

Meeting of the Dudley Health and Wellbeing Board

**Thursday 14th December 2023,
at 4.00pm on Microsoft Teams**

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Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. Appointment of Substitute Members.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and ratify the minutes of the informal meeting held on 14th September, 2023 as a correct record (Pages 4 - 20)
- 16.10 5. Public Voice – Presentation – Circulatory Disease – Lydia Hester-Collins
6. Items for Board sign-off
- 16:30 a) Revised Terms of Reference and Governance – L Grainger (Pages 21 - 31)
- 16:40 b) Reducing deaths due to a circulatory disease - A Deep Dive - Dr Duncan Jenkins (Pages 32-50)
- 17:05 c) Joint Strategic Needs Assessment (JSNA) update – Andy Baker (Pages 51 - 59)
- 17:15 d) Health Inequalities Funding – Neill Bucktin (Pages 60-69)

7. Items for Information - Goal Progress
- 17:20 a) Joint Health and Wellbeing Inequalities Strategy 2023-2028
Breast screening – David Pitches (Pages 70-77)
- 17:25 b) Black Country Integrated Care Partnership – update – Neill
Bucktin (Pages 78-83)
8. Update from other Boards/Partnerships
- 17:30 a) Dudley Safeguarding Adult Board Annual Report 2022-23
- Professor Paul Kingston (Pages 84-117)
- 17:40 b) Dudley Children’s Safeguarding Annual Report 2022-2023 –
Vicky Buchanan (Pages 118-149)
- 17:50 9. Any other business
10. To consider any questions from Members to the Chair where two
clear days’ notice has been given to the Monitoring Officer (Council
Procedure Rule 11.8).

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- This is a formal Board meeting, and it will assist the conduct of business if participants speak only when invited by the Chair.
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Distribution:

Members of the Dudley Health and Wellbeing Board:

Councillors I Bevan, R Buttery, M Bowsher, S Ridley and L Taylor-Childs.
 B Heran – Deputy Chief Executive
 M Bowsher – Director of Adult Social Care
 M Abu Affan – Director of Public Health and Wellbeing
 C Driscoll – Director of Children’s Services
 K Jones – Director for Housing and Communities
 N Bucktin – Dudley Managing Director – Black Country Integrated Care Board (BCICB)
 P Kingston – Independent Safeguarding Board Chairperson
 Dr R Edwards – Black Country Integrated Care Board (BCICB)
 A Gray – Dudley CVS CEO
 Commander A Tagg - West Midlands Police Representative
 Andrew Shakespeare - West Midlands Fire and Rescue Service
 M Foster –Chief Executive - Black Country Healthcare NHS Foundation Trust
 D Wake – CE Dudley Group NHS Foundation Trust
 P Wall – Head of Strategic Planning (West Midlands Ambulance Service)

Officer Support



**Minutes of the Informal meeting of Dudley Health and Wellbeing Board
Thursday 14th September, 2023 at 4.00pm**

Present:

Dr R Edwards (Vice Chair – in the Chair)

Officers: M Abu Affan (Acting Director of Public Health and Wellbeing), N Bucktin (Dudley Managing Director Black County Integrated Care Board), S Dougan (Head of Adults and Public Health), A Gray (Dudley Council for Voluntary Service - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), Professor P Kingston, (Independent Adult Safeguarding Board Chair), Commander A Tagg (West Midlands Police), and L Jury (Democratic Services Officer).

Also in attendance:

S Thirlway for agenda item no. 6(d) and as a substitute member for C Driscoll (Director of Children's Services)

Dr D Jenkins for agenda item no. 6 (e) only

S Cleary for agenda item no. 6 (e) only

J Sangha for agenda item no. 6 (f) only

Chief Superintendent K Madill for agenda item no. 7 (a) only

S Bradshaw, S Brooks, C Conway, S Cornfield, L Hester-Collins, K Kaur-Wilson, C Masikane, O Topping, K Rose and J Weston.

38 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillors I Bevan, R Buttery, S Ridney, and Bishop of Dudley, M Bowsher, C Driscoll, M Foster, B Heran, S Tranter and D Wake.

39 **Appointment of Substitute Members**

It was reported that C Conway, K Rose, S Thirlwell, and K Kaur-Wilson had been appointed to serve as substitute Members for M Bowsher, D

Wake, C Driscoll and M Foster respectively, for this meeting of the Board only.

40 **Meeting Quorum**

As there was not a quorum present at the meeting, it was:

Resolved

That the meeting be held as an Informal meeting and that any agenda items requiring formal approval at the next formal meeting of the Board, be deferred to the next meeting of the Board.

41 **Declarations of Interest**

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

42 **Minutes**

Resolved

That, the minutes of the meeting of the Board held on 8th June, 2023, be recommended for approved at the next formal meeting of the Board.

43 **Public Voice**

The Board received a verbal report from a representative of Brierley Hill Baby Bank, who shared her story with the Board in relation to the working of the Baby Bank and its links into being school ready. It was noted that the Baby Bank had been established in 2019 and worked to support families by providing them with essential items which had been donated from the public. Referrals to the Baby Bank were made by professionals who had identified a family in need. Early intervention, building relationships with professionals, voluntary organisations and groups was encouraged, and 1-2-1 support could be offered from trained staff when required.

Reference was made to research that had been undertaken with families in the DY1 and DY2 area, in relation to the First 1001 Days, and the outcome of some of the case studies that had been undertaken was presented, demonstrating the link to school readiness and what could be done to help the families become school ready. This included support from antenatal services upwards, encouragement to be ready to learn,

more affordable access to support to help with health and wellbeing of child and parent, opportunity to meet other parents, and access to and availability of local and free classes.

Arising from the presentation, the Vice- Chair thanked the representative for sharing her story with the Board and her enthusiasm and energy and referred to the post-natal period when parents would be feeling at their most vulnerable and the importance of meeting with other parents.

In response to a question raised by the Acting Director of Public Health and Wellbeing in relation to funding, it was advised that the unit had been run by volunteers for the first two and half years, however the unit had secured funding from the National Lottery for the lease of the building, and the money would fund two wages for the next three years. From money that had been fund raised, reference was made to the forthcoming launch of a Play and Sensory Room within the unit to help address local demand.

In response to a question raised by the Chief Officer Healthwatch Dudley, it was noted that the results of the research that had been undertaken had been welcomed by many organisations and the bank had been happy to have played a part in the shaping of the family hubs. Families had expressed that they had felt empowered to have had their voices heard through the Baby Bank. Collaboration between other Council services, public health and the First 1001 days was acknowledged. It was reported that the bank had returned to the families who had participated in the research to reinforce the work that was being undertaken in the area which could help improve their lives and had heard how the families had become school ready.

K Wilson expressed her thanks to the representative of the Baby Bank for her hard work and an informative presentation and raised a question in relation to support to families out of hours. In response, reference was made to managing the Baby Bank's Facebook page and the help that staff could provide and were trained to deal with, however out of hours, most of the support related to signposting families to the right services and encouraging them to make contact.

In response to a question raised by S Brooks, Communications and Public Affairs (CAPA), it was confirmed that the research would be used as part of the Growing Up in Dudley work and advised that other families had expressed an interest to take part in future research. Acknowledging the challenges that had been faced undertaking the research, thanks was expressed to the clinical support that had been offered for clinical supervision.

The Chief Executive Officer of the Dudley Community Voluntary Service (DCVS) praised the Baby Bank for all their work and commented that the piece of work that had been carried out would have been inexpensive to have undertaken but had yielded invaluable information around how parents in the area felt and what was needed. The need to allocate small sums of money to local organisations working on the front line to undertake such research was raised, emphasising the critical need to hear the voice of the communities.

44 **Change in Order of Business**

Pursuant to Council Procedure Rule 1 (c), it was :-

Resolved

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

45 **Pharmaceutical Needs Assessment – Supplementary Statement – September 2023**

The Board received a joint report of the Head of Service, Healthcare Public Health and the Pharmaceutical Adviser, Partnership and Public Health, Dudley Integrated Health and Care NHS Trust, informing the Board of the material changes to the provision of community pharmacy services in Dudley since the publication of the 2022 Pharmaceutical Needs Assessment (PNA) which had been approved by the Board in 2022.

In presenting the report, the Pharmaceutical Adviser reported that the Health and Wellbeing Board (HWBB) was mandated to assuring that pharmaceutical assessment of needs and access to pharmaceutical services within its area, were accurate and maintained. It was noted that within the last twelve months, many changes had taken place in relation to ownership and access and the supplementary statement aimed to co-ordinate what had been happening since the PNA had been published.

It was advised that the biggest change that had happened through the regulations with community pharmacy, related to an increasing number of pharmacies that were opening for in-excess of one hundred hours, shutting their doors at short notice due to pressures in the work force, and keeping pharmacies open, which they were contractually able to do by referring back to the Commissioner NHS England. It was advised that a change in the regulations referred to an allowance that had been approved by the Secretary of State earlier this year which effectively

allowed pharmacies that were open for over one hundred hours a week, being contractually able to reduce their hours with the only stipulation that they could not reduce their hours between 5pm and 9pm Monday to Saturday and they were unable to reduce any hours if they were open on Sundays. It was noted that this had affected six pharmacies within the Dudley area, resulting in Lloyds Pharmacy in the Sainsbury's supermarket in Amblecote, Brierley Hill closing, three other pharmacies having reduced their hours within the regulations, two of them being situated in the Asda Supermarket in Halesowen and Brierley Hill, which would now close their services at 9.00pm rather than 11.00pm.

The Community Pharmacy Development Steering Group had considered the changes that have been made, and the Group's view had been that, whilst access had been reduced, it was believed that this would not be detrimental to the population. This decision had been based on public research that had been undertaken over the last two to three PNAs which had demonstrated that pharmacies were used during traditional office hours with pharmacy access very much aligned with the opening hours of general practices (GPs). It was noted that although within the 2022 PNA it had referred to pharmacy access being accessible during general practice core hours, it was acknowledged that some of the population would have to travel a distance to access a pharmacy service during unsociable hours.

Reference was also made to changes within ownership that had been taking place, with a number of corporate bodies selling up to allow independent or small groups to take more ownership, which it was believed would have a positive impact.

Arising from the presentation, the Independent Adult Safeguarding Board Chair, stated that he had raised a concern at a recent Executive Board meeting with regard to the changes and closure of some pharmacies and the need to monitor the effects of the changes due to the possibility of extra pressure being put on other services such as, primary care and Accident and Emergency (A&E). Reference was made to the proposal that the pharmacy role would be developed, and it was proposed that the Board closely monitored the developments going forward.

Referring to the changes in ownership, it was noted that notice of any proposed changes had been emailed by NHS England via Democratic Services to the HWBB in line with their mandate to assess the need for services. However, the Executive Group had recommended that the Steering Group would present a report to the HWBB twice a year, setting out more detail and context to the changes for the Board's consideration and the emails will be stopped.

In response the Chief Officer Healthwatch Dudley, concurred with the comments made in relation to the changes in pharmacy opening hours and the possible impact on other services and advised that the Board proceed with caution until further developments had been identified.

Resolved

That the information outlined within the report presented, in relation to material changes to the pharmacy service and the recommendation that a twice-yearly report be presented to the Board by the Community Pharmacy Development Steering Group, in relation to changes to pharmaceutical ownership, be noted.

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

(a) Revised Terms of Reference

As there was not a quorum present at the meeting, it was:

Resolved

That this item be deferred to be considered at the next meeting of the Board.

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

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

In presenting the report, the Head of Adults and Public Health advised that the HWBB at its June 2023 meeting, had approved the majority of the content of the Joint Health, Wellbeing and Inequalities Strategy 2023-2028. Since then, the Strategy has been typeset ready for publication along with the addition of a piece of engagement that had been undertaken with residents and groups with regard to their views on what they believed organisations and residents could contribute to the Strategy. It was noted that the engagement work had been deliberately short due to the goals having been previously selected, and it was noted that more meaningful engagement would be undertaken around what would be done to deliver the goals.

In conclusion, reference was made to the key asks of the Board and wider system, as set out in the report.

Resolved

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

(c) Health and Wellbeing Strategy Communication Plan – Launch

The Board received a verbal report from S Brooks (Communications and Public Affairs) who informed the Board that a Communications Plan had been established which would launch the Health and Wellbeing Strategy on the HWBB site. A copy of the Strategy would also be circulated to all partners and promoted through news releases and social media platforms.

It was proposed that interviews be undertaken with the Leads of the key themes to enable videos to be produced that could also be used for promotion, and it was noted that Communication Plans would also be produced that would sit under the key themes, and work would be undertaken with the Leads on an on-going basis. It was anticipated that the launch would take place imminently.

In response to a question raised by the Chief Officer DCVS in relation to information being included to advise the public on the remit and membership of the HWBB, S Brooks confirmed that information would be included on the HWBB website and a link to the Board's membership would be included in the Strategy.

Resolved

That, the information presented in relation to the launch of the Health and Wellbeing Strategy, be noted.

(d) Improving School Readiness in Dudley

A joint report of the Service Director for Education, Special Educational Needs and Disabilities (SEND) and Family Solutions and the Head of Service – Consultant in Children and Young People's Public Health, on improving school readiness in Dudley.

The Service Director for Education, SEND and Family Solutions presented the report and in doing so, presented a brief overview of children within the Borough, in particular referring to school readiness. It was noted that school readiness was the end point of ensuring that children entered school healthy and active and were ready to learn and continue to engage with their onward education, which greatly impacted upon onward life benefits in terms of academia, employability, adult mental health and

wellbeing, along with physical health as they developed into adulthood. It was advised that the formative activity that went on with children, pre-birth to beyond Reception year in terms of school readiness, was vitally important not just for those children at that stage, but as they grew older, due to their impact on the broader communities.

Reference was made to the situation in Dudley in relation to the significant inequality in school readiness in the Borough, particularly the inequality in boys and girls in terms of those that have a Good Level of Development (GLD) and inequalities in the GLD in relation to ethnicity. It was noted that what had been particularly alarming, was the differential in inequality in terms of GLD particularly for those children with Education Health and Care Plans (EHCPs) and children who were eligible for free school meals versus their non-eligible peers, and the need to think about how to address the disparity to improve the level of development for all children.

A set of Key Performance Indicators (KPIs) that related to children who entered Reception and had started early years at school was then presented, and reference was made to other KPIs particularly in relation to health outcomes. It was advised that when the KPI's ceased reporting during the pandemic period, and when re-established, it had become evident that Dudley's trajectory was not travelling in the way the Authority would like it to be. Specific reference was made to indicators where children were experiencing expected levels in communication skills and noting that Dudley's performance levels had deteriorated. A downward trajectory was being seen in children's development and readiness to access and engage in their early learning.

Reference was made to the work that was being undertaken to address these issues, specifically the Baby Bank joint approach that was discussed earlier in the meeting, and addressing speech, language and communication pathways due to the downturn in performance levels. It was noted that the work being undertaken was not all contained within the context of children and early school academia, there were also many issues relating to health arrangements for children, which needed to be addressed by parents and carers so that were able to support their children to be school ready.

It was advised that a number of impact measures had been identified as a result of the action plan and shared efforts in terms of developing and delivering on the authority's approach to school readiness. Reference was made to a number of tools that were available, some of which were Dudley local and some which the Authority had invested in as it was believed that they would have a significant impact on improving outcomes for the Authority's children and ongoing into adulthood.

In conclusion, the asks of the Board were presented acknowledging that due to the meeting being informal, approval of the Action Plan and the KPI suite would need to be deferred and approved at a future meeting. Referring to the remaining recommendations it was noted that colleagues and partners were urged to engage and buy-into the understanding that school readiness was not an early years issue. It was seen as a systemic and holistic response that was required from across the partnership, from services working with carers and parents, those educating and supporting children, along with the health service from pre-birth and beyond.

Board Members were requested to engage with the work streams that needed to be developed around this priority and ensure that the right colleagues be identified to be part of the work streams that could assist in moving these activities and outcomes forward. It was requested that those that were in a position to support and make decisions on behalf of their organisations, drive forward the school readiness agenda.

Arising from the presentation, the Vice-Chair referred to the statistics and the decline seen over recent years and acknowledged the challenges to be faced going forward and emphasised the need for a collaborative approach to address these issues.

In referring to the action plan, K Rose questioned whether the owners should be stated as roles rather than initials to help identify not only the owners but also the governance routes for the actions that needed to be addressed and acknowledging the collaborative approach needed from all Board Members. In response, the Service Director for SEND and Family Solutions concurred with the comment made and would amend the document. The challenges going forward with this priority were acknowledged and reference was made to the short-term gains it was anticipated could be delivered but emphasising the long-term commitment required as some of the KPI outcomes refer to 2028 and beyond in terms of the realisation of the full impact.

In relation to the work that the Baby Bank were undertaking and the vital support these voluntary services provided to parents, the Vice-Chair referred to the critical roles that Family Hubs played, however, the cost of attending support groups was raised, and it was acknowledged that this support needed to be rolled out across the Borough. In response, the Service Director for SEND and Family Solutions advised that engagement was being undertaken with parental groups as part of the Family Hub priorities across each of the centers and looking to provide peer facilitated activities along with professional facilitated activities.

The Chief Executive Officer of DCVS, commented that over the years a huge reduction had been seen in the amount of support and community

groups working alongside young parents and acknowledging that investment was required but was not available, therefore, the need to think creatively about the support required that could be accessed by all parents and the need to look realistically at the time that would be required to reverse the impact that had been caused by many years of austerity.

In response, S Brookes concurred with the comments made in relation to investment needed in the Borough but highlighted that Dudley was at the bottom of the ladder in relation to its statistical neighbours and that this could possibly be an area to investigate to ascertain if there were lessons to be learned. Clarification was sought on where the School Readiness Group fitted in to the Conception to Reception Strategic Working Group. In response, it was noted that the remit of the groups would be slightly different. It was advised that the Working Group had yet to be fully established, and it was envisaged that during its development, a revisit of the multiple sub- groups would be undertaken in order to draw in the Working Group in relation to the governance to go through the Prevention and Early Help Group, which would feed into the Conception to Reception Working Group, who would ultimately feed back to the HWBB.

Referring to the statistical neighbours highlighted in the action plan who were performing better than Dudley, it was questioned whether learning from these neighbours needed to be added into the action plan. In response, it was noted that work would be undertaken to identify what was being done elsewhere locally and nationally, to ascertain what could be learned and what could be implemented if necessary, and it was envisaged that the action plan would evolve going forward.

Commander A Tagg, commented that the work had highlighted this important area and the need to urge all partnership agencies within the Borough to provide support with this initiative, together with Elected Members, whether Local Councillors or Members of Parliament, to lobby for the finance required to invest additionally in this area to improve outcomes for the young people currently in education, which would subsequently improve their outcomes going forward.

The Independent Adult Safeguarding Board Chair concurred with the comments made in relation to investment required and the need to emphasise that outcomes would not be achieved if additional funding was not pursued. It was requested that a glossary also be included. In response, it was advised that a glossary could be produced and referring to the whole system, the Service Director for SEND and Family Solutions, stressed the importance to remember the need to not only engage with services and professional who work with children, but the need to also engage with services and professionals who work with adults as they ultimately work with the parents of children.

Resolved

- (1) That the recommendations, set out in the key asks of the Board/wider system, be noted.
- (2) That the recommendations seeking the Board's approval for the 2023-2024 Action Plan for School Readiness, as set out in Appendix 1, and approval of a set of shared School Readiness impact measures KPIs for whole-system monitoring, as set out in Appendix 2, be presented to a future meeting of the Board for consideration.

(e) Joint Health, Wellbeing and Inequalities Strategy 2023-28 – Action Plans

Reducing Circulatory Disease Deaths Action Plan

The Board received a joint report of the Acting Director of Public Health and Wellbeing and Dr D Jenkins, Associate Director, Pharmacy and Clinical Divisional Director, Pharmacy and Health Management, Dudley Integrated Health Care (DIHC) advising the Board on current progress on the action plans for reducing circulatory disease deaths, including inequalities.

Dr D Jenkins presented a graph to the Board which examined the gap in life expectancy between the most and the least deprived parts of the population, and it was noted that the gap for males averaged just over seven years, and females just over six years. Although this was reducing, life expectancy had also reduced since the pandemic.

The four main causes of death were noted, namely, respiratory, cancer, circulatory, and covid, with circulatory being accredited for the biggest proportion of deaths. Referring to deprivation, it was noted that there was a clear relationship and influence between deprivation and the wider determinates of health and mortality rates.

The 2023-2028 action plans were then presented which included the long-term objectives, related to the environment and around the more preventative actions, such as, monitoring and improving air quality, and reducing the availability or sale of illegal tobacco and vapes and the short-term objectives, related to lifestyle choices and predominately around health care interventions, such as, healthier food choices, increasing physical activity, and increasing detection and management of hypertension.

Reference was then made to inequalities, noting that people with severe mental illness tended to have a twenty-year shortened life expectancy, and when looking at circulatory disease mortality rates, it was noted that it was three times higher in this population compared to the general population.

In conclusion, reference was made to enablers and supporters, which included co-location of services, particularly to provide greater convenience and engagement with disadvantaged communities, communications with patients, public and professionals, and educating the public and professionals. The establishment of a Circulatory Disease Board was noted, with two groups which would sit under the Board, one which would focus on the preventative elements, led by the Acting Director of Public Health and Wellbeing and the other, which would focus on health interventions, which Dr Jenkins would lead. The importance of creating the right partnerships was then noted, linking in with system level work to drive these issues forward.

In response, the Acting Director of Public Health and Wellbeing advised that the group would focus on addressing the root causes of the difficulties to adopt healthier behaviours. It was advised that a Mental Health and Wellbeing Needs Assessment was being commissioned and a basket of tools would be produced to enable self-help in maintaining and improving emotional resilience and mental wellbeing, linking the wider determinates of health, for example, poverty and childhood obesity, with the need to work on food affordability and improving skills so that parents could afford healthy food for children. The suggestion raised earlier in the meeting in relation to introducing a series of podcasts on the HWBB website was again proposed. It was anticipated that the Needs Assessment would be concluded by 2024 and reports would be presented to the HWBB in relation to its progress.

In response, the Independent Adult Safeguarding Board Chair, questioned the need to emphasise the link between not tackling circulatory disease and the risk of developing dementia. In reply, Dr Jenkins acknowledged that uncontrolled hypertension was a key factor in the development of dementia and cholesterol control in terms of vascular dementia. It was proposed that this issue be discussed further with the possibility of adding an extra section to the plan to address this issue.

In response, the Head of Adults and Public Health advised that it was planned that a 'deep dive' of circulatory disease and breast cancer screening would be undertaken at the next meeting of the Board where detailed scrutiny of all the actions could be undertaken.

In response, the Chief Executive Officer DCVS, welcomed the action plan but reminded the Board that the plan was being implemented at the worst

economic time where people were resorting to extreme measures to survive, and the issues discussed would take significant time to embed.

Resolved

That the information presented, and comments made by Members, be noted.

More Women Screened for Breast Cancer

A joint report of the Head of Healthcare Public Health and J Essex, Dudley, Wolverhampton and South West Staffordshire Breast Screening Program Manager was presented, updating the Board on the progress made on the action plans for improving breast cancer screening coverage.

S Cleary presented an update which included pre and post pandemic impact on coverage noting that in 2010 the Borough were meeting all England average or slightly above. However, during the pandemic, coverage had fell significantly and more importantly, had fallen below all England average. It was noted that the first goal was to improve screening to at least pre-pandemic levels. This issue had already been identified and work had been undertaken and the current position stood at around 77% of coverage in Dudley. It was acknowledged that some of the data shown on the graph was slightly out-of-date, and it was anticipated that by next year levels would be back to pre-pandemic.

Reference was then made on how the service intended to achieve the actions in the action plan, which included: increasing community awareness on breast cancer, to identify cancer screening champions and care co-ordinators in primary care across the borough, improve the quality and recording of primary care data, and reducing the number of people that Do Not Attend (DNAs) or reply to letters.

Reference was made on how the service planned to reduce the health inequalities gap between the highest and lowest performing Primary Care Networks (PCNs), which included: enhancing breast cancer screening in more disadvantaged areas, through provision of services closer to communities where uptake of screening had been low, and improving the invitation process for eligible women who were yet to attend an appointment and women with physical, mental health and learning disabilities.

Arising from the presentation, the Vice-Chair thanked the officer for an informative presentation and commented on the success of already being back to pre-Covid levels but acknowledged the inequality levels that needed to be improved. Referring to the care co-ordinators mentioned in

the presentation, the Vice-Chair proposed that screening levels be expanded to include all cancers that are screened and not just breast cancer. In response, S Cleary advised that currently two PCN's had care co-ordinators in place, with one other expected to take on the role shortly, and the need to encourage the other three PCNs to become involved. It was advised that meetings would be held with the PCN Clinical Directors to discuss how to develop this area going forward and ensuring that cancer support champions were in place at all GP practices as was the position pre-Covid.

In response to a question raised by the Independent Adult Safeguarding Board Chair, in relation to the offer of screening to those over the age of 71 years, the Vice-Chair stated that those over the age of 71 years would not be able to participate in the screening programme, however, they could be referred by a GP to the Breast Clinic if it was felt necessary.

Resolved

That the information presented, and comments made by Members, be noted.

47 **Items for Information:**

(a) **Right Care Right Person**

Chief Superintendent K Madill, West Midlands Police, presented to the Board on the Right Care Right Person Project, and in doing so, referred to the media coverage of this issue that had raised some concerns and the opportunity to reassure the Board on the outcomes of the project that West Midlands Police would be targeting but in a partnership model.

It was advised that the Right Care Right Person was a partnership model which focused on arranging the right professional with the right expertise to members of the community. The current system in operation in responding to calls received by the Police was presented, and reference was made to systems currently in operation, such as street triage, clinicians in Police control rooms, and multi-agency hubs, although acknowledging that these were not available in every section. Reference was also given to the length of time Police were currently spending in Emergency Departments having arrested someone under Section 136 of the Mental Health Act.

It was noted that the Police would currently attend for issues such as, welfare checks, suicidal ideation, self-harm and emotional distress. However, subject to work that had been undertaken in Humberside, and

subject to national agreement between NHS England, The Department for Health and Social Care, the National Police Council amongst others, Police would only focus on where there are Article 1 and 2 issues in terms of right to life, under the Human Rights Act, and where there was a serious risk to immediate harm.

Arising from analysis that had been undertaken in the West Midlands to ascertain whether this was an issue, it was noted that the Police attend approximately four thousand calls per month that they would not attend should they apply the Right Care Right Person principles.

Five key phases that the Police would move through with partners to develop the project were then presented. It was advised that WMP had been working on the project for approximately a year, which had included some stakeholder engagement, and it was noted that currently Force Contact colleagues, those who take telephone calls, were receiving training, and a policy had been developed to explain the process.

An example of a call that the Police had received was then presented in relation to a concern for welfare from a child in a care home and the outcome of the issue which had been attended by the Police.

It was emphasised that when attending calls, Police try to problem solve and it was noted that from arrests made under Section 136, 50% of people that had been detained received no further treatment. It was also emphasised that Police sit in emergency departments or places of safety with the person detained, in uniform which can, therefore, give the person detained a criminal appearance, on average eleven hours.

Acknowledgement was given to people who had been working on the project, which included: Referral Pathways, noting that work had been undertaken with colleagues in the Public Protection Unit which had always been available to front-line staff, however, call takers would now be trained in its use as well as trauma informed awareness, and a Vulnerability Hub would be developed which would include mental health tactical advisers from a policing perspective, along with missing from home experts, and it was anticipated that this would be opened up to partner agencies from an information sharing perspective.

It was advised that this presentation had been delivered across the West Midlands and specific reference was being made to the Dudley Model around social prescribing, which had been extremely successful, and it was questioned when looking at referral pathway options, whether there was a way to share the money that was available from the NHS with police colleagues, as a joint enterprise going forward with this agreement.

Reference was made to the procedure that would be followed if the Right Care Right Place was implemented, which would result in calls in relation to welfare checks, suicidal ideation, self-harm and emotional distress, being referred for a health response and calls received in relation to a serious risk to harm would be responded to by the Police.

In conclusion, it was advised that an Inaugural Strategic Board had been held recently which had been attended by Acute Trusts, Mental Health Trusts, Integrated Care Boards, Local Authorities and the Ambulance Service, where it had been recognised that this was not a single service or organisation response, and a huge commitment had been given to work collaboratively to understand the current care response and to ensure the safety of the communities within the West Midlands as the Right Care Right Person initiative was implemented.

Members were asked to consider the initiative locally in terms of the commissioned pathways and services available and reference was made to the Partnership Vulnerability Officer available in Dudley Police Station where some of the referrals that did not require an urgent response would be dealt with by using the services available to match the person with the right professionals.

Arising from the presentation, the Vice-Chair expressed thanks to the Chief Superintendent for such an informative and reassuring presentation having heard the recent headlines that the Police would no longer attend these incidents going forward.

The Acting Director of Public Health and Wellbeing advised that the authority would be working on a Poverty Strategy and Action Plan, and she would be keen to link the Prevention agenda to this agenda so that everyone would know when and who to make referrals to. In relation to welfare review, reference was made to the cost-of-living hubs and one-stop shops and the need to also link in these areas of work.

In response to a request raised by S Brooks in relation to the mental health training that had been given to Police call handlers, Chief Superintendent Madill advised that the training was policing specific and would not be suitable for the authority's operatives. Referring to the proposed changes, reassurance was given to the Board that the support given by the Police in terms of child and adult safeguarding, would remain the same as present.

Speaking on behalf of K Wilson who had left the meeting, K Rose referred to the Dudley Health and Care Partnership Board and advised that K Wilson would present further to the HWBB on how a co-ordinated response was given at a local and system level.

Resolved

That the information presented on Right Care Right Person, and comments made by Members, be noted.

(b) Evaluation of the Joint Health and Wellbeing Care Strategy 2017-2022

The Board received a report of the Acting Director of Public Health and Wellbeing on the Evaluation of the Joint Health and Wellbeing Strategy 2017-2022.

In presenting the report, the Head of Adults and Public Health advised that the Evaluation report, attached as an appendix to the report, had now been published on the Health and Wellbeing Board website.

Resolved

That publication of the Joint Health and Wellbeing Strategy 2017-2022 Evaluation report on the Health and Wellbeing website, be noted.

47 Questions Under (Council Procedure Rule 11.8)

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

Meeting ended at 6.10pm

CHAIR

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 6(a)

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

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

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

Contact officer details

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



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

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

Core Purpose

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

Role

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

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

Board Member Roles

3.1 Board members will:

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

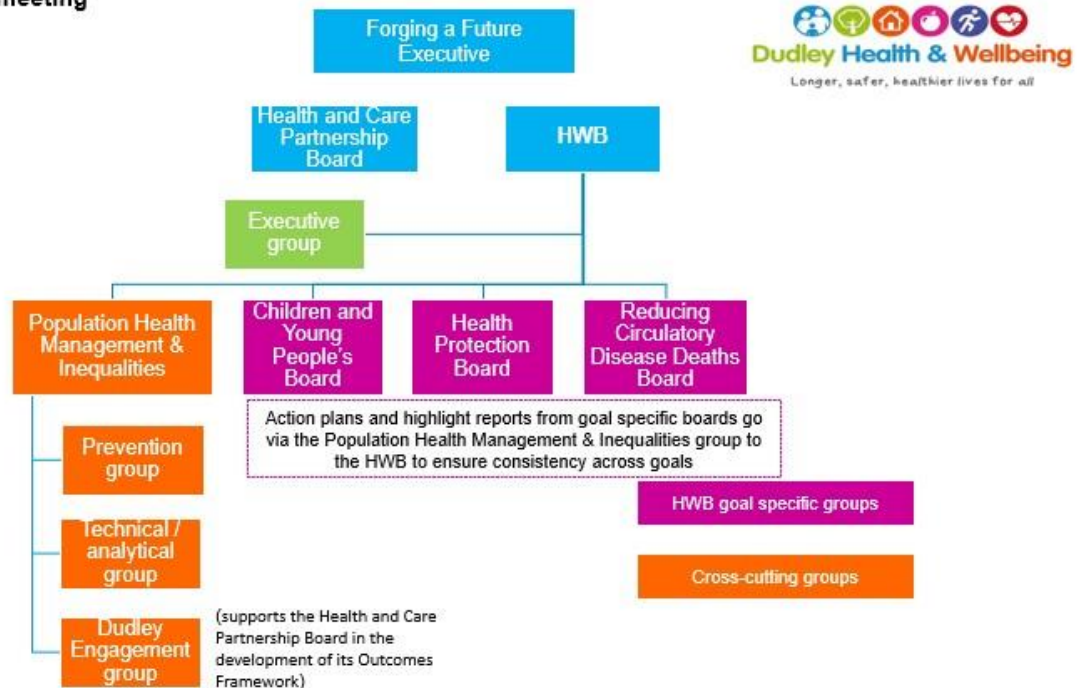
Governance and Accountability

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

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

Diagram 1

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



Health and Wellbeing Board Membership

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

Organisation	Role
Dudley MBC	Cabinet Member for Health and Wellbeing (Chair)
	Cabinet Member for Adult Social Services
	Cabinet Member for Children and Young People
	Cabinet Member for Housing

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

- 5.2 The Board can co-opt additional members on a temporary or permanent basis, with agreement of Board members. Other colleagues will attend by invitation of the Chair or Vice Chair in relation to specific agenda items.

