

**Meeting of the Health Select Committee  
Thursday 23<sup>rd</sup> November, 2023 at 6.00pm  
In Committee Room 2 at the Council House,  
Priory Road, Dudley, DY1 1HF**

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

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the Public Health Select Committee held on 18<sup>th</sup> September, 2023 (Pages 4-15)
5. Public Forum
6. Substance Misuse Commissioning and Delivery in Dudley (Pages 16-26)
7. Evaluation of Joint Health and Wellbeing Strategy 2017-2022 (Pages 27-44)
8. Health, Wellbeing and Inequalities Strategy 2023-2028 (Pages 45-56)
9. Dudley Urgent Treatment Centre (UTC) – Operational Changes (Pages 57-61)
10. Development of Dudley's Integrated Model of Health and Care (Pages 62-66)



11. Update on High Oak Surgery (Verbal)
12. Update from the Director of Public Health (Verbal)
13. Health Select Committee Progress Tracker and Future Business (Pages 67-70)
14. 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: 15<sup>th</sup> November, 2023**

**Distribution:**

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

Cc - Councillor I Bevan - Cabinet Member for Adult Social Care (Invitee);  
Councillor D Stanley (Substitute for Councillor D Harley)

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## **Minutes of the Public Health Select Committee**

**Monday 18<sup>th</sup> September, 2023 at 6.00 pm  
In Committee Room 2 at the Council House,  
Priory Road, Dudley**

### **Present:**

Councillor J Clinton (Chair)  
Councillor R Collins (Vice-Chair)  
Councillors A Aston, B Challenor, M Dudley, D Harley, W Little, E Taylor, K Westwood; and J Griffiths (Co-opted Member)

### **Dudley MBC Officers:**

M AbuAffan (Acting Director of Public Health and Wellbeing), S Dougan (Interim Head of Service), J Edwards (Public Health Manager) (Directorate of Public Health and Wellbeing); and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

### **Also in attendance:**

Councillor I Bevan (Cabinet Member for Public Health)  
P King, M Nicklin, S Nicholls and H Codd – Dudley Integrated Health and Care NHS Trust (for Agenda Item no. 8)  
S Cornfield – Black Country Integrated Care Board (for Agenda Item no. 7)

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## 12 **An apology for absence**

An apology for absence from the meeting was submitted on behalf of Councillor M Hanif.

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13 **Appointment of Substitute Member**

It was reported that Councillor J Foster had been appointed to serve as a substitute Member on behalf of Councillor M Hanif, for this meeting of the Committee only.

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14 **Declarations of Interest**

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

Councillors I Bevan and K Westwood declared non-pecuniary interests as employees at Dudley Group NHS Foundation Trust.

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

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

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15 **Minutes**

**Resolved**

That the minutes of the meeting held on 31<sup>st</sup> July, 2023, be approved as a correct record and signed.

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16 **Public Forum**

No issues were raised under this agenda item.

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17 **5 to 19 Public Health Programme**

A report of the Acting Director of Public Health was submitted to update the Select Committee on the current Public Health workstreams relating to school aged children and young people in Dudley Borough.

The Interim Head of Service and Public Health Manager gave a detailed presentation with focus on five key areas, namely, childhood obesity, vaccination update, emotional health and wellbeing, risk-taking behaviours amongst adolescents and child poverty.

In referring to healthy weight it was reported that this had been a key focus in the Dudley Health and Wellbeing Strategy for the period 2017 to 2022 and would continue moving forward. An evaluation of the strategy had been conducted and was now published in the public domain, which highlighted that £1 million had been spent on tackling the issue, however Dudley continued to have a high prevalence of overweight and obese children above the national and regional average.

A new healthy weight programme was being introduced, namely the Henry programme, which had been designed to help reduce the number of reception age children classed as overweight or obese. This would be a holistic model to provide support to families with behaviour change in relation to nutrition, physical activity, and oral health.

Further initiatives available were outlined, which included the free and personalised support provided by the Family Healthy Lifestyle service for children and young people/families, which supported families to make positive changes to their lifestyle. It was reported that approximately 76 families were currently engaged with this initiative.

In referring to immunisations and vaccination uptake it was reported that this continued to be a challenge, although Dudley continued to remain the best performing local authority in the Black Country, operating above regional and national average. It was further reported that there would be a significant change with regards to immunisations from April 2025, with the responsibility transferring to local integrated care systems. Work continued to increase uptake within deprived areas and with ethnic minority communities. New ways to deliver vaccines within Dudley were being explored, which included pop up vaccine clinics and home visits and General Practitioners (GP's) were liaising with patients to emphasise the importance of immunisation.

In referring to the emotional health and wellbeing of children and young people, it was reported that a health-related behaviour questionnaire was conducted every two years, which clearly evidenced there to be a noticeable decline in how Year 10 students were coping and dealing with problems over a 10-year period which needed to be addressed. It was recognised that there was an increased demand for mental health services nationally and there was a real need to increase and improve emotional wellbeing for young people. The support currently available in Dudley was outlined.

There were ongoing concerns with an increase in self-harm in teenagers reported across Dudley and nationally. There were also concerns regarding contaminated substances leading to overdose nationally and regionally. Plans were in place to accurately gauge and improve support and prevention with partners and key providers to reduce the risk of harm. It was reported that whilst there had been a decrease in the rate of young people smoking, there had been an increase in vaping. Work was ongoing with Trading Standards to prevent illegal sales and support was provided through schools and Cranstouns Here4Youth project.

Support was being provided to schools to try to raise awareness of relationship and sexual health education, with training commissioned for school staff and nurses. An event was arranged for 10<sup>th</sup> October at Saltwells EDC to showcase the support available to schools to support their Relationships, Sex and Health Education (RSHE) work.

In referring to poverty and poor health outcomes, it was reported that a quarter of Dudley's children live in relatively low-income families. It was recognised that child poverty was not equally distributed across the Borough and that a co-ordinated response to address child poverty was required.

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

- (a) Arising from a question raised by Councillor R Collins, it was confirmed that self-harm was predominately higher in girls and that treatment was individually assessed and provided on individual needs.

- (b) In response to a further question raised by Councillor R Collins, the Committee were assured that measures to improve and address poverty would be focussed on those areas most in need in the first instance.
- (c) Councillor M Dudley referred to the decline in emotional health and wellbeing for Year 10 pupils, and questioned if there was specific data as to the reasons why. In response the Interim Head of Service advised that surveys were completed anonymously so they were unable to speak with specific pupils, however there were plans to undertake a deep dive mental health needs assessment in Dudley to help establish the cause.
- (d) Councillor E Taylor commented that it may be useful for future reference if a breakdown of gender and ethnicity of the children/young people that were suffering with obesity and those involved in initiatives were provided, and asked if parenting classes were still operated.

In responding, the Interim Head of Service confirmed that Health Improvement supported parents on how to cook nutritious meals and work was ongoing with schools to introduce cooking classes as part of the new Dudley Health and Wellbeing Strategy.

- (e) In response to a further question raised by Councillor E Taylor with regards to foodbanks, the Acting Director of Public Health advised that the team worked closely with the twelve foodbanks within the borough to support and encourage initiatives on how to cook healthy within a limited budget. The Public Health reserves which were allocated to support community hardship between 2022 and 2024 would be reviewed and the additional support currently provided to foodbanks could be extended should there be available funding.
- (f) Councillor J Foster commented that middle income families were also experiencing financial constraints and therefore the term low-income was considered too simplistic. It was considered that support should be provided based on disposable income to ensure a healthy diet for a child. She also requested to see a breakdown of ethnicity and gender for



obesity, as well as for those that experience issues with anorexia and bulimia. She also referred to the Child Poverty Act 2010 and commented that at the time of implementation of the Act, Central Government reduced budgets for the Public Sector and therefore asked what agencies and partners were doing to increase budgets to address child poverty. In response, it was confirmed that as part of the national child measure programme, those children identified as being underweight were closely followed up and both spectrums were closely examined.

The Acting Director of Public Health reiterated that £500,000 public health grant reserves were allocated to support community hardship between 2022 and 2024. This would be reviewed at the end of the time period and additional support would be provided, if available, to identified areas of risk. A copy of the detailed spending plan could be provided if required.

## **Resolved**

- (1) That the planning to ensure developments reflect the growing numbers and increased diversity of children living in the Borough and focus on reducing child inequalities, be noted, and supported.
- (2) That the development of a system-wide strategy co-ordinating actions to mitigate the impact of poverty on children and to encourage system participation in the strategic mitigating poverty group and to join the cost-of-living training opportunity arranged for Councillors on 5<sup>th</sup> October, 2023, be noted and supported.
- (3) That the development and implementation of a system wide, evidence-based programme to prevent, reduce and tackle childhood obesity, be noted and supported.
- (4) That a revised communication plan to ensure children and young people, families, schools and others are aware of services available in the Borough to support health and wellbeing, be noted and supported.

