Meeting of the Health Select Committee
Wednesday 31st July 2024 at 6.00pm
In Committee Room 2 at the Council House, Priory Road, Dudley, DY1 1HF

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

1. Apologies for absence.

2. To report the appointment of any substitute members serving for this meeting of the Committee.

3. To receive any declarations of interest under the Members' Code of Conduct.

4. To confirm and sign the minutes of the Health Select Committee held on 25th April, 2024 (Pages 4 to 26)

5. Public Forum

6. Programme of Meetings and Business Items for 2024/25 (Pages 27 to 32)

7. Black Country Healthcare NHS Foundation Trust Quality Account 2023/24 (Pages 33 to 39)

8. Financial Wellbeing and Mitigating Poverty Strategy 2024-2034 (Pages 40 to 66)

9. Proposals to move services from The Poplars to Brierley Hill Health and Social Care Centre (Pages 67 to 72)

10. To consider any questions from Members to the Chair where two clear day's-notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

Chief Executive
Dated: 19th July, 2024

Distribution:

Councillor M Hanif (Chair)
Councillor C Reid (Vice-Chair)
Councillors A Aston, E Cobb, B Collins, P Dobb, I Kettle, P Lee, I Sandall and K Westwood; J Griffiths – HealthWatch Dudley (Co-opted Member)

Cc - Councillor J Clinton - Cabinet Member for Public Health (Invitee)

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Minutes of the Health Select Committee
Thursday 25th April 2024 at 6.00pm
In Committee Room 2, The Council House, Priory Road, Dudley

Present:
Councillor R Collins (Vice-Chair) (In the Chair)
Councillors A Aston, B Challenor, K Denning, M Evans, J Foster, D Harley, W Little, D Stanley and K Westwood; J Griffiths – Healthwatch Dudley (Co-opted Member)

Dudley MBC Officers:
Dr M Abu Affan (Director of Public Health and Wellbeing), S Cleary (Public Health Manager), S Dougan (Head of Children, Young People, Adults and Older People), M O'Meara (Senior Health Improvement Practitioner) and K Buckle (Democratic Services Officer)

Also in attendance:
Councillor I Bevan (Cabinet Member for Public Health)
Black Country Integrated Care Partnership – T Mtemachani
Black Country Healthcare NHS Foundation Trust – C Green
West Midlands Ambulance Service – P Wall (for Agenda Item No. 7)
Dudley Group NHS Foundation Trust – M Morris and J Wakeman (for Agenda Item 7)

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58. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors J Clinton and M Hanif.

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59. **Appointment of Substitute Members**

It was reported that Councillors D Stanley and K Denning had been appointed to serve as substitute Members for Councillors J Clinton and M Hanif respectively for this meeting of the Committee only.

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60. **Declarations of Interest**

Councillor A Aston declared a pecuniary interest in any matters directly affecting his employment with West Midlands Ambulance Service.

Councillors I Bevan and K Westwood declared pecuniary interests in any matters directly affecting their employment with Dudley Group NHS Foundation Trust.

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

Councillor K Denning declared a non-pecuniary interest as a volunteer at Dudley Group NHS Foundation Trust.

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61. **Minutes**

Resolved

That the minutes of the meeting held on 28th March 2024, be confirmed as a correct record, and signed.

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62. **Public Forum**

No issues were raised under this agenda item.

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63. **Change in Order of Business**

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

Resolved

That Agenda Item No. 7 – NHS Quality Accounts to be considered as the next item of business.

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64. **National Health Service (NHS) Quality Accounts**

The Committee considered the draft Quality Reports and Accounts of NHS Providers for 2023/24, including the priorities set out for the respective services for the forthcoming year.

West Midlands Ambulance Service (WMAS)

A summary of the achievements in relation to the 2023/24 priorities were provided, together with the proposed priorities for the year 2024/25.

The Quality Account Statutory process was outlined, and it was stated that the priorities for 2023/24 were based around mental health, with a specialist provision in mental health services being recruited with services being delivered to meet the NHS long term plan which included embedding arrangements for 24/7 mental health clinician coverage and establishing mental health response vehicle provisions in five out of the six Integrated Care Board's (ICB).

The development of a clinical education and improvement plan was referred to which included upskilling the paramedics who were responding.

The second priority was set around the integrated emergency and urgent care service, and which was in essence the emergency control room. Following stepping out of the contract to provide the NHS 111 Service there emerged the need to focus on the governance arrangements within the control room and to conduct work on clinical audits for call assessors.

The audits included learning from serious incidents as they arose, reprioritising the work and focusing on the calls and the call takers within the control room. There was also the development of clinical dashboards and a focus on training and qualifications within the teams.

It was reported that the work on both mental health provision and clinical care governance had been delivered exactly as was intended for the last year.

There was also a priority in relation to continuing work on alternative care pathways and that was focused on work that was ongoing across the region in terms of conveyance avoidance, which included various strands of work with care providers across the region with the aim to develop integrated proactive models with community providers, hospitals, and various departments within hospitals in order that wherever possible taking patients to accident and emergency was avoided and that may include working directly with the consultants in hospitals who were able to provide care utilising different methods. This had been particularly successful, and that priority of work would continue. Paramedics working within the control room had played a key role with the work outlined above.

A priority had been set around the role in public health with a specialist being employed to develop that agenda, as that was a key focus that the work conducted throughout the pandemic continued but also focusing on public health roles, which had resulted in a seasonal influenza programme, ensuring that the emergency response planning and pandemic response planning was updated.

Work had been developed on a communication strategy around health promotion involving social media.

It was stated that support with an antimicrobial resistance programme had taken place with a specialist working within that area and that work would continue.

Finally, there was a desire to reduce the number of patient harm incidents, however it was accepted that those incidents would ultimately always occur. Those were the incidents that resulted in some form of harm to patients whilst they were in care. The number of incidents had reduced, and potential causes would continue to be investigated, which would include training staff in the use of equipment and ensuring that new staff were fully competent in certain practises. That area would continue to be a focus and the introduction of a new way of managing patient safety nationally had been introduced entitled the 'Patient Safety Incident Response Framework (PSIRF), with the process for the forthcoming year focusing on patients and their families.

The priorities for 2024/25 included mental health services, PSIRF, patient experience which would include engagement with stakeholders and the establishment of a patient forum with quarterly meetings online.

Ambulance handover delays would continue to be a key focus for the service as it remained one of the largest single challenges. A structure improvement plan had been developed following the Care Quality Commission (CQC) inspection and the subsequent Regulation 12 notice being served, with the requirement for the service to improve. It was accepted that there was the need to improve as there was a direct effect from the ambulance handover delays to the ability to respond to patients.

The improvement plan strands included the request for an independent capacity review, however that would require funding and ICB's had been approached to request additional resource for that purpose. Recruitment was required to meet the requirements of the enforcement notice however it was emphasised that was dependent upon funding.

There was a review being conducted on the Hospital Ambulance Liaison Officer (HALO) role, based within hospitals to address ambulance handover delays, with the prospect of relocating that resource from hospitals back onto the road in conveyances.

Following the presentation of the report, Members made comments and asked questions and responses were provided, where necessary as follows: -

(a) Councillor K Denning raised concerns that following the CQC Inspection the service had been judged as good and was no longer outstanding, with indicators travelling in the wrong direction.

In relation to PCIF Boards for Dudley Group of Hospitals, it was questioned as to whether patient safety partners would be included as members of those Boards.

In response it was stated that the thought process was that there would be patient safety partners who formed part of the membership of PCIF Boards, however further clarification would be provided to Members following the meeting.

It was accepted that response times had increased considerably since the last inspection, however the Inspectors had indicated that there was not going to be any ambulance service in the country that would be eligible for the outstanding rating due to hospital delays. There were several plans in place to ensure that the service achieved the outstanding rating again as soon as possible, and the service would do all they could to achieve that.

The same member enquired as to the mechanism to reduce patient complaints in relation to the service, as it was presumed that the majority of those complaints related to waiting times for ambulances.

In response it was stated that the rate of complaints was low in comparison to the volume of calls received with the rate of compliments being much higher, and the service would endeavour to reduce complaints. However, it was accepted that there remained the need to focus on reducing waiting times for patients.

The Dudley Group NHS Foundation Trust (DGFT)

M Morris, Chief Nurse at DGFT and J Wakeman, Deputy Chief Nurse were introduced, and it was noted that they would present the Quality Reports and Accounts for the DGFT.

Members considered a summary of achievements, details of the challenges and the actions to deal with those challenges and the plan for the next financial year.

There were three priorities and ten targets for 2023/24, five were achieved, one partially achieved and four that were not achieved.

In relation to complaints the service had struggled to respond to those within 30 days (which was an internal target), achieving 49% against a target of 50% and that continued to improve monthly.

Treating patients in the right place at the right time had been exceptionally challenging right across the healthcare sector and that had impacted on some targets, especially in terms of discharging patients.

Due to pressures, the Discharge Lounge had been used as a bedded area to meet with demand within the emergency department since October 2023.

Discharge communication with family and carers was documented, however patients were not recognising that discharge plan and work would continue within that area.

Reducing avoidable harm had worked exceptionally well, particularly around tissue viability, as when a patient entered the organisation with a pressure ulcer, that was reviewed by a scrutiny group within ten days of reporting and would receive daily follow ups if required, across multiple specialities.

Multiple Virtual Wards had been introduced attempting to nurse patients within their homes rather than in acute hospitals with positive feedback from patients received.

The new complaints standard was referred to which moved away from formal written responses to face-to-face dialogue, that would often include consultants, nurses and whoever had been involved with a patients care.

PSIRF was referred to and being fully integrated with areas such as tissue viability, falls and infection control, being familiar with thematic reviews,

learning from those reviews and preparing improvement plans to ensure that the care offered was improved.

It was reported that a visit from clinicians in Singapore had taken place to investigate how the Gold Standard Framework had been implemented, that framework related to those who had come to the end of their lifelong condition, however that could be up to twelve months prior to their expected death.

There were six priorities for 2023/24 which had been formulated from conversation with Executive Directors and then discussion with clinicians, therefore each priority has a clinical lead.

Those priorities were as follows: -

Diabetes – hybrid closed loops which included a patch on the patients arm to monitor blood sugar levels constantly with the aim for those to be available to all patients and remotely monitored, which would in turn improve quality of life in terms of independence.

Fractured neck and femur and those patients who may have suffered a stroke – improving pathways and outcomes and discharge from the organisation.

Patient survey results – identified main themes, primarily around discharge communication, nutrition, hydration, and pain. Working Groups had been established to focus on each of the above areas, which should result in an improvement of patient survey results.

Dementia and delirium – these were a very high priority within the organisation and focusing on a long-term plan for patients and how they were treated with a plan to address and monitor that throughout the organisation. Improving training and education; to re-address readmission rates, particularly in relation to dementia, which was reported monthly.

An Admiral nurse was to be appointed who was part of the UK dementia scheme, which would allow the organisation to have direct access to Dementia UK, which would result in better information to improve the patient experience.

Learning Disabilities – there was the need to mirror the national strategy and that would include rolling out training, developing champions and working with the communications team to develop bags of calm to provide to patients attending the busy emergency department. Those bags would include for instance earmuffs and lights whatever those patients required

to hopefully improve experiences and prevent them from becoming anxious and stressed whilst travelling through the acute pathway.

