at 5.35pm

CHAIR

**Meeting of the Health and Adult Social Care Scrutiny Committee – 14<sup>th</sup> November 2022**

**Report of the Director of Adult Social Care**

**Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS)**

**Purpose of report**

1. This report is being provided to highlight the work completed relating to adult safeguarding and to demonstrate the preparation and work required in relation to the forthcoming Liberty Protection Safeguards (LPS).

**Recommendations**

2. It is recommended that the Scrutiny Committee
  - Considers and comments on the Dudley Safeguarding Adults Board's Annual Report for 2021/2022.
  - To consider the above and suggest any specific actions in relation to the preparation for Liberty Protection Safeguards (LPS)
  - To ensure that all stakeholders are aware of the legal changes in relation to preparation for Liberty Protection Safeguards (LPS) and promote the co-production of process and procedures.

**Background**

3. The Dudley Safeguarding People Partnership (DSPP) Priorities are:
  - Neglect across the life course
  - Preventing Harm across the life course
  - Exploitation across the life course

## Key Achievements during 2021/2022

4. The local authority continues to experience increased numbers of safeguarding concerns. Despite this increase, using an agreed threshold tool and a consistent approach to decisions relating to Section 42 enquiries, the conversion rate across the directorate remains stable. This establishes the threshold documentation is being successful. See appendix 1.
5. Citizen and professional portals have been introduced via the Safeguarding Board (DSPP) and local authority websites. This increases diversity of access and allows new concerns to be input directly to the Liquid Logic electronic recording system. Referrers can be informed of outcomes more easily and securely and portal forms have been extensively tested with citizens to ensure they are easy to navigate and understand and there has been positive feedback.
6. Delegated portals have been developed providing a safer, quicker, and more robust process of information gathering between partners. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data. Partners commitment and resilience during this change has been key to its success and demonstrates close professional relationships across all agencies and commitment to improve the outcomes for citizens.
7. The local authority has developed a recording and reporting system to populate high level data score cards which will continue to be developed 2022-2023 linked to audits and measured outcomes. This data collection system is to be mirrored across the Safeguarding partnership to increase access to robust data and improve practice.
8. The Person in a Position of Trust (PiPoT) policy and process has been updated and a pilot system implemented to enable a more robust measurable system to be initiated. Although this is a duty of the local authority it is overseen by the Safeguarding Board which provides governance.
9. The local authority continues to proactively triage and provide assessments through the Deprivation of Liberty Safeguards ensuring people have access to a legal framework and their human rights are protected.
10. The local authority works with its partners to support providers who are experiencing safeguarding issues prior to decisions being made to move into a large-scale investigation as directed by the Care Act 2014, the

support offered to organisations helps to minimise risk and provide support to organisations and the residents, carers, and family members.

11. The organisation and its multi-agency partners continue to successfully manage an increased number of Safeguarding Adult Reviews (SARs). This is complemented by thematic reviews and processes that are being revised. Learning from Safeguarding Adults Reviews is identified and how this is embedded into practice is audited.
12. The Safeguarding Adults at Risk team promotes trauma informed practice working with adults at risk who often present in crisis to services but are hard to engage and do not meet the criteria of other services.

#### Preparation for Liberty Protection Safeguards (LPS)

13. Deprivation of liberty safeguards (DoLS) and deprivation in the community will be replaced by the Liberty Protection Safeguards. The initial implementation date of April 2022 was not enacted but the government have advised that the changes will still take place, but it may be April 2023 or October 2023. However, preparations have to continue to ensure the local authority and their partners are ready to meet their statutory obligations.
14. Once enacted any new deprivations will be under LPS regulations and all DoLS will cease once they reach authorisation end date or if there are any changes. Therefore, both systems will run concurrently for up to 12 months. The LPS covers 16+ with implication for Childrens services, new statutory responsibilities for ICB, Acute Hospitals and Mental Health Trusts. The LPS is embedded in the Mental Capacity Act (MCA) and care planning with greater expectation for any assessments for care or placement provision to be MCA compliant, within agreed timescales with formal involvement of family or Independent Mental Capacity Advocate (IMCA). The Best Interest Assessor (BIA) role will go and there will be a new role of Approved Mental Capacity Professional (AMCP). The local authority will have a duty to ensure there are enough AMCP available for the area and approve their practice and re approval, but they will not necessarily employ them.
15. The Code of Practice Consultation closed in July 2022 and all stakeholders await feedback from the government on the consultation and any proposed changes to the scheme. Once agreed it will then be laid before Parliament for 42 days and it should be published six months before legislation is enacted but this is not a legal requirement. As well as the Code we have not seen the finalised Impact Assessment; Regulations or training framework. The Training framework seen to date indicates there will be levels of training needed from basic awareness for

everyone to specific training for the Necessary and Proportionate assessors and the AMCP, but this is not the finalised version.

16. ADASS (Association of Directors of Adult Social Services) West Midlands seconded Lorraine Currie (DoLS Regional and National LA Lead) to offer support and guidance on the implementation of LPS.
17. The Safeguarding Board oversees the preparation for implementation by its partners which provides strategic assurance and promotes interagency collaboration where applicable. Single agencies also have working groups to look at resources, practice, process, and risks. Dudley's project group is chaired by the Head of Adult Safeguarding and feeds back to the Adult Social Care Leadership Team as well as the Safeguarding Board. The regional DoLS Leads group meet bi-monthly so that any planning or learning can be shared regionally which will also assist with benchmarking. The Head of Adult Safeguarding attends and feeds back to the local authority and the Safeguarding Board. The local authority corporate and partnership positions will be informed by information being provided from the local task and finish group and project groups with partners.
18. Information has been disseminated and discussed with the Successor Project, Adult Social Care LAS, and Children's LCS information management systems to look at the necessary planning required to ensure systems are fit for purpose for LPS and statutory data returns are built in.
19. The demand for LPS assessment cannot be accurately identified at this juncture as there will be a transitional period from DoLS to LPS and there is little robust data on potential deprivation of liberty for 16 and 17 year-olds and people in the community. Additionally, mechanisms for identification of individuals will only be confirmed on receipt of the finalised Code of Practice. The lack of a Code of Practice is also negatively impacting on our and our partners ability to train staff accordingly, but the local authority is currently working to identify the number of staff who will require training in the area of statutory provision and the communication pathways required for engagement with stakeholders and citizens of Dudley. These issues are being monitored closely through the established sub-groups at a local and regional level.
20. To promote general awareness the Safeguarding Board in consultation with partners has launched an E Learning LPS awareness as part of its training offer which can be accessed by citizen's carers and partners.
21. In conclusion, LPS will be a major change which has implications for Adult and Childrens services and although the finer detail is not known it is



imperative planning is undertaken as there are significant risks. Recommendations, decisions, or actions required It is recommended that:

- To consider the above and suggest any specific actions.
  - To ensure that all stakeholders are aware of the legal changes and promote the co-production of process and procedures. To develop a multiagency training strategy which support and informs the workforce to meet the legal requirements of this significant change.
  - The Safeguarding executive and board continue to provide a scrutiny function of the safeguarding arrangements in Dudley MBC, the Independent Chair and the Director of Adult Social Care seek assurances where required. Additionally, the arrangements benefit from internal audit and where required external peer review
22. For Adult safeguarding there was extensive consultation on the implementation of the portals and for LPS and there will be consultation with stakeholders including citizens and providers once the Code of Practice is finalised.
23. There are alternative options to the portals to provide diversity of access. Adult safeguarding and LPS is a statutory requirement and there are no viable alternatives.
24. No known conflicts of interest.
25. Adult Safeguarding and LPS is a statutory requirement. Adult Social Care needs to be prepared and have sufficient resources or there is a risk to vulnerable adults in Dudley and the Local Authority for non-compliance with a statutory duty.

## **Finance**

26. The change in legislation for LPS requires a final impact assessment from the Government which outlines resources required to implement the changes. The Local Authority has provided financial resources to ensure it meets its statutory duties. The Safeguarding Board is financially supported by the Local Authority, West Midlands Police and Dudley CCG.

## **Law**

27. The Local authority will be apprised of and will adhere to the requirements of the following legislation:
- 1) The Human Rights Act 1998
  - 2) The Mental Health Act 2007
  - 3) The Mental Capacity Act 2005
  - 4) The Care Act 2014
  - 5) The Mental Capacity Amendment Act 2019

This is not an exhaustive list.

## **Risk Management**

28. A lack of appropriately trained staff would prevent us from meeting our statutory duties. If the Local authority were unable to train or secure an appropriate number of professionally qualified people to complete Mental Capacity assessments, Necessary and Proportionate assessments and act as Approved Mental Capacity Professional citizens would be at risk of being illegally detained within the community, nursing and residential settings. This would place the Local authority at risk of legal challenge as this may lead to citizen's Human Rights being breached.

## **Equality Impact**

29. The West Midlands Safeguarding Procedures with Making Safeguarding Personal (MSP) at the centre are implemented within Dudley and are consistent with Equal Opportunities and promote equality of opportunity, access and person-centred practice. The preparation for LPS and the Mental Capacity Amendment Act 2019 are grounded in the Human Rights Act 1998 and ensure that diversity and inclusion are central to all provision.
30. There are no significant equality impacts identified to warrant an Equality impact assessment.
31. The Safeguarding Board operates across the Life course promoting whole life policies, procedures, and partnerships. Adult Safeguarding has a close working relationship with the Children's Multi Agency Safeguarding Hub (MASH), Children's Services and partners and ensures it operates a "think family approach" throughout.
32. LPS will impact on young people 16+ and consultation is ongoing with Children's services, wider partnerships, and applicable young people's

forums to ensure all stake holders are involved in the preparation and planning.

### **Human Resources/Organisational Development**

33. To meet the requirements of LPS there are workforce development issues and HR are sighted on the planning and preparation which links into the wider recruitment and retention strategy.

### **Commercial/Procurement**

34. There are no commercial or procurement implications in relation to the contents of this report.

### **Environment/Climate Change**

35. Adult Safeguarding looks to promote sustainable development goal 3, Good Health and Wellbeing, through the use of hybrid methods of meetings such as weekly team huddles to share good practice and virtual meetings with performance and wellbeing being monitored in person and remotely. A mix of face to face and virtual meetings and assessments continue to be used to meet the requirements of the citizen, carer, team, and organisation. The hybrid mix has increased productivity due to reduced travelling times and ability to attend multiple online meetings where required and the reduction in car journeys reduces emissions.

### **Council Priorities and Projects**

36. Through safeguarding arrangements and preparation for LPS individuals are supported to live their lives as safely as possible while empowering them to work towards the outcomes they desire. The service ensures through Making Safeguarding Personal (MSP) and the necessary and proportionate and least restrictive principles built into the preparations for LPS this supports the Borough Vision “A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future”. The safeguarding arrangements in Dudley are consistent with building stronger, safer, and more resilient communities to protect our residents’ physical, and emotional health for the future.
37. The service will adhere to the declared position of the organisation.

The service will ensure the Human Rights of the individual are considered and assured.

38. Digital and information technology - Preparation for LPS includes discussions with the internal Successor Board and Liquid Logic Adults Social Care System providers.

M. Bowsher.

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**Matt Bowsher**  
**Director of Adult Social Care**

Report Author: Christine Conway,  
Head of Adult Safeguarding/Principal Social Worker  
Telephone: 01384 815295  
Email: [christine.conway@dudley.gov.uk](mailto:christine.conway@dudley.gov.uk)

### **Appendices**

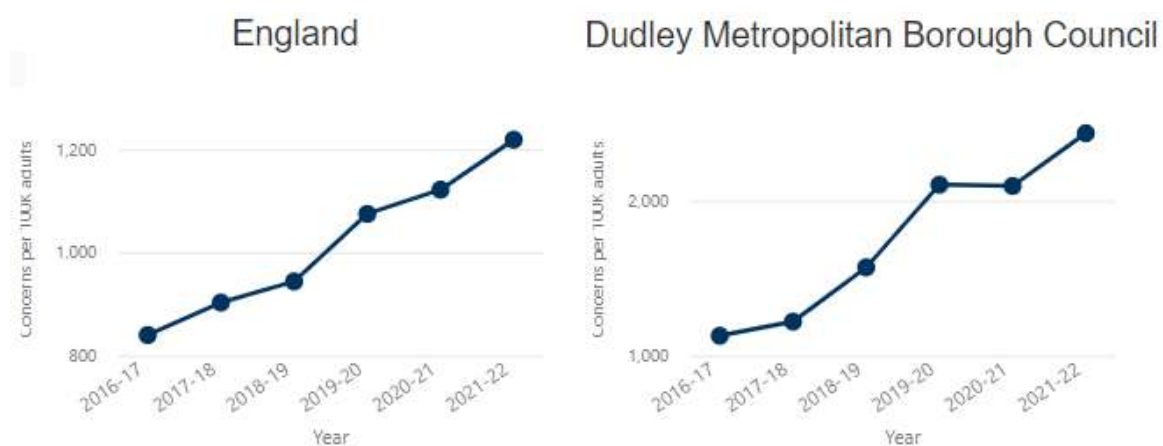
Appendix 1 – Data summary for Adult Safeguarding– September 2022  
Appendix 2 - Dudley Safeguarding Adults Board's Annual Report for 2021/2022

# Appendix 1- Data summary for Adult Safeguarding– September 2022

## Safeguarding Concerns received

Dudley has continued to see a rising number of concerns received over recent years. There was a slight reduction from 2019-20 to 2020-21, which may be due to a combination of pandemic and Liquidlogic system change, but we saw further increase in 2021-22.

Figure 1 - Trend of concerns per 100,000 adults since 2016/17

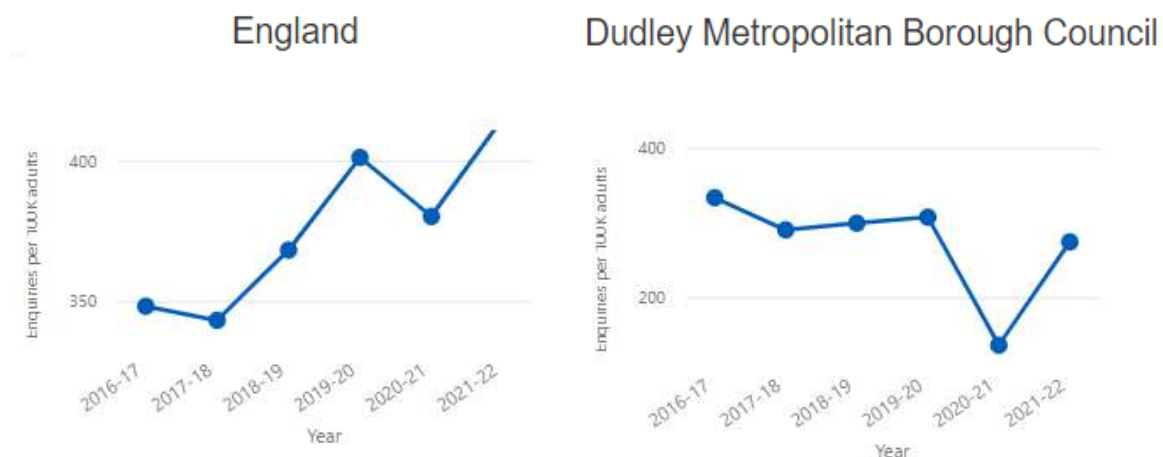


Based on monthly data to date we project that we will see around 6,300 concerns received across 2022-23.

