

**Minutes of the Health Select Committee
Thursday 28th March, 2024 at 6.00 pm
In Committee Room 2 at the Council House,
Priory Road, Dudley**

Present:

Councillor J Clinton (Chair)

Councillor R Collins (Vice-Chair)

Councillors A Aston, T Creed, K Denning, M Evans, J Foster, K Lewis and K Westwood.

Dudley MBC Officers:

Dr M Abu Affan (Director of Public Health and Wellbeing), J Edwards (Public Health Manager) and H Mills (Senior Democratic Services)

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health)

Councillor R Buttery (Cabinet Member for Children Services and Education)

Councillor S Ridney (Shadow Cabinet Member for Children's Services, Young People and Families)

Black Country Integrated Care Board - N Bucktin

Black Country Healthcare NHS Foundation Trust – K Kaur, C Green and E Aspinall

The Institute for Community Research and Development - J Rees

The What Centre – J Duffy

47 Apologies for absence

Apologies for absence from the meeting were submitted on behalf of Councillors B Challenor, M Hanif, D Harley, W Little; and J Griffiths – Dudley HealthWatch (Co-opted Member).

48 **Appointment of Substitute Members**

It was reported that Councillors T Creed, K Denning and K Lewis had been appointed to serve as substitute Members for Councillor D Harley, M Hanif and B Challenor, respectively, for this meeting of the Committee only.

49 **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.

50 **Minutes**

Resolved

That the minutes of the meeting held on 8th January, 2024, be approved as a correct record and signed.

51 **Public Forum**

In referring to Agenda Item No. 7 – Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley, Councillor S Ridney made comments with regard to the immense issues experienced at her local primary school, as well as all other schools in the Borough, for a child to obtain an appointment for a mental health assessment. The essential support required by children experiencing mental health issues was referred to, together with the unacceptable waiting times for children/parents to access a service.

With agreement of the Committee, the Chair invited Councillor S Ridney and J Duffy, The What Centre, to participate and contribute to the meeting during agenda items 6 and 7.

52 **All Age Mental Health Needs Assessment**

A report of the Director of Public Health and Wellbeing was submitted on the procurement and progress of the Dudley All-Age Mental Health Needs Assessment.

The Deputy Director of The Institute for Community Research and Development at the University of Wolverhampton and Birmingham Voluntary Service Council Research Unit, who was leading on the needs assessment, was in attendance at the meeting and provided an overview of the aims, objectives and details of what the project entailed. In doing so it was commented that the assessment would cover all population groups and would provide a full picture of the mental health and wellbeing needs across Dudley, identifying any gaps in service delivery, as well as discover good practises and innovations that may benefit local residents.

It was reported that an epidemiological needs assessment would firstly be conducted which would require access to a wide range of data sets, to enable data to be benchmarked with national, regional, and comparative local authorities to establish the magnitude of mental ill-health in Dudley. A review of literature would also be undertaken, as well as comprehensive interviews with key stakeholders within the health system which would include service professionals, the Council and NHS agencies, as well as people who have had lived experience of mental health and wellbeing services. The final aspect of the assessment would be the community and voluntary sector focussed element of the research and work was ongoing to identify key people to speak with as part of focus groups which would be held face to face within community venues. It was aimed for an accessible public facing report to be produced towards the end of summer 2024, which would then feed into the Dudley Mental Health and Wellbeing Strategy.

The Director of Public Health and Wellbeing emphasised that this was a joint project in association with Black Country Healthcare NHS Foundation Trust, the Integrated Care Board and other Directorates within the Local Authority associated with social care for children and young people, to provide a system wide all age group approach. The Mental Health and

Wellbeing Strategy was envisaged to be a short strategy which would comprise two components, namely a preventative approach provided from parenting on how to keep people well and mentally healthy, with the second component for those that required mental health services and how they could access services and the pathway redesign. It was expected that the Strategy would also address waiting time issues.

