

**Meeting of the Health Select Committee  
Thursday 28<sup>th</sup> March, 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 8<sup>th</sup> January, 2024 (Pages 4 -12)
5. Public Forum
6. All Age Mental Health Needs Assessment (Pages 13 -18)
7. Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley (Pages 19 - 35)
8. Development of Dudley's Integrated Model of Health and Care (Pages 36 - 41)
9. Update from the Director of Public Health
  - Progress of Poverty Proofing the School Day (Pages 42 – 46)
10. Health Select Committee Progress Tracker and Future Business (Pages 47 - 49)



11. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



**Chief Executive**

**Dated: 20<sup>th</sup> March, 2024**

**Distribution:**

Councillor J Clinton (Chair)  
Councillor R Collins (Vice-Chair)  
Councillors A Aston, B Challenor, M Dudley, M Evans, J Foster, M Hanif, D Harley, W Little and K Westwood; J Griffiths – HealthWatch Dudley (Co-opted Member)

Cc - Councillor I Bevan - Cabinet Member for Adult Social Care,  
Councillor R Buttery – Cabinet Member for Children’s Services and Education, and C Driscoll – Director of Children’s Services (Invitees).

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## **Minutes of the Health Select Committee**

**Monday 8<sup>th</sup> January, 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, B Challenor, M Dudley, M Evans, J Foster, M Hanif, D Harley, W Little and K Westwood.

### **Dudley MBC Officers:**

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

### **Also in attendance:**

Councillor I Bevan (Cabinet Member for Public Health)  
N Bucktin – Black Country Integrated Care Board

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### **37 Apology for absence**

An apology for absence from the meeting was submitted on behalf of J Griffiths – Dudley HealthWatch (Co-opted Member).

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### **38 Appointment of Substitute Member**

No substitute members were appointed for this meeting of the Committee.

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39 **Declarations of Interest**

Councillor A Aston declared a non-pecuniary interest due to his employment with West Midlands Ambulance Service.

Councillors I Bevan declared a non-pecuniary interest due to his 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 M Hanif in relation to agenda item no. 8 declared a non-pecuniary interest as a member of the Life in Lye core group.

Councillor K Westwood declared a non-pecuniary interest due to her employment with Dudley Group NHS Foundation Trust.

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40 **Minutes**

In referring to Minute No. 28 – Substance Misuse Commissioning and Delivery in Dudley, in particular paragraph (p), Councillor M Evans advised that he had contacted Change Grow Live following the meeting in relation to a specific case as instructed, though to no avail. The Director of Public Health and Wellbeing was of the view that this was due to patient confidentiality although would pursue the matter following the meeting.

**Resolved**

That the minutes of the meeting held on 23<sup>rd</sup> November, 2023 be approved as a correct record and signed.

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41 **Public Forum**

No issues were raised under this agenda item.

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## 42 **Director of Public Health and Wellbeing Annual Report**

Members considered the Director of Public Health and Wellbeing's Annual Report for 2022, which was a statutory requirement to demonstrate the state of health in communities within the Borough.

It was reported that the key focus for the 2022 annual report was on the challenges of the global pandemic, its impact and how Dudley had responded. The report consisted of four chapters namely Chapter 1 - Dudley's pandemic timeline, Chapter 2 – Dudley's response to the pandemic, Chapter 3 - The wider impact of COVID-19 and Chapter 4 - Looking back, moving forward, which included lessons learned and twelve recommendations that had been identified as to how public health could improve health and wellbeing of residents for the future.

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

- (a) Councillor A Aston referred to the Council and Partner response to the Covid-19 Pandemic Scrutiny Review that was undertaken by the Health and Adult Social Care Scrutiny Committee during 2020, which was received and endorsed by Full Council on 30<sup>th</sup> November, 2020 and questioned why this had not been referenced in the Director of Public Health and Wellbeing Annual Report and whether it had been used to compile the report. Clarification was also requested as to whether the recommendations included in the 2020 report had helped with Dudley's response to the pandemic in 2021 and 2022.

In responding, the Director of Public Health and Wellbeing confirmed that whilst it was not directly referred to in the report, the Scrutiny Review report and all its data had been used to support and formulate the Director's Annual Report. The Director of Public Health and Wellbeing endeavoured to review the Scrutiny Review report and respond to Members directly with regards to the recommendations.

- (b) In also referring to the omission of the Council and Partner response to the Covid-19 Pandemic Scrutiny Review, in particular the recommendations, Councillor J Foster questioned the integrity of the Director's Annual Report, as such a major piece of work had been excluded. The Director of Public Health and Wellbeing concurred with the comments in terms of the omission of the recommendations, however commented that the background to both the Scrutiny Review Report and the Director's Annual Report related to the same outbreak management plan. It was further reported that at the time of the outbreak, it had been predicted that there would be a national investigation and inquiry at some point, therefore public health ensured that all information in relation to the Covid outbreak was documented in preparation, which formed part of the Scrutiny Review report and the Annual Report.
- (c) Councillor M Hanif commented on the length and format of the report, which in his view appeared to be an account of what had happened in the past and unclear as to what was being done moving forward. It was considered that it would be clearer and more concise had the report been split into two parts.
- (d) In referring to the contribution of elected members, Councillor M Hanif commented that whilst he had attended weekly Member webinars, he had no recollection of being asked to go out into the community or to be part of the 'on the street' initiatives, although acknowledged that other community groups had been heavily involved.

The Director of Public Health and Wellbeing confirmed that all elected Members were invited to the weekly webinars. Some Members attended a system wide outbreak management group and the local Ward Councillors for those areas with the highest infection rates and low vaccination uptake were actively involved in a working group and helped shape the implementation plan and engagement with the community to promote the Covid vaccine, therefore the report was considered to be a reflection of universal involvement.

- (e) Councillor R Collins commented positively on the balanced report that had been produced and wished to acknowledge the support that had been provided by the former Cabinet Member for Health and Adult Social Care, namely, N Barlow. It was recognised that it was an unprecedented situation which no Cabinet Member, Councillor or local Public Health Directorate had any previous experience of dealing with and it was considered that overall the situation had been dealt with as well as could have been expected under the circumstances. It was acknowledged however that the pandemic had emphasised gaps with regards to the wider determinants of health within the Borough, which the recommendations and innovation tasks in terms of the Brockmoor and Pensnett Project and the Life in Lye were now addressing. It was hoped that these innovation tasks would then be conveyed to improve other areas within the Borough.
- (f) Councillor M Dudley referred to the recommendations included in the Annual Report and asked for clarification as to how these recommendations would be taken forward; how they would be monitored and achieved, and due to the current financial position were there any financial implications that would impact upon achieving positive outcomes.

The Director of Public Health and Wellbeing in responding advised that some of the initiatives that formed part of the recommendations had already commenced. The recommendation with regards to immunisation and promoting flu vaccinations formed part of the public health business plan and was used by the Integrated Care Board as an example of good practise. It was advised that the Public Health Grant was ring fenced so the team was able to manage progress within existing resources.

- (g) The Chair commented positively on the contribution by Elected Councillors during Covid and the communication received from the Council for Members to use on social media and to inform residents. He referred to the role of the Covid Champions which was considered a key attribute in ensuring vital communication and messages were communicated with local groups and residents and expressed his thanks to all those that were involved.



- (h) Arising from a comment raised by Councillor A Aston with regards to the possibility of providing a digital format or animated summary of the Annual Report in the future, the Director of Public Health and Wellbeing agreed to look into the suggestion should it add value, although recognised that this may have financial implications.
- (i) In responding to questions from Councillors A Aston and J Foster with regards to what happened to the final Annual Report and the timeframe of the report, the Director of Public Health and Wellbeing confirmed that the reports were submitted to the Local Government Association (LGA) and the Association of Directors of Public Health. In terms of the timeframe, it was anticipated that reports would usually be available from midway through the following year, although this would depend on the topic of the report. It was acknowledged that this report was significantly later than usual due to an array of contributing factors.