- (5) That the Acting Director of Public Health circulate to Members of the Select Committee a copy of the detailed spending plan for the community hardship fund 2022 to 2024.
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18 **Development of Dudley's Integrated Model of Health and Care**

Members considered a report of the Dudley Managing Director – Black Country Integrated Care Board on the progress with work in relation to the development of an integrated model of health and care for Dudley people with specific reference to integrated pathway development.

The Programme Director, Dudley Health and Care Partnership was in attendance at the meeting and presented the report, in doing so outlined the background to the model and the reasons for implementing an integrated care model and referred to the areas recommended for review and the progress made for each identified pathway. Members were also referred to the three appendices attached to the report in relation to Jaundice Case Study, the Clinical Hub Presentation, and the Community Partnership Teams Presentation.

Arising from the presentation of the report and in response to a question raised by Councillor E Taylor, the Programme Director, Dudley Health, and Care Partnership, confirmed that the Local Implementation Teams covered the whole life course.

**Resolved**

That the current position in relation to the integrated pathway development, be received and noted.

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19 **Update on High Oak Surgery**

A verbal update on the current position with regards to High Oak Surgery was provided by the Chief Operating Officer of Dudley Integrated Health and Care NHS Trust.

Members were advised that DIHC NHS Trust had worked with and supported the owner of the Galleria Pharmacy in developing a business case and seeking planning permission to convert the property adjacent to the Galleria Pharmacy to create a single consulting room at Pensnett linked to the Pharmacy. The proposal would need to initially be considered by the DIHC NHS Trust Board at its meeting on 7<sup>th</sup> November, and then ratified by the Black Country ICB to secure a relocation from the current portacabin site to the new pharmacy building.

Reference was made to staffing resources at High Oak which it was advised that one GP had successfully been appointed, together with a long-term locum who was already well known within the Community.

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

- (a) In response to a question raised by Councillor R Collins with regards to how the DIHC could see the proposals developing in the future, the Chief Operating Officer advised that at this moment in time key focus was to obtain approval from Black Country ICB for the initial business case. Due to the uncertainty surrounding the future of DIHC, no further assurances would be given.
- (b) Councillor J Foster commented positively on the update provided and suggested that an update also be shared on the DIHC and the High Oak websites.
- (c) In response to a question raised by the Chief Officer Healthwatch Dudley (Co-opted Member), the Chief Operating Officer advised that planning permission had been acquired and once the proposal had been agreed by the ICB, the proposed plans would be shared within the public domain. The current proposal was for one consulting room, and it was intended for the service to be operational five days a week, Monday to Friday. Car parking would be available at Galleria Pharmacy, however it was recognised that this did appear to get busy, and that further car parking may be available at the current High Oak Surgery should the portacabin be removed, although it was recognised that this was council land.

At this juncture Councillor R Collins advised that school staff were currently using the car park at Galleria Pharmacy due ongoing maintenance works at the school. This should be alleviated once building works were complete.

- (d) Councillor I Bevan commented positively on the update and the support that the Trust had provided to the Galleria Pharmacy.
- (e) Councillor W Little raised concern with regard to capacity and transport issues experienced by residents accessing Brierley Hill Social Care Centre, and suggested that GP appointments in Pensnett be retained for those that have limited transport.

### **Resolved**

- (1) That the verbal update be received and noted.
- (2) That Dudley Integrated Health and Care NHS Trust provide an update on the current position with regard to High Oak on the Dudley Integrated Health and Care NHS Trust and the High Oak Surgery websites.

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## 20 **Update from the Acting Director of Public Health**

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

### **Brockmoor and Pensnett Innovation Project**

- a) A task and finish group had been established to address health and social care inequalities in the area, with three objectives identified, namely to support the return of a GP surgery in Pensnett and the management of long-term conditions and prevention.

- b) Childhood obesity was recognised to be high in the area and the Acting Director of Public Health had met with the Skills Board sub-group to help improve skills and economy in the area by providing IT equipment within community premises to inspire communities to change and improve their lifestyle.
- c) A Cost of Living Hub would be launched in October at the Grace Community Church in Pensnett, with representatives from the Family Hub and Health and Social Care staff also in attendance.
- d) Family Hubs were opened in August, 2023, which would support the promotion of the Henry project and childhood obesity programmes.
- e) Aging Well Festival would be held on 28<sup>th</sup> September, 2023 at Pensnett Community Centre, with NHS health checks provided.
- f) Work had commenced with Schools to help provide support with addressing poverty and childhood obesity.

#### The Life in Lye Programme

- a) It was reported that due to the diverse communities within Lye, a different approach was required initially to address community tension and to focus on quick wins.
- b) Community litter pick events were arranged, co-ordinated and promoted by the Community Development Worker, with the next date scheduled on 24<sup>th</sup> September, 2023. The events were supported by the local church and religious leaders attended to enhance the diverse community support.
- c) Regular Welcome to Lye events were held and the next date was arranged for 22<sup>nd</sup> September, 2023.
- d) Additional street cleansing support had been appointed, with two operatives now working full-time in the area.
- e) A Family Hub opened on 17<sup>th</sup> August, 2023, which would enhance the link to The Life in Lye Programme and help raise awareness of the Henry project.

- f) It was reiterated that The Life in Lye Programme was a community led project, therefore the pace would be slower. It was considered vital to develop connections and trust before addressing specific health and care issues.

Arising from a question raised by Councillor E Taylor with regards to Family Hubs, the Acting Director of Public Health confirmed that there were currently five local family hubs, located in five townships within the Borough. The specific locations would be circulated to Members following the meeting.

In responding to a further question raised by Councillor E Taylor in relation to how The Life in Lye programme was being communicated within the community, the Acting Director of Public Health stated that the usual methods of communication were not effective in Lye, therefore Public Health was working with the Community Development Worker, Community and Religious Leaders and Community Groups to help develop relationships initially to release community tension.

### **Resolved**

- (1) That the verbal update be received and noted.
- (2) That the Acting Director of Public Health circulate to Members of the Select Committee details of the location of the five local Family Hubs.

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## **21 Public Health Select Committee Progress Tracker and Future Business**

The Public Health Select Committee progress tracker and future business was presented to the Committee.

The Chair advised that reports on the Council's budget proposals for 2024/25 would now be submitted to all individual Select Committees during the January, 2024 cycle of meetings. Therefore, to ensure necessary timeframes were met, the meeting scheduled to be held on 25<sup>th</sup> January, would be required to be brought forward to an alternative date. The proposed change would be subject to the agreement of the Monitoring Officer, in consultation with the Chair and Vice-Chair of the Select Committee, and Members of the Committee would be advised accordingly.

## **Resolved**

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

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### 22 **Questions under Council Procedure Rule 11.8**

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

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The meeting ended at 7.30 pm

CHAIR

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**Meeting of the Health Select Committee – 23<sup>rd</sup> November, 2023**

**Report of the Public Health and Wellbeing Directorate**

**Substance Misuse Commissioning and Delivery in Dudley**

**Purpose of report**

1. This purpose of this paper is to provide information on substance misuse as an issue in Dudley and the interventions and services commissioned by Dudley MBC's Public Health and Wellbeing Directorate to address and mitigate this issue, for the Select Committee to consider.
  
2. This paper will outline:
  - The overall impact of substance misuse;
  - The specific local situation regarding substance misuse;
  - An overview of the services and interventions commissioned by: and,
  - Opportunities for Councillors to support this work.

**Recommendations**

3. It is recommended:-
  - That the Committee note the contents of this paper.
  - That Committee members note the ways they can support the substance misuse work in the borough.
  - Members to be invited to undertake a site visit at Atlantic House.

**Background**

4. Substance misuse (the problematic use of alcohol, illegal drugs and illicitly used prescription medicines) is a significant issue across England. It is the cause of a range of health impacts, drives crime, contributes to poverty and poor outcomes for young people and families, and causes death in some cases.



5. Overall, Dudley compares well to comparator local authorities and England, particularly in terms of the estimated numbers of opiate and crack users. In terms of alcohol related unmet need (the number of people engaged in treatment as a proportion of the estimated prevalence) Dudley is slightly higher than the England rate.

6. *Table 1: Estimated prevalence (rate per 1,000)*

	Dudley	England
Opiate and Crack Users (OCU)	7.0	9.5
Alcohol	14.68	13.68

7. With a population of 323,495 in Dudley MBC this indicates an estimated 2,264 people have a treatment need for misusing opiates and crack cocaine and that 4,748 people have a treatment need for alcohol misuse.



8. In terms of unmet need Dudley has significantly better levels of engagement with treatment than the England rate, particularly for opiates and crack usage. For alcohol the level of unmet need is similar to the England rate.

