Minutes of the Dudley Health and Wellbeing Board
Thursday 14th December 2023 at 4.00pm
Microsoft Teams Meeting

Present:

Councillor I Bevan (Chair)
Dr R Edwards (Vice- Chair)

Councillors: S Ridney

Officers: M Bowsher (Director of Adult Social Care), N Bucktin (Dudley Managing Director - Black County Integrated Care Board), C Driscoll (Director of Children's Services), A Gray (Dudley Council for Voluntary Service (DCVS) - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), K Jones (Director for Housing and Communities), Professor P Kingston, (Independent Adult Safeguarding Board Chair), Commander A Tagg (West Midlands Police), and H Mills and L Jury (Democratic Services Officers).

Also in attendance:

K Rose (Dudley Group NHS Foundation Trust)
Dr S Dougan (Interim Head of Services in Public Health)
R Tipson and A Welsh - Representatives from Action Heart - for agenda item no. 5
L Hester-Collins - for agenda item no. 5
L Grainger (Health and Wellbeing Business Support) – for agenda item no. 6(a)
Dr D Jenkins (Dudley Integrated Health and Care) and S Cleary (Public Health Manager) – (for agenda item no. 6(b)
V Buchanan – (Commissioning and Support – for agenda item no. 8(b)
Dr D Pitches – (Head of Healthcare Public Health) – for agenda item no. 7(a)

Bishop Ghimire	J Weston
S Cornfield	M Foster
J Tomlinson	

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48 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillor R Buttery, M AbuAffan, and D Wake.

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49 **Appointment for Substitute Members**

It was reported that K Rose (Dudley Group NHS Foundation Trust) and S Dougan (Public Health Directorate) had been appointed to serve as substitutes for D Wake (Dudley Group NHS Foundation Trust) and M AbuAffan (respectively), for this meeting of the Board only.

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50 **Declarations of Interest**

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

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51 **Minutes**

Resolved

That, the minutes of the meeting of the Board held on 14th September, 2023, be approved as a correct record.

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52 **Public Voice**

On introducing the item, L Hester-Collins advised that the presentation had been produced with the assistance of Action Heart and comprised of a Member of the public called Mr R Morriss, who had agreed to share his recorded story with the Board with regards to heart disease and his hope that by sharing his story would encourage others to seek support if they felt a decline in their health, or if they felt too concerned to talk to their Doctor or others about health issues. The Board were also informed that two representatives from Action Heart were in attendance at the meeting to answer any questions that may arise.

Arising from the presentation, and on behalf of the Board, the Chair requested that thanks be expressed to Mr R Morriss for providing such a comprehensive and interesting journey from his initial symptoms to his treatment and beyond.

In response, the representative from Action Heart advised that Mr R Morriss's story was a typical story of a person who had been experiencing a heart attack and in particular, the psychological support required upon experiencing such an illness. The after service provided by hospitals was praised, and Action Heart aimed to continue with the support by increasing the patient's confidence and getting them back into work by helping them to recognise the prospect of a prosperous future going forward.

The Chief Officer Healthwatch Dudley expressed thanks for the presentation and referred to a specific issue raised, regarding the lack of communication with patients when on the ward with regard to their condition and it was suggested that this story be referred to the Patients Experience Group to be addressed, especially for patients who enter hospital without any family or other support.

In response, K Rose acknowledged the issue of communication with patients whilst in hospital care as an area which required improvements.

In response, the Vice-Chair advised that when patients present to their General Practitioner (GP's) with exertional pain, they can be referred through the cardiac pathways to be seen fairly quickly in clinic where they would be assessed and started on treatment before the heart attack occurred. Reference was made to the education sessions offered by Action Heart or information supplied by GP's or hospitals at follow-up appointments, where patients were informed of what had happened to them and future care after leaving hospital. It was acknowledged however, that when patients were in hospital, the information supplied to them may not always be absorbed by the patient during this stressful time, and it was agreed that communication with patients whilst in hospital was an area that required improvement.