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

- a) In responding to a question raised by Councillor A Aston in relation to what extent patients and service users were planned to be consulted and how, the Deputy Director of The Institute for Community Research and Development suggested that this project did not have capacity to speak with a large number of people accessing services, but would contact those involved in organised or community groups. There would be an opportunity to work with the peer researchers to potentially speak with service users, however suggested that service users could be consulted by way of a consultation survey.
- b) In referring to paragraph 8 of the report, Councillor R Collins expressed her disappointment that children looked after and care leaver cohorts had been omitted from the list for consideration and that their vulnerability had not been taken into account as part of the research. It was emphasised that the study covered all ages and therefore captured all cohorts, however Members input, and points made with regards to key group contacts were valued and would be taken into account.
- c) Councillor R Buttery expressed her disappointment that the report on the Changes to the Children in Care Emotional Wellbeing and Mental Health Service, considered by the Children's Corporate Parenting Board Working Group on 5th October, 2023 had not been taken into consideration.
- d) In responding to a question raised by Councillor R Buttery with regard to Dudley's comparative neighbours, it was commented that in terms of the assessment, comparisons would be made with local authorities across the West Midlands. There were 12 to 15 statistical neighbours based on the level of poverty and make up of population across the country, however the only statistical neighbour in the West Midlands was considered to be Walsall MBC.

- e) Councillor R Buttery commented on the number of previous meetings that she had attended on similar topics and assessments that had been undertaken with no evidence of any action or outcomes achieved. The Director of Public Health and Wellbeing acknowledged the comments made, however emphasised that the report at this stage was a progress update. Further reports at every stage of the process would be presented to the Committee together with a confirmed action plan.
- f) In referring to paragraph 10 of the report and in response to questions raised by Councillor M Evans in terms of when it was anticipated for the comparative benchmarking with others to be completed and what lessons had been learned so far and how did Dudley compare, it was considered that it was too early in the assessment of the data to provide this level of information. Initial findings were expected to be shared with Officers from 16th April, 2024, with subsequent detail about the data analysis to follow. Information was requested to be shared with Committee Members once available.
- g) Councillor K Denning referred to the age ranges indicated in paragraph 8 of the report, in that they were not in line with the national standard, particularly for children and working age adults. The Deputy Director of The Institute for Community Research and Development advised that these were the age ranges stipulated as part of the tender, although would address accordingly.
- h) Councillor K Denning referred to the wording of paragraph 30 of the report and commented that in his view poverty was not reducing and that greater number of residents were required to seek additional support in terms of foodbanks, in order to support their families. It was considered that the lack of food was a contributing factor in a person's social, emotional and mental health wellbeing. Whilst the Director of Public Health and Wellbeing acknowledged the comments made, it was emphasised that paragraph 30 related to how the report would support the Council's Borough Vision and Council Plan 2022-25 and it was envisaged that the outcomes of the assessment would contribute towards the Council's aspirations to reduce poverty.

- i) Councillor S Ridney concurred with the comments raised with regard to poverty within the Borough, and whilst it was recognised to be an aspiration for the Council to address, it was evident that poverty was not reducing at any rate and contributed to the emotional welfare of the Borough's population.
- j) Councillor S Ridney expressed her disappointment in the reply provided with regards to how various cohorts of people, particularly the most vulnerable and those accessing services, would be contacted as part of the assessment. It was considered that the demographics of the Borough had changed over the last 5-year period, with all wards now affected and that all residents were entitled to access and benefit from high quality health and social care support. The Deputy Director of The Institute for Community Research and Development commented that they did wish to speak with as many people as possible to establish a true reflection of the current experiences and welcomed the opportunity to speak with Elected Members to enable this.
- k) The Chair, in responding to comments made by Councillor J Foster on the role of the Cabinet Members of Children's Services and Public Health and Wellbeing, together with the respective Directors, in the scrutiny of the report, commented that a joint committee of Children's Services and Health had previously been suggested to consider agenda items 6 and 7. However, at the request of the Chair, it was agreed for these items to initially be considered by the Health Select Committee with the Director and Cabinet Member for Children's Services both invited. It was later suggested that the Shadow Cabinet Member for Children's Services and the Chair of Children's Services Select Committee also be invited. Upon completion of the assessment and finalised reports, a joint meeting of both Select Committees would be arranged.