In concluding, the Director of Public Health and Wellbeing welcomed the comments and feedback provided, and would consider the practicalities of consulting with Members on future reports prior to publication.

### **Resolved**

- (1) That the Director of Public Health's Annual Report for 2022, be received and noted.
- (2) That the comments and suggestions in terms of style, design, layout, accessibility and dissemination for improvement for future reports, as referred to above, be taken into consideration by the Director of Public Health and Wellbeing.

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### **43 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 and the development of integrated care pathways.

The Dudley Managing Director – ICB referred to the outstanding issue with regards to the plans for a number of primary care staff employed by Dudley Integrated Health and Care NHS Trust on behalf of the six primary care networks, as previously reported, and advised that those staff would now be employed by Dudley Group NHS Foundation Trust, together with the Additional Roles Reimbursement Scheme (ARRS) pharmacist, in order to maintain a single integrated pharmaceutical team. The arrangements in relation to the transfer of services were underway, with an expected completion date of 30<sup>th</sup> June, 2024, subject to approval by NHS England.

In referring to the work undertaken in relation to integrated care pathways, it was advised that a report would be submitted to the Health and Care Partnership Board on 12<sup>th</sup> January, 2024, in terms of plans for overseeing pathways moving forward, which would be reported back to this Committee at the next meeting.

### **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 care pathways, be noted.

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#### **44 Update from the Director of Public Health and Wellbeing**

The Director of Public Health and Wellbeing gave a verbal update on national and local issues, and in doing so advised that there had been an increase in the number of measles cases reported in the West Midlands. No cases had yet been reported in Dudley, though it was considered only a matter of time. It was acknowledged that the majority of cases were amongst those that were unvaccinated.

It was further reported that there was an increase in flu cases, as well as Covid cases, although the majority of symptoms were relatively mild due to the effects of the vaccination and there were no reports of an increase in hospital admissions or Intensive Care Unit (ICU) admissions.

#### **Pensnett and Brockmoor Project**

The Cost of Living Hub opened on 28<sup>th</sup> November, 2023, in that time 400 clients have been seen and £17,000 worth of vouchers to eligible people have been issued.

Dudley HealthWatch were providing support in terms of engagement, asking residents what it was like to live in the area, what was needed more of and what support was needed, with emerging themes being in relation to safety in parks, GP practices and school placements. It was however acknowledged that a number of people that had been spoken with were not local residents and were people from outside of the borough attending events.

An engagement event had been arranged for 26<sup>th</sup> January, 2024 for stakeholders and members of the public to attend to help shape Dudley's approach and establish how to work with the community to address inequalities. Statistical information would be shared, in particular with regards to childhood obesity and inequalities.

The Public Health team were working with Birmingham University's Obesity Economic Unit to discuss how Dudley could address childhood obesity as a priority.

The Director of Public Health and Wellbeing also referred to the Net Zero Neighbourhood Project, which was funded by West Midlands Combined Authority and led by the Housing Directorate. The project had received funding to improve home warmth and would be commencing in the Pensnett and Brockmoor Ward. A company had been appointed to undertake the work on behalf of the project, whom would be invited to the engagement event on 26<sup>th</sup> January and involved in all future work.

The Director of Public Health and Wellbeing advised that an update on the Life in Lye project would be circulated to Members following the meeting.

Councillor M Hanif referred to the community group Roc Convention in Lye, and advised that the Life In Lye were intending to speak with the Chair of that Group, to ensure that there was no duplication of each other's work. The Director of Public Health and Wellbeing considered that it would be beneficial if both groups could work collaboratively to achieve objectives and aspirations for the area and agreed to discuss further with the project team.

### **Resolved**

- (1) That the verbal update be received and noted.
- (2) That the Director of Public Health and Wellbeing provide an update on the Life in Lye project following the meeting.

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45 **Health Select Committee Progress Tracker and Future Business**

In considering the progress tracker and future business report, Councillor J Foster referred to the Your Home, Your Forum agenda item scheduled to be considered on 28<sup>th</sup> March, 2024, and requested an update in respect of Community Forum Grant funding. Further clarification was also requested with regards to the work of the consultant that had been employed by the Council to contribute to the effectiveness of the meetings and what the report in March would entail.

In responding, the Director of Public Health and Wellbeing advised that the consultant who had undertaken the engagement had been Elected Members, who were currently in the process of finalising their report. In terms of the Community Forum Grant, it was advised that funding was subject to the Council's financial control measures and no applications for funding were currently being authorised in accordance with these measures. Therefore, as part of the corporate approach alternative ways in which to support Community Groups in identifying funding from other areas were being explored and led by the Public Health Community Development Team.

**Resolved**

That the Health Select Committee progress tracker and future business, be noted.

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46 **Questions under Council Procedure Rule 11.8**

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

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The meeting ended at 6.55 pm

CHAIR

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**Meeting of the Health Select Committee – 28<sup>th</sup> March 2024**

**Report of the Director of Public Health and Wellbeing**

**All Age Mental Health Needs Assessment**

**Purpose of report**

1. To update the committee on the procurement and progress of the Dudley All-Age Mental Health Needs Assessment.

**Recommendations**

2. It is recommended that the committee is aware of the needs assessment proposal and timescale.

**Background**

3. Following a full tender process concluding on 15<sup>th</sup> November 2023, the All-Age Mental Health Needs Assessment contract was awarded in January 2024.
4. Between January and October 2024, the Institute for Community Research and Development (ICRD) at the University of Wolverhampton and Birmingham Voluntary Service Council (BVSC) Research Unit will be conducting an all-age mental health needs assessment for Dudley.
5. The aim of the needs assessment is to develop a better understanding of the mental health and wellbeing needs among those living in Dudley and identify areas and gaps in which the health and wellbeing of local people can be improved.
6. The findings will inform the development of a system wide mental health and wellbeing strategy.

7. The Needs Assessment will include an:
  - Epidemiological Needs Assessment
  - Literature Review
  - Stakeholder Interviews
  - Community Research and Focus Groups.
  
8. The needs assessment will cover the full life course and include consideration of:
  - parental and infant mental health in the first 1,001 days
  - childhood and adolescence (0-19)
  - working age adults (20-64)
  - and older people aged (65+)

(An ethics application has been submitted to the University of Wolverhampton FABSS ethics committee seeking approval to interview children and young people).

#### Current Progress and Plans for Data

9. Epidemiological Needs Assessment:  
ICRD are conducting an epidemiological needs assessment to estimate the magnitude of mental ill-health in Dudley. Drawing on national, regional and local data/reports we aim to highlight the demand and unmet need across the Borough and identify high risk groups and/or inequalities.
  
10. National (OHID Public Health Profiles, ONS; NHS) and local datasets (All About Dudley) have been reviewed and data relevant to mental health extracted. Our assessment will include exploration of inequalities that exist and comparison to other local authorities and regional and national benchmarks.
  
11. ICRD will explore what data partners and wider stakeholders collect and what is available to share with ICRD for inclusion in the needs assessment. Knowing what data is collected will help us examine the quality of data being collected and identify any gaps that could support improved monitoring and identification of mental health needs in Dudley.
  
12. The University of Wolverhampton and associate researchers will speak to all commissioners and providers of emotional wellbeing and mental health services within Dudley, including DMBC, NHS organisations, primary care, and the community and voluntary sectors about their data. This will include services where emotional and mental health needs are identified (e.g. Family Hubs, schools, A&E)."