Arising from the presentation of the Quality Accounts, Members raised questions and made comments and officers responded where appropriate as follows: -

(a) In responding to J Griffiths in relation to the expert groups led by clinicians, and in particular those regarding stroke, whether those who suffered from the particular conditions formed part of those groups to talk through their experiences and the process through hospital, it was agreed that patient participation was required, and that request would be communicated to group leads.

(b) Councillor K Denning referred to the percentage rates of re-admissions into hospitals and the impact on services. The issue of possible premature discharges was raised and mechanisms to reduce those re-admissions.

In response it was stated that all organisations were dealing with those issues daily, especially during the winter period which was a challenging time of year with the introduction of virtual wards enabling patients to be discharged into their own homes, receiving the support they require remotely. Continuing to develop virtual wards was key together with developing services within the community which remained a priority. Going forward there would be an opportunity of working with Dudley Integrated Care colleagues (as part of the formal transaction process), with some General Practitioner Practices becoming part of the organisation which would further assist to build out of hospital support for patients, however it was accepted that the area surrounding discharge remained challenging with the demand on beds and mitigating that risk by providing care within homes, in care homes or within the community.

The same Member requested further information on the utilisation of additional technology to continue to care for patients at home.

In response work on diabetes reported earlier on in the meeting was referred to and the fact that patients received teams calls should that form of contact be acceptable, however there remained the challenge of recognising what technology was available within the home with the Priority remaining that they were nursed in the most appropriate place with responses being provided on an individual need's basis.

The Chair expressed her appreciation for the diabetes Closed Loop System and queried the number of those that were funded by DGFT and in response it was stated that the ambition was to provide all patients with the same opportunity and the Government had pledged to provide funding for this.

Resolved

(1) That the Quality Report and Accounts of NHS Providers for 2023/24 and the priorities as set out for the services for the forthcoming year be received and noted.

(2) That the Black Country NHS Foundation Trust be requested to email to Members confirmation as to whether patient safety partners were members of PCIF Boards.

(3) That the West Midlands Ambulance Service clarify with Members' whether patient safety partners formed part of the membership of PCIF Boards.

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65. **Update on the development of the Integrated Care Parntership**

The Committee considered a report on the development of the Integrated Care Partnership highlighting progress to date. Appended to the report submitted were details of the Black Country Integrated Care Partnership meeting held on Thursday 18th January 2024 and the Terms of Reference of the Black Country Integrated Care Partnership.

The Director of Transformation and Partnership for the Black Country Integrated Care Board and the Executive lead for the development of the Integrated Care Partnership across the Black Country introduced himself.

It was noted that although the report covered the meeting in January the Partnership had met more recently.

It was stated that the report provided a summary update of the Integrated Care Partnership, which was a joint committee of both the Local Authorities and the Integrated Care Board. It was a statutory committee that was established in 2022 at the inception of the integrated care systems.

The journey since 2022 was referred to and included the development of an Integrated Care Strategy which informs the functions of Local Authorities and Integrated Care Boards.

The Joint Forward Plan must be informed by the Integrated Care Strategy. The Strategy was published in March 2022 following a series of development sessions which included a wide range of partners including all local authorities, Directors of public health who primarily played a key role in the development of the initial strategy.

That Strategy included four key areas that were agreed to focus upon children and family's workforce, education and training, social care systems and mental health and wellbeing.

The key themes following the meeting in January 2024 were referred to which included agreeing the Terms of Reference which detailed the membership structure, as contained in the appendix to the report submitted.

It was reported that at the meeting in January a point of discussion was the Integrated Care Partnership Strategy Forums. Forums that support the development of the Integrated Care Strategy, although details of these were contained in the report submitted, it was reported that the Prevention and Personalisation Forum was chaired by the Director of Public Health and Wellbeing, who was providing strong leadership and driving an ambitious agenda, around focusing on prevention as opposed to being reactive as a system traditionally was, focusing on curative and treatment based services. Part of that work related to resource allocation and moving the balance of resource allocation from curative and treatment based services into that prevention space.

The Populations Outcome Framework was referred to, together with the work completed within the ICB whilst engaging with Directors of Public Health to support that work which focused on building the population outcomes framework, that essentially drawing from the expectations and the needs of the population in what were described as outcomes, but also building in some of those service interventions and how they impacted on those outcomes.

Another key piece of work was on a built-in-cost calculator which created a health economics approach that set out what the impact was of any change in the health service architecture.

A focus was on type 2 diabetes and following on there was the ambition to build into other longer-term conditions.

The Work Well vanguard bid was referred to relating to funding available to get the Black Country's population back into work. The funding available was approximately £3m.

It was reported that at the most recent meeting, discussions had included the impact of the refreshed guidance and what that meant in terms of how to organise to deliver what was expected of the Integrated Care Partnership.

It was stated that a letter had been written to Health and Wellbeing Boards and to Directors of Public Health to set out proposals as to the process to deliver what was now required that included some of the feedback and insights obtained from the population that highlight the things that matter to them. The Partnership will then synthesise and distil into some themes or thematic areas with engagement to follow towards the end of the summer, working with Healthwatch colleagues.

(a) Councillor J Foster referred to the Committee Membership, referring to political involvement and oversite and the role of the Community and Voluntary sector, noting that they attended meetings on a rotation basis, and enquired how that would work attending four meetings each year.

In response it was stated that involvement and oversite of elected members would be considered as it had been initially agreed that the core membership of the ICB would be at officer level.

On the role of the voluntary sector, they agreed that they wished to attend in rotation, enabling one to lead and then feedback to the others, they also work as Black Country together CIC which is a collective body that also represents all our voluntary sector infrastructure across the black country, and they will also feedback into that collective body.

The same Member also stated that it may be pertinent to keep that representation of the voluntary sector and the whole structure under review.

(b) Councillor D Stanley raised two questions in relation to the quorum for the meetings and where the meetings were held and in response it was stated that the expectation was that there were two local authority members and two wider partner members at a minimum and the

meetings were held in each of the Black Country areas for example the last meeting was held in Wolverhampton and the next meeting would be held in Dudley.

J Griffiths also responded stating that in relation to the voluntary sector leads they represented all of the Black Country local authority areas, as all charities could not be present for meetings given the volume of charities and voluntary organisations.

(c) Councillor A Aston raised a question in relation to the Work Well Vanguard bid, whilst appreciating that the outcome had not been announced, requested that members be updated in relation to the funding available for those with specific long term conditions and how the success of that funding would be measured, should the bid be successful.

In response it was stated that although it was an ambitious bid, it was based on the work that had been implemented by the Black Country Healthcare Trust in implementing the Thrive Model, which was focused on long term health conditions but also mental health conditions, and a commitment was made to share further details as and when available.

Resolved

(1) That the information contained in the report and appendices to the report submitted on the development of the Integrated Care Partnership including the progress made to date, be noted.

(2) That the Director of Transformation and Partnership for the Black Country Integrated Care Board be requested to provide further details to Members on the Work Well Vanguard bid as and when those details were available.

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66. **Update on the Household Support Fund**

The Committee considered a report on the Household Support Fund which included the following: -

- A comprehensive update of the Household Support Fund (HSF) including how funds had been used to date.
- To share case studies from residents and reflections and learning from partners to inform the use of the HSF5 Grant.
- To provide early sight of the proposals for a Financial Wellbeing Strategy that would focus on prevention and early intervention as well as crisis response and to seek the Committee's early views on this and HSF5.

The Director of Public Health and Wellbeing introduced the report submitted stating that the report covered how the fund was distributed, the reflections on learning and the early stages of the Financial Wellbeing Strategy, with a substantial amount of work being conducted to mitigate poverty, including the Household Support Fund management which had been managed by public health.

The Strategy would cover prevention of poverty which would have three aspects, prevention of poverty in terms of healthy starts and keeping people well. The second aspect was to lift people out of poverty, with the ambition to build on more partnerships and collaboration with the private sector to improve the ability to bid for funds and identify and attract funding from outside the public sector.

Discussions had also been entered into with the Adult Learning Team who have several initiatives from the Combined Authority in terms of improving skills and employability.

The Interim Head of Service and Acting Public Health Manager were both introduced, and the Interim Head of Service presented the report submitted, referring to the funding that the Government had made available to respond to the cost of living pressures and the amount allocated to the Authority to support those struggling to purchase food and pay for essentials such as utility bills.

The five tranches of allocations were outlined with that being followed by a Government announcement that the fund had been extended for a further six months, with the Authority being allocated £2.5m and it was reported that prioritisation of the allocation of funds would include three key priority groups.

The Authority had adapted numerous distribution routes working with voluntary sectors and communities as the ambition was to reach as many people as possible adopting a holistic approach.

The differing ways in which the funding was allocated as referred to in the report submitted were outlined, together with further advice for those accessing the funding on any other issues experienced.

Close work with Revenues and Benefits had been undertaken to ensure that funds could be distributed using different methods which included a summer scheme when the application process was open which was paused and then it re-opened again for the winter.

Details of the Award winning five Cost of Living Hubs and their locations were noted, together with the work closely conducted with the Citizens Advice Bureau and methods by which the hubs were accessed.

Dudley Schools' and Education Outcomes had funded two initiatives as part of the HSF, those were the holiday free school meals and the hardship fund full details of which were contained in the report submitted.

The Family Hubs, Care Leavers Service, Winter Warmth Support Scheme, Adult Social Care, the Homelessness Team, and Dudley Council for Voluntary Services were referred to as a means for distributing funding.

The case studies contained in the report were referred to.

There had been a rapid reflection and learning exercise with partners involved in the distribution of HSF funds to inform on what could be done differently with the six-month HSF5 and to inform the wider approach to final wellbeing.

The HSF had provided an essential lifeline to people and had been a vital part of the welfare safety net and acted as a gateway to a range of other advice and support for families.

It was reported that a Poverty Summit had taken place on the 22nd April which had been attended by representatives from banks and businesses from all across the borough.

Better pathways were being created to ensure that those who needed the support, got that support and could access funds quickly.

In developing a Financial Wellbeing Strategy for Dudley, a greater shift to prevention and early intervention would take place which would include wider discussions with partners, with a focus on support to everybody to ensure that people do not fall into poverty and that those in poverty could be helped and supported to enable them to get out of poverty.

The proposed goals that remained under discussion and referred to in the report submitted were outlined.

The Director of Public Health and Wellbeing reported that in relation to HSF5 the thought process was to have walk in appointments within the Hubs for those people who could not access the internet and moving forward the ambition was to improve the awareness of front-line practitioners on how they could refer and improve the awareness of the public.

It was stated that following the Elections in May, Members would be invited to several consultations as community leaders to share their knowledge in order to develop the new Strategy which would focus on preventing poverty, lifting people out of poverty and mitigating the impact of that poverty.

Arising from the presentation of the report Members raised questions and made comments and Officers responded as follows: -

(a) The Chair raised concerns in relation to the amount of funding distributed to adult social care, stating that it represented a low percentage of the HSF available.

In responding it was stated that the amount of funding distributed was an informed decision following discussion with a Household Support Fund Partnership Group and the amounts allocated to each spend area would not prevent accessing funding from the general fund by anyone within those groups.

The Chair also raised concerns in relation to the low number of applications received in quarter two as compared with the high number received in quarter three.

It was stated that the amount distributed via Revenues and Benefits was increased during the later quarters which resulted in more applications and more funding being distributed.

