

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

**Present:**

Dr R Edwards (Vice Chair – in the Chair)

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

**Also in attendance:**

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

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

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

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

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

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

38	<b><u>Apologies for absence</u></b>
	Apologies for absence from the meeting were submitted on behalf of Councillors I Bevan, R Buttery, S Ridney, and Bishop of Dudley, M Bowsher, C Driscoll, M Foster, B Heran, S Tranter and D Wake.
39	<b><u>Appointment of Substitute Members</u></b>
	It was reported that C Conway, K Rose, S Thirlwell, and K Kaur-Wilson had been appointed to serve as substitute Members for M Bowsher, D

	Wake, C Driscoll and M Foster respectively, for this meeting of the Board only.
40	<b><u>Meeting Quorum</u></b>
	As there was not a quorum present at the meeting, it was:  <b>Resolved</b>
	That the meeting be held as an Informal meeting and that any agenda items requiring formal approval from the Board, be deferred to the next meeting of the Board.
41	<b><u>Declarations of Interest</u></b>
	No Member made a declaration of interest in accordance with the Members' Code of Conduct.
42	<b><u>Minutes</u></b>
	<b>Resolved</b>
	That, the minutes of the meeting of the Board held on 8 <sup>th</sup> June, 2023, be approved as a correct record.
43	<b><u>Public Voice</u></b>
	The Board received a verbal report from a Member of the Public, Maz, from Brierley Hill Baby Bank, who shared her story with the Board in relation to the working of the Baby Bank and its links into being school ready. It was noted that the Baby Bank had been established in 2019 and worked to support families by providing them with essential items which had been donated from the public, through referrals from professionals who had had identified a need. Early intervention, building relationships with professionals, voluntary organisations and groups was encouraged, and 1-2-1 support could be offered from trained staff when required.
	Reference was made to research that had been undertaken with families in the DY1 and DY2 area, in relation to the First 1001 Days, and the outcome of some of the case studies that had been undertaken was presented, demonstrating the link to school readiness and what could be done to help the families become school ready. This included support from antenatal services upwards, encouragement to be ready to learn, more affordable access to support to help with health and wellbeing of

	child and parent, opportunity to meet other parents, and access to and availability of local and free classes.
	Arising from the presentation, the Vice- Chair thanked Maz for sharing her story with the Board and her enthusiasm and energy and referred to the post-natal period when parents would be feeling at their most vulnerable and the importance of meeting with other parents.
	In response to a question raised by the Acting Director of Public Health and Wellbeing in relation to funding, it was advised that the unit had been run by volunteers for the first two and half years, however the unit had secured funding from the National Lottery for the lease of the building, and the money would fund two wages for the next three years. From money that had been fund raised, reference was made to the forthcoming launch of a Play and Sensory Room within the unit to help address local demand.
	In response to a question raised by the Chief Officer Healthwatch Dudley, it was noted that the results of the research that had been undertaken had been welcomed by many organisations and the bank had been happy to have played a part in the shaping of the family hubs and families had expressed that they had felt empowered to have had their voices heard through the Baby Bank. Collaboration between other Council services, public health and the First 1001 days was acknowledged. It was reported that the bank had returned to the families who had participated in the research to reinforce the work that was being undertaken in the area which could help improve their lives and had heard how the families had become school ready.
	K Wilson expressed her thanks to Maz for her hard work and an informative presentation and raised a question in relation to support to families out of hours. In response, reference was made to manging the bank's Facebook page and the help that staff could provide that they were trained to deal with, however out of hours, most of the support related to signposting families to the right services and encouraging them to make contact.
	In response to a question raised by S Brooks, Communications and Public Affairs (CAPA), it was confirmed that the research would be used as part of the Growing Up in Dudley work and advised that other families had expressed an interest to take part in future research. Acknowledging the challenges that had been faced undertaking the research, thanks was expressed to the clinical support that had been offered for clinical supervision.