## Section 42 and Other Enquiries

Whilst we have a consistent rise in concerns the rate of enquiries has continued to be relatively stable, although we did see a reduction in 2020-21.

Figure 2 - Trend in S42 and Other Enquiries commenced





**Dudley Safeguarding  
People Partnership**

**Dudley Safeguarding Adults Board  
Annual Report 2021/22**

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## 1. Foreword from Independent Chair

Welcome to the annual report of the Dudley Safeguarding Adults Board. This report covers the period between April 2021 and March 2022 and reflects the safeguarding commitments of all partners working to achieve our intentions as set out in our strategic partnership plan.

This report was prepared by the DSPP Business Support Unit on behalf of the Board and recognises the progress the DSPP has made throughout the year and the challenges that remain and will continue in 2022/23.

There is a robust commitment from the multi-agency partnership to work together on agreed priorities and the Executive is consistently well attended by senior leaders in organisations.

We have revised our priorities and strengthened our partnership structure to reflect our joint accountability and responsibility to safeguard adults. We are developing our approach to data and performance to ensure we have a good evidence base to demonstrate how the Board safeguards adults. We are also working together to ensure there is a culture of high support and high challenge in our services.

The Covid 19 Pandemic has had a significant impact on adults at risk. As a Partnership we have focussed on the challenges this presented. This has impacted how we delivered services in 2021/22 and we are now able to use hybrid ways of working to ensure we remain responsive to adults in Dudley.

Over the next 12 months we recognise that we need to intensify our multi – agency response to self-neglect. We also recognise the cost of living crisis and the immeasurable consequences this will have on individuals, particularly those with care and support needs.

We are ensuring our multi-agency audit processes provide assurance on the quality of safeguarding practice in Dudley and how our sub groups deliver on our strategic plan. Learning from Safeguarding Adults Reviews is embedded in practice and is having the desired impact of confirming that adults in Dudley are safer as a result.

A priority as Independent Chair is to ensure I hear directly from adults accessing our services. To understand what is working well and how we need to improve as well as hearing from frontline practitioners about the challenges they face and how we can improve multi -agency working.

I look forward to updating you on our progress and the improvements we are making in our next annual report.

Dr Paul Kingston



## 2. About the DSAB

### 2.1 The Annual Report

Welcome to the Dudley Safeguarding Adults Board annual report. This document provides an overview of the effectiveness of services in place to safeguard adults across the Dudley Borough. The information relates to the period 1<sup>st</sup> April 2021 – 31<sup>st</sup> March 2022.

The report will be available on our website via <https://dudleysafeguarding.org.uk/partnership/meetings/dsab/> and will be shared with our partners for dissemination. The report will also be shared with the Health and Wellbeing Board and Dudley Safeguarding Children's Partnership Group.

### 2.2 What is Safeguarding for Adults?

Safeguarding adults is about preventing and responding to allegations of abuse, harm or neglect of adults at risk across the Dudley Borough.

Section 42 of the Care Act 2014 states that safeguarding enquiries should be made where:

- a person has needs for care and support
- is experiencing, or at risk of, abuse or neglect; and
- as a result of their care and support needs, is unable to protect him or herself against the abuse or neglect, or the risk of it.

Safeguarding duties apply regardless of whether a person's care and support needs are being met or not. These duties also apply to people who pay for their own care and support services. Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

### 2.3 What is Dudley Safeguarding Adults Board?

The core duties of the Dudley Safeguarding Adults Board (DSAB) are described in Chapter 14 of the Care Act Statutory Guidance, issued under section 78 of the Care Act 2014. This requires the DSAB to:

- Publish a strategic plan for each financial year detailing how it will meet its main objective and what individual members will do to achieve the work plan.
- Publish an annual report that details what the DSAB has done during the financial year to achieve its objectives and strategic work plan and what individual members have done to implement the strategy, with specific emphasis being given to the positive impact this has on the lives and outcomes of adult with care and support needs who have experienced, or are at risk of experiencing abuse and neglect.
- Conduct a Safeguarding Adults Review in accordance with Section 44 of the Care Act 2014.

In order to fulfil its core duties, the DSAB will develop a range of initiatives, plans, policies and procedures for safeguarding and promote the welfare of adults with care and support needs, in relation to:

- Adherence to the six declared principles of adult safeguarding

- The role, responsibility and accountability with regard to the actions each agency and professional group should take to ensure the protection of adults.
- Establish a method for analysing and interrogating data on safeguarding concerns and the outcomes of individual enquiries, which increases the DSAB's understanding of the prevalence of abuse in its area.
- Establish methods of analysing and interrogating adults' satisfaction with the outcomes that were achieved through the safeguarding process, which supports the DSPP to embed person centred approaches to safeguarding, as required by Making Safeguarding Personal.
- Establish how it will hold individual DSPP members to account and gain assurance of the effectiveness of their organisation's arrangements.
- Determine its arrangements for organisational self-assessment, DSPP self-audit and peer audits.
- Establish mechanisms for developing policies and procedures for protecting adults. The DSAB should formulate these in collaboration with all relevant agencies and will also need to consider how the views of adults with care and support needs, their families and informal carers will be represented.
- Identify types of circumstances that give grounds for concern and when they should be considered as a safeguarding concern and passed to the Local Authority for consideration of a S42 safeguarding enquiry. This should include referral pathways and guidance on thresholds for intervention.
- Embed strategies and ways of working that support staff to minimise the potential impact of issues relating to race, ethnicity, religion, gender and gender orientation, sexual orientation, beliefs, age, disadvantage and disability on abuse and neglect.
- Identify mechanisms for monitoring and reviewing the implementation and impact (on practice and culture) of policy and training.
- Develop effective mechanisms and protocols that support the effective commissioning of Safeguarding Adults Reviews, which includes local mechanisms that ensure lessons learnt are understood and embedded at all levels of staffing structures across the local safeguarding partnership. This will include identifying other processes that could be used review the effectiveness of local safeguarding responses.
- Develop mechanisms for ensuring the Annual Strategic Plan and Annual Report are conducted and published in a timely manner, so as to enhance the accountability of the DSPP to the local community.
- Evidence how individual members of DSPP have challenged one another and held other local boards to account, for example the Health and Wellbeing Board.
- Review and comment on the impact for safeguarding adults that arises from individual DSPP members organisational strategic decision making, including decisions that impact on the resources available to support the DSPP.
- The Dudley Safeguarding Adult Board will engage in any other activity that facilitates or is conducive to, the achievement of its objectives.

In all its activities the DSAB will support the equality of opportunity for all individuals and meets the diverse needs and wishes of local adults in Dudley and will advocate that the duty to safeguard and promote the welfare of all as 'everybody's responsibility'.

The Board is funded through financial contributions from Dudley MBC, Dudley CCG and West Midlands Police. Wider partners provide staff and resources for meetings and training courses.

## 2.4 Our priorities 2021-22

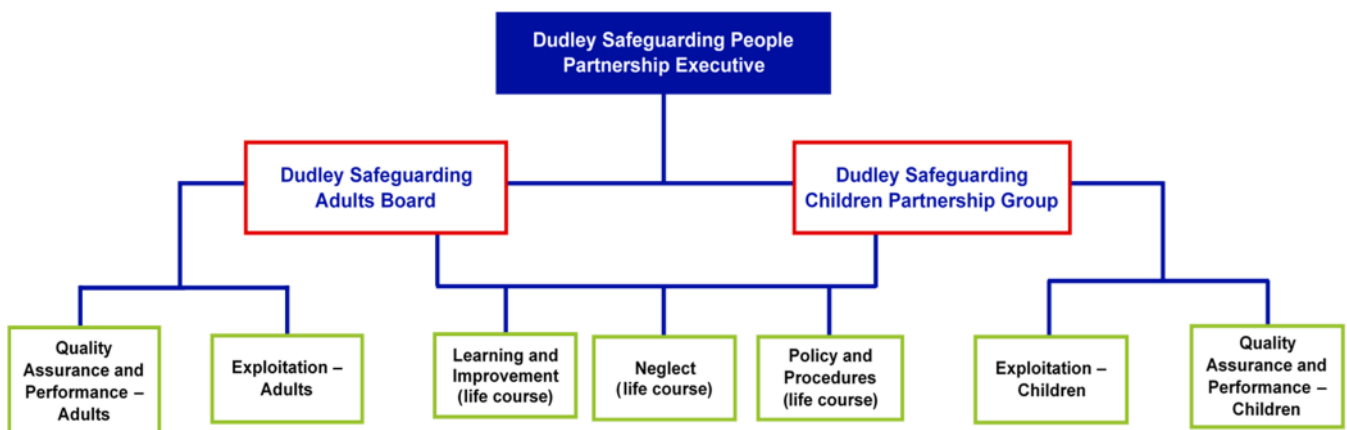
Our priorities were set in 2020 for a period of two years. For the reporting period of this report they are:

1. Neglect across the life course
2. Exploitation across the life course
3. Preventing harm across the life course

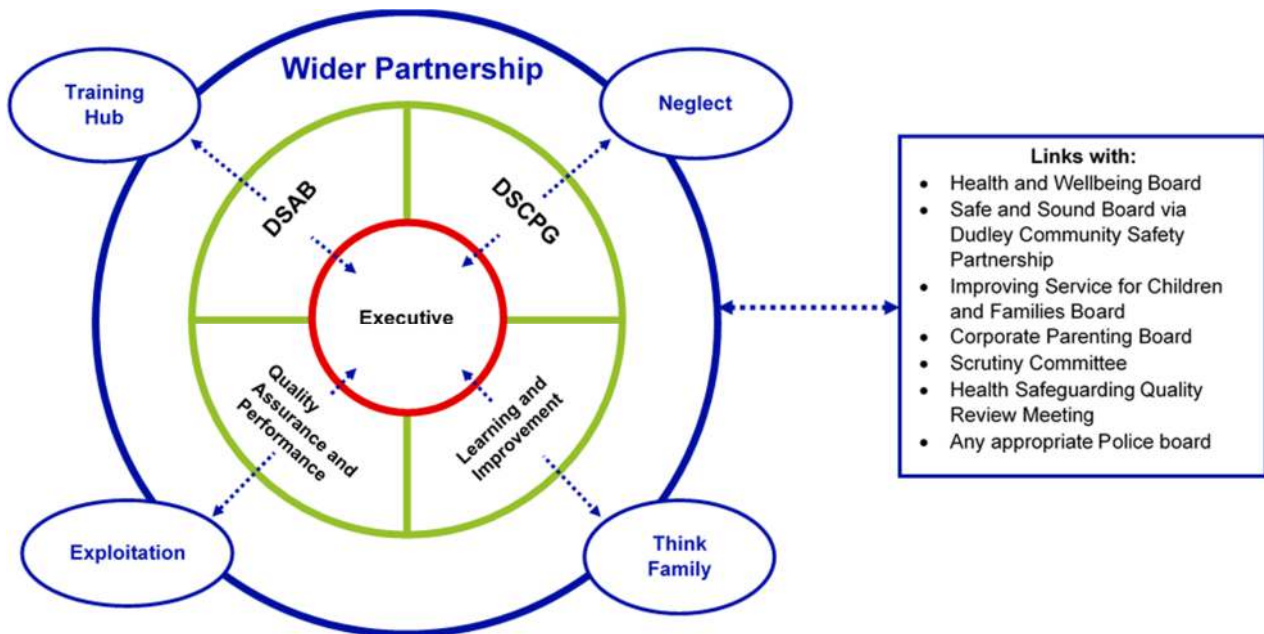
The priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding. This third priority allows partners to be more flexible and adapt to emerging themes and trends. For the purpose of this report, we will focus on the priorities of 2020, highlighting areas of work that have changed in 2022, which will be discussed in more detail in next year's report.

## 2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group. Below shows our structure for 2021-22



Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of this change will be discussed in our next annual report, but is included for information in this report.



## 2.6 Links with other Partnerships and Boards

We are members of the West Midlands Safeguarding Adults group and West Midlands Editorial Group. This ensures we are up to date with the most recent changes as well as ensuring we work as effectively as possible with our cross border partnerships. We recognise that many of our partners work across several local authority areas and therefore consistency in our safeguarding approach is paramount.

The DSAB also works closely with Safe and Sound, Dudley's Community Safety Partnership, as we recognise that many safeguarding themes overlap for example, exploitation and domestic abuse. We also regularly provide updates to our health colleagues via the Safeguarding and Quality Review Meeting (SQRM) This report will also be presented to the Health and Wellbeing Board.

### 3. About Dudley

A total of 252,769 adults aged 18 and over live in Dudley (Mid-Year population estimates 2020). This is 78.4% of the total population in the area.<sup>1</sup>

The number of people aged 75 and over is 32,182 (10.0%). This proportion is greater than the West Midlands region (8.8%) and England (8.6%) as a whole. Additionally, this cohort is a growing proportion of Dudley's population each year.<sup>2</sup>

#### Homelessness

Dudley has a good track record in preventing homelessness and has low numbers of rough sleepers. Preventing or relieving homelessness is a key function that the local authority has done successfully for a number of years. In the post-covid pandemic recovery phase, however, a new set of challenges are emerging including higher housing and living costs (such as food, utilities and travel costs) and other inflationary pressures. There has been an increase in local rental market prices and house prices.

The most vulnerable in our community are often those who are on low incomes and will be more adversely impacted by rising costs as they may struggle to obtain good quality housing that meets their needs, or they may struggle to maintain their current living arrangements.

Fuel Poverty in Dudley has been increasing in absolute terms. Latest figures from 2020 showed it affected 24,248 (17.3%) of households within the Borough.<sup>3</sup> Recent increases in energy costs are likely to exacerbate Fuel Poverty.