In response, the representative from Action Heart concurred with the Vice-Chair and made reference to the reduced time patients now spend in hospital after a heart attack and acknowledged that the first few hours a patient spends in hospital could be very confusing, with information supplied not accepted or understood by the patient, and it was hoped that this was an area where Action Heart could assist in the future. Reference was made to the pandemic which had reduced the number of Action Heart volunteers who would spend time in post-coronary care talking to patients and the challenges faced getting the information to patients in the short timeframe before the patients were discharged.

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

(a) Revised Terms of Reference and Governance

The Board received a report of the Director of Public Health and Wellbeing updating Members on the Health and Wellbeing Board's Terms of Reference (ToRs) and sub-groups for delivery of the new Health, Wellbeing and Inequalities Strategy.

In presenting the report, the Public Health Project Manager advised that the last meeting of the Board had been held as an informal meeting due to the Board not being quorate and, therefore, this item had been deferred. The Terms of Reference had been revised following agreement at the Board's Development session held in January 2023 and also to reflect recent changes in membership. It was advised that the report be presented for approval from Members, on the revised Terms of Reference for the HWBB, noting that the proposals ensured compliance with constitutional requirements, appropriate revised membership, and further recommendations as set out in the report.

In relation to voting rights, two options were proposed:

Option one - all Members of the HWBB having voting rights with the exception of Council Officers,

Option Two - voting rights, in addition to Councillors, will be statutory representatives from the Integrated Care Board (ICB) and Healthwatch (or their representatives) will be entitled to vote at meetings, but co-opted members and Council Officers will not be entitled to vote.

Arising from the presentation, the Interim Head of Services in Public Health advised that it would be in exceptional circumstances that voting would be required although mindful that other HWBB's have had instances when voting had been necessary, therefore it would be beneficial to add voting rights into the Terms of Reference. In response, the Director of Children's Services made reference to government guidance that had been followed at a previous authority, which stated that Councillors and statutory Directors from the Local Authority, such as, the Director of Public Health, Adult Services and Children's Services were entitled to vote, together with the CCG. However, it was acknowledged that due to each HWBB's unique role and membership, this could prove problematic, and it was advised that up-to-date national guidance be followed.

In response, Members were assured that Section 102 of the Local Government Act 1972 had been reviewed and referring to the unique role and membership of HWBBs, it was advised that it was unusual to have Council Officer's and external parties voting at a Council meeting.

In response, the Director of Children's Services advised that when the legislation had been passed, HWBBs had not existed and HWBBs were seen as controversial as they specifically required Senior Directors to have voting rights, the same as Elected Members, and the importance to consider national guidance was stressed before a decision be taken by the Board.

The Chief Officer Healthwatch Dudley advised that clarification also be sought from Healthwatch England in relation to voting and the Vice-Chair proposed that information be sought from other local authority HWBB's in relation to their voting arrangements.

In response, the Director of Adult Social Care referred to a report issued by the Local Government Association entitled 'Making an Impact Through Good Governance – A Practical Guide for Health and Wellbeing Boards'. It was noted that the report stated that many HWBBs do have voting Council Officers in their constitution, and therefore, it was proposed that a link to the document be sent to the relevant officers to consider with Democratic Services.

Arising from the comments received, the Chair proposed that a decision on the Revised Terms of Reference, including voting rights, be deferred until the next meeting to allow Officers to consider further guidance as discussed and submit a revised report for consideration.

Resolved

That, the Revised Terms of Reference and Governance be deferred to be consideration at the next meeting of the Board.

(b) Reducing deaths due to Circulatory Disease

A joint report of Dr D Jenkins, Associate Director, Pharmacy and Clinical Divisional Director, Pharmacy and Health Management, Dudley Integrated Health Care (DIHC) and S Cleary (Dudley MBC Public Health Manager) was presented in relation to a deep dive into the action plan for reducing deaths due to Circulatory Disease in Dudley.

In presenting the report, Dr Jenkins acknowledged the contribution made by S Cleary and Dr Pitches to this item and advised that both officers were in attendance at the meeting.