	<p>The Chief Executive Officer of the Dudley Community Voluntary Service (DCVS) praised Maz for her work and commented that the piece of work that had been carried out would have been inexpensive to have undertaken but had yielded invaluable information around how parents in the area felt and what was needed. The need to allocate small sums of money to local organisations working on the front line to undertake such research was raised, emphasising the critical need to hear the voice of the communities.</p>
44	<p><b><u>Change in Order of Business</u></b></p>
	<p>Pursuant to Council Procedure Rule 1 (c), it was :-</p> <p><b>Resolved</b></p>
	<p>That the order of business be varied, and the agenda items be considered in the order set out in the minutes below.</p>
45	<p><b><u>Pharmaceutical Needs Assessment – Supplementary Statement – September 2023</u></b></p>
	<p>The Board received a joint report of the Head of Service, Healthcare Public Health and the Pharmaceutical Adviser, Partnership and Public Health, Dudley Integrated Health and Care NHS Trust, informing the Board of the material changes to the provision of community pharmacy services in Dudley since the publication of the 2022 Pharmaceutical Needs Assessment (PNA) which had been approved by the Board in 2022.</p>
	<p>In presenting the report, the Pharmaceutical Adviser reported that the Health and Wellbeing Board (HWBB) was mandated to assuring that pharmaceutical assessment of needs and access to pharmaceutical services within its area, were accurate and maintained. It was noted that within the last twelve months, many changes had taken place in relation to ownership and access and the supplementary statement aimed to co-ordinate what had been happening since the PNA had been published.</p>
	<p>It was advised that the biggest change that had happened through the regulations with community pharmacy, related to an increasing number of pharmacies that were opening for in-excess of one hundred hours, shutting their doors at short notice due to pressures in the work force, and keeping pharmacies open, which they were contractually able to do by referring back to the Commissioner NHS England. It was advised that a change in the regulations referred to an allowance that had been approved by the Secretary of State earlier this year which affectively</p>

	<p>allowed pharmacies that were open for over one hundred hours a week, being contractually able to reduce their hours with the only stipulation that they could not reduce their hours between 5pm and 9pm Monday to Saturday and they were unable to reduce any hours if they were open on Sundays. It was noted that this had affected six pharmacies within the Dudley area, resulting in Lloyds Pharmacy in the Sainsbury's supermarket in Amblecote, Brierley Hill closing, three other pharmacies having reduced their hours within the regulations, two of them being situated in the Asda Supermarket in Halesowen and Brierley Hill, which would now close their services at 9.00pm rather than 11.00pm.</p>
	<p>The Community Pharmacy Development Steering Group had considered the changes that have been made, and the Group's view had been that, whilst access had been reduced, it was believed that this would not be detrimental to the population. This decision had been based on public research that had been undertaken over the last two to three PNAs which had demonstrated that pharmacies were used during traditional office hours with pharmacy access very much aligned with the opening hours of general practices (GPs). It was noted that although within the 2022 PNA it had referred to pharmacy access being accessible during general practice core hours, it was acknowledged that some of the population would have to travel a distance to access a pharmacy service during unsociable hours.</p>
	<p>Reference was also made to changes within ownership that had been taking place, with a number of corporate bodies selling up to allow independent or small groups to take more ownership, which it was believed would have a positive impact.</p>
	<p>Arising from the presentation, the Independent Adult Safeguarding Board Chair, stated that he had raised a concern at a recent Executive Board meeting with regard to the changes and closers of some pharmacies and the need to monitor the effects of the changes due to the possibility of extra pressure being put on other services such as, primary care and Accident and Emergency (A&amp;E). Reference was made to the proposal that the pharmacy role would be developed, and it was proposed that the Board closely monitor the developments going forward.</p>
	<p>Referring to the changes in ownership, it was noted that notice of any proposed changes had been emailed by NHS England via Democratic Services to the HWBB in line with their mandate to assess the need for services. However, the Executive Group had recommended that the Steering Group would present a report to the HWBB twice a year, setting out more detail and context to the changes for the Board's consideration and the emails would be stopped.</p>