Councillor R Buttery welcomed the opportunity to attend and commented that it was not just the Local Authority that was being scrutinised as part of the two agenda items, but the NHS and health service partners also.

- l) In responding to a question raised by a representative of the What Centre, the Deputy Director of The Institute for Community Research and Development gave assurance that the Voluntary Sector would form an integral part of the research, with The What Centre included on the list of consultees.

Resolved

- (1) That the All-Age Mental Health Needs Assessment proposals and timescale, as outlined in the report and presented at the meeting, be noted.
- (2) That Initial findings and data analysis from the assessment, to be shared with Committee Members once available.
- (3) That a joint meeting of the Children's Services Select Committee and Health Select Committee be considered for the 2024/25 municipal year upon complete of the assessment and finalised reports.

53 **Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley**

Members considered a joint report of the Director of Public Health and Wellbeing, the Chief Strategy and Partnership Officer – Black Country Healthcare NHS Foundation Trust (BCHFT) and the Managing Director of Dudley – Black Country Integrated Care Board (ICB), on the collaborative working across Dudley between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people.

An outline of the current mental health and wellbeing needs in the borough was provided, together with the current interventions and mental health services available. An explanation of the THRIVE framework which had now been adopted was also presented.

It was reported that working relations and partnerships had significantly improved, with working arrangements collaboratively aligned. It was recognised that mental health was fundamental to the outcomes of a person's life and that early prevention and intervention, namely the 1st 1001 days of a person's life was considered crucial.

In referring to statistical benchmarking it was acknowledged that Dudley was in line with national figures and achieved better in some respects than neighbouring authorities. It was recognised nationally, as well as within the Dudley Borough, that there had been a sharp increase in attendance difficulties in schools reported since Covid-19, with a key absence factor being in relation to an increase in emotional and mental health issues and it was evident that some cohorts of children and young people were more vulnerable and perceptive to experience mental health issues than others.

The Thrive framework was reported to be a systems approach to look at how children and young people's mental health and wellbeing could be supported. It was acknowledged that previously it would be suggested and considered that all cases be referred to Child and Adolescent Mental Health Services (CAMHS). However, THRIVE was considered to be a much broader and whole approach in addressing and improving mental health and wellbeing, and was based on five needs led groups around supporting children and young people to thrive. THRIVE provided consistency for families as all service partners would be using the same terminology and had access to consistent information. It was further reported that targets support would be more tailored to a person's needs.

It was considered that the needs led assessment, discussed during Agenda Item no. 6, would play a vital role in identifying any gaps in service delivery, as well as, identifying where additional funding or focus may be required to address the needs of Dudley residents and determine what the future need may look like.

In concluding the presentation, it was reported that the strategic group had now been re-established and renamed Dudley Strategic Infant, Children and Young People's Emotional Mental Health and Wellbeing Group. The Group would be co-chaired between Dudley's Public Health and the BCHFT, and comprised a broad membership to address all aspects of emotional and mental health.

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

- a) Councillor J Foster commented positively on the report, however was of the view that the inclusion of data in relation to waiting times would have been beneficial for the Committee to scrutinise. Councillor J Foster also referred to the outcomes that were reported as being good and requested if information was available in terms of those that re-entered services.

In response, the Chief Nursing Officer provided the current average waiting times for access to the following services, however emphasised that these were subject to regular change:-

- What Centre – Average wait was 7 weeks, with a current waiting list of 80 people. The target waiting time was 4 weeks.
- Barnardo's child sexual abuse service – Average wait was 15 weeks, with a current waiting list of less than 10 people. The target waiting time was 18 weeks.
- Phase Trust Emotional and Wellbeing Service – Average waiting time was 5 weeks, with a current waiting list of 34 people. The target waiting time was 8 weeks.
- Edward's Trust Service – Average wait was 4 to 6 weeks, however there was no current waiting list.
- Specialist CAMHS – Average waiting time for 1st assessment was 4 weeks. It was reported that there had been a 230% increase in referrals, with 50% of those assessments waiting for Neurodiversity, Autism or Attention Deficit Hyperactivity Disorder (ADHD) investigations and 55% were referrals made by schools.