13. At a minimum the request will be for anonymised data on the number of people diagnosed, numbers of people supported; number of people currently on a waiting list (and the demographic breakdown within these); and any feedback from service users about their experience using the service and service outcomes. Waiting list data will help provide an indication (but not complete picture) of demand and unmet needs.
14. Literature review and examples of good practice:  
The review is underway and will include a comprehensive literature review and collation of examples of good practice to inform the development of comprehensive prevention programme, service redesign and measures to manage demand on mental health services. It aims to:
  - Understand how wider determinants of health affecting behaviour and mental health and wellbeing can be influenced to prevent poor mental health and improve wellbeing in Dudley
  - Identify approaches associated with increased resilience, wellbeing and prevention of poor mental health in identified subgroups and explore methods for implementation on a wider population level
  - Explore mental health and wellbeing related behaviours and how to utilise behavioural science methods to develop and improve mental health and wellbeing on a population level.

#### Identifying relevant stakeholders

15. For governance, oversight and structure, public health has established and coordinates;
  - an operational group made up of core technical council staff for unblocking and advising
  - a wider Steering Group made up of whole system partners for connecting and guiding. This group includes members from local mental health providers, NHS, GP and voluntary partners, social care partners, education and council colleagues.
16. These meetings will be used to identify other organisations and/or individuals who can support ICRD to access local data and individuals pertaining to mental health and wellbeing.
17. This activity will be further developed to draw up a list of interviewees to be contacted in February, for in-depth semi structured interviews. The provider will carry out approximately 50 interviews with public sector health professionals and voluntary sector workers already working with the community, as well as identified expert-by-experience service users,

carers and residents. A systemwide and partnership approach will be central as well as capturing views on how mental health can be improved.

### Expected outcomes

18. The findings of the needs assessment will support the council and system partners in;
  - Understanding the needs of the Dudley community, both in support for prevention and self-help needs and treatment services
  - Understanding how Dudley compares to its Black Country neighbours and nationally
  - Identifying any gaps in data knowledge or support
  - Formulating a strategy for improving mental health in Dudley
  - Informed commissioning of provision to support the mental health needs of the Dudley community
  - Populate the Joint Strategic Needs Assessment
19. The completed needs assessment will be presented to the Health and Wellbeing Board, as well as other relevant groups and Boards and will be made publicly available.

### Finance

20. The contract value is £66,388.45 from the Public Health Grant.

### Law

21. Section 73A(1) of the 2006 National Health Services Act gives the DPH responsibility for all of their local authority's duties to take steps to improve the health of the people in its area.
22. The Health and Care Act 2022 requires integrated care partnerships (ICPs) to respond to local needs assessments in the development of its integrated care strategy.

### Risk Management

23. A risk register is monitored at biweekly meetings with the provider to ensure mitigation and adherence to timeframe.

### Equality Impact

24. All ages and members of the Dudley community can benefit from improvements shaped by the findings of the needs assessment. Lived



experience from engagement with community members will shape the actions from this work. All aspects of the needs assessment will be designed to ensure that there is a focus on equalities and views are representative of all parts of the community.

### **Human Resources/Organisational Development**

25. There are no specific HR or organisational development requirements.

### **Commercial/Procurement**

26. Full tender process was completed.

### **Environment/Climate Change**

27. The provider is local within the Black Country, therefore, travel is minimal and a variety of methods will be utilised to be considerate to climate impact.

### **Council Priorities and Projects**

28. This programme of work supports the key Council priorities including the Borough Vision and Council Plan 2022-25, meeting the wider council priority around offering children the best start in life, increasing attainment and reducing poverty.

29. Dudley the borough of opportunity

- Children and young people benefit from the best possible start in life in our Child Friendly borough.
- All residents benefit from access to high quality, integrated health and social care
- Everyone, including our most vulnerable, have the choice, support, and control of the services they need to live independently.

30. Dudley the safe and sound borough

- Poverty is reducing as we address all forms of inequality, improve social, emotional, and mental health and wellbeing.



**Dr Mayada Abuaffan**  
**Director Public Health and Wellbeing**

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**Meeting of the Health Select Committee – 28<sup>th</sup> March 2024**

**Report of the Director of Public Health and Wellbeing - DMBC, Chief Strategy and Partnerships Officer - Black Country Healthcare NHS Foundation Trust, and the Managing Director of Dudley - Black Country Integrated Care Board**

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

**Purpose of report**

- 1 This report outlines the collaborative work 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. It describes:
- Mental health and wellbeing needs among infants, children and young people in Dudley.
  - The THRIVE framework for system change which is an integrated, person centred and needs led approach to delivering mental health services for infants, children, young people and their families.
  - Interventions and services available in Dudley to support mental health and wellbeing in infants, children and young people.
  - Next steps for collaborative working in Dudley.

**Recommendations**

- 2 It is recommended that:-
- Members support the implementation of the THRIVE framework in Dudley, as an evidence-based approach to addressing mental health and wellbeing needs.
  - Members are assured that partners are 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.

## **Background**

- 3 Mental health is as important to a child's safety and emotional wellbeing as their physical health. It can impact on all aspects of their life. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping infants, children and young people to develop and thrive.
- 4 Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including abuse and neglect, family circumstances, environment, stress, loneliness or social isolation. There is strong evidence that the foundations for emotional health and wellbeing are laid in the first 1,001 days (from conception to 2 years of age), with parent-infant relationships (PAIRs) are one of the core elements of early development, resilience, and a child's later ability to weather life's challenges. Negative experiences can adversely affect a child's mental health, just as positive experiences can help improve it.

### **Mental health and emotional wellbeing needs**

- 5 In the Black Country each year, at least 15% of babies experience a significantly disrupted, disturbed or disorganised relationship with their main carer(s). This is over 2,100 new births each year, and over 4,300 babies under 2 at any one time. It is estimated that 80% of maltreated children will come from this group of babies.
- 6 Dudley school pupils report having statistically similar levels of social, emotional and mental health needs as the England average (9.0% vs. 8.7%), but higher than the West Midlands average (8.0%) (figure 1, appendix).
- 7 In Dudley, in 2020-21, the most common primary needs of special educational needs (SEN) pupils are moderate learning difficulties (2,093) followed by speech, language, and communication needs (1,801) and then social, emotional, and mental health needs (1,114).
- 8 Evidence suggests that some groups of children and young people are disproportionately impacted by mental health problems largely driven by a complex interplay of social and environmental determinants of poor mental health. This includes the following:
  - People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people.

- Black boys and young men report lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys.
- Refugees and asylum seekers are more likely to experience poor mental health than the general population.
- Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average.
- Autistic children and young people are more likely to experience a range of mental health problems.

9 These are some of the key risk factors that contribute to poor mental health:

- Children from low-income families are four times more likely to experience mental health problems by the age of 11 than children from higher-income families.
- Around a third (32%) of children aged 0-15 live in a household where an adult has moderate or severe symptoms of mental ill-health. While most parents with mental health problems are responsive and sensitive parents, this remains a consistent risk factor for children.
- Children who experience maltreatment, violence, abuse, bullying, or bereavement are much more likely to experience mental health problems. An estimated one in three adult mental health conditions is thought to be associated with adverse experiences in childhood.
- Around one in three young carers are estimated to experience a mental health problem.
- Young people with a mental health condition are nearly twice as likely to be bullied, and more than twice as likely to be cyberbullied.
- Emerging evidence also suggests that there are other key risk factors including racism, discrimination, poor housing and the climate crisis.

### Impact on education

- 10 Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while other characteristics become less important.
- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
  - Children with better attention skills experience greater progress across the four key stages of schooling in England.

- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

11 Children and young people with mental health problems are more likely to miss school. While it is not possible to identify school absences from poor emotional health or mental health wellbeing in the statistics, Dudley school absence data in 2021/22 shows:

- Pupils had the highest percentage of school absences in the Black Country at 8.0%, and 11.2% for those on free school meals: higher than regional (7.8%, 10.6%) and national averages (7.6%, 10.8%).
- 4.7% of school absences were due to illness, higher than the regional and national averages (figure 2, appendix 2).
- 26% of Dudley pupils had persistent absence – attendance below 90% compared to 24% for the West Midlands and 23% in England. For Dudley children on free school meals, persistent absence was 41%.