9. *Table 2: Unmet need (percentage of those estimated to have a treatment need who are not engaged in treatment)*

	Dudley	England
OCU	35.5%	57.9%
Opiates	37%	59.5%
Crack	72.7%	83.3%
Opiates and crack	27.1%	46.6%
Alcohol	80.7%	80.1%






### Local situation

10. The local situation in Dudley MBC  
Public Health Outcomes Framework (PHOF) indicators  
The key PHOF indicators for substance misuse relate to alcohol related hospital admissions. Alcohol rates of hospital admissions are lower than the national average and the statistically nearest neighbours to Dudley.

Indicator	Period	Dudley			Region	England	England		
		Recent Trend	Count	Rate	Rate	Rate	Worst	Range	Best
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	–	40	19.2	24.9	29.3	83.8		7.7
Admission episodes for alcohol-related conditions (Narrow)	2021/22		1,514	473	564	494	840		251

11. Drug treatment completions for opiate users have decreased and are lower than the regional and England averages. Drug treatment completions for non-opiates remain stable and are significantly higher than the regional and England levels. Drug misuse related deaths remain lower than the regional and England levels.

12.

Indicator	Period	Dudley			Region	England	England		
		Recent Trend	Count	Rate	Rate	Rate	Worst	Range	Best
Successful completion of drug treatment: opiate users	2021		33	3.7%	4.5%	5.0%	1.2%		12.5%
Successful completion of drug treatment: non opiate users	2021		159	43.8%	33.5%	34.3%	14.6%		62.3%
Deaths from drug misuse	2018 - 20		38	4.2	5.3	5.0	22.1		1.9

### Treatment services

13. Successful treatment completions are a key indicator of the performance of treatment services. For adult treatment services the level of successful treatment completions has improved, but is still lower than the England and comparable Local Authority levels. Re-presentations to treatment have increased over the past year and may indicate an increased willingness to

engage in treatment by some clients who previously did not successfully complete treatment.

### Nitazene

14. During June, July and August this year a spate of overdoses occurred in the West Midlands due to the adulteration of heroin with nitazene (a very potent synthetic opioid). Action was taken to increase supply and access to naloxone (an opiate/opioid overdose reversal treatment). Three overdose deaths and two overdose injuries have been attributed to heroin adulterated with nitazene in Dudley. The current surge appears to have eased, possibly due to user awareness or changes in heroin supplied. Changes in the global supply for heroin mean that the issue of adulterated heroin is likely to reoccur. We are re-developing our fentanyl action plan to ensure that we are prepared for any future surges in adulterated heroin.

### Nitrous Oxide

15. It has just been announced that Nitrous Oxide is to be made a Class C drug under the Misuse of Drugs Act 1971 by the end of 2023. Currently Nitrous Oxide has been identified as an anti-social behaviour issue in Dudley, but is not currently an addiction and treatment issue in Dudley. We will maintain a watching brief on this. We are aware of what actions will be needed and how these will take place depending on the final proposals.

### Prevention

16. A key theme running through both approaches and commissioned services is prevention. These include:
  - Children and Young People's services have a strong focus on building resilience amongst young people to prevent substance misuse issues.
  - The focus on provision of Alcohol Identification and Brief Advice to prevent and identify early alcohol misuse issues.
  - Engagement with and support of school's Relationship and Sexual Health Education Agenda.

### Local Governance

17. The Dudley Combating Drugs and Alcohol Partnership (Dudley CDAP) has responsibility for the development and oversight of effective system-wide approaches to managing drug and alcohol misuse issues across Dudley borough, for both adults and young people. Dudley CDAP is a sub-group of

Safe & Sound (Dudley's Community Safety Partnership) and reports quarterly against four key outcomes:

1. Prevention, early detection, harm reduction and recovery approaches for young people and adults using substances and support for families that are affected by substance misuse
  2. Fewer people experience crime and disorder related to substance misuse
  3. Drug and alcohol related deaths investigated to identify lessons learned and drug alerts disseminated to help avoid risk of overdose or serious adverse reaction
  4. Local delivery of 'From Harm to Hope' national drug strategy
18. Dudley CDAP also has oversight of the Drug and Alcohol Related Death Inquiry Group. This is an operational group reviewing deaths of adult substance misuse service users. In the year to July 2023 Dudley has had 12 people engaged with the treatment service who have died from substance misuse related causes. The confirmed number of deaths from drug misuse in Dudley are for 2018-20 and are 38 deaths.<sup>1</sup>
19. Additionally, Dudley CDAP is a sub-group of the West Midlands Combating Drugs and Alcohol Partnership (WM CDAP), a regional multi-agency board overseeing the 'From Harm to Hope' national drug strategy and outcomes set by the National Combating Drugs Outcomes Framework.

#### Commissioning governance

20. All the commissioned services are commissioned in line with procurement rules and guidance and have followed the appropriate governance process for tendering, contract award and mobilisation. The performance monitoring of the commissioned services is conducted by commissioning teams within the Public Health and Wellbeing Directorate and Finance colleagues.

#### Overview of services and interventions

##### Adults Substance Misuse Services: Change Grow Live (CGL)

21. The Adults Substance Misuse Service is run by Change Grow Live from Atlantic House in Lye. There were 1,230 service users in treatment as at May 2023. The service was put out to tender in March 2023 and the contract awarded to Change Grow Live for 3+2+2 years. The value of the contract is £3,156,000 per year and covers:
- The provision of an adult open access, Integrated Substance Misuse Service; providing person-centred and evidenced alcohol harm

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<sup>1</sup> <https://fingertips.phe.org.uk/search/drugs>

prevention, treatment and recovery interventions and drug prevention, treatment, and recovery interventions.

- Commissioning, co-ordination, and administrative management of pharmacy-based provision of Naloxone, needle exchange and opiate substitute therapy services.
- Preparation of service users for residential rehabilitation programmes and coordination of referrals to commissioned provider(s).
- Blood Borne Virus prevention screening, treatment, and vaccination.
- Integrated criminal justice programmes for substance misusing offenders.
- Clinical governance and leadership for substance misuse across the entire locality of Dudley borough.
- Identification of and safeguarding Service Users, their families, and carers.
- Delivery of substance misuse related training to external stakeholders, services and organisations to enhance pathways and referral routes.
- Building local capacity for the prevention and identification for substance misuse amongst the wider partnership workforce and other community agencies in the borough.

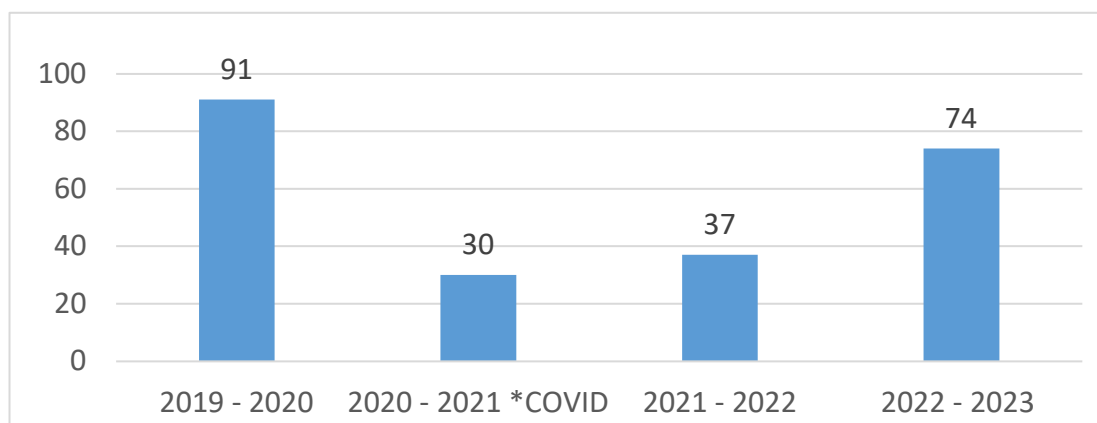
22. An additional service provided by CGL and funded through the Public Health Grant is a wound care clinic. This provides care and advice to intravenous drug users for injection injuries and wounds, it also prevents excess deaths and reduces the pressure on primary and secondary care. This is an example of innovation and is not provided by many local authorities.