It was commented that a small nominal and below national average number of patients were re-referred within 12 months. It was also emphasised that specialist requirements such as eating disorders were urgently referred within 7 days, a target which was consistently achieved. Whilst it was recognised that the lived experience in the community and demand differed, the trajectory to meet demand was being achieved.

It was requested that the information presented verbally at the meeting and the quality data to support the narrative of the report, be provided in writing following the meeting and also included in all future reports.

- b) In response to a question raised by Councillor R Collins with regards to the timeframe from assessment to treatment for a person with suspected ADHD or Autism, it was recognised that the majority of increased referrals were in relation to this cohort. It was reported that neurodevelopment did not necessarily mean a mental health issue or need, and how this was managed was different across the four areas of the Black Country. In Dudley it was within the remit of CAMHS. Across the whole of the Country there were multiple year waits for a diagnosis which was a real issue.

It was reported that a programme of work, focussed on children and young people's autism diagnostic services had commenced, to develop an understanding of current numbers and specific waits, as well as to identify the opportunity for improvements. It was recognised that it would not be an easy or quick fix and would require a lot of money and resource to address, and there was a real need to think differently in terms of pre and post support, which was considered equally as important as a diagnosis. It was further reported that waiting lists were live and fluctuated, particularly as patients who had comorbidity were treated as a priority and would be placed at the top of the waiting list, which subsequently impacted on those already waiting.

- c) Arising from further questions raised by Councillor R Collins it was confirmed that children looked after would be considered within the comorbidity cohort and that the recommendations from the Children and Young People Autism Diagnostic work would be completed by June, which would then be shared with all partnership boards. Therefore it was anticipated that there would be no changes or impact to waiting times for at least 8 to 12 months.
- d) Councillor R Collins referred to the WYSA AI Coach App and requested clarification to how this could be accessed by families as an access code was required. In response it was confirmed that a link to the App was available on the BCHFT website, although the location was under review. The mental health support team were also aware of the App and shared the information with schools when visiting. Meetings had also been held with Headteachers and consortiums to raise awareness of the support App.

It was requested that a link to the WYSA App be circulated to Members following the meeting.

- e) Councillor R Collins referred to the online support application known as KOOTH, which had been subject to some controversy across the country with regards to advice and guidance provided in relation to gender dysphoria and requested clarification as to who would be liable should a child or young person come to harm as a result of using that application.

In response, it was commented that from a commissioning perspective, there had been no quality surveillance issues raised with regards to the provider and no investigations were being undertaken. Whilst it was recognised that there had been some negative media regarding the application, no quality concerns had been raised and it was considered that providing information to navigate and explore that aspect did not hit the threshold for liability, permitted that the information was current and in line with national guidance, as well as in keeping with informed choices to support the individual.

- f) In responding to a question raised by Councillor M Evans with regard to what areas Dudley were not achieving as well in comparison with neighbouring authorities and what action plan had been put in place to address that, it was commented that an area of concern was in respect to school absences and that a lot of work had been done by Public Health and the Education Outcomes team in Children's Services to improve attendances, as Dudley's absences were recorded to be much higher than anywhere else. It was recognised that this was impacted by the increased number of emotional and mental health issues experienced by the child or a parent, as well as an increase in elective home education. Work was ongoing to address the issue and a written response following consultation with the Children Social Care team would be provided in terms of what was being done and when the issue would likely be fully addressed.