12 Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Dudley. This need was further emphasised by the 2022 Make Your Mark survey; one of the top issues for young people in Dudley was mental health and support.

#### Use of mental health and emotional wellbeing services

13 Over the past decade, there has been increasing need for mental health services. The pandemic resulted in a greater number of children and young people presenting with mental health disorders, often with complex needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems.

14 In the Black Country there has been a 57% rise in children in touch with mental health services between April 2021 and February 2023. There were 19,645 contacts with community and outpatient mental health services by individuals <18 years in 2019/20 within Dudley. It is difficult to compare these statistics with neighbouring boroughs because of the differences in care pathways and specific services in each borough. Data from Dudley's Single Point of Access (SPA) will enable these comparisons over time.

- 15 Hospital admissions in young people as a result of self-harm are lower in Dudley compared to the England average (figure 3, appendix 3). The number of inpatient stays in secondary mental health services for Dudley children and young people is significantly lower than both the regional and national averages.

**Best practice for mental health and wellbeing needs in infants, children, young people and families**

- 16 This section summarises the [THRIVE Framework](#) which is the accepted best practice in addressing and improving the mental health and wellbeing needs for children, young people and families, and which Dudley aims to follow. A young person or family struggling with their mental health in an area implementing THRIVE would experience:
- No ‘wrong door’, meaning anyone a young person talked to about their mental health would be able to provide them with support or signpost them to available support options.
  - Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
  - Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
  - Whoever was giving a young person more specialised mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
  - Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.
- 17 The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



18 The characteristics of these needs-groupings are:

**Thriving:** support to maintain mental wellbeing

Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They may however benefit from system level prevention and promotion initiatives.

19 **Getting Advice:** those who need advice and signposting: includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting specialist input.



- 20 Getting Help: focussed goal-based input: comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group providing targeted, outcomes-focused help.
- 21 Getting More Help: more extensive and specialised goals-based help: similar to Getting Help but the small number of children and young people within it will need extensive resource allocation and coordination across services. It includes for example, children or young people who are completely unable to participate age appropriately in daily activities (e.g. at school) or they need constant supervision and experience distress on a daily basis.
- 22 Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services: may have some or many of the difficulties outlined in other groups BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Risk management is the sole focus.
- 23 In addition to the THRIVE Framework, there is also NICE guidance for specific aspects of mental health and wellbeing which sets out evidence-based, cost-effective practice for specific areas. This includes guidance for example on each of the specific mental health conditions and disorders, maternity and early years, transitions between different types of settings, practice in schools, and for those in care.

### **Mental health and emotional wellbeing provision in Dudley**

- 24 These are the current initiatives and services in Dudley commissioned by Dudley Council (Public Health and Wellbeing) or Black Country Health Care (NHS lead provider for mental health) to support the mental health and emotional wellbeing of children and young people.

#### **Thriving: support to maintain mental wellbeing**

- 25
- Harmony Project: a music-based initiative which incorporates the [5 Ways to Wellbeing](#) messages and signing. Developed as part of Children's Mental Health Week 2022 and now an annual event in Dudley.
  - Family Hubs: universal support for parent-infant relationships.
  - Nurture and Resilience offer in Schools: supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings

provide a supportive and safe space in which children and young people can learn and develop.

- Senior Mental Health Lead in Schools: DfE accredited training will have been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Dudley currently has a good uptake of this training.
- Theatre in Education Awareness sessions: on relationships, how to recognise an abusive or exploitative relationship, bullying, misogyny and mental health for students in all education settings. The performances and workshops are adapted for age-appropriate understanding, for children and young people to recognise when support is needed and how to access sources of support.
- Health Related Behaviour Questionnaire: providing children's voice giving schools data to support their Relationships, Sex and Health Education (RSHE) planning and health related activity. This survey is provided every two years and is offered to all schools and 16+ provision, for years; 5, 6, 8, 10 and 12. Next survey started January 2024.

26 Across the borough, there are also many community groups including sports clubs, activity groups, uniformed youth groups etc. that provide this level of support to help maintain good emotional health and wellbeing.

27 Getting Advice: those who need advice and signposting

- [Happier Minds](#): a new mental wellbeing website for Dudley. It has pages for young people aged 11 and over, parents/carers and school professionals. It is intended to provide quality assured information and support, signpost to national and local services and deliver topical messages (e.g. exam stress).
- Family Nurse Partnership: intensive, home-based support from pregnancy until a child is two years for younger parents. The programme focuses on self-efficacy, attachment, and supporting young parents' self-esteem.
- Health Visitors: dedicated nurse support for children under 5 and their families including for mental health wellbeing, including two new specialist Parent-Infant Emotional Wellbeing Health Visitors.
- Family Hubs: targeted support for parent-infant relationships and mild-moderate perinatal mental health (PMH), with training for all First 1,001 Days workers, and two new PAIRs evidence-based interventions: Video Interactive Guidance and Triple P for Babies.
- School Nurses: a universal service delivering the healthy child programme and providing the first point of contact for Mental Health

support, signposting, and referral. Currently being re-modelled to strengthen the Mental Health element.

- KOOOTH: an online service specifically designed to support young people's mental wellbeing.  
Wysa app: an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it.

28 There are also national helplines available and local charities including: Black Country Mental Health Charity, a Bee Well group and Young Minds.

29 Getting Help: focussed goal-based input

- Mental Health Support Teams in Schools: to provide support and extra capacity for early intervention and help for mild to moderate mental health issues and promotion of good mental health and wellbeing. In Dudley, over 50% of schools have MHSTs with a further wave in January 2024.
- Here4YOUth: provided by Cranstoun, an open-door wellbeing service for young people to access via drop-in, outreach or social media. Offering a range of support and signposting including emotional wellbeing support, social prescribing, substance misuse support and sexual health services, with advocacy offer enabling access to further support.
- The What? Centre: a Young Person's Advice and Counselling Service with bases in Stourbridge (main base) and Dudley. Also provides counselling for young people who identify as LGBTQ+ and or/are a part of ethnic minority communities.
- Dudley Talking Therapies: supports individuals aged 16 or over who are experiencing common mental health problems; such as anxiety, depression, low mood, panic or phobias.
- Phase Trust: a youth organisation offering grief and loss support to children aged 7 – 11 years with underlying trauma and anxiety not able to be managed in mainstream provision.
- Rethink: the Sanctuary Hub is a safe place where you can access support outside of usual mental health service hours. Rethink also offer bereavement services across the Black Country.
- Mental Health First Contact Practitioners: 16+ years service provided by Mental Health Nurses at GP surgeries across the borough.

30 Local charities and community interest companies also offer support at this level for example, Arts for Change, Breathing Space and Ekho Collective.

- 31 Getting More Help: more extensive and specialised goals-based help
- CAMHS: is a specialist mental health service providing interventions to those children, young people and their families who are experiencing moderate to severe mental health difficulties. Within the Specialist CAMHS teams at this level there is access to the following teams: Eating Disorders, Core CAMHS, Children in Care, Early Intervention in Psychosis, Psychiatrists, Learning Disabilities and Intensive support to children and young people with Autism to prevent hospital admission.
  - Single Point of Access (SPA): following successful implementation in neighbouring Black Country areas and research evidence of effectiveness<sup>1</sup>, a SPA was established in Dudley in May 2023 with professionals being able to make referrals into all commissioned emotional mental health and wellbeing services so that referrals can be appropriately and consistently triaged so there is equity in access to services. The intention of a SPA is to make it simpler for those referring children and young people for mental health support – referrers do not need to know all of the specific services available. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Dudley's children and young people and whether there are gaps in capacity, as the SPA will collect all data on referrals.
- 32 Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services *This offer is commissioned either through Black Country Health Care or through NHS specialist commissioning for Liaison and Diversion.*
- Crisis Helpline: the NHS mental health crisis helpline is open 24 hours a day, seven days a week and is open to people of all ages. The number is 0800 008 6516. There is an option for immediate mental health assessment.
  - CAMHS Crisis Intervention and Home Intervention: this team offers community support for children and young people in mental health crisis 24/7 through a blended model of care. The main aim of the service is hospital admission avoidance, where appropriate, seeing young people within a shorter period of time and within their home environment. Children and young people are currently seen within 4 hours of referral. Where home intervention is not clinically appropriate, they are advised to attend the Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit.