#### Children and Young People Substance Misuse Service (Cranstoun)

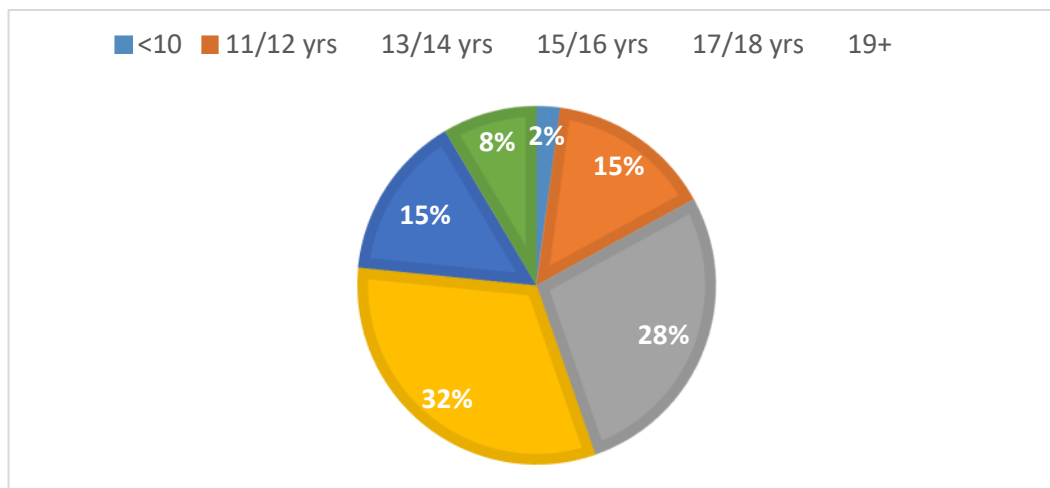
23. Following full tender procurement process started in April 2023, Cranstoun successfully retained the young people's contract provision for 3 years (+2 +2.). The new contract starts on 1<sup>st</sup> December 2023 with a contract value of £383,240 per annum.
24. The Young people's Substance Misuse and Wellbeing Service provided by Cranstoun, operates from a central base in Dudley town centre but also offers outreach provision for the client group based on need.
25. Locally, 686 young people asked for support during the last year, some of these were wellbeing requests but 74 entered structured treatment for

substance use, the majority of which were boys. The main drug of choice for young people is cannabis, followed by alcohol and pills. Close working arrangements are established between many other services for young people including the Youth Justice Service, safeguarding and CAMHs (Child and Adolescent Mental Health service).

- 26. Here4YOUth is also an offer from Cranstoun, H4Y is an open-door wellbeing service for young people to access via drop-in, outreach or social media. Offering a range of support and signposting including emotional wellbeing support, social prescribing, substance misuse support and sexual health services.
- 27. Young people who need support for substance misuse are seen in structured sessions using methods and venues agreed by the service user. Some of our most vulnerable young people are seen in this service, Here4YOUth act as advocates for the young people, enabling access to additional other wellbeing support, eg finance or housing support.
- 28. This service also supports smoking and vaping cessation, prescribing Nicotine Replacement Therapy as needed.
- 29. Numbers in Structured Substance Treatment (NDTMS figures YTD)



- 30. Age of new referrals



31. *Supporting School Relationship, Sexual Health Education Agenda (RSHE)* Cranstoun have delivered drug education training to school staff in Dudley schools. They are currently working collaboratively with education partners and public health to develop an alternate intervention for students who may be at risk of exclusion from school for vaping on school site, this is currently in the exploratory stage. A particular concern in relation to young people in schools is the rates of vaping, whilst smoking rates have dramatically decreased vaping rates have increased. Local advice and training for frontline staff on vaping in young people has been commissioned to help address gaps on this in national guidance.

### Pharmacy services

32. Contracted services provided by pharmacies in Dudley include some substance misuse services. These include:
- Alcohol Identification and brief advice, a brief alcohol harm prevention questionnaire and advice.
  - Supervised consumption of opiate substitution treatments such as methadone and buprenorphine – 41 Pharmacies provide these services.
  - Needle Exchange Service, a service that provides clean needles to intravenous drug users in exchange for used needles – 13 pharmacies provide these services. These pharmacies also provide naloxone for opiate overdose prevention
33. The Needle Exchange Service also has the benefit of reducing discarded needles in public areas as the service requires a one for one exchange.
34. These are charged on a per delivery rate. Currently uptake of these services in pharmacies is ad hoc and varies.

### Dangerous Substance Action Plan

35. In 2018 Dudley was required to develop a Fentanyl Action Plan by the then Public Health England (PHE). Over summer a surge of overdoses and overdose deaths amongst opiate users in the West Midlands caused by heroin adulterated with nitrixene led to the initiation of this and the current treatment service provider's (CGL) own action plan.
36. As part of the plan a Local Drug Information System (LDIS) is being reinvigorated to ensure information on dangerous substances is disseminated to key partners and stakeholders quickly and effectively.

#### Licensing: Responsible Authority role

37. The Director of Public Health is a named Responsible Authority under the Licensing Act 2003. In this role Public Health receives Licensing applications for review and comment or objection as part of the application process. Over the past year Public Health have worked in partnership with the other Dudley Responsible Authorities (Licensing, Police, Children's Services, the Fire Service etc) to consider and feed into a wider Licensing led Responsible Authority response to applications. In 2022 694 alcohol licence applications were made and considered as part of this process. To date in 2023 556 alcohol licence applications have been received. Licencing partners work together in terms of representations and negotiating additional conditions on licences, and Public Health has contributed to this process where appropriate.

#### Support from Elected Members

38. There are a number of ways that Elected Members are able to support and promote the substance misuse work in Dudley. These include:
  - Being aware of the local situation in Dudley – officers in the Public Health and Wellbeing Directorate are available to provide information and reports as required.
  - Highlight any insights or concerns that you may have with the Safe and Sound Board to support the wider substance misuse work.
  - Elected Members play an important role in supporting and promoting the use of naloxone in partner organisations and the community. The promotion of this life saving overdose reversal medication plays a vital role in reducing drug related deaths in Dudley.
  - The Public Health and Wellbeing Directorate support the Council's wider work in alcohol licensing. Support for the Council's work in this area by Elected Members benefits wider substance misuse related health and wellbeing outcomes.



## **Finance**

### 39. Funding

Public Health Grant funding has been agreed for the provision of the following:

- Adults Substance Misuse Services: £3,156,000 per year
- Young People's Substance Misuse Services: £383,240 per year

### 40. External sources of funding: SSMTR

Through the Government's Supplementary Substance Misuse Treatment and Recovery Grant allocations for Dudley are as follows:

- 2022-2023 - £506,042
- 2023-2024 - £744,793
- 2024-2025 - £1,221,970 (subject to approval from Department for Health and Social Care and HM Treasury)

### 41. The funding is contingent on the level of investment from the Public Health Grant towards drug and alcohol services being maintained during the life of the additional funding. Additional grant funding of £61,593 per annum (2022-2025) has also been made available in Dudley borough to support increased capacity for in-patient detoxification placements.

## **Law**

### 42. There are no legal implications of this paper.

## **Risk Management**

### 43. There are no specific risks associated with this paper. All risks associated with the commissioning and delivery of substance misuse approaches in Dudley are managed through the standard governance and risk management processes.

## **Equality Impact**

### 44. No changes are being proposed and therefore there is no impact on equalities from this paper.

## **Human Resources/Organisational Development**

### 45. There are no Human Resources or Organisation Development implications from this paper.

## **Commercial/Procurement**

46. There are no commercial or procurement implications from this paper.

## **Environment/Climate Change**

47. There are no Environmental or Climate Change implications from this paper.

## **Council Priorities and Projects**

48. This report ensures we are working towards our Council Plan priority 'A Safe and Healthy borough to live; whereby Residents live in safe communities where safeguarding of vulnerable people of all ages protects them from harm and supports the prevention of crime and exploitation.



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

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## **Meeting of the Health Select Committee – 23 November 2023**

### **Report of the Director Public Health**

### **Evaluation of Joint Health and Wellbeing Strategy 2017-2022**

#### **Purpose of report**

1. To ensure that the Health Select Committee are aware of the findings and recommendations from the Health and Wellbeing Board's (HWB) evaluation of the Joint Health and Wellbeing Strategy 2017-2022.

#### **Recommendations**

2. Item for information only.

#### **Background**

3. At its March meeting the HWB Board agreed to evaluate the Joint Health and Wellbeing Strategy 2017-2022 to enable an assessment on whether the Board had achieved its aspirations, to summarise the work that had been done, and any lessons learnt for the new strategy.
4. The goals of the 2017-2022 strategy were:
  - Promoting a Healthy Weight
  - Reducing the Impact of Poverty
  - Reducing Loneliness and Isolation
5. The evaluation attached at Appendix 1 includes:
  - A foreword from Cllr Bevan, Chair of the HWB Board
  - A section for each individual goal setting out the HWB Board's original aspirations, a summary of actions undertaken by HWB partners with case studies, and reflections on what worked well and what did not work so well.

- Recommendations for the 2023-2028 Health, Wellbeing and Inequalities Strategy

6. The evaluation has been published on the HWB website and shared with partners: [[HWB Strategy Evaluation](#)]

### **Finance**

7. There are no direct financial implications of this evaluation.

### **Law**

8. The Health and Wellbeing Board has a statutory duty to produce and deliver a Health and Wellbeing Strategy for Dudley to help improve health and wellbeing in the local population and reduce health inequalities.