The Chair referred to the addition of a further Family Hub which would be situated at Halesowen Leisure Centre and it was confirmed that should that Hub be opened whilst the HSF remained that facility would be utilised to distribute the funding and the provision of vouchers were offered to those families who presented with need whilst attending the Family Hubs.

In response to a request from the Chair it was reported that a leaflet that contained QR Codes had recently been produced and contained a list of all of the support routes detailing what that organisation offered, email addresses, telephone numbers, the direct person to call and the QR code would send the person straight to their webpage. Members would be provided with those leaflets as soon as they were finalised.

(b) Councillor J Foster raised questions in relation to the percentage figure of households who were actually having their needs met through the work public health were conducting and in relation to those households who received help what percentage of their individual need was being met, and how sustainable was that help and assistance; was the amount allocated enough to meet that need and demand that existed, as it was suspected that it did not and what representations were being made to the Government to increase the amount to meet the need in Dudley, if it was not being met.

In responding it was stated that the number of households who were in poverty within the Borough could be provided but to triangulate that into access to the HSF and especially because people could access the HSF more than once it would be extremely difficult to provide numbers.

In terms of the percentage rate of sustainability of the offer, for example by providing someone with a fridge or their immediate need was not a sustainable solution in the long term. The provider for the Hubs was Dudley Empowerment and Partnership and they had been commissioned by Adult Social Care and Public Health to provide holistic advice and support which would be ongoing. Therefore, should the HSF cease that advice and support would remain.

In terms of meeting demand the Financial Wellbeing Strategy was referred to, and the fact that should work not be conducted on lifting people out of poverty demand would not be met, therefore in terms of public health the role would be to support the prevention of poverty and that work was ongoing.

The same Member suggested that it may be the role of the appropriate Cabinet Member or the leadership of the Council to approach the Government for further funding to meet the needs of those resident within the Dudley Borough.

The importance of knowing what need was being met and what was not was emphasised as that may help calculate what the deficit was in terms of that support. It was agreed that a two-pronged approach was required. However, there were people with immediate need and prevention would take a longer period to implement.

The Cabinet Member for Public Health agreed with the Director of Public Health and Wellbeing stating that there needed to be a plan and it was not a question of throwing more money at the problem, but prevention work and a strategy was key.

Councillor J Foster referred to calls from her constituents advising that the HSF had closed, and that there was no further funding available, advising that they still required help, with the availability of a cash grant being needed at that point in time.

(c) Councillor M Evans referred to the Financial Wellbeing Strategy, and in responding it was stated that the Strategy was very much in its infancy with the requirement to conduct wider engagement to ensure that the foundation and goals of the strategy were correct before preparing action plans, with the plan to have a draught for discussion at the Dudley Health and Wellbeing Board in June 2024. The engagement event held on Monday was referred to and the need to feed into the Strategy the views from that event.

In responding to a further question from Councillor M Evans it was reported that some work had been ongoing namely the Starting Over Programme, that had been worked on collaboratively with the Environment and Housing teams and which was a programme around furniture poverty. Work had been conducted to look at what could be done when houses became void to ensure that furniture left could be re-used within the borough for tenancies. There was also the Too Good to Throw Away Day from which furniture and electricals had been transported to Provision House which would be used to support Dudley residents. Work had also been conducted on Poverty Proofing the School Day and on producing analysis to look at where there was the need to support children in poverty which included work around oral health.

There were some plans in place, however there was the need to align them all under the Strategy and conducting a further check on whether work was required in other areas.

It was confirmed that Members of the Committee would be consulted on the draft Strategy.

(d) Councillor K Denning referred to the reduction in time that the HSF was open and the need to work on increasing that time especially as a lot of people in poverty were working and were not allowed to take time off work until lunchtime, preventing them from accessing the funding whilst it was available. It was also suggested that the timings be adjusted for example to ensure that the HSF was available on Saturdays or Sundays.

An additional question was asked in relation to the Holiday Activity Fund and in response it was stated that the fund would be available during the summer holidays with Children's Services commissioning that out.

In relation to the HSF, Revenues and Benefits had tried to open that up at different times in the day and the suggestion to open during weekends would be taken into consideration. The timings in which the funding had been open for had reduced due to the overwhelming demand.

(e) J Griffiths raised a question in relation to the timeframe of the Hubs and in response it was stated that Citizens Advice set up the cost-of-living hubs, however they are keen to move to the prevention and early intervention work and use the learning from the hubs. Citizens Advice would be using the learning from the cost of living hubs through to the Dudley Empowerment Partnership which was already funded through the Council, to provide broader advice but they would be allocating the same amount of funding through the cost of living hubs over the next few months in order that residents would be in a position to attend and obtain a £100 voucher, although a resident would only be able to do that once. The plan, once the HSF had ended, would be to open up the Revenue and Benefits online portal at different times in the year to enable residents to access funding at a different point in time.

(f) Councillor D Stanley referred to his campaign with Housing Services for floor coverings to be left for future tenants within void properties, especially in relation to care leavers who need items that were left in void properties and a request that work be conducted with Housing Services to re-use those items that remain in properties once a tenant has left.

The Cabinet Member for Public Health undertook to liaise with the Cabinet Member for Housing and Safer Communities and Housing Services in relation to the suggestion above.

Resolved

(1) That the information contained in the report submitted on Household Support Fund, be noted.

(2) That the Acting Public Health Manager be requested to provide all Elected Members with leaflets containing QR codes and a list of all of the support routes, once they were available.

(3) That the Cabinet Member for Public Health be requested to liaise with the Cabinet Member for Housing and Safer Communities and Housing Services in relation to the suggestion outlined above by Councillor D Stanley to re-use floor coverings and other items left by tenants once they vacated council owned premises.

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67. **Director of Public Heath and Wellbeing – Verbal Update**

Lye and Brockmoor and Pensnett Projects

The Director of Public Health and Wellbeing referred to the two different projects which were innovative and utilising a vertical approach to reduce the inequality gap.

It was noted that both projects were progressing well. In relation to the Brockmoor and Pensnett project the process of planning engagement with children, families and school staff was taking place with a national team attending the three schools in Brockmoor and Pensnett conducting a consultation with children and school staff at the end of May followed by an assessment to ascertain whether it would be appropriate to conduct an engagement exercise with parents.

In relation to the Lye project which was a bottom-up approach working with the community, with the desire for the community to own the project due to help reduce community tension.

There were several examples of engagement and also the publication of a newsletter, with work around addressing the wider determinants of health including education and improving the English language skills and also working with community assets and identifying those community assets which had included two community litter picks and improving the community cohesion and working with wider partnerships.

The Director of Public Health and Wellbeing undertook to provide members a copy of the feedback from the fly tipping event in Lye together with the latest newsletter.

Arising from the verbal presentation Councillor J Foster asked whether any information was available on the progress of High Oak Surgery. The Director for Public Health and Wellbeing reported that there was the ambition to strengthen the social prescribing offer in the whole of the Brierley Hill primary care network including Pensnett and Brockmoor.

As there was no further information on the High Oak Surgery Councillor J Foster requested that N Bucktin provide a briefing note to Members on the current position in relation to the Surgery.

Resolved

(1) That the verbal update in relation to the Lye, Brockmoor and Pensnett be noted.

(2) That the Director of Public Health and Wellbeing be requested to provide Members with feedback from the fly tipping event in Lye and the latest newsletter referred to above.

(3) That N Bucktin of the Black Country Integrated Care Board be requested to provide Members with a briefing note on the current position in relation to the High Oak Surgery.

68. **Proposed Relocation of Community Mental Health Services delivered from The Poplars, Brierley Hill.**

C Green of the Black Country Healthcare NHS Foundation Trust provided a verbal presentation in relation to the proposed relocation of a number of community healthcare services from the Poplars site including community mental health in the North of the Borough, outpatient and psychology appointments, to Brierley Hill Health and Social Care Centre

It was stated that the Trust did not own the current building but was leased from the landlord Dudley Council. The building had been identified to be in quite a poor state of repair and within the estate strategy work to identify alternative provision as the boiler had begun to leak and was unrepairable. There was now the proposal to move clinical services to the Brierley Hill Health and Social Care Centre, which was approximately a four-minute walk from the Poplars site, providing a better almost brand-new environment for both patients and staff.

It was noted that complaints directly from patients had been received in relation to the Poplars, as the facility did not have patient lifts or disabled access and the briefing at the meeting that evening was to request members support and engagement to relocate the service 340 metres from the current site. There was a caseload of 1200 patients and most of them were assessed at home but did often have to visit the centre. Although the proposed move date had not been confirmed it would likely take place over the summer 2024.

Support was requested from Members to move forward and conduct discussions with some patient groups. Work had been conducted through the integrated care system to investigate that engagement and would include posters, the provision of information, discussion, and consultation.

Arising from the verbal presentation Members asked questions, raised concerns, and made comments which were responded to as follows: -

(a) The Chair raised concerns on behalf of patients advising that staff were persuading patients and their parents to raise concerns in relation to the loss of some services, as they were not aware where that service would be moving to or whether services would in fact cease. In response it was stated that it was a physical move not a move to cease services.

The Chair requested that Members be emailed with an update as soon as possible and it was confirmed that could be included within the engagement and discussions especially in relation to what services would continue to be available.

(b) Councillor K Denning enquired whether the service would remain the same or whether it would be expanded and was it proposed to transfer the staff from the Poplars to the new facility.

In response it was stated that subject to active recruitment it was intended to provide more staff and to work flexibly with the ambition to offer more evening or group work. There had always been the desire to provide a seven day each week provision for mental health services and there was the potential to explore that offer

(c) Councillors A Aston and J Foster raised concerns in relation to the Council as being the landlord for the current Populars building not conducting essential repairs to the building.

(d) Councillor J Foster stated that should the new facility provide a better environment for service users and the staff and potentially improve service areas she welcomed the move; however, it was stated that a report would have been preferred providing data and the evidence supporting the move.

The same Member also requested information on what were the implications for the Council in relation to the move, what attempts had been made to get those repairs carried out and a request for a full briefing note was made in order that there was the opportunity to raise further questions.

(e) The Chair stated that a full consultation on the proposal was required.

Resolved

(1) That the information contained in the verbal presentation on the proposed relocation of Community Mental Health Services delivered from the Poplars in Brierley Hill be noted.

(2) That the Black Country Healthcare NHS Foundation Trust be requested to provide Members with a full briefing note as soon as possible on the proposals to relocate the services.

(3) That the Black Country Healthcare NHS Foundation Trust be advised that Members required a full consultation on the proposal to relocate the services outlined above.

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69. **Public Health Select Committee Progress Tracker and Future Business**

Members considered the details contained in the Progress Tracker including those areas of work that were ongoing and those items that would be presented to future meetings.

Resolved

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

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70. **Questions from Members to the Chair under (Council Procedure Rule 11.8)**

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

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71. **Closing Remarks of the Chair**

This being the last meeting of the municipal year the Chair thanked all present for their contributions.

The meeting ended at 8.15pm

CHAIR

Agenda Item No. 6

Meeting of the Health Select Committee – Wednesday 31st July 2024

Report of the Lead for Law and Governance

Programme of Meetings and Business Items for 2024/25

Purpose

1. To consider the programme of meetings and potential items of business for this Select Committee during 2024/25.

Recommendations

2. It is recommended: -

- That the programme of meetings for 2024/25 be noted.
- That Members consider potential business items, as referred to in paragraph 4 of this report, subject to the need for flexibility during the municipal year.
- That the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, be authorised to make all the necessary arrangements to enable this Committee to undertake its work during the 2024/25 municipal year.
- That the terms of reference for the Select Committee, as set out in the Appendix, be noted.