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<sup>1</sup> Simpson, N., and Stallard, P., Referral and access to children's health services *Arch Dis Child* (2004); 89:109 –111

- Inpatient admission to a children and young people's Mental Health Unit: an inpatient admission is considered necessary when community support will not provide enough interventions to be able to impact on the young person's mental health either by understanding fully the needs or providing interventions that can only be supported as an inpatient. The CAMHS Crisis Intervention and Home Intervention team assumes responsibility for all inpatient admissions. Supporting children and young people during an admission and preparing them for discharge back into the community is also the responsibility of this team.
- Liaison and Diversion: this team work with children and young people, who have been arrested and are in the Custody suite to assess if they have any emotional mental health issues as part of their health and wellbeing assessments. They also see those who are issued with Court Resolution Orders. If the Liaison and Diversion team identify Mental Health needs, they refer to the local mental health team via the SPA. They may also contact the Mental Health Support teams in schools, if appropriate, as well as the Forensic CAMHS (Youth First) service which is also commissioned on a wider West Midlands footprint.

### Priorities for further collaborative work and improvements

33 We have re-established a group reporting to the Children and Young People's Partnership Board which leads this work in Dudley. It is called the *Dudley Strategic Infants, Children and Young People's Emotional Mental Health and Wellbeing Group* and it is co-chaired by Public Health and Wellbeing and Black Country Healthcare. It has broad membership from relevant statutory services with representation from DCVS. Working groups on self harm and suicide and Parent-Infant Emotional Wellbeing (PIEW) report into this.

34 Over the coming months, key areas of work include:

#### Getting Advice and Getting Help

- Public Health and Wellbeing will be mobilising the new 0-19 (25 SEND) public health service from 1st April 2024 which will include health visitors, family nurse partnership and school nursing. As part of this work, we will further strengthen the mental health and wellbeing offer.
- Black Country Healthcare will lead a review of the online digital support offer available for children, young people and their parents/carers.
- Public Health and Wellbeing are working in partnership to audit our approach and programmes against NICE guidance. Over the coming

months there will be a specific focus on the guidance around schools<sup>2</sup> (including the MHSTs) and self harm<sup>3</sup>. If and where Dudley is not compliant with best practice, system partners will work together to make any required adjustments.

### 35 Getting Help and Getting More Help

- Black Country Healthcare are working with a small group of Dudley Voluntary organisations in a consortium to be able to offer a menu of opportunities for CYP with emotional mental health and wellbeing needs accessible via the Single Point of Access.
- Black Country Healthcare are continuing to embed the Single Point of Access to include the new commissioned services in the voluntary sector consortium, to continue to make improvements to waiting times, and to reduce referrals into specialist CAMHS.
- As the Lead Provider for MH/Learning Disabilities and Autism, Black Country Healthcare are coordinating a programme of work across all agencies to review current CYP diagnostic pathways to make proposals for improvement which will likely need to be implemented across multiple agencies. This review is being undertaken because a high percentage of the CAMHS waiting list are children and young people who are waiting for an assessment of Autism but may have no other mental health needs and therefore other services would better meet their needs. This work will also help to reduce waiting times for services.

### 36 In addition to this:

- Once published, we will use the findings of the all-age mental health and emotional wellbeing needs assessment to identify work required to improve the mental and emotional health of infants, children and young people. This will include more focussed work on inequalities.
- Black Country Healthcare are establishing a whole systems approach to parent and infant emotional wellbeing and will be scoping options for specialist provision for parent and infant relationships.

## **Finance**

### 37 There are no financial implications of this overview paper.

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<sup>2</sup> NICE guideline [NG223] Social, emotional and mental wellbeing in primary and secondary education.

<sup>3</sup> NICE guideline [NG225] Self-harm: assessment, management and preventing recurrence.

## Law

38 There are no legal implications of this overview paper.

## Risk Management

39 There are no specific risks related to this overview paper.

## Equality Impact

40 There are no specific equalities impacts from this overview paper.

## Human Resources/Organisational Development

41 There are no implications from this overview paper.

## Commercial/Procurement

42 There are no implications from this overview paper.

## Environment/Climate Change

43 There are no implications from this overview paper.

## Council Priorities and Projects

44 Dudley Borough Vision 2030: A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future



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## **Appendices**

- Appendix 1 - Figure 1 – School pupils with social, emotional and mental health needs
- Appendix 2 – Figure 2 - School absence due to illness
- Appendix 3 - Figure 3 - hospital admissions for self-harm among young people