Domestic abuse-related incidents and violence rates for Dudley are derived from the West Midlands force area at 37.3 crimes per 1,000 people for 2020/21. It should be noted this measure will be influenced by other areas outside Dudley, but it is higher than the rates for both the West Midlands region (33.7) and England (30.3 per 1,000).<sup>4</sup> Whilst all victims of domestic abuse are vulnerable due to the risks they face, we recognise that some victims falling under the provisions of the Care Act face an even greater risk if exposed to domestic abuse

#### Life Expectancy, Health Conditions and Health Inequalities

Life expectancy within Dudley is 78.8 years for men and 82.2 years for women. This is similar to the wider region (men 78.5, women 82.5); however it is lower than England (men 79.4, women 83.1)<sup>5</sup> Within Dudley, life expectancy is 9.3 years lower for men and 8.0 years lower for women in the most deprived areas of Dudley than in the least deprived areas.<sup>6</sup>

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<sup>1</sup> Source: ONS

<sup>2</sup> Source: ONS

<sup>3</sup> Source: Department for Business, Energy & Industrial Strategy, April 2022

<sup>4</sup> Source: PHE Public Outcomes Framework

<sup>5</sup> Source: Life expectancy estimates 2018-20, ONS

<sup>6</sup> Source: Office for Health Improvement & Disparities Public Health Profiles. [accessed 16/05/22]  
<https://fingertips.phe.org.uk> © Crown copyright 2022

The recorded prevalence of dementia in patients aged 65+, registered with a Dudley GP was 3.8%, which equates to 2,547 patients. However, the estimated dementia diagnosis rate for those aged 65+ is 56.3%, which means that the actual number is likely to be around 4,500. In patients under 65, the recorded prevalence of dementia was 2.7 per 10,000 in 2020, lower than that for the Black Country STP (3.3 per 10,000) and England (3.0 per 10,000).<sup>7</sup>

The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. This is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000).<sup>8</sup> This is a growing concern and suicide awareness, and support will need to be a focus of both our learning and development and service offer going forwards.

#### 4. Our data

We have a multi-agency dashboard that consist of high-level partner information. We are still improving our dataset, and this is regularly reviewed. We know we have more to do with this and will ensure it is revised in line with our revised priorities. The effectiveness of this, will be reported in our next annual report.

#### **Safeguarding Concerns**

382 concerns were not recorded correctly/fully therefore were excluded from the submission. This was due mainly to the implementation of a new ICT recording system for Adult Social Care called LAS and a change in recording processes whereby the decision was made to record an episode for each concern which has resulted in many concerns with no episode recorded, an episode but with no 'type' recorded or an incorrect contact outcome being recorded. The data quality is much improved compared with last year when 498 concerns were excluded for the same reasons and there will be a continued focus to improve data quality in the sub group.

The conversion percentage has increased and is at a level we would expect to see. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (41.7%) with females forming the highest proportion in this age group for the first time since 2016/17. However, overall, and consistently over the past 6 years, females continue to form the highest proportion of all concerns.

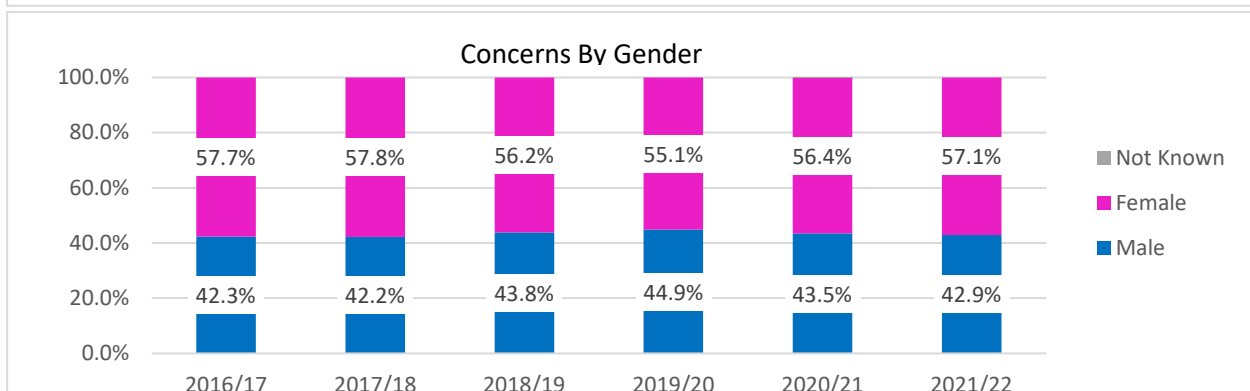
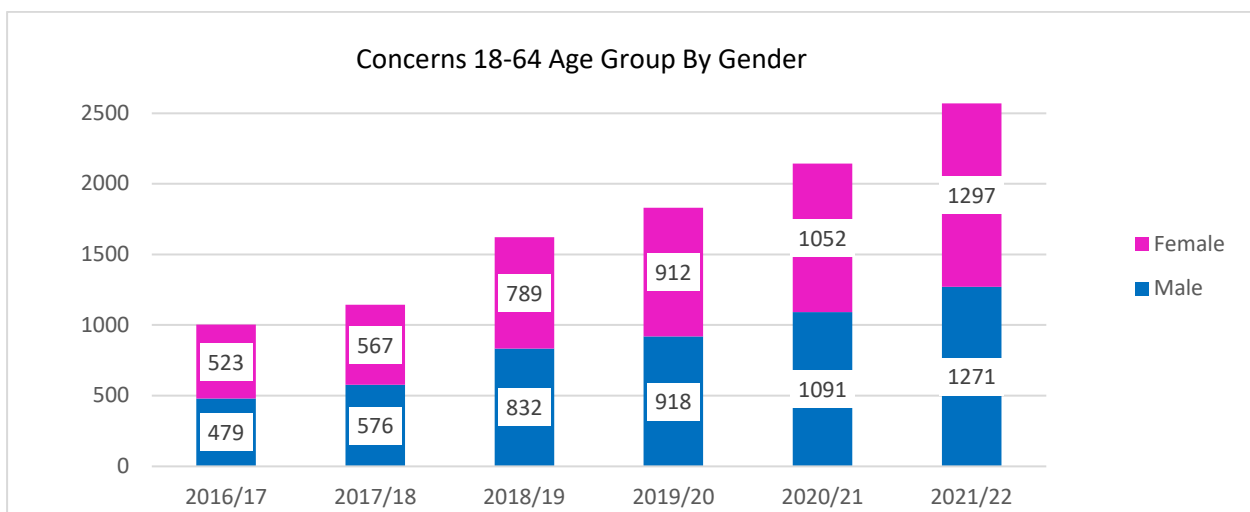
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<sup>7</sup> Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22] <https://fingertips.phe.org.uk> © Crown copyright 2022

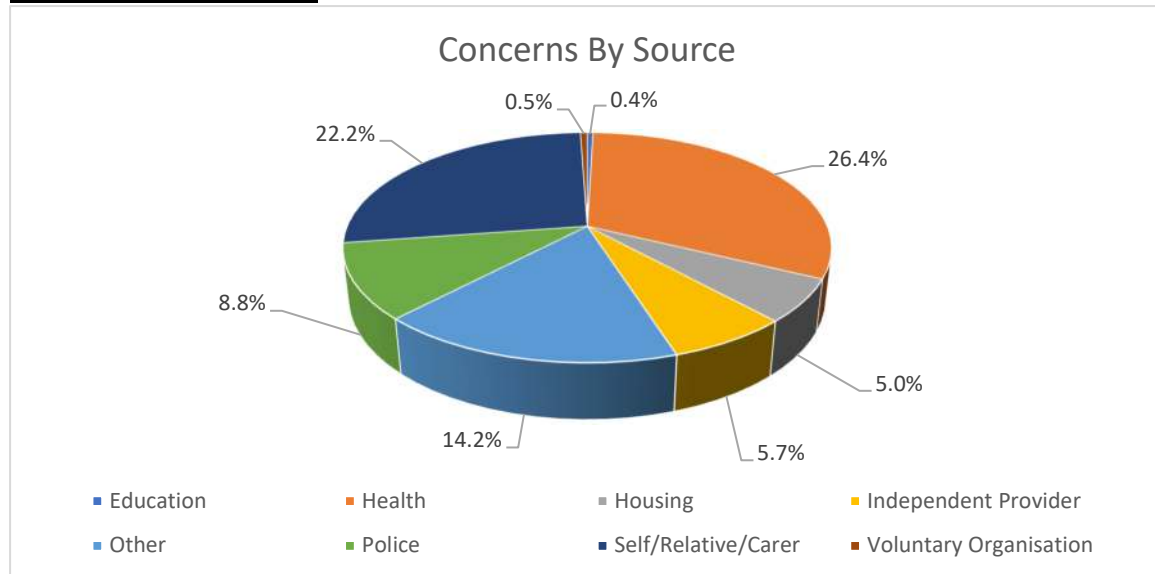
<sup>8</sup> Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22] <https://fingertips.phe.org.uk> © Crown copyright 2022

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%

MASH (Multi Agency Safeguarding Hub) is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and the MASH but also brings with it a higher number of referrals that are triaged out. The lower percentage shows that MASH is being effective in ensuring our response is targeted and that signposting or assessments take place instead of safeguarding where appropriate.



## Concerns by source

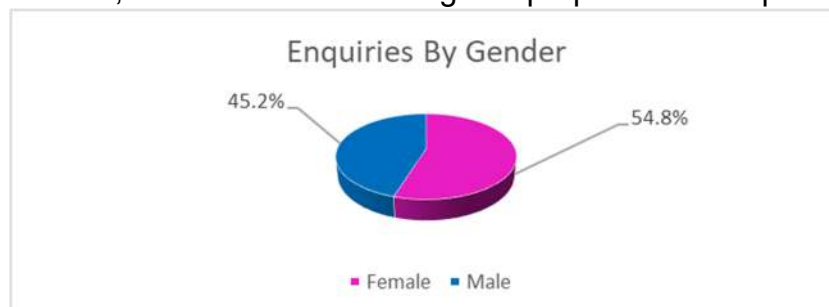


## 2020/21 Enquiries

The detail of the enquiry, e.g. abuse category, location of abuse etc, is not submitted in the SAC until the actual enquiry is completed. Therefore, the following is an analysis of 2021/22 enquiry data only.

Enquiry Type	No	%
S42	380	54.8%
Other	313	45.2%
<b>Total</b>	<b>693</b>	<b>100.0%</b>

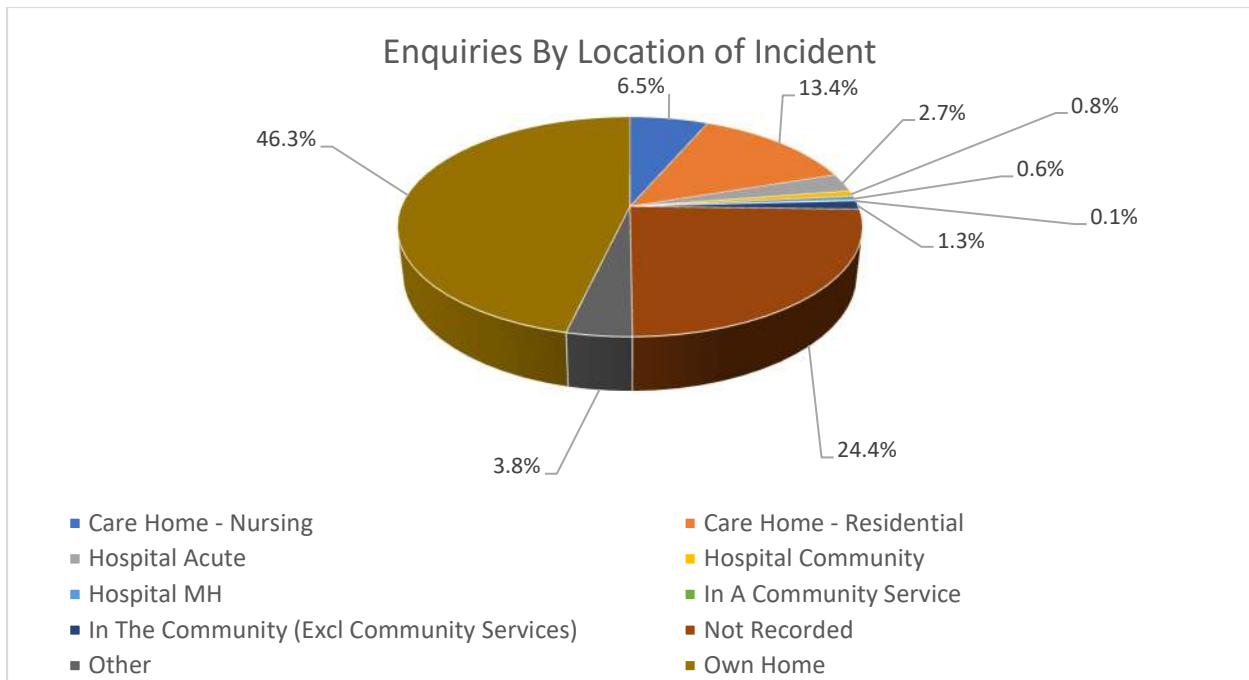
In line with concerns, females formed the highest proportion of enquiries at 54.8%.



Gender	18-64	65-74	75-84	85-94	95+	Total
Female	136	59	66	100	19	<b>380</b>
Male	147	56	60	47	3	<b>313</b>
<b>Total</b>	<b>283</b>	<b>115</b>	<b>126</b>	<b>147</b>	<b>22</b>	<b>693</b>

Males form the highest proportion within the younger 18-64 age group (52%) and in general, females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.