Background

3. As agreed at the Annual Meeting of the Council on 16th May, 2024, meetings of this Select Committee have been programmed during the 2024/25 municipal year to undertake its work and consider any relevant items of business during the municipal year.

4. At the Annual Meeting of the Council on 16th May, 2024, approval was given to the establishment of the Overview and Scrutiny Committee, together with six Select Committees, for the 2024/25 municipal year.

5. Initial consideration has been given to the Select Committee Work Programme for 2024/25 informally with the Chairs and Vice-Chairs of the Overview and Scrutiny Committee and Select Committees on 10th June, 2024. The items listed below are recommended for consideration at programmed meetings of this Select Committee during 2024/25:

Wednesday 31st July 2024

- Programme of Meetings and Business Items for 2024-25
- Black Country Healthcare NHS Foundation Trust Quality Account 2023/24
- Financial Wellbeing and Mitigating Poverty Strategy 2024-2025
- The Poplars Move Proposal

Thursday 3rd October 2024

- Programme Update
- Mental Health Needs Assessment
- Corporate Quarterly Performance Report (Quarter 1)
- Public Health Grant

Thursday 5th December 2024

- Programme Update
- Progress of Health and Wellbeing and Inequality Strategy (Health and Wellbeing Board Strategy)
- 0 – 19 Contract
- Corporate Quarterly Performance Report (Quarter 2)

Thursday 23rd January 2025

- Programme Update
- Medium-Term Financial Strategy 2025-2027
- Director of Public Health Annual Report
- Corporate Quarterly Performance Report (Quarter 3)

Thursday 20th March 2025

- Programme update.
- Annual Report 2024/25 and potential items of business for 2025/26
- NHS Quality Accounts

- Corporate Quarterly Performance Report (Quarter 4)
- Update on the refreshed Integrated Care Partnership Strategy.

6. Action Tracker reports will also be included as a standing item on each agenda to ensure that any outstanding actions agreed by the Committee are progressed and monitored.

7. The Committee is requested to consider the outline programme of business as outlined above taking account of the need for considerable flexibility due to changing circumstances and any issues that might arise during the municipal year.

8. Subject to the views of the Committee at this meeting, the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, will make the necessary practical arrangements for the Committee to conduct its work during 2024/25.

9. A report was submitted to the Overview and Scrutiny Committee on 20th June, 2024 proposing consequential updates to the Council's Overview and Scrutiny arrangements arising from decisions made at the Annual Meeting of the Council. The Overview and Scrutiny Committee resolved that the Lead for Law and Governance (Monitoring Officer) implement the necessary updates to the Council's Constitution including the revised Article 6 of the Constitution and the associated Procedure Rules within Part 4 of the Constitution together with the terms of reference of the Scrutiny/Select Committees. The terms of reference of this Committee are set out in the Appendix.

10. An "Effective Scrutiny/Select Committee Working" Development Workshop was provided to all Scrutiny/Select Committee Members by the Local Government Association on 23rd May, 2024, with emphasis on the importance of the Members role and essential scrutiny techniques to assist in the development of scrutiny work for the 2024/25 municipal year.

Finance

11. At the Annual Meeting of the Council on 16th May, 2024, it was resolved that the Director of Finance and Legal, in consultation with the Cabinet Member for Finance, Legal and Human Resources, be authorised to amend the budget to reflect the Democratic Services resources and Special Responsibility Allowances arising from the revised structure of Committees. Costs associated with the operation of the Overview and Scrutiny arrangements, including Select Committees, will be reflected in the Council's budget for 2024/25 and future years.

Law

12. Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

13. Reports to Select Committees will include a paragraph to ensure proper consideration of any ongoing material risks as part of the Council's Risk Management Framework.

Equality Impact

14. Provision exists within the Council's scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

Human Resources/Organisational Development

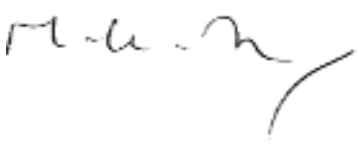
15. The issues referred to in this report are administered within the resources available to the Democratic Services Team with support from Directorates and other Officers as required.

Commercial/Procurement

16. Individual items may have commercial or procurement implications, which will be reported to relevant Select Committees.

Council Plan

17. Work undertaken by Select Committees will contribute to the delivery of key Council Plan priorities. Reports to meetings will include details of how proposals impact on key Council Plan priorities.



Mohammed Farooq
Lead for Law and Governance

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Appendix
Appendix 1 – Terms of reference

List of Background Documents
The Council's Constitution

Appendix 1

HEALTH SELECT COMMITTEE

Membership

11 Councillors, 1 non-voting Co-opted Member

Terms of Reference

To fulfil scrutiny functions as they relate to the improvement of local health and associated services in accordance with relevant legislation, regulations, and associated guidance.

To make reports and recommendations to local National Health Service (NHS) bodies and to the Council on any matter reviewed or scrutinised.

To proactively receive information within given timescales, with some exceptions, as per Government Guidance, requested from local NHS bodies.

To be consulted by and respond to (as appropriate) NHS bodies in connection with the rationale behind any proposal and options for change to local health services made by the NHS.

To ensure the involvement of local stakeholders in the work of the Committee.

To act in accordance with Government Guidance relating to Health and Scrutiny functions.

Where practical, necessary, or appropriate, to establish joint scrutiny arrangements with other local authorities.

In accordance with the Work Programme and any statutory requirements:

(a) To undertake reviews and inquiries on a ‘task and finish’ basis and contribute to policy development relating to matters falling within the portfolio responsibilities of the relevant Cabinet Members.

(b) To consider and determine any items that are called in for scrutiny in accordance with the Scrutiny Procedure Rules.

(c) To submit reports and recommendations to the relevant decision taker(s).

Meeting of the Health Select Committee 31st July 2024

Report of the Director of Public Health

NHS Quality Accounts 2023-24

Purpose of report

1. To consider the draft Quality Reports and Accounts of NHS providers for 2023/24 and the priorities set out for their services for the forthcoming year.

Recommendations

2. It is recommended that the Committee:-
   - Notes the contents of report and appendices to the report;
   - Provide feedback and comments on the draft quality reports and accounts of NHS providers.

Background

3. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and its plans for improvement with the aim of enhancing accountability, and supporting the local quality improvement agenda. Providers are required to publish their QAs for the previous year (April 1st of the previous year to end of March 31st) on the National Health Services Choices website by June of each year. Under The National Health Service (Quality Accounts) Regulations 2010, healthcare providers are required to present a draft of their QA document to local authority Overview and Scrutiny Committees or equivalent by 30th April.

4. Members are requested to note their contents in advance of the Public Health Select Committee meeting on 31st July 2024. At the meeting a senior representative from each NHS organisation attending will present a summary of their QAs to Members who will have the opportunity to ask questions about them. Support and guidance about what Members may

wish to focus particular attention on has been provided by Public Health Officers in the accompanying Quality Accounts Checklist. NHS partners will give due consideration to incorporating any feedback into the final version.

5. Members may also wish to provide a short statement to each NHS organisation immediately after the Public Health Select Committee meeting on to endorse them and/or highlight particular points of praise or concern in the provider's Quality Accounts. Providers may wish to include these statements in the final version of their Quality Accounts. Final versions of the QAs will be circulated to Members electronically.

Finance

6. The costs of operating the Council's select committee structure are contained within existing budgetary allocations. There are no direct financial implications arising from the report.

Law

7. Select Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

8. Working Groups are not Committees as defined by Section 101 of the Local Government Act 1972 and will not have delegated powers and can only make recommendations. As such Access to Information Procedure Rules referred to in the Constitution will not apply to meetings of these Groups.

Risk Management

8. The Quality Accounts are reports from external providers and any risks listed should be included on the NHS provider risk register.

Equality Impact

9. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Human Resources/Organisational Development

10. Human resources and organisational development implications for NHS Providers may be addressed within each respective draft QA report.

Commercial/Procurement

11. Commercial/Procurement implications for NHS Providers may be addressed within each respective draft QA report.

Council Plan

12. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens.

Dr Mayada Abuaffan
Director of Public Health and Wellbeing

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List of Background Documents

Attached as Appendices to this report are the Quality Accounts for 2023-4 for the following providers of NHS services to residents of Dudley:

- Black Country Healthcare NHS Foundation Trust

Also attached is a guide for Members that provides suggestions on what to look for when appraising Quality Accounts.

What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excepting primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public. Under the National Health Service (Quality Accounts) Regulations 2010, NHS providers are expected to make their draft Quality Accounts available to "the appropriate overview and scrutiny committee" by 30 April each year.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation's priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year's priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

1. *Do the provider's priorities match with those of the public?*
2. *Has the provider omitted any major issues (particularly ones of importance to your constituents)?*
3. *Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?*

Review of services

This will include information on what services are provided.

These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.

- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

4. *Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?*
5. *How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?*

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen quality indicators, covering five domains of quality:

Domain 1 - Preventing people from dying prematurely
Domain 2 - Enhancing quality of life for people with long-term conditions
Domain 3 - Helping people to recover from episodes of ill health or following injury
Domain 4 - Ensuring people have a positive experience of care
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary Hospital-level Mortality Indicator (SHMI) (see guidance). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

6. *Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?*

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

7. *How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?*

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to

give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient's valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

8. *Dudley Council's core priorities all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?*

Lead officer Dr. David Pitches david.pitches@dudley.gov.uk
Head of Healthcare Public Health and Consultant in Public Health, DMBC

Meeting of the Health Select Committee 31st July 2024

Report of the Director of Public Health and Wellbeing

Financial Wellbeing and Mitigating Poverty Strategy 2024-2034

Purpose of report

1. To request comments and views on the draft Financial Wellbeing and Mitigating Poverty Strategy 2024-2034.

Recommendations

2. It is recommended that the Committee:

   - Reviews the draft Financial Wellbeing and Mitigating Poverty Strategy 2024-2034 (See appendix 1).
   - Provides feedback and comments to influence its development.

Background

3. Dudley, like the rest of the country, is faced with ongoing cost-of-living pressures.

4. Financial wellbeing and health are intertwined: poor financial wellbeing can have a negative effect on an individual's wellbeing, and poor health can lead to poverty.

5. Dudley should be a place where everyone can experience a decent quality of life, including access to essential items, clean and safe housing, healthy food, transport, and a job that pays a living wage.

6. Our children and young people should be able to grow up in environments that enable them to thrive, free from the negative impacts and stigma of poverty and feeling positive about the future.

7. The Financial Wellbeing and Mitigating Poverty Strategy will take a whole system approach with an aim to improve quality of life for residents;

alleviate pressure on public service by addressing the root causes of financial hardship; foster economic resilience and social equity, with the aim of improving overall community prosperity and wellbeing.

8. Following engagement with Dudley's communities, voluntary and community sectors, statutory partners, and businesses, and building on our learning from the Household Support Fund and other initiatives, we have identified 3 ambitious themes that will make a difference to the residents of Dudley over different timescales.

9. Central to this is a concerted shift to prevention and earlier intervention across multiple services and the wider system. We need to be addressing the root causes of poverty, not just responding to poverty crisis.