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

Meetings of the Board

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

Decision making

- 7.1. In the exceptional circumstances where decisions cannot be reached by consensus, voting will take place, on a 1 member, 1 vote basis.
- 7.2 The Board is entitled to make recommendations to any relevant decision maker on matters falling within its terms of reference. The Board may make recommendations on:
 - policies and strategies
 - the way funds are allocated
 - allocation of pooled and other funds as they become available
 - the realignment of resources where there is evidence that services are not contributing to the improvement of health and wellbeing outcomes for the Dudley population.
- 7.3 Commissioning decisions will only be taken when each commissioning organisation providing funds is present or has previously conveyed their agreement to the Chair.

Quorum

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

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

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

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

Quality Assurance, Outcomes and Performance

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

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

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

Amendments to the Terms of Reference

10.1 The Director of Public Health and Wellbeing, in consultation with the Leader of the Council, the Cabinet Member for Public Health and Wellbeing and the Lead for Law and Governance be authorised to amend the Terms of Reference of the Board in accordance with wishes expressed by the Board.

Resources and Support

11.1 Democratic services will provide support to the Board with an officer and provide minute-taking and distribution of the agenda and associated papers.



11.2 The Health and Wellbeing Policy Officer in the Public Health and Wellbeing Directorate will support the coordination of the work programme for the Health and Wellbeing Board.

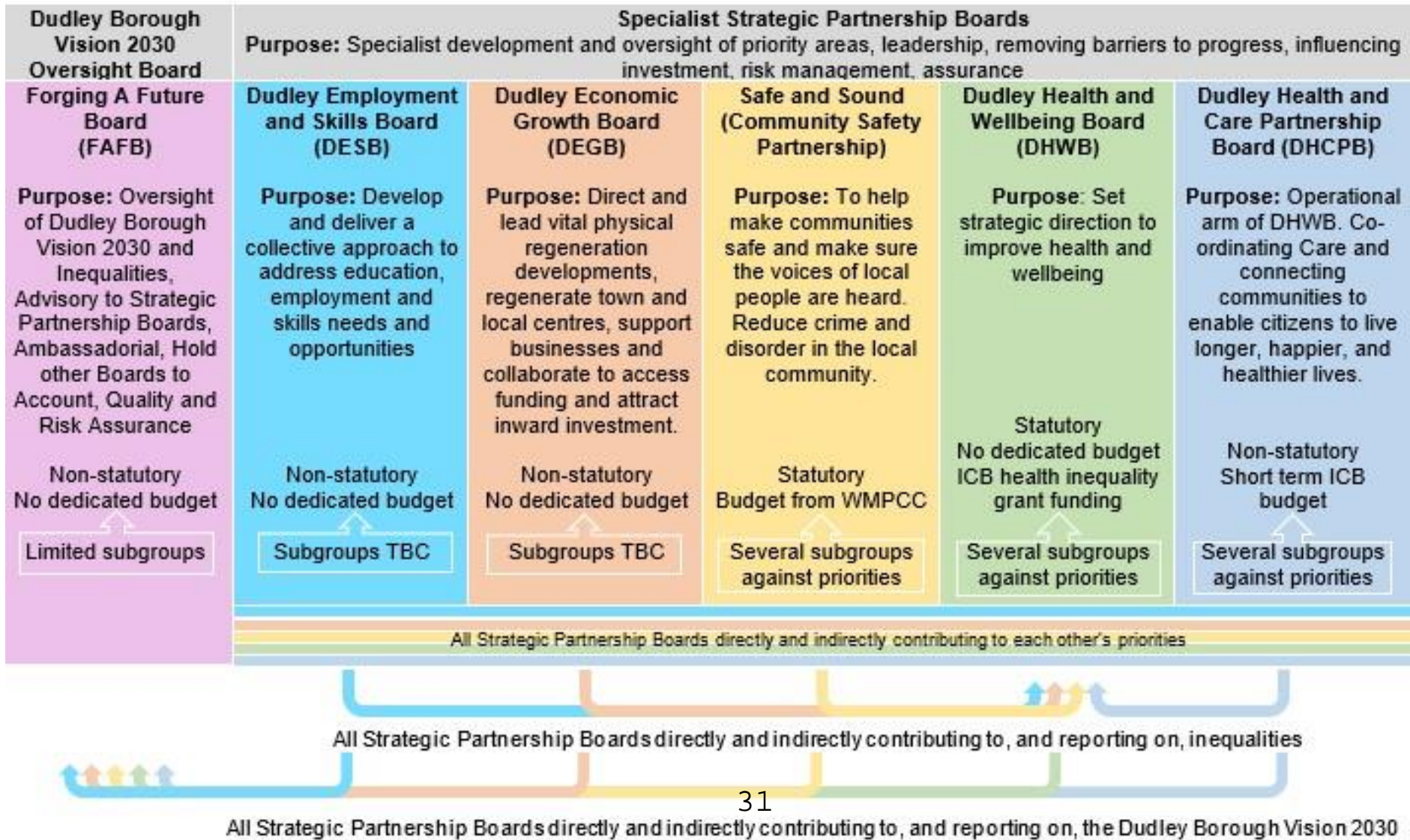
Code of Conduct and Declarations of interest

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

Reporting Mechanisms

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

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



DATE	14 th December 2023
TITLE OF REPORT	Reducing deaths due to circulatory disease – A deep dive
Organisation and Author	Dr Duncan Jenkins – Dudley Integrated Health and Care & Shelagh Cleary – Dudley MBC Public Health
Purpose	To provide a deep dive into the action plan for reducing deaths due to circulatory disease in Dudley.
Background	<ul style="list-style-type: none"> • Circulatory disease is the biggest cause of premature deaths accounting for the difference in life expectancy between the most and least deprived populations in Dudley. • There is a clear relationship between deprivation and mortality from circulatory disease. • A combination of lifestyle and environmental factors (closely associated with deprivation) contribute to the risk of premature death from circulatory disease. • Other populations such as those of South Asian or African Caribbean ethnicity and those with severe mental illness are at higher risk of CD than the general population.
Key Points	<ul style="list-style-type: none"> • A broad action plan has been written consisting of a combination of long and medium/short term objectives, wider determinants, and ‘up-stream’ and ‘down-stream’ interventions. • Delivery of the action plan will require the combined efforts of both Dudley Council and local NHS, with support from other stakeholders such as commissioned lifestyle service providers and voluntary sector.
Emerging issues for discussion	<ul style="list-style-type: none"> • Development of integrated approaches to community engagement and public education. • Development of plans for engagement with specific disadvantaged communities where circulatory disease mortality is high.
Key asks of the Board/wider system	<ul style="list-style-type: none"> • Dudley Council are asked to consider the potential impact of policies and practice on environmental, social and lifestyle factors relevant to the cardiovascular health of the population. • Health care providers are asked to prioritise interventions which impact on risk of CD within the population.

<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<ul style="list-style-type: none"> • The focus of the report is the action plan to reduce deaths from circulatory disease.
<p>Contribution to Dudley Vision 2030</p>	

Contact officer details

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Reducing deaths due to circulatory disease – A deep dive

1. Introduction

This paper supports a ‘deep dive’ into the plans to reduce mortality from circulatory disease in the Dudley population. It should be read alongside the previously produced action plan (this can be found [here](#) on pages 68-94). A background into the selection of the priority by the Health and Wellbeing Board is provided, followed by a position statement and plans for each objective, with accompanying data where applicable.

2. Background

2.1. Definition of circulatory disease

Circulatory disease (also referred to as cardiovascular disease) includes coronary heart disease (for example heart attacks and angina), heart failure, stroke, vascular diseases, problems with heart rhythm, high blood pressure and its consequences and diseases of the heart valves.

2.2. Mortality from circulatory disease in Dudley

The Black Country has one of the highest rates of mortality from circulatory disease in the country. Dudley is in the best position of the 4 places, though still lies slightly below the top 1/3rd of all local authorities (see table 1).

Area	Deaths from circulatory disease, under 75 years, standardised mortality ratio (2016-2020)	Rank out of 309 local authorities
England	100	
Wolverhampton	151.34	4
Sandwell	148.53	7
Walsall	131.07	28
Dudley	107.15	104

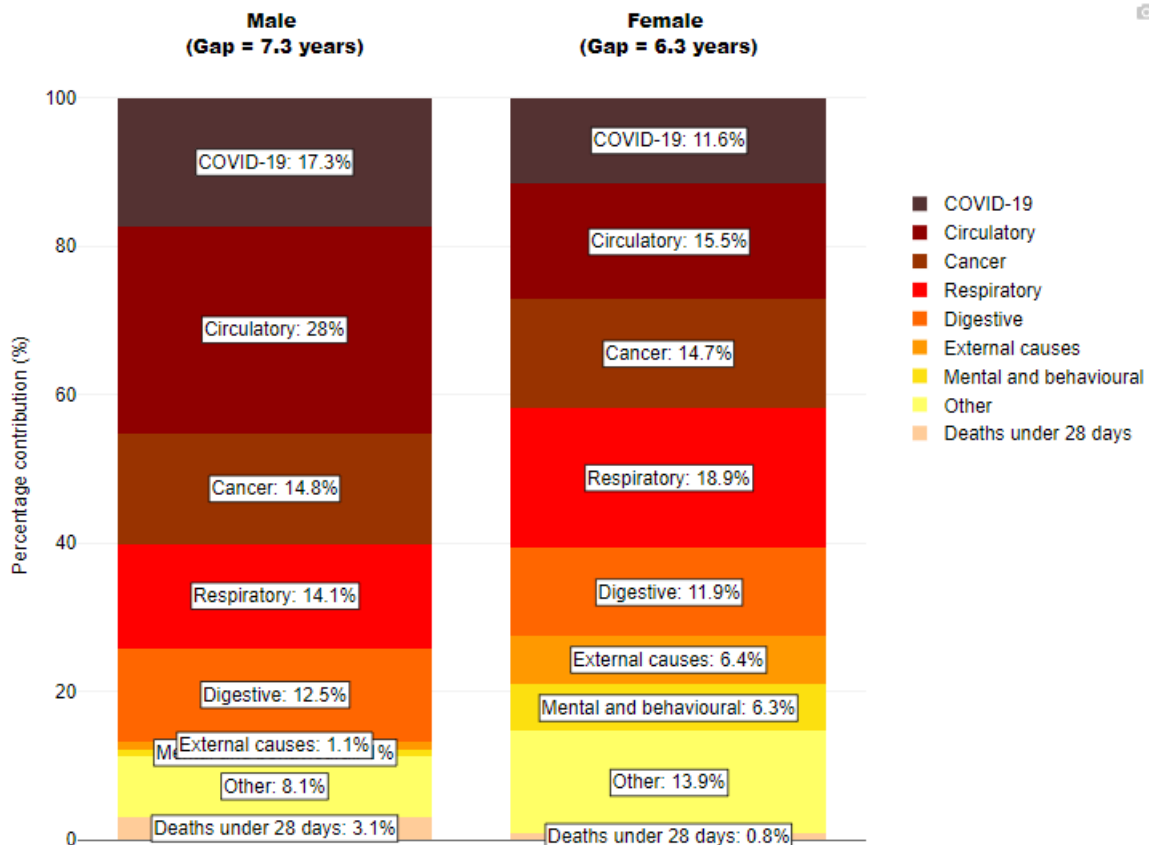
Table 1. Circulatory disease mortality rates in Black Country Local Authorities¹

¹ These mortality rates are indirectly standardised. This is calculated by calculating the number of deaths expected based on age and sex distribution if they occurred at the same rates as those of England. The ratio is then calculated by dividing the number of deaths observed by the number expected and multiplying by 100. Dudley’s mortality rate of 107.15 is therefore higher than that expected (if it was the same as England) by 7.15%.

2.3. Deprivation and mortality rates from circulatory disease

When differences in life expectancy between most and least deprived areas of Dudley are considered, circulatory disease is the biggest cause of death, followed by cancer, respiratory disease and COVID-19 (See 'scarf plot', figure 1.)

Breakdown of the life expectancy gap between the most and least deprived quintiles of Dudley by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Figure 1. Scarf plot for life expectancy gap in Dudley residents.

When examined at electoral ward level, there is a clear relationship between deprivation (measure by index of multiple deprivation – a parameter derived from the census) and deaths from circulatory disease (see figure 2). This relationship is stronger when premature mortality from circulatory disease is examined by deprivation (see figure 3 showing relationship between deprivation and mortality rates from CIRCULATORY DISEASE in under 75s). This is consistent with circulatory disease being the biggest cause of death explaining the difference in life expectancy shown in figure 1. Comparison of mortality rates by electoral ward is provided in figure 4.

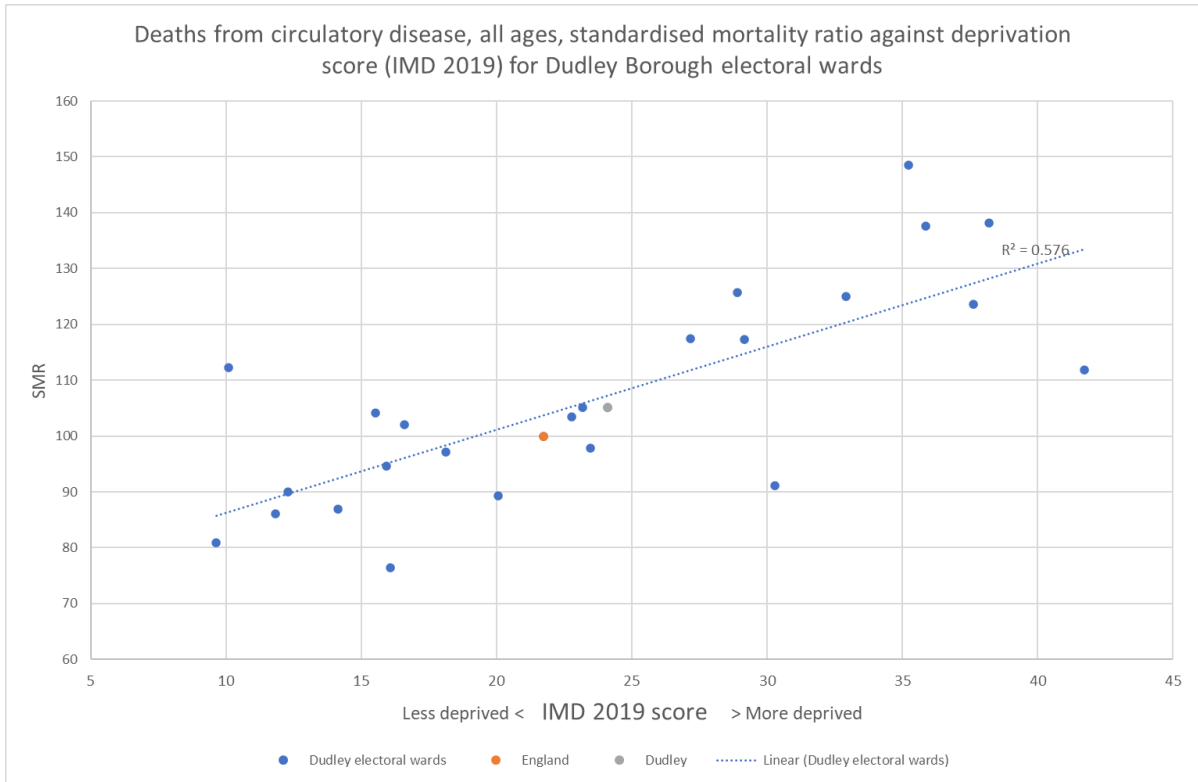


Figure 2. Relationship between deprivation and deaths from circulatory disease.

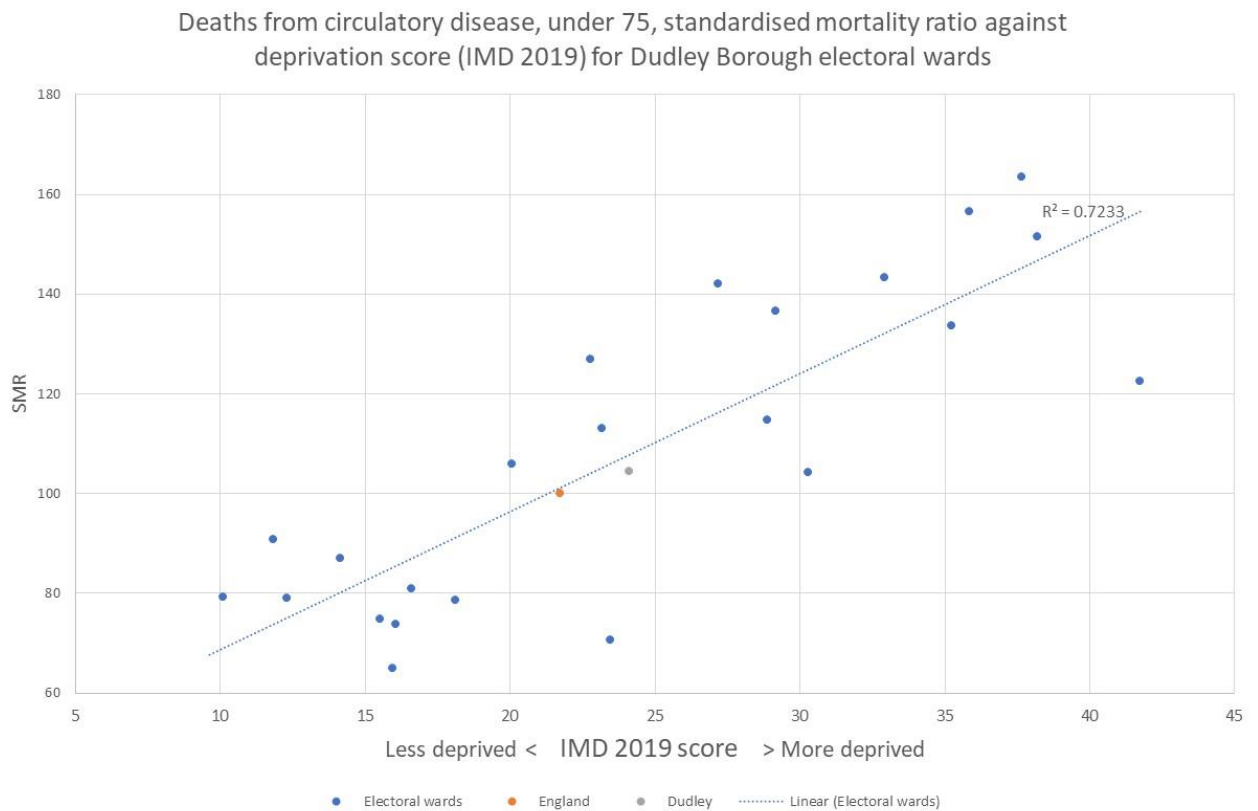


Figure 3. Relationship between deprivation and deaths in under 75s from circulatory disease.

Deaths from circulatory disease, under 75 years, standardised mortality ratio 2016 - 20

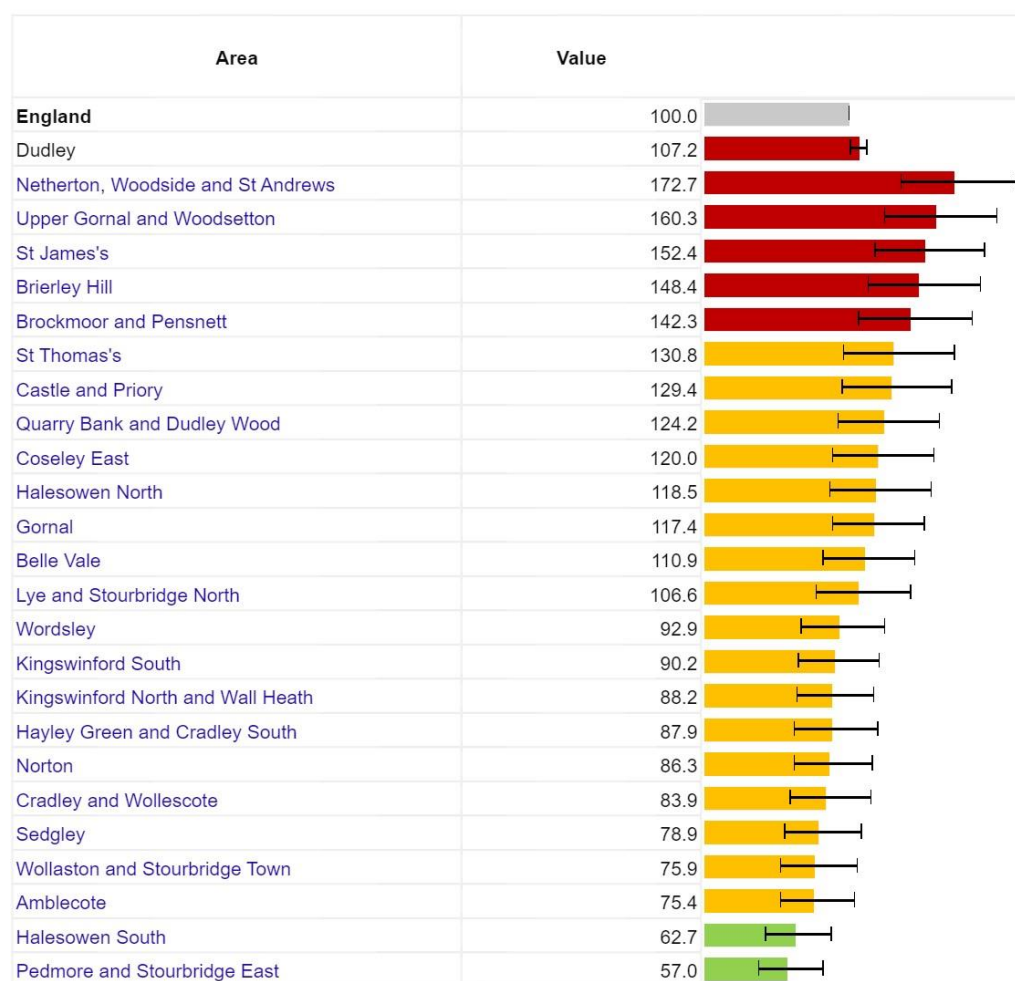


Figure 4.

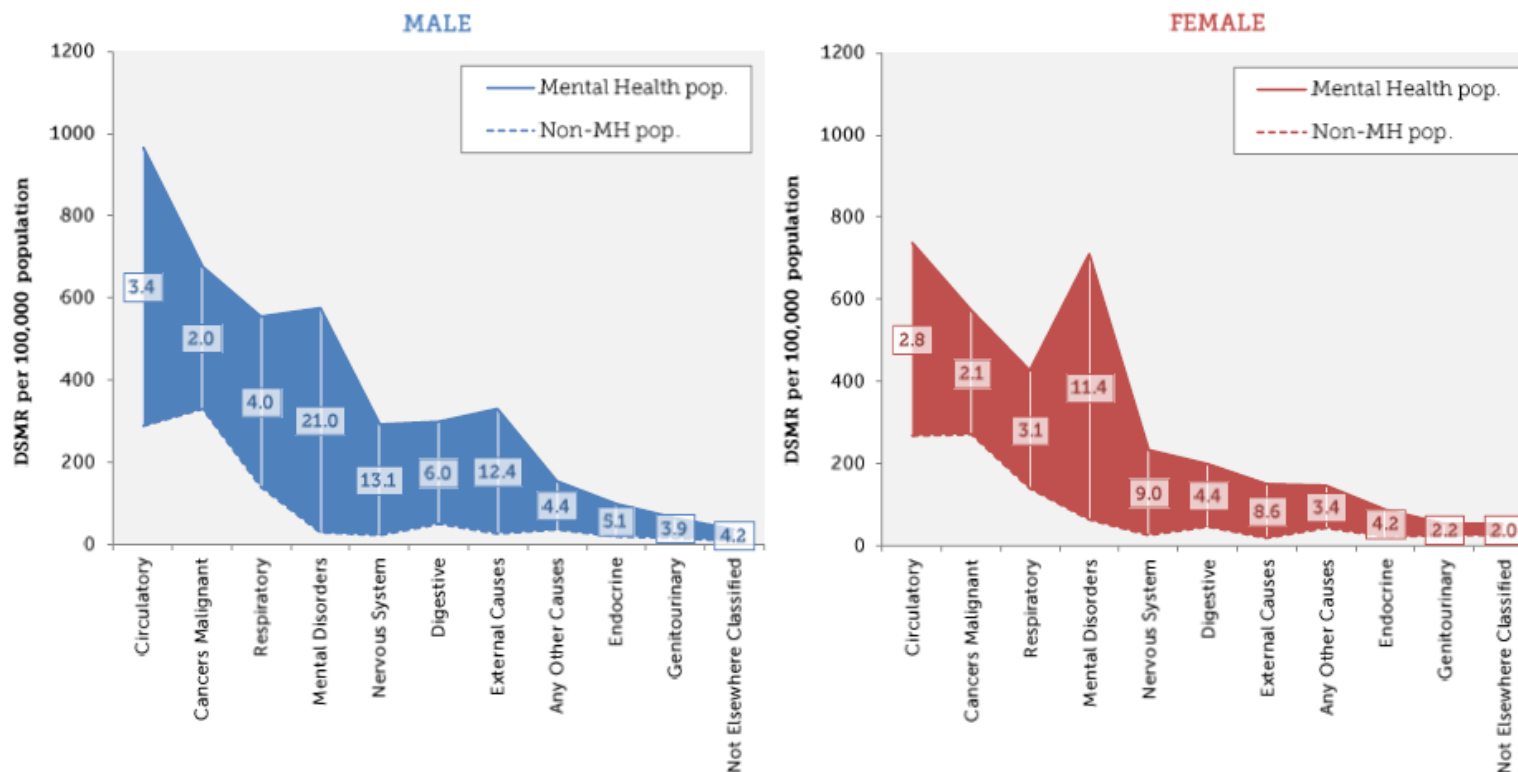
2.4. Other inequalities.

Deprivation is the element of health inequalities that is easiest to measure across the Borough. However, evidence demonstrates that other segments of our population are disadvantaged. When ethnicity is considered, minority ethnic populations generally have higher risk of developing circulatory disease and diabetes than white British populations (see table 2).

	South Asian	Indian	Pakistani	Bangladeshi	Black	Black African	Black Caribbean	Chinese
IHD or CVD	Higher risk	Higher risk	Higher risk	Higher risk	Lower risk	Lower risk	Lower risk	Lower risk
Stroke	Higher risk				Higher risk	Higher risk	Higher risk	
Stroke or TIA		No difference	Higher risk	Higher risk		No difference	No difference	Lower risk
Diabetes	Higher risk	Higher risk	Higher risk	Higher risk	Higher risk	Higher risk	Higher risk	

Table 2. Risk of developing circulatory disease and diabetes in minority ethnic populations compared to white British (Commission on Race and Disparities, 2021).

Directly Standardised Mortality Rate* per 100,000 population over 15yrs | mental health and non-mental health cohorts | by gender and cause of death | 2012/13 to 2014/15 pooled



* Rates standardised using the total England reference population normalised to 100,000. Source, ONS mid-year population estimated, 2012-2014 pooled.

NB. The values across the middle of the chart indicate the rate ratio of mortality rates between mental health service users and the rest of the population e.g. DSMR for circulatory disease is 3.4 times higher in the male mental health service user population.

Figure 5.

Figure 5 shows the difference in mortality rates between mental health service users and the rest of the population in the Black Country; there is a 3.4 times higher mortality rate from circulatory disease in this population. Although rates in Dudley are lower than other parts of the Black Country, this inequality is still a cause for concern.

In terms of gender inequalities, mortality rates from circulatory disease in Dudley males are significantly higher than that for England. Although those for Dudley females are higher than those for England, this difference does not reach statistical significance. This suggests that males in Dudley are impacted more by circulatory disease than females. However, the British Heart Foundation have also flagged inequalities in care provision where women experiencing heart attacks receive inferior care to that provided to men.

2.5. Circulatory disease risk factors

Risk factors for circulatory disease are well documented and are shown in figure 6. Most are modifiable, with diet, smoking and hypertension being the leading causes of premature death. Clearly these are also risk factors for other diseases including cancer, respiratory disease and diabetes. Furthermore, circulatory disease is frequently accompanied by other vascular and metabolic co-morbidities such as chronic kidney disease, diabetes and vascular dementia.

Risk factors of CVD

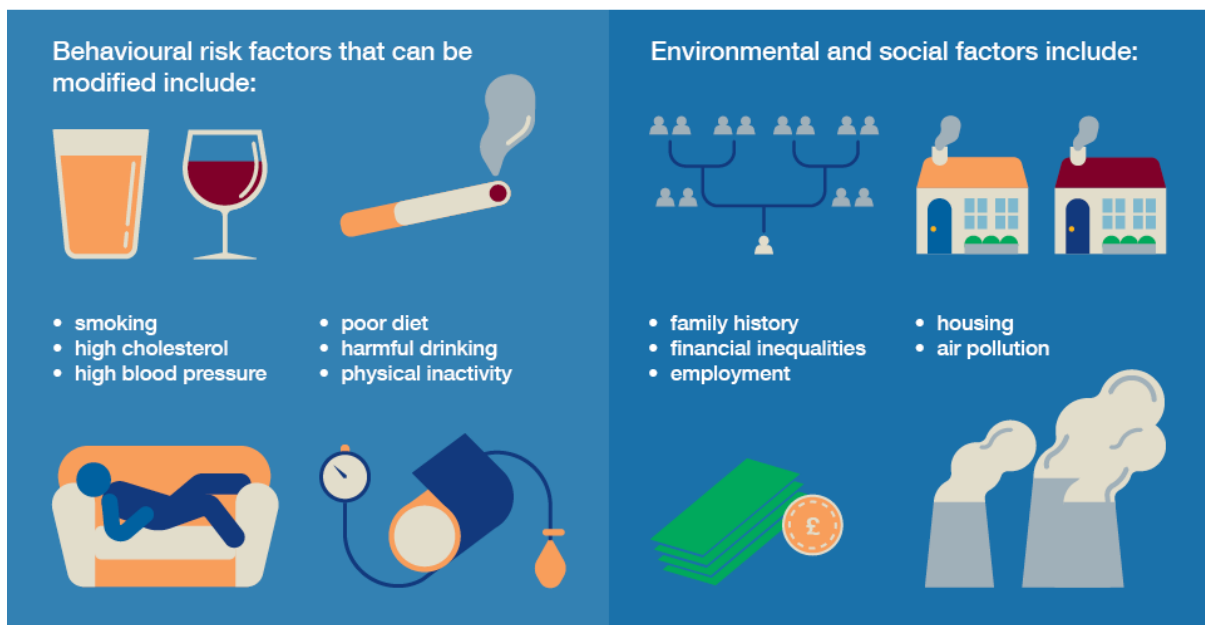


Figure 6.