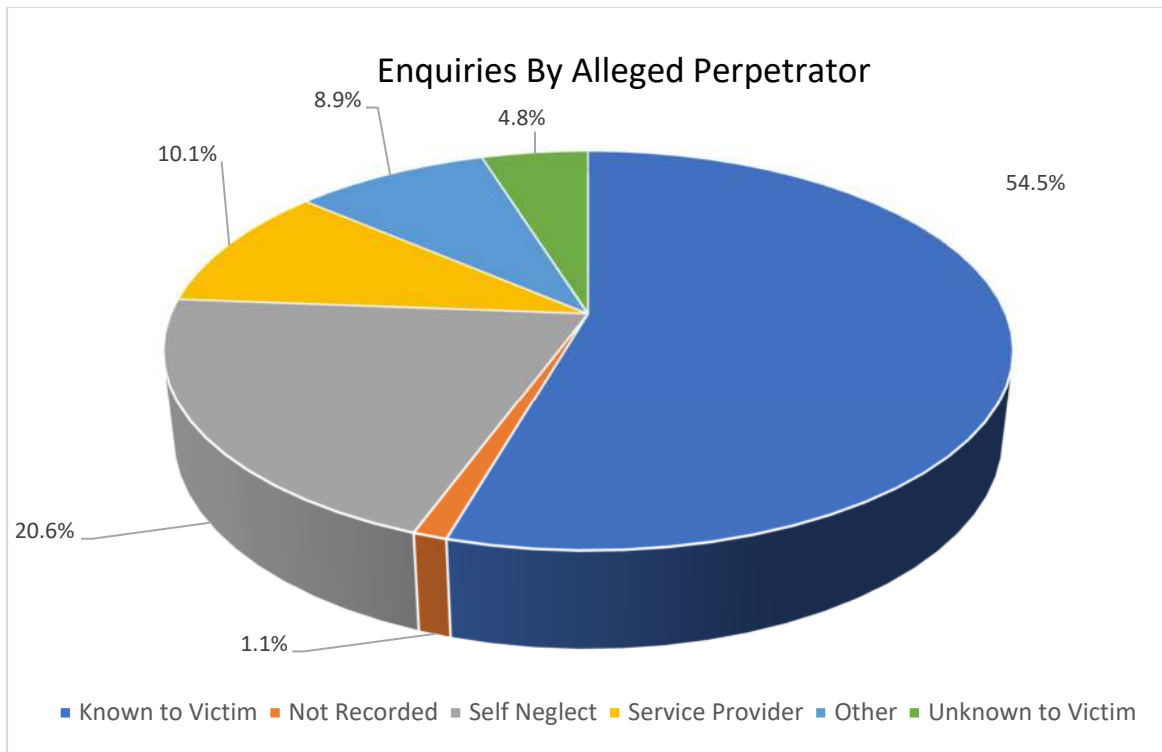


Abuse Category	Female	Male
Discrimination	2	3
Domestic	74	26
Emotional/Psychological Abuse	122	78
Financial/Material Abuse	98	85
Institutional Abuse	39	18
Modern Slavery	0	1
Neglect & Acts of Omission	176	130
Physical Abuse	99	60
Self-Neglect	102	141
Sexual Exploitation	10	1
Sexual Abuse	16	5
<b>Total</b>	<b>738</b>	<b>548</b>

As in previous reporting the category of Neglect & Acts of Omission forms the highest proportion of all enquiries at 23.8%

As in previous reporting, the highest proportion of incidents occurred at the victims own home 46.3% with 61% of these recorded with an alleged perpetrator known to the victim. 51% of these incidents were for females. 173 episodes were recorded with no location, or the episode was missing and 8 with no perpetrator or no episode recorded.

Overall, 54.5% of incidents were recorded with an alleged perpetrator known to the victim.



### Concluded Enquiries

Year	Concerns	% Increase/Decrease From Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%
2021/22	549	22.5%

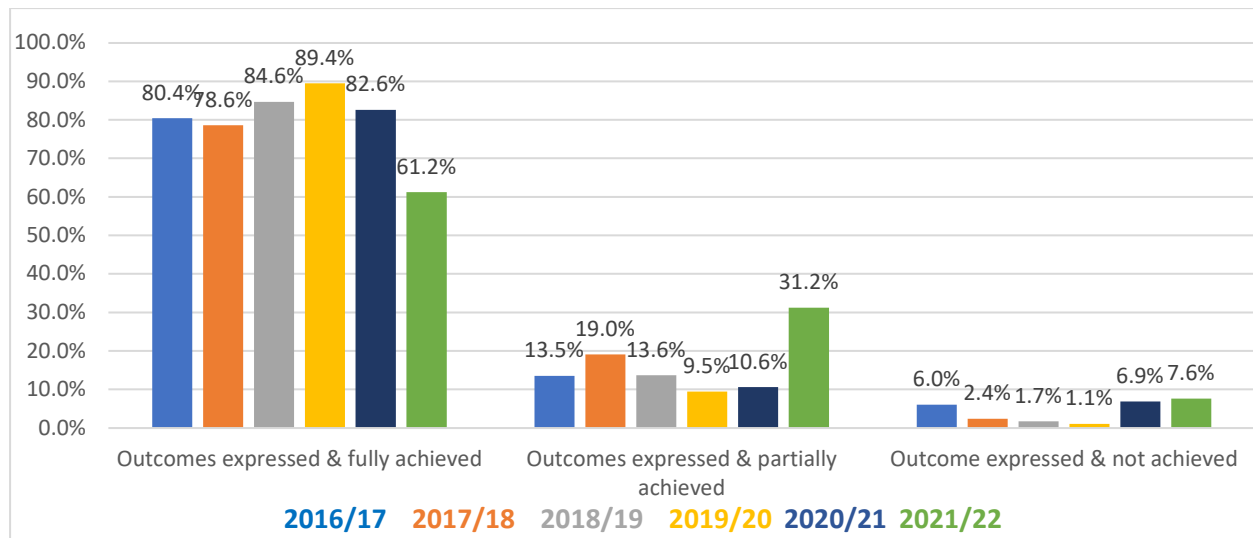
The number of concluded enquiries that we were able to submit in the SAC has increased during 21-22 by 22.5%. This is due to a higher number of concerns and improved data quality compared with last year. However, there were 178 concluded enquiries not being submittable due to having missing risk data (table validation within the SAC doesn't allow an option in tables 2c and 2e of 'Not Recorded' and therefore these records had to be excluded). During the reporting period we have seen the level of concerns return to expected demand levels following the pandemic.

77 concluded cases had no Location of episode recorded however, these have been included as 'Other' and 10 episodes had no perpetrator recorded but were included as Unknown/Stranger.

463 (84%) were S42 enquiries with 86 (16%) being Other enquiries.

Performance regarding concluded enquiries where an outcome was expressed and that outcome was fully or partially achieved has slightly decreased compared with last year, with a combined fully and partially achieved figure of 92.4% compared with 93.1% during 2020-21. This is mainly due to a significant increase in the Not Asked cohort and 26 records where the answer to the question was not recorded and therefore had to be grouped as 'Unknown if asked'

A significant difference can be seen in the proportion of fully and partially achieved changing this year compared with previous years.



## 5. Progress against our priorities

During 2021, all services continued to operate under pressures due to the Covid 19 pandemic however services have adapted to ensure safe and effective safeguarding practices are maintained. Our Executive continued to meet informally on a regular basis, moving to fortnightly meetings from weekly meetings during the height of the pandemic. We also recognised that during the pandemic there was disruption to our regular programme of work and assurance.

### Priority 1 – Neglect across the Life course:

What we did:

- Dudley Group has implemented a Pressure Ulcer Scrutiny meeting. This enables areas of learning to be shared in relation to avoidable pressure ulcers to improve practice and prevent further harm.
- A new governance process has been introduced whereby Dudley Group Safeguarding Team are informed of all cases of patients who abscond or leave against medical advice to review potential cases of self-neglect that require multi-agency support.
- Patient Safety Bulletins around self-neglect and use of Mental Capacity Assessments have been distributed across the Trust. There has been a year on year increase in advice calls to the safeguarding team regarding self-neglect and in referrals to the local authority for support, demonstrating an increase in staff awareness of the signs of self-neglect

- Work has begun on a Neglect strategy for adults. It is recognised that acts of omission and neglect are not necessarily focussed on and the need to have a dedicated resource has been agreed by the Neglect sub group.
- Self-neglect cases are on the rise in Dudley and as such the Partnership have commissioned a thematic review into five self-neglect cases. It is hoped that this will provide not only learning but a toolkit to assist practitioners. We will update further on this piece of work in our next report.

### Priority 2 – Exploitation across the life course:

We know that there are vulnerable adults at risk of exploitation in our Borough.

What we did:

- The Dudley Group has funded a domestic abuse co-ordinator to support staff in their role of identifying and supporting victims of domestic abuse and implement the Trust Domestic Abuse Strategy. The role has been recruited to and work will commence in June 2022. This links into work under the Domestic Abuse Partnership Board
- The launch of the Exploitation Strategy took place in November 2021. This brings together a pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation.
- An exploitation tool has also been introduced to enable front line practitioners identify examples of exploitation. The effectiveness of this will be reported on in our next annual report but initial feedback back is that this is proving helpful.
- WRAP Training has been updated and is available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.
- An overview of the Sexual Assault and Abuse Strategy has highlighted more training was required in this area. Practitioner awareness has now increased.

### Priority 3 – Preventing harm across the life course:

Other areas of progress that support our priority work:

- The Dudley Group have integrated the learning disabilities and mental health teams into a Complex Vulnerabilities Team, in recognition of the complex vulnerabilities of many of the patients accessing the Trust, and how this potentially puts them at greater risk of harm. This will ensure oversight and coordination of all the systems in place to prevent neglect or harm to patients with vulnerabilities whilst being cared for in the Trust. In addition, it will ensure timely and effective implementation within Trust to changes in the Mental Health and Mental Capacity Acts and the legislative requirements this may introduce
- The Persons in Positions of Trust (PiPoT) process have been reviewed. We now have a dedicated page on the DSPP website and a revised process to ensure partners submit referrals appropriately and when they are concerned about someone. This will ensure our system is robust and will keep vulnerable people safe.
- The Partnership have also introduced a professional challenge and resolution policy as there has not been one previously. This will enable professionals to escalate matters where they feel there is a professional

difference of opinion and as such will ensure adults with care and support needs get the right level of service. At the time of writing, we have not received any notifications of escalations.

- IRIS (Identification and Referral to Improve Safety) is a general practice-based domestic violence and abuse (DVA) training, support and referral programme. This has been updated to highlight the domestic abuse risks faced by adults with care and support needs. Increasing awareness that domestic abuse is experienced by older and disabled people and ensuring that people do not perceive domestic abuse as something that is only perpetrated by family members who are or have been intimate partners and continues to be rolled out across Primary Care

#### Additional work in support of the DSPP:

- Public Health have funded a voluntary sector organisation - Just Straight Talk to deliver a project to improve the digital skills of local residents. The project has been aimed at supporting older people to improve their digital skills and gain confidence in using the internet and digital devices independently, to help them stay connected with family and friends and access services and information online. This has resulted in increased sense of belonging to the local community, reduced loneliness and isolation
- Public Health and Black Country & West Birmingham Clinical Commissioning Group jointly commissioned a voluntary sector organisation - Beacon Centre, to run a befriending scheme aimed at older people at risk of loneliness and isolation. Current position at the end of the year 2021/22 – a total of 96 people have accessed the scheme, a total of 55 volunteers have supported the service and provided 48 hours of befriending telephone calls per week. This has resulted in reduced isolation and increased meaningful social connections by the provision of a social network for older people, improved quality of life – increased confidence, control and positive mental wellbeing. There are stronger partnerships with relevant agencies in social care, mental health and safeguarding which provided a rapid response and resolution to issues.
- Delegated portals in Adult Social Care have been introduced providing a safer, quicker, and more robust process of information gathering between partners using the previous system. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data.
- Safeguarding Local Incentive scheme (LIS) has been introduced to enable GP Practices to develop their safeguarding infrastructure and processes in order to provide all relevant information in a high-quality format to Adult Safeguarding Enquiries (S42). To ensure clear effective communication and sharing of information regarding safeguarding is a professional statutory duty of all disciplines

## 6. Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive a person them of their liberty, in order to provide a particular care plan. The care home or hospital send a referral to the Local Authority who commission a Mental Health Assessment and Best Interest Assessment and if agreed an authorisation of the DoLS can be granted for up to 12 months.

Deprivation of Liberty in the Community (CDoL) was introduced in 2014 and is a protection for people over 16 who are in supported living, extra care housing or in their own homes. A designated worker from the funding organisation completes an application to the Court of Protection and the court decides if they will grant an authorisation for up to 12 months.

The DoLS process continues in its current format despite the anticipated change to legislation which will introduce the Liberty Protection Safeguards. The DSPP has a multi-agency task and finish group to ensure that all agencies are prepared for the change which is now anticipated to be in 2023 and would be reported on in future annual reports when applicable.

In the meantime, virtual assessments for DoLS which could be conducted in all settings if required have been implemented. This enables a greater for people and means individual needs can be met. A team of independent DoLS assessors who reflect diversity and inclusion have been recruited to complete assessments which ensures individuals can be supported to participate in a more meaningful way. Dudley MBC Adult Social Care continue to triage, assess and manage all DoLS referrals.

Support has been provided to practitioners' families, CCG and Care Homes around the legal aspects of DoLS and the process.

In 2021-22 there have been 827 applications received, with 668 assessments completed, compared to regional comparators and this reflects positive performance.

## 7. How do we listen?

### Healthwatch

We firmly believe that services are stronger when they are influenced by people who access them. Healthwatch assist the Partnership to identify and encourage the creation of opportunities for people with experience of safeguarding and people who do not, to inform the work of the Board.

Healthwatch Dudley provide a signposting service to help people make more informed choices and to access additional services for help and support. They work with the Partnership to ensure their views and opinions are taken into consideration for learning going forward.

Healthwatch Dudley has involved communities in reviewing the online Safeguarding reporting system to make language used and systems more accessible for local people. They have involved communities in marketing workshops to ensure clear

campaign messaging and previously coordinated a network of communications and engagement professionals from across the partnership to share resources, collaborate on joint campaigns and promote good practice.

### **Case study**

#### John's story

\*John's name has been changed

John contacted Healthwatch Dudley with multiple issues: not having food or gas and electricity, physical and mental health problems and no access to a GP.

A safeguarding referral was made through the online reporting system, to address John's immediate needs, he was subsequently provided with a food parcel from a voluntary sector provider.

It was clear that John needed additional support, as he had presented at the Urgent Treatment Centre on multiple occasions to request help with his physical health, as he believed that he had a terminal illness. John did not receive treatment and was advised to register with a GP. We understand this happened on multiple occasions, John felt that he could not access the treatment he needed and became frustrated, resulting in the police being called.

Healthwatch Dudley contacted NHS England, to first check that John had not been excluded from GP lists because of his perceived aggression and then to identify GPs for which John fell into the catchment area for, as John had become frustrated at calling numbers linked to his postcode on the NHS website and being told that he was out of area.

John needed more intensive one to one support than Healthwatch Dudley were able to offer. We made a referral through to the Integrated Plus Team, who have a remit to support people with additional social needs as identified by their GP practices and integrated care teams. As John appeared to have fallen through system gaps, he did not meet the referral criteria but, the Integrated Plus team recognised John's vulnerability and agreed to work with him.

John was supported to register with a GP practice and was accompanied on initial visits to ensure that he was registered with relevant services and had the confidence to engage with the system.

## 8. Learning from Reviews

The purpose of a Safeguarding Adult Review is not to re-investigate or apportion blame but to establish whether lessons can be learnt from the circumstances of a case that may improve practice or the way in which agencies and professionals work together to safeguard vulnerable adults.

Legislation requires Dudley Safeguarding Adult Board (DSAB) to arrange a safeguarding adult review when:

- An adult in the area dies as a result of abuse or neglect, whether known or suspected and,
- There is concern that partner agencies could have worked more effectively to protect the person at risk.
- The DSAB must also arrange a safeguarding adult review when an adult in its area has not died, but the DSAB knows or suspects that the adult has experienced serious abuse or neglect.