    - Preventing poverty
    - Helping people out of poverty
    - Mitigating the impact of poverty

10. Each theme will be enabled by:

    - Community development using a strengths-based approach – building upon the assets, skills, and capabilities that individuals and communities possess.
    - Enhancing workforce resilience to strengthen the support for residents and support the emotional wellbeing of frontline workers.
    - Optimising communications with residents so that they receive the information that they need to strengthen their financial resilience.

11. For each theme, there will be a whole system action plan developed across our partnerships.

12. The proposed governance and oversight is through a Financial Wellbeing and Mitigating Poverty Strategic Partnership Group reporting up into the Forging a Future Board in recognition that all of Dudley's Boards and Partnerships play an important role

Next Steps

13.
- The strategy will be finalised having taken into account Members' feedback and comments, as well as wider partner feedback.
- The Strategy will be presented to the Forging a Future for All Board (TBC) for approval.
- System leads for the objectives will be identified and agreed, and action plans drafted, building upon existing work

Finance

14. The strategy will be completed within existing financial resource. Some elements of the strategy may require additional investment but this will need to be scoped out and appropriate processes followed during implementation. Where possible, we will seek external funding (e.g. grants).

Law

15. No specific legal implications.

Risk Management

16. No risks identified.

Equality Impact

17. A high-level screening equality impact assessment has been completed.

18. The implementation of the strategy should have a positive impact on disadvantaged communities in Dudley, including those with protected characteristics.

19. As the strategy is being implemented, EQIAs will be undertaken for specific changes to services or processes in line with DMBC or partner policies (dependent on where change is being made).

20. Implementation of the strategy should help improve the lives of children and young people in Dudley who are more likely to be living in poverty compared to other age groups.

Human Resources/Organisational Development

21. Implementation of the strategy will be managed within existing resources.

Commercial/Procurement

22. There are no commercial/procurement implications to be considered.

Council Plan

23. Financial sustainability, efficiency and providing best value.

    - Adherence to our financial management through tighter spend controls, delivering agreed savings, and compliance to procurement and contract management guidelines.

    - Develop new ways of working, reshaping our services and operating models.

24. Governance and control

    - Build and strengthen effective governance and control by defining a clear and transparent governance and decision-making structure.
    - Meet our obligations regarding regulatory compliance and assurance through focussed reporting with clear accountability.

25. Leadership and culture

    - Encourage our employees to actively participate in continuous improvement and sustainability.

26. Delivering for our customers, residents, and communities.

    - Enhance our customer experience by promoting digital self-service options whilst recognising individual needs and improving engagement.
    - Empower individuals of all ages to make choices and exercise independence in their lives and provide care and support when necessary.
    - While delivering services within communities, provide safe clean spaces, promote healthy lifestyles, support wellbeing, and reduce inequality.

27. Supporting businesses and the local economy.

    - Ensure access to quality education and training for all, raising aspirations and increasing skills.

Dr Mayada Abuaffan
Director of Public Health and Wellbeing

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Appendices

- *Appendix 1* – Draft Financial Wellbeing and Mitigating Poverty Strategy 2024-2034.

FINANCIAL WELLBEING & MITIGATING POVERTY STRATEGY

OUR VISION FOR DUDLEY 2024-2034

‘Dudley, a place where residents have sufficient resources to live a happy, healthy and content life’.

Foreword

From Councillor James Clinton, Cabinet Member for Health, and Wellbeing

Dudley Borough is proudly referred to as the 'Historic Capital of the Black Country'. It has a rich industrial heritage, award winning green spaces and attractions, and is located in the heart of the West Midlands.

Like the rest of the country, we are faced with ongoing cost-of-living pressures. Inequalities in income have been rising for many years, and those on the lowest incomes – including among people who are in work – are struggling to make ends meet. Families with children and those with disabilities are disproportionately impacted, with more living in poverty or facing an uncertain financial future.

Financial wellbeing and health are intertwined: poor financial wellbeing can have a negative effect on an individual's wellbeing, and poor health can lead to poverty. Dudley should be a place where everyone can experience a decent quality of life, including access to essential items, clean and safe housing, healthy food, transport, and a job that pays a living wage. Our children and young people should be able to grow up in environments that enable them to thrive, free from the negative impacts and stigma of poverty and feeling positive about the future.

We recognise the impact that the current economic challenges are having on our resident's health and wellbeing, and in response we have worked with partners to coproduce this Financial Wellbeing and Mitigating Poverty Strategy, taking a whole system approach. It builds upon and complements our existing Economic Regeneration Strategy for Dudley. It contains an offer to individuals, families, communities, schools, organisations, businesses, and local politicians to work together and build upon our borough's strengths and assets, to develop solutions to mitigate poverty and to improve financial wellbeing, with a focus on reaching the people in highest need in our most disadvantaged communities — creating a borough where everyone has the opportunity to thrive.

Introduction

From Dr Mayada Abu Affan, Director of Public Health, and Wellbeing

Financial wellbeing is defined as feeling secure and in control of your finances, both now and in the future. It is knowing that you can pay the bills today, can deal with the unexpected, and are on track for a healthy financial future[1].

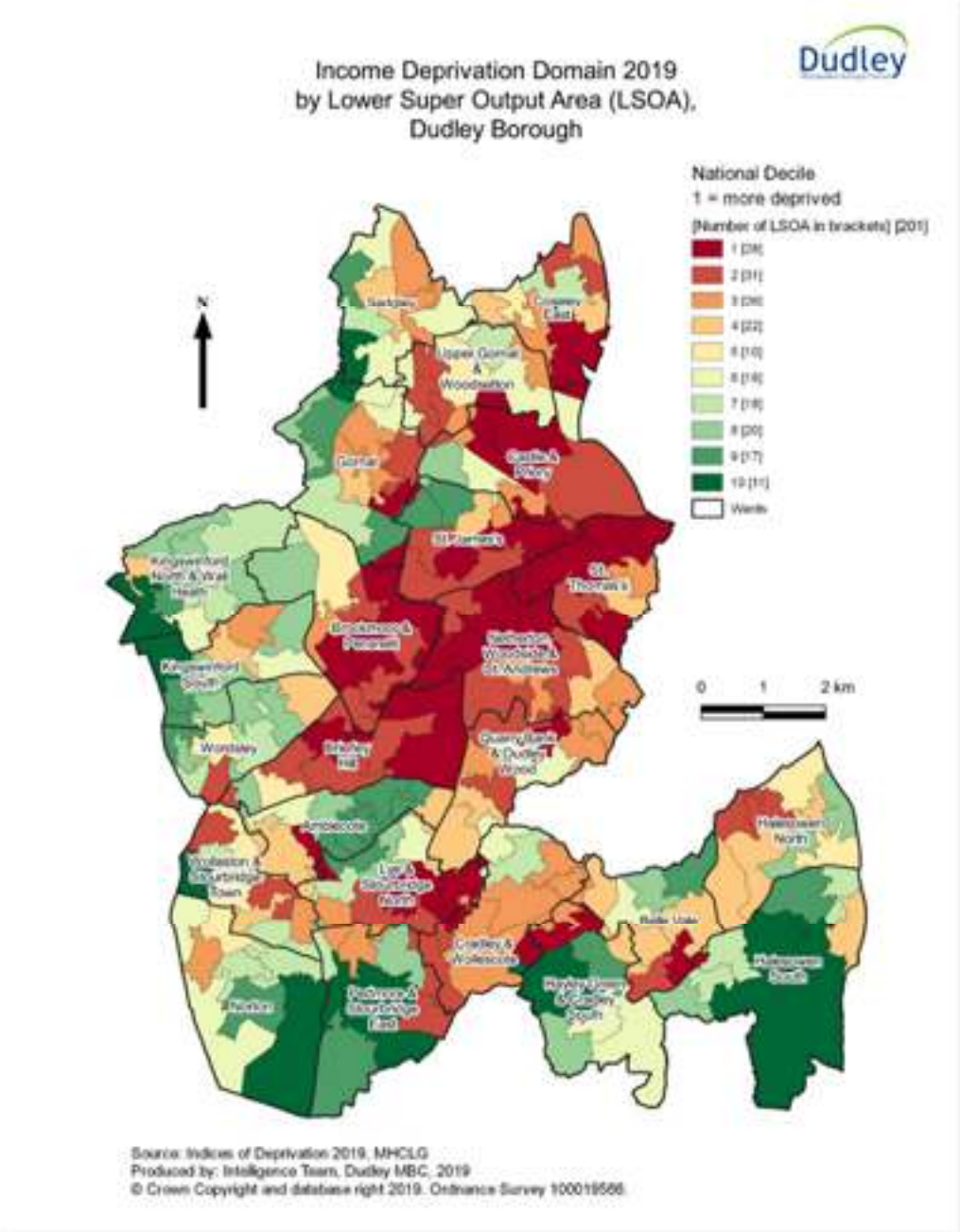
While many Dudley residents and families are financially secure, the increasing cost-of-living means that achieving financial wellbeing has become harder for some. Inequality gaps have continued to widen, and more people and families are struggling with the cost of living, as they are elsewhere, and numbers in poverty are increasing.

According to the Joseph Rowntree Foundation: *"Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation - and even discrimination - because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chances to play a full part in society."*

Maslow's "hierarchy of needs" is a well-known theory of motivation that ranks the needs of individuals, and clearly demonstrates the link between financial wellbeing and wider health and wellbeing. Those who cannot easily meet their basic needs (e.g., food, shelter, clothing, sleep) and are in poverty will not be able to focus on the second set of needs. Similarly, those who are struggling with their safety and security (e.g., health, employment, family) and have poor financial wellbeing will not be able to move up the hierarchy to reach their full potential.

Maslow's Hierarchy of Needs

Dudley Borough ranks 73rd out of 317 local authorities in England in terms of income deprivation, where 1 is the most deprived. Within the borough, however, there is a mixed picture: 12% of Dudley residents are living in the 20% least income deprived areas nationally whereas 32% are living in the 20% most income deprived (map)[1].



The experience of local voluntary and statutory organisations consistently highlights the following groups as being disproportionately impacted by poor financial wellbeing:

[1] English indices of deprivation 2019, Ministry of Housing, Communities & Local Government

- Children and families, and especially single parent households and children living with special education needs.
- People with disabilities and serious mental health illness
- Black, Asian and Ethnic Minority communities
- Care experienced.
- Migrant communities
- Older people
- People who are isolated and lonely

Following engagement with Dudley's communities, voluntary and community sectors, statutory partners, and businesses, and building on our learning from the Household Support Fund and other initiatives, we have identified 3 ambitious themes that will make a difference to the residents of Dudley over different timescales. Central to this is a concerted shift to prevention and earlier intervention across multiple services and the wider system. We need to be addressing the root causes of poverty, not just responding to poverty crisis.

1. Preventing poverty

2. Helping people out of poverty

3. Mitigating the impact of poverty

Each theme will be enabled by:

- Community development using a strengths-based approach – building upon the assets, skills, and capabilities that individuals and communities possess.
- Enhancing workforce resilience to strengthen the support for residents and support the emotional wellbeing of frontline workers.
- Optimising communications with residents so that they receive the information that they need to strengthen their financial resilience.

For each theme, there will be a whole system action plan developed across our partnerships. Governance and oversight will be through Dudley's Financial Wellbeing and Mitigating Poverty Strategic Partnership reporting up into the Forging a Future Board in recognition that all of Dudley's Boards and Partnerships play an important role.