While lifestyle factors have an obvious impact on CIRCULATORY DISEASE, these are in turn impacted on by social and environmental factors such as income, employment and educational attainment. It is therefore important that the wider determinant of health are included in any longer term plans to prevent and reduce mortality from circulatory disease.

3. The Dudley plan for reducing circulatory disease mortality.

Reducing circulatory disease deaths Action Plan – 2023-2028		
Long term objectives		
Improve active travel availability/uptake	Use of Town Planning and regeneration	Inequalities <ul style="list-style-type: none"> • Deprivation • Severe mental illness • Ethnicity
Improve the use and availability of green and blue space	Reduce the availability or sale of illegal tobacco / vapes	
Monitor and improve air quality	Monitor and respond to noise complaints	
Short to medium term objectives		Enablers / supporters
Healthier food choices	Increase detection of hypertension	<ul style="list-style-type: none"> • Co-location • Communications • Contracts • Policy review • Evidence review • Education • Learning system • Data • Outcomes • SMART objectives • Governance • Partners
Increase physical activity	Improve blood pressure control	
Decrease unhealthy lifestyle choices	Increase statin use in patients with CD	
Wider determinants of health	Improve cholesterol control in CD	
Offer community support for people who stop smoking in hospital.	Increase triple control in diabetes	
Increase impact of Healthy Heart Hubs	Increase physical health checks for people with severe mental health illness	
Better targeting of health checks		

Figure 7. Summary of Dudley action plan to reduce circulatory disease mortality

A summary of the Dudley action plan is provided in figure 7. The plan consists of a balanced range of objectives which cover short to long term objectives, direct actions of health care services, life-style interventions and addressing environmental and wider determinants of health. This is not a complete inventory of objectives which may impact on the overarching objective, but focusses on where collaborative efforts are required to address objectives, where biggest impact is likely and where Dudley is in a worse position than that of England.

4. Approach to inequalities

The main focus with respect to inequalities is deprivation, mainly due to availability of accurate data. It is also evident that deprivation will eclipse aspects such as ethnicity and severe mental illness. However, interventions are still being developed which are mindful of higher mortality rates and risks within specific disadvantaged populations and wherever possible data analysis and insight should encompass more than deprivation alone. Where community-based interventions are considered, geography-based data relating to mortality rates and deprivation (where there is a very well-established relationship) will guide targeting of activities. In health care provision, the relationship between performance, deprivation and poor health outcomes is less well-defined, due to the complex interaction of environmental and social factors; health care performance has only a limited although not insignificant impact on mortality rates. The approach here consists of 2 dimensions. Firstly, focussing more effort on disadvantaged populations with high mortality rates and secondly segmenting practices according to deprivation within the population and performance by the practice, with more support provided to those practices with both high deprivation and lower performance. Further scoping is also ongoing to understand inequalities with respect to ethnicity, mental health and gender.

5. Long-term objectives

5.1. Active travel

The Active Lives data shows that Dudley has a higher level of inactivity compared to the Black Country average and to the England average. It also shows a steady increase year on year from 2015.

Active travel in Dudley looks at how we can promote alternatives to car use, with the new Metro in mind, the use of cycling and walking routes to and from metro stops and along the corridor, so that journeys can be made without any reliance on the car. This will hopefully have the added effect of reducing cars on the road to make them more appealing for cyclists.

This active travel insight work is complete, and a full report has been produced. The report makes recommendations from which an action plan is currently being developed.

5.2. Green and blue space

Work has been done on green and blue spaces in the borough to make them appealing and accessible for recreational use. The promotion of these sites is ongoing to encourage physical activity and their use for alternative travel, e.g. promoting the use of canal routes to travel to work.

5.3. Air quality

The Council has a continuing programme of monitoring air quality across the borough – this programme will inform any specific measures to reduce circulatory as well as respiratory disease.

5.4. Town planning and regeneration

Particularly to encourage physical activity, this work includes pedestrianised areas in town centres, so that they are not dominated by parked cars, encouraging them to be a safe and enjoyable place to walk. This means that these spaces are not built for car use, making them more conducive to walk around and offering places to sit and socialise. Linking the transport network makes it easier to take public transport and not rely on the car.

The assessment of town centres work included healthy high street assessments. This looks at healthy retail offers on our high streets (for food especially) and prevalence of unhealthy retail offers such as vape shops. The assessment gives a score to the high street and highlights recommendations for improvement. This work is also especially useful when deciding on planning applications, with the aim to reduce over proliferation of unhealthy retail offers. The report is currently awaited.

5.5. Illegal tobacco and vapes

The Council's Trading Standards team has been successful over the past few years in addressing illegal sales of tobacco and vapes. As well as evasion of tax levies, these products are often sourced through illegal and unregulated routes, with concerns over contaminants which potentially pose a higher risk to health than legal products.

6. Short and medium term objectives – ‘Upstream’

6.1. Lifestyle factors

Figure 8 summarises the way the recently re-commissioned Health Improvement Service Works. The focus is on Lifestyle Behavioural Modification and embedding healthy life choices, health checks, smoking cessation, advice on healthy eating, weight loss and physical activity. The service will have a particular aim to increase access to the service for those in deprived areas and those with the greatest need, i.e., those with existing circulatory diagnoses or who are at high risk of developing a circulatory condition.

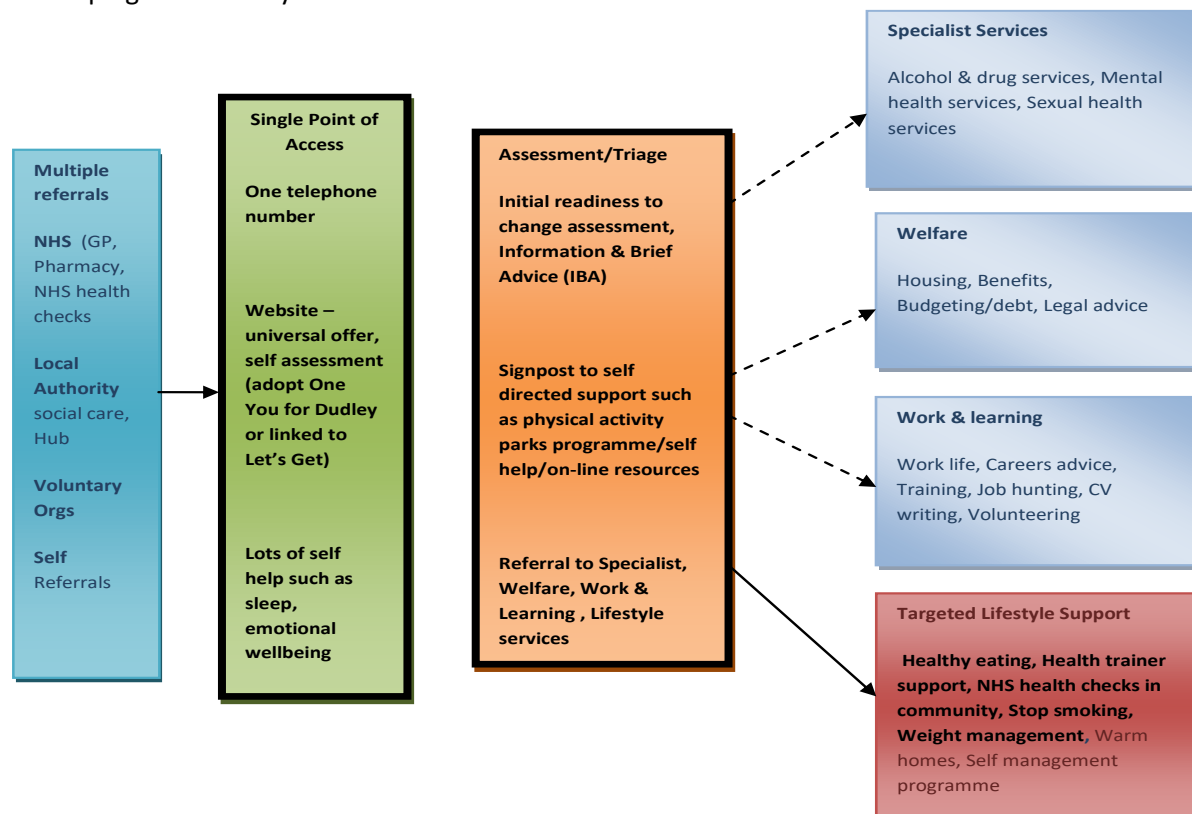


Figure 8. The delivery model for the Dudley Health Improvement Service

The service will include:

- Education and support to service users who are on the Tier 2 weight management service via a 12-week programme.
- Family Wellness – Supporting children and young people to establish healthy lifestyle habits will help improve their future wellbeing and reduce the risk of disease in later life. A key focus of the service will be to provide free and personalised support to children and young people and their families to help them make positive changes to their lifestyle.
- Education and empowerment of healthy eating at community events.
- Physical activity awareness and signposting to initiatives around the borough, with additional support from the ‘Let’s Get Moving’ publicity campaign.

- A referral route for hospitals inpatients who are interested in behaviour change who will then be offered a menu of health improvement of options including weight management, smoking cessation, alcohol brief advice and physical activity.

6.2. Increase impact of ‘Healthy Hearts Hubs’

The Healthy Heart Hub work aims to provide a community venue to reach residents who do not normally access health by visiting their GP practice, and who feel more motivated to access health in a non-clinical setting in their community.

The Healthy Heart Hubs are operating pilots across the borough, using the evaluation to improve the offer. Once the model is fully developed, the aim would be for there to be a Healthy Heart Hub event every two weeks in community venues across Dudley.

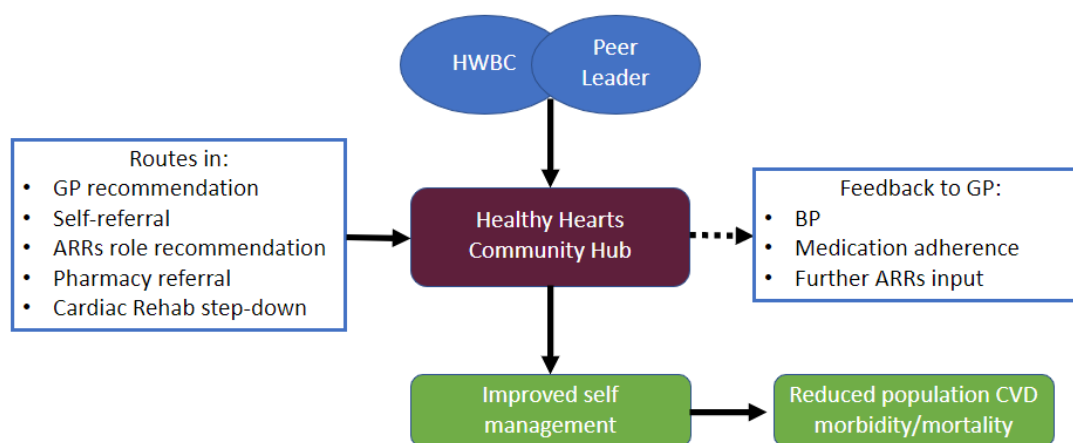


Figure 9. Healthy Hearts hub model

6.3. Better targeting of health checks

The NHS Health Checks program is a mandated service, commissioned by local authorities, that provides a five yearly lifestyle risk assessment of adults aged between 40 and 74 who do not already have a diagnosis of cardiovascular disease or are receiving medical treatment to prevent it. Dudley’s NHS health checks program has been recognised nationally as one of the better performing in the country, is viewed as a model of best practice by our peers and Dudley is represented on national advisory groups.

Most of the NHS Health Checks take place within GP practices. In Dudley during Q1 and Q2 2023/4, 96% were completed by practices and 4% by our lifestyle services provider. Practices use their IT systems to search for those who are eligible and offer them an invitation to attend for their health check, but historically uptake has tended to be better in areas of lower need which has the potential

to widen inequalities if not carefully managed. The lifestyle services provider carries out health checks opportunistically in local community venues.

One advantage of delivering NHS Health Checks through primary care is that the GP software can be used to help practices target patients more effectively, based on assumed pre-existing level of risk and deprivation. From Q1 and Q2 2023/4 data, almost 70% of all health checks completed by practices were targeted towards these groups, and of those targeted, 22% were completed on people in the highest deprivation quintile. Just in the first four months of 2023/4, this approach identified 589 people who were unaware that they had a moderate (10-19%) risk of having a serious cardiovascular event (such as a heart attack) within the next ten years, and a further 92 who were at high risk (more than 20% likelihood of a serious event without prompt treatment).

7. Short and medium term objectives – ‘downstream’

7.1. Improved detection of hypertension

Objective: Increase the GP recorded prevalence of hypertension in patients 18 years and over from 22% to 24%	
Current status: <ul style="list-style-type: none"> Recorded prevalence of 22%. Good track record for hypertension detection 	Enablers: <ul style="list-style-type: none"> Community pharmacy BP service. Healthy Hearts Hub Vaccination pop-up MECC offer GP opportunistic measurement Case-finding software Health checks
Planned activities: <ul style="list-style-type: none"> Increase home BP measurement Implement digital health checks 	Challenges: <ul style="list-style-type: none"> Community engagement Data interpretation
Requests from Health and Wellbeing Board partners: <ul style="list-style-type: none"> Commitment to LA and NHS joint working. Develop joined-up approaches to hypertension detection LA support for community engagement around BP and ‘know your numbers’. 	

Figure 10 shows GP coded hypertension prevalence against the percentage of the practice list who are over 75. This illustrates one of the challenges in interpreting prevalence data. The biggest risk factor for hypertension is advancing age, so practices with a higher proportion of older patients would be expected to have more patients with this risk factor. Taking age distribution into account is therefore helpful in identifying those practices and patient populations where hypertension is most undiagnosed. Practices with deprived populations also tend to have fewer patients over the age of 75 due to shorter life expectancy described previously.

Hypertension prevalence in patients 18 and over vs % of practice over 75 years for Dudley GPs (EMIS enterprise August 2023)

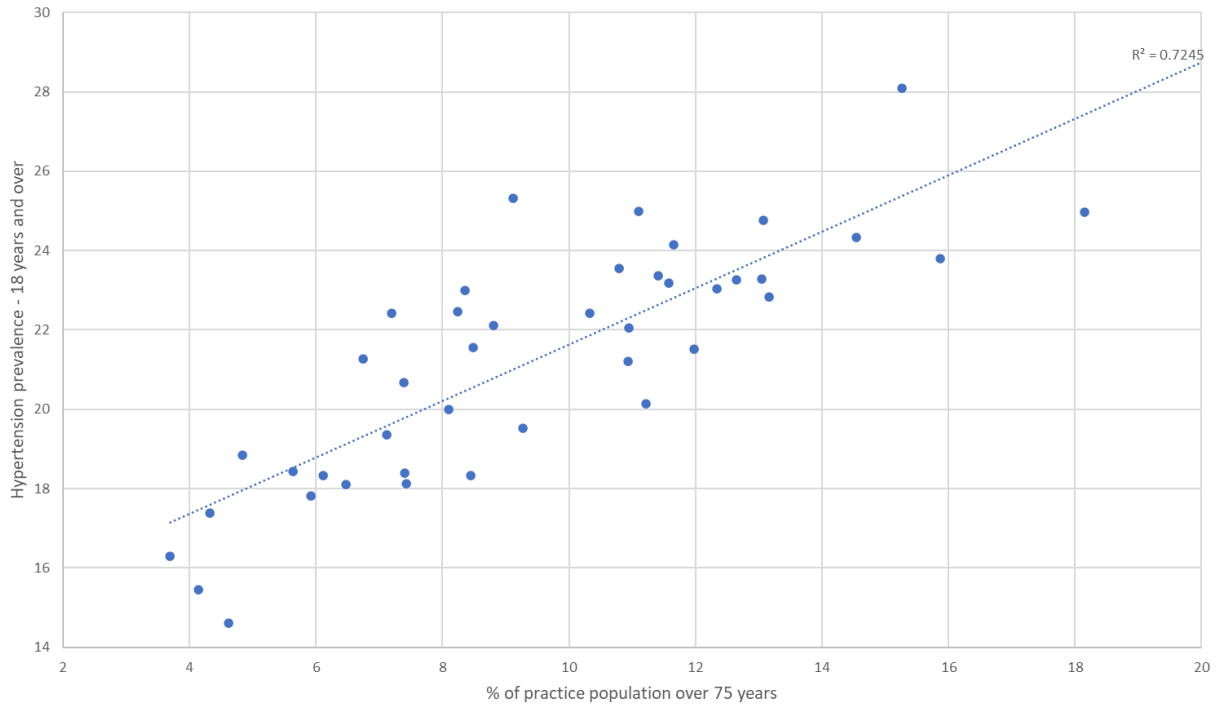


Figure 10.

7.2. Improve blood pressure control

<p>Objective: Increase the percentage of patients with hypertension controlled to age-appropriate blood pressure target from 69% to 80%.</p>	
<p>Current status:</p> <ul style="list-style-type: none"> 69% of patients to target. Lower than national position but faster movement than national. High detected prevalence presents challenges – volume and engagement. Under 80s have worse control than over 80s. 	<p>Enablers:</p> <ul style="list-style-type: none"> Clinical pharmacists undertaking medication reviews. DQOFH metrics and incentive Case-finding soft-ware. Joined up approach between diabetes. cardiovascular and renal workstreams.
<p>Planned activities:</p> <ul style="list-style-type: none"> ICB grant bid has been submitted. Primary care education. Work with secondary care to develop pathways. 	<p>Challenges:</p> <ul style="list-style-type: none"> Capacity - high detected prevalence presents challenges – volume and engagement. Tendency to control those nearer to target – ‘low hanging fruit’
<p>Requests from Health and Wellbeing Board partners:</p> <ul style="list-style-type: none"> Continued support for DQOFH. Support for pathway development for resistant hypertension. 	

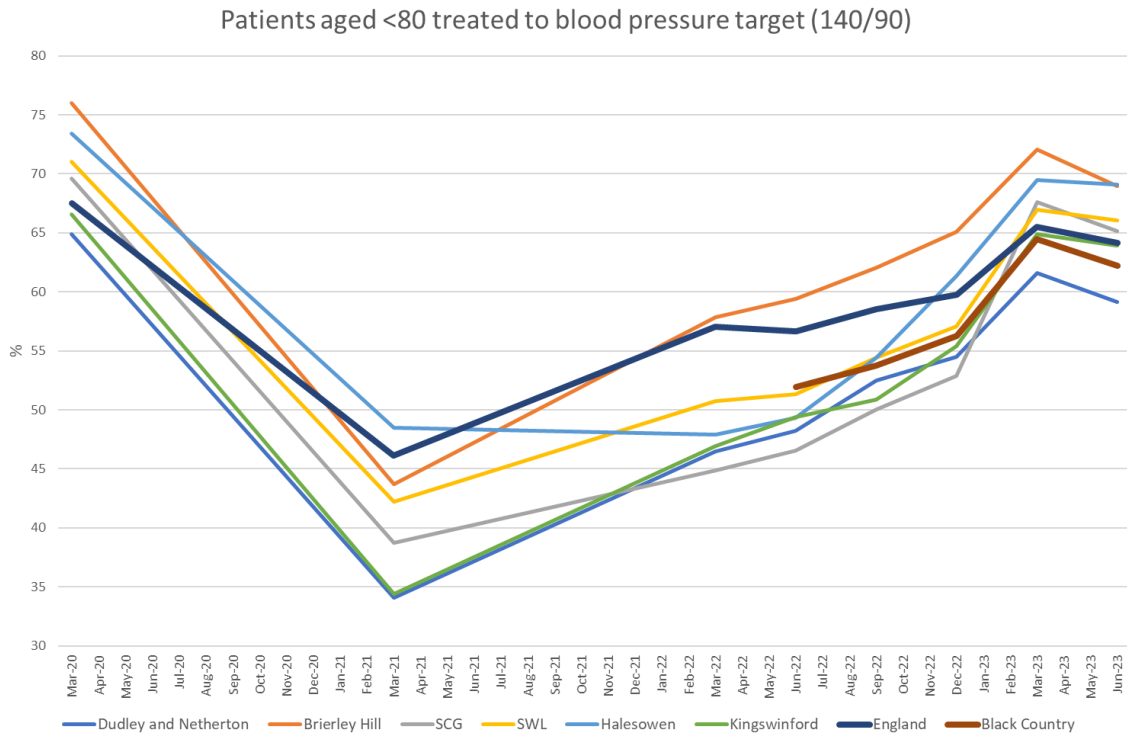


Figure 11.

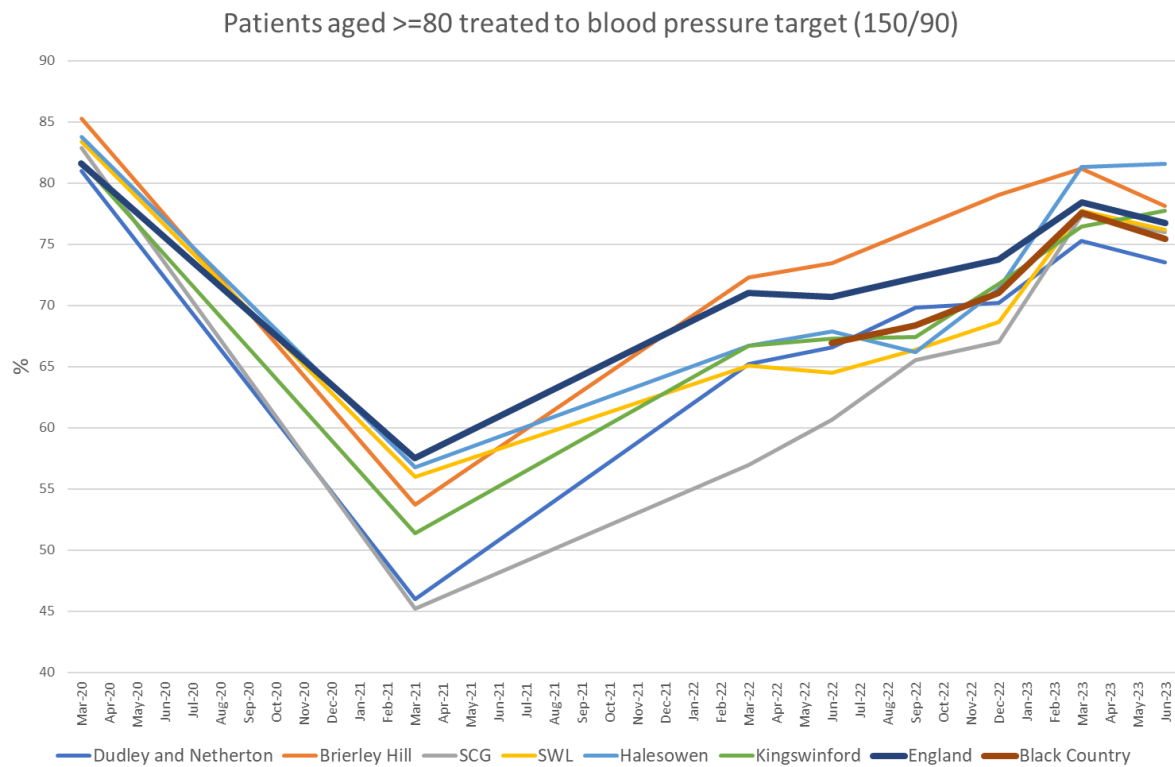


Figure 12.

Figures 11 and 12 show the time trend in the percentage of patients under 80 and 80 and over respectively treated to the age specific blood pressure target (140/90 for under 80s and 150/90 for 80 and over). The charts, which show performance by primary care network, demonstrate that although there has been some improvement or recovery following the pandemic, there is still work to be done to achieve pre-pandemic values and to achieve the aspiration of 80% treated to target withing 5 years.

7.3. Increase statin use in patients with circulatory disease and increase the number of people treated to cholesterol target

<p>Objective: Increase percentage of people with cardiovascular disease treated with lipid modifying drugs from 69% to 90%.</p> <p>Objective: Increase percentage of people with CVD treated to target cholesterol values from 32% to 35%.</p>	
<p>Current status:</p> <ul style="list-style-type: none"> • 69% of patients with circulatory disease are prescribed a statin or similar. • Below England value (82%). • 32% of patients are treated to recommended cholesterol levels. • Above England value (29%). • Higher values in patients with higher risk – eg post heart attack. 	<p>Enablers:</p> <ul style="list-style-type: none"> • ICB project to support practices in deprived areas through ‘clinical ambassadors’. • Clinical pharmacist support for pathways and clinical review. • DQOFH. • ICB prescribing incentive scheme. • Primary care education (The IMPACT scheme). • Support from chemical pathology in secondary care. • Case-finding and risk stratification software. • New medicines for lipid management.
<p>Planned activities:</p> <ul style="list-style-type: none"> • Development of more effective pathways for patients undergoing cardiac rehabilitation. 	<p>Challenges:</p> <ul style="list-style-type: none"> • Resistance to prescribe new medicines – controversies!
<p>Requests from Health and Wellbeing Board partners:</p> <ul style="list-style-type: none"> • Continued support for DQOFH. • Support for cross-sector pathway development. 	

Figure 13 shows the trend in patients with circulatory disease who are prescribed a lipid lowering therapy (for example, a statin) by primary care network. All 6 primary care networks are performing better than the England average, though there is some way to go to achieve an aspiration of 90% on treatment. Figure 14 shows trends in the percentage of this patient group treated to the recommended cholesterol levels. Again, performance is better than the England average but improvement is needed to get to the aspiration of 35% to target.

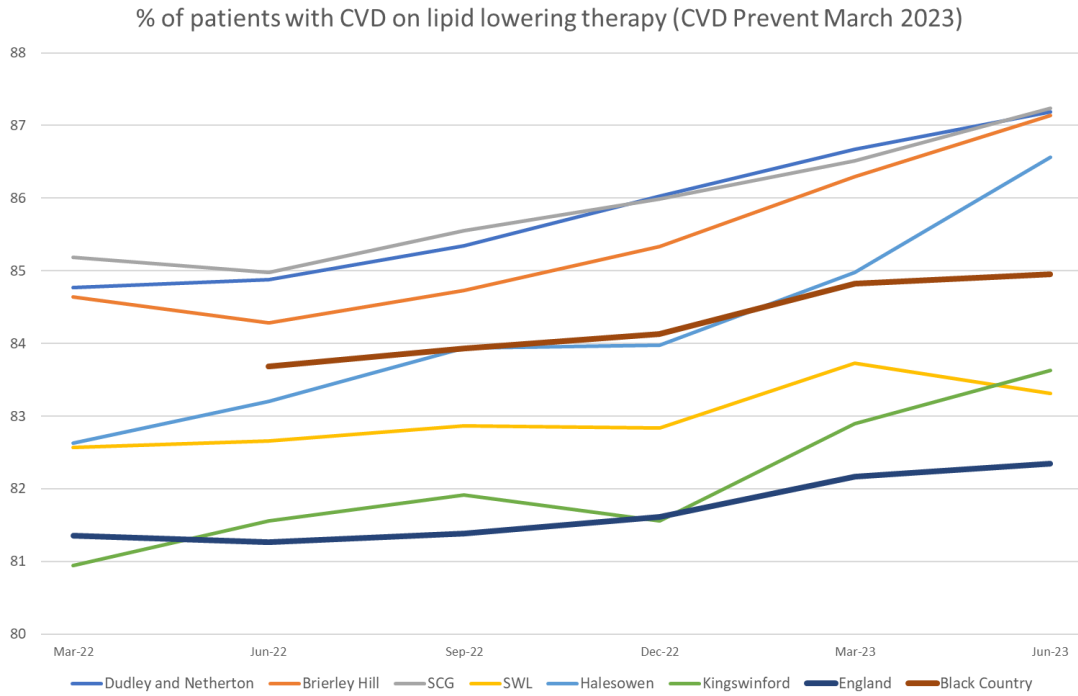


Figure 13.

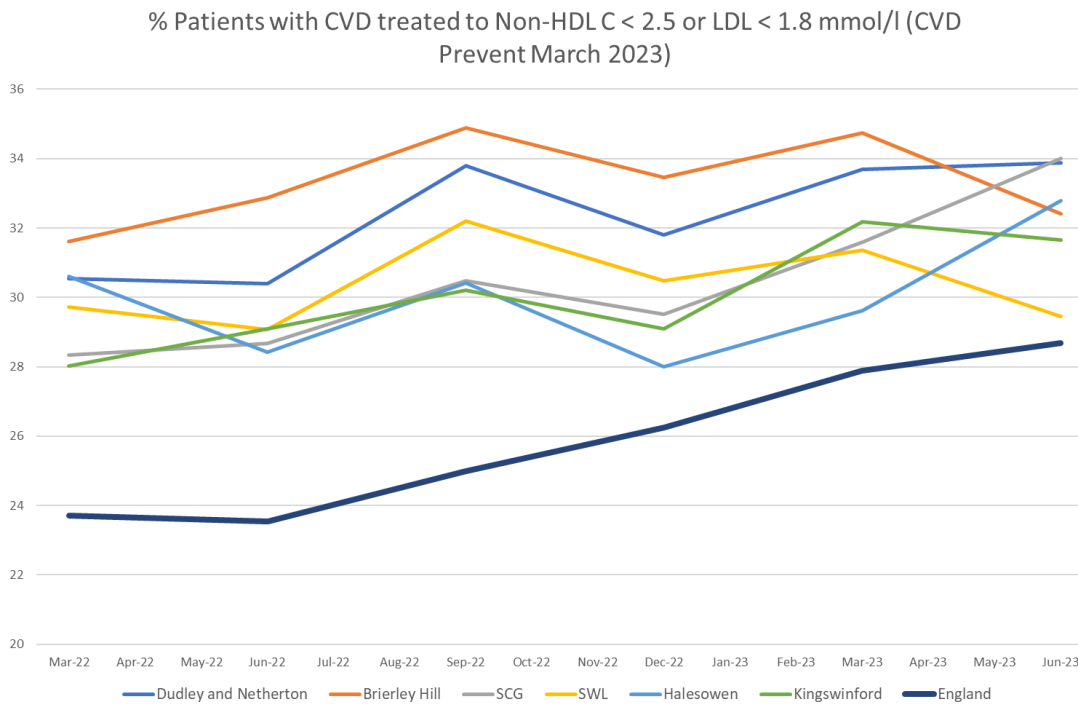


Figure 14.

7.4. Improve triple control in patients with type 2 diabetes

Objective: Increase the 'triple control' of diabetes from 33% to 44%	
Current status: <ul style="list-style-type: none"> • 33% of patients with diabetes achieved control of blood pressure, HbA1c and cholesterol. • National value – 36% 	Enablers: <ul style="list-style-type: none"> • National diabetes audit • Diabetes steering group – development of multi-disciplinary approach to practice support • Software to identify patients needing support. • Structured diabetes education.
Planned activities: <ul style="list-style-type: none"> • Monitor progress. • Harness support of health and wellbeing coaches. • Review access barriers to structured education. 	Challenges: <ul style="list-style-type: none"> • Capacity. • Engagement with patients.
Requests from Health and Wellbeing Board partners: <ul style="list-style-type: none"> • Support for cross-sector collaborative working. 	

Figure 15 shows the percentage of patients with type 2 diabetes who are achieving 'triple control' (control of blood pressure, blood sugar and cholesterol) by practice. Currently, around a quarter of practices are achieving the aspiration of 44%.

