



Meeting of the Dudley Health and Wellbeing Board

**Thursday 12th September 2024,
at 4.00pm on Microsoft Teams**

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(This meeting will be recorded purely to assist in the accurate production of decisions and actions. Once these have been agreed, the recording will be deleted)

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

1. Apologies for absence.
2. Appointment of Substitute Members.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and ratify the minutes of the meeting held on 13th June, 2024 as a correct record (pages 5-17)
- 16:10 5. Public Voice – Presentation. Lydia Hester-Collins/Mr K Rondeau, Headteacher, St Mark's Church of England Primary School
6. Items for Board sign-off
- 16:30 a) Annual Deep Dive – Ready to Learn, Ready for School. Sarah Dougan/Sal Thirlway (pages 18-39)
- 16:50 b) Annual Joint Strategic Needs Assessment (JSNA) Update - Andy Baker (pages 40-42)
- 17:00 c) Pharmaceutical Needs Assessment (PNA) – Twice-Yearly Report. Dr Duncan Jenkins/Jagdeep Sangha (pages 43-51)

7. Items for Decision
17:10 a) Better Care Fund (BCF) Plan Performance and NHS England (NHSE) Quarterly Returns Process. Neill Bucktin (pages 52–77)
8. Items for Information:
17:25 a) Draft Financial Wellbeing and Mitigating Poverty Strategy. Michelle OMeara (pages 78–102)
17:40 b) Dudley Health Protection Strategy. Barry Jones/Nadine Edinborough (pages 103–108)
17:50 c) Report of the Children and Young People’s Partnership Board. Neill Bucktin (pages 109–111)
9. Any other business
- The Board is asked to consider the proposal to move meetings to in-person/face-to-face meetings. Chair
10. 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).

Please note the following important information concerning the meeting:

- This meeting will be held virtually by using Microsoft Teams.
- This is a formal Board meeting, and it will assist the conduct of business if participants speak only when invited by the Chair.
- The Chair reserves the right to adjourn the meeting, as necessary, if there is any disruption or technical issues.
- All participants should mute their microphones and video feed when they are not speaking.

- Please remember to unmute your microphone and switch on your video feed when it is your turn to speak. Speak clearly and slowly into your microphone.
- Members of the public can view the proceedings by clicking on the link provided on the agenda.
- The Council reserves the right to record meetings. Recording/reporting is only permitted during the public session of the meeting.
- Information about the Council and our meetings can be viewed on the website www.dudley.gov.uk
- Any agendas containing reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that information containing private and personal data is kept safe and secure at all times. Confidential papers should be securely disposed of. If you choose to retain the documents, you should ensure that the information is securely stored and destroyed within six months.
- Elected Members can submit apologies by contacting Joanne Walker, 01384 815943 or email joanne.walker@dudley.gov.uk

Distribution:**Members of the Dudley Health and Wellbeing Board**

Councillors I Bevan, J Clinton, A Goddard, S Ridney, D Stanley.

B Heran – Deputy Chief Executive

M Abu Affan – Director of Public Health and