THEME 1: Preventing Poverty

To improve the lives of Dudley's future generations and to ensure that they are on track for a healthy financial future, we will focus on improving outcomes associated with financial hardship for infants, children and young people.

Objective 1.1: The First 1,001 Days

In 2022/23, more than a quarter of children under 2 in Dudley (around 2,000) lived in relative low income families[2].

Poverty is linked with higher infant mortality, low birthweight, and prematurity. The stress of poverty can hinder infants' brain development with lifelong consequences for health and mental wellbeing into adulthood.

Parent-infant relationships are one of the core elements of early development, resilience, and a child's ability to weather life's challenges. Infants need nurturing care to achieve their full potential. This is based on feeling safe and secure, with a responsive caregiver who is not overwhelmed by housing issues, debt, or poor mental wellbeing. Parents need to be in a place - physically and mentally – to be able to help their infant with emotional regulation and create the home conditions for early learning, play and language development.

Having a good standard of housing is really important for infants and young children so that they are growing up in a safe environment that is also free of damp and mould. Ensuring that families can follow safer sleep guidance to reduce mortality is also a priority – some families cannot afford moses baskets or cots for their infants or do not have the space to use them.

What are we going to do?

- Make sure that all families from pregnancy onwards, and including those who speak different languages, know where to get financial support and how to access welfare benefits so that they are maximising their household income.

- Ensure that there is sufficient capacity in services, including maternity, health visiting, Family Nurse Partnership, Family Hubs and Start for Life, and early years' settings, to provide support for those living in, or at risk of, poverty.

[2] Sources: Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]. Office for National Statistics, Lower layer Super Output Area population estimates 2022.

- Work with housing providers to help ensure that infants and young children are being brought up in safe, warm housing and with safer sleep arrangements to reduce the risks of injuries, development of disease and infant mortality.

How will we know if this goal has been achieved?

Infant mortality will decrease over time in Dudley – infant death is clearly associated with higher levels of deprivation nationally.

There were 43 infant deaths in Dudley between 2020 and 2022, equating to a rate of 4.2 deaths per 1,000 live births. This was statistically similar to the England average of 3.9 deaths per 1,000 live births but lower than the West Midlands average of 5.6 deaths per 1,000 live births.

Objective 1.2: Improve School Readiness

In 2022/23, 37% of Dudley children (around 2,350) were not school ready at age five and of all West Midlands local authorities, Dudley had the worse school readiness outcomes for children who were eligible for free school meals[3].

Children from poorer households are less likely to be ready for school at age five, often driven by poorer language and communication skills, with lifelong impacts on educational attainment and employment opportunities.

The inequalities gap in good levels of development appear between 1 and 2 years of age in Dudley. At the time of the 2-2½ year check undertaken by health visitors, only 78% of children in the 10% most deprived areas have a good level of development compared to 93% in the 10% least deprived areas.[4] By age 5, only 44% of children who are eligible for free school meals have achieved a good level of development compared to 63% of all children[5].
Being school ready starts at conception, highlighting the important role of early years' services and settings, and Family Hubs, as well as schools. There are numerous wider determinants that affect children's ability to learn in the earliest years and to get ready for school, these include poverty, housing and homelessness, family breakdown, neglect, domestic violence and substance misuse. The things we know that help to improve school readiness includes parents having good mental health, parents speaking to their child and reading with their child, being physically active, evidence-based parenting support programmes and access to high-quality early education.

[3] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]
[4] Source: DMBC, Health Equity Audit on Health Visiting, Dudley, 2024
[5] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]

What are we going to do?

- Explore how existing services such as the Family Hubs and Start for Life, 0-19 (25 SEND) public health service (including health visiting and school nursing), NHS services, nurseries and schools can work together to better support children and families on lower incomes.

- Continue to focus on the earlier identification of communication needs to provide support earlier, particularly in the most deprived areas of the borough and among ethnic groups with lower levels of development.

How will we know if this goal has been achieved?

The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed (Health, Wellbeing, and Inequalities Strategy 2023-28 Inequalities Goal).

Only 44% of Dudley children on free school meals were school ready in 22/23 compared to 67% of children who were not eligible for free school meals [6]

Objective 1.3: Improve Educational Attainment

In 2021/22, the average Attainment 8 score for young people in Dudley who were eligible for free school meals was 36.9 compared to 47.6 for all young people[7]. The 2022/23 [8]Average 8 Attainment score in 2022/23 had reduced to 43.5 for all young people. [9]

National data shows that pupils who are persistently or severely absent (who missed more than 10% and 50% respectively of possible school sessions) have lower average attainment. Children living in poverty are likely to experience a wide range of physical symptoms, ranging from tiredness, inability to concentrate, hunger, and be exposed to cold that affect their attendance and educational outcomes. Barnardo's has been reporting large rises in children sharing beds or sleeping on the floor – bed poverty which will increase absence.

[6] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]

[7] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 26th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]

In 2022/23 Dudley's absence rate was 7.7%, higher than the England average (7.4%)[10]. The absence rate, which has substantively increased since Covid-19, is twice as high in the most deprived areas and is also higher among children with special educational needs are more likely to be eligible for free school meals (39% vs. 22%). A large part of this increase in absence is considered to be due to mental health and emotional wellbeing although it is not possible to quantify this with currently available statistics. Some girls report that they are missing school because they do not have sanitary products[11].

Stigma is common experience for children living in poverty. Stigma may be associated with being identified as being impoverished, due to free school meals or through not having appropriate clothing or possessions. Feelings of exclusion, along with low self-esteem and ambition, may result in young people being at increased risk of exploitation and gang involvement, particularly if they feel they need to support with providing food at home.

What are we going to do?

- Support education settings and wider services to implement measures that reduce the stigma and exclusion associated with poverty, recognising both the financial and practical restraints that parents or carers may experience. This needs to include those with special education needs and children in care.

- Reduce bed poverty in the borough to ensure that children and young people are ready and able to learn, maximising their educational opportunities.

- Improve mental health and emotional wellbeing for school children to reduce school non-attendance.

How will we know if this goal has been achieved?

There will be fewer school absences among children and young people living in the most deprived areas of Dudley closing the gap with the least deprived areas.

In 2022/23, the overall school absence rate was 7.7% across Dudley as a whole. This ranges from 9.0% among children and young people living in the 20% most deprived areas of Dudley compared to 5.0% among those living in the least deprived areas[12].

[10] Department for Education https://explore-education-statistics.service.gov.uk/data-tables/fast-track/2dfd3c02-6120-44e3-0436-08dc44f80079#locationFiltersForm-locations [accessed 8th May 2024]
[11] Dudley Council/SHEU, Supporting the Health and Well-being of Young People in Dudley 2024 A summary report of the Health Related Behaviour Survey (2024)
[12] Department for Education https://explore-education-statistics.service.gov.uk/data-tables/fast-track/2dfd3c02-6120-44e3-0436-08dc44f80079#locationFiltersForm-locations [accessed 8th May 2024]

Objective 1.4: Reduce Tooth Decay among Children

In St Thomas's, St James's and Castle and Priory wards around a third of 5-year-olds have visible dental decay compared to less than 8% in more affluent areas of the borough[13].

Higher levels of tooth decay among children – which are entirely preventable, are found in areas of deprivation due to limited access to toothbrushes and fluoride toothpaste, more bottle feeding, greater consumption of high sugar foods, and fewer visits to the dentist.

Dudley Borough has lower levels of tooth decay on average compared to the West Midlands and England because the water is fluoridated. However, there are large disparities across Dudley's communities. As well as there being a far higher prevalence of visible tooth decay in the most deprived areas, data from across the West Midlands shows disparities by ethnic group with children from Asian communities and those from "other ethnic background" having more tooth decay[14].

Poor oral health can have long-lasting impacts for children including damaging their self-esteem and confidence. The impacts of poor oral health in children should not be underestimated. It can cause pain and infections affecting children's ability to sleep, eat, speak, learn, and play, and impact on school readiness, educational attainment and attendance. Nationally, tooth decay remains the most common reason for hospital admissions in children aged between six and ten years.

What are we going to do?

- Invest in preventing tooth decay among children in the most deprived communities, promoting the importance of oral health, providing toothbrush packs to those in financial need and encouraging age-appropriate use of cups instead of bottles.

- Ensure that there is equitable access to dentists for children in the most deprived areas of Dudley.

How will we know if this goal has been achieved?

Reduce the gap in oral health between children living in the most deprived areas of Dudley and the least deprived areas.

In 2019, 30% of children in the 20% most deprived areas of the borough had visible dental decay at age 5 compared to less than 10% in the 20% least deprived areas[15].

[13] Public Health England (2021), Oral Health Profile, Dudley, 2019
[14] Public Health England (2021), Oral Health Profile, Dudley, 2019
[15] Public Health England (2021), Oral Health Profile, Dudley, 2019

Objective 1.5: Reduce Teenage Pregnancy

While teenage pregnancy rates have dramatically reduced over time, Dudley continues to have a higher rate compared to the national average: in 2021, there were 95 conceptions in under 18s, with 59% leading to abortion[16].

Teenage pregnancy is highly associated with poverty. It is more common among young women living in poverty and confines families in the cycle of poverty: children born to a teenage mother are at an increased risk of living in poverty. While there have been large reductions in teenage pregnancy, Dudley has higher rates for both under 16s and under 18s than the national average.

Teenage pregnancy contributes to high levels of school absence and a subsequent underachievement of education attainments, limiting future employment opportunities and perpetuating the cycle of poverty. Furthermore, teenage mothers are more likely to be a single parent and experience mental health problems than older mothers; both factors are associated with increased poverty rates.

Pregnant teenagers are more likely to experience conflict or rejection from their families, which can lead to a lack of adequate financial and social support which increases the risk of homelessness.

What are we going to do?

- Increase availability of contraception and sexual health advice for young people to reduce rates of teenage conception.
- Ensure that teenage parents receive support to continue with and complete their education to improve their employment opportunities and life chances.

How will we know if this goal has been achieved?

Fewer girls aged under 18 will become pregnant closing the gap between Dudley and England.

In 2021, there were 17.3 conceptions per 1,000 girls aged under 18 compared to 13.1 per 1,000 across England[17].

[16] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]

[17] Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] https://fingertips.phe.org.uk © Crown copyright [2024]

THEME 2: Helping People Out of Poverty

Objective 2.1: Improve Skills and Employability
Objective 2.2: Increase Apprenticeship Opportunities

Economic growth plays a crucial role in financial wellbeing by creating income and opportunities, improving access to resources, reducing inequalities, and fostering social mobility.

Over the medium term, improving access to education, training, and jobs will enable Dudley residents to strengthen their own financial wellbeing. Local business are also keen to support local residents and there are opportunities to use innovative approaches to doing this.

Dudley is currently undergoing extensive regeneration efforts aimed at boosting its economy. The **Dudley Economic Regeneration Strategy** (March 2024) outlines a route map for the borough focusing on the next ten years. Its three strategic aims are to:

- **Place:** To improve and champion the economic infrastructure and assets of Dudley Borough and secure additional resources to improve its competitiveness.
- **Business and Enterprise:** To encourage the development of a dynamic and diverse business base and job opportunities through support to new and existing businesses in the Borough.
- **People and Communities:** To optimise the opportunities for local people - including the most vulnerable people and those from deprived areas - to develop and improve their skills and obtain jobs.