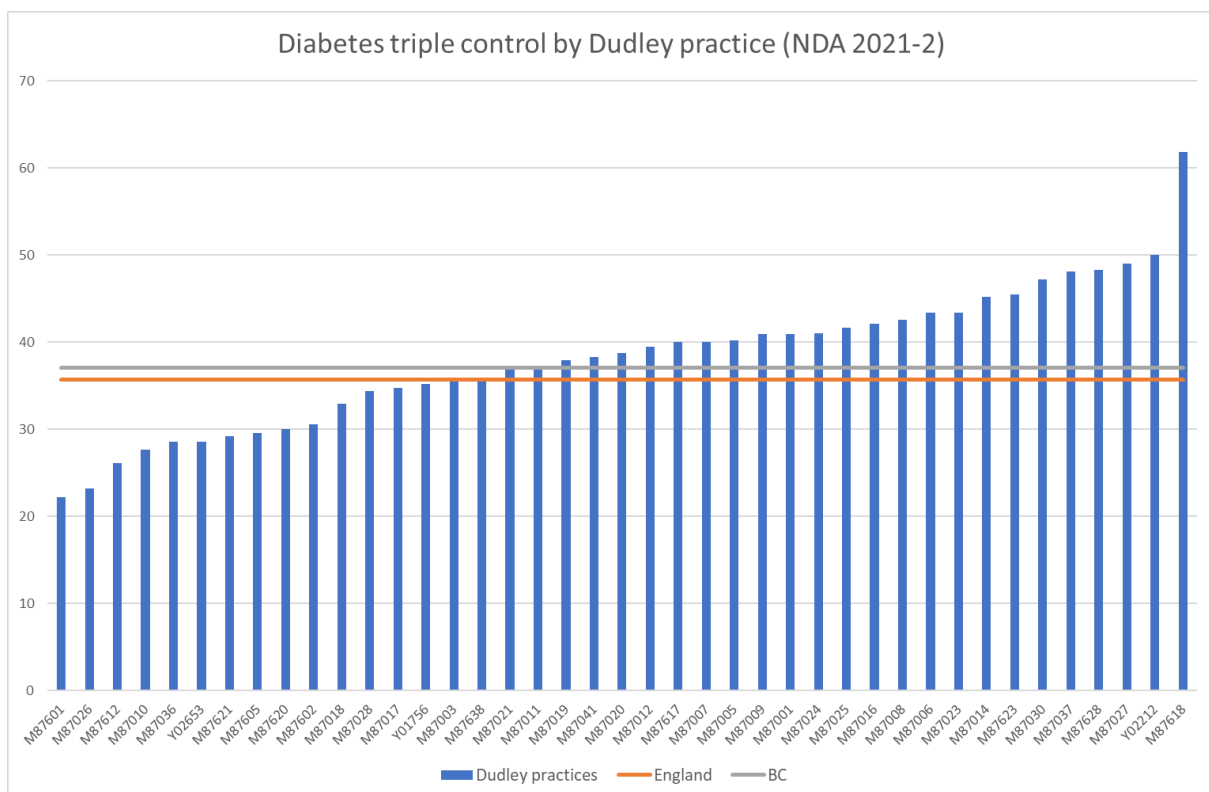


Figure 15.

8. Conclusions

This action plan provides a balance between long-, medium- and short-term objectives as well as up-stream and down-stream work programmes. Progress is being made against measurable objectives, though further work is needed to align more of the action plan to specific metrics. Further work is also needed to define a joined-up approach in the parts of the borough with the highest mortality rates. The Health and Wellbeing Board is asked to proactively support the objectives of the plan in strategic planning, addressing social, economic and environmental risk factors and in the design and delivery of services which aim to prevent and manage circulatory disease more effectively.

DATE	14 th December 2023
TITLE OF REPORT	Joint Strategic Needs Assessment (JSNA) Update
Organisation and Author	Andy Baker Dudley MBC
Purpose	Review of headline figures across local population Mapping outcomes to established priorities and identifying further points for consideration Overview of next steps for JSNA
Background	Through the development of the Health and Wellbeing Strategy and action plans, we have defined our priorities as: <ul style="list-style-type: none"> 1. Children are ready for school 2. Fewer people die from circulatory disease 3. More women are screened for breast cancer <p>Each of these areas now has an outcomes framework of key measures, which will be monitored by the respective groups which are leading on each priority. There is also further work happening to look at issues in more detail.</p> <p>This item looks at headline figures to consider relating to changes in our local population over the coming years and provides a review of the latest data from the national Public Health Outcomes Framework and local outcomes frameworks for each priority.</p>
Key Points	We expect our population to continue to grow and our services will need to adapt to this. In particular, we are likely to see a population growth of nearly 4,000 in 65+ age group, with potential to put further pressure on services supporting this age group. We are also seeing a changing make-up of our younger population, with greater diversity which needs to be accounted for. Our priorities still reflect the areas where we have biggest challenges in the Borough and the key data relating to these have been mapped to priorities. There are a few areas for

consideration, largely related to older adults, which do not fall under priority areas and it is for the Board to consider their role related to these areas.

The key findings from the review of outcomes frameworks are highlighted below:

Children are ready for school

- We have a higher proportion of children in low-income families
- Fewer children are achieving a good level of development for school
- Under 18 conception rate is higher than national average
- Pupil absence is above national average

Fewer people die from circulatory disease

- Circulatory disease is still the leading cause of inequality gap in life expectancy between the most and least deprived in Dudley. In men this is responsible for 28% of the gap and in women 15%.
- Both children and adults have higher rates of overweight and obesity.
- Adults have lower levels of physical activity

More women are screened for breast cancer

- Some improvement in coverage recently, but we are still below national average in latest comparison

Recommendations for commissioners – wider impacts

- We are below national average for coverage for bowel cancer screening
- However, overall, our proportion of cancers that are diagnosed at Stage 1 & 2 is better than the national average
- A greater proportion of households are in fuel poverty than the national average.
- Our diagnosis rate for dementia in primary care is lower than the national average when compared to what would

be expected from older age groups, indicating potential under-diagnosis.

- We have higher rates of people reporting long-term musculoskeletal problems.

Despite some challenges, we have lower rates of hospital admissions for childhood injuries, self-harm and falls and also a lower rate of emergency readmissions within 30 days of discharge.

Forward plan for JSNA

The review of the Public Health Outcomes Framework forms part of the continuing work of the JSNA to review current and future health and care needs across the local area.

The forward plan for the JSNA is given below:

Continue to work with priority workstreams to understand issues in more depth.	Ongoing
Publication of ward level demographic profiles on AllAboutDudley, following ward boundary review	Early January
Publication of JSNA core dataset chapters on AllAboutDudley – Chapters based on Life Course and Local Place	End February
Phase 2 update of JSNA data through Technical Group nominated leads – Chapters based on Health and Care themes	End April
Summary report and move to annual update cycle of JSNA for HWBB, including forward planner for needs assessments	End June

Emerging issues for discussion	Board are asked to consider the key points regarding population change and outcomes for Dudley and potential impacts for services and work of partners.
Key asks of the Board/wider system	Support to the JSNA process through partners, to ensure that we can effectively review our current evidence and inform next steps.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Outcomes frameworks are aligned to each of the goals and the ongoing work through JSNA will look to support these priorities.
Contribution to Dudley Vision 2030	Understanding of local population through JSNA can support work towards wider partnership goals

Contact officer details

Andy Baker
 Head of Intelligence, Performance and Policy (Public Health and Wellbeing)
Andy.baker@dudley.gov.uk

Our local population

Population 323,581 (2021)



Number of young people aged under 15 is

57,069



Number of people aged 65 and over is

66,258

Health



Average life expectancy for men

78.8
years



Average life expectancy for women

82.2
years

Life expectancy for men in the most deprived areas of Dudley is **9.2 years lower** than in the least deprived areas, **8.6 years lower** for women
(3 year period 2018-20)

Our latest resident population estimate is based on the 2021 Census, we expect to receive an updated estimate for 2022 from Office for National Statistics (ONS) in early 2024.

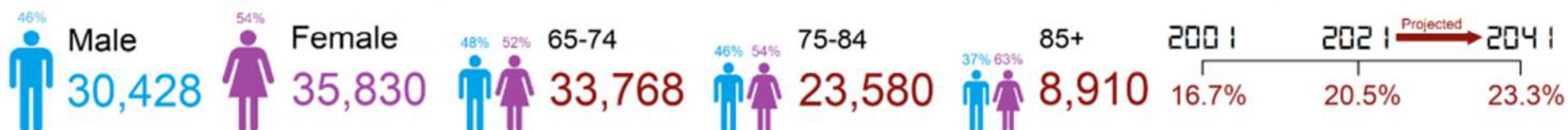
Our most recent ONS population projections from 2018 indicate that we expect our population to continue to grow and this **could reach 333,400 by 2028** when the current Health and Wellbeing Strategy ends. We expect an updated projection to be published in 2025.

The largest future area of growth for our population is thought to be movement of people into the borough from other parts of the UK, these projections will obviously be influenced further by housing supply and other factors.



Ageing population

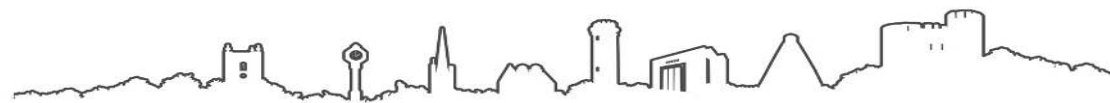
Population Aged 65+ 66,258 (2021)



We expect the proportion of residents aged 65+ to continue to increase.

Over the span of the Health and Wellbeing Strategy this is projected to be from 20.6% to 21.4% of population.

However, the population is also growing as a whole and so this could be nearly 4,000 extra people aged 65 or over in the Borough over the next 5 years.



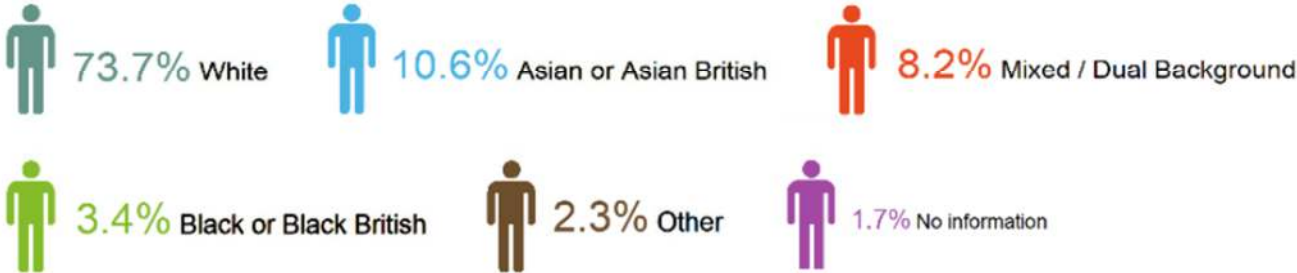
Changing younger population

Age Group	Proportion of age group with White British Ethnicity
15 years and under	72.60%
16 to 24 years	76.58%
25 to 34 years	77.78%
35 to 49 years	78.64%
50 to 64 years	88.61%
65 years and over	94.46%

There are significant differences in the makeup of our younger population in the borough, then compared to those who are over 50, this needs to be accounted for in our future service planning

Ethnicity

of Dudley school pupils (Jan 2023)



Public Health Outcomes Framework review

Children are ready for school

- We have a higher proportion of children in low-income families
- Fewer children are achieving a good level of development for school
- Under 18 conception rate is higher than national average
- Pupil absence is above national average

Fewer people die from circulatory disease

- Circulatory disease is still the leading cause of inequality gap in life expectancy between the most and least deprived in Dudley. In men this is responsible for 28% of the gap and in women 15%.
- Both children and adults have higher rates of overweight and obesity.
- Adults have lower levels of physical activity

More women are screened for breast cancer

- Some improvement in coverage recently, but we are still below national average in latest comparison

Public Health Outcomes Framework review

Recommendations for commissioners – wider impacts

- We are below national average for coverage for bowel cancer screening
- However, overall, our proportion of cancers that are diagnosed at Stage 1 & 2 is better than the national average
- A greater proportion of households are in fuel poverty than the national average.
- Our diagnosis rate for dementia in primary care is lower than the national average when compared to what would be expected from older age groups, indicating potential under-diagnosis.
- We have higher rates of people reporting long-term musculoskeletal problems.

Despite some challenges, we have lower rates of hospital admissions for childhood injuries, self-harm and falls and also a lower rate of emergency readmissions within 30 days of discharge.

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 6 (d)

DATE	14 December 2023
TITLE OF REPORT	Health Inequalities Funding 2023/24
Organisation and Author	Neill Bucktin – Dudley Managing Director – Black Country ICB
Purpose	To note the current position in relation to the ICB’s health inequalities funding for 2023/24
Background	<ol style="list-style-type: none"> 1. The ICB originally made three separate allocations to Dudley for projects designed to reduce health inequalities. These are as follows:- <ul style="list-style-type: none"> • Allocation for voluntary and community sector - £71,689 • Allocation for children and young people - £39,827 • Main allocation - £159,000 2. NHS England has now required ICBs to produce a revised financial plan to take account of the cost associated with industrial action across the NHS. This has meant that all discretionary expenditure has had to be reviewed, resulting in these allocations being withdrawn. 3. The only exception to this has been an element of the voluntary and community sector allocation assigned to a scheme to support the discharge process during the winter period.
Key Points	<ol style="list-style-type: none"> 1. The report, attached as Appendix 1, was considered, and the recommendations approved, by the Population Health Management and Health Inequalities Steering Group at its meeting on 9 November. The recommendations were also approved by the Health and Care Partnership Board and the Integrated Commissioning Committee on 16 November, however, both bodies were aware of the change to the financial regime. 2. The specific voluntary sector projects referred to are as follows:- <ul style="list-style-type: none"> • Provision House - provide support to the most vulnerable living in poverty and facing issues with domestic violence etc. The project will provide 1-2-1 support.

- **Cancer Support** - work with women aged 50+ from diverse communities reaching African and Caribbean communities supporting them to engage in cancer screening programmes.
- **CreHeart** - the Migrant new Beginning project aims to promote educational sessions for members to optimise mental health, improve confidence and exploring what identity means to the community group. In addition, to provide a safe space where community and a sense of belonging are nurtured.
- **Dudley Caribbean Friends Association and High Oak Community Centre** - project to engage 60-80 ethnic minorities men and women over the age of 50 who may for example have a long-term illness such as cancer, hypertension, diabetes etc. To recognise early symptoms of disease and to overcome barriers to services.
- **Citizens Advice** - support the roll out of Cost-of-Living crisis hubs providing food vouchers, energy advice, household grants etc.
- **Saltmine Trust** - using a production called Wonderland, which is a three short film digital mental health resource aimed at ages 11 – 18. Inspired by the magical world of “Alice in Wonderland”, Wonderland responds to the urgent mental health crisis affecting young people. The project touches upon issues such as anxiety, eating disorders, self-harming and depression and the accompanying workshop creates a safe space for teenagers to engage with their own responses with support of health professionals.
- **Mary Stevens Hospice** - to develop and sustain the No Barriers Here Programme which uses arts-based methods to reach people traditionally underserved by hospice and palliative care, and challenging the barriers that organisations often create.
- **Ekho Collective** - run 3 separate groups for 6 weeks each which combine education and support around understanding anxiety and depression, positive experiences to rebuild trust and confidence, opportunity to develop coping strategies, peer support and the awareness that creativity and green spaces can aid in the maintenance of positive mental health for Children and young people.

- **Beacon Centre** - a series of targeted patient engagement events to explore patient needs and understanding of ophthalmology and eye health.
 - **Just Straight Talk** - work with people aged 23 upwards who are dependent on alcohol and who engage in unhealthy and risky behaviours.
 - **Lye project** - an asset-based approach in 2 Phases to addressing health inequalities which will recognise, celebrate, connect and build on the existing community assets within the area. Phase one will focus on exploring community assets and aspirations, building relationships and trust. Phase two will focus on creating 'shareable moments' to encourage and support community-led activity. Following this a 'Make it Happen' programme will be facilitated providing access to a small pot of funding (if required) to deliver their project.
 - **Digi Dudley** – aims to improve mental well-being & connections for the older population of Dudley (over 65yrs) by providing 1-1 and group sessions. The project helps them access digital resources, access other services, gain new skills and confidence, increase mental well-being and become more digitally included for the long term.
 - **Refugee and Migrant Centre** – this operates a combination of a free drop-in service, dedicated appointments only sessions, English language classes (ESOL) and Employment advice three days a week. Predominantly from the Refugee and Migrant Hub in Provision House (Dudley) with outreach at 'OM Little Cornbow Centre' (Halesowen) and at a contingency hotel in Kingswinford where immigration advice and ESOL classes are delivered, and from 'Revival Fires' (Dudley) where ESOL classes are delivered. This project will receive separate funding from Black Country Healthcare NHS Foundation Trust and the Council to enable it to continue for some of the remaining part of 2023/24.
3. Whilst resources are no longer available in the current financial year as indicated, the projects are still supported by the Health and Care Partnership Board and the Integrated Commissioning Committee should the position change for 2024/25.

	4. Work is continuing to develop a voluntary and community sector led project to support hospital discharge at an expected cost of £40,000.
Emerging issues for discussion	None
Key asks of the Board/wider system	None
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Some of the projects are linked to the circulatory disease deaths and breast screening goals, others are designed to have an impact on other issues affecting health inequalities.
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.

Contact officer details:

Neill Bucktin – Dudley Managing Director – Black Country ICB

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Population Health Management and Health Inequalities Steering Group

Date of Meeting: 9 November 2023

Agenda Item: 4.0

TITLE OF REPORT:	ICB System Development Funds (SDF) – Health Inequalities Allocation 2023/24
PURPOSE OF REPORT:	To inform the Population Health Management and Health Inequalities Steering Group of the intended use of the ICB's SDF Health Inequalities Allocation for 2023/24
AUTHOR(S) OF REPORT:	Sarah Knight/Andy Gray – Winter Planning Sally Cornfield/Kate Green – Health Inequalities
MANAGEMENT LEAD/SIGNED OFF BY:	Neill Bucktin, Dudley Managing Director
KEY POINTS:	<ul style="list-style-type: none"> • The ICB via the SDF have made 3 allocations to Dudley to tackle health inequalities. • £71,689 for voluntary and community sector organisations, of which £40,000 has been allocated to support winter pressures. Plans have been developed with partners to utilise this. • A further allocation of £39,827, aimed at projects affecting children and young people relating to. It is recommended that the Teachable Moments Project previously funded via the historical allocation is funded via this new specific allocation. • As previously agreed, the main allocation of £159,000.00 has been allocated to continue to successful voluntary and community sector projects funded during 2022/23 • Projects funded during 2022/23 have been evaluated and expressions of interest for additional funds have been considered. • This Group received a report on 12/10/23 detailing the projects and subject to some minor clarifications agreed to recommend the projects detailed in paragraph 5.0 for further health inequalities funding in 2023/24. • There is a balance of approximately £30,000.00, it is recommended that Dudley CVS commence a new grant application process for the remaining monies and recommendations for its use be made to the PHMISG at its January meeting.

RECOMMENDATION:	<p>That the Health and Care Partnership Board and the Integrated Commissioning Committee be requested:-</p> <p>a) To approve the allocation of £40,000 to identify voluntary and community sector organisations that can support the admission avoidance/timely discharge process over the winter period.</p> <p>b) To support the allocation of £17,000.00 to the Teachable Moments Project and identify further projects that might address issues relating to knife crime amongst children and young people.</p> <p>c) To approve the allocation of £159,000.00 to the schemes identified in paragraph 5.0.</p> <p>c) To request Dudley CVS to commence a new process for those monies remaining from the allocation of £159,000</p>
CONFLICTS OF INTEREST:	None
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	<input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Approval <input type="checkbox"/> For Information
<i>Possible implications identified in the paper:</i>	
Financial	
Risk Assurance Framework	
Policy and Legal Obligations	
Health Inequalities	All projects are designed to tackle health inequalities
Workforce Inequalities	
Governance	
Other Implications (e.g. HR, Estates, IT, Quality)	



Population Health Management and Health Inequalities Steering Group

1.0 PURPOSE OF REPORT

1.1 To consider proposals for the allocation of health inequalities funding

2.0 BACKGROUND

2.1 The ICB has made three separate allocations to Dudley for projects designed to reduce health inequalities. These are as follows:-

- Allocation for voluntary and community sector - £71,689
- Allocation for children and young people - £39,827
- Main allocation - £159,000

2.2 This report sets out proposals for the allocation of these monies.

3.0 VOLUNTARY AND COMMUNITY SECTOR PROJECTS

3.1 This allocation was identified by the ICB as being made available to the sector to support:-

- Winter Pressures
- Health Literacy
- Cultural Intelligence Profiling

3.2 Following discussion with Dudley CVS, the latter two elements will be discussed with other Black Country colleagues through Black Country Together, to utilise these to best effect.

3.3 £40,000 has been allocated to support winter pressures. Discussions have taken place between the ICB, Dudley CVS and Dudley Group NHS Foundation Trust (DGFT) regarding issues that resulted in unnecessary admission or delayed discharge.

3.2. This meeting generated significant discussion, with a general recommendation being agreed. Discussion included:-

- Support required to 'deliver items'. This could be forgotten or late items for discharge or support to deliver items to someone's house i.e., pieces of equipment, shopping, medication etc.
- Support to ensure the house is fit for discharge. This could be ensuring the furniture is in the correct position.
- Provide support to existing members of staff, for example accompanying them on a visit and completing any follow up actions (taking a letter to a GP surgery).
- A general agreement that an extra person to support all areas of discharge/admission avoidance to provide ad hoc/unplanned interventions of a low level that may otherwise delay discharge or cause an admission.



Principles

- This could be one or several voluntary sector organisations.
- The service will be aligned/potentially based in Dudley Clinical HUB so that they form part of the Dudley team.
- The service can support all organisations to help prevent admission/facilitate discharge. This would include Primary Care, Dudley Integrated Health and Care NHS Trust (DIHC), and Local Authority, with the overarching principle that the person is at the heart of the intervention to keep them out of hospital or ensure a smooth discharge.
- There will be a central system for receiving referrals (for example Integrated Plus), which is fast, bulk free and ensures a timely/same day intervention where possible.
- Caseloads not held; the intervention supports an existing pathway.
- The intervention will be evaluated, and consideration given to further funding if shown to be successful.

4.0 CHILDREN AND YOUNG PEOPLE

4.1 An allocation of £39,827 has been made available to support:-

- Children and young people at risk of knife crime and/or gangs.
- Those caught up within knife crime.

4.2 It is proposed, in the first instance, to utilise this resource to support the existing Teachable Moments Project.

5.0 MAIN ALLOCATION

5.1 This allocation equates to the level of resource previously made available for voluntary and community sector projects. As discussed previously, it is suggested that this should be the focus for its use, consistent with the Health and Care Partnership Board's commitment to sustainable communities.

5.2 In October 2023 Dudley CVS approached the 13 existing organisations who had received 2022/23 funding to determine if they wished to be considered for continued funding.

5.3 Outcomes of the 2022/23 projects have been evaluated and requests for additional funding have been considered by Dudley CVS, the ICB Managing Director and the Programme Director for the Health and Care Partnership Board.

5.4 9 projects requested further funding by the deadline as outlined below.

5.5 Several projects were asked clarification questions and some late applications were received. The responses and late applications have been considered and it is recommended that the following projects are granted further monies up to the amount detailed in the table below in 2023/24.



Organisation / Project	Funding Request	Recommended Funding Amount 23/24
Cost of Living Hubs	£2,000.00	£2,000.00
Cancer Support	£5,000.00	£5,000.00
CReART	£6,000.00	£6,000.00
Ekho Collective	£15,000.00	£13,013.00
Just Straight Talk	£19,835.00	£19,835.00
Mary Stevens Hospice	£20,000.00	£17,033.00
Provision House	£15,300.00	£15,300.00
Dudley Caribbean Friends Association and High Oak Community Centre	£21,000.00	£21,000.00
The Lye Project	£10,000.00	£10,000.00
Digi Dudley	£2,000.00	£2,000.00
Refugee and Migrant Centre	£60,000.00	£15,000.00
Beacon Centre	£5,000.00	£5,000.00
Saltmine Trust	£20,000.00	Requires further discussion
Total Allocation 2023/24		£131,181.00
Balance		£27,819.00

The Saltmine Trust requires further consideration at the meeting and an update will be provided.

- 5.6 It is recommended that Dudley CVS commence a new grant application process for the remaining monies and recommendations of projects to support will be made to the PHMISG at its January meeting.

6.0 RECOMMENDATION

- 6.1 The Group is asked to recommend the Health and Care Partnership Board and the Integrated Commissioning Committee
- a. To approve the allocation of £40,000 to identify voluntary and community sector organisations that can support the admission avoidance/timely discharge process over the winter period.



- b. To support the allocation of £17,000.00 to the Teachable Moments Project and identify further projects that might address issues relating to knife crime amongst children and young people.
- c. To approve the allocation of £159,000.00 to the schemes identified in paragraph 5.0 above.
- d. To request Dudley CVS to commence a new process for those monies remaining from the allocation of £159,000.



DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 7 (a)

DATE	14 th December 2024
TITLE OF REPORT	<p>Joint Health, Wellbeing and Inequalities Strategy 2023-28 – Goal Achievements/Highlight Report(s)</p> <ul style="list-style-type: none"> • More women screened for breast cancer highlight report
Organisation and Author	<ul style="list-style-type: none"> • David Pitches, Head of Healthcare Public Health- Dudley MBC, (david.pitches@dudley.gov.uk) • Joanne Essex, Dudley Wolverhampton and South West Staffordshire Breast Screening Program Manager, (joanne.essex@nhs.net)
Purpose	<p>This highlight report is to:</p> <p>Provide an overview of activity and progress against delivery of the HWB goal to improve breast cancer screening coverage. It describes what has been achieved against the outcomes, how collaborative working has aided this progress and identifies new data and insights that have been released. The detailed implementation plan continues to sit behind the Highlight Report with risks escalated to the HWB Board as necessary.</p>
Background	<p>On 8 June 2023, Dudley’s Health and Wellbeing Board (HWB) agreed to select improving breast cancer screening uptake as one out of three of its priority goals for inclusion within Dudley’s Joint Health, Wellbeing and Inequalities Strategy 2023-28.</p>
Key Points	<ul style="list-style-type: none"> • Indicative data suggests Dudley is progressing well to recover from pandemic related fall, though national data is not expected to be published until late next year • Recent local initiatives include training of additional cancer champions, developing a pathway to support women with learning difficulties, promotion of breast screening amongst women who are carers, community events amongst minority ethnic populations and planning a promotional campaign ahead of patients registered at certain GP practices of Dudley and Netherton being invited for screening in the spring of 2024.

Emerging issues for discussion	Are members satisfied with progress and that work is moving in the direction expected? If not, what should goal leads do differently?
Key asks of the Board/wider system	To note goal progress to date.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Directly contributes to improving breast cancer screening coverage.
Contribution to Dudley Vision 2030	Directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.

Contact officer details

- David Pitches, Head of Healthcare Public Health- Dudley MBC, (david.pitches@dudley.gov.uk)

HWB Strategy 2023-2028 - December 2023 Highlight Reports – Goal Achievements

Purpose

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

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

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

Highlight Report

Goal 3. More women are screened for breast cancer

Goal 3. More women are screened for breast cancer			
Reporting timeframe - 1 st April 2023 – 30 th September 2023			
RAG Rating – please complete status for goal achievement (tick relevant box)			
Red – no progress	Amber – Moderate progress	Green - Significant progress	
Overall goal achievement/progress against outcomes		Overall goal achievement against reducing health inequalities	
Red		Red	
Amber	✓	Amber	✓
Green		Green	
<p>Additional Comments:</p> <p>Plans are in progress, but overall success will not be seen until Q4 due to the breast screening round timetable.</p>			

<p>Outcomes by 2028</p> <ul style="list-style-type: none"> 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. The gap between breast cancer screening coverage in the most and least deprived primary care networks (PCNs) will have narrowed. 	
<p>Who is leading this?</p>	<p>Goal sponsors:</p> <p>Dr David Pitches, Head of Healthcare Public Health, DMBC</p> <p>Joanne Essex, Breast Screening Program Manager, Dudley Wolverhampton and South West Staffordshire Breast Screening Service</p>
<p>Goal 3 is focused on:</p> <ul style="list-style-type: none"> Working 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. Identifying additional locations for the breast screening van in communities with lower uptake. Working 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. 	
<p>What has been achieved this reporting period under Goal 3: (please include specific achievements with respect to health inequalities)</p>	<p>A pathway to encourage women with learning difficulties to undergo breast screening has been agreed with the LD nurses, the breast screening service and Public Health. The pathway will be launched in the next quarter.</p> <p>4 primary care staff attended the Learning Disability Awareness training delivered by PAMHS on 10.10.23.</p> <p>Data has been requested on female carers who are eligible for breast screening and their DNA data to ascertain if work needs to be done regarding access.</p> <p>A breast screening reminder was put in the 'Your Borough, Your Home' publication this week with a link to further information to raise awareness.</p>

Further meeting to be held with Jo Essex, manager of the Breast Screening Service re: update on new sites for the mobile unit. This will be a key action for Dudley Central when their screening round commences in Feb/March 2024, to increase access.

GP Practice Cancer Champions and Cancer Coordinators will receive agreed codes for recoding the outcomes of breast screening agreed with the BCICB. This will make the identification of those who missed their screening more robust and uniform across the borough.

6 new Cancer champions from Dudley commenced their BCICB training in September. The training comprised of attending 3 separate, two hour-long training session on 5th & 19th September and 3rd October. These champions now will be invited to join place based bimonthly meetings if they have not already done so.

As part of 'Wear Pink for Breast Cancer' 20th October, several events are happening across Dudley, to raise awareness. Pinnacle Coffee Morning for Adults with Learning Disabilities and their carers, attended by PAMHS. Breast Screening Information Session at The Faithful Coffee Lounge, Brierley Hill, which will be attended by Public Health, BCICB, and Brierley Hill and Amblecote PCN Cancer Care Coordinator.

In addition, on 24th October Carers Hub & Wellbeing Service organising a Carers Health and wellbeing event at the Brett Young carers Centre which will focus on cancer screening and health checks.

CR-UK statistics show 23% of Asian women are diagnosed with breast cancer compared to 12% of white women and make up the second largest ethnicity in Dudley at 6.1%. Chapel Street Surgery, with a large Asian population, had a poor uptake of 37% in 2022, showing a need for intervention.