The focus of Safeguarding Adult Reviews, in line with both multi-agency policy and national guidance is to:

- Learn from past experiences and the specific event examined.
- Improve future practice and outcomes by acting on learning identified by the review.
- Improve multi-agency working and compliance with any other multi-agency or single agency procedures, including regulated care services.

Not all incidents that are reviewed will meet the definition of a SAR but may still raise issues of importance. This might include cases where there has been good practice, poor practice or where there have been 'near misses'. In these circumstances the Partnership will decide whether to conduct a Practice Learning Review or case audit to ensure that learning is captured and shared with the workforce.

### Activity this Period

During the reporting period six referrals were received for consideration. On review three were returned to the referrer as they did not meet threshold for consideration based on the information provided. A further two were returned for completion of or to request more information from an ongoing Section 42 enquiry. One was progressed to a rapid review scoping exercise but was considered not to meet SAR criteria, learning identified from the rapid review meeting will be addressed by the relevant agencies.

The themes included within the SAR referrals are:

- Self-neglect
- Neglect and acts of omission
- Financial abuse
- Psychological abuse
- Mental capacity

Characteristics of the referral subjects:

- Five of the referrals relate to males and one was female
- The youngest was 32 and the oldest was 96 at the time of the incident. (32, 51, 57, 77, 84, 96).



- Four of the referrals were submitted following the death of the subject adult.
- Ethnicity was not stated on one referral, with one being Black British-Caribbean and the other four being White British.

Work has been undertaken during the reporting period on SAR's commissioned in the previous period. The DSPP acknowledges delays in the completion of these reviews, this has been unavoidable due to the partnership wide impact of the Covid-19 pandemic on resources and capacity.

One SAR report was published in 2021/22 relating to the previous reporting period, a summary of which can be found below.

### **Adult B – published 13.12.2021**

This review involved an elderly gentleman with several health problems, including a diagnosis of vascular dementia. Professionals had reached the reasonable conclusion that his needs could not be met solely by the care of his wife, and she had accepted this, albeit reluctantly. It is not clear whether Adult B intended to end his life, or what his state of mind was at the time of the incident, and whether it was a result of deterioration in his mental health. Adult B's death was unforeseen and had not been seen as a potential risk by the agencies involved.

The review findings included:

- A lack of face-to-face assessment by the GP practice, including basing assessment and medication reviews on conversations with Adult B's wife
- Requirement for an effective discharge planning and management process, including social care assessment overseen by an appropriate level of practitioner
- Clarification around the referral process to the Community Mental Health Team
- Nurturing professional curiosity around domestic abuse when working with older couples, professionals may miss signs of abuse due to their own assumptions and perceptions of domestic abuse and ageism.
- Think family, consideration for the needs of Adult B's wife
- Consistent approach towards Mental Capacity Assessment and sharing the outcome with all agencies

Full details of the review and learning resources are now available on the DSPP website. An action plan is in place in respect of this review and progress is being made. For instance a system wide Complex Discharge Meeting for the Black Country is reviewing hospital discharge processes across the area.

## 9. Multi-agency training and its impact

The last 12 months have continued to be unprecedented in terms of learning and delivery of training, the pandemic meant we had to change how we worked often at very short notice, and as a partnership we have worked hard to deliver our core offer consistently throughout the period.

We would like to thank our partners for their continued support, drive and energy during the last 12 months.

The rise and fall of the pandemic throughout the year impacted our training offer, but we still managed to deliver over 40 virtual training events delivered through the DSPP between 1st April 2021 and 31st March 2022.

We offered 789 adult and life course places, of which 349 were used, and out of that 268 attended the virtual training sessions.

We found that 35 cancelled, mainly due to capacity, but nearly 100 did not attend on the day, and again this was mainly due to operational service delivery issues.

90% of our training was half day and 10% was full day, and we found that this suited attendees especially during the pandemic as it made the training accessible and modular.

### Learning identified from Adult Exploitation and online harms

“Mate crime - taking advantage of a vulnerable person by befriending them before then manipulating them into giving them money or forcing to do other acts i.e. sexual.

Catfishing - a method of committing fraud by developing a romantic relationship with an individual.

Predatory marriage - preying on a vulnerable person with the ultimate aim to marry them to gain financially.”

### Learning Gain from event

- Pre event: **2.64** Post event: **3.64**

*“1) All practices need to consider Trauma*

*2) Organisations that adopt this process have benefits ranging from patients to staff and for the organisation*

*3) Window of Tolerance can reduce when a person is/has experienced”*

**(Understanding Trauma informed practice in adults)**

*" To Increase my awareness and understanding of scams  
To Increase my awareness of current concerns about scams  
To Inform us of how we can make a referral to the Scams Unit*

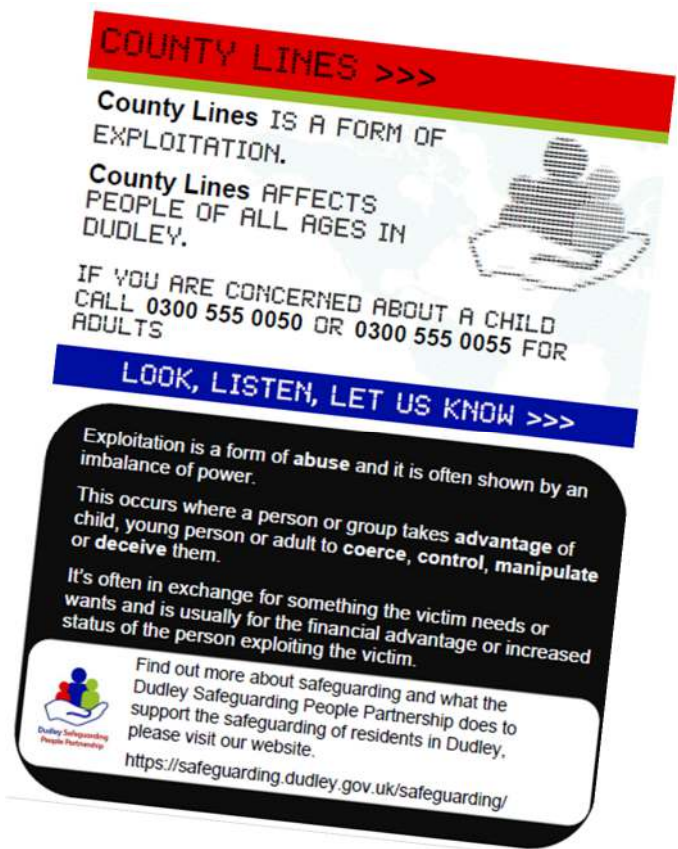


**(Understand Scams and financial abuse)**

**Top 5 booked eLearning courses**

**Other Achievements**

- Safer 7's (DSPP 7-minute briefings) has been published and shared, on subjects such as Information Sharing, Liberty Protection Safeguards, Graded Care Profile 2, Coercive Control, Homelessness, Updated Safer 7s on SARs and CSPRs.
- Full Page advert on exploitation in WBA magazine during 2020/21 season
- Video blogs created on Thresholds, and we supported the DSAB in a video Case Study.
- Creation of bespoke ICON eLearning that has been shared
- Creation of Learning Briefings on the MACFA outcomes
- Sharing of eLearning training courses with Greenwich Childrens Safeguarding Partnerships
- National Safeguarding Adults week – a suite of learning events throughout the week.



## 10. Voice of the adult

The DSPP does not have a single mechanism, currently, for recording the voice of the adult. Instead, the Partnership seek assurances from partners that adults are at the heart of everything they do and that they actively engage with them. We have seen excellent examples of partnership engagement with people who access services.

Moving forward, we will continue to use the information as assurance of our safeguarding practices across the Borough, but we recognise we need to do more to receive feedback to influence and shape our work in the next twelve months. Therefore we are working with Healthwatch on a piece of work that will support our priority of neglect but also capture important feedback from people who access our services.

## 11. Our priorities for 2022-2024

Our priorities have recently been revised in April 2022 along with our structure. We now need to formally launch the priorities. We will do this via our annual safeguarding conference and will be able to report on this in our next annual report. The DSPP priorities for 2022-24 are:

Neglect

Exploitation

Adopting a 'Think Family' approach

## 12. Summary

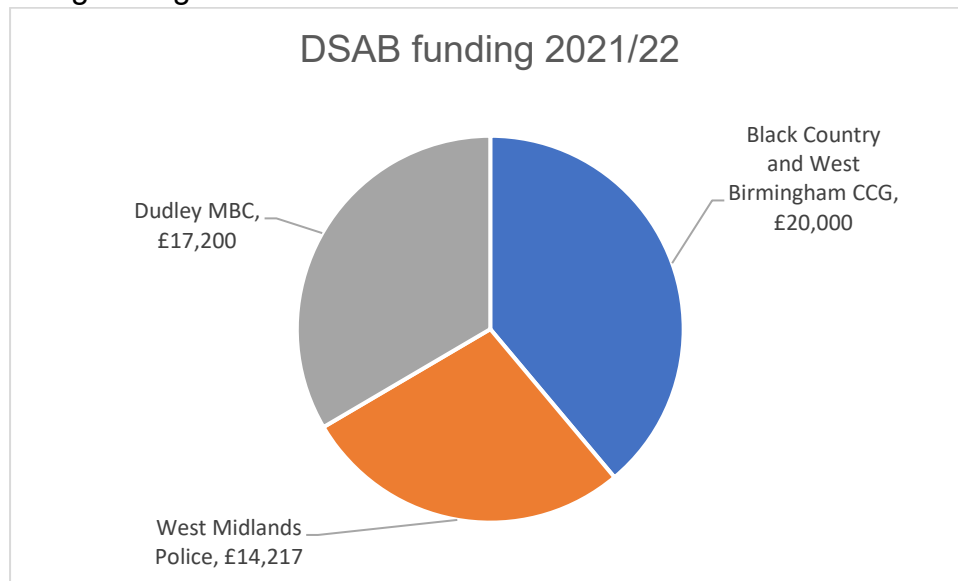
During 2022/23, the Dudley Safeguarding Adults Board will embed the new agreed strategic priorities and the work of the subgroups, whilst engaging with and listening to adults at risk and with care and support needs. We aim to have a robust process where our work is influenced regularly by people who access our safeguarding services. As we embed and act upon our learning from Covid 19, we are now seeing a new and equally concerning problem in the cost of living crisis. We know the rising costs of living will impact those who are most vulnerable, where basic choices around the cost of heating and food will become problematic for many. In 2022, we will come together as a Partnership to focus on ensuring we keep people safe in these uncertain times, ensuring everyone who needs help, receives the right help. The partnership is committed to monitoring concerns and taking appropriate action through our agreed strategies.

We will continue to learn from our safeguarding adult reviews, ensuring timely and appropriate dissemination of themes and trends and to use this information to underpin our training and influence our strategic direction.

Finally, we said in our last report we would report back on the implementation of Liberty Protection Safeguards to ensure appropriate safeguards are in place for the most vulnerable in our Borough. This process has been delayed by Government and so we continue to operate under the DoLs process. We will continue to ensure we have robust assurance processes in place to seek assurance from our partners that when the changes take place, we are in strong position to transition.

## Appendix 1

DSPP funding arrangements 2021-22:



## Appendix 2

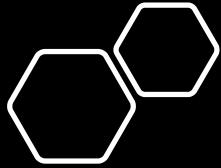
### **Case study 1, a case study from the befriending scheme (Beacon Centre, March 2022)**

Participant X case study:

Participant X's volunteer fed back to Beacon Centre staff that she had reported to her that money had been going missing from her account and that she had no money in her account to pay her bills or buy any food. After speaking to the volunteer and participant X, Beacon raised a safeguarding concern after allegations of her family members taking and spending money arose. A social worker supported with the case and supported to gain control of her money and ensure it was safe. The volunteer that is matched to participant X also supported her in assisting with meetings at the bank, assisting with food and accessing her pension safely and also assisted her with GP appointments and further support by accessing mental health services (another programme offered by the Beacon Centre). The volunteer has been a real support for participant X as she has no other friends or family that were able to help her in this situation. The support of the volunteer even resulted in participant X having a £6,000 refund into her bank account. As participant X was getting back on her feet, her family unfortunately attacked her which resulted in her being admitted to hospital. Again, the volunteer supported and visited her to provide comfort and someone to trust and confide in. Social workers are continuing to work on this case and staff at Beacon continue to support participant X and feedback to social services. Without the support of the volunteer, participant X would be in a very different situation. The volunteer recognised the signs of abuse, reported them and ensured that participant X had the relevant support she needed

### **Case study 2**

Mrs Smith was referred to MASH by Russells Hall Hospital after she had disclosed her son's behaviour at home was causing her distress and resulted in her attending hospital due to feelings of overwhelm and stress. It was established that Mrs Smith was 63 years old with poor mobility, and her son was homeless; living a chaotic lifestyle as a result of alcohol dependence and poor mental health. The duty social worker spoke directly with Mrs Smith when it was safe to do so. She described how her son was putting pressure on her to accommodate him in her home and to support his alcohol use financially. This was leaving her feeling anxious for his wellbeing. The duty social worker was able to speak to Mrs Smith about self-safety plans, existing protective factors and offer referrals to appropriate support services including Black Country Women's Aid and Carers Network. Mrs Smith articulated that the support offered met her desired outcomes and declined statutory safeguarding; her remaining focus was on her son receiving the housing and mental health support he required in order to being making positive changes in his life. With his consent, onward referrals were made to support services including to CGL and housing and for social care assessment.



Health and Adult Social Care Scrutiny Committee  
– 14<sup>th</sup> November 2022

Adult Safeguarding and Deprivation of Liberty  
Safeguards (DoLS)

- Matt Bowsher Director of Adult Social Care
- Dr Paul Kingston Independent Chair of Dudley Safeguarding Peoples Partnership.



# Key Achievements

- Development and launch of Citizen and professional portals which are available on the Safeguarding Board (DSPP) and local authority websites. This increases diversity of access and allows new concerns to be input directly to the Liquid Logic electronic recording system.
- The [Dudley Adults Portal](#) is available for residents, carers and professionals of Dudley





Referrers can be informed of outcomes more easily and securely and portal forms have been extensively tested with citizens to ensure they are easy to navigate and understand and there has been positive feedback from residents and professionals.

Delegated portals have also been developed providing a safer, quicker, and more robust process of information gathering between partners. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data.





Data

Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%

The local authority continues to experience increased numbers of safeguarding concerns and based on monthly data to date we project that we will see around 6,300 concerns across 2022-23.

# Screening

Many Adults can appear vulnerable due to things such as: Mental ill health; age; disability;” chaotic” lifestyles; substance misuse etc but this does not mean they necessarily require support through Safeguarding, but it is important that concerns are raised so that proper checks can be made.