Place-Based Strategy

Alongside the Dudley Economic Regeneration Strategy, the West Midlands Combined Authority has agreed a Devolution Deal (new agreement) with the Government to simplify how it gets funding for various services such as skills and training. The region will receive one single settlement (lump sum), allowing local authorities to plan long term strategies focusing on the needs of the area, this plan will be detailed in a Place Based Strategy. This strategy will inform how this funding is used to promote economic growth and support the objectives of the Dudley Economic Regeneration Strategy.

What are we going to do?

Given the close alignment between the Financial Wellbeing and Mitigating Poverty Strategy objectives and Economic Growth and Place Based Strategies, we will collaboratively develop a single delivery plan approach across all strategies. This will

reduce duplication of resources, providing a sustainable, consistent framework to achieve goals that focus on economic growth, enhancing skills and employability.

How will we know if this goal has been achieved?

Outcome measures will be aligned with the Place-Based Strategy which is in development.

Objective 2.3: Have Fewer Young People who are not in Employment, Education or Training (NEET)

While the percentage has been reducing, in 2023, 7.4% of 16- and 17-year-olds were NEET in Dudley – 569 young people – compared to 5.2% for the West Midlands.

The term NEET, 'Not in Education, Employment, or Training,' refers to a person who is not receiving education, in employment, or undertaking vocational training, aged between 16 and 24.

Young people who are NEET often face higher risks of poverty due to limited income, reduced opportunities, and social exclusion. They may struggle to access employment, leading to financial instability and dependence on the welfare system.

Long-term NEET has a direct effect on health and makes the chances of being employed in a good career later in life significantly less likely. Young people who have spent substantial periods of time not in education, employment or training face significant challenges when trying to enter or re-enter the labour market because of the lack of qualifications and minimal work experience.

We know that unemployment affects physical and mental health. Low income increased social exclusion, isolation, and lack of social support, and increases in unhealthy behaviours such as drinking and smoking. We also know that unemployment is linked to ill health, premature death, deterioration in mental health, and an increased risk of suicide.

What are we going to do?

- Work to reduce persistent absence which often precedes becoming NEET.

- Develop and enhance our local offer for young people who are at risk of becoming NEET or who are NEET to reduce their risks of long-term unemployment, including training and activities that help build confidence and provide a positive impact.

How will we know if this goal has been achieved?

Fewer young people will be NEET in Dudley, closing the gap between Dudley and the West Midlands.

In 2023, 7.4% of 16- and 17-year-olds in Dudley were NEET compared to 5.2% in the West Midlands.

Objective 2.4: Improve Health at Work

The percentage of people aged 16 to 64 years in Dudley who were claiming unemployment-related benefits has remained stable over the past year, at 4.7% in both March 2023 and March 2024. [18]

Ill health among working-age people costs the economy around £100 billion a year. It can also affect people's participation in the labour market. Once people fall out of work due to long-term sickness, they are very unlikely to move back into employment and become dependent on health-related welfare.

Long-term illness often leads to extended periods out of work, few people manage to return to employment. Unemployment is associated with declining financial stability and can increase the risk of mortality and morbidity, including limiting conditions, cardiovascular issues, poor mental health, suicide, and detrimental behaviours.

Evidence suggests that promoting health and wellbeing in the workplace can prevent poor physical and mental health, reduce stress and create positive working environments where individuals and organisations can thrive. Workplaces that encourage positive health and wellbeing retain staff and have happy employees that are more likely to maintain employment and be productive at work.

We aim to work with employers across the Borough to create healthy workplaces that support the physical, mental and emotional health of employees. By fostering environments that respect, accommodate and support people carers, people living with long term conditions and people living with a disability, to ensure that both staff and the businesses thrive.

What are we going to do?

- Encourage employers to register for the Workplace Wellbeing Charter providing a national accreditation to improve the health and wellbeing of their workforce. The Charter is built on a solid framework which ensures that every angle of workplace wellbeing is covered including health improvement services and NHS Health Checks.

[18] Source: Official census and labour market statistics [NOMIS][accessed 25th June 2024] https://www.nomisweb.co.uk

- Work collaboratively with the WorkWell vanguard, Thrive and other employment services to establish holistic support to overcome health-related barriers to employment, and a single, joined-up gateway to other support services.

How will we know if this goal has been achieved?

The percentage point gap in the employment rate between those with a physical or mental long-term condition (aged 16-64) and the overall employment rate will decrease.

In 2022/23, the employment rate for people with a long term condition in Dudley was 7.5% lower than the overall employment rate.

Objective 2.5: Develop Innovative Private-Public Sector Partnerships

To improve financial wellbeing in Dudley our aspiration is to work in partnership with the private sector to create jobs, boost community cohesion, promote networking and collaboration and build a system that empowers and enriches our community.

In Dudley we already have well established joint ventures which we want to build on, including:

- Dudley Banks and building society – we are collaborating with banks and building societies to create a comprehensive catalogue of support and banking solutions aimed at assisting residents facing financial difficulties. This imitative includes establishing bank accounts for residents lacking identification and fixed addresses.

- Supermarkets and retail stores – according to data from the Crime Commissioner there has been an increase in shoplifting incidents across the Borough. We are collaborating with the Crime Commissioner to work with supermarkets and retail stores to provide assistance pathways for individuals caught shoplifting essential items and are experiencing evident financial crisis or stealing to fund drug addictions. This will include referrals to local welfare and charities and Offender to Rehabilitation Programme.

- Dudley Business Champions' Group comprising industry leaders and companies across the borough acting as ambassadors for business and providing a link between the Council and Private sector.

- Newly established Long-Term Plan for Towns Board and town centre specific partnership / organisations including Dudley Town Centre Partnership, Halesowen Business Improvement District and potential Stourbridge Business Improvement District (subject to successful ballot Oct 24).

By increasing and building further private-public sector partnerships, through mutual support, we can unlock a range of social, environmental, economic benefits aligned to local priorities and drive transformation and sustainable development, encourage innovation and address issues our communities are facing.

What we are going to do:

- Through collaboration with the Black Country Chambers of Commerce, seek to forge new partnerships with local businesses (including, banks and shops) and national businesses to support our goals and opportunities for preventing poverty and helping people out of poverty, and to support community development, job opportunities and apprenticeships.

How will we know if this goal has been achieved?

- An increase in bank accounts for residents lacking identification and fixed addresses.

- Decreased reports of shoplifting across the borough.

- There will be an increased number of private-public sector partnerships to improve financial wellbeing and reduce poverty in Dudley.

THEME 3: Mitigating the Impact of Poverty

Objective 3.1: Welfare support and advice

Between 1st October 2021 and 31st September 2024, Dudley received £15,753,114 from the Department of Work and Pensions to help the most vulnerable residents in financial crisis ensuring access to necessities: food, fuel, water, and shelter.[19]

Much of the work that has been undertaken recently has been driven by the Government's Household Support Fund (HSF). Between 1st October 2021 and 31st September 2024, Dudley received £15,753,114 from the Department of Work and Pensions to help the most vulnerable residents in financial crisis ensuring access to necessities: food, fuel, water and shelter. Working across our statutory, community and voluntary sector partnerships, we have distributed this money to 212,000 times to households who would otherwise have struggled to buy food or pay essential utility bills or meet other essential living costs.

The benefit system is often confusing and hard to engage with, causing errors and delays. The system can also make it difficult for some to move into jobs or increase their working hours. The lack of uptake of welfare benefits significantly impacts homelessness by depriving individuals of essential financial support, that can lead to issues affording housing and basic needs, which can lead to eviction and homelessness. This then increases the barriers to employment, causing poor mental and physical health and wellbeing.

In Dudley there are several Welfare Support and Advice services available through Dudley Council and the voluntary sector. Their aim is to improve income for Dudley citizens and in turn to improve quality of life, and social and economic well-being. Services offer free, independent, and impartial advice and support on all welfare benefits, and can provide advice to help people resolve financial problems. They also provide resources and training to empower residents to understand their rights and responsibilities, make informed decisions and improve their financial situation.

What we are going to do:

- Subject to central government funding, continue to provide direct payments and vouchers for essential support to residents through multiple channels and organisations to ensure the most vulnerable households are supported.

- Work with Welfare Support and Advice services to establish awareness-raising and form filling training programmes for front-line workers to increase their

understanding of the welfare benefit/wider financial support systems to improve uptake of benefits.

- Explore innovative ways to help with personalised financial guidance, which would include benefits, debt and budgeting advice tailored to meet individual needs and goals. This could enable individuals to make informed financial decisions, improve their financial habits, and work towards long-term financial stability.

How will we know if this goal has been achieved?

- To be confirmed – no obvious comparative outcomes indicator available from national data.

Objective 3.2: Increase availability and access to healthy, affordable food.

Black Country Food Bank supported over 21,000 people in Dudley in 2023, a 15% increase from 2022. Twenty-six percent (12,562) of Dudley's school children are now eligible for free school meals – an increase from 16% (7,331) in 2015/16[20].

There has been an increase in food poverty in Dudley, as elsewhere, driven by the increased costs of living with more households reliant on food banks and food vouchers.

A healthy diet is essential for good health and nutrition. It helps protects against many chronic diseases, such as heart disease and cancer. Those on lower incomes may be unable to make healthy food choices because fresh, nutritious products are not readily available, accessible, or affordable. Families experiencing food poverty are at a greater risk of obesity. Excess weight is more common in children living in areas of greater deprivation: 41% of children in year 6 in Castle and Priory are classed as overweight or obese compared to 26% in Norton.

There are initiatives throughout the borough addressing affordable access to healthy food and promoting positive health outcomes. Building and strengthening these assets can effectively contribute to reducing food poverty. These assets include community gardens and allotments for growing projects, voluntary organisations providing initiatives such a grow and cook projects and Best Before cafés, and food suppliers that are wanting to achieve their promise of community responsibility.

[20] Department for Education https://explore-education-statistics.service.gov.uk/data-tables/fast-track/e91aed1a-e40f-4f96-3e1d-08dc65d12a8f [accessed 26th June 2024]

What are we going to do?

- Create a multi-sector sustainable food partnership and action plan that aims to move away from crisis provision and towards creating a sustainable local food system that brings people together to share ideas and resources.

- Consider opportunities for policy changes aimed at reducing junk food advertising with promotions that endorse healthy sustainable food choices and increase availability.
- Explore options for improving the nutrition of children in early years and schools, including auto enrolment for free school meals and healthy start vitamins, availability of breakfast clubs, and quality of meals.

How will we know if this goal has been achieved?

More adults and children in Dudley will eat at least 5 fruit and vegetables a day closing the gap between Dudley and the England average.

In 2021/22, only 27% of adults aged 16+ in Dudley consumed the recommended amount of fruit and vegetables per day compared to 33% in England.

Objective 3.3: Reduce furniture poverty to achieve a socially acceptable standard of living.

At Dudley's first *Too Good to Throw Away Day*, residents donated over 2 tonnes of essential items to Provision House, providing two months of home starter packs of nearly 1,000 items and supporting 78 residents.

Furniture poverty is the inability to access or afford to buy or maintain furniture and appliances to achieve a socially acceptable standard of living. People and families experiencing furniture poverty are vulnerable to a wide range of negative impacts on their mental and physical health and wellbeing, including problems sleeping if they do not have a bed or bedding, not being able to cook healthy meals because they do not have kitchen appliances, and feeling ashamed or embarrassed about their home so they do not invite people over and feel socially isolated.