	In response the Chief Officer Healthwatch Dudley, concurred with the comments made in relation to the changes in pharmacy opening hours and the possible impact on other service and advised that the Board proceed with caution until further developments had been identified.
	<b>Resolved</b>
	That the information outlined within the report presented, in relation to material changes to the pharmacy service and the recommendation that a twice-yearly report be presented to the Board by the Community Pharmacy Development Steering Group, in relation to changes to pharmaceutical ownership, be noted.
46	<b><u>Items for Board sign-off:</u></b>
	(a) <u>Revised Terms of Reference</u>
	As there was not a quorum present at the meeting, it was:
	<b>Resolved</b>
	That this item be deferred to be considered at the next meeting of the Board.
	(b) <u>Final Joint Health, Wellbeing and Inequalities Strategy 2023-2028</u>
	A report of the Acting Director for Public Health and Wellbeing was presented on the draft Joint Health, Wellbeing Inequalities Strategy 2023 to 2028.
	In presenting the report, the Head of Adults and Public Health advised that the HWBB at its June 2023 meeting, had approved the majority of the content of the Joint Health, Wellbeing and Inequalities Strategy 2023-2028. Since then, the Strategy has been typeset ready for publication along with the addition of a piece of engagement that had been undertaken with residents and groups with regard to their views on what they believed organisations and residents could contribute to the Strategy. It was noted that the engagement work had been deliberately short due to the goals having been previously selected, and it was noted that more meaningful engagement would be undertaken around what would be done to deliver the goals.
	In conclusion, reference was made to the key asks of the Board and wider system, as set out in the report.

	<b>Resolved</b>
	That, the draft Joint Health, Wellbeing and Inequalities Strategy 2023 to 2028 and the proposed approach to community engagement to finalise the strategy, be noted.
	<u>(c) Health and Wellbeing Strategy Communication Plan – Launch</u>
	The Board received a verbal report from S Brooks (Communications and Public Affairs) who informed the Board that a Communications Plan had been established which would launch the Health and Wellbeing Strategy on the HWBB site. A copy of the Strategy would also be circulated to all partners and promoted through news releases and social media platforms.
	It was proposed that interviews be undertaken with the Leads of the key themes to enable videos to be produced that could also be used for promotion, and it was noted that Communications Plans would also be produced that would sit under the key themes, and work would be undertaken with the Leads on an on-going basis. It was anticipated that the launch would take place imminently.
	In response to a question raised by the Chief Officer DCVS in relation to information being included to advise the public on the remit and membership of the HWBB, S Brooks confirmed that information would be included on the HWBB website and a link to the Board’s membership would be included in the Strategy.
	<b>Resolved</b>
	That, the information presented in relation to the launch of the Health and Wellbeing Strategy, be noted.
	<u>(d) Improving School Readiness in Dudley</u>
	A joint report of the Service Director for Education, Special Educational Needs and Disabilities (SEND) and Family Solutions and the Head of Service – Consultant in Children and Young People’s Public Health, on improving school readiness in Dudley.
	The Service Director for Education, SEND and Family Solutions presented the report and in doing so, presented a brief overview of children within the Borough, in particular referring to school readiness. It was noted that school readiness was the end point of ensuring that children entered school healthy and active and were ready to learn and continue to engage with their onward education, which greatly impacted on onward life benefits in terms of academia, employability, adult mental health and

	<p>wellbeing, along with physical health as they developed into adulthood. It was advised that the formative activity that went on with children, pre-birth to beyond Reception year in terms of school readiness, was vitally important not just for those children at that stage, but as they grew older, due to their impact on the broader communities.</p>
	<p>Reference was made to the situation in Dudley in relation to the significant inequality in school readiness in the Borough, particularly the inequality in boys and girls in terms of those that have a Good Level of Development (GLD) and inequalities in the GLD in relation to ethnicity. It was noted that what had been particularly alarming, was the differential in inequality in terms of GLD particularly for those children with Education Health and Care Plans (EHCPs) and children who were eligible for free school meals versus their non-eligible peers, and the need to think about how to address the disparity to improve the level of development for all children.</p>
	<p>A set of Key Performance Indicators (KPIs) that related to children who entered Reception and had started early years at school was then presented, and reference was made to other KPIs particularly in relation to health outcomes. It was advised that when the KPI's ceased reporting during the pandemic period, and when re-established, it had become evident that Dudley's trajectory was not travelling in the way the Authority would like it to be. Specific reference was made to indicators where children were experiencing expected levels in communication skills and noting that Dudley's performance levels had deteriorated. A downward trajectory was being seen in children's development and readiness to access and engage in their early learning.</p>
	<p>Reference was made to the work that was being undertaken to address these issues, specifically the Baby Bank joint approach that was discussed earlier in the meeting, and addressing speech, language and communication pathways due to the downturn in performance levels. It was noted that the work being undertaken was not all contained within the context of children and early school academia, there were also many issues relating to health arrangements for children, which needed to be addressed by parents and carers so that were able to support their children to be school ready.</p>
	<p>It was advised that a number of impact measures had been identified as a result of the action plan and shared efforts in terms of developing and delivering on the authority's approach to school readiness. Reference was made to a number of tools that were available, some of which were Dudley local and some which the Authority had invested in as it was believed that they would have a significant impact on improving outcomes for the Authority's children and ongoing into adulthood.</p>