MASH screens and determine the appropriateness of referrals ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and of the MASH and the lower conversion rate demonstrates effective response which is targeted and that signposting or assessments take place instead of safeguarding where appropriate.

As illustrated in this case study

# Case Study

A contacted their MP expressing feelings of being distraught and suicidal, threatening to harm themselves and their son D due to the aggravation and noise they said they were experiencing from neighbours.

In response to the concern the Multi-Agency Safeguarding Hub (MASH) sent lateral to multi-agency partners including Health, Housing and the Police. Son D was an adult so checks with Children's services were not required. Contact was also made with A. and D.

On receipt of the checks and feedback it appeared that the threshold criteria had not been met for a Section 42 safeguarding enquiry. A advised they were not suicidal but frustrated as A wants to move property and Housing are aware. A advised they would not hurt themselves or their son. To support A

Although it was deemed not to be safeguarding support was offered

Contact with GP to request a referral to mental health support

A was also offered an assessment of need and a Carer's assessment

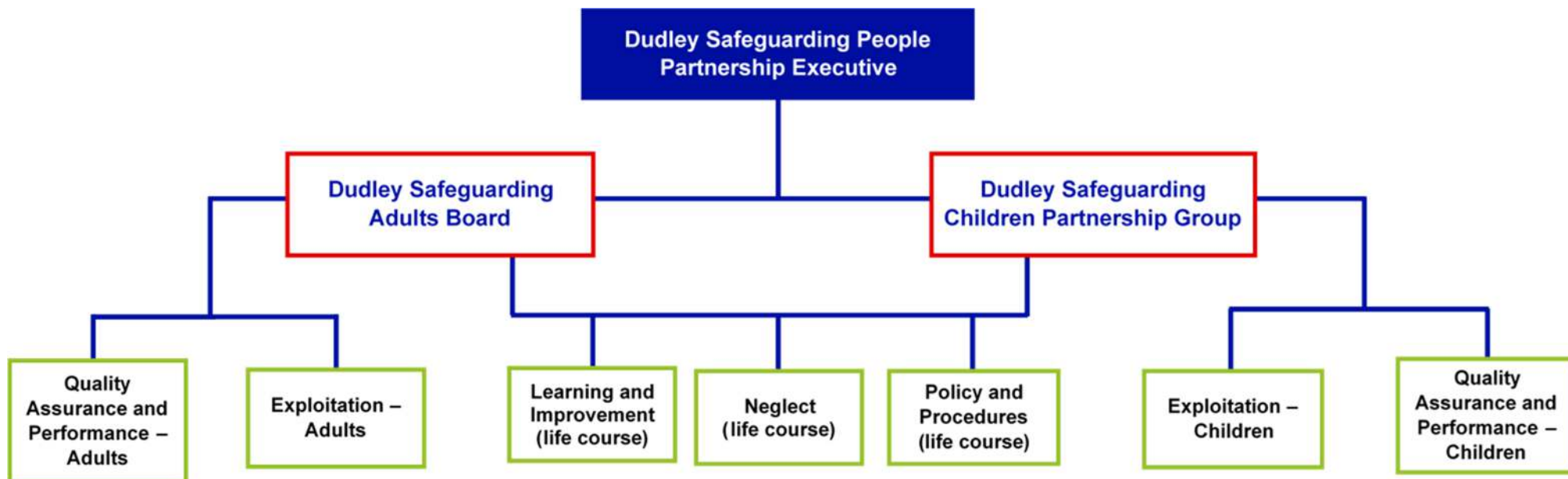
A's son D was also contacted by Dudley Disability Services and offered a needs assessment

# Further achievements

The Liberty Protection Safeguards (LPS) are expected to replace Deprivation of Liberty Safeguards (DoLS) in April or October 2023. While awaiting an implementation date from the Government preparation continues internally, with wider partners in Dudley, the Black Country and Regionally. With support from partners the Safeguarding Adults Board has developed an E Learning LPS Awareness course which is available to professionals and citizens of Dudley which is helping to raise awareness and support preparation.



The Covid 19 Pandemic has presented challenges and impacted how services were delivered but new ways of working were developed, and increased use of technology has ensured that safeguarding services continued to be responsive to need.



## Key Achievements

Dudley Safeguarding Adults Board (DSAB) continues to provide assurance and supports the multi-agency partnerships to work together on agreed priorities through the subgroups and with oversight by the Executive comprising of senior leaders in from organisations.

The rise and fall of the pandemic throughout the year impacted on the training offer but we still managed to deliver over 40 virtual training events and offered 789 adult and life course places.

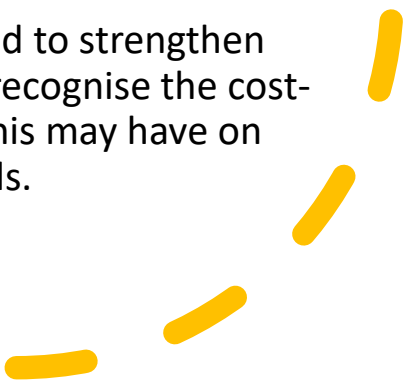


There was increased referrals for Safeguarding Adult Review (SAR) enabling partners to:

- Learn from past experiences and the specific event examined.
- Improve future practice and outcomes by acting on learning identified by the review.
- Improve multi-agency working and compliance with any other multi-agency or single agency procedures, including regulated care services.



## Potential Risks

- Increased safeguarding referrals are encouraged to ensure citizens are protected but rising demand increases resource pressure within safeguarding.
  - Legislative change such as LPS requires appropriately qualified staff to meet our statutory duties. If the Local authority were unable to train or secure an appropriate number of professionally qualified people citizens would be at risk of being illegally detained within the community, nursing and residential settings. This would place the Local authority at risk of legal challenge as this may lead to citizen's Human Rights being breached.
  - LPS will also impact on young people 16+ which is a major change, and it is imperative that Children's services and stakeholders are involved in the preparation and planning.
  - Over the next 12 months we recognise that we need to strengthen our multi – agency response to self-neglect. We also recognise the cost-of-living crisis and the immeasurable consequences this may have on people, particularly those with care and support needs.
- 



## Suggested topics for future scrutiny.

The DSPP priorities for 2022-24 are:

### **Neglect**

### **Exploitation**

### **Adopting a 'Think Family' approach**

- Work has begun on a Neglect strategy for adults. It is recognised that acts of omission and neglect are not necessarily focused on and the need to have a dedicated resource has been agreed by the Neglect subgroup.
- Self-neglect cases are on the rise in Dudley and as such the Partnership have commissioned a thematic review into five self-neglect cases. It is hoped that this will provide not only learning but a toolkit to assist practitioners.
- The suicide rate in Dudley has increased since 2015-2017. From the latest data available for 2018-20, there were 11.3 suicides per 100,000 population (or 94 persons) which is the highest rate recorded since records began in 2001-03. Although this is not significantly different to the West Midlands (10.5 per 100,000) or England (10.4 per 100,000). This is a growing concern and suicide awareness, and support will need to be a focus of both learning and development and service offer going forwards

Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22]  
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**Meeting of the Health and Adult Social Care Scrutiny Committee**  
**– 14<sup>th</sup> November 2022**

**Joint Report of the Dudley Managing Director, Black Country Integrated Care Board and Acting Director of Public Health and Wellbeing**

**Progress Update on the development of the Black Country Integrated Care System (ICS) and Dudley’s Integrated Health and Care Model**

**Purpose of report**

1. To advise the Committee on progress with the development of the Black Country Integrated Care System (ICS), including the Black Country Integrated Care Board (ICB) and the development of Dudley’s integrated health and care model.

**Recommendations**

2. It is recommended:-
  - that the Scrutiny Committee note the position in relation to the development of the Black Country Integrated Care System, including the Integrated Care Board and the development of Dudley’s integrated health and care model.

**Background**

3. Members will be aware that the provisions of the Health and Care Act 2022 relating to the establishment of the Black Country Integrated Care System (ICS) came into effect on 1 July 2021. As a result, the Black Country and West Birmingham CCG’s statutory duties and powers transferred to the Black Country Integrated Care Board (ICB). In addition, members will be aware of work that has been taking place to develop an agreed integrated health and care model for Dudley.

4. This report provides an update on both matters.

### Black Country Integrated Care System

5. The Health and Care Act 2022 established Integrated Care Systems (ICSs) on a statutory basis from 1 July 2022. The Black Country Integrated Care System covers the Councils of Dudley, Sandwell, Walsall and Wolverhampton, with the West Birmingham element of the former Black Country and West Birmingham CCG transferring to the Birmingham/Solihull ICS.
6. The ICS is composed of two bodies:-
  - the Black Country Integrated Care Board – the successor body to the abolished CCG which deals with day to day NHS issues;
  - the Black Country Integrated Care Partnership - develops an integrated care strategy that addresses the wider health, public health, and social care needs of the system.
7. The ICS has 4 purposes:-
  - Improving population health and healthcare
  - Tackling unequal outcomes and access
  - Enhancing productivity and value for money
  - Supporting broader social and economic development
8. Whilst NHS organisations retain their existing statutory duties, new duties to reflect the need for health and care organisations to work as a system are introduced:-
  - a duty to have regard to the system financial objectives –a mutual responsibility to achieve financial duties;
  - shared NHS duty to have regard to the “Triple Aim” - better health and wellbeing, better care, sustainable use of NHS resources;
  - reciprocal NHS and Council duties to collaborate.

### Integrated Care Board (ICB)

9. The ICB has now been established and is now considering arrangements for governance in its 4 places. At present, the Dudley Commissioning

Board has delegated authority for local commissioning decisions. The Commissioning Board consists of representatives from the 6 Dudley Primary Care Networks, the Council, Dudley CVS and Healthwatch. In addition the Dudley Health and Care Partnership Board, with representatives from the health and care partners in Dudley, has agreed refreshed terms of reference with a focus on health and care integration and oversight of Dudley's integrated model of health and care.

10. The ICB has considered a proposal to remove the Commissioning Boards and establish a local system with a joint ICB/Council body given delegated authority for commissioning decisions, working alongside the Health and Care Partnership Board and the Health and Wellbeing Board. The ICB Managing Directors have been requested to work with Council colleagues to develop such arrangements and the Dudley Managing Director has begun this work.

#### Integrated Care Partnership

11. The responsibility for supporting broader social and economic development gives the NHS the opportunity to play a broader role in addressing the wider determinants of health and wellbeing. The ICB believes that it is important to set out its joint ambitions with local government partners we go jointly and taking the time to do that well as equal partners. This involves making sure we take time to build relationships, set joint goals, hold each other to account and build our legacy.
12. Doing this should involve:-
  - putting the patient/person at the centre and organising and integrating care around them;
  - recognising that there will be challenges, supporting each other, and not getting deterred from our next staging point;
  - being prepared to compromise in the best interests of our people.
13. The establishment of an effective Integrated Care Partnership is seen as an important developmental journey for all partners across the Black Country NHS and local government system and events are taking place to facilitate this.

## Dudley's Integrated Health and Care Model

14. Members will recall that Dudley Integrated Health and Care NHS Trust (DIHC) was created on 1 April 2020 with the intention of acting as the main vehicle for integrating primary and community care services.
15. The full Integrated Care Provider (ICP) contract was intended to cover:-
  - Adult community health services
  - Children's community health services (including those commissioned by the Council)
  - Out-patient specialties (mainly long-term conditions)
  - Urgent treatment centre and GP out of hours service
  - Council commissioned services – sexual health, substance misuse, lifestyle services
  - Voluntary and community sector services
16. Full mobilisation of DIHC's contract was paused to enable the development of an agreed integrated model of health and care and Capgemini was engaged to support this in late 2021.
17. A set of recommendations have now been agreed by the NHS partners and these are set out in Appendix 1. Further work is now taking place to develop the model through 4 workstreams: -
  - Children's Services
  - Mental Health/Learning Disability/Autism
  - Integrated Care teams
  - Clinical Hub

This work is being overseen by an Implementation Group, reporting to the Health and Care Partnership Board.

18. At the time of preparing this report, Dudley Integrated Health and Care NHS trust has been requested to submit its revised proposals to the ICB/Council Integrated Care Provider Project Board by 11 November 2022. These proposals will be assessed in order to determine whether they meet our original procurement requirements and an update will be given to this meeting.

## **Finance**

19. No immediate implications.

## **Law**

20. The Health and Care Act 2022 provides the statutory basis for the establishment of the Black Country ICS, ICB and ICP

## **Risk Management**

21. The council, ICB and DIHC are considering the risks related to the options for the next stage of management of contracts identified above.

## **Equality Impact**

22. This initiative is specifically designed to address health and care inequalities across our communities including children and young people and people with protected characteristics.

## **Human Resources/Organisational Development**

23. No immediate implications

## **Commercial/Procurement**

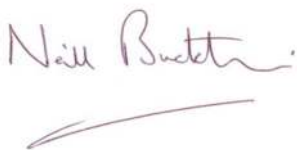
24. This matter is being dealt with in accordance with the provisions of the NHS Act 2006, the NHS and Social Care Act 2012 and appropriate procurement regulations

## **Environment/Climate Change**

25. There are no implications arising from this report

## **Council Priorities and Projects**

26. This development is consistent with the Borough Vision's intention to create healthy and resilient communities.



**Neill Bucktin**  
**Dudley Managing Director**  
**Black Country Integrated Care Board**



**Mayada Abuaffan**  
**Acting Director Public Health and Wellbeing**

Report Author: Neill Bucktin  
Telephone: 01384 321925  
Email – [neill.bucktin@nhs.net](mailto:neill.bucktin@nhs.net)

## **Appendices**

Appendix 1 - Recommendations Approved by Boards of Dudley Providers

**Recommendations Approved by Boards of Dudley Providers**

To create the optimum conditions for implementation of the new Model of Care the Steering Group recommend the following :-

- All organisations have a role to play in the system.
- All organisations will commit to work collaboratively to deliver a sustainable Dudley Place.
- DIHC has a role in the system and adds the greatest value to the system through the collaboration and coordination of primary care.
- There will be no wholesale transfer of staff between organisations.
- The Clinical Transformation Groups will develop defined models and pathways. This will in turn enable assessment of optimal delivery arrangements including the role of each organisation based on the “triple aim” and the correct solution for delivery.
- All recommendations will follow the governance structure outlined in the document.
- We will work to deliver in collaboration, with the objective of avoiding another procurement of Council services.
- Consider appropriate contractual mechanisms at the conclusion of the process described below.