Dr Jenkins made reference to the term circulatory disease, terminology used by the World Health Organisation, and the similarity of cardiovascular disease. It was advised the presentation would focus on issues including, angina and heart attacks, and acknowledgement was given to the story received from a member of the public earlier in the meeting in relation to his experience of a heart attack, heart failure, stroke, heart rhythm, disease of the heart valves and high blood pressure.

A scarf plot graph was then presented which outlined the life expectancy between Dudley's most and least deprived areas and the causes of the differences between males and females. It was noted that the overall gap averaged just over seven years for males and six years for females and when considering the causes of that reduced life expectancy, circulatory disease was accredited to the biggest proportion of deaths, with the four main causes of deaths noted as: Covid, circulatory disease, cancer and respiratory.

When considering the Black Country in terms of mortality rates from circulatory disease, both for under 75 year olds, it was noted that the overall mortality rates were some of the highest in the country, which closely tied with deprivation. Information relating to Electoral Wards and rates of mortality was then presented, noting that the more deprived wards had higher mortality rates from circulatory disease in all ages, and specific reference was given to the under 75 years olds which tied in with reduced life expectancy and premature deaths relating to circulatory disease.

When considering the distribution across Dudley, it was noted that certain Electoral Wards had high rates of circulatory disease mortality for all ages, and a list of those Wards were presented.

Challenges in relation to the way data was captured was then noted which resulted in deprivation being a proxy for mortality. However, the overall approach was to consider populations in areas where there was a high circulatory disease mortality rate, which related to under performance by general practice, and it was stressed that this could be for a number of reasons. Other important areas in addition to deprivation, were then presented which included, ethnicity, and severe mental illness, noting that people with severe mental illness had a twenty-year reduced life expectancy and a threefold mortality rate from circulatory disease, which were important inequality issues that needed to be considered.

Gender inequalities were acknowledged, as it was advised that mortality rates in males were higher than females, and it was noted that the British Heart Foundation had revealed that females receive a lower standard of care than males when experiencing a heart attack. Evidence also demonstrated that females did not receive the same standard of care in relation to secondary prevention with regard to medication and after care, and it was noted that this was an area that would be investigated further, specifically relating to Dudley.

The plan on a page was presented in relation to longer-term objectives, described as being the wider determinates of health, and the short to medium-term objectives, principally the lifestyle and factors, and the services being offered by the health service in relation to prevention.

Reference was then made to the direct lifestyle factors that influenced circulatory disease which included: diet, physical activity, smoking and alcohol intake, and the broader environmental and social factors, such as, income, employment and educational attainment. It was noted that these issues were primarily associated with deprived populations and had an impact on the risk of circulatory disease, together with environmental factors such as, the quality of housing conditions and air quality.

It was advised that the long-term objectives had been incorporated into the plan and the Board and Local Authority were asked to acknowledge the importance of circulatory disease. Reference was again made to the presentation at the beginning of the meeting where the member of the public had raised the importance of exercise and the use of places such as the canal tow path, and the challenges experienced exercising during the winter months due to poor weather conditions and darker nights. Reference was made to gym membership and the importance to recognise that some members of the public would be unable to afford gym membership and it was advised that this was an area that needed further consideration.

Reference was made to short to medium term objectives, specifically the lifestyle factors which it was noted were being addressed predominately through the Health Improvement Service, a newly recommissioned service, which focused and targeted deprived and high-risk populations for circulatory disease, providing preventative interventions such as, healthy eating, physical exercise and alcohol reduction. Improved signposting for hospital inpatients was noted, and specific reference was made to those who were smokers at the time of their heart attack and the importance to signpost them to services to encourage them to quit smoking such as, community pharmacies.

Reference was made to health checks, a national programme which was locally commissioned, and it was advised that 96% of checks were undertaken by GP's, with the remaining 4% covered by the health improvement service.

Challenges relating to the uptake of health checks in some of the less deprived areas in previous times was acknowledged, which ran the risk of widening health inequalities, and it was advised that Dr Pitches and S Cleary had been focusing on supporting practices to identify patients that would benefit from health checks, particularly targeting populations where uptake had been low.