In Dudley, furniture poverty is a particular issue affecting young adults leaving the care system and people who have been homeless or in temporary accommodation, including refugees and asylum seekers. As they take on new tenancies, residents may lack the necessities (e.g., carpets, furniture, white goods) to be able to create a home. Residents are getting into debt to obtain essential household items before they have even moved in, may not be able to move into the property, or in some cases are not able to maintain their tenancies. Essential furnishings, such as curtains, can also indirectly contribute to reducing fuel poverty by creating a more insulted living environment, reducing heat loss and lowering fuel bills.

What are we going to do?

We will build upon and further develop Dudley's Starting Over programme:

- Develop and embed processes for the reuse, recycling and upcycling of furniture, furnishings and white goods, including working with local social and private housing to change voids and bulky goods collection policies, and reduce the amount of waste going to landfill.
- Develop multiple communication channels, community outreach, considering language and accessibility needs and establish a feedback process to inform improvements. Ensuring that the vulnerable residents and professionals understand what support is available and where they can access it.

How will we know if this goal has been achieved?

To be confirmed – no obvious comparative outcomes indicator available from national data.

Objective 3.4: Reduce fuel poverty so that residents have warm homes.

Latest estimates are that 26,711 households in Dudley were living in fuel poverty in 2022 — 18.8% of the 141,762 households in the area[21].

Fuel poverty is the inability to afford to adequately heat a home. In general, fuel poverty relates to households that must spend a high proportion of their household income to keep their home at a reasonable temperature. Fuel poverty is directly impacted by household income, the energy needs of the household and fuel prices.

Households experiencing fuel poverty are not able to heat their homes sufficiently, which has serious impacts on resident's physical and mental health and wellbeing. Living in a cold home can cause or worsen serious health conditions including heart attacks, strokes, and respiratory conditions. Living in cold homes affects children's education attainment and leads to isolation. Debt associated with fuel poverty is growing and self dis-connection by simply not topping up meters is increasingly becoming the norm for the most fuel poor. It is reported by National Energy Action (NEA) that fuel poverty is a known risk factor for suicide.

Dudley Energy Advice Line (DEAL) handled over 4,800 enquiries in 2023-2024 relating to fuel poverty through their one-stop hub for residents and professionals.

[21] The Sub-Regional Fuel Poverty Report 2024 (2022 data) https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-2024-2022-data [accessed 26th June 2024]

Through the Household Support Fund, Dudley has given out £310,693.08 of vouchers to support residents with fuel costs including water.

What are we going to do?

- Provide one stop energy advice hub available to all residents of the borough to support with billing issues, offering debt and budgeting advice, funding for energy saving measures (e.g. boilers) and advice on energy efficiency, providing crisis measures, and help to reduce condensation.

- Embed a multi-agency referral partnership, by training frontline professionals from all sectors to recognise households in fuel poverty and refer them to DEAL Energy Advice Line.

- Continue to source and fully utilise national and local funding streams that provide energy improvements to increase the energy efficiency of homes across the borough.

How will we know if this goal has been achieved?

The percentage of households in fuel poverty will reduce in Dudley, closing the gap with the England average.

In 2022, 18/8% of Dudley households were estimated to be in fuel poverty, compared to 21.8% in the West Midlands and 13.1% in England.[22]

Objective 3.5: Increase awareness and prevention of financial loss.

Dudley's Trading Standards Scams Team visit and support scam victims to protect them from further targeting. In 2023, they protected 74 residents from scammers and saved £600,000.

Nationally, fraud accounts for around 40% of all crime: most offences are unsolved. Many frauds and scams are perpetrated against the elderly and vulnerable in their own homes by mis-selling of goods and services or personal care. Only 5% of victims report the fraud due to shame, fear of losing their independency or lack of awareness that they have been a victim of crime. Scammers are constantly finding new ways to perpetrate fraud and steal money, from blackmail to romance scams to selling non-existent items. The impacts of fraud can be shattering, and some end up in poverty.

Loan sharks are illegal money lenders who target low income and desperate families and individuals. They charge very high rates of interest. Loan sharks often take illegal

[22]The Sub-Regional Fuel Poverty Report 2024 (2022 data) https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-2024-2022-data [accessed 26th June 2024]

action to collect the money they have lent, such as threatening violence. In extreme cases, they may force non-payers into prostitution and drug dealing. Those who borrow from loan sharks report high levels of stress, worry or depression, and some have thought about or attempted suicide.

Many people take part in some form of gambling. For some, this can be an enjoyable activity, but for others, it becomes an addiction. Negative effects can include loss of employment, debt, crime, breakdown of relationships and deterioration of physical and mental health. At its worst, gambling can contribute to loss of life through suicide. Harms can be experienced not just by gamblers themselves. They can also affect their children, families and friends, employers and the local community.

What are we going to do?

- Reduce the stigma and embarrassment associated with financial loss, promoting the Stigma Kills Campaign.

- Increase resident awareness about the warning signs of common fraud, scams and loans sharks, how to protect themselves, and how to get help.

- Tackle gambling-related harm and contribute to the West Midlands Gambling Recommendations and Action Plan.

How will we know if this goal has been achieved?

Reduce the number of people requiring support for gambling-related harm in Dudley.

Based on survey data from 2015, 2016 and 2018, estimates indicate that there were 8,762 adults (95% confidence intervals: 7,320-10,580 adults) who would benefit from interventions for gambling treatment, ranging from brief advice to residential support.

Black Country Healthcare NHS Foundation Trust

Agenda Item No. 9

Title of report:	Proposals to move services from The Poplars to Brierley Hill Health and Social Care Centre
For:	Dudley Health Select Committee
Date:	31 July 2024
Delivered by:	Carolyn Green, Chief Nurse, Black Country Healthcare NHS Foundation Trust

Purpose

This paper is to provide an update to Dudley Health Select Committee on a proposal to move community mental health services from The Poplars to Brierley Hill Health and Social Care Centre.

Introduction

Black Country Healthcare NHS Foundation Trust is the Lead Provider for mental health and learning disability and autism services across the Black Country. We also provide some family healthcare services in Dudley.

Our adult mental health service provides a range of support for people with severe and enduring mental illness, and we have a number of community teams across the four localities of the Black Country.

In Dudley, we have a Dudley South Community Mental Health Team based at Hill House (Stourbridge) and Halesview (Halesowen) and a Dudley North Community Mental Health Team based at The Poplars in Brierley Hill.

At The Poplars the following services are delivered from the site:

- Community Mental Health Services
- Outpatient appointments
- Psychology appointments

This move would affect approximately 1,200 patients.

The proposals

We are proposing to relocate services from The Poplars to approximately 340metres down the road to Brierley Hill Health and Social Care Centre (BHHSCC).

There will be no changes to service delivery, this is only a relocation of services.

We are currently negotiating the space options with Black Country Integrated Care Board who lease accommodation within BHHSCC.

We have not signed any contracts or have a moving date or timescale confirmed yet. We are hoping to be able to confirm that the moves will take place in autumn 2024.

Drivers for the proposal

Our Estates Strategy sets out our ambition for delivering high quality community-based care from larger, modern, flexible primary care and community facilities, with the aim of reducing the number of small, isolated mental health-owned, historically inherited buildings, which tend to have poorer environments and lack of re-development opportunities.

Some of our clinical estate could be greatly improved and within the strategy we have set out a number of priorities over a three-year period that sets out what we will do to achieve our aims.

One of these priorities is The Poplars scheme which has a timescale for completion during 2024/25. We have reviewed patient feedback for the site and there has been some negative feedback received about the building environment, and how this has impacted on patient experience.

Another driver for the moves is the current building environment at The Poplars. The building is a council property with no formal lease arrangements. It is semi-maintained by NHS Property Services. The building has deteriorated and many of the critical infrastructure elements are failing, such as roofs and obsolete boilers as well as the building not being fit for purpose for modern healthcare standards. There is also accessibility issues for patients who have mobility requirements. Also, with the team being the only service on site it does create lone worker issues.

With the level of investment required, and constraints on finances, a move to a more modern building with other healthcare services was the

preferred solution.

It supports BHHSC Centre becoming a hub for local health services with GP, community and mental health services located together.

Benefits of the proposal

There are a number of benefits for staff, patients and the Trust with this proposal as detailed below.

For staff:

- Improved working environment
- Proposals are very close to current site so minimal disruption to travel
- Co-located with other services – improved safety (lone working)
- Promotes partnership working

For patients:

- Modern and more comfortable environment for appointments
- Accessible building with disabled parking, ramp access and lifts
- Proposals close to current site so minimal disruption to travel
- No change to service delivery – continuity of care

For Trust

- Supports wider estates strategy
- Offer of modern clinical environment for patients
- Investing in local health service infrastructure
- Offers additional bookable space for wider Trust colleagues
- Promotes partnership working

Move plan and timetable

Once we have an agreed contract with Black Country ICB, we can be confident the moves will be taking place and we will be able to confirm the move plans and timetable.

Below is an indicative plan which includes key milestones for the move. These will need to be flexible to accommodate minimal disruption to

services, space available at BHHSC, providing at least 6 weeks' notice for patients.

Key milestones for the plan include:

- Agreement signed
- Space scoped with services
- Plans developed including move timetable
- Begin period of informing patients
- Service to develop plans to move equipment
- Equipment moves booked
- Moves take place

Informing patients

Patients who attend appointments at the Poplars have severe and enduring mental illness so we need to be mindful of how we communicate this change to patients. Even though the change is minor in terms of distance, we appreciate that it could feel like a big change so we want to ensure it is handled sensitively.

One of the key messages we need to deliver is that services are not changing, and you will continue to see the same clinician as previous.

Once we have confirmation of the move logistics and the re-location date we will inform patients through a plan of activity. We have liaised with the Involvement team at Black Country Integrated Care System on our plans.

The approach we are proposing is detailed below and we can be flexible as to the needs of patients. For example, we could look to hold a patient meeting if required or provide more information on the moves if requested.

Method/channel	Audience	Timescale	Progress
Develop webpage for the moves	Patients	TBC – to publish once we start informing patients	Page developed but hidden on website
Letter detailing moves and dates	Patients	TBC – to publish once we start informing patients	Letter drafted

Staff briefing	Staff	Ongoing	Regular updates through team meetings
Poster to display at The Poplars	Patients	TBC to print once move date confirmed	Designed awaiting move date timescale
Leaflet	Patients	TBC to print once move date confirmed	Designed awaiting move date timescale
FAQs	Patients	TBC – to publish once we start informing patients	Incorporated as part of webpage but will be regularly reviewed
Social media posts highlighting moves	Patients and public	Schedule over a 6-week period	To schedule

Poster and leaflet examples

→ Poster to be displayed in Poplars (date to be updated)

→ Leaflet

We will feedback to the project group any comments/concerns around the moves and identify any themes that need addressing.

We have also engaged with Dudley Integrated Health and Care to take on board any learning from the High Oak Surgery moves to see if similar themes might come up. Most of the concerns were around parking, so we will include details on parking on site and nearby for patients in the communications.

Required actions

Dudley Health Select Committee are asked to:

a. **RECEIVE** this proposal for the relocation of community mental health services from The Poplars to Brierley Hill Health and Social Care Centre
b. **NOTE** the proposed relocation of services
c. **ENDORSE** the proposed moves and approach for informing patients.