**Mental Health, Learning Disability and Autism**

- Contractual – All Mental Health and LDA (inc. Tier 2 CYP MH) services to be contractually in scope of the Black Country Lead Provider contract, enabling Dudley to benefit from both subsidiarity and value-added scale.
- Service Delivery – A review of Primary Care Mental Health services through the Clinical Transformation Groups to determine the optimal model and recommend the associated delivery arrangements. It is the strategic intent/preference of BCHFT that these services are provided by BCH.
- It is the intention of partners to agree a delivery model based on a collaborative rather than competitive approach. All recommendations will follow the governance structure outlined in the document.

**Children’s Services**

- Commitment to work to accelerate the children’s model recognising the Council’s procurement timeline which impact services currently provided by BCH and DIHC (excluding Tier 2 Mental Health).
- The strategic intent of DIHC includes the delivery of children's community services in Dudley. BCH is fully supportive of developing the optimal delivery arrangements based on the agreed pathways.
- It is the intention of partners to agree a delivery model based on a collaborative rather than competitive approach. All recommendations will follow the governance structure outlined in the document.



## **Adult Community Health Services**

- There is a commitment to review the model of adult community services which are closely aligned to Primary Care through the context of the development of the Integrated Care / Care Coordination Clinical Transformation Group.
- The strategic intent of DIHC includes the delivery of adult community services that are closely aligned to primary care. DGFT is fully supportive of developing the optimal delivery arrangements based on the agreed pathways.
- It is the intention of partners to agree a delivery model based on a collaborative rather than competitive approach. All recommendations will follow the governance structure outlined in the document.

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**Meeting of the Health and Adult Social Care Scrutiny Committee – 14th November 2022**

**Report of the Director of Adult Social Care**

**Impact of the Dudley Telecare Digital Strategy**

**Purpose of report**

1. To provide an update to members regarding the implementation and impact of the digital strategy and the progress of the Telecare Service Review.

**Recommendations**

2. It is recommended that: -
  - The impact of the digital strategy is appraised by members.
  - The awareness and impact of the analogue to digital switchover is realised.
  - The digital offer is appraised at Scrutiny.

**Background**

3. The demographics in Dudley detail a population of approximately 320,626 people. By 2031 the population is expected to increase by 13,990 (4.4%). Most of this increase is accounted for by the rise in the 65 and over age group, with the 85+ ages increasing by nearly 70%.
4. August 2022 Telecare has 8512 connections across the borough.
5. Adult Social Care staff through the development of a strength-based approach, must ensure they consider technology to support individuals and carers to maximise independence and make best use of the public purse.

6. A national digital shift enforced by phone providers across the country has meant that all Telecare solutions must switch from analogue to digital by 2025. The shift provides enhanced alarm systems and products, giving greater scope to what can be achieved from technology.
7. The vision for growth is maximised through the developments in the service to ensure that the technology provided continues to be fit for purpose, combined with the updated telecare brand, educating staff team's and developed policies and procedures.

#### Analogue to Digital

8. Several meetings have now taken place with all major stakeholders involved with the replacement programme, and a final decision was made by Procurement to go out to a full tender for the Telecare Monitoring Platform. Non-functional requirements have been collated from IT and we are finalising all requirements for Telecare, Housing, Systems and Reporting.
9. Regular information sessions are attended with the Local Government Association and Technology Enabled Care Services Association. They provide information on the latest from the telecommunication upgrade plans and best practices, which will support us with the implementation of the replacement programme and provides consistent communications to Telecare users to keep them up to date.

#### Re-branding of Telecare

10. The strapline 'delivering independence through technology" has now been incorporated into the Telecare literature, and a logo has been finalised. We have developed the look and feel of the information to better promote the service, which has been used to update The Telecare Guide.
11. A specialist telecare referral form is built into the Adult Social Care System which enables citizens and professionals to make referrals to telecare 24/7.

#### New Initiatives

12. Our community installation officers are going to be trained as Digital Buddies. They are deployed across the borough, to carry out assessments and installations. They will also be able to support customers to use the TEC that they already have in their own homes to

best effect. This can be TEC such as I-phones, I-pads, Alexa, smart plugs, and lighting for example.

13. The service review also looked at extending the hours of operation to increase accessibility out of hours. This has now been completed and the changes to working hours now means more of our installation team are available, to support the citizens of Dudley with the utilization of their own TEC.
14. External TEC forums were undertaken in March to drive the uptake of RITA (Reminiscence Interactive Therapy Activities) with support of ADASS (Association of Directors of Adult Social Services) West Midlands, Rethink Partners and My Improvement Network. RITA enables people with dementia to engage with the past to part of the present.
15. We intend piloting some new technology in October with a TEC provider, to assist us in recognising declines/changes in service user's everyday routines, allowing early interventions from services such as the Access Social work team and Reablement. We hope to engage with one of the services for the pilot duration, which will enable a proactive approach to planned care and review to assist teams to prioritise increasing demands on services.

### Challenges

16. We are working with staff to develop their digital skills and promote the culture that is required across the team to ensure we are ready for the analogue to digital shift and the changes that the team need to continue to make to reach our full potential as a service.

### Finance

17. The Dudley Telecare Service is funded through the Housing Revenue Account and private income. Additional investment for the replacement programme and SIM card costs in the future is being progressed with Housing, Adult Social Care and Commercial colleagues and any recommendations regarding future charges will be progressed through Cabinet and the appropriate Scrutiny Committee.

To make best use of resources the Corporate Steering Group have agreed the following:

- To stop buying analogue equipment, as this will become obsolete at some point in the next couple of years and purchase hybrid

equipment. The equipment works both on analogue and when the customer is switched over to digital.

- Costs have now been confirmed by suppliers of hybrid equipment and the SIM card charges currently are £35-£40.00 per annum, after 2 years from the date of purchase.

## **Law**

18. Dudley Telecare Service supports statutory responsibilities. Section 2 of the Care Act 2014 states: where the local authority provides or arranges for care and support, the type of support may itself include support such as assistive technology in the home or equipment/adaptations, and approaches to meeting needs should be inclusive of less intensive or service-focused options.

Section 4 of The Care Act states that local authorities should facilitate local markets to encourage a sufficiency of preventative, enablement, and support services, including support for carers to make caring more sustainable where services such as Telecare are utilised to assist people achieve more independence and support the outcomes they want.

## **Risk Management**

19. Working closely with stakeholders of the analogue to digital project team we have completed a comprehensive risk register for the project.

## **Equality Impact**

20. The service is available to anyone in need living in the borough of Dudley. All reasonable adjustments will be made to individual technical architecture where and when needed to access this service.

## **Human Resources/Organisational Development**

21. All necessary changes to the operating staffing structure have now been implemented following consultation with those affected, involving recognised trade unions, and ensuring Council HR policy and Procedures were adhered to. The service review is now complete.

## **Commercial/Procurement**

22. Systems and equipment continue to move forward with the imminent nationwide telephony shift from analogue to digital by 2025. We are working with colleagues in Housing, Commercial and the Corporate Steering Group, to ensure the procurement of the digital enabled

equipment and monitoring platform for the replacement programme is realised.

### **Environment/Climate Change**

23. We have and will continue to embed remote working where possible within the Telecare Team, as we recognise this is considerably more environmentally friendly, supporting the council's vision to address climate change. We will also plan and minimise travel for any planned installations/upgrades, to reduce our carbon footprint.

### **Council Priorities and Projects**

24. Throughout the Telecare Service Review, we have been working to future proof the service. We strive to achieve the aims set out in the Digital Strategy. We are working with consideration to the Council Plan, to ensure we continually invest in Technologies to support not only our staff to work smarter and maximise remote working but to continually invest in TEC. To Empower people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.



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**Matt Bowsher**  
**Director of Adult Social Care**

Contact Officers: Nicola Boerm-Hammond  
Call Centre Manager  
Telephone: 01384 817457  
Email: [Nicola.Boerm-Hammond@dudley.gov.uk](mailto:Nicola.Boerm-Hammond@dudley.gov.uk)

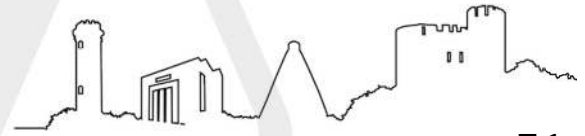
Marie Spittle  
Head of Service, Access and Prevention and  
Interim Head of the Integrated Commissioning Hub  
Telephone 01384 817456  
Email: [marie.spittle@dudley.gov.uk](mailto:marie.spittle@dudley.gov.uk)



# Impact of the Dudley Telecare Digital Strategy



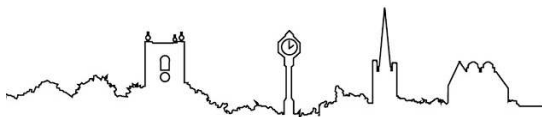
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# Progress against our Key Deliverables as set out in our Digital Strategy 2021-2026

**Our Strategy set out Dudley's commitment to continue to build on the well-established Telecare Service, looking at:**

- **Development and Growth of Telecare**
- **Supporting the residents of Dudley ahead of the analogue to digital shift.**
- **Education of Staff and Stakeholders**
- **Re-branding of the service**
- **New initiatives being undertaken**
- **Performance and Outcomes.**
- **Risks and uncertainty as we progress our digital upgrade**





# Rebranding of Telecare



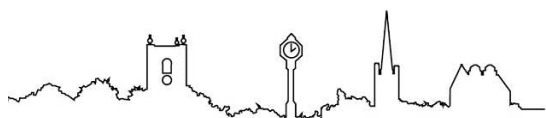
We have updated our logo and finalised our Information Guide. We have transferred the new branding to our webpage and updated key information within.



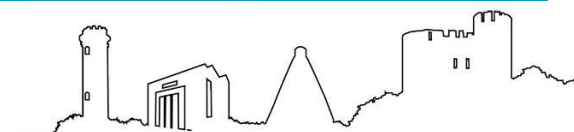
We continue to explore social media and brand linking to ensure the vision and brand of Telecare is effective, to promote our digital offer both now and in the future.



A specialist referral form for Telecare has been built into the Adult Social Care client information system and Delegation / Citizen Portals. This work has helped streamline how all stakeholders refer to Telecare.



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**156**

**2 Hour**

**Check Calls undertaken**  
due to lengthy ambulance  
waiting times



**1,443**

**Testing and Reviews**  
undertaken



**735**  
**New**  
**Installs**

undertaken within an  
individuals property

**27,610 Direct calls**  
**taken in Telecare**

with queries  
and referrals



**Telecare Supports**  
**7900 Dudley**  
**Citizens**

Jan 22-Sept 22

**751 Non**  
**Injured**  
**Fallers**

supported to prevent an  
ambulance being called



**167,290**

**Individual**  
**Alarm Calls**

answered in  
our Telecare  
call centre

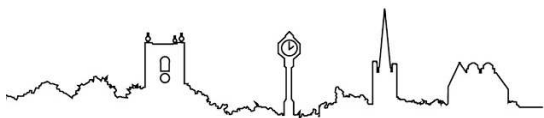


**WEST MIDLANDS FIRE SERVICE**

**748 Safe and Well**  
**Referrals** made from  
Telecare for vulnerable  
adults at risk

**669 No Response**

calls taken and a visit  
made to their  
property  
to assist.



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## Education of Staff and Stakeholders

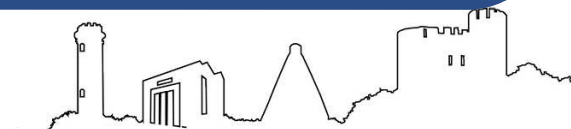
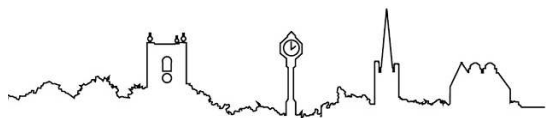
**We continue to support Adult Social Care staff through the development of a strength-based approach, to ensure they consider technology to support individuals and carers to maximise independence and make best use of the public purse.**



## Discharge to Assess To Ease Winter Pressures on the NHS

**Working with stakeholders to support people to return home by maximising the use of Technology.**

**We will be working with two facilities in Dudley, where they will have 12 D2A pathway 1 beds available for people to be discharged from hospital. Telecare will assess what TEC they require to return home safely to aid independence and reduce readmission to hospital**



## Smart House

Telecare products are connective and allow us to transform the lives of our customers. Below is an indicative illustration of how our solutions can change a home into a Smart House.



# New Initiatives

Digital Buddies are being trained and deployed across Dudley to support customers to use TEC that they already own to its best effect. This can be TEC such as I-phones, I-pads, Alexa, smart plugs, and lighting.

Part of the service review was to look at the working day and increase availability out of hours. Changes to working hours has given greater flexibility to deliver much needed digital support to the citizens of Dudley to support them with daily living tasks and remain living independently for longer.



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# How Telecare supports the wider Health and Social Care System



From Jan–Sept 22 we have carried out **751** non injured falls response visits

The cost to deploy an ambulance is **£228.98**

Data taken from WMAS website – freedom of information.



Telecare have **52** Pharmacy Filled Pill Dispensers



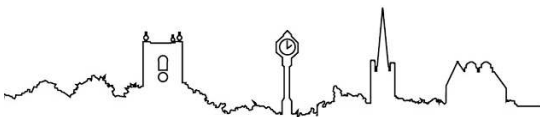
**396** Stand Alone Pill Dispensers across Dudley



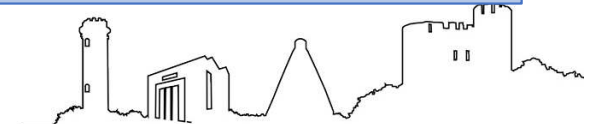
**CARE**

If medication care calls were being undertaken instead the charge would be **£18.44** per hour

There will be unseen benefits and savings through good medication compliance, such as less visits to the GP and potential hospital avoidance



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# Key Risks

## ANALOGUE to DIGITAL Switchover



**Housing Revenue Account funding gaps. Uncertainties around future funding e.g general fund and adult social care.**



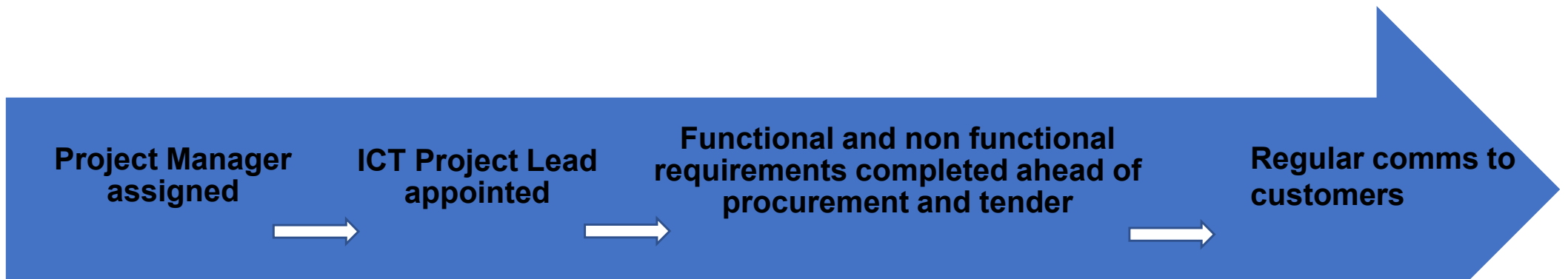
**Procurement of a new supplier of both equipment and monitoring platform, which in turn will require training and full implementation to the team.**



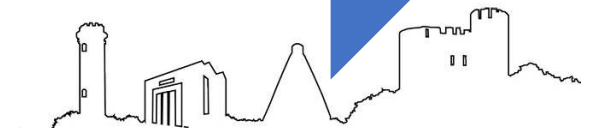
**Serious delays in our digital agenda adds pressure to stay on track of the projected completion date of 2025.**



**Cost implications to our current and future customers.**



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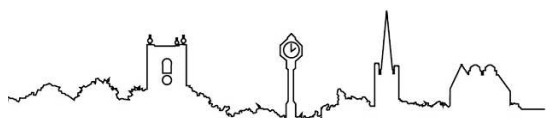
# Telecare Charging Models

A benchmarking exercise undertaken recently demonstrates neighbouring authorities who deliver a similar service at what cost.