Three areas of interventions were than presented. Firstly, the focus on detecting hyper-tension and specific reference was made to the service provided by community pharmacies and the aim to improve the working relationship between pharmacies and GP's. The success in previous years in Dudley having the highest detection rate in the country was acknowledged, however it was advised that further improvements could be made and blood pressure control was also an area which required improvement, although it was noted that the Black Country on the last release of data had the best improvement rate in England.

The second area related to statins, and other cholesterol medications, with the aim to increase the usage of such drugs in patients diagnosed with circulatory disease. Focus would be aimed at improving the prescription rates of such medication and where high cholesterol was being treated, reducing the cholesterol levels successfully.

The third area related to triple control of diabetes, as it was noted that diabetes carried a high risk of circulatory disease and triple control referred to controlling blood pressure, cholesterol and blood sugar as reducing these areas could reduce the risk of developing circulatory disease significantly.

The final work in progress was presented which related to GP's targeted with providing physical health checks for people with severe mental illness. Particular reference was made to a specific intervention for people with severe mental illness which had declined during the pandemic and would now be restored.

Graphical data was presented which evidenced the success in the areas of blood pressure control in Dudley. It was acknowledged that further improvements could be made, and the target over the next 5 years was to progress all primary care networks up to the national target of 80%, a target produced alongside the long-term plan which had been released in 2019. Two further graphs related to cholesterol, specifically patients who were being treated with a cholesterol lowering drug and Dudley's success in this area was noted, with the aim to increase the target to 90% moving forward.

The final presentation slide related to diabetes triple control by practice and demonstrated the variation between practices, and it was advised that the Diabetes Steering Group would work with the practices to improve triple control, to achieve a 44% target.

In conclusion, Dr Jenkins advised that the plan was still in its early stages, with some work streams more established than others, and contained the wider determinates as well as upstream and downstream interventions. Relating to the upstream interventions, the presentation on the public voice at the beginning of the meeting, illustrated the aim to engage with people at an earlier stage and reference was made to the healthy heart hub which aimed to liaise with communities using peer workers to raise awareness of the importance of things such as, diets, smoking, blood pressure and an awareness of blood pressure, cholesterol and Body Mass Index numbers. Reference was made to the asks from the Board which were to allocate circulatory disease with the appropriate priority in terms of strategy and plans, giving it the right focus to ensure the right capacity and incentives were in place to address circulatory disease both upstream and downstream.

Arising from the presentation, the Chair thanked the officer for an informing and interesting report.

In response to a question from the Chief Officer Healthwatch Dudley, in relation to the concessionary gym membership scheme offered by the Council which could help address the issue of increasing a healthy lifestyle in those who were unable to afford gym membership, Dr Jenkins advised that this issue would be explored with the Circulatory Disease Board.

Councillor S Ridney raised concern with regard to the position of Upper Gornal and Woodsetton Wards in relation to death from circulatory disease in comparison to other higher deprivation wards and questioned the possible connection between the number of cases and lack of leisure facilities within the area and the need to consider this issue further. In response, Dr D Pitches advised that some areas within Dudley had a higher degree of risk factors for circulatory disease than others and this would need to be looked at in more detail. It was noted that more Ward profiles would be published shortly which would assist in understanding the factors relating to these figures.

The Interim Head of Services in Public Health requested further clarification on the variation in the management of diabetes and circulatory disease in the different practices in Dudley. In response, Dr Jenkins advised that further work would be undertaken on this issue, with the aim to improve care services in areas of high mortality rates.

The Chair, referred to the suggestion to promote the concessionary gym membership scheme in operation to encourage a healthier lifestyle, and questioned whether the financial barrier was the only factor that prevented people from accessing exercising. In response, Dr Jenkins advised on a number of barriers that deterred some people from attending public gyms, which included, cultural and confidence issues and stressed the importance of encouraging people to exercise in areas where they felt most comfortable such as walking, running and cycling. The challenges faced by some commuters in relation to the condition or lack of appropriate cycle and walking pathways in the area was acknowledged.