### **Risk Management**

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

### **Equality Impact**

10. The evaluation of the Health and Wellbeing Strategy 2017-22 recommends that an approach to reducing health inequalities is embedded in the 2023-2028 Health, Wellbeing Inequalities Strategy and the need to identify more effective interventions proportionate to need across all goals - to close the gap in health and wellbeing for the most disadvantaged families and communities.

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

11. There are no direct human resources or organisational development implications of this evaluation.

### **Commercial/Procurement**

12. There are no direct commercial/procurement implications of this evaluation.

### **Environment/Climate Change**

13. There are no direct environment/climate change implications of this evaluation.

## **Council Priorities and Projects**

14. The Health, Wellbeing and Inequalities Strategy directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.
15. The Health and Wellbeing Board fits under Dudley's Forging the Future Vision providing a focus on health and wellbeing and working collaboratively with other strategic boards including the Integrated Health and Care Partnership to improve the lives of residents.



**Mayada Abuaffan**  
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## **Appendices**

*Appendix 1 – Evaluation of the Health and Wellbeing Strategy 2017-2022*



# Dudley Health & Wellbeing

Longer, safer, healthier lives for all



## Strategy 2017-2022 Evaluation Report

# Foreword

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

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

Our chosen 3 goals were:

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

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

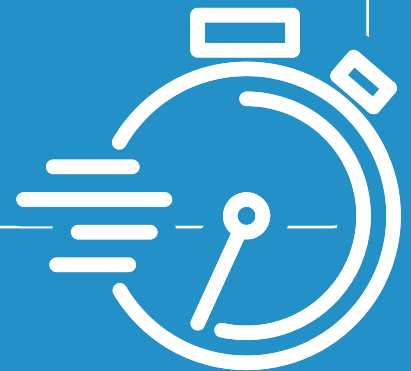
- A new relationship with communities
- A shift to prevention
- A stronger focus on joining up health and care services
- A stronger focus on what the strategy has achieved

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



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

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



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

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

A handwritten signature in white ink that reads "I. Bevan". The signature is stylized and cursive.

Cllr Ian Bevan

Chair of the Dudley Health and Wellbeing Board



# GOAL...

## Promoting a Healthy Weight

### *Why was this priority important?*

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

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

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

### *What did we do?*

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

# Our services for promoting healthy weight include:



## Case Study: Healthy Weight in Pregnancy <sup>2</sup>

A pregnant woman with a Body Mass Index (BMI) of 48kg/m<sup>2</sup> and weighing over 130kgs was first seen by the Healthy Pregnancy Team at 10 weeks gestation. She did not have time to focus on her wellbeing as she was busy looking after her other children.

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

## Healthy Pregnancy Service

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

## Self-help Healthy Weight Packs

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

## Child Weight Management Service

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

## In 2022 it was agreed that:

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

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

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

### Case Study: Family Support with Weight Management

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

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

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



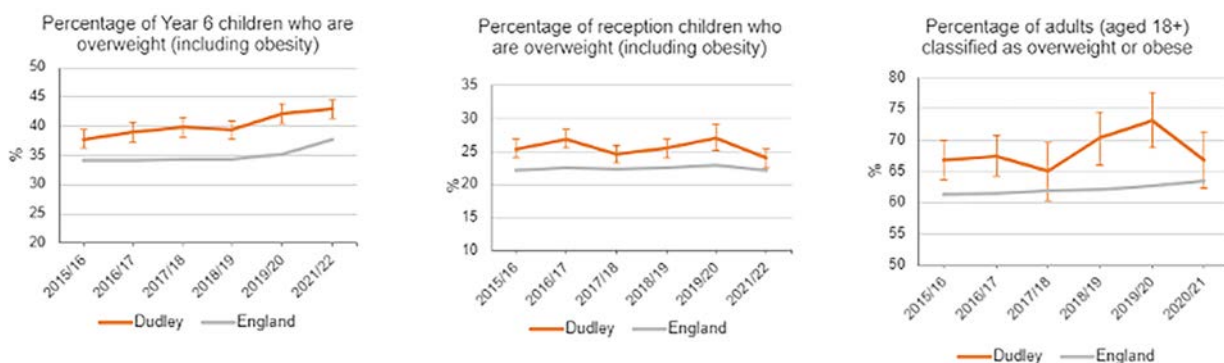
# What difference have we made?

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



Figure 1

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



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

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

# GOAL...

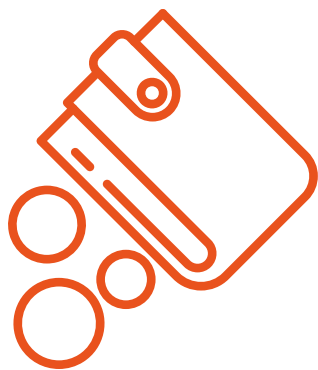
## Reducing the Impact of Poverty

*Why was this priority important?*

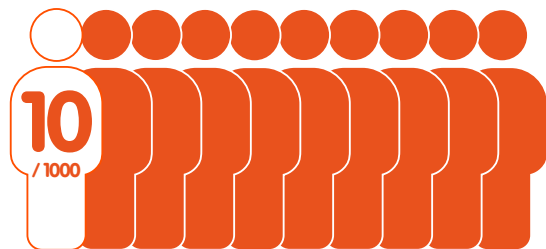
**23%**

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

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



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



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

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

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

## *What did we do?*

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

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

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

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

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

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

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

## Welfare support provided

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



## Case Study: Household Support Fund

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

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

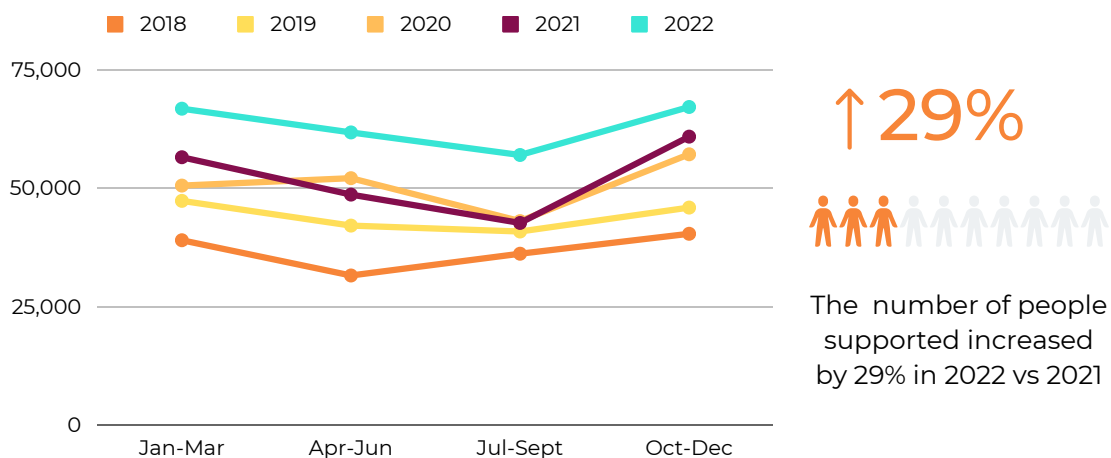
# What difference have we made?

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

Figure 2

## Meals Distributed from 2018 - 2022

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



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

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

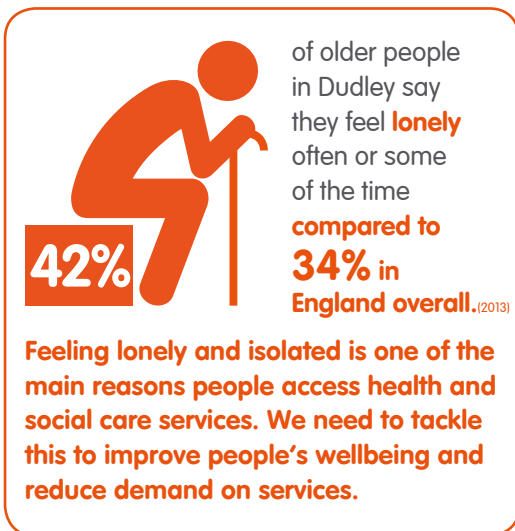
Researchers will conduct consultations with students, parents, staff and governors to understand the challenges they face, in an inclusive, straightforward and supportive process. We will then complete a Poverty Proofing audit and will identify pathways to reduce the impact of poverty on students. Schools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



# GOAL...

## Reducing Loneliness and Isolation

### Why was this priority important?



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

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

### What did we do?

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

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



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

### **The Pleased to Meet You Service**

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



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

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

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

### **Connecting Older People Programme**

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

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

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

## Integrated Plus

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

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

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

## Scams Team

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

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

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

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

## Facts

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

## What difference have we made?

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

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

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

# Recommendations

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

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

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

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

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

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

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

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

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

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

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## **Meeting of the Health Select Committee – 23 November 2023**

### **Report of the Director Public Health**

### **Health, Wellbeing and Inequalities Strategy 2023-2028**

#### **Purpose of report**

1. This is Dudley's new Joint Health, Wellbeing and Inequalities Strategy 2023-28 which has been developed by the Health and Wellbeing Board.