Figure 1

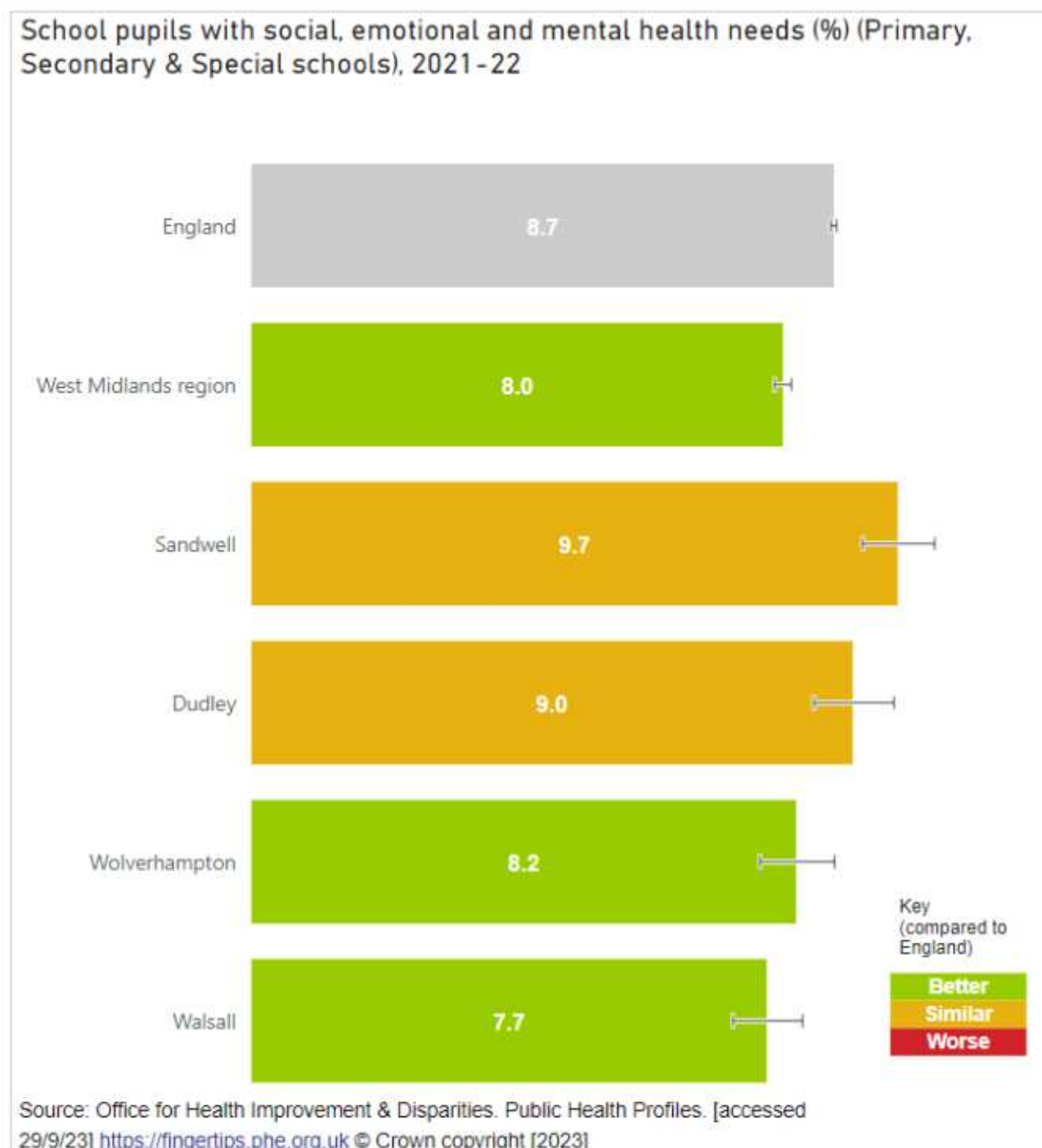
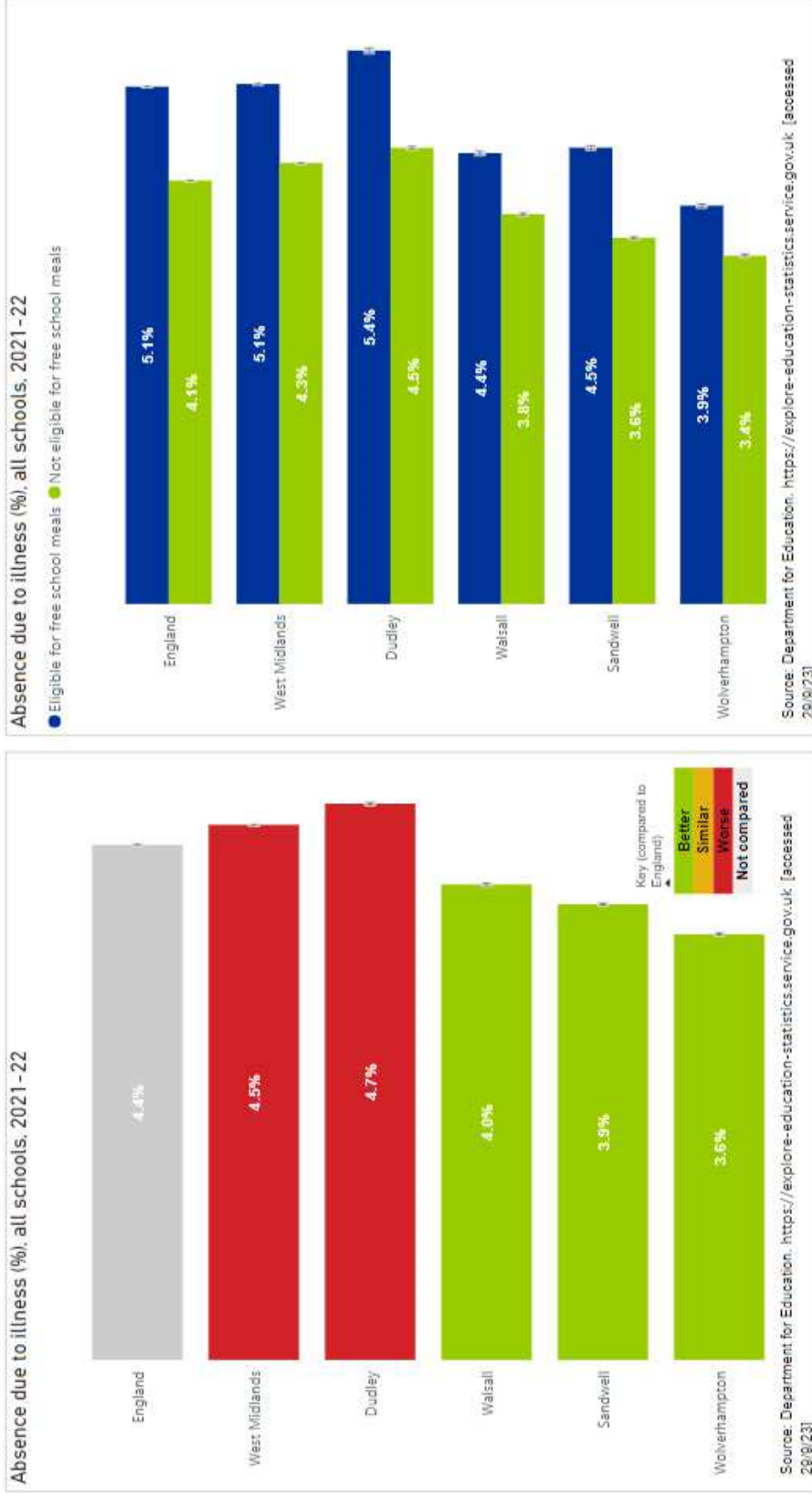
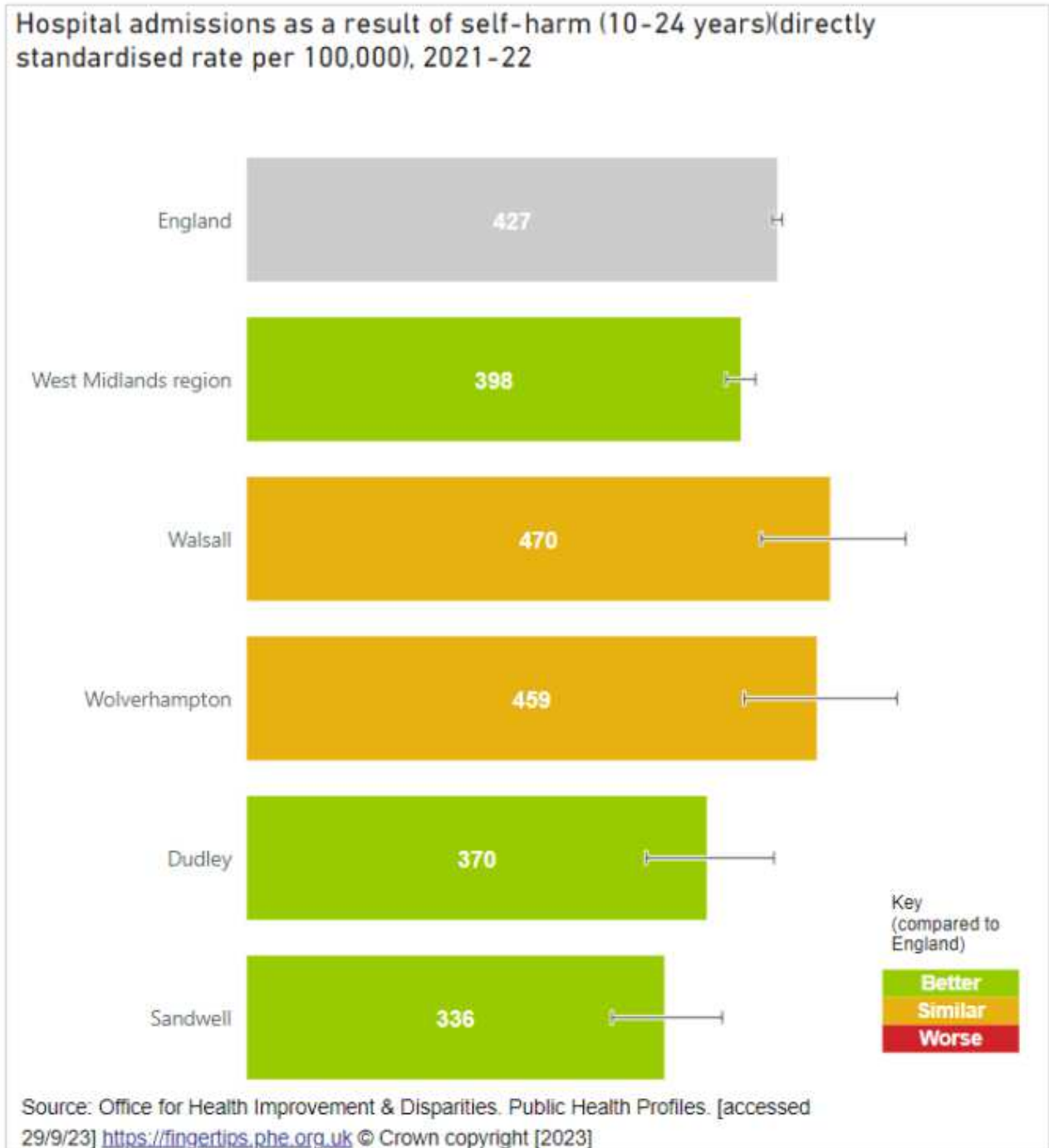