	<p>In conclusion, the asks of the Board were presented acknowledging that due to the meeting being informal, approval of the Action Plan and the KPI suite would need to be deferred and approved at a future meeting. Referring to the remaining recommendations it was noted that colleagues and partners were urged to engage and buy-into the understanding that school readiness was not an early years issue. It was seen as a systemic and holistic response that was required from across the partnership, from services working with carers and parents, those educating and supporting children, along with the health service from pre-birth and beyond.</p>
	<p>Board Members were requested to engage with the work streams that need to develop around this priority and ensure that the right colleagues be identified to be part of the work streams that could assist in moving these activities and outcomes forward. It was requested that those that were in a position to support and make decisions on behalf of their organisations, drive forward the school readiness agenda.</p>
	<p>Arising from the presentation, the Vice-Chair referred to the statistics and the decline seen over recent years and acknowledged the challenges to be faced going forward and emphasised the need for a collaborative approach to address these issues.</p>
	<p>In referring to the action plan, K Rose questioned whether the owners should be stated as roles rather than initials to help identify not only the owners but also the governance routes for the actions that needed to be addressed and acknowledging the collaborative approach needed from all Board Members. In response, the Service Director for SEND and Family Solutions concurred with the comment made and would amend the document. The challenges going forward with this priority were acknowledged and reference was made to the short-term gains it was anticipated could be delivered but emphasising the long-term commitment required as some of the KPI outcomes refer to 2028 and beyond in terms of the realisation of the full impact.</p>
	<p>In relation to the work that the Baby Bank were undertaking and the vital support these voluntary services provided to parents, the Vice-Chair referred to the critical roles that Family Hubs played, however, the cost of attending support groups was raised, and it was acknowledged that this support needed to be rolled out across the Borough. In response, the Service Director for SEND and Family Solutions advised that engagement was being undertaken with parental groups as part of the Family Hub priorities across each of the centres and looking to provide peer facilitated activities along with professional facilitated activities.</p>
	<p>The Chief Executive Officer of DCVS, commented that over the years a huge reduction had been seen in the amount of support and community</p>

	<p>groups working alongside young parents and acknowledging that investment was required but was not available, therefore, the need to think creatively about the support required that could be accessed by all parents and the need to look realistically at the time that would be required to reverse the impact that had been caused by many years of austerity.</p>
	<p>In response, S Brookes concurred with the comments made in relation to investment needed in the Borough but highlighted that Dudley was at the bottom of the ladder in relation to its statistical neighbours and that this could possibly be an area to investigate to ascertain if there were lessons to be learnt. Clarification was sought on where the School Readiness Group fitted in to the Conception to Reception Strategic Working Group. In response, it was noted that the remit of the groups would be slightly different. It was advised that the Working Group had yet to be fully established, and it was envisaged that during its development, a revisit of the multiple sub- groups would be undertaken in order to draw in the Working Group in relation to the governance to go through the Prevention and Early Help Group, which would feed into the Conception to Reception Working Group, who would ultimately feed back to the HWBB.</p>
	<p>Referring to the statistical neighbours highlighted in the action plan who were performing better than Dudley, it was questioned whether learning from these neighbours needed to be adding into the action plan as an action. In response, it was noted that work would be undertaken to identify what was being done elsewhere locally and nationally, to ascertain what could be learnt and what could be implemented if necessary, and it was envisaged that the action plan would evolve going forward.</p>
	<p>Commander A Tagg, commented that the work had highlighted this important area and the need to urge all partnership agencies within the Borough to provide support with this initiative together with Elected Members, whether Local Councillors or Members of Parliament, to lobby for the finance required to invest additionally in this area to improve outcomes for the young people in education today, which would subsequently improve their outcomes going forward.</p>
	<p>The Independent Adult Safeguarding Board Chair concurred with the comments made in relation to investment required and the need to emphasise that outcomes would not be achieved if additional funding was not pursued. It was requested that a glossary also be included. In response, it was advised that a glossary could be produced and referring to the whole system, the Service Director for SEND and Family Solutions, stressed the importance to remember the need to not only engage with services and professional who work with children, but the need to also engage with services and professionals who work with adults as they ultimately work with the parents of children.</p>