Unemployment and Universal Credit for Dudley shows as higher than National Average, as well as social deprivation, and unemployment, made up of a higher-than-average older generation. Dudley is in the second most deprived ICS (Integrated Care System) in the Country. For this reason, Lye was chosen to help the Service to foster community trust, and hopefully increased use

	<p>of the service by 2025. A community event was held for the South Asian and Roma populations, involving local general practitioners and practise nurses to facilitate necessary translations during conversations. Over 120 women were present. According to the feedback, women wanted more local events to educate them about screening as a service because they were unaware of the warning signs and symptoms of breast cancer or the significance of mammograms.</p> <p>An event was held to highlight the significance of identifying signs and symptoms of breast disease to students at Dudley College, ages 16 to 18. This top-down, bottom-up strategy will hopefully allow women to speak candidly and freely with close family members.</p> <p>Continuing work is being carried out with the Black African and Caribbean Communities with the aim of a study is to Co-Design a Culturally Adapted Breast Cancer Intervention (CABCI) with Black and Afro Caribbean women with health professionals. Although it is acknowledged that this research is outdated, it is also acknowledged that these women face obstacles when it comes to getting mammograms. There is mostly a suspicion of medical practitioners, and family conversations about cancer are avoided. Black Breasts Matter has created two videos in collaboration with the Black community that discuss the symptoms and signs of breast cancer as well as the significance of accepting an invitation to get screened. They also have infographics that dispel myths and provide resources to support breast awareness in their own communities.</p> <p>A literature review is being undertaken to explore successful interventions that increase screening uptake in disadvantaged populations.</p>
<p>How has collaborative working between HWB board partners added value and contributed to the achievement of the outcomes?</p>	<p>Support from HWB partners has highlighted this workstream and working together with Public Health have made the Dudley residents aware of the benefits of breast cancer screening.</p> <p>In order to reach a wider audience, NHS partners collaborated with Dudley Council to identify and inform nearby pharmacies, schools, GP practices and the local non-profit sector about the Lye event, along with Community Leaders who could disseminate the necessary details to improve uptake.</p>

<p>Latest Data and insights</p>	<p>Provisional data suggests that Dudley’s uptake is recovering well following the COVID-19 pandemic and appears likely to exceed the national (70%) standard. A refresh of national Fingertips data to cover the period 2022-23 is expected in December though this will not reflect activity undertaken since the adoption of the new Health and Wellbeing Strategy.</p>
<p>Opportunities</p>	<p>The upcoming ‘Wear Pink for Breast Cancer’ national campaign is in Q3. This is an excellent opportunity to raise awareness across the borough.</p> <p>Due to their attendance at the event held in the Asian community centre, which the Roma ladies would typically decline to attend, this has given the chance to strengthen relationships with both groups.</p> <p>Dudley college wishes to continue the breast awareness programme, which is a fantastic chance for education and in-depth discussions on breast disease.</p> <p>A research bid is currently underway to Co-Design a Culturally Adapted Breast Cancer Intervention (CABCI) with DGFT being the sponsoring host. This will enable a protocol to develop a culturally sensitive intervention for Black and African Caribbean women.</p>
<p>Challenges</p>	<p>There are still some practices who do not have a cancer champion. The overriding reason for this is capacity in the practice.</p> <p>Practices have difficulty providing crucial information before their screening round and carrying out a data cleanse. This would allow extra time for the de-sensitisation of clients and the improvement of bespoke access to those experiencing difficulties in taking up their invitation to screening.</p>
<p>Milestones or expected achievements for the next 6 months</p> <p>(1st October 2023 – 31st March 2024)</p>	<p>Central Dudley is due to be screened in Feb/March 2024 and covers one of the PCNs with the lowest uptake. A campaign is being planned to raise awareness and increase access across this area to maximise the opportunity for women to attend breast screening. This includes:</p> <ul style="list-style-type: none"> • Relocating the Mobile Unit to a more convenient central area within Dudley, which will hopefully see an increase in uptake • Prescription bags with information concerning breast screening being currently available in the local area, will be

	<p>used in a pilot study with local pharmacies to promote the importance of breast screening.</p> <ul style="list-style-type: none"> • Additionally, signage within local optical services will be included in promoting the breast service. <p>Work is being carried out in conjunction with the Black Country ICB and the Black African and Caribbean community. The aim of the study is to co-design a Culturally Adapted Breast Cancer Intervention (CABCI) across the Black Country.</p> <p>To continue delivering Cancer Champion Training to Primary Care staff and community leaders.</p>
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DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 7 (b)

DATE	14 December 2023
TITLE OF REPORT	Black Country Integrated Care Partnership – Update
Organisation and Author	Mr. N. Bucktin – Dudley Managing Director, Black Country ICB
Purpose	To note the current position in relation to the development of the Black Country Integrated Care Partnership ICP and its Integrated Care Strategy
Background	<ol style="list-style-type: none"> 1. The Black Country ICP is a statutory and joint committee of the ICB and the four Black Country Councils with responsibility for producing an Integrated Care Strategy. 2. The ICP has requested that the attached report be made available to the Black Country Health and Wellbeing Boards to note progress with the ICP’s development.
Key Points	<ol style="list-style-type: none"> 1. The ICP’s initial Integrated Care Strategy has 4 priority areas: - <ul style="list-style-type: none"> • Black Country people, great and skilled – workforce recruitment, education, and training • Growing up in the Black Country – children and families • Black Country Cares – social care system • Feeling well in the Black Country – mental health and emotional wellbeing 2. The ICP has now agreed some specific actions: - <ul style="list-style-type: none"> • To present an initial update on the data that is currently available from all partners across the Black Country to make it more visible and to identify and understand what problems we share and how these relate back to our priority areas. • To finalise the Terms of Reference. • To undertake a scoping exercise on each of the four Integrated Care Strategy priorities to identify what work is already going on and how best to take these forwards. • To discuss what support the ICP will require in order to carry out its responsibilities and to propose how best to provide such support.

	<ul style="list-style-type: none"> To report on the work undertaken by the five current Networks across Health Inequalities, Prevention and Personalisation, Migrants and Refugees, Health and Housing and Black Country Anchor Network. The reports will cover membership, frequency of meetings, funding provided, decisions taken and achievements to date.
Emerging issues for discussion	None
Key asks of the Board/wider system	To note the current position in relation to the development of the ICP and its Integrated Care Strategy.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> Improving school readiness Reducing circulatory disease deaths More women screened for breast cancer 	Contributes to the goal of improving school readiness.
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future.

Contact officer details – Neill Bucktin – neill.bucktin@nhs.net

Black Country Integrated Care Partnership Meeting

Monday 30 October 2023

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



1.0 Background and Context

A meeting of the Black Country Integrated Care Partnership (ICP) took place on 30th October 2023. It was proposed that feedback on the meeting should be shared with the Health and Wellbeing Boards (HWB) across the Black Country so that they are sighted on the aims, ambitions and progress of the ICP, plus, importantly, how the ICP is intended to complement the ongoing activities of HWB by promoting integration from the place-level to the system-level.

2.0 ICP Membership

The initial membership of the ICP is:

Name	Organisation / Role
Jonathan Fellows	Chair, Black Country ICP and Chair, NHS Black Country ICB
Shokat Lal	Council Chief Executive Sandwell MBC
Kerrie Allward	Director for Adult Social Services Walsall Council
Catherine Driscoll	Director for Childrens Services Dudley MBC
John Denley	Director for Public Health City of Wolverhampton
Mark Axcell	Chief Executive NHS Black Country ICB
Sally Roberts	Chief Nurse & Deputy CEO NHS Black Country ICB
Dr Ananta Dave	Chief Medical Officer NHS Black Country ICB
Taps Mtemachani	Director of Transformation and Partnerships NHS Black Country ICB
Richard Fisher	Chief Superintendent West Midlands Police
Sam Samuels	West Midlands Fire Service
Prof Sharon Arkell	University of Wolverhampton
Sharon Nanan-Sen, Wolverhampton CVS Andy Gray, Dudley CVS Vicky Hines, Walsall CVS Mark Davis, Sandwell CVS	Community and Voluntary Sector (CO's rotating attendance)



3.0 ICP Responsibilities

- The ICP has a statutory duty to create an integrated care strategy to address the assessed needs, such as health and care needs of the population within the ICB's area, including determinants of health and wellbeing such as employment, environment, and housing.
- The ICB and local authorities will work together through the ICP to meet cross-cutting priorities for which they are all responsible, alongside other ICP partners.
- The ICP will support partnerships and integrated working across places, at system level, specifically looking at broad health and care experiences and outcomes that cannot be solved by one organisation or place alone.
- The ICP will complement the ongoing activities of Health and Wellbeing Boards (HWB) by promoting integration from the place-level to the system-level. HWBs will have local and place-based insight that will be incredibly valuable to the ICP when looking at and developing a strategy to address cross-cutting, long-term health and care challenges.
- The ICP will oversee and co-ordinate work on the achievement of the priorities agreed in the Integrated Care Strategy. An initial Integrated Care Strategy was developed by partners during 2022 and launched across the system in March 2023. This contained four priority areas:
 - **Black Country people, great and skilled** – workforce recruitment, education and training
 - **Growing up in the Black Country** – children and families
 - **Black Country Cares** – social care system
 - **Feeling well in the Black Country** – mental health and emotional wellbeing
- The ICP will be responsible for determining and agreeing the resources needed to support its work plus how these will be provided.
- The ICP will use data from across the partner organisations to help identify and deliver its responsibilities.
- The ICP will work where possible through existing groups, including existing partnership arrangements such as Safeguarding or Community Safety, to deliver its responsibilities.
- The ICP will seek to identify opportunities for innovation, plus to identify and to communicate areas of achievement and good practice.

The Initial Black Country Integrated Care Strategy was launched in March 2023. It is available here: [Black Country ICP Initial Integrated Care Strategy 2023-25 V5.5.pdf \(blackcountryics.org.uk\)](#) A “plan-on-a-page” is available here: [Our priorities :: Black Country ICS](#)



4.0 Resourcing the ICP

The role of the ICP is coordination, rather than delivery. Having established the four priority areas in the Initial Integrated Care Strategy as set out above, the ICP needs to determine what resources are needed in order to support its work.

As a first step it was agreed that a scoping exercise would be undertaken to establish what work is already being undertaken across partners which could be developed to support delivery on the four priority areas. The potential to create a project team resource to move forward at a faster pace will be explored, although it is acknowledged that funding for such an approach could be a challenge unless existing resources can be refocused, or funding currently received for addressing health inequalities could be repurposed.

5.0 Future Meeting Arrangements & Agreed Actions

The ICP is planned to meet again during December to follow up on the agreed actions, which were:

- To present an initial update on the data that is currently available from all partners across the Black Country to make it more visible and to identify and understand what problems we share and how these relate back to our priority areas.
- To finalise the Terms of Reference.
- To undertake a scoping exercise on each of the four Integrated Care Strategy priorities to identify what work is already going on and how best to take these forward.
- To discuss what support the ICP will require in order to carry out its responsibilities and to propose how best to provide such support
- To report on the work undertaken by the five current Networks across Health Inequalities, Prevention and Personalisation, Migrants and Refugees, Health and Housing and Black Country Anchor Network. The reports will cover membership, frequency of meetings, funding provided, decisions taken and achievements to date.

The intention is for the ICP to then meet at least quarterly in public during 2024.



DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 8 (a)

DATE	14 th December 2023
TITLE OF REPORT	Dudley Safeguarding Adult Board Annual Report for 2022-23
Organisation and Author	Dudley Safeguarding People Partnership
Purpose	To present the DSAB Annual Report to Health and Wellbeing Board
Background	<p>The Dudley Safeguarding Adults Board is the group identified to focus on the statutory duties under the Care Act (2014).</p> <p>DSAB includes representatives from Dudley Council, West Midlands Police, the NHS, plus other agencies who provide services for adults in Dudley.</p> <p>The Board ensures that each agency works together to protect adults from abuse and the risk of abuse. Dudley Safeguarding Adults Board must publish an annual report that tells people what it has done to help keep adults with care and support needs safe. It gives reassurance that partnership working in Dudley is strong, committed and has a collaborative approach to preventing abuse and neglect.</p>
Key Points	<p>This report reflects work carried out by the multi-agency safeguarding arrangement between April 2022 and March 2023.</p> <p>The DSPP is the overarching strategic group which oversees the work of the Childrens Safeguarding Partnership Group and the Safeguarding Adults Board, enabling a life course safeguarding approach across the Partnership. Since our last report, we have maintained a life course approach but still recognise that some sub groups should remain focussed on the work of adults.</p> <p>The Multi Agency Safeguarding Hub (MASH) screens and determine the appropriateness of referrals ensuring that safeguarding enquiries only progress where relevant. The higher referral rate reflects a greater awareness of safeguarding and of the MASH and the success of the multi-agency partnership working with the Safeguarding Board (DSPP) and the impact of the citizen and professional portals. The lower percentage rate to conversion to Section 42 Enquiries means that MASH is effective in ensuring that safeguarding enquiries only progress where</p>

	<p>relevant. However, a high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social care. To address this the Safeguarding Board has developed training to ensure that professionals better understand when to refer to Adult Social Care and offer support and guidance for making safeguarding adult referrals.</p> <p>In Dudley, Self-Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect & Acts of Omission at 22.3%. There was a significant increase in referrals following a 2-week intensive safeguarding training period through the Safeguarding Board which focused on a local Safeguarding Adult Review (SAR) where self-neglect was a focus. Through the partnership, via the Neglect subgroup, work is underway to implement a Neglect strategy for adults with increased training and the development of a self-neglect webpage. Self-Neglect and Disorganised living affect both children's and adults in Dudley therefore a new Hoarding/Squalor toolkit is being developed, working across services for Children's and Adults to provide consistency in assessing risk to adults and children.</p>
<p>Emerging issues for discussion</p>	<p>There is a risk that DoLS referrals are increasing and the capacity to complete assessments has decreased which might lead to the increase in citizens being illegally detained; the Local Authority being at risk of legal challenge, non-compliance with a statutory function and reputational damage. This risk is mitigated by increasing capacity by maximising existing resources such as an internal DMBC rota system; developing a more proportionate assessment with regional and national colleagues and by re-purposing staffing time to ensure there is a proactive response to maximise the use of equivalent assessments.</p>
<p>Key asks of the Board/wider system</p>	<p>None</p>
<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>Our think family and self-neglect priorities ensure that professionals have a shared understanding of frontline practice and issues that may arise for adults with care and support needs. By making excellent multi-agency partnerships we are able to receive assurance around any increase in particular deaths like circulatory disease and what agencies are doing to reduce this.</p>

<p>Contribution to Dudley Vision 2030</p>	<p>The work of the DSPP supports the Borough Vision 2030: ensuring Dudley is a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future</p> <p>Our strategic plan and priorities support the One Council ethos in relation to supporting stronger and safer communities. We continue to build strong relationships with statutory and voluntary sector partners to ensure safe and high-quality care for children.</p> <p>We regularly seek assurance, ensuring Children's Social Care delivers high quality; value for money services; growing resilient families and communities, ensuring less children are in care.</p> <p>The priorities of the Partnership also support Growing Resilient Communities: empowering people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.</p>
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**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Adults Board
Annual Report 2022/23**

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1. Foreword from Independent Chair

Dr Paul Kingston

This report was prepared by the DSPP Business Support Unit on behalf of the Board and recognises the progress the DSPP has made throughout the year and the challenges that remain and will continue in 2024/2025. The commitment from the multi-agency partnership to work together on safeguarding people in Dudley remains unflinching. This year we have again revised our priorities and strengthened our partnership structure to reflect our joint accountability and responsibility to safeguard adults, but also to strengthen our links to all agencies with responsibility for safeguarding. Our approach to utilising data and performance to ensure we have a good evidence base to demonstrate how the Board safeguards adults has been reinforced by extra resource. We are also working together to ensure there is a culture of high support and high challenge in our services. As a Partnership we have focussed on the challenges presented by the aftermath of the Covid pandemic. This has impacted how we delivered services in 2022/2023 and we are now able to consistently use hybrid ways of working to ensure we remain responsive to adults in Dudley.

Over the next 12 months we recognise that we need to intensify our multi – agency response to neglect. We are also developing a strategy to assist the resilience of the care sector in Dudley to support choice for individuals considering continuing care support. During the next 12 months we will also stabilise our relationship with the new Integrated Care Boards safeguarding architecture. The board have also commissioned Healthwatch to obtain local views on their experience of our safeguarding services. This research will enable us to modify or enhance our services in order to make safeguarding personal. Finally, we are also preparing for the possibility of an inspection from the CQC which will offer a helpful benchmark of progress made by the board.

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

2. About the DSAB

2.1 The Annual Report

Welcome to the Dudley Safeguarding Adults Board annual report. This document provides an overview of the effectiveness of services in place to safeguard adults across the Dudley Borough. The information relates to the period 1st April 2022 – 31st March 2023.

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

2.2 What is Safeguarding for Adults?

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

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

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

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

2.3 What is Dudley Safeguarding Adults Board?

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

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

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

- Adherence to the six declared principles of adult safeguarding

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

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

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

2.4 Our priorities 2021-22

DSPP priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding.

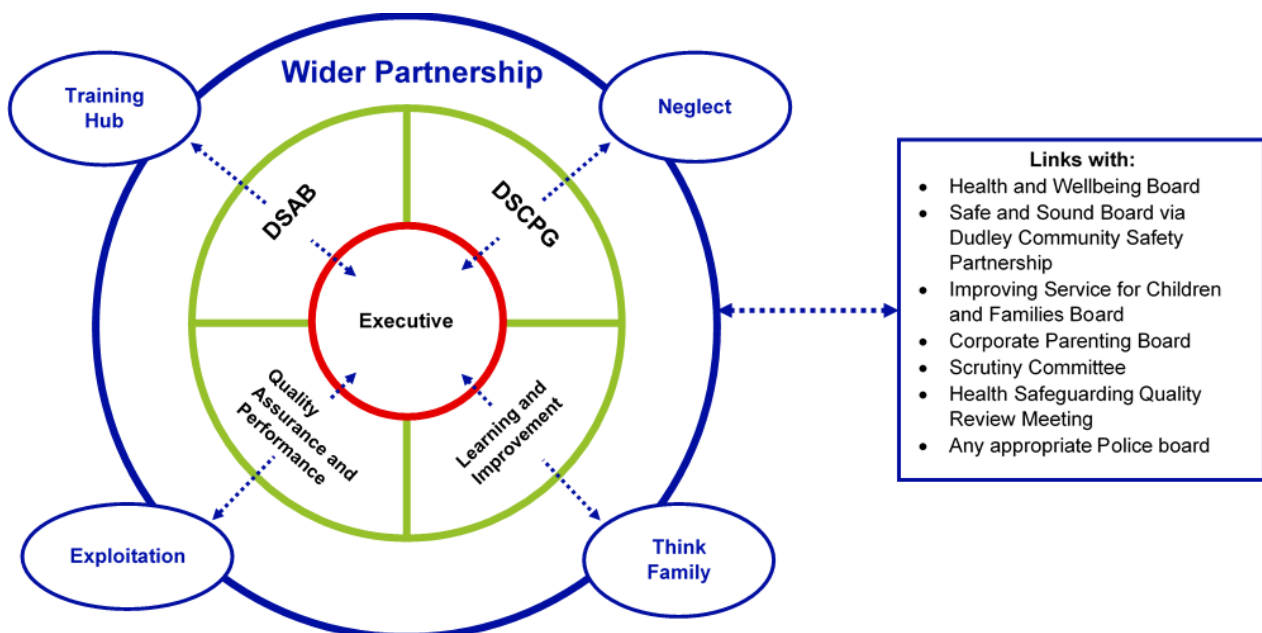
This third priority allows partners to be more flexible and adapt to emerging themes and trends.

1. Neglect across the life course
2. Exploitation across the life course
3. Adopting a Think Family approach

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group.

Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of this change will be discussed in this annual report. Below shows our structure for 2022-23



2.6 Links with other Partnerships and Boards

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

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

3. About Dudley

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

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

Homelessness

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

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

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

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

Life Expectancy, Health Conditions and Health Inequalities

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

¹ Source: ONS

² Source: ONS

³ Source: Department for Business, Energy & Industrial Strategy, April 2022

⁴ Source: PHE Public Outcomes Framework

⁵ Source: Life expectancy estimates 2018-20, ONS

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

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

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

4. Our data

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

Safeguarding Concerns

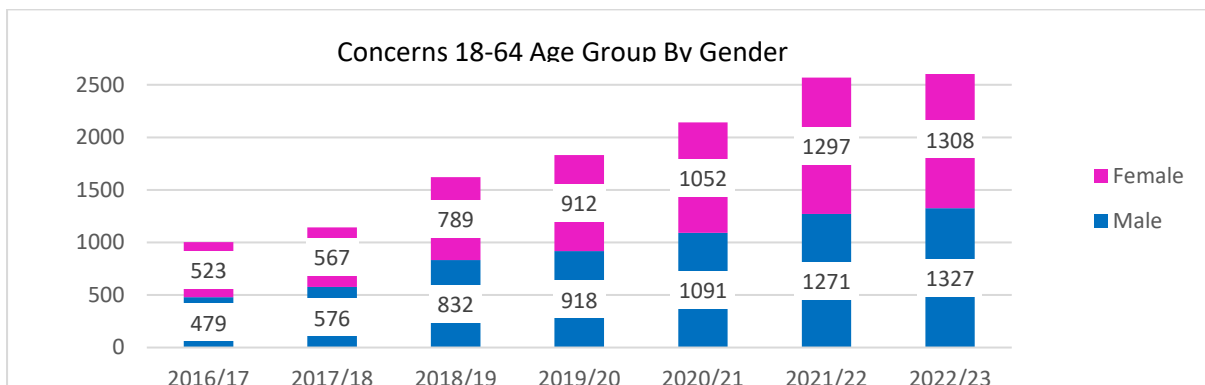
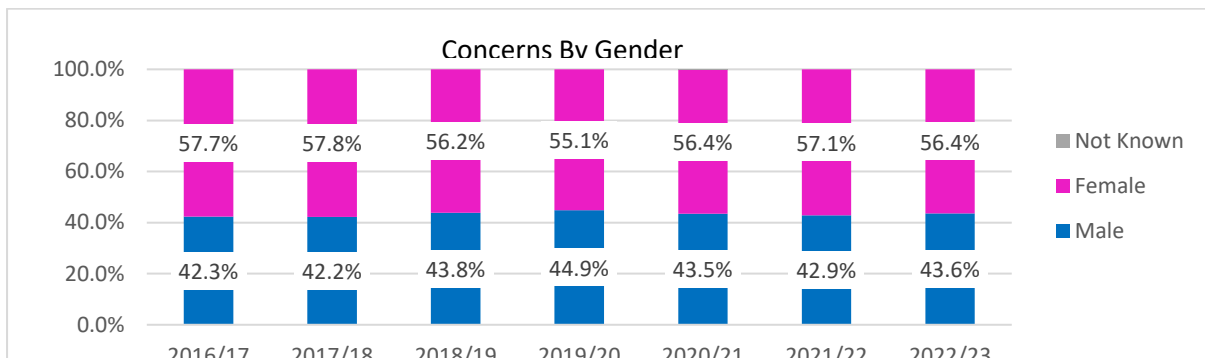
Year	Concerns	% Increase From Previous Year	Enquiries	Conversion
2014/15	1713		726	42.4%
2015/16	2091	22.1%	743	35.5%
2016/17	2809	34.3%	831	29.6%
2017/18	3051	8.6%	727	23.8%
2018/19	3941	29.2%	752	19.1%
2019/20	5299	34.5%	773	14.6%
2020/21	5294	-0.1%	343	6.5%
2021/22	6156	16.3%	693	11.3%
2022/23	6434	4.5%	604	9.4%

MASH (Multi Agency Safeguarding Hub) is intended to screen and determine the appropriateness of referrals, so the lower percentage means that MASH is effective in ensuring that safeguarding enquiries only progress where relevant. However, a high proportion of concerns received into Adult MASH from professionals relate to care management concerns and are signposted to other areas of adult social car, . the Dudley Safeguarding Adult Board will respond to this by providing training in the forthcoming year to ensure that professionals better understand when to refer to Adult Social Care and offer support & guidance for making safeguarding adult referrals, this training will be delivered by Partners.

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

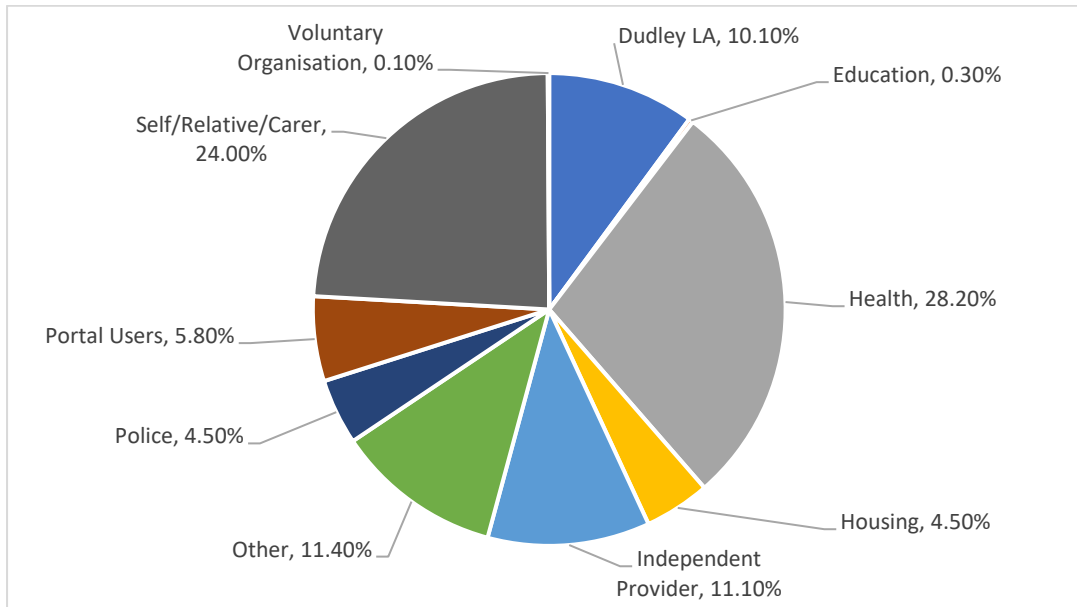
⁸ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 16/05/22] <https://fingertips.phe.org.uk> © Crown copyright 2022

351 concerns were not recorded correctly/fully therefore were excluded from the submission. This was due mainly to the implementation of LAS and a change in recording processes whereby the decision was made to record an episode for each concern which has resulted in many concerns with no episode recorded, an episode but with no 'type' recorded etc. This practice was adopted during the early stages of recording adult safeguarding in 2009/10 but that decision was reversed quickly due to a similar experience of missing data. However, this data quality is slightly improved compared with last year when 382 concerns were excluded for the same reasons. The % conversion has decreased slightly compared with last year. The overall proportion of concerns within the 18-64 age group remains the highest proportion by age group overall (41%) with males forming 50.3% of the concerns in this age group. However, overall, and consistently over the past 7 years, females continue to form the highest proportion of all concerns.



Concerns by source

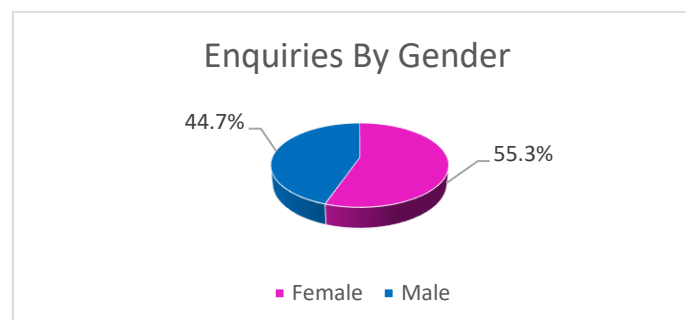
The proportion of concerns received from a Health source forms the highest proportion of all concerns at 28.2% with concerns from Self/Relative/Carer at 24%.



2022/23 Enquiries

The detail of the enquiry, eg abuse category, location of abuse etc, is not submitted in the SAC until the actual enquiry is completed. Therefore, the following is an analysis of 2022/23 enquiry data only.

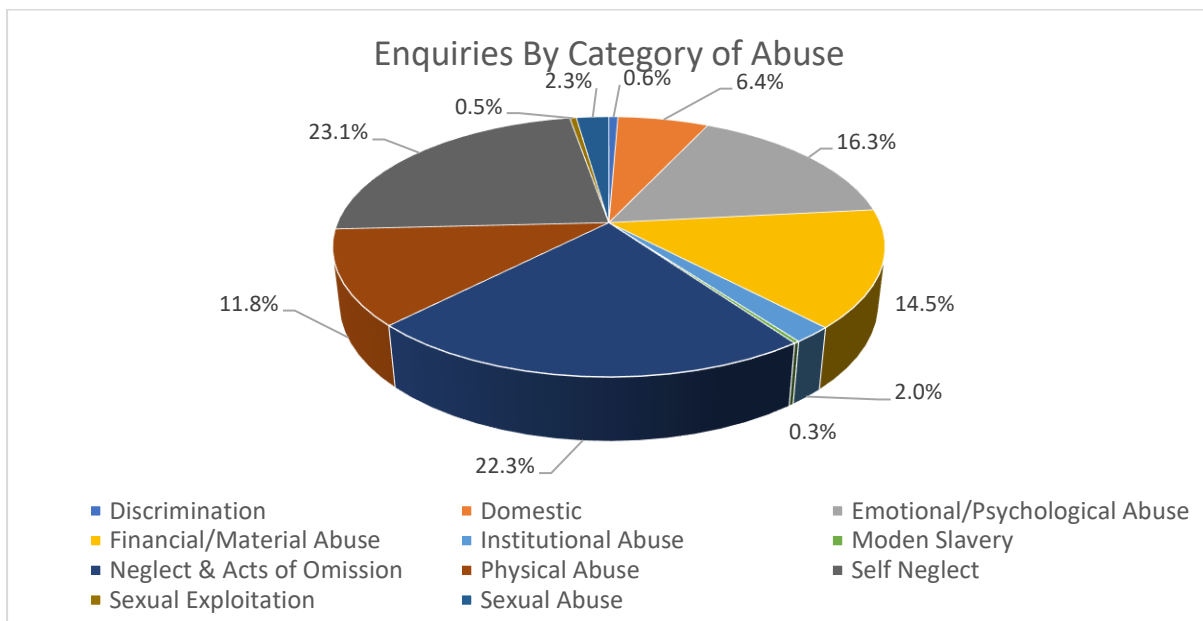
Enquiry Type	No	%
S42	477	79.0%
Other	127	21.0%
Total	604	100.0%



In line with concerns, females formed the highest proportion of enquiries at 55.3%.

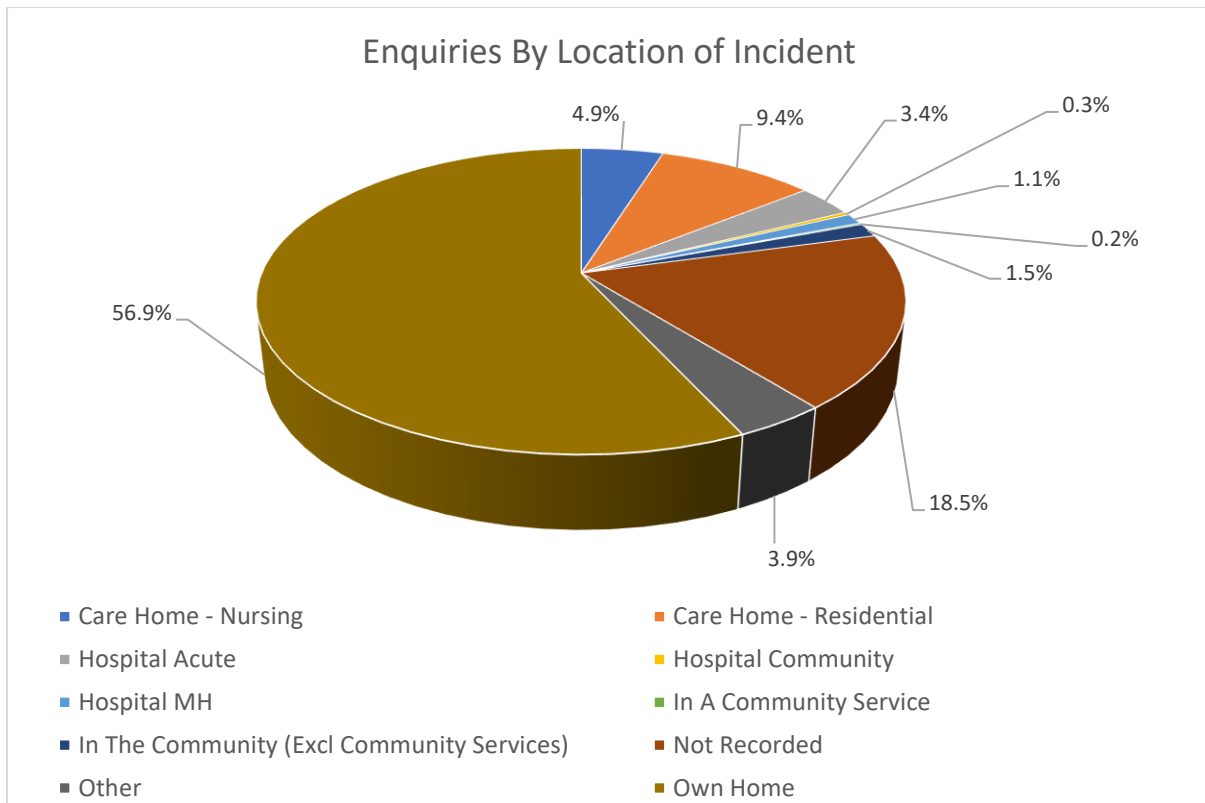
Gender	18-64	65-74	75-84	85-94	95+	Total
Female	135	53	61	75	10	334
Male	159	37	46	27	1	270
Total	294	90	107	102	11	604

Males form the highest proportion within the younger 18-64 age group (54%) and in general, females within the older age groups, however, this could have a direct correlation with the general population overall in Dudley, where females form the highest proportion of older adults.