Figure 2: School absence due to illness



### Appendix 3

**Figure 3:** hospital admissions for self-harm among young people



## **Meeting of the Health Select Committee – 28<sup>th</sup> March 2024**

### **Report of the Dudley Managing Director – Black Country Integrated Care Board (ICB)**

#### **Development of Dudley’s Integrated Model of Health and Care**

##### **Purpose of report**

1. To advise the Committee of the current position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust and the development of integrated care pathways.

##### **Recommendations**

2. It is recommended 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 care pathways be noted.

##### **Background**

3. The Committee will be aware from previous reports of the agreed recommendations for the future delivery of services currently provided by Dudley Integrated Health and Care NHS Trust (DIHC).
4. The Committee will also be aware of work to develop integrated care pathways.
5. This report provides an update on progress.
6. The Committee will recall that the following destinations have now been agreed for the services provided by DIHC:-
  - School Health Adviser Service – will transfer to Shropshire Community Health Services NHS Trust as part of the new contract awarded by the Council for services.

- Talking Therapies/Primary Mental Health Care – transfer to Black Country Healthcare NHS Foundation Trust.
  - Local Improvement Schemes (LISs) – transfer to PCNs.
  - Other ICB commissioned primary care services and ARRS staff – transfer to Dudley Group NHS Foundation Trust (DGFT) – to operate as part of the evolving place partnership arrangements.
  - Former CCG functions – transfer to DGFT – to operate as part of the evolving place partnership arrangements.
  - ARRS Staff – 3 PCNs (Dudley and Netherton; Brierley Hill and Amblecote; and Halesowen) – transfer to DGFT – to operate as part of the evolving place partnership arrangements. 3 PCNs (Stourbridge, Wollescote and Lye; Kingswinford; and Sedgley, Coseley and Gornal) – transfer to a lead practice within each PCN.
  - It should be noted that the ARRS pharmacists will all transfer to DGFT, alongside the former CCG Pharmaceutical Public Health Team, thus retaining a single, integrated team.
7. The School Health Adviser Service will transfer to Shropshire Community Health Services NHS Trust on 1 April 2024. All other transfers will be completed by 1 July 2024, subject to completion of the necessary regulatory processes.

#### Integrated Care Pathways

8. The development of integrated care pathways has now progressed to the point where the work previously overseen by the Integrated Care Pathways Group, reporting to the Health and Care Partnership Board, will transfer to the relevant body considered appropriate to oversee the work prospectively, with reporting to the Partnership Board continuing as necessary. The arrangements for each pathway are as set out in Appendix 1.

#### Finance

9. There are no direct financial implications arising from this report.

#### Law

10. Any service transfers and transactions will be managed in accordance with the requirements of the NHS Acts and associated NHS England/NHS

Improvement guidance. The Council led procurement has been conducted in accordance with the Council's Standing Orders and procurement regulations.

### **Risk Management**

11. No material risks have been identified.

### **Equality Impact**

12. Equality and Quality Impact Assessments have been carried out and no adverse impacts identified. These have been considered by both boards.

### **Human Resources/Organisational Development**

13. These are being managed in accordance with established principles and TUPE regulations.

### **Commercial/Procurement**

14. None identified. A contract for the School Health Adviser service has now been awarded by the Council to Shropshire Community Health Services NHS Trust, following a Council led procurement exercise, conducted in accordance with the Council's Standing Orders and procurement regulations.

### **Environment/Climate Change**


15. None identified.

### **Council Priorities and Projects**

16. An integrated model of health and care can be aligned to both the Council Plan and Borough Vision. Future delivery of these services will ensure we are striving to achieve against our council plan priority 'Dudley the borough of opportunity' and work towards achieving the following outcomes:

- Children and young people benefit from the best possible start in life in our Child Friendly borough.
- Everyone, including our most vulnerable, have the choice, support and control of the services they need to live independently.
- All residents benefit from access to a high quality, integrated health and social care.

17. Through the golden thread, the council plan is linked to the Forging a Future For All Borough Vision. The Borough Vision is made up of seven aspirations for how the borough should be by 2030, with this work aligning to the aspiration '*A place of healthy, resilient, safe communities where people have high aspirations and the ability to shape their own future*'



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## **Appendices**

Appendix 1 - The arrangements for each pathway.

## Appendix 1

<b>Local Implementation Team</b>	<b>Place Governance</b>	<b>System Governance</b>	<b>Escalation</b>
1. Clinical Hub	Primary Care/Secondary Care Interface Group	OOH Operational Group / Board	Dudley Health and Care Partnership Executive Team – if appropriate recommendations to be made to Partnership Board
2. Community Nursing – ambulatory clinic	Primary Care/Secondary Care Interface Group	OOH Operational Group / Board	
3. COPD	Primary Care/Secondary Care Interface Group	N/A	
4. Musculoskeletal	Primary Care/Secondary Care Interface Group	ICB System Group	
5. New-born Blood Spot Screening	Children and Young Peoples Board	N/A	
6. Childhood Obesity	Children and Young Peoples Board	N/A	
7. Early Years Speech Language & Communication	Children and Young Peoples Board	N/A	
8. Care Coordination	Community Partnership Team LIT Primary Care/Secondary Care Interface Group	N/A	
9. Lung Cancer	Primary Care/Secondary Care Interface Group	Cancer Board ICB	
10. End of Life	Primary Care/Secondary Care Interface Group	ICB End of Life Strategy Group	
11. First 1001 Days – ACES	Children and Young Peoples Board	N/A	
12. Child Poverty	Children and Young Peoples Board	N/A	



13. Diabetes	Primary Care/Secondary Care Interface Group	ICB Group
14. Fracture Liaison	Primary Care/Secondary Care Interface Group	ICB Group
15. Stroke	Primary Care/Secondary Care Interface Group	BC Provider Collaborative ICB Group
16. Community Partnership Teams	Primary Care/Secondary Care Interface Group	OOH Operational Group / Board
17. Tissue Viability	Primary Care/Secondary Care Interface Group	OOH Operational Group / Board

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## **Meeting of the Health Select Committee – 28<sup>th</sup> March 2024**

### **Report of the Director of Public Health**

#### **Progress of Poverty Proofing the School Day**

##### **Purpose of report**

1. To update on the purpose and progress of the Poverty Proofing the school day pilot programme.

##### **Recommendations**

2. It is recommended that the Committee note the pilot programme and timescale.

##### **Background**

3. As a result of the pandemic and cost-of-living pressures, some households with children will have been pulled deeper into poverty, whilst some will be experiencing it for the first time.
4. The percentage of children aged 0-15 years living in Dudley who are in low-income families is 27% <sup>(1)</sup>, continuing to remain significantly worse than England since 2014/15 <sup>(2)</sup>.
5. The ripple effect of poverty means it inevitably impacts school life. It can mean struggling with school-related costs such as uniform, resources and school trips as well as poorer health, social and educational outcomes, all of which impact a child's ability to fully participate in school life.
6. Working in partnership, the Children and Young People's Public Health team worked with members of the Child Poverty Working Group, including Virtual school and Education Outcomes colleagues, to evaluate packages available nationally to support children and families living in financial hardship.