	<b>Resolved</b>
(1)	That the recommendations, set out in the key asks of the Board/wider system, be noted.
(2)	That the recommendations seeking the Board's approval for the 2023-2024 Action Plan for School Readiness, as set out in Appendix 1, and approval of a set of shared School Readiness impact measures KPIs for whole-system monitoring, as set out in Appendix 2, be presented to a future meeting of the Board for consideration.
	<u>(e) Joint Health, Wellbeing and Inequalities Strategy 2023-28 – Action Plans</u>
	<u>Reducing Circulatory Disease Deaths Action Plan</u>
	The Board received a joint report of the Acting Director of Public Health and Wellbeing and Dr D Jenkins, Associate Director, Pharmacy and Clinical Divisional Director, Pharmacy and Health Management, Dudley Integrated Health Care (DiHC) advising the Board on current progress on the action plans for reducing circulatory disease deaths, including inequalities.
	Dr D Jenkins presented a graph to the Board which examined the gap in life expectancy between the most and the least deprived parts of the population, and it was noted that the gap for males averaged just over seven years, and females just over six years. Although this was reducing, life expectancy had also reduced since the pandemic.
	The four main causes of death were noted, namely, respiratory, cancer, circulatory, and covid, with circulatory being accredited for the biggest proportion of deaths. Referring to deprivation, it was noted that there was a clear relationship and influence between deprivation and the wider determinates of health and mortality rates.
	The 2023-2028 action plans were then presented which included the long-term objectives, related to the environment and around the more preventative actions, such as, monitoring and improving air quality, and reducing the availability or sale of illegal tobacco and vapes and the short-term objectives, related to lifestyle choices and predominately around health care interventions, such as, healthier food choices, increasing physical activity, and increasing detection and management of hypertension.

	<p>Reference was then made to inequalities, noting that people with severe mental illness tended to have a twenty-year shortened life expectancy, and when looking at circulatory disease mortality rates, it was noted that it was three times higher in this population compared to the general population.</p>
	<p>In conclusion, reference was made to enablers and supporters, which included co-location of services, particularly to provide greater convenience and engagement with disadvantaged communities, communications with patients, public and professionals, and educating the public and professionals. The establishment of a Circulatory Disease Board was noted, with two groups which would sit under the Board, one which would focus on the preventative elements, led by the Acting Director of Public Health and Wellbeing and the other, which would focus on health interventions, which Dr Jenkins would lead. The importance of creating the right partnerships was then noted, linking in with system level work to drive these issues forward.</p>
	<p>In response, the Acting Director of Public Health and Wellbeing advised that the group would focus on addressing the root causes of the difficulties to adopt healthier behaviours. It was advised that a Mental Health and Wellbeing Needs Assessment was being commissioned and a basket of tools would be produced to enable self-help in maintaining and improving emotional resilience and mental wellbeing, linking the wider determinates of health, for example, poverty and childhood obesity, with the need to work on food affordability and improving skills so that parents could afford healthy food for children. The suggestion raised earlier in the meeting in relation to introducing a series of podcasts on the HWBB website was again proposed. It was anticipated that the Needs Assessment would be concluded by 2024 and reports would be presented to the HWBB in relation to its progress.</p>
	<p>In response, the Independent Adult Safeguarding Board Chair, questioned the need to emphasise the link between not tackling circulatory disease and the risk of developing dementia. In reply, Dr Jenkins acknowledged that uncontrolled hypertension was a key factor in the development of dementia and cholesterol control in terms of vascular dementia. It was proposed that this issue be discussed further with the possibility of adding an extra section to the plan to address this issue.</p>
	<p>In response, the Head of Adults and Public Health advised that it was planned that a 'deep dive' of circulatory disease and breast cancer screening would be undertaken at the next meeting of the Board where detailed scrutiny of all the actions could be undertaken.</p>
	<p>In response, the Chief Executive Officer DCVS, welcomed the action plan but reminded the Board that the plan was being implemented at the worst</p>