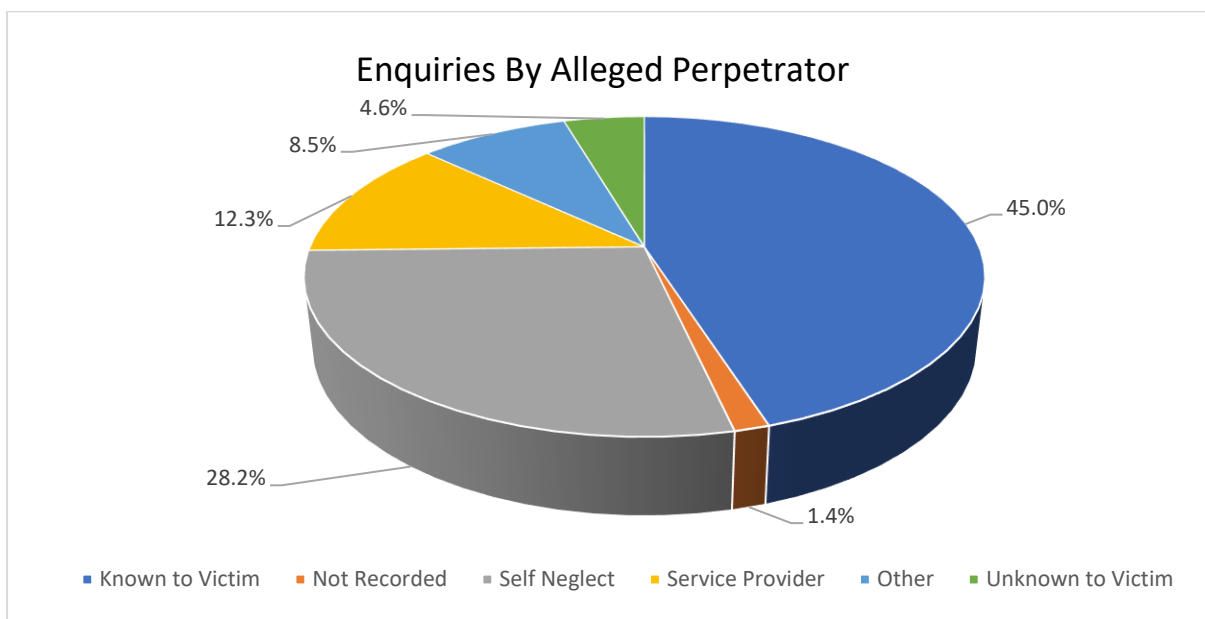
In a change to previous reporting, the category of Self Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect & Acts of Omission at 22.3%

Abuse Category	Female	Male
Discrimination	4	3
Domestic	51	19
Emotional/Psychological Abuse	99	81
Financial/Material Abuse	76	84
Institutional Abuse	15	7
Modern Slavery	2	1
Neglect & Acts of Omission	146	99
Physical Abuse	90	40
Self-Neglect	110	144
Sexual Exploitation	3	2
Sexual Abuse	19	6
Total	615	486



As in previous reporting, the highest proportion of incidents occurred at the victims own home 56.9% with 50% of these recorded with an alleged perpetrator known to the victim.

Overall, 45% of incidents were recorded with an alleged perpetrator known to the victim.



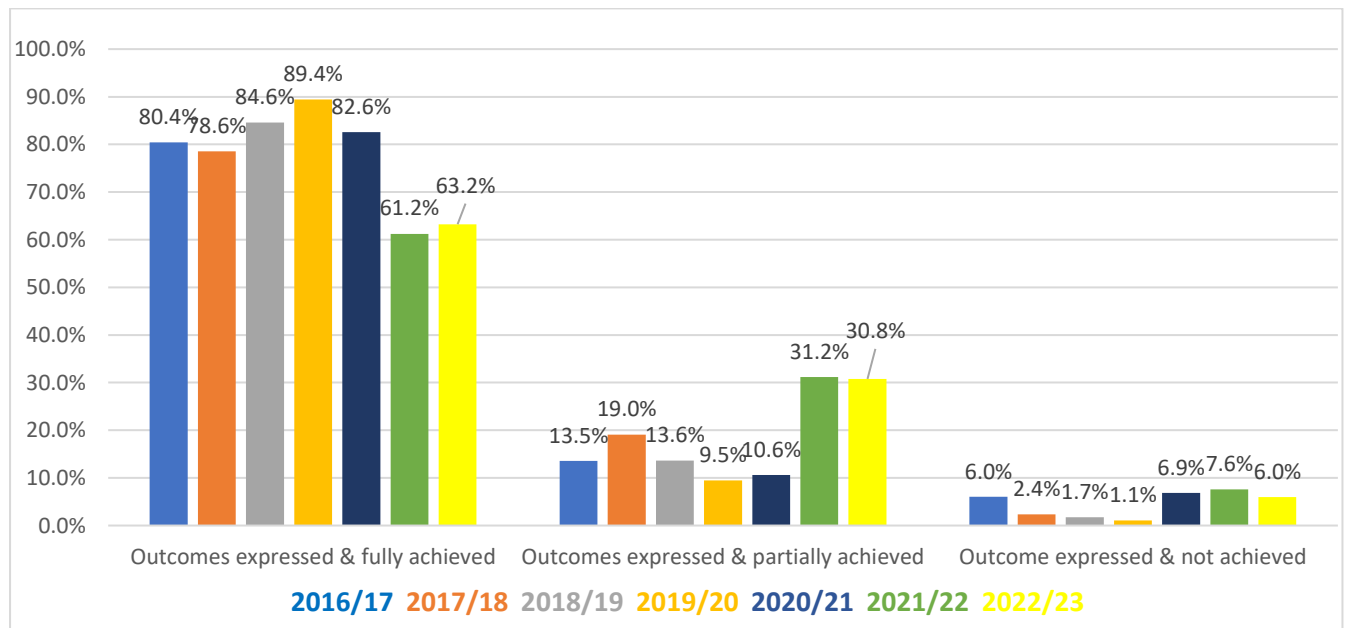
Concluded Enquiries

Year	Concerns	% Increase/Decrease from Previous Year
2014/15	567	
2015/16	529	-6.7%
2016/17	625	18.1%
2017/18	589	-5.8%
2018/19	542	-8.0%
2019/20	564	4.1%
2020/21	448	-20.6%
2021/22	549	22.5%
2022/23	511	-6.9%

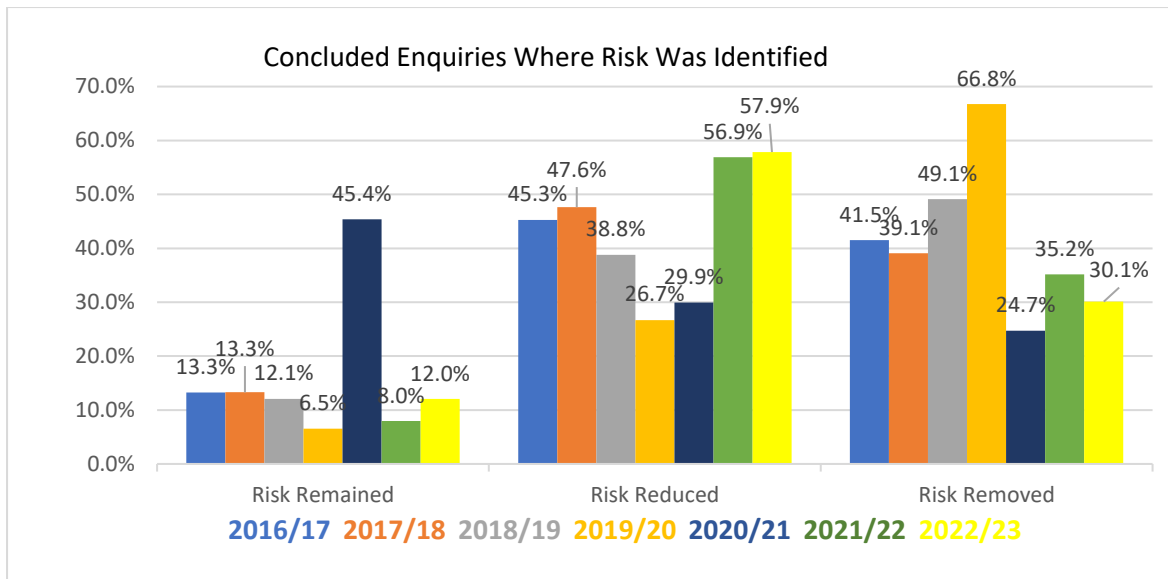
The number of concluded enquiries that we were able to submit in the SAC has decreased during 22-23 by 6.9%. There were 126 concluded enquiries not being submittable due to having missing risk data (table validation within the SAC doesn't allow an option in tables 2c and 2e of 'Not Recorded' and therefore these records had to be excluded). 94 concluded cases had no Location of episode recorded however, these have been included as 'Other' and 9 episodes had no perpetrator recorded but were included as Unknown/Stranger.

419 (82%) were S42 enquiries with 92 (18%) being 'Other' enquiries.

Performance regarding concluded enquiries where an outcome was expressed and that outcome was fully or partially achieved has slightly increased compared with last year, with a combined fully and partially achieved figure of 94% compared with 92.4% during 2021-22.



An element of risk was identified for 382 concluded enquiries.



The table below shows where a risk was identified and if it was reduced, removed or remained. A case audit would be required to ascertain why cases fall into the cohort where action was taken but the risk remained.

	Risk reduced	Risk remains	Risk removed
Risk identified and action taken	195	32	93
Risk identified and no action taken	26	14	22
Total	221	46	115

5. Progress against our priorities

During 2022 – 2023 Dudley Safeguarding People Partnership has fully embedded the new subgroup structure which has proved beneficial in progressing our priorities. To support this DSPP held its first Annual Conference on 5th July 2022 where the partnership priorities were formally launched.

Joining us were keynote speakers Dez Holmes, Director at Research in Practice and Professor Michael Preston-Shoot, Emeritus Professor of Social Work at the University of Bedfordshire. Dez spoke about developing a transitional safeguarding approach and Michael spoke about learning from self-neglect SARs, research and people with lived experiences.

Facilitating the day were AFTA Thought, an organisation who use drama to bring learning from recent CSPRs and SARs to life.

5.1. Priority 1 – Neglect across the Life course:

In Dudley, Self-Neglect forms the highest proportion of all enquiries at 23.1% followed by Neglect & Acts of Omission at 22.3%.

The Neglect subgroup is the group with responsibility for progressing this priority, it has strong partnership leadership with the ICB Designated Nurses chairing the subgroup and overseeing the Neglect work plan for the Partnership.

What we did:

- A Self-neglect thematic review was completed towards the end of the reporting period into five self-neglect cases. The report highlighted some crucial learning around Trauma informed practice and alcohol misuse and dependency, this learning has resulted in the DSAB having a clear focus on Alcohol Misuse and subsequent training will be commissioned by Blue Light in the forthcoming year.
- Dudley Group has implemented a Pressure Ulcer Standard Operating Procedure. This enables areas of learning to be shared in relation to avoidable Scrutiny meeting pressure ulcers to improve practice and prevent further harm.
- There continues to be an upward trend in staff recognition and referral for self-neglect for Dudley Group. There was a significant increase in referrals following a 2-week intensive safeguarding training period which focused on a local Safeguarding Adult Review (SAR) where self-neglect was a focus and there was learning and recommendations for the Trust around our recognition and referral of self-neglect
- We developed a cost-of-living resource web page in response to the National challenges around the rising cost of living, the resources were requested of the subgroup who all helped to populate ways to support children and adults in the Dudley borough.
- Work is underway to implement Neglect strategy for adults. It is recognised that acts of omission and neglect are not necessarily focussed on and the need to have a dedicated resource has been agreed by the Neglect subgroup. This will be launched during 2023-24.
- A position statement was developed for 'Was Not Brought' and 'Did Not Attend' to ensure we have a consistent approach to children and adults not attending for their appointments this will support professional curiosity where neglect could be a feature in a child or adults life.
- Work has commenced on the development of the Hoarding Toolkit; this is as a result of learning from reviews which evidenced that many professionals were utilising various tools to assess clutter/hoarding. Dudley needs professionals to use the same tools so that there is consistency in assessing risk to adults and children, the development of this work will be reported in the next annual report.
- Self-Neglect promotional materials were developed and shared as part of National Safeguarding Adults Week; the topic alone saw 745 impressions on twitter with a further 40 retweets/likes.

5.2. Priority 2 – Exploitation across the life course:

From 1st January 2022 there have been 90 National Referral Mechanism referrals in total, 66 relate to children and 24 to adults. 69 of the 90 referrals were made by Dudley MBC (other referrers include other LA's, Home Office and WMP)

The most common exploitation types for adults were: 13 criminal (majority drug related), 5 labour, 2 modern slavery, 1 sexual, 1 multiple, 1 unknown and 1 cuckooing.

The Adults exploitation subgroup is group responsible for delivering this priority and has strong partnership leadership led by the Police who also chairs the Dudley Safe and Sound Board (Community Safety Partnership), this ensures consistency and avoids duplication between the two partnerships.

What we did:

- The subgroup continues to implement the Exploitation Strategy following its launch in November 2021 via a partnership led action plan for the group. This will strengthen the pathway for referrals around exploitation meaning a robust approach can be taken to concerns of exploitation.
- WRAP Training is available to all partners ensuring that practitioner knowledge around PREVENT is current and embedded in practice.
- Dudley's Safe and Sound Board (Dudley's Community Safety Partnership) have drafted a needs assessment and strategy in response to the new Serious Violence Duty. Mapping has been completed of support services, whilst a system wide commissioning group has been established to oversee procurement and contract management of local services
- Exploitation and County lines promotional materials were developed and shared as part of National Safeguarding Adults Week; the topic alone saw 653 impressions on twitter with a further 44 retweets/likes.
- Safe & Sound Board, through its website, campaigns and meetings has raised awareness, sign posting to support and advice and reporting issues of how to report safeguarding concerns, Hate Crime, Modern Slavery, Prevent, Domestic Abuse, Sexual Assault and Abuse, VAWG, On-Line Harms, Fraud and Scams, personal safety and violence prevention
- Dudley Trading Standards' Scams Unit have adopted a preventative and proactive approach to raising awareness, through the establishment of a Dudley Financial Abuse Alliance with financial institutions, 'friends against scams' training for any person, group or organisation, distribution of the annual fix-a-trade brochure, instalment of call blockers and visits to community groups to provide scams prevention information and advice.
- In addition, the Trading Standards team have been involved in the multi-agency safeguarding hub (MASH), receiving referrals for alleged financial abuse cases and working in a coordinated way to respond to referrals, investigate concerns and support people.

5.3. Priority 3 – Adopting a Think Family Approach

Although there is no specific subgroup for this priority, the partnership has progressed this area in the following ways.

- The restructure of our priority groups for Neglect spans across the life course which addresses any cross-cutting issues.
- The chairs of both Exploitation Groups regularly meeting to discuss such issues of transition between children's and adults.
- Following on from the success of the DSPP conference held in July 2022, partners felt it would be beneficial to have more opportunities to enable more discussion on and progress the priorities of DSPP. In response to this DSPP and its partners organised and held a development workshop on 27 March 2023 with a theme of Think Family which incorporated both Exploitation and Neglect priorities, which was well attended across the partnership.
- By the end of the workshop members had contributed to the work of the subgroups by recognising achievements to date against the respective strategies, highlighting the areas that require development and identifying ways forward in terms of next steps for the groups and partners. The general feedback from each of the sessions was fed into the Exploitation and Neglect Sub
- Over the past 12 months DIHC and Dudley Group have continued its work to develop a safeguarding infrastructure across the life course and in doing so embed a Think Family approach. This has included the successful launch of a suite of safeguarding policies and procedures. The organisation has an overarching Safeguarding Children and Adults policy.
- The DIHC safeguarding team have delivered a short training package on Think Family within safeguarding supervision sessions, service, and team meetings, and a 7-minute briefing has been disseminated within the Trust.
- The ICB Designated Team work across both adults and children, there is adult and children expertise in the team and utilise this to share learning from reviews, incidents and themes. This learning is shared via GP safeguarding forums and the Safeguarding Quality Review Meeting.

5.4. Additional work in support of the DSPP:

- We have strengthened the quality assurance arrangements from our Neglect and Exploitation subgroups to the Quality Assurance Subgroup by implementing 6 monthly assurance activity reports into the group.
- A complex vulnerabilities delayed discharged pathway has been developed for those patients where there is a risk of delays to discharge due to the complexities of a patient's health and care needs AND there has been a breakdown in their care package. Analysis of the effectiveness of the pathway will be shared in the next report.
- Public Health have funded a voluntary sector organisation - Just Straight Talk to deliver a project to improve the digital skills of local residents. Overall, 180 people have accessed support from Digi Dudley (July 21 -June 23). Of which, 122 received 1-to-1 sessions (of up to 8 sessions each) and 58 people who received support in group settings. The project has so far delivered 1,208 digital skills sessions, of which 80% were 1-1 sessions provided face to face with the vast majority taking place in people's own home.

- The Public Health Protection Team have been involved in Adult Safeguarding investigations and Large Scale Enquiries (LSE). These are multi-agency led response to supporting providers requiring improvements in standards of care which has resulted in protecting the most vulnerable people in our community. The team have also joined the Care Homes Practitioner Forum led by the Black Country Integrated Care Board's Designated Nurse for Safeguarding Adults, where concerns are raised for discussion and appropriate actions put in place to safeguard care setting residents. This demonstrates joined up working and collaboration across the system.
- Delegated portals in Adult Social Care continue to provide a safer, quick and more robust process of information gathering between partners using the previous system. This ensures all information pertaining to a safeguarding concern is recorded together transparently and securely, creating greater clarity in decision making and reducing room for error when storing sensitive data.

6. Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are supported to live the best life they can while ensuring any restrictions in place, to ensure their safety, does not inappropriately restrict their freedom.

The safeguards set out a process that hospitals and care homes must follow if they believe it is in the person's best interests to deprive a person of their liberty, in order to provide a particular care plan. The care home or hospital send a referral to the Local Authority who commission a Mental Health Assessment and Best Interest Assessment and if agreed an authorisation of the DoLS can be granted for a maximum of 12 months. The safeguards provide a number of legal protections including a right to request a review by the person (Relevant person) and the Relevant person's Representative who can be a friend, relative or Advocate.

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

Liberty Protection Safeguards (LPS) were due to be implemented to replace DoLS and CDol and place mental capacity assessments, best interest decisions and decisions around restrictions that might amount to a deprivation of peoples liberty at the centre of all care planning and assessment. However the government has advised they will be delayed indefinitely and the DoLS and CDoL schemes remain. Support has been provided to practitioners' families, ICB and Care Homes around the legal aspects of DoLS and the process.

Dudley MBC Adult Social Care continue to triage, assess and manage all DoLS referrals. In 2022-23 there have been 547 applications received, with 440 assessments completed.

7. How do we listen?

Healthwatch

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

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

During the forthcoming year Healthwatch will be supporting DSPP to obtain local people's views on their experiences of self-neglect and safeguarding in general. The research question will be: 'What are local people's experiences of self-neglect and the safeguarding process?'

The aim is to improve understanding of people's circumstances and how they feel about the safeguarding process.

Case Example:

Healthwatch Dudley have been working with Mr A (Name changed) for the last 12 months, his complaint and concerns have been through the internal channels and completed the ombudsmen process. The case was complicated and Mr A felt that the response was not adequate but the deadline had passed for him to raise further concerns with the Ombudsmen. DSPP were made aware and were able to arrange a three-way meeting. Healthwatch Dudley were particularly interested from the perspective of someone going through the safeguarding process and how it felt to them. They were able to reflect and address any areas where provision can be considered.

This evidences the strong collaborative approach and the open lines of communication we have with Healthwatch.

8. Learning from Reviews

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

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

- An adult in the area dies as a result of abuse or neglect, whether known or suspected and,
- There is concern that partner agencies could have worked more effectively to

protect the person at risk.

- The DSAB must also arrange a safeguarding adult review when an adult in its area has not died, but the DSAB knows or suspects that the adult has experienced serious abuse or neglect.

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

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

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

Activity during this Period

During the reporting period ten referrals were received for consideration. On review six were returned to the referrer as they did not meet threshold for consideration based on the information provided. A further three were returned to the partner agency for completion of S42 or other enquiry. One was progressed to a rapid review scoping exercise and subsequently progress to a SAR

Characteristics of the referral subjects:

- Five of the referrals relate to males and five relate to females
- Eight of the referrals were submitted following the death of the subject adult.
- Ethnicity was not stated on two referrals, with one being Asian-Pakistani, one being White Polish and the other six being White British.
- The youngest was 28 and the oldest was 96 at the time of the incident.

18-24: 0	45-54: 1
25-34: 2	55-64: 0
35-44: 0	65 and over: 7

DSPP published 2 reviews during the reporting period:

Thematic SAR – review of self-neglect

Dudley Safeguarding People Partnership (DSPP) reviewed five cases of individuals who were regarded to be self-neglecting prior to their death. All five people were considered difficult for agencies to engage with and either declined or cancelled support from services.

The review recognised that self-neglect is not a lifestyle choice, but often the outcome of a traumatic significant life event such as (but not limited to) the death of a close relative, abuse or neglect. Substance misuse, self-harm, suicidal ideation and hoarding. These are often coping mechanisms people suffering from trauma use,

whilst practitioners may see these as part of the problem to be rectified, they are in fact survival strategies used by the person.

The effects of trauma and associated survival strategies, impacts upon a person's physical, emotional and mental wellbeing. By addressing trauma, it creates resilience for the future. Less homelessness, less mental ill health, and reduction in physical ill health, less hoarding, less criminal activity and a solution lies in practitioners understanding a person's experiences.

Overview of learning outcomes:

1. **A Persons Own Story.** It is important to get the person's story; connections, life events, how they have coped and what they want to stay safe and well.
2. **Safeguarding and Wellbeing Principles.** The safeguarding and wellbeing principles might serve as checklists for all agencies to use in relation to people who self-neglect.
3. **Eligibility Pathways & Criteria.** Eligibility criteria for statutory assessment needs to be better understood by all agencies. Pathways mapped in relation to people considered to be self-neglecting need to include consideration of critical risks when practitioners are concerned.
4. **Safeguarding Risk Assessment and Decision Making.** Consistent safeguarding risk assessment and consideration of the safeguarding and wellbeing principles should be embedded into frontline practice. Where required, multi-agency safeguarding enquiry and support process should be undertaken in a timely manner.
5. **Mental Capacity and Executive Functioning.** Agencies need to be aware of the importance of determining whether executive brain function is affected by a person's adverse experiences.
6. **Think Family.** A whole family approach to assessment and co-caring responsibilities should be developed if a person is identified as meeting a need and safeguarding concerns have been raised.
7. **Trauma Informed Practice.** Consider whether the impact of trauma is affecting a person's responses and preventing them from being able to self-care. Agencies should work to support trauma intervention at an earlier stage.

SAR - Stanley

Stanley was an elderly gentleman of White British heritage who lived alone. Stanley was the youngest of six children, brought up by his parents in the Dudley area where he continued to live.

A diagnosis of paranoid schizophrenia from early adulthood, necessitated involvement with secondary mental health services at that time and support continued throughout his life.

Stanley had been admitted into hospital with a swollen abdomen and leg and he sadly died at the age 82. There had been a series of five 999 responses over the previous weeks regarding one fall and four related to issues with his catheter.

Key Learning Centred around:

- Understanding the person's journey
- Mental Capacity
- Multi-Agency Working and Communication
- Supervision and Management Oversight
- Mate Crime
- Record Keeping

Full details of the review and learning resources are now available on the DSPP website. An action plan is in place in respect of this review and progress is being made.

Learning Shared

Learning highlighted from these reviews led to the Partnership undertaking work around self-neglect including developing a [self-neglect webpage](#) with resources for practitioners.

Promotional work and activity undertaken for Safeguarding Adults in November 2022 further highlighted learning from these reviews along with national safeguarding themes including self-neglect, creating safer organisational cultures, elder abuse and safeguarding in everyday life.

Looking Forward

A thematic learning dissemination plan is planned from 1st April 2023, giving an opportunity for staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews along with offering information in relation to this learning.

April's joint Children's and Adults theme will be Alcohol Misuse and Dependency which is a key theme in the Thematic SAR – review of self-neglect. The thematic learning plan will be measured through the DSPP Quality Assurance Framework by way of a 6 monthly staff survey.

In addition to this a new training course is in development, delivered by partners, which focuses on professional curiosity and brings in case review examples, SAR – Stanley is a case that will be used in this training along with previous SARs .

Learning from Audits

During 2022/23 DSAV have looked to introduce a multi-agency audit process. The Multi-Agency Audit of Practice (MAAP) process will look at and scrutinise multi-agency practice from a random selection of cases to assess the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. The following will underpin the MAAP Audit process:

- Focus on multi-agency and multi-disciplinary interventions and have a clear focus and clearly defined terms of reference
- An expectation that all agencies commit to the MAAP procedures
- Focus on current practice, considering interventions that have occurred within the last 12 months
- Consider interventions that are within the remit and work of local agencies
- Include a focus on the welfare of the adult, timeliness, communication and engagement with families or other significant adults.

9. Multi-agency training and its impact

During the year we changed our approach of our offer of Learning and Development, the programme was amended to better reflect learning from our reviews and responded to local and national emerging themes. The learning offer was adapted to a blended approach of online learning events and the return of face-to-face training.

9.1 Key Developments

- The Learning and Development Strategy was refreshed for 2022-2024, this was streamlined to make it more focused on what we are trying to achieve and how.
- The first DSPP competency framework for safeguarding training in Dudley was developed in line with statutory guidance and national competency frameworks.
- The training plan was revised to ensure all training directly linked to DSPP priorities or local learning identified through case reviews and audit activity.
- A full training needs analysis was completed which will inform the 2023-24 programme.

9.2 Training Data:

68 total training events (both adults and children courses) were delivered through the DSPP between 1st April 2022 and 31st March 2023.



We offered a total of 2068 places, of which 1106 were used, and out of that 849 delegates attended the courses.



We found that 344 delegates cancelled their place prior to the course, mainly due to capacity, and 257 did not attend on the day, and again this was mainly due to operational service delivery issues.

100% of our training was half day or less.
21 events for both adults and life course training were delivered through the financial year.

Delegates representing 48 different services or organisations have been able to network and build relationships on multi-agency training.

Attendance at our training in relation specifically to our key priorities is as follows:



Attendees reported improved knowledge following courses which will improve their practice.

“I was impressed about the deaf safe and well visits and also the young people service as I was unaware that these were available and will definitely bear in mind in the future. I also did not know about the QR codes being up in the offices which was useful.”

Fire Prevention in the Home and How you can help prevent residents of Dudley dying or getting injured in a house fire

“This course taught me the importance of language in shaping a person’s story (e.g. referrals) and then in turn how others perceive them.”

Trauma Informed Practice

9.3 Training Evaluations

What we can see from our data embedded in our Learning Management System is that (at this time of writing this report):

- 75.2% of people complete pre-evaluation
- only 58.3% of people complete post course evaluation
- only 11.7% of people complete post event stage 2

This suggests there is more work to do in measuring how our training is making a difference to practice in Dudley.

Learning Gain

Pre-booked average	Post Event Average	Learning Gain
3.01	4.30	1.29

Data collected from 01.04.2022 – 31.03.2023

Our learning gain figures show that our training is improving professional knowledge which will in turn improve safeguarding practice. We regularly ask for feedback on our courses to ensure we are delivering the right material to the right audience. We

are part of a regional learning and development group which enables us to share best practice.

We have made significant progress on working with partners to develop and facilitate our courses which will be running from 2023-24.

We have started discussions on a regional level to enable Dudley to gain improved learning on practice improvement as a result of our training and awareness raising. The implementation and subsequent analysis of the thematic learning plan will also significantly address closing the loop in learning and improvement cycle.

10. Voice of the adult

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

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

11. Our priorities for 2022-2024

The priorities for the forthcoming year reflect 2022-23 priorities and we will continue to further progress the identified work plans. In the next twelve months we will also focus on the following:

1. Develop robust transitional arrangements for 16-18 years who are at risk of exploitation.
2. Develop a more robust hoarding/ squalor/ clutter tool which reflects a think family approach. Learning from reviews highlighted that professionals are using a number of different tools to assess the conditions in a home.
3. Revise the exploitation screening tool and appropriate risk levels to ensure its effective use across the partnership.
4. We will introduce a Multi-Agency Audit of Practice process, ensuring we focus on the quality of practice and the difference we make and analyse the findings and embed learning in our practice ensuring we have a shared understanding of what good looks like
5. Implement a Thematic Learning Plan to enable staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews and how they can implement changes in their everyday practice.
6. Develop the learning offer based on the findings of a Training Needs Exercise. This exercise will demonstrate the training needs across the partnership and strengthen the adults learning offer.
7. Partners to assist in the co-delivery of Multi-Agency Courses: Health and Social Care Partners to jointly deliver a brand-new course on Professional Curiosity and Effective Challenge (key finding from both adults and children's reviews). Health, Police and Social Care Partners will develop and deliver a course on making safeguarding concerns due to an emerging data trend.
8. Hold an Annual Conference directly linking to case reviews; The theme of the conference will focus on Developing a Trauma Informed Partnership and will take place during Autumn of 2023
9. Review the Training Impact Process to better inform the Partnership of the impact of its multi-agency training on practice.

12. Summary

During 2022/23, the Dudley Safeguarding Adults Board has embedded the new strategic priorities and the work within of the subgroups. We aim to have a robust process where our work is influenced regularly by people who access our safeguarding services, therefore the newly commissioned work by Healthwatch will provide valuable insights into the effectiveness of our work.

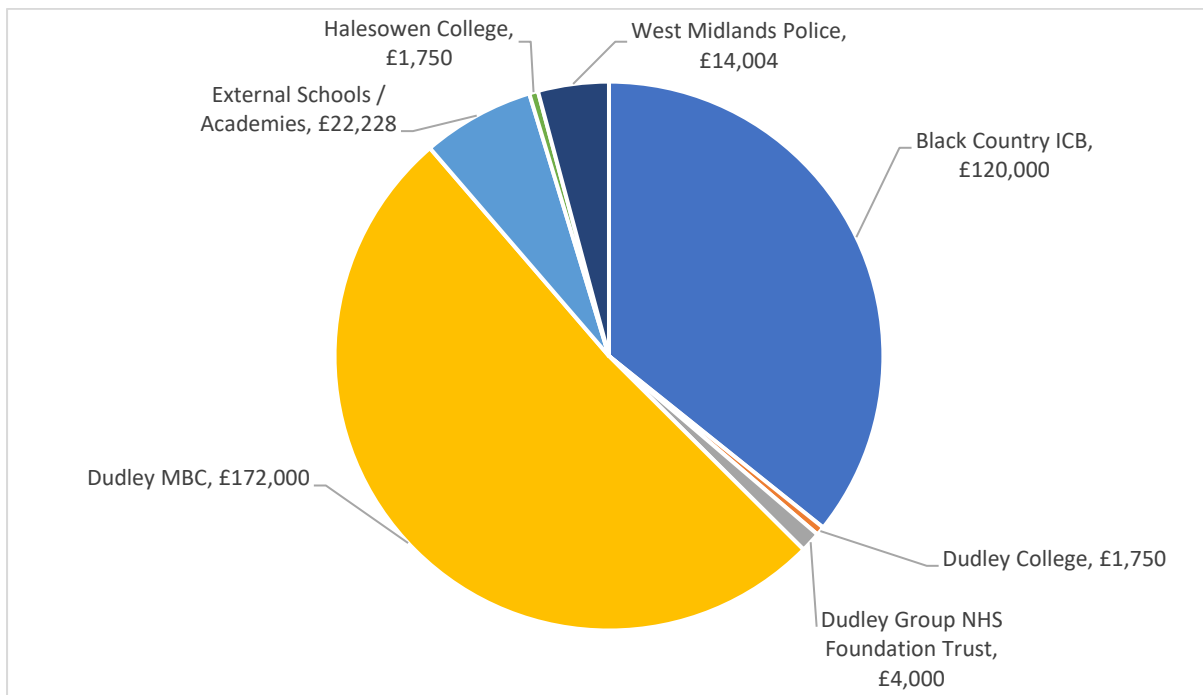
Through our work in the Neglect Subgroup, we are now seeing a new and equally concerning problem in the rise of Self-Neglect and Disorganised living. We know this issue affects both children's and adults in Dudley therefore the development of new Hoarding/Squalor toolkit working across services for Children's and Adults will commence in the coming months. This remains a specific strand to the work of the subgroup who will be leading on the implementation for this piece of work.