7. The Children North East programme is a copyrighted, nationally recognised, evidence-based approach, striving to support education settings in making sure no activity in school identifies, excludes, treats differently, or makes assumptions about those with less financial resource.
8. Approval was given for a Dudley pilot scheme to commence from November 2023 - May 2024. The schools were selected due to their commitment to the scheme, their geographical location and deprivation data.
9. This externally facilitated audit process, including observation and sensitively interviewing pupils, staff, parents, and governors, reviews key themes such as attendance, lunchtimes, school trips and classroom experience.
10. Based on the audit findings, Public Health as the commissioner will receive alongside each participating school, verbal feedback and a written report highlighting both the school successes, as well as support measures personalised to the school's individual resource, ambitions and need.

#### Progress to date

11. The participating primary schools are detailed below, along with the scheduled dates of their Poverty Proofing audit. At the time of writing 4 x schools have completed their audits but not all reports are available to comment on.
12. The 8 x pilot schools:

	<b>School name</b>	<b>Audit date</b>
1	Quarry Bank	W/C: 20.11.23
2	Russell's Hall	W/C: 11/12/23
3	Caslon	15.01.24
4	Hawbush	22.01.24
5	Bromley Hills	05.02.24
6	Wallbrook	04.03.24
7	Blanford Mere	11.03.24
8	Ham Dingle	08.04.24

13. Good practice displayed by those who have participated so far includes;
  - having clear uniform policies whereby no one is disciplined for infractions and affordability is prioritised.

- supporting pupil voice through initiatives like having a Pupil Prime Minister and supporting Cabinet.
  - providing all pupils with resources at the start of an academic year such as a water bottle, pencil case and other stationary, to avoid highlighting those who cannot afford to provide these.
14. Recommendations from audits completed so far have included;
- finding alternative lower cost trips
  - clearly promoting to parents how the school can support with financial matters, including having an email mailbox, or a key member of staff overseeing this agenda
  - implementing an annual calendar which provides ample warning of trips/ charity days, so families can plan ahead and exploring the low uptake of free school meals.
15. The findings aim to highlight the importance for settings and professionals to continually take steps to reduce the exclusion and stigma associated with poverty, improving quality and altering everyday practice, basing all decision making on backing and including the poorest in our community.

#### Next steps/ future plans

16. Following the completion of the pilot, a full report of key findings can be shared with committee, including common themes identified and recommendations for improvement, to alleviate some of the struggles, shame and embarrassment felt by children and their families in financial hardship, in attending and taking part in everyday school life.
17. The children's team approach and service planning for mitigating poverty, will be further refined by the Children's Poverty Working Group and partners, this includes children's services education outcomes and virtual school. Using evidence and the reports gathered, we will consider sustainable options for continuing this work ensuring poverty does not exclude children from learning or engaging with their school life and peers. It forms part of our wider work to mitigate poverty across the borough.
18. The Virtual School want to work in partnership with Public Health and share learnings, so we can further determine common themes, successes and challenges for education settings in supporting families and children living in financial hardship across the borough.

#### Finance

19. The cost of the pilot is £26,700 from the public health grant.

## **Law**

20. No legal implications have been identified from this report.

## **Risk Management**

21. No risks have been identified from this report.

## **Equality Impact**

22. This work is an inclusive offer for all families, children and staff in the pilot schools.

23. CNE Poverty Proofing Programme is an evidenced based programme.

24. This pilot scheme will have a positive impact on the most vulnerable people in our community. Those with the lowest incomes; including families with more than 3 children, multigenerational households and people living with long term conditions or disabilities.

## **Human Resources/Organisational Development**

25. There are no Human Resources or Organisational Development implications from this report.

## **Commercial/Procurement**

26. There are no commercial or procurement implications from this report.

## **Environment/Climate Change**

27. There is no impact on the environment, impact is more likely to encourage the reuse of items.

## **Council Priorities and Projects**

28. This programme of work supports the key Council priorities including the Borough Vision and Council Plan 2022-25, meeting the wider council priority around offering children the best start in life, increasing attainment and reducing poverty.

29. Dudley the borough of opportunity

- Children and young people benefit from the best possible start in life in our Child Friendly borough.

- Everyone, including our most vulnerable, have the choice, support, and control of the services they need to live independently.
- Dudley the safe and sound borough
- Poverty is reducing as we address all forms of inequality, improve social, emotional, and mental health and wellbeing.

30. By working with partners, the aim is to share the learning from this group of pilot schools, to enable and encourage all schools to make minor adjustments to their working practice and be as inclusive as possible so every child can thrive.



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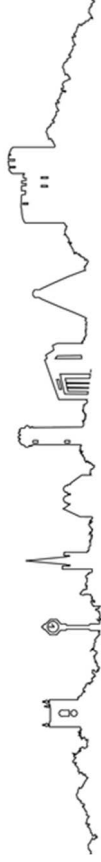
### **List of Background information**

- 1) Department for Work and Pensions (2023) *Households Below Average Income, Statistics on the number and percentage of people living in low-income households for financial years 1994/95 to 2021/22, Table 4\_5db.* Department for Work and Pensions.
- 2) Department for Work and Pensions. (2023) *Children in Low Income Families: local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2022.* Department for Work and Pensions

**Health Select Committee**

**Progress Tracker**

<b>Subject (Date of Meeting)</b>	<b>Recommendation/action</b>	<b>Responsible Officer/Area</b>	<b>Status/Notes</b>
Minute No. 6 – The Life in Lye Programme (Meeting held on 31 <sup>st</sup> July, 2023)	That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.	Acting Director of Public Health	<b>On going</b>
Minutes of the meeting held on 18 <sup>th</sup> September, 2023	That the Director of Public Health and Wellbeing provide written clarification in relation to the roles of the two street cleansing operatives, appointed to work in Lye.	Director of Public Health and Wellbeing	<b>On-going</b>
Substance Misuse Commissioning and Delivery in Dudley (Meeting held on 23 <sup>rd</sup>	That the Programme Manager (Dr M Andrews) provide information in relation to the number of heroin related deaths or injuries normally be experienced over a similar period.	Programme Manager (Dr M Andrews)/Director of Public Health and Wellbeing	<b>On-going</b>



November, 2023)	That a report on the associated work undertaken by Trading Standards be presented to a future meeting of the Select Committee.	Director of Public Health and Wellbeing	<b>Item to be rolled forward to the 2024/25 municipal year.</b>
Update from the Director of Public Health and Wellbeing (Meeting held on 23 <sup>rd</sup> November, 2023)	That the Director of Public Health and Wellbeing provide Councillor M Hanif with details of future community funding initiatives, that could be shared with Community Groups.	Director of Public Health and Wellbeing	<b>On-going</b>
Director of Public Health and Wellbeing Annual Report (Meeting held on 8 <sup>th</sup> January, 2024)	Resolution (2) - That the comments and suggestions in terms of style, design, layout, accessibility and dissemination for improvement for future reports, as referred to above, be taken into consideration by the Director of Public Health and Wellbeing.	Director of Public Health and Wellbeing.	<b>Noted by the Director.</b>
Update from the Director of Public Health and Wellbeing	Resolution (2) - That the Director of Public Health and Wellbeing provide an update on the Life in Lye project following the meeting.	Director of Public Health and Wellbeing.	<b>On-going</b>



**Future Business 2023/24**

<b><u>Date of Meeting</u></b>	<b><u>Work Programme</u></b>	<b><u>Responsible Officer/Area</u></b>
<b>25<sup>th</sup> April, 2024</b>	NHS Quality Accounts	David Pitches and NHS Partners
	Household Support Fund	Mayada Abu Affan
	Update on the Development of the Integrated Care Partnership	Tapiwa Mtemachani Director of Transformation Partnerships & Population Health Academy (BCICP)
	Update from the Director of Public Health	Mayada Abu Affan