	economic time where people were resorting to extreme measures to survive, and the issues discussed would take significant time to embed.
	<b>Resolved</b>
	That the information presented, and comments made by Members, be noted.
	<u>More Women Screened for Breast Cancer</u>
	A joint report of the Head of Healthcare Public Health and J Essex, Dudley, Wolverhampton and South West Staffordshire Breast Screening Program Manager was presented, updating the Board on the progress made on the action plans for improving breast cancer screening coverage.
	S Cleary presented an update which included pre and post pandemic impact on coverage noting that in 2010 the Borough were meeting the all England average or slightly above. However, during the pandemic, coverage had fell significantly and more importantly, had fallen below the all England average. It was noted that the first goal was to improve screening to at least pre-pandemic levels. This issue had already been identified and work had already been undertaken and the current position stood at around 77% of coverage in Dudley. It was acknowledged that some of the data shown on the graph was slightly out-of-date, and it was anticipated that by next year levels would be back to pre-pandemic.
	Reference was then made on how the service intended to achieve the actions in the action plan, which included: increasing community awareness on breast cancer, to identify cancer screening champions and care co-ordinators in primary care across the borough, improve the quality and recording of primary care data, and reducing the number of people that Do Not Attend (DNAs) or reply to letters.
	Reference was made on how the service planned to reduce the health inequalities gap between the highest and lowest performing Primary Care Networks (PCNs), which included: enhancing breast cancer screening in more disadvantaged areas, through provision of services closer to communities where uptake of screening had been low, and improving the invitation process for eligible women who were yet to attend an appointment and women with physical, mental health and learning disabilities.
	Arising from the presentation, the Vice-Chair thanked the officer for an informative presentation and commented on the success of already being back to pre-Covid levels but acknowledged the inequality levels that needed improving. Referring to the care co-ordinators mentioned in the

	<p>presentation, the Vice-Chair proposed that screening levels be expanded to include all cancers that are screened and not just breast cancer. In response, S Cleary advised that currently two PCN's had care co-ordinators in place, with one other expected to take on the role shortly, and the need to encourage the other three PCNs to become involved. It was advised that meetings would be held with the PCN Clinical Directors to discuss how to develop this area going forward and ensuring that cancer support champions were in place at all GP practices as was the position pre-Covid.</p>
	<p>In response to a question raised by the Independent Adult Safeguarding Board Chair, in relation to the offer of screening to those over the age of 71 years, the Vice-Chair stated that those over the age of 71 years would not be able to participate in the screening programme, however, they could be referred by a GP to the Breast Clinic if it was felt necessary.</p>
	<p><b>Resolved</b></p>
	<p>That the information presented, and comments made by Members, be noted.</p>
47	<p><b><u>Items for Information:</u></b></p>
	<p>(a)<u>Right Care Right Person</u></p>
	<p>Chief Superintendent K Madill, West Midlands Police, presented to the Board on the Right Care Right Person Project, and in doing so, referred to the media coverage of this issue that had raised some concerns and the opportunity to reassure the Board on the outcomes of the project that West Midlands Police would be targeting but in a partnership model.</p>
	<p>It was advised that the Right Care Right Person was a partnership model which focused on arranging the right professional with the right expertise to members of the community. The current system in operation in responding to calls by the Police was presented, and reference was made to systems currently in operation, such as street triage, clinicians in Police control rooms, and multi-agency hubs, although acknowledging that these were not available in every section. Reference was also given to the length of time Police were currently spending in Emergency Departments having arrested someone under Section 136 of the Mental Health Act.</p>
	<p>It was noted that the Police would currently attend for issue such as, welfare checks, suicidal ideation, self-harm and emotional distress. However, subject to work that had been undertaken in Humberside, and subject to national agreement between NHS England, The Department for</p>