A significant focus for the partnership is our approach to Think Family, in particular reviewing our Transitional Arrangements for Safeguarding, a clear strength in progressing this work is the unity of the two Exploitation Subgroup Chairs. This is proving beneficial in making progress on the development of robust exploitation transitional arrangements between Children and Adults.

We will continue to learn from our safeguarding adult reviews, ensuring timely and appropriate dissemination of themes and trends and to use this information to underpin our training and influence our strategic direction. Our Learning offer for adults will be strengthened over the next 12 months and we are excited to implement our schedule of thematic learning that will evidence how learning from reviews has been implemented and making a difference to practice.

Appendix 1

DSPP funding arrangements 2022-23



Appendix 2

Case study 1

Patient B was an 86-year-old patient, admitted to the hospital following a fall in her care home. Patient B had a multitude of health problems and was deteriorating quickly. All reversible causes had been ruled out and she was considered close to end of life. B was receiving IV fluids with limited benefit and at times appeared to be causing her distress, she would often try to remove the cannula. When B was more alert, staff would support her to receive fluids orally. B did not have any relatives or friends to support her with decision-making. Medics had two options available: to withdraw IV fluids and discharge her back to the care home to live out the time she had left in comfort and in an environment, she was familiar with, or remain in hospital to continue IV fluids, putting her at risk of hospital acquired infections and the possibility of dying in hospital.

Following the first principle of the MCA, B was not assumed to lack capacity to make this decision herself. Support, the second principle of the MCA, was given to B to help her understand this decision. Staff approached her at different times of the day, at times she appeared more alert, they gave her the information using simplified language and shorter sentences, explaining only the salient points in relation to the choices available. During this support, staff established a reason to doubt B's mental capacity in relation to this decision, so an MCA assessment was carried out. The assessment determined B lacked capacity to make this decision herself.

As part of the MCA process, B was entitled to support from an Independent Mental Capacity Advocate (IMCA).

The decision-maker, the consultant in charge of B's care, was identified and a best interest meeting was held involving the IMCA and professionals relevant to this decision.

Considering principles 4 and 5 of the MCA, everything must be done in the patient's best interest and least restrictive practice. The benefits and risks of each decision were weighed up while considering the least restrictive option. The decision was made to withdraw active treatment and discharge B back to the care home.

The MCA supported the decision-making process in a timely way. A few days later B was discharged to a Nursing Home for end-of-life care.

Case study 2

P was referred to safeguarding after being admitted to hospital following extensive domestic abuse resulting in physical injury. They were found to be homeless and addicted to alcohol, which was impacting on their ability to self-protect and engage with professionals. P was heard at MARAC due to the high-risk domestic abuse they were experiencing and their case progressed to section 42 enquiry in the Safeguarding Adults at Risk team. The team supports adults under the age of 65 who's primary needs relate to alcohol and substance misuse.

P was allocated to a worker who has used a person centred and trauma informed approach to understand their desired outcomes. They have worked together with P to form a network of professionals [including Change Grow Live, Housing support, IDVA, Probation and Police] to ensure they have the right support at the right time to minimise risk and empower P with skills to deal with their trauma and increase their independence. As a result of this support P has felt able to end their relationship with their abuser, access alcohol detox and has obtained independent accommodation.

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 8(b)

DATE	14 th December 2023
TITLE OF REPORT	Dudley Children’s Safeguarding Partnership Annual Report for 2022-23
Organisation and Author	Dudley Safeguarding People Partnership
Purpose	To present the DSCPG Annual Report to Health and Wellbeing Board
Background	The Social Work Act (2017), and subsequent revision of the Statutory guidance Working Together (2018) places the responsibility of ensuring effective coordination between agencies to safeguard and promote the welfare of children in their area under the leadership of three key safeguarding partners, that being the Local Authority, Police and Health (Integrated Care Board) with support from wider partners.
Key Points	<p>This report reflects work carried out by the multi-agency safeguarding arrangement between April 2022 and March 2023.</p> <p>The DSPP is the overarching strategic group which oversees the work of the Childrens Safeguarding Partnership Group and the Safeguarding Adults Board, enabling a life course safeguarding approach across the Partnership. Since our last report, we have maintained a life course approach but still recognise that some sub groups should remain focussed on the work of children.</p> <p>The DSPP have has embedded the role of Independent Scrutineer to support us in our safeguarding work across the Partnership. This has provided us with robust challenge as well as advice and guidance to help ensure our Partnership safeguarding arrangements are effective. Our Scrutineer chairs the DSCPG and has been a critical friend, providing independent oversight of our multi agency work.</p> <p>This report mentions work that is being done on our family Safeguarding model. The DSPP fully supports this model of practice, and we will be able to update more in our next report.</p> <p>We continue to conduct our multi agency case file audits, which we have renamed Multi Agency Assurance of Practice (MAAP) to better reflect the purpose of this exercise. We have used this</p>

	process to gauge our preparedness for any JTAI (Joint Targeted Are Inspection) which will involve the Local Authority, Police and Health colleagues.
Emerging issues for discussion	None
Key asks of the Board/wider system	None
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>The DSPP neglect priority focuses on improving the lives of children by trying to reduce the instances of neglect via Graded Care Profile2 – in doing so children have a happy, stable loving home in preparation for school and throughout education</p> <p>Our think family priority ensures a holistic view of the family is considered, supporting children through their education.</p>
Contribution to Dudley Vision 2030	<p>The work of the DSPP supports the Borough Vision 2030: ensuring Dudley is a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future</p> <p>Our strategic plan and priorities support the One Council ethos in relation to supporting stronger and safer communities. We continue to build strong relationships with statutory and voluntary sector partners to ensure safe and high-quality care for children.</p> <p>We regularly seek assurance, ensuring Children's Social Care delivers high quality; value for money services; growing resilient families and communities, ensuring less children are in care.</p> <p>The priorities of the Partnership also support Growing Resilient Communities: empowering people to be self-reliant, independent, and well-co-ordinated to grow strong, connected, and resilient communities.</p>

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**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Children Partnership Group
Annual Report 2022/23**

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1. Foreword from Independent Scrutineer (Vicky to write)



It is my pleasure to welcome you to the annual report of the Dudley Safeguarding Children Partnership Group. This report covers the period between April 2022 and March 2023. It reflects the safeguarding commitments of all partners, as we work to achieve our intentions as set out in our strategic plan.

Independent scrutiny provides assurance by reflecting and reporting on the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children, including arrangements to identify and review serious safeguarding cases. It is part of a wider system which includes inspectorates' single assessments and Joint Targeted Area Inspections (JTAs.) My role is to consider how effectively arrangements work for children, families, and practitioners, and how well partners provide strong leadership. I act as a critical friend to the partnership and challenge through ongoing appraisal of the partnership's work in line with Working Together 2018 and the Wood Review of multi – agency safeguarding arrangements 2021.

This report was prepared by the DSPP Business Support Unit on behalf of the Partnership and recognises the progress the DSPP has made throughout the year and the challenges that remain that we will continue to address in 2023/24. I have reviewed the contents and, as the Independent Scrutineer, I can say that the contents are an accurate report of the activities of the Partnership and its Sub-Groups. It highlights the areas where progress has been made and what we need to focus on in 2023/24 and beyond.

There is a strong commitment from the Multi – Agency partnership to work together on agreed priorities and the Executive is well attended by senior leaders in organisations. I provide a report to each Executive meeting with an overview of scrutiny activity during the quarter with recommendations for the Executive to consider. I have undertaken two bespoke areas of scrutiny on behalf of the Executive during the year, one with Russell Hall hospital where I met with the Safeguarding Team and spent some time with Maternity services and the second meeting frontline police officers to consider how they understood and were supported regarding safeguarding issues they dealt with in their day to day work.

Dudley Safeguarding Children's Partnership Group has good representation from across the Children's Workforce and last year we strengthened involvement of our education colleagues. There is increasing evidence of the partnership holding each other to account through a culture of high support and high challenge.

We have continued to make progress throughout the year but recognise that there is still more to be done to ensure our partnership works effectively to ensure Dudley's children are appropriately supported to achieve their potential. We have improved our multi – agency data sets to help us understand where we need to focus our resources but know we need to do more and to ensure we can do this the Executive have agreed to fund a data post to support the work of the DSPP. We have changed

our approach to auditing to ensure we really understand what good looks like for children and focusses less on process and more about whether we are making a difference.

The focus of the partnership on Restorative and Trauma informed practice is illustrated clearly in the two case studies at the end of this report and this approach has been strengthened by the move towards the Family Safeguarding Model which has recently gone live in Dudley. Family Safeguarding brings together all of the professionals working with the family into one-multidisciplinary team. The professionals involved include social workers, domestic abuse specialists, substance misuse workers, mental health practitioners, and psychologists, all working together to address compounding issues of domestic violence and abuse, parental substance use and parental mental health. I am looking forward to reporting on the impact of this way of partnership working in the next annual report.

What's Next for the Partnership? Issues of Note and Risks to be Dealt With

Over the next 12 months we recognise that we need to strengthen our multi – agency response to children and young people who are exploited both criminally and sexually. To support this we recognise that we need to undertake a piece of work to really understand our ‘problem profile’ and what this means in terms of how we best deploy our collective resources to safeguard these vulnerable young people.

We need to ensure our multi – agency audit processes provide assurance on the quality of safeguarding practice in Dudley and our sub – groups deliver on our strategic plan. We need to ensure that the learning from Local Safeguarding Practice Reviews is embedded in practice and is having the desired impact of ensuring that children in Dudley are safer as a result.

I will be undertaking a scrutiny exercise to understand issues in relation access to Mental Health services for our children on young people on behalf of the Executive. As part of this work I want to hear directly from children, young people and their families about what is working well and how we need to improve as well as hearing from frontline practitioners about the challenges they face and how we can improve multi -agency working.

It will be helpful to understand the impact of the Family Safeguarding Model and how this strengthens our ‘Think Family’. approach to working with children and young people.

We will need to ensure that we respond as partnership to new Statutory Guidance and particularly Working Together 2023 when it is published. The partnership will need to ensure that it has a good line of sight on how Family Help is improving outcomes for children and families in Dudley. The partnership will need to review their priorities ready for the year 24/25 in light of this.

Whilst there is much to do, I am confident that Dudley’s Safeguarding Partnership will rise to the challenge and our practitioners will continue to work tirelessly to ensure our children are safeguarded.

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

2. About the DSCPG

2.1 The Annual Report

Welcome to the Dudley Safeguarding Children's Partnership Group's annual report. This document provides an overview of the effectiveness of services in place to safeguard children across the Dudley Borough. The information relates to the period 1st April 2022 – 31st March 2023.

The report will be available on our website via [the DSCPG page](#) and will be shared with our partners for dissemination. The report will also be shared with the Health and Wellbeing Board, Dudley Safeguarding Adults Board as well as a copy shared with the Child Safeguarding Practice Review Panel and What Works Centre for Children's Social Care within seven days of being published.

2.2 Our Statutory Safeguarding Partners

Our Statutory Safeguarding Partners are responsible for the co-ordination of the safeguarding services in Dudley. They are a strategic leadership group with joint and equal responsibility for ensuring everyone works together to promote the welfare of children in Dudley.

In Dudley, our statutory safeguarding partners consist of the Chief Constable of West Midlands Police, the Chief Executive of Dudley Metropolitan Borough Council and the Accountable Officer for the Black Country and Black Country Integrated Care Board.

Each Chief Officer is given permission, under Working Together 2018, to delegate their functions to senior officers. In Dudley the senior officers are:

- Catherine Driscoll – Director of Children's Services, Dudley Metropolitan Borough Council
- Sally Roberts – Chief Nursing Officer (Designate), Black Country Integrated Care Board
- Anthony Tagg – Chief Superintendent, West Midlands Police

These senior officers meet formally on a quarterly basis as part of the Dudley Safeguarding People Partnership Executive (DSPP). The DSPP covers the life course, and the Executive membership also includes the Director of Adult Social Care for Dudley Metropolitan Borough Council. The Executive is chaired by the Independent Chair of the Dudley Safeguarding Adults Board who is also the Chair of the DSPP. The Independent Scrutineer for the DSCPG is also a member of the Executive.

The Safeguarding partners identify the agencies needed to work as part of the multi-agency safeguarding arrangements (MASA)¹ and they have a statutory duty to co-operate with the identified safeguarding arrangements. These agencies are represented on various workstreams and sub groups which report into the DSCPG. Over the past twelve months we have enhanced the involvement of education partners and ensured we have head teacher representation at the DCSPG as we recognise the important role of our schools and education settings in ensuring

¹ Known as 'relevant agencies'

children are safeguarded. We ensure that we have a wide range of partners at the meeting to ensure our safeguarding messages are shared and those that are not represented, receive regular updates.

2.3 Our Shared Vision

Safeguarding is fundamental to ensuring Dudley is a place of healthy, resilient and safe communities with high aspirations and the ability to shape their own future. These safeguarding arrangements build on a strong foundation of partnership working in Dudley borough. Our focus on ensuring coherence with partnership working foundations supports Dudley borough's 'Forging a Future for All' vision to 2030 which contains seven aspirations including a shared commitment to Dudley being 'a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future'.

Our shared vision reflects the life course Partnership approach. We believe that when support is needed, it is not often in isolation. To achieve our vision, the Partners will work together with all agencies to:

- Ensure the welfare and best interests of the person are at the centre of all we do.
- Treat everyone as valued partners.
- Believe change is possible and positively support parents and carers.
- Value difference, inclusivity and encourage engagement.
- Actively listen and take action in a timely and responsive way, avoiding unnecessary delay.
- 'Hear the voice' of frontline practitioners and take their views into account
- Be open and transparent in all that we do
- Support a working culture that challenges, scrutinises and uplifts the partnership

2.4 Our priorities 2022-23

DSPP priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding.

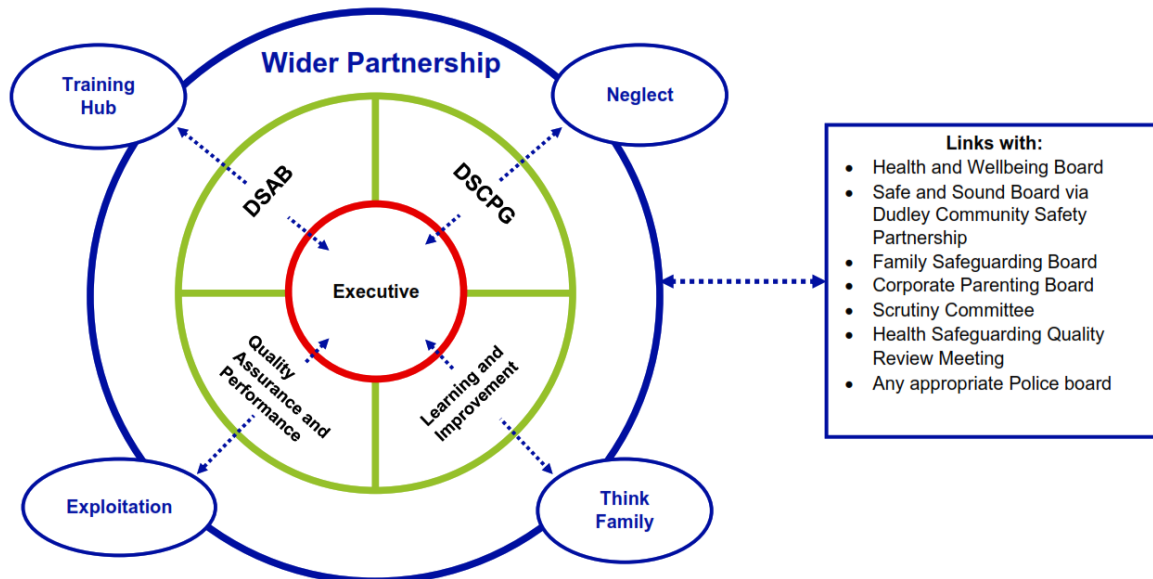
This third priority allows partners to be more flexible and adapt to emerging themes and trends.

1. Neglect across the life course
2. Exploitation across the life course
3. Adopting a Think Family approach

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group. Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley

Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of this change will be discussed in this annual report. Below shows our structure for 2022-23:



2.6 Links with other Partnerships and Boards

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

In addition to the regional groups, there are other groups which either carry out work on our behalf or provide us regular assurance. These groups include the Multi Agency Safeguarding Hub (MASH) strategic group and the Non Accidental Injury Forum (NAI). The NAI forum was established as a result of learning from our Serious Case Reviews/Local Safeguarding Practice Reviews.

The Child Death Overview Panel (CDOP) maintains links with the Partnership via their annual report as well as regular communication where there are specific emerging themes.

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

This report will also be presented to the Health and Wellbeing Board.

About Dudley

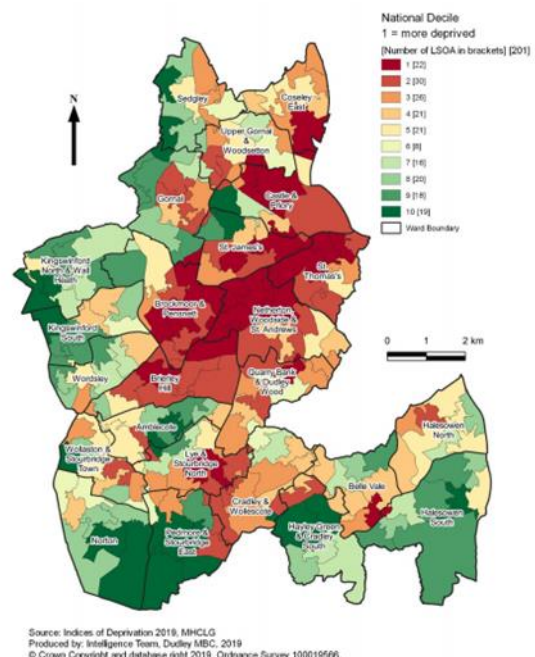
Dudley is a metropolitan borough formed in 1974. It is located on the edge of the West Midlands. Dudley is at the heart of the Black Country, which also includes the neighbouring boroughs of Sandwell, Walsall, and the city of Wolverhampton. The population has been growing at a modest but sustained rate in recent years, with around 10,500 more people living in the Borough in 2021 compared to the 2011 Census estimate.

3.1 Deprivation, Child Poverty and Family Income

A total of 75,030 children and young people aged 0 to 19 are estimated to live in Dudley Borough (Census 2021). This is 23% of the total population in the area.

The proportion of children and young people from minority ethnic groups is rising and in January 2023, they represented 27.4% of the school population up from 22.2% in 2016. The number of children for whom English is an additional language was 11.5% in January 2021 up from 11.0% in 2016.²

Both absolute and relative child poverty has remained an issue in Dudley with rates significantly higher than England. The most recent data available from 2021/22 shows that 21.2% of children in Dudley aged under 16 live in absolute low-income families and 27.1% within relative low-income families. For both measures, Dudley continues to have a significantly higher percentage than England with the recent trend increasing and getting worse. However, is not statistically significantly different to the West Midlands.³



In March 2023 there were 9,235 Dudley Borough residents claiming Universal Credit or Jobseekers Allowance. This is 4.7% of the working age population (aged 16-64), which is lower than the proportion 10 years ago in 2013 (5.4%). The proportion of West Midlands residents claiming is similar at 4.9%, England is lower at 3.8%.⁴

The mean gross annual wage for adult Dudley residents working full-time was £34,695 in 2022, below the national figure of £40,547 for England and below £36,855 for West Midlands⁵.

² Source: School Place Planning team/ School census

³ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 09/08/2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

⁴ Source NOMIS. [accessed 09/08/2023] <https://www.nomisweb.co.uk/>

⁵ Source: ONS. Annual Survey of Hours and Earnings 2022

The mean gross weekly earnings for full time adult employees in Dudley was £706 in 2021 (ONS annual survey of hours and earnings). This is lower than the West Midlands (£710) and England average (£766) ⁴.

3.2 Education, Employment and Training amongst Young People

The number of young people (aged 16-24) resident in Dudley borough claiming Universal Credit/Job Seekers Allowance (JSA) in March 2023 was 1,790. This number has remained stable since March 2022. This is a similar picture to England and the West Midlands⁴.

3.3 Health Inequalities

The infant mortality rate in Dudley is 4.3 per 1,000 live births for 2019-21. There has been no change in the rate from 2018-20. The Dudley rate is similar compared to the England value of 3.9 per 1,000 live births.²

Smoking status at the time of delivery in 2021/22 for Dudley is 9.4%, which is statistically similar to that for England (9.1%) and also the Dudley value for 2020/21, which was 8.8%.

Breastfeeding prevalence at 6-8 weeks for Dudley Borough Mothers is 43.4% (2021/22), this value is statistically significantly worse compared to the England value of 49.2%.

Breast milk being babies first feed is 64.4% (2020/21), this is statistically significantly worse compared to the England value of 71.7% for the same period.²

Dudley's Primary course immunisation coverage in the first year of life in 2021/22 was 94.6%, this an increase compared to 2020/21 (93.7%) and is similar the World Health Organisation (WHO) target of 95%. However, Dudley's proportion is higher compared to England's 2021/22 value of 91.8% ².

The proportion of Dudley Borough Reception children overweight (including obesity) in 2021/22 was higher in Dudley (24.0%) compared to England (22.3%) and similar to the West Midlands (23.7%). Excess weight in Dudley children has decreased from 27.1% in 2019/20. (Due to the Covid-19 pandemic 2020/21 data was not published) ².

Dudley's latest under 18 conception rate (17.3 per 1,000 for 2021) is statistically higher than for England (13.1 per 1,000) and the West Midlands (15.2 per 1,000). The trend both nationally and for Dudley is decreasing; in 1998 the value was 54.7 per 1,000 in Dudley which is a reduction of 68% compared to 2021 ².

The proportion of 9 and 11 year olds bullied at or near their school has remained above 25% over the last 10 years, results in 2022 show that 31% of primary school pupils said they had been bullied at or near school in the past 12 months.⁶

⁶ Source: Health Related Behaviour Questionnaire

3. Our data

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

Indicator	2021/22 Q4	2022/23 Q4	Trend
Step-Downs from Children’s Social Care to Early Help	74	47	Neutral
Step-Ups from Early Help to Children’s Social Care	46	63	Neutral
% Re-referrals back to Early Help within 12 months	14%	25%	↑
Total Number of completed Early help Assessments (EHAs) as at Q4	2435	3133	↑
% of EHAs completed by Partners (not LA)	46.2%	59.6%	↑
No. of Children receiving Permanent Exclusion (by term not quarter)	38	56	↑*
% of new contacts that progressed to Social Work	20%	14%	Neutral
No. of Children in Need (at end of Quarter)	1468	1205	↓
No. of Children on Child Protection Plan (at end of Quarter)	317	252	↓
No. of Children Looked After (at end of Quarter)	585	588	↑
No. of first -time entrants (FTE) to the Youth Justice System	17	13	↓

* Data for spring term 2021-2022 academic year.

The launch of the Early Help Strategy and work by the Children’s Front door improvement groups, is seeing a positive impact across the partnership The total number of EHAs increased in 2022-23s, and we saw an increase in EHAs completed by Partner Agencies.

The number of children who were supported with an Early Help Family Plan increased from the previous year. Additionally, 93.8% of closed Early Help Cases that received an intervention were not open to Level 4 Services within 6 months after closure. This further evidences that the Early Help system is increasingly effective at successfully supporting families at level 1 or 2 of Dudley’s Level of needs.

Understanding and applying the Threshold Document has been identified as one area for development both within the Front Door and across the partnership and the DSCPG, The document was revised at the end of the reporting period (March 2023) therefore we will update on this impact of this in our next report.

The number of families stepped down to Early Help remains steady, The data suggests that the regular monitor and review of Children on Child In Need (CIN) is effective to ensure that robust planning is in place for these children enabling children to receive the support and step-down to Early Help in a timely and sustainable way.

As of 31st March 2023, there were 252 children subject to child protection plans; (317 as of 31st March 2022) Over the course of the 12 months in this reporting period, a total of 627 children had been subject to a plan (698 2021-2022); therefore, both the end of year total and 12-month figures have decreased this year. This is in line with the general decrease in the number of ICPCs being requested by the Local Authority. This was predicted given the month-on-month trend and is understood as an outcome of working with families more restoratively at the Child in Need stage and reducing the need to enter into Child Protection. A further decrease is expected with the development of Family Safeguarding model during 2023.

The most common feature for our children who are subject to child protection plans is a concern in relation to emotional abuse. This has seen a slight decrease in the past year as the principal category and is slightly more likely for our children than for those with our statistical neighbours.

The Youth Justice Board data indicates a decrease in First Time Entrants to the youth justice system compared to the previous year, showing Dudley is a safe place for children to grow up. This will have been contributed to by the strengthened prevention and diversionary activity undertaken by the youth justice service (YJS):

- The YJS has continued to engage in schools all over the borough to deliver topical based intervention to children of all secondary ages.
- The YJS undertook a project aimed at supporting children transitioning between schools and year groups by providing them with intensive mentoring alongside assessments for special educational needs support.
- Turnaround Programme: This Ministry of Justice funded initiative has enabled the YJS to target a cohort of children early on in their potential offending/anti-social behaviour journey by, with a focus on familial support being offered.
- The work of the YJS is to apply a 'Child First' way of thinking and to appropriately divert children away from the criminal justice system. This is in addition to the valuable work completed by services in the council and partner agencies with communities to support children and help them lead a crime free life.

Progress against our priorities

During 2022 – 2023 Dudley Safeguarding People Partnership has fully embedded the new subgroup structure which has proved beneficial in progressing our priorities. To support this DSPP held its first Annual Conference on 5th July 2022 where the partnership priorities were formally launched.

Joining us were keynote speakers Dez Holmes, Director at Research in Practice and Professor Michael Preston-Shoot, Emeritus Professor of Social Work at the University of Bedfordshire. Dez spoke about developing a transitional safeguarding approach and Michael spoke about learning from self-neglect SARs, research and people with lived experiences.

Facilitating the day were AFTA Thought, an organisation who use drama to bring learning from recent CSPRs and SARs to life.

Priority 1 – Neglect across the Life course:

We know from our data that there has been a reduction in children on Children Protection Plans for Neglect, a slight increase in step ups to children social care from Early Help but we have seen a decrease in children on Child in Need Plans. Which suggests that more families are receiving the right help at the right time.

	Q1	Q2	Q3	Q4
Assessments with a factor of 'NEGLECT'	178	152	126	98
Total Assessments	1123	1053	836	742
% with a factor of NEGLECT	15.9%	14.4%	15.1%	13.2%
CP Plan starts with a category of Neglect	26	44	38	21

The subgroup has strong partnership leadership with the ICB Designated Nurses chairing the subgroup and overseeing the Neglect work plan for the Partnership.

What we did:

- We have revised our Children’s neglect strategy and formally launched this in November 2022 which ensures we have a multi-agency response to cases of neglect or suspected neglect. The number of children on child protection plans during quarter 4 of the reporting period was at the lowest for the year which evidences early signs of the strategy being embedded.
- We developed a cost-of-living resource web page in response to the National challenges around the rising cost of living, the resources were requested of the subgroup who all helped to populate ways to support children and adults in the Dudley borough
- We have continued to work with the NSPCC regarding the roll out of the Graded Care Profile 2A. We know that early identification of neglect and attachment issues are paramount to give all children the best start in life. . Dudley are the first area in the UK to identify families and provide support before the baby is born via this pathway. A new GCP2 antenatal pathway has been developed to embed the GCP2A tool as a universal prevention screen at every maternity care contact. We are working with our partners to ensure that this is embedded in practice through supervision for example and monitoring its impact via the quality assurance sub group.
- We have continued to deliver Graded Care Profile 2 (GCP2) training as our preferred method for recognising child ‘neglect’. 138 new practitioners were trained in GCP2. From the reports seen the tool is predominately completed by local authority staff. 55 GCP2 assessments were undertaken on 65 children from 30 families.
- Public Health commissioned a trainer to deliver adolescent neglect training with 36 receiving this training during the period. This training will continue into the next year. Some feedback from delegates included;
 - *‘I now have a greater understanding of adolescent development and feel I have a toolkit to support me with working with that age range’*

- *‘The course was very informative and well delivered I was able to improve my knowledge and understanding’*
- The voluntary sector provided a range of services delivering support for families in poverty, at risk of neglect; including outreach and family support. 5,152 children and young people registered for Dudley’s Holiday Activity and Food programme, accessing a total of 16,126 sessions supplied by 72 different providers. All sessions included free enriching activities and at least one meal. HAF works with community providers to enable families to build relationships that can be sustained beyond the HAF delivery period.
- A Safer Sleep Guidance for the Early Years sector is in development with an audit and charter for the sector to adopt.
- The Know More Campaign has been revised to update key public health messages to contribute to reducing child mortality. These have been approved by Black Country CDOP.
- The partnership has an ICON implementation group. ICON has been presented at the GP Safeguarding Forum by the Named GP and Designated Nurses.
- A Position statement was developed for Was Not Brought and Did Not Attend to ensure we have a consistent approach to children and adults not attending for their appointments this will support professional curiosity where neglect could be a feature in a child or adults life.
- We developed a number of safer7s to promote key issues such as Affluent Neglect, Child Neglect, ICON & GCP2

Priority 2 – Exploitation across the life course:

We know that there are vulnerable children at risk of exploitation in our Borough. We have a dedicated Exploitation Hub in Dudley which leads on the response when children and young people are at risk of exploitation .

The Children’s exploitation subgroup is the group responsible for delivering this priority, it has strong partnership leadership with the Voluntary Sector and Police co-chairing the subgroup and overseeing the Children’s Exploitation work plan for the Partnership

What we did:

- Continued to hold a monthly Child Exploitation Operational Group to identify perpetrators, locations and high-risk victims of exploitation and work collectively across the Partnership. This provided a cohesive approach to supporting children and young people.
- DSPP undertook a detailed exploration of Exploitation in January -March 2023. The work plan is being progressed by the Exploitation Subgroup and overseen by the Children’s Quality Assurance Group. This gave assurance that the Local Authority Child Exploitation Team provide an effective service to children who are at risk of exploitation and their families, which was also highlighted in the October 2022 Ofsted Inspection, however the assurance work highlighted the need to strengthen the pathway for partners and we have already begun work to address this

- DSPP carried out a specific audit of the use of partnership Exploitation Screening Tools in March 2023 with the learning being implemented by the subgroup and will be reported in the next annual report.
- We promoted and shared the language matters document in terms of working with young people at risk of exploitation.
- We responded to low levels of uptake of the Exploitation Training by implementing a working group to undertake a specific learning needs assessment, this resulted in the course being revamped under a new name of Harm Outside the Home, the impact of this will be seen in the next annual report.
- Barnardo's and PHASE Trust continue to deliver direct support to children within the exploitation hub for referred children and young people.
- During the reporting period, 52 young people were supported by PHASE Trust 24 were Sexual Exploitation 24 (23 female and 1 male), 28 were criminal exploitation (22 male, 5 female and 1 transgender female)
- 80% of the 52 young people were evidenced to have reported a better understanding and awareness of their risks. This was measured using nationally recognized risk assessment tools, reports from referring statutory agencies and their own case studies. From these, we were also able to measure that 77% had displayed definite positive changes to their behaviour, leading to a reduction in their risk levels.
- Barnardos (Dudley base) have supported 32 young people around CSE. A direct quote from a young person who has received support from Barnardos;

"It has helped me with other coping strategies with self-harm and harming myself is not the only that can help me"
- The exploitation health forum was re-launched in Jan 2023, facilitated and chaired by the Assistant Designated Nurse. This forum ensures that health professionals are cited on exploitation themes and concerns across the borough.
- Public Health continue to subsidise sessions in education settings to raise awareness of exploitation with information on how to recognise exploitation and how and when to access help and support.
- Dudley's Safe and Sound Board (Dudley's Community Safety Partnership) have drafted a needs assessment and strategy in response to the new Serious Violence Duty. Mapping has been completed of support services, whilst a system wide commissioning group has been established to oversee procurement and contract management of local services.
- Safe & Sound Board, through its website, campaigns and meetings has raised awareness, sign posting to support and advice and reporting issues of how to report safeguarding concerns, Hate Crime, Modern Slavery, Prevent, Domestic Abuse, Sexual Assault and Abuse, VAWG, On-Line Harms, Fraud and Scams, personal safety and violence prevention.