The Chief Officer Healthwatch Dudley referred to statistics that Active Black Country had produced that could add support to this work, noting that the statistics had indicated that the Black Country was the least active area in the whole of the Country and referred to the active schemes that they offered with regard to fitness.

The Independent Adult Safeguarding Board Chair stressed the importance to include the high consumption of low cost, ultra-processed food which had a significant impact on health and the need to increase the offer of affordable healthier food. In response, Dr Jenkins concurred with the issue raised and advised that the three biggest killers, namely, poor diet, smoking and high blood pressure, needed to be investigated further.

The Chief Executive Officer of Dudley Council Voluntary Service, (DCVS) stressed the importance of including Active Black Country who were experts in sedentary lifestyles and had undertaken a number of surveys with sedentary people within the area. Reference was made to the DVS having employed a Community Activator that assisted with walking routes and groups in parks, and the River and Canal Trust who had employed a person in Dudley that investigated the blue water and canal walking routes.

Resolved

(1) That, the report submitted in relation to a deep dive into the action plan for reducing deaths due to Circulatory Disease in Dudley, and comments made by Members, be noted.

(2) The key asks of the Board/wider system, as set out in the report, be approved.

(c) Joint Strategic Needs Assessment (JSNA) update

The Board received a report of the Head of Integrated Intelligence, Performance and Policy on an update of the Joint Strategic Needs Assessment (JSNA).

In presenting the report, the Interim Head of Services in Public Health referred to the work that the Head of Integrated Intelligence, Performance and Policy undertaken, around the JSNA which had been carried out specifically to coincide with the timing of the new financial year and the new commissioning cycle. This included, considering all the population demographics, and the current position with relation to the public health outcomes and health and wellbeing priorities.

Referring to the population, it was noted that the latest census had confirmed that Dudley had an estimated population of 323,581 people and by 2028 it was believed that this could increase to 330,400. It was advised that most of the increase would be as a result of the movement of people into the Borough.

It was noted that the birth rate had fallen over time and that death rates in men and women varied, with the average life expectancy of a man being 78 years, and a woman 82.2 years. Life expectancy in most deprived areas was lower than in the most affluent areas, noting for men this was a 9.2-year difference between the most deprived and least deprived and for women, an 8.6-year difference.

Reference was made to the ageing population and the impact this had on hospitals, health care services and adult social services. A breakdown of the population for the over 65 years was presented, and it was noted that it was expected that an extra 4,000 people over the age of 65 year olds would be living in the Borough in the next five years, an increase that was expected across the country.

In referring to the children's population, it was important to note that the demographic of the population was very different for the older population. It was advised that in the over 65 years population, 95% of people were showing as White British ethnicity, in comparison to 73% of the 15 years and under, showing as White British.

The public health outcomes framework was then presented, which included, a higher percentage of children in Dudley in low-income families not being school ready; fewer children achieving a good level of development in school; a higher than the national average in Dudley for teenage conception rates, although it was noted that this rate had fallen over time; and pupil absence rates being higher than the national average.

Reference was made to circulatory disease, which had been covered in detail in the previous agenda item, and it was noted that the Borough had recorded both children and adults as having higher rates of obesity and some of the lowest levels of physical activity.

Referring to breast cancer screening, it was noted that Dudley, in comparison with national data, was still below average however, data still to be published had seen some improvements, with inequalities still evident across the Borough.

It was advised that, beyond the HWB goals, the recommendations that had been set for Commissioners to consider, included Dudley remaining below average for bowel cancer screening, although the diagnosis of cancers early overall in Dudley remained better than the national average; Dudley had higher than the national average of people in fuel poverty; the diagnosis rate for dementia from GP's was lower than the national average, and Dudley had higher rates of people reporting with long-term musculoskeletal problems.

In conclusion, the Interim Head of Services in Public Health, advised that Dudley had recorded lower rates for hospital admissions from childhood injuries, self-harm and falls, although a higher rate had been recorded for hip fractures which would be investigated further, and a lower rate of emergency readmissions after thirty days of discharge from hospital.