	<p>Health and Social Care, the National Police Council amongst others, Police would only focus on where there are Article 1 and 2 issues in terms of right to life, under the Human Rights Act, and where there was a serious risk to immediate harm.</p>
	<p>Arising from analysis that had been undertaken in the West Midlands to ascertain whether this was an issue, it was noted that the Police attend approximately four thousand calls per month that they would not attend should they apply the Right Care Right Person principles.</p>
	<p>Five key phases that the Police would move through with partners to develop the project were then presented. It was advised that WMP had been working on the project for approximately a year, which had included some stakeholder engagement, and it was noted that currently Force Contact colleagues, those who take telephone calls, were receiving training, and a policy had been developed to explain the process.</p>
	<p>An example of a call that the Police had received was then presented in relation to a concern for welfare from a child in a care home and the outcome of the issue which had been attended by the Police.</p>
	<p>It was emphasised that when attending calls, Police try to problem solve and it was noted that from arrests made under Section 136, 50% of people that had been detained received no further treatment. It was also emphasised that Police sit in emergency departments or places of safety with the person detained, in uniform which can, therefore, give the person detained a criminal appearance, on average eleven hours.</p>
	<p>Acknowledgement was given to people who had been working on the project, which included: Referral Pathways, noting that work had been undertaken with colleagues in the Public Protection Unit which had always been available to front-line staff, however, call takers would now be trained in its use as well as trauma informed awareness, and a Vulnerability Hub would be developed which would include mental health tactical advisers from a policing perspective, along with missing from home experts, and it was anticipated that this would be opened up to partner agencies from an information sharing perspective.</p>
	<p>It was advised that this presentation had been delivered across the West Midlands and specific reference was being made to the Dudley Model around social prescribing, which had been extremely successful, and it was questioned when looking at referral pathway options, whether there was a way to share the money that was available from the NHS with police colleagues, as a joint enterprise going forward with this agreement.</p>

	<p>Reference was made to the procedure that would be followed if the Right Care Right Place was implemented, which would result in calls in relation to welfare checks, suicidal ideation, self-harm and emotional distress, being referred for a health response and calls received in relation to a serious risk to harm would be responded to by the Police.</p>
	<p>In conclusion, it was advised that an Inaugural Strategic Board had been held recently which had been attended by Acute Trusts, Mental Health Trusts, Integrated Care Boards, Local Authorities and the Ambulance Service, where it had been recognised that this was not a single service or organisation response, and a huge commitment had been given to work collaboratively to understand the current care response and to ensure the safety of the communities within the West Midlands as the Right Care Right Care Right Person initiative was implemented.</p>
	<p>Members was asked to consider the initiative locally in terms of the commissioned pathways and services available and reference was made to the Partnership Vulnerability Officer available in Dudley Police Station where some of the referrals that did not require an urgent response would be dealt with by using the services available to match the person with the right professionals.</p>
	<p>Arising from the presentation, the Vice-Chair expressed thanks to the Chief Superintendent for such an informative and reassuring presentation having heard the recent headlines that the Police would no longer attend these incidents going forward.</p>
	<p>The Acting Director of Public Health and Wellbeing advised that the authority would be working on a Poverty Strategy and Action Plan, and she would be keen to link the Prevention agenda to this agenda so that everyone would know when and who to make referrals to. In relation to welfare review, reference was made to the cost-of-living hubs and one-stop shops and the need to also link in these areas of work.</p>
	<p>In response to a request raised by S Brooks in relation to the mental health training that had been given to Police call handlers, Chief Superintendent Madill advised that the training was policing specific and would not be suitable for the authority's operatives. Referring to the proposed changes, reassurance was given to the Board that the support given by the Police in terms of child and adult safeguarding, would remain the same as present.</p>
	<p>Speaking on behalf of K Wilson who had left the meeting, K Rose referred to the Dudley Health and Care Partnership Board and advised that K Wilson would present further to the HWBB on how a co-ordinated response was given at a local and system level.</p>



	<b>Resolved</b>
	That the information presented on Right Care Right Person, and comments made by Members, be noted.
	(b) <u>Evaluation of the Joint Health and Wellbeing Care Strategy 2017-2022</u>
	The Board received a report of the Acting Director of Public Health and Wellbeing on the Evaluation of the Joint Health and Wellbeing Strategy 2017-2022.
	In presenting the report, the Head of Adults and Public Health advised that the Evaluation report, attached an appendix to the report, had now been published on the Health and Wellbeing Board website.
	<b>Resolved</b>
	That publication of the Joint Health and Wellbeing Strategy 2017-2022 Evaluation report on the Health and Wellbeing website, be noted.
47	<b><u>Questions Under (Council Procedure Rule 11.8)</u></b>
	There were no questions to the Chair pursuant to Council procedure Rule 11.8.
	Meeting ended at 6.10pm

CHAIR