#### **Recommendations**

2. The Committee is asked to note Dudley's new Health, Wellbeing and Inequalities Strategy 2023-2028 and its new goals.

#### **Background**

3. Following consideration of the Joint Strategic Needs Assessment (JSNA), Dudley's Health and Wellbeing Board agreed three goals for its new strategy at its March meeting, underpinned by an approach to reducing health inequalities. The strategy has been developed with the focus on the following three goals:
  1. Children are ready for school
  2. Fewer people die from circulatory disease
  3. More women are screened for breast cancer
4. The strategy includes:
  - A foreword from Cllr Bevan, Chair of the HWB
  - Views from residents and communities about what makes Dudley a great place
  - A section for each individual goal setting out the HWB's aspirations, including on reducing health inequalities, some background to the issue in Dudley, and what the HWB will do during the lifetime of the strategy

- The commitment of HWB partner organisations.
5. The strategy has been published here [[HWB Strategy 2023-2028](#)]
  6. All partners have communicated the strategy and its key messages to residents and staff and will promote the strategy through existing communication channels.
  7. Goal leads have been assigned from partner organisations and the HWB Board is proactively monitoring progress against the three goals.
  8. Community engagement is a fundamental part of Dudley's approach to improving health and wellbeing and reducing health inequalities, and communities will be involved in various aspects of work around the goals.

### **Finance**

9. There are no direct financial implications of this strategy.

### **Law**

10. The Health and Wellbeing Board has a statutory duty to produce and deliver a Health and Wellbeing Strategy for Dudley to help improve health and wellbeing in the local population and reduce health inequalities.

### **Risk Management**

11. There are no specific risks arising from the strategy.

### **Equality Impact**

12. The strategy makes specific consideration of health inequalities. For each goal, there is an outcome measure associated with the reduction of inequalities and also consideration of where specific population groups have poorer outcomes. Across all of the 3 goals we will embed an approach to reduce health inequalities – to close the gap in health and wellbeing for the most disadvantaged families and communities.

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

13. There are no direct human resources or organisational development implications of this strategy.

### **Commercial/Procurement**

14. There are no direct commercial/procurement implications of this strategy.

## **Environment/Climate Change**

15. There are no direct environment/climate change implications of this strategy.

## **Council Priorities and Projects**

16. The Health, Wellbeing and Inequalities Strategy directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.
17. The Health and Wellbeing Board fits under Dudley's Forging the Future Vision providing a focus on health and wellbeing and working collaboratively with other strategic boards including the Integrated Health and Care Partnership to improve the lives of residents.



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

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## **Appendices**

*Appendix 1 – Health and Wellbeing Strategy 2023-2028*



Dudley Health & Wellbeing Board

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

Our vision for Dudley in 2028





# Working together for longer, safer, healthier lives

OUR VISION FOR DUDLEY IN 2028



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

**Councillor Ian Bevan**  
CHAIR OF THE HEALTH AND WELLBEING BOARD

## Introduction

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

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

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



# First, we need to keep doing things differently

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

## 01.

### Building community capacity and resilience

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

## 02.

### A shift to prevention

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

## 03.

### A stronger focus on family

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

## 04.

### Services that work with and for everyone

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

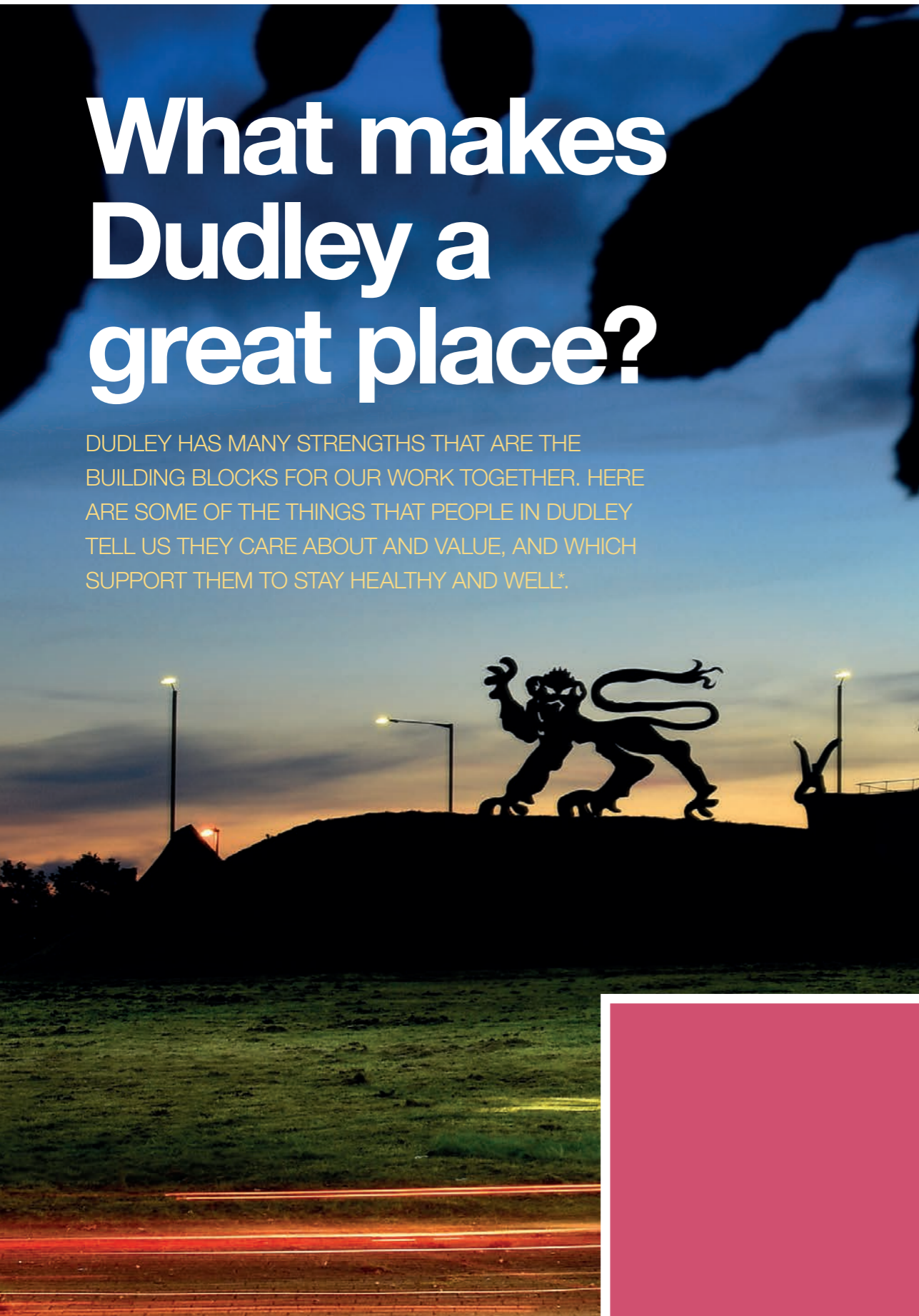
Information about people's lives in Dudley since the COVID-19 pandemic tells us that focussing our resources and energy on **3 goals** will have the biggest impacts on people's health and wellbeing:

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

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

# What makes Dudley a great place?

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



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

## The people

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

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

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

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

## Access to amenities and transport

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

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

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

## The green spaces

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

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

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

## Activities and groups

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

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

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

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

## The history

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

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

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

# The goal: Children are ready for school

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

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

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

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

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

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

## What will we do?

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

## How will we know if this goal has been achieved?

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

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

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

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





# The goal: Fewer people die of circulatory disease

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

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

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

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

## What will we do?

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

## How will we know if this goal has been achieved?

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

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

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

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



# The goal: More women are screened for breast cancer

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

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

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

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

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

## What will we do?

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

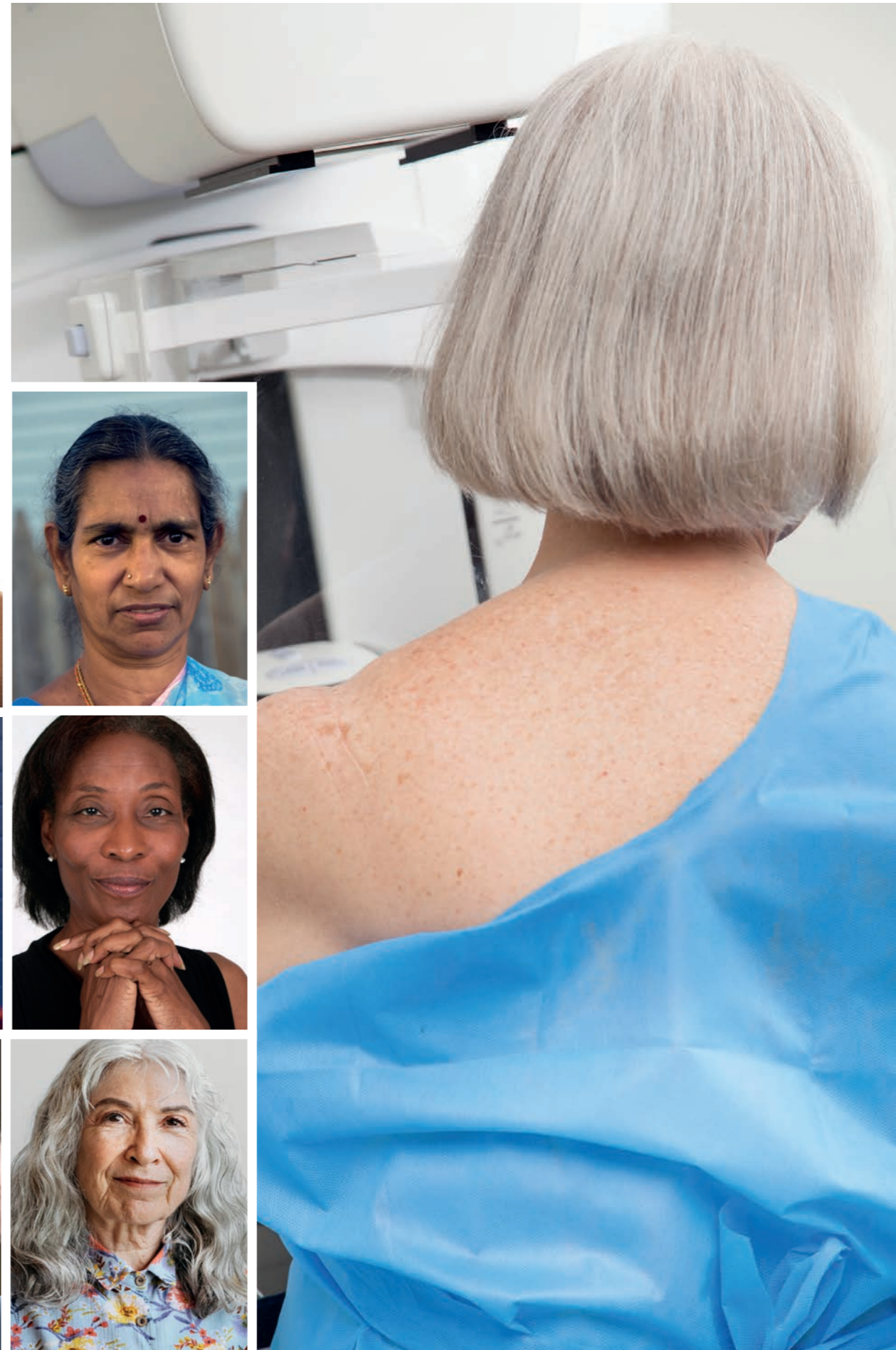
## How will we know if this goal has been achieved?

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

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

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

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



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



## Dudley Health & Wellbeing Board

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

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

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

### What organisations and communities will do together:

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

### What Dudley residents and communities can do:

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

*Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. Health and Wellbeing Boards have a statutory duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population to improve health and wellbeing and reduce health inequalities. Dudley's Health and Wellbeing Board is a wide partnership including the local authority, NHS commissioners and providers, community and voluntary sector and the emergency services. The Health and Wellbeing Board fits under Dudley's Forging the Future Vision providing a focus on health and wellbeing and working collaboratively with other strategic boards including the Integrated Health and Care Partnership to improve the lives of residents.*



## Dudley Health & Wellbeing Board

**For further information please contact:**

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## **Meeting of the Health Select Committee – 23 November 2023**

### **Report of the Dudley managing Director – Black Country Integrated Care Board (ICB)**

#### **Dudley Urgent Treatment Centre (UTC) – Operational Changes**

##### **Purpose of report**

1. To advise the Committee of changes made to the operation of the Dudley Urgent Treatment Centre with effect from 1 October 2023.

##### **Recommendations**

2. It is recommended that the Committee note the current position in relation to the changes made to the Dudley Urgent Treatment Centre

##### **Background**

3. Urgent Treatment Centres (UTCs) and GP Out of Hours (GP OOH) services are a core part of the Urgent and Emergency Care offer. Malling Health provides the UTC provision in Dudley. In the Spring of 2023 Malling Health informed the Integrated Care Board (ICB) it was no longer able to continue to deliver the service within the contractual financial envelope. The ICB agreed that due to its financial position, increasing the value of the contract was not possible. Following a series of discussions, a model of delivery was proposed and subsequently approved, that would retain core services within the financial envelope.
4. Malling Health provides front door streaming and triaging where patients are clinically assessed and directed into the appropriate pathway, either through the UTC to see a primary care clinician, to other community locations, or to the Emergency Department. The streaming service assesses an average of 300 patients per day, who present either as walk-ins or directed there from NHS111.
5. The GP Out of Hours Service (GP OOH) for patients registered with Dudley GPs operates between the hours of 18:30 and 08:00 on weekdays

and 24 hours on weekends and public holidays. The GP OOH service accepts referrals from NHS111 and 999 and offers telephone advice and support, together with home visits and on-site appointments at Dudley UTC, where this is considered necessary.

6. At times of reduced workforce, the services work collaboratively to ensure adequate cover in each service.
7. The new model delivered within Dudley UTC reduces staffing levels between 24:00 and 06:00 hours 7 days per week across the combined function of the GP OOH service and the UTC. Staffing levels outside of these hours are not affected. All functions delivered by Malling are retained.
8. The staffing arrangements change as follows:-  
Previous model between the hours of 24:00 and 06:00:
  - 2 reception staff
  - 1 Streamer/Initial Assessment Clinician
  - 1 Advanced Nurse Practitioner (ANP)
  - 1 GP
9. Revised model between the hours of 24:00 and 06:00:
  - 1 reception staff
  - 1 Streamer/Initial Assessment Clinician
  - 1 GP
10. To maintain resilience, the home visiting capacity for Dudley, Walsall, and Sandwell has been brought together and is managed as a single team.
11. It should be noted that historically the staffing of the service through locum GPs has created difficulties if locums withdraw at short notice. Malling has now been successful in recruiting GPs on a permanently employed basis which provides further assurance as to the resilience of the service.
12. The proposal developed by Malling was reviewed by the ICB and considered to represent a minor service change. Any potential impact will only arise if there is a late notification of staff absence which cannot be mitigated. The change is considered minor because:
  - Access points and the pathway remain unchanged,
  - The number of people impacted is small.
  - The Emergency Department remains open 24/7 to meet urgent need.

13. The revised service model retains 24/7 access to UTC and GP OOH services for Dudley patients and is fully compliant with the NHSE's published standards and guidance on the provision of both services.
14. The revised service model has been considered by local partners through the Dudley Accident and Emergency Delivery Board. A commitment has been made to monitor and report back on user experience and to monitor waiting times following implementation of the new model to ensure any variation can be identified early and mitigated.
15. The model went live on 1 October 2023. At the time of preparing this report, early indications show no impact on streaming or delivery of the UTC functions. There will be close monitoring of the service over the winter months and the latest position will be reported at the meeting.

### **Finance**

16. The proposal set out above is deliverable within the existing cost envelope for the service.

### **Risk Management**

17. As an output of stakeholder engagement, the following risks have been identified:

Risk	Rating	Proposed Mitigation	Residual Rating
The resilience of the service may be reduced because of reduced staffing levels	6	Malling to review Business Continuity Plans to ensure robust arrangements for staff cover in place in the event of absence.  Enhanced joint working between Malling Health and DGFT during the hours of reduced staffing to promote staff safety and resilience for all  Malling have appointed permanent clinicians meaning that there is less	2

		reliance on locum staff, and as a consequence creates a more resilient workforce.	
A reduction in service capacity during the early hours could result in increased waiting times for patients	6	Increase number of non-urgent, low acuity patients streamed back into core primary care services at the point of initial assessment and triage.  Monitor through winter period	2
Increase in presentations to ED	6	Streaming and triaging service maintained.  Monitor through winter period	3

### **Equality Impact**

18. An Equality and Quality Impact Assessment has been conducted. UTC provision is in place in each of our 4 places. Patients in Dudley will still be able to access the same services as patients in Walsall, Sandwell, and Wolverhampton. There are no changes to patient facing services.

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

19. None identified.

### **Commercial/Procurement**

20. None identified.

### **Environment/Climate Change**

21. None identified.

## **Council Priorities and Projects**

22. The revised service model ensures we continue to deliver services to our most vulnerable working with our partners, aligning to our Borough Vision 2030 - 'Forging a Future – healthy, safe, resilient communities. This also contributes to towards our council plan priorities, whereby everyone, including our most vulnerable, have the choice, support and control of the services they need to live independently and have access to high quality, integrated health and social.