In commenting on the same topic, Councillor R BATTERY advised the Committee that the Local Authority was unable to access the home of an elective home educated child, unless there was a clear safeguarding need, in which case a Social Worker would then be able to intervene. Ensuring a child remained in a School environment was paramount and therefore it was vital for the CAMHS service and other early intervention and prevention support to be readily available and accessible within a reasonable timeframe to achieve this aspiration.

g) Councillor R Buttery referred to the successful opening of five Family Hubs within the Borough and the positive impact they had within the community in terms of providing families with early intervention and prevention support. The Family Hubs had supported the NHS in terms of reducing the Did Not Attend (DNA) rates, increasing engagement and a reduction in the number of children going into care had been identified. It was commented that the Hubs were currently funded by the Government for a period of three years and assurance was requested from the ICB that there would be a commitment for that funding to continue moving forward. It was emphasised that funding would cease within 12 months and that the fundamental support of Family Hubs had been referred to frequently throughout the report, therefore a prompt commitment from the NHS was required to avoid closure of the Hubs and the loss of a valuable service in order to address early intervention and prevention.

In responding, the Dudley Managing Director, ICB advised that regular reports on the progress of the Family Hubs were considered by the Children and Young People's Partnership Board and the Health and Care Partnership Board. An early evaluation of the service was required to enable a decision to be made on the future investment requirements. An initial report had been considered by the Board and further reports, together with an evaluation from the Children's Services Directorate, was expected before a formal decision in terms of investment would be agreed.

h) Councillor K Denning also commented on the lack of data included in the report to help the Committee consider the impact.

i) In responding to questions raised by Councillor K Denning with regard to the amalgamation of the mental health services and the age range in which CAMHS worked and why there was no mental health car in the Black Country, it was confirmed that as a result of the amalgamation and to bring CAMHS in line with best practise, the model had been extended up to the age of 18 years.

With regard to the Black Country Mental Health Car, it was confirmed that a car was initially commissioned several years ago, however West Midlands Ambulance Service withdrew from the contract, as the activity levels across the Black Country did not warrant the service, therefore the service was decommissioned.

As part of the national programme, an alternative model had been developed and was currently being piloted, namely the Community Response model, which worked in conjunction with West Midlands Police and Ambulance Service when an urgent mental health crisis was identified at a scene.

Data and outcomes on how the new model supported West Midlands Police and Ambulance Service was requested to be provided once available.

- j) In response to a further question by Councillor K Denning in regard to BCHFT's interface with Local GP's, it was acknowledged that there had previously been an issue, which was recognised nationally. Primary Care Mental Health workers had now been introduced across the Black Country which were embedded into primary care networks to bridge the gap between Primary Care and Secondary Mental Health Care. Primarily they had been introduced for Adult Mental Health Services, although Children and Young People services were now being piloted.
- k) Councillor K Westwood sought clarification with regards to paragraph 25 of the report, in particular referring to Senior Mental Health Leads in Schools and the DfE accredited training offered to all eligible state-funded schools and how this would impact Academy Trusts. In response, the Committee were advised that the national training was offered to all schools in the borough regardless of their category status. A list of those schools that had accepted the offer of training, together with a list of those schools with a Senior Mental Health Lead was requested to be circulated to all Members of the Committee.
- l) In responding to a comment made by Councillor J Foster with regard to the cohort of people which may be disproportionately impacted by mental health, in particular referring to the children looked after cohort, it was recognised that with every outcome, whether it be dental, medical or psychological, it was recognised that children looked after did struggle and therefore it was vital that that special group had the best chance in life.

- m) In response to a request for further information from Councillor J Foster with regard to the emerging evidence that suggested other key risk factors that contributed to poor mental health, in particular the reference made to Climate Change, it was commented that children and young people were at the start of their life journey and were more exposed and aware of the effects of climate change, which when looking at what the future may hold for them and hearing the news in relation to the impact of climate change, it was evidenced to be a factor which caused increased concern and anxiety.
- n) Councillor A Aston referred to paragraph 32 of the report and whilst it was recognised and acknowledged that the Accident and Emergency Department (A&E) was not the best place for anyone experiencing a mental health crisis, the report referred to when a home intervention was not clinically appropriate, a patient would then be advised to attend A&E and questioned whether that was a clinical or capacity decision.

In response, it was commented that an urgent appointment at home or another safe space would always be offered, unless a child or young person had taken an overdose or inflicted harm upon themselves, which they would then be advised to go to A&E. It was also suggested that should there be any previous events of harm for that person, then they too would automatically be referred to A&E.