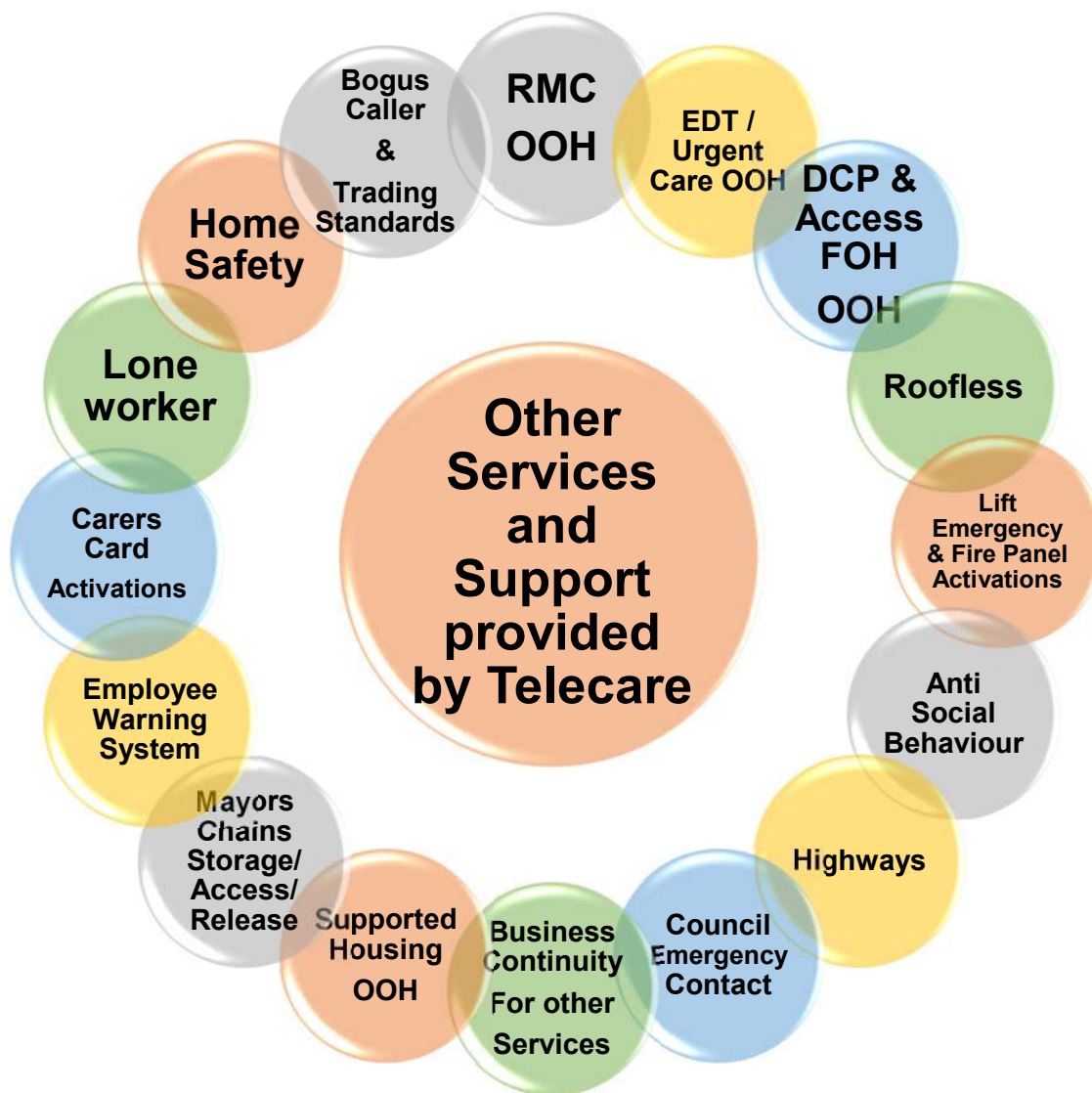
The HRA cannot legally subsidise private customers, adding a pressure to the general fund.

- 22/23 housing finance will transfer the shortfall in private customer income subsidy to the general fund (c.£175k)
- 23/24 has a projected increase in charges of between £23.00-£27.00 pcm

Council Name	National or Local	Setup Charge	Monthly Charge	Include response service?	Comments
Wolverhampton CC	Local	£0.00	£32.50	Yes	Level 4 – additional equipment provided (free – means tested)
Wolverhampton CC	Local	£0.00	£18.05	Yes	Level 2 – response + monitoring only (free – means tested)
Sandwell Council	Local	£26.52	£16.75	Yes	Equipment is free for residents of Sandwell, charged for the service.
Dudley Council	Local	£0.00	£16.30	Yes	Free for Council Tenants



# Support to Dudley Council and Other Services From Telecare



**10,366**  
**Calls Taken for Repairs Management Centre Out of Hours**



**4,902** Calls taken Out of Hours for the Emergency Duty Team



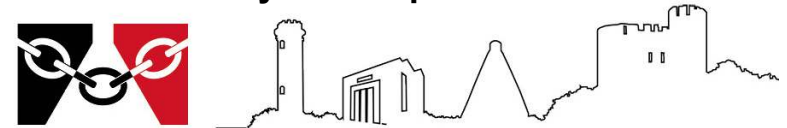
**44,697**  
**Calls taken for Sheltered Schemes**



Figures quoted are between January 22 – September 22



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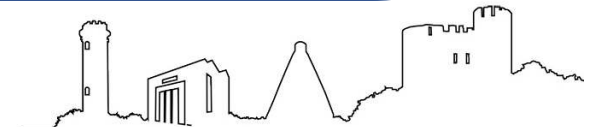
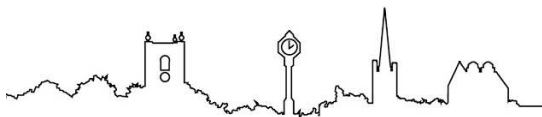




# Future Development

What can we expect to see from Telecare and what impact will it have for the people of Dudley?

- Complete procurement, stop buying analogue Kit and invest in Hybrid alarms, giving greater range and reassurance to our customers as we transition to digital.
- Roll out the digital portal programme training to all staff to ensure new kit can be programmed and monitored remotely, contributing to lowering our carbon footprint.
- Agree a charging model to reduce risk and uncertainty.
- Explore and pilot new TEC and partnerships to support more people across Dudley.
- Continue to develop a responsive and preventative service through predictive technology.



**Action Tracker – Health and Adult Social Care Scrutiny Committee**

<b>Subject (Date of Meeting)</b>	<b>Recommendation/action</b>	<b>Responsible Officer/Area</b>	<b>Status/Notes</b>
High Oak Surgery (15 <sup>th</sup> June, 2022)	Minute 7(3) - That the Cabinet Member for Public Health and Wellbeing be supported in undertaking further discussions with partner organisations and that a further report on the outcomes be submitted to the Committee.	Cabinet Member for Public Health and Wellbeing/DIHC.	Ongoing  12/07/22 – Confirmation from BCICB received that stakeholder meetings will recommence shortly and an engagement plan is to be prepared with input from Ward Councillors.  31/10/22 – Update on the progress circulated together with details on the High Oak Public Conversation Site.
	Minute 7(5) - That further work be undertaken with the CCG to develop a joint engagement plan and to ensure that consultation is real and meaningful, however, this is subject to and dependent on services being returned to Pensnett as per the pre-Covid situation.	DIHC/CCG	
	Minute 7(6) - That the Stakeholder Panel be reinstated and that a meeting of the Panel take place in advance of the next meeting of this Committee in respect of the High Oak surgery.	DIHC	

	Minute 7(7) - That the Chair and Vice-Chair determine the arrangements for a further meeting of this Committee to consider the High Oak issue taking account of the views and suggestions made by Members.	Chair & Vice-Chair/ Democratic Services	To be arranged  04/08/22 – BCICB to liaise with colleagues  31/10/22 – Members emailed to seek view on hearing an update report.
Corporate Quarterly Performance Report – Quarter 4 (1st January – 31st March, 2022) (14 <sup>th</sup> July, 2022)	Minute No. 14 - That a letter on behalf of the Scrutiny Committee, to be sent to the Secretary of State for Health and Social Care, expressing the Committees serious concerns in relation to the impact and difficulties the Social Care sector was experiencing and requesting additional financial support for carers and care providers.	Director of Adult Social Care	<b>Completed</b>

<p>Chair's Announcement (8<sup>th</sup> September, 2022)</p>	<p>Minute no 25 – As a mark of respect following the death of Her late Majesty Queen Elizabeth II, the following outstanding items of business to be considered remotely by email:-</p> <ul style="list-style-type: none"> <li>• Update Report regarding Primary Care Dental Services</li> <li>• Quarterly Performance Report – Quarter 1 (1st April – 30th June, 2022)</li> <li>• Primary Care Access</li> <li>• Action Tracker and future business</li> </ul>	<p>Democratic Services</p>	<p>09/09/2022 – Members emailed requesting questions and comments on outstanding items.</p> <p>23/09/2022 – Report authors advised that no questions or comments received. <b>Completed</b></p>
<p>Feedback from the Health and Adult Social Care Scrutiny Committee Working Group (10<sup>th</sup> October, 2022)</p>	<p>Minute no. 28 – That the Cabinet Member for Adult Social Care, in conjunction with the Director of Adult Social Care, be recommended to seek a land valuation for the site and report back to a future meeting of the Health and Adult Social Care Scrutiny Committee Working Group with options for future provision of the service identified.</p>	<p>Democratic Services</p>	<p>12/10/2022 – Recommendations formally communicated to the Cabinet Member for Adult Social Care and Director of Adult Social Care. <b>Completed</b></p>

## Action Tracker – Health and Adult Social Care Scrutiny Committee Working Group

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Woodside Day Centre (29 <sup>th</sup> September, 2022)	<p>The following recommendations be submitted to the Health and Adult Social Care Scrutiny Committee for ratification:-</p> <ul style="list-style-type: none"> <li>•That the short-term capital required to ensure Woodside Day Centre is committed from the Adult Social Care capital budget and the proposed partial re-opening and use of the two portacabins on site, subject to remedial works, be noted and endorsed.</li> <li>•That the Cabinet Member for Adult Social Care, in conjunction with the Director of Adult Social Care, be recommended to seek a land valuation for the site and report back to a future meeting of the Health and Adult Social Care Scrutiny Committee Working Group with options for future provision of the service identified.</li> </ul>	Democratic Services	Arrangements have been made for these recommendations to be considered at a meeting of the Health and Adult Social Care Scrutiny Committee on 10 <sup>th</sup> October, 2022.
	That an additional meeting of the Health and Adult Social Care Scrutiny Committee be arranged for 5.30pm on 10th October, 2022, for	Democratic Services	<b>Completed</b>

	the recommendations formulated by the Working Group to be considered and ratified.		
	The Corporate Health and Safety Manager to confirm if an asbestos survey of Woodside Day Centre had been completed.	S Reece – Corporate Health and Safety Manager	A copy of the last full asbestos management survey for the site, together with the latest re-inspection survey emailed to Members on 5 <sup>th</sup> October, 2022. <b>Completed</b>
	The Director of Adult Social Care to provide Members with photographic evidence of the condition of Woodside Day Centre.	M Bowsher – Director of Adult Social Care	Photographic evidence of the condition of Woodside Day Centre emailed to Members 5 <sup>th</sup> October, 2022. <b>Completed</b>

## Future Business – Health and Adult Social Care Scrutiny Committee

<b>Date of Meeting</b>	<b>Work Programme</b>	<b>Responsible Officer/Area</b>	<b>Notes</b>
25 <sup>th</sup> January, 2023	Medium Term Financial Strategy	I Newman/R Cooper – Directorate of Finance and Legal	Report  Deferred from 14 <sup>th</sup> November, 2022
	Director of Public Health Annual Report	K Wright/M Abuaffan - Directorate of Public Health and Wellbeing	Report
	Local Outbreak Management Plan and Performance Update	K Wright/M Abuaffan/B Jones – Directorate of Public Health and Wellbeing	Report
	Mental Health and Inequalities	DIHC	Report
	Corporate Quarterly Performance Report – 2022/23 Quarter 2	A Sangian – Adult Social Care/Alison Harris – Public Health and Wellbeing	Report
	Health and Wellbeing Strategy and Review of the Dudley Health and Wellbeing Board	K Wright/M Abuaffan - Directorate of Public Health and Wellbeing	Report

	Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model	N Bucktin – Black Country ICB /M Abuaffan – Public Health and Wellbeing	Report
	Access to Primary Care/Primary Care and Integration in Dudley Primary Care Strategy - Update	DIHC/Black Country ICB and DGFT	Report
	Health and Wellbeing Board – Inequalities	M Abuaffan – Public Health and Wellbeing	To include widening gap of inequalities, impact on vulnerable people and BAME community caused by Covid-19.  Deferred from 8 <sup>th</sup> September, 2022
24 <sup>th</sup> April, 2023	Approved Mental Health Professionals (AMHP) Hub	M Bowsher/Head of Mental Health – Directorate of Adult Social Care	Report
	Annual Report and draft scrutiny programme	Democratic Services	Report



	NHS Quality Accounts	D Pitches – Directorate of Public Health/DGFT/WMAS/DIHC	Report
	Children and Young People – Dudley Integrated Health and Care NHS Trust	DIHC	Report
	Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley’s Integrated Health and Care Model (ICB)	N Bucktin – Black Country ICB /M Abuaffan – Public Health and Wellbeing	Report