**Neill Bucktin**  
**Dudley Managing Director – Black Country Integrated Care Board (ICB)**

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## **Meeting of the Health Select Committee**

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

## **Development of Dudley’s Integrated Model of Health and Care**

### **Purpose of report**

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

### **Recommendations**

2. It is recommended: -

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

### **Background**

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

### **Current Service Provision**

5. DIHC currently provides the following services:-
  - Commissioned by the Council – School Health Adviser Service
  - Commissioned by the ICB – Talking Therapies/Primary Mental Health Care, primary care services (High Oak Practice, Chapel Street

Practice, Enhanced Health in Care Homes Service, Special Allocation Scheme, Local Improvement Schemes), former CCG functions (commissioning, primary care development, NHS Continuing Care/Intermediate Care, Pharmaceutical Public Health, corporate support functions)

- Commissioned by the 6 Primary Care Networks (PCNs) – Additional Roles Reimbursement Scheme (ARRS) staff – a number of roles that support primary care including pharmacists, social prescribers, physicians’ assistants etc..)

### Options Appraisal

6. The potential options for these services have been reviewed through a process overseen by a Project Board, the membership of which includes representation from the Council.
7. A set of principles was agreed to inform this process as follows:-
  - No service change for patients, at the point of transfer
  - Double TUPE transfer should be avoided
  - Service moves would need to create an “equal or better” scenario for patients, residents or staff
  - All services will have a “safe landing”
  - Where possible services that currently sit well together should be considered to transfer together
  - Surety of timescales to end date should be as certain as possible
  - ICB commissioned Primary Care services should be delivered by a single entity
  - The integration of the DIHC/ ARRS pharmaceutical public health team should be retained if possible
  - The integrated NHS CHC/ Intermediate Care Team should be retained
  - Protecting employment for staff should be a priority
  - Communications to staff is timely, appropriate and sensitive

### Recommendations

8. Recommendations have been made to the ICB and DIHC as follows:-
  - School Health Adviser Service – will transfer to a new provider as the result of the current procurement exercise, being led by the Council, to determine a provider of 0-19 services.
  - Talking Therapies/Primary Mental Health Care – transfer to Black Country Healthcare NHS Foundation Trust.

- Local Improvement Schemes (LISs) – transfer to PCNs.
  - Other ICB commissioned primary care services and ARRS staff – transfer to Dudley Group NHS Foundation Trust (DGFT) – to operate as part of the evolving place partnership arrangements.
  - Former CCG functions - transfer to Dudley Group NHS Foundation Trust (DGFT) – to operate as part of the evolving place partnership arrangements.
9. These meet the principles except for the primary care services where a small element – the LISs – will be provided by the PCNs. This means that the primary care services in total will not be delivered by a single entity.
  10. In terms of the ARRS staff, their transfer to DGFT is dependent upon agreement of the associated management and governance arrangements between the PCNs and DGFT. If agreement cannot be reached, these staff will be employed and managed directly by the relevant PCN.
  11. At the time of preparing this report, discussions have commenced between the PCN Clinical Directors and DGFT. These are scheduled to conclude by 31 October 2023, prior to further reports being considered by the ICB and the board of DIHC. An update will be provided at the meeting.

#### Integrated Care Pathways

12. Work on the development of integrated care pathways continues. There is no further update for this meeting.

#### Finance

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

#### Law

14. Any service transfers and transactions will be managed in accordance with the requirements of the NHS Acts and associated NHS England/NHS Improvement guidance. The Council led procurement has been conducted in accordance with the Council's Standing Orders and procurement regulations. Legal Services will be instructed for advice in respect of any transfers or transactions prior to proceeding.

#### Risk Management

15. No material risks have been identified.



## **Equality Impact**

16. An Equality and Quality Impact Assessment process is taking place on these proposals, the output will form part of the reports to be considered by the ICB and the board of DIHC.

## **Human Resources/Organisational Development**

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

## **Commercial/Procurement**

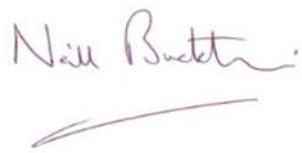
18. None identified. As indicated, the School Health Adviser service is currently part of a Council led procurement exercise, being conducted in accordance with the Council's Standing Orders and procurement regulations.

## **Environment/Climate Change**

19. None identified.

## **Council Priorities and Projects**

20. An integrated model of health and care can be aligned to both the Council Plan and Borough Vision. Future delivery of these services will ensure we are striving to achieve against our council plan priority 'Dudley the borough of opportunity' and work towards achieving the following outcomes:
  - Children and young people benefit from the best possible start in life in our Child Friendly borough.
  - Everyone, including our most vulnerable, have the choice, support and control of the services they need to live independently.
  - All residents benefit from access to a high quality, integrated health and social care.
21. Through the golden thread, the council plan is linked to the Forging a Future For All Borough Vision. The Borough Vision is made up of seven aspirations for how the borough should be by 2030, with this work aligning to the aspiration '*A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future*'



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**Health Select Committee Progress Tracker**

<b>Subject (Date of Meeting)</b>	<b>Recommendation/action</b>	<b>Responsible Officer/Area</b>	<b>Status/Notes</b>
Minute No. 6 – The Life in Lye Programme (Meeting held on 31 <sup>st</sup> July, 2023)	That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.	Acting Director of Public Health	<b>On-going – Verbal updates on the programme continue to be provided by the Acting Director of Public Health and Wellbeing</b>
Minute No. 7 - National Health Service (NHS) Quality Accounts – Black Country Healthcare Trust (Meeting held on 31 <sup>st</sup> July, 2023)	That D Howells – Chief Nursing Officer provide a written response with regards to the utilisation of local charities, namely The What Centre, to assist with providing mental health support to young people.	D Howells – Chief Nursing Officer (Black Country Healthcare Trust)	<b>Meeting arranged for 28<sup>th</sup> March, 2024 to consider Mental Health</b>
	That a further report be submitted to a future meeting, a date of which to be confirmed, in relation to Children and Young People’s Mental Health.	D Howells – Chief Nursing Officer (Black Country Healthcare Trust)/ Acting Director of Public Health/Democratic Services	<b>Meeting arranged for 28<sup>th</sup> March, 2024 to consider Mental Health</b>

Minute no. 17 - 5 to 19 Public Health Programme (Meeting held on 18 <sup>th</sup> September, 2023)	Resolution (5) - That the Acting Director of Public Health circulate to Members of the Select Committee a copy of the detailed spending plan for the community hardship fund 2022 to 2024.	Acting Director of Public Health	<b>Completed – Email circulated to Members on 19/10/2023</b>
Minute no. 19 - Update on High Oak Surgery (Meeting held on 18 <sup>th</sup> September, 2023)	Resolution (6) - That Dudley Integrated Health and Care NHS Trust provide an update on the current position with regard to High Oak on the Dudley Integrated Health and Care NHS Trust and the High Oak Surgery websites.	Dudley Integrated Health and Care NHS Trust	<b>Completed – Email circulated to Members on 26/09/2023</b>
Minute no. 20 - Update from the Acting Director of Public Health (Meeting held on 18 <sup>th</sup> September, 2023)	Resolution (2) - That the Acting Director of Public Health circulate to Members of the Select Committee details of the location of the five local Family Hubs.	Acting Director of Public Health	<b>Completed – Email circulated to Members on 27/09/2023</b>

## Future Business 2023/24

<u>Date of Meeting</u>	<u>Work Programme</u>	<u>Responsible Officer/Area</u>
8 <sup>th</sup> January, 2024	Medium Term Financial Strategy	Iain Newman/Rachel Cooper
	Director of Public Health Annual Report	Mayada Abu Affan
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan
	Update from the Director of Public Health - Life in Lye	Mayada Abu Affan
	Corporate Quarterly Performance Report – 2023/24 Quarter 2 (To be circulated for information only)	Alison Harris
	Staff Wellbeing	Mayada Abu Affan
28 <sup>th</sup> March, 2024 (Additional meeting)	Mental Health	Mayada Abu Affan/DIHC/Black Country Healthcare Trust
	Your Home, Your Forum	Mayada Abu Affan

25 <sup>th</sup> April, 2024	Annual Report and Draft Scrutiny Programme	Steve Griffiths
	NHS Quality Accounts	David Pitches and NHS Partners
	Household Support Fund	Mayada Abu Affan
	Development of Dudley's Integrated Health and Care Model	Neill Bucktin/ Mayada Abu Affan
	Update from the Director of Public Health - Life in Lye	Mayada Abu Affan
	Corporate Quarterly Performance Report – 2023/24 Quarter 3 (To be circulated for information only)	Alison Harris