Arising from a supplementary question by Councillor J Foster with regards to how long it would take for the child to be assessed under these circumstances at A&E and whether they would have an overriding priority, it was commented that there were specialist staff within A&E who work as part of the liaison officers and there were people that would attend peripatetically if there was a specific A&E that needed support. If an adult presented at A&E experiencing a mental health crisis, they should be seen within 1 hour. For a child they should be seen within 2 hours and have an assessment completed within 4 hours, however this was subject to how emotionally distressed the child was and the time it had taken to calm them down. It was further commented that the Barnardo's Project was also within reach of A&E, together with children workers to provide support. Every effort would be made not to admit a child permitted that it was safe not to and that alternative substantial wrap around support was available within the community. Data on performance of the service would be provided at a future meeting.

- o) In responding to a question raised by Councillor S Ridney with regard to whether or not the family situation as a whole was taken into account when assessing an adult's mental health, the Chief Nurse commented that during her short time working within the Black Country she had seen some integrated working particular within the MASH services, and good outcomes had been identified from that work. When an at-risk family was identified, strategy meetings were arranged initially to discuss specific needs, however it was recognised that there was much more that needed to be done to improve in this area. It was commented that she had lobbied for a talking therapy plus model to be implemented which would offer parenting and family support, however this had not yet been achieved.
- p) In response to a further question raised by Councillor S Ridney in relation to whether enough bereavement counselling for families was provided, particularly children, it was commented that bereavement services were available within the talking therapy services as well as through Phase Trust and Edwards Trust and children were currently being seen quite rapidly, within a 5 week period.
- q) Arising from a question raised by Councillor K Lewis with regard to the whole process that would be experienced for a child referred for an Autism assessment, it was agreed, due to the complexity of the process, that a flow chart of the complete journey be provided following the meeting.
- r) Councillor R Buttery referred to paragraph 15 of the report and the reference made to the low number of young people admitted to hospital as a result of self-harm and questioned if there was a reason for this, particularly when Dudley was higher in all other data aspects than statistical neighbours and the region. It was commented that the Black Country had a well-developed crisis offer which contributed to the low numbers. A request had been made to the Tier 4 Collaborative Provider for measures to be implemented that could be monitored to ensure that patients were not being left in the community too long and that detention rates were not higher. Data would be included in all future reports submitted to the Childrens and Young People's Group.

Resolved

- (1) That the joint report on the collaborative work across Dudley between the public sector organisations, community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people, be received and noted.
- (2) That the implementation of the THRIVE framework in Dudley, as an evidence-based approach to address mental health and wellbeing needs, be supported.
- (3) The assurance that partners were working collaboratively to address the mental health and wellbeing needs of Dudley's infants, children and young people in line with evidence-based best practice, be noted.
- (4) That Black Country Healthcare NHS Foundation Trust provide the following information, which is to be circulated to all Members of the Select Committee:-
 - Performance quality data to support the narrative of the report submitted, which is to be included in all future reports moving forward.
 - A link to the WYSA website.
 - Data and outcomes on how the new Community Response model supported West Midlands Police and Ambulance Service.
 - Performance data in relation to CAMHS Crisis Intervention and Home Intervention, to include the waiting and assessment time for children and young people that attend A&E.
 - A flow chart identifying the complete journey of a child referred for a neurodiversity assessment.

54 **Development of Dudley's Integrated Model of Health and Care**

A report of the Dudley Managing Director – Black Country Integrated Care Board (ICB) was submitted to provide an update on the current position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust (DIHC) and the development of integrated care pathways.

During the presentation it was reported that the DIHC would be dissolved by the Secretary of State on 1st July, 2024 and the existing services would all transfer to the perspective providers with the exception of one service, namely the School Health Advisor Service, which would transfer to Shropshire Community Health NHS Trust from 1st April, 2024.

It was further reported that the work undertaken by the Integrated Pathways Group had now concluded and the responsibility for the future development of pathways would be transferred and considered by the most appropriate group within the health and system, as indicated in Appendix 1 of the report.