[Priority 3 – Adopting a Think Family Approach](#)

Although there is no specific subgroup for this priority, the partnership has progressed this area in the following ways.

- The restructure of our priority groups for Neglect spans across the life course which addresses any cross-cutting issues.
- The chairs of both Exploitation Groups regularly meeting to discuss such issues of transition between children's and adults.
- Following on from the success of the DSPP conference held in July 2022, partners felt it would be beneficial to have more opportunities to enable more discussion on and progress the priorities of DSPP. In response to this DSPP and its partners organised and held a development workshop on 27 March 2023 with a theme of Think Family, which was well attended across the partnership.
- Feedback was excellent from delegates regarding the opportunity to connect and network, appropriate amount of time spent on each session and the format of the workshop, splitting it into two halves one for Neglect and one for Exploitation with a golden thread of 'Think family'
- By the end of the workshop members had contributed to the work of the sub groups by recognising achievements to date against the respective strategies, highlighting the areas that require development and identifying ways forward in terms of next steps for the groups and partners. The general feedback from each of the sessions was fed into the Exploitation and Neglect Subgroups.
- Work has been undertaken to support the Children's Services re-design which will be implemented in July 2023; this includes an Adolescent Safeguarding Team which is multi-agency and works on the principals within a Family safeguarding approach. The Dudley Exploitation Team will sit within this service
- Over the past 12 months DIHC & Dudley Group have continued its work to develop a safeguarding infrastructure across the life course and in doing so embed a Think Family approach. This has included the successful launch of a suite of safeguarding policies and procedures. The organisation has an overarching Safeguarding Children and Adults policy.
- The DIHC safeguarding team have delivered a short training package on Think Family within safeguarding supervision sessions, service, and team meetings, and a 7-minute briefing has been disseminated within the Trust. The Designated Team work across both adults and children, there is adult and children expertise in the team and utilise this to share learning from reviews, incidents and themes. This learning is shared via GP safeguarding forums and the Safeguarding Quality Review Meeting.

Children with Disabilities

The Children with Disabilities Team has now been a part of Children's Services for over 18 months and improvements in the service provision are now visible. All new referrals are now being reviewed on the date received and assessments are being allocated and completed in the 45-day timescale or earlier, with all children now being visited in line with their assessed care plan. All children and young people

open to CDT have an appropriately skilled allocated worker who is supporting delivery of their plan. There has been a significant change in the way we communicate with our young people and new workers have brought new concepts and tools to assist in capturing and recording children's voices in visits and plans, which will be an area of focus over the next 6 months and this work is being supported by the Dudley Centre for Professional Practice (CPP). Referrals are now being made for all 16 year olds to the Transitions team so Preparation For Adulthood (PFA) work can commence at an earlier stage and all 17 year olds who are eligible for a Care Act Assessment are now allocated to a Preparing For Adulthood (PFA) worker to help develop their Care Act plan. Three young people who were children in care have been transitioned to Adult Services, with provision of semi supported accommodation in place for two young people which meets their needs. Both young people were able to celebrate their 18th birthday with their house mates and family. The transformation in service delivery has been significant as has the impact on achieving better outcomes for our children and families, however we are clear that there are still areas of work which require further development and change

Other areas of progress that support our priority work:

- We reviewed our multi-agency threshold document to ensure the terminology reflects our right help, right time ethos.
- Development of an Integrated Front Door that enables children and families to receive support at the lowest effective level.
- We have strengthened the quality assurance arrangements from our Neglect and Exploitation subgroups to the Quality Assurance Subgroup by implementing 6 monthly assurance activity reports into the group.
- Education Outcomes have developed a Children Out of Sight strategy (COOS), with safeguarding embedded into this strategy.
- An operational working group is in place to discuss children not in school or with low or no attendance and link contextual safeguarding themes such as, exploitation and neglect.
- The Police have introduced a new internal guide (Aware) which covers the minimum standards of professional curiosity and recommended good practice for all officers when they encounter children. Aware mandatory training has been rolled out for all incidents involving children and has been helps officers build a better understanding of children at risk of significant harm.
- We reviewed our current multi agency audit process which is now entitled Multi-Agency Audit of Practice (MAAP), ensuring we focus on the quality of practice and the difference we make and analyse the findings and embed learning in our practice ensuring we have a shared understanding of what good looks like.
- A 'True for Us' piece of assurance work completed across the partnership which found there was a general consensus that decision making in the MASH is timely and agencies work hard to ensure that information sharing to inform initial decision making is robust, however the learning initiated further exploration of key themes of Exploitation and Initial Need and Risk.
- Dudley's Voluntary Sector have established a safeguarding leaders forum; a regular meeting with senior leaders in Children's social care, family

safeguarding, early help has supported dissemination of key information relating to safeguarding and collation of concerns/priorities.

4. LADO

The Designated Officer (DO) nationally known as the LADO (Local Authority Designated Officer) oversees allegations against adults in a Position of Trust (POT) who work or volunteer with children and young people.

As part of this role the LADO via training continues to raise the profile/Role of the LADO and of the Management of Allegations Process within the authority and to local partner agencies so they are better informed on how to manage matters which meet the following threshold criteria for LADO involvement.

i.e. Information which comes to light, which suggests an employee, volunteer or contractor has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

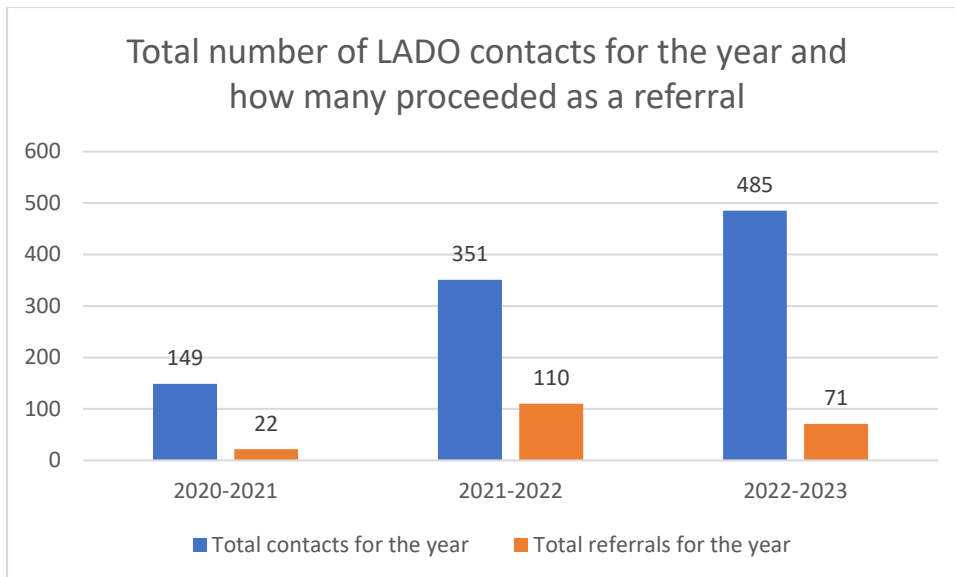
The main duties of the LADO are to:

- Manage individual cases – referral and investigations
- Provide advice and guidance
- Liaise with police and other agencies (Ofsted)
- Monitor progress of cases for timeliness, thoroughness, and fairness

During the reporting period, the LADO has continued to deliver the management of allegations multi agency training, ensuring that the work force in Dudley is appropriately trained to deal with this. Developing positive relationships with partner agencies is imperative in supporting the principles of retroactive practice and something the LADO continues to strive for. There is still work to be done around engaging faith organisations which is something we will update on in our next report.

LADO records were viewed by Ofsted during inspection October 2022. Feedback was as follows: *'The designated officer service in Dudley responds promptly and robustly to concerns about adults in a position of trust who present risks to children'*.

An aspect of the LADO role is monitoring the timeliness of case progression. All cases are expected to be concluded within 6 months and overall, this timescale continues to be met.



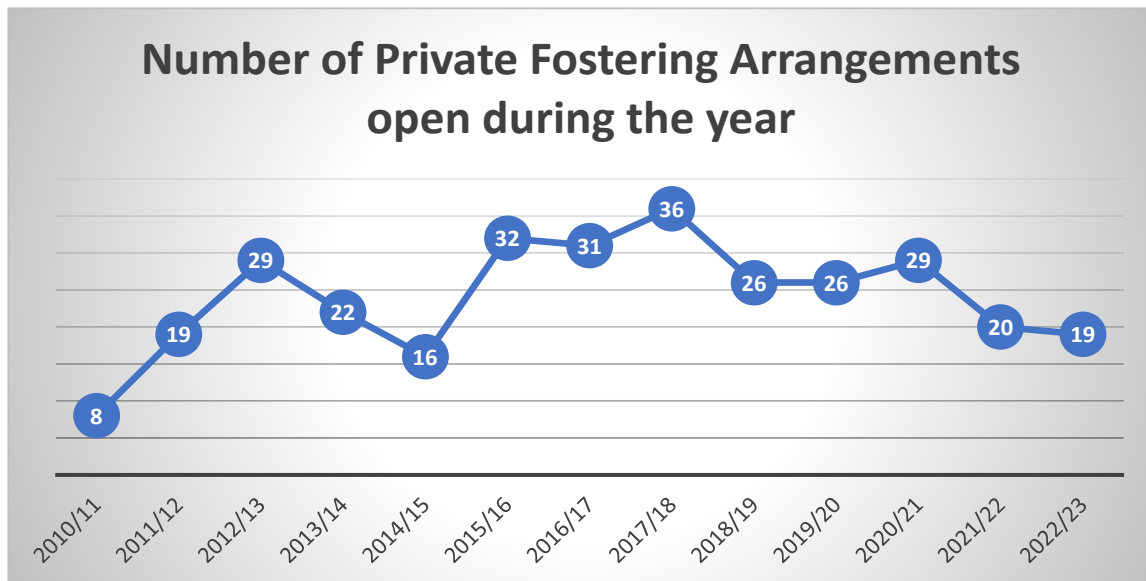
Whilst there has been an increase in agencies contacting the LADO service the referrals are less than the previous year, this could be as a result of more robust LADO analysis at initial point of contact which indicates the matter does not meet LADO threshold. For example, the LADO often receives contact from education and nursery settings despite their being no allegation against a named staff member, such as relating to a leadership and management issue. In this instance the LADO would liaise with the Safeguarding Lead in Education and or Early Years Child Care Co-ordinator and/or signpost the referrer as appropriate.

The introduction of the fourth criteria '***Behaved or may have behaved in a way that indicates they may not be suitable to work with children***' is often used by agencies when contacting the LADO for advice.

5. Private Fostering

The Private Fostering Regulations apply when children, aged under 16 years (18 if they have a disability) live with a person who is not a close relative for 28 days or more. The term 'close relative' has a specific definition within the Children Act 1989, it includes grandparents, brothers, sisters, uncles and aunts (whether of full or half blood or by marriage) and step-parents. Children living with people who are not close relatives, such as a cousin, great aunt or family friend need to be assessed and reviewed under the Private Fostering Regulations to ensure the placement is able to safeguard and promote his/her welfare.

Private Fostering arrangements are often confused with a child being fostered by an Independent Fostering Agency. This is not the case; a Private Fostering arrangement is one that is arranged by the parent (person with Parental responsibility) and not the Local Authority. Parents retain the responsibility to support their child, this includes financial support for the Private Foster carer.



From the Graph above since notifications were recorded, the number of Private Fostered children had increased then decreased within the Dudley Borough over the years, however it appears during the Covid Pandemic numbers had dropped, this would have been contributed to as children from overseas did not travel to the UK

It is evident that Children who are Privately Fostered can have complex needs including additional competing factors such as legal implications, social and Parental Responsibility (PR) issues, thus leaving this group of children extremely vulnerable. Through the ongoing commitment by the Directorate to have dedicated resources for Private Fostering it has been a positive year so far, not only in terms of statutory compliance but also with regards to the outcomes for children in Private Fostering arrangements. With a dedicated post the Private fostering worker can devote more time for awareness raising and training as well as offering a supportive/ protective service to carers and privately fostered children. This was recognised in the October 2022 Ofsted Inspection.

6. Learning from Reviews

Local Child Safeguarding Practice Reviews (LCSPR) are undertaken on 'serious child safeguarding cases' to identify what has worked well and learn lessons to improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

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

6.1 Activity in this period:

Seven serious incident notifications were submitted to the National Child Safeguarding Practice Review Panel. This is an increase compared with last year where there were five.

The Partnership's Rapid Review Panel met to consider the circumstances of these notifications. Three reviews progressed to a Local Safeguarding Practice Review (LCSPR), with a further three following alternative review routes such as a Practice Learning Review and one did not meet criteria for review.

The themes included within the serious incident notifications are:

- Non-Accidental Injury
- Neglect
- Hidden or concealed pregnancy
- Child Criminal Exploitation
- Adulthood
- Domestic abuse

At the time of writing the LCSPR's are still in progress but immediate learning has been shared across the partnership as appropriate.

One Local Learning Review was published in 2022/23 relating to the previous reporting period, a summary of which can be found below:

Child Z

Child Z was brought into the Emergency Department by ambulance in moderate diabetic ketoacidosis (DKA). He was diagnosed with Type 1 Diabetes and admitted to the Paediatric Ward. Professionals raised concerns over neglect, delay in accessing medical attention, delayed developmental presentation, unkempt appearance and poor dental hygiene. Further concerns were raised while Z was in hospital around mother's inability to manage the complex demands of a child with diabetes and comprehend the potentially fatal consequences of any mismanagement of the treatment programme. There was not a causal link between the neglect Z experienced and Type 1 diabetes. The review acknowledged there may have been opportunities to intervene earlier, although this would not necessarily have prevented the significant event of hospitalisation for diabetes, the response to neglectful parenting may have been different.

The review identified multi-agency learning in relation to:

- Recognition of chronic and cumulative neglect
- Consideration of collective safeguarding history rather than viewing incidents in isolation
- Multi-agency review of cases where the length of hospital stay overrides what is considered a normal timescale
- Support for parents with learning difficulties
- Appropriate professional challenge and resolution

A Partnership action plan for this review has been completed, as part of this DSPP launched its amended Professional Challenge and Resolution process in April 2022. Also in November 2022 we launched DSPP's Child Neglect Strategy along with a relaunch of the Graded Care Profile2 training course to raise awareness and increase attendance.

Full details of the reviews and learning resources are now available on the [DSPP website](#).

There are action plans in place for these reviews and progress is regularly reviewed by the Learning and Development sub group.

To ensure this learning is embedded into safeguarding practice across Dudley it was agreed that a thematic learning plan will be implemented from April 2023. The thematic learning plan will be an opportunity for staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews along with offering information in relation to this learning.

It is hoped that each month it will enable organisations and individuals to feel more aware of local learning and how they can implement changes in their everyday practice, along with strengthening the key priority of 'Think Family'.

The thematic learning plan will be a combination of tools, procedures, information briefings, promotion of training and other learning opportunities. The themes of the learning plan will alternative between a children's, an adult's or a joint theme each month and they will be chosen from key themes from Dudley's local learning.

6.2 Learning from Audits

During 2022/23 DSPP re-evaluated the multi agency audit process, replacing the previous Multi-Agency Case File Audit (MACFA) with a Multi-Agency Audit of Practice (MAAP) process.

MAAP Audits will look at and scrutinise multi-agency practice from a random selection of cases to assess the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. The following will underpin the MAAP Audit process:

- Focus on multi-agency and multi-disciplinary interventions and have a clear focus and clearly defined terms of reference
- An expectation that all agencies commit to the MAAP procedures
- Focus on current practice, considering interventions that have occurred within the last 12 months
- Consider interventions that are within the remit and work of local agencies
- Include a focus on the welfare of the child, other children living in the household, timeliness, communication and engagement with families or other significant adults

The intention of the MAAP Audit process is to carry out audits in a spirit of appreciative inquiry to "shine a light on what is working well in organisations and potentially engage all stakeholders in building conditions for best practice" (Bellinger and Elliot, 2011)

Audits provide a valuable opportunity to dip sample multi-agency practice on specific themes and for the partnership to assured about safeguarding practice.

DSPP conducted one MACFA in 2022/23 on the theme of **Domestic Abuse** and one MAAP on the theme of **Transitions for 16–17-year-olds with a diagnosed disability**.

There were areas of good practice and areas identified for improvement and these actions are monitored through the Quality Assurance and Performance sub group.

The audits highlighted the following key learning:

- Assessment and care planning to include a Trauma Informed Perspective when working with families who are experiencing Domestic Abuse needs to be strengthened, to respond to this both Children's Social Care and DSPP will put into place a comprehensive learning offer on Trauma Informed Practice.
- Direct work to establish an understanding of the child's perspectives and experiences that directly influences planning and decision making for them was inconsistent, this is an area of focus the partnership.
- Work with perpetrators of violence continues to be an area of development in challenging the behaviour of perpetrators and how they are engaged in meaningful intervention to change their behaviour and understand the impact on others.
- The coordination of child protection planning could be strengthened, key partners are not always aware of the plans for children and the interventions for families are not always focussed or smart.
- There was an identified need for transition planning to start at an earlier opportunity, this has resulted in a revision of the transition pathway commencing, led by Dudley Disability Service.
- There was some evidence of the use of the Multi Agency Escalation and Resolution process where families needed support, however this is inconsistent, to respond to this DSPP will be developing a course on Professional Curiosity and Escalation.

7. Multi-agency training and its impact

During the year we changed our approach of our offer of Learning and Development, the programme was amended to better reflect learning from our reviews and responded to local and national emerging themes. The learning offer was adapted to a blended approach of online learning events and the return of face to face training.

7.1 Key Developments

- The Learning and Development Strategy was refreshed for 2022-2024, this was streamlined to make it more focused on what we are trying to achieve and how.

- The first DSPP competency framework for safeguarding training in Dudley was developed in line with statutory guidance and national competency frameworks.
- The training plan was revised to ensure all training directly linked to DSPP priorities or local learning identified through case reviews and audit activity
- A full training needs analysis completed which will inform the 2023-24 programme.
- There has been more focus on training and development for education colleagues (Facilitated by the Safeguarding in Education Lead) this has included schools and education outcomes staffing. Through training and updates at each DSL Forum and the planned Education Safeguarding Conference in July 2023.

7.2 Training Data:

68 total training events (both adults and children courses) were delivered through the DSPP between 1st April 2022 and 31st March 2023.



We offered a total of 2068 places, of which 1106 were used, and out of that 849 delegates attended the courses.



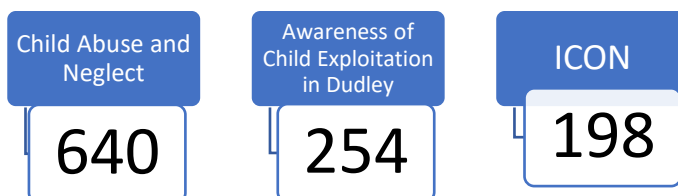
We found that 344 delegates cancelled their place prior to the course, mainly due to capacity, and 257 did not attend on the day, and again this was mainly due to operational service delivery issues.

70% of our training was half day or less and 30% was full day.

Delegates representing 48 different services or organisations have been able to network and build relationships on multi-agency training

Attendance at our training in relation specifically to our key priorities is as follows:

eLearning:



Training



Due to the low uptake of our Exploitation Courses, a working group from the Exploitation Sub Group was tasked with exploring this further.

Attendees reported improved knowledge following courses which will improve their practice:

“I have learnt how to use the GCP2 tool which will be an asset to my job role. The training content and provider were fabulous and very informative.”

Graded Care Profile2 Training

“this training has enhanced my knowledge and skills, allowed me to network with others and show me the formal procedures to follow”

Understanding the Management of Allegations in Dudley

“As a care experienced social worker who has their own ACEs, it really is important to have this type of training to be able to be better equipped to be able to work with families using the professional perspective first, which can then be informed by the personal perspective”

Introduction to Childhood Adversity and Trauma Informed Practice

7.3 Training Evaluations

What we can see from our data embedded in our Learning Management System is that (at this time of writing this report):

- 77.7% of people complete pre-evaluation
- only 59.4% of people complete post course evaluation
- only 12.5% of people complete post event stage 2

This suggests there is more work to do in measuring how our training is making a difference to practice in Dudley.

Learning Gain

Pre-booked average	Post Event Average	Learning Gain
3.01	4.30	1.29

Data collected from 01.04.2022 – 31.03.2023

Our learning gain figures show that our training is improving professional knowledge which will in turn improve safeguarding practice. We regularly ask for feedback on our courses to ensure we are delivering the right material to the right audience. We are part of a regional learning and development group which enables us to share best practice.

We have made significant progress on working with partners to develop and facilitate our courses which will be running from 2023-24.

We have started discussions on a regional level to enable Dudley to gain improved learning on practice improvement as a result of our training and awareness raising. The implementation and subsequent analysis of the thematic learning plan will also significantly address closing the loop in learning and improvement cycle.

8. Voice of the child

The DSPP does not have a single mechanism, currently, for recording the voice of the child. Instead, the Partnership seek assurances from partners that children are at the heart of everything they do and that they actively engage with them.

We have seen excellent examples of partnership engagement with young people. For example; A young person shared that his social worker always responds and is available when he needs him. He was very happy with the service; his housing and leave to remain status has been addressed with support. A parent stated that she finds the social worker supportive.

A further example is the dedicated work from the police CSE officer who helped build trust over a protracted period of time. This was essential due to offences disclosed by the victim and the seriousness of offending which was still taking place. As a direct result of the trust and relationship made with the young victim, verbal and physical evidence was secured which in turn led to a Crown Court trial. The offender was found guilty of all offences and sentenced to a lengthy jail term.

Moving forward, we will continue to use the information as assurance of our safeguarding practices across the Borough, but we recognise we need to do more to receive children and young people's feedback to influence and shape our work in the next twelve months.

9. Our priorities for 2023-2024

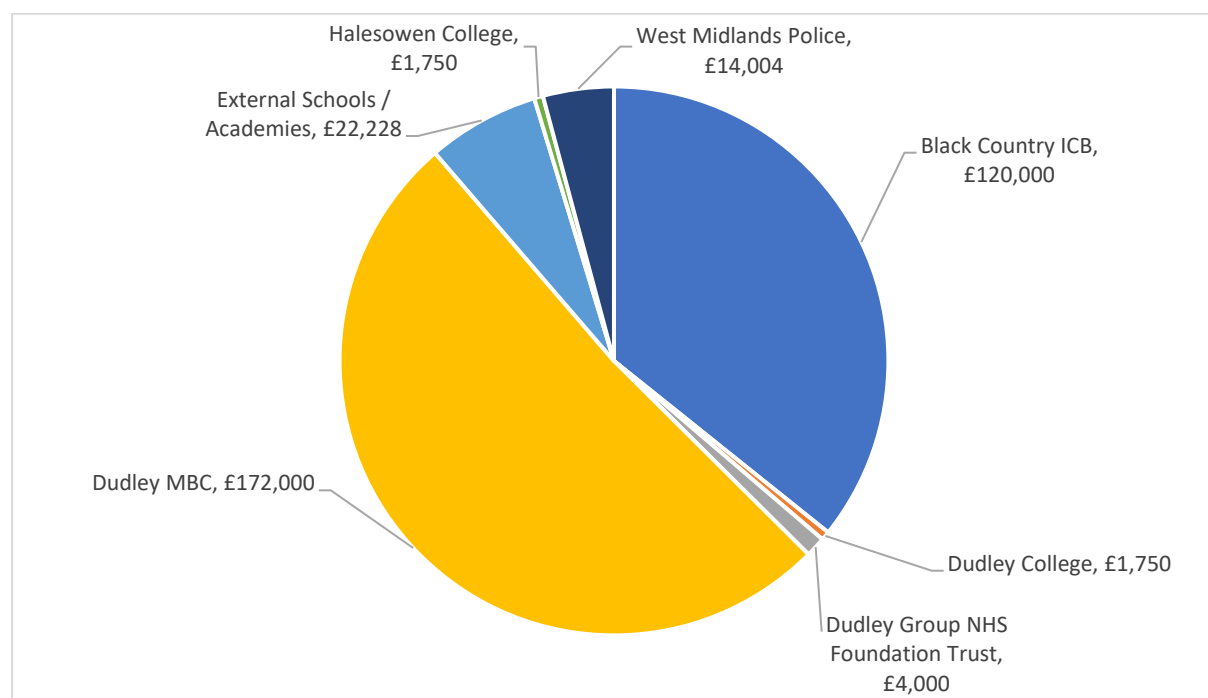
The priorities for the forthcoming year reflect 2022-23 priorities and we will continue to further progress the identified work plans. In the next twelve months we will also focus on the following:

1. Ensure our dataset is truly multi-agency and reflects our revised priorities and that we know what we are doing is making a positive difference to children and young people. Recruitment is underway for a dedicated Performance Officer for the DSPP to support this work.
2. Within Child Protection Plans where the risk of neglect has been identified, there is a direction for the GCP2 tool to be used, particularly for younger children. The forthcoming implementation of the Family Safeguarding model in 2023-24 will further support timely and proactive responses to neglect with a multi-agency context.
3. Ensure we have a robust approach to understanding use the voice of children and their families and this influences the work of our partnership and how we deliver services. Improving the use of child/parent feedback as a quality assurance indicator will support this.
4. Ensure the GAP for 16–18-year-olds in health professional attendance at safeguarding meetings; MACE and open strategy discussions is closed. Without health present at these meetings the assessment of risk and care planning would not be robust in that health information was not known.

5. Develop robust transitional arrangements for 16-18 years who are at risk of exploitation.
6. Develop a more robust hoarding/ squalor/ clutter tool which reflects a think family approach. Learning from reviews highlighted that professionals are using a number of different tools to assess the conditions in a home.
7. Revise the exploitation screening tool and appropriate risk levels to ensure its effective use across the partnership.
8. Implement a Thematic Learning Plan to enable staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews and how they can implement changes in their everyday practice.
9. Develop the learning offer based on the findings of a Training Needs Exercise. This exercise will demonstrate the training needs across the partnership and strengthen the adults learning offer.
10. Partners to assist in the co-delivery of Multi-Agency Courses: Health and Social Care Partners to jointly deliver a brand new course on Professional Curiosity and Effective Challenge (key finding from both adults and children's reviews)
11. Hold an Annual Conference directly linking to case reviews; The theme of the conference will focus on Developing a Trauma Informed Partnership and will take place during Autumn of 2023
12. Review the Training Impact Process to better inform the Partnership of the impact of its multi-agency training on practice

Appendix 1

DSPP funding arrangements 2022-23



Appendix 2

Case Study 1:

Child A is primary school aged, is of mixed heritage born. Child A is a very active and cheerful girl who is articulate and expressive. The family have been known to Children's Services for a number of years due to domestic abuse in Child A's parents' relationship. Child A is currently subject to a Child Protection Plan. The case was initially referred in 2022 when father was convicted for a domestic abuse offence against the child's mother.

Father is assessed as posing a High Risk of Harm to current or future partners and children who would be exposed to these behaviours, based on his history of offending, and current conviction.

There were cumulative concerns around the neglectful parenting of Child A due to concerns around poor routines and boundaries within the home, which were directly impacting the school attendance and emotional wellbeing of Child A. Child A had also disclosed that her mother had hit her previously. The Child in Need Plan had not achieved change, therefore a multi-agency decision was made to present the family at an Initial Child protection conference, following completion of a Child Protection Enquiry, to ensure that safeguarding measures were proportionate to the concerns and safeguarding needed.

When the Social Worker first started working with the family, the mother was not working with the Social Worker due to the experience of having changes of Social Workers involved and she felt that father was still trying to control her by using their child and request for contact as a weapon.

Direct work was completed with the mother, using the voice of the child captured in direct work sessions with Child A, to help her understand how the current family situation was upsetting her daughter. The mother was also supported to share her concerns around the risk father continued to pose to Child A.

Over the period of intervention, the Social Worker was able to support mother to build her confidence to the point where she attended the Review Child Protection Conference and stay until the end (whereas previously she had walked out of the ICPC and her engagement with Children's Services and other professionals since the ICPC had been quite limited). The Social Worker reflected that this intervention was successful due to working restoratively with mother, working with her to identify risks and identify and praise strengths. In working in this way, it was discovered that mother found it difficult to attend meetings due to her additional communication needs and she struggles to sometimes control her emotions. The Social Worker supported mother to come up with a plan for the Review meeting, that if she felt she was getting anxious she should take 5 minutes to calm down before returning. Mother said that she also struggled to retain a lot of information and when lots of things were spoken about in one go, she couldn't remember what had been said.

These views were shared with the Child Protection Conference Chair who made adjustments to accommodate her needs.

The father was included in the assessment process by ensuring he was included in all meetings and completing a home visit to gain his views, wishes and feelings to inform the Review SW Report.

At the end of the involvement mother expressed that she was disappointed that the Social Worker would no longer be involved as she felt genuinely cared for.

Case study 2:

M is an 11-year-old admitted to the children's ward on multiple occasions within a short time frame for mental health concerns and challenging behaviour. There was no mental health diagnosis, but M was involved with the child and adolescent mental health services and there was an ongoing investigation for autism. M was formerly subject to a child protection plan for previous concerns regarding fabricated and induced illness. M was residing in a refuge with her mother due to allegation of financial abuse from M's father, which the police closed due to lack of evidence.

A safeguarding referral was made when police brought M to the hospital due to them absconding from the hostel and refusing to return to the hostel with their mother or return home to their father. During M's admission to the ward, their behaviour was extremely challenging, and posed a risk to both themselves, staff, and other patients. During admission M physically assaulted their mother and six members of staff. Despite numerous attempts to discharge M, they refused to leave the hospital.

Staff observed the behaviour displayed by M and recognised that this may be due to past or current unknown trauma. There were ongoing concerns that M's mother was an overpowering and continuous presence on the ward which was a barrier to staff fully engaging with M to hear her story.

As a result, a referral was made to St Giles Trust based within the hospital, to engage M in violence reduction work. M's mother consented to the referral. The St Giles worker developed an excellent rapport with M through activities and discussion, getting to know M and their likes/wishes to the point where M's mother would leave the ward for a couple of hours whilst M was in the workers presence.

It was here that M suggested and further discussed their negative thoughts associated with home and the worker could speak to M alone in a 1:1 situation. As a result of the intervention by St Giles Trust, M's aggressive behaviour reduced on the ward, and they were able to share their concerns and feel listened to.

A further professionals meeting was held with the multi-agency team involved in M's care. It was agreed a therapeutic placement would be sought for M and this was the discharge location. A multi-agency approach was taken to assure safe discharge and continual follow up support and assessment of M. M was happy to be discharged to the residential placement.

The ward staff acknowledged M's behaviour was their way of asking for help and the staff worked hard to ensure this was heard. The St Giles worker took the time to build rapport with M and understand their views and wishes. The multi-agency approach and discharge planning ensured that M's wishes could be met, and the outcome was successful.