Arising from the presentation, the Chair referred to the Ward profiles that were to be produced and the Interim Head of Services in Public Health advised that the profiles would be available shortly.

Resolved

(1) That, the report submitted updating Members on the Joint Strategic Needs Assessment (JSNA), be noted.

(2) That, the key asks of the Board/wider system, as set out in the report, be approved.

(d) Health Inequalities Funding 2023/2024.

The Board received a report of the Dudley Managing Director, Black Country Integrated Care Board (BC ICB) on the current position in relation to the Integrated Care Board's health inequalities funding for 2023/2024.

In presenting the report on behalf of the Dudley Managing Director, BC ICB, the Vice-Chair made specific reference to information in the report relating to a small allocation of money to the Voluntary Sector however, it was noted that this had been retracted.

Resolved

That the report submitted on the current position in relation to the Integrated Care Board's health inequalities funding for 2023/2024, be noted.

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54 **Items for Information – Goal Progress**

(a) Joint Health and Wellbeing Inequalities Strategy 2023-2028 Breast Screening

The Board received a joint report from the Head of Healthcare Public Health and the Dudley, Wolverhampton and South West Staffordshire Breast Screening Programme Manager on an overview of activity and progress against delivery of the health and wellbeing goal to improve breast cancer screening coverage.

In presenting the item, the Head of Healthcare Public Health advised that support had been given to the training of Cancer Champions working in a number of GP practises to talk about screening and support patients who were either deciding or who had not attended a screening appointment, to help them understand the process and the benefits of screening.

A deep dive of the data had been undertaken as most of the nationally produced data was approximately 18 months old and referred to historic patterns. It was noted that Dudley and Netherton needed specific attention and a mapping exercise had been carried out where practises would be inviting people to attend. The practices in Central Dudley would be inviting patients in the spring of 2024 and an awareness campaign was being undertaken with GP's practices, pharmacies and other organisations, in order to encourage people to attend screening and develop a pathway for people with learning disabilities to explore a way in which to help carers to access screening more effectively. A review had been undertaken on what had worked in other areas, including what interventions had been most effective in inviting people, specifically people who had not usually attended screening to improve the acceptability of the services.

In conclusion, reference was made to the key asks of the Board namely, the support for Cancer Champion training and the opportunities this would provide in primary care, acknowledging their effectiveness in helping people access the wider screening programmes, not just breast screening, and helping to support the mobile breast screening van to become more accessible to all communities.

Resolved

That the activity and progress made against delivery of the health and wellbeing goal to improve breast cancer screening coverage, be noted.

(b) Black Country Integrated Care Partnership – update

The Committee received a report of the Dudley Managing Director – Black Country Integrated Care Board (ICB) on the current position in relation to the development of the Black Country Integrated Care Partnership (ICP) and its Integrated Care Strategy.

In presenting the report, the Director for Children's Services advised that there had been one meeting to date and it was acknowledged that the partnership was still at its development stage.

Resolved

That, the current position in relation to the development of the Black Country Integrated Care Partnership (ICP) and its Integrated Care Strategy, be noted.

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55 **Dudley Safeguarding Adult Board Annual Report 2022-2023**

The Board received a report from the Dudley Safeguarding People Partnership on the Dudley Safeguarding Adult Board Annual Report 2022-2023.

In presenting the report, the Independent Adult Safeguarding Board Chair made specific reference to the Borough having continued to have considerable increase in self-neglect, in comparison to Dudley's comparable authorities.

It was noted that specific Safeguarding Adult Reviews (SARs) had been undertaken on this issue and much time had been spent trying to understand the cause. The report outlined that SARs had been amalgamated together for a review combining all the strategic reviews that had been undertaken on this specific issue. Reference was made to the volume of calls and referrals that the service received year on year which put the service under severe pressure.

In conclusion, reference was made to the work that was undertaken on the Deprivation of Liberty Safeguards (DoLs). It was recognised that DoL cases were higher than the service wanted, but not as high in comparison to other areas. It was advised that extra resources had been put in place to help address this issue.

In response, the Director of Adult Social Services advised that a reduction in DoLs had been seen for a second month running, however it was unlikely that this reduction would continue and a detailed discussion had taken place at a recent Health Scrutiny Committee in relation to the seriousness of the issue and the need to understand what was driving self-neglect in the Borough, not just from a safeguarding point of view, but as a broader strategic issue which would be effect other partners on the Board. It was advised that numbers of self-neglect related referrals received in the last twelve months had increased by 100%.

The Independent Adult Safeguarding Board Chair, referred to an individual review that had been undertaken, which confirmed the seriousness of the situation within the Borough.

The Chief Officer Healthwatch Dudley made reference to a piece of work that was to be undertaken shortly with people that had experienced the safeguarding process to ascertain their views which could provide valuable feedback.

Resolved

That the report submitted from the Dudley Safeguarding People Partnership on the Dudley Safeguarding Adult Board Annual Report 2022-2023, be noted.

56 **Dudley Children's Safeguarding Annual Report 2022-2023**

The Board received a report from the Dudley Safeguarding People Partnership on the Dudley Children's Safeguarding Annual Report 2022-2023.

In presenting the report, V Buchanan advised that the role of the Independent Scrutineer in Children's differed from adults in relation to the review of the effectiveness of the multi-agency arrangements to safeguarding children and detailed her position in relation to reviewing the report on behalf of the partnership, reporting on the accuracy of the information contained in the report. Assurance was given to the Board that the report gave an accurate reflection of the current position within Children's Services.

It was noted that two bespoke areas of scrutiny had been undertaken during 2023 these included: a visit to Russells Hall Hospital where a meeting had taken place with Safeguarding Teams, time spent with the Maternity Services, talks had taken place with front-line staff to obtain assurance around safeguarding, and time spent with front-line Police Officers to ascertain their understanding of safeguarding on a daily basis. It was noted that as a result of the scrutiny undertaken, action plans had been developed.

Referring to challenges moving forward, specific reference was made to the forthcoming publication of the new version of Working Together, a guide on how services should work together around safeguarding children. It was noted that there were some significant changes that would need to be considered as a partnership to meet the requirements.

Reference was made to page 125 of the report submitted, which listed the key people involved from a partnership perspective and the expectation that the 2023 version would involve a much stronger line of sight from Chief Officers in organisations, such as the Chief Executive of the ICP, the Chief Executive of Dudley MBC, and the Chief Constable of the West Midlands Police and the importance of the need to focus on the work of the partnership moving forward.

In relation to positive aspects of the report, reference was made to the work being undertaken around the family safeguarding model, a partnership approach to working differently with families, and although it was noted that it was still in its early phase, the positive work in relation to the model was acknowledged. One of the early signs of success of the model related to the reduction in children subject to a Child Protection Plan, which was down significantly from 2022 to 2023, however the importance of keeping this issue under review to ensure that all processes for children remained safe was emphasised.

Specific attention was drawn to work being undertaken in relation to criminal exploitation, as detailed on page 134 of the report. In particular, the importance of listening to young people and a quote received from a young person who had received support for Barnardos was presented.

In conclusion, reference was made to the priorities for 2023-2024 as detailed in the report, which highlighted the amount of work that was being undertaken throughout the partnership.

Arising from the presentation, the Director for Children's Services advised that V Buchanan had been working with the authority as a partnership for approximately two years and the partnership had been aware of the challenges faced by Children's Services in recent years, and having an independent, critical friend approach to scrutiny, had been very helpful for the Directorate. Assurance was provided that the work was being undertaken appropriately to keep children safe. Reference was made to family safeguarding and the multi-disciplinary model of working approach being taken across the board to support children from birth through to 25 years for some young people. It was noted that this approach was beginning to make a difference, especially in terms of family setting being the right place for most children however, having the reassurance that children who were at need of urgent action were kept safe.

37 **Questions Under (Council Procedure Rule 11.8)**

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

Meeting ended at 6.10pm.

CHAIR