Arising from the presentation of the report and in response to questions raised by Councillor R Collins as to whether the transfer of services could destabilise the mental health process as referred to in the previous agenda items, it was confirmed that there would be no change in the way services were delivered and all transfers should result in either an equal or better experience for patients.

Resolved

That the position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust and the development of integrated pathways, be noted.

55 **Update from the Director of Public Health**

Progress of Poverty Proofing the School Day

A progress update was provided on the poverty proofing the school day pilot programme which was approved to be piloted from November 2023 to May 2024.

It was reported that eight schools had been selected to participate based on their commitment to the scheme, their geographical location and deprivation data. The good practices that were already implemented by the participating schools were outlined, together with suggested recommendations from completed audits which included promoting how the school could support families with financial matters and implementing an annual calendar which provided ample warning of trips and charity days to enable families to plan ahead.

The next steps and future plans were highlighted and it was stated that a full report of the key findings including best practises, ideas and recommendations would be shared with the Committee and the school population. It was also noted that one of Dudley's primary schools had already purchased the Children North East programme from their own school funds.

In responding to a question raised with regard to the list of schools, in particular Ham Dingle School, which was considered to be located within an affluent area in the Borough and the reasons why these would be eligible to partake in the pilot, it was commented that other schools within the Borough with higher deprivation had initially been asked, however they had declined the offer to participate.

Councillor R Buttery, whilst welcomed the report, was of the view that teachers were already overwhelmed without the additional pressure of providing financial advice to parents and questioned whether as part of the North East Programme a representative from Christians Against Poverty (CAP) or the Citizen Advice Bureau (CAB) or a similar service would be able to provide a free session for parents that may be experiencing financial difficulties. The Public Health Manager commented that the request for support on financial advice had been recommended as part of the audit and was not necessarily something that needed to be provided as part of the programme. It would however be something that would be looked at collaboratively with partners to see if or how it could be implemented and the suggestion of involving CAP and CAB, would be taken into consideration by the Poverty Steering Strategy Group.

Pensnett and Brockmoor Project

The Director of Public Health and Wellbeing provided an update on the Pensnett and Brockmoor project and reported that an engagement event had been held on 26th January, 2024 with a number of actions identified which included the need to develop peer support groups or community champions for physical activity to help shift mindset and stigma around obesity and to develop hubs for men to connect. It was emphasised that the priority was to address childhood obesity and an engagement event with parents and children was planned for May 2024 at the three primary schools within the ward, to help develop an understanding in terms of the barriers.

It was further reported that cost of living hubs had been extended until the end of May 2024 across the whole Borough and the household support fund had extended until September 2024 and new plans for distribution were being developed.

Councillor J Foster commented positively on the update, in particular the work of the family hubs and the number of vouchers that had been issued to support families, however requested an update as to whether there had been an improvement to the appointment system as raised at the previous meeting. The Director of Public Health and Wellbeing confirmed that they were looking to address the appointments issue by leaving some availability for walk-ins.

In response to a further request by Councillor J Foster on an update in relation to High Oak, it was confirmed that there was no further update at this time.

Resolved

That the verbal update be received and noted.

56 Health Select Committee Progress Tracker and Future Business

As a general comment and moving forward into the next municipal year Councillor J Foster requested that data performance of NHS partners and the Local Authority be included for consideration at future meetings. It was considered that the business of the Committee should be focussed on hard evidence which identified areas where outcomes were not being achieved, the Committee should then be undertaking a deep dive to address the issues.

In referring to the items of business discussed during the meeting in relation the Children and Young People's Mental Health and the overlap in remit with the Children's Services Select Committee, the Chair suggested that a future joint meeting of both Select Committees be arranged.

Resolved

- (1) That the Health Select Committee progress tracker and future business, be noted.
- (2) That the inclusion of performance data agenda items for future meetings, be considered.
- (3) That the need for a joint meeting of the Children's Services Select Committee and Health Select Committee to scrutinise future reports on Children and Young People's Mental Health, be considered for the 2024/25 municipal year.

57 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 8:23 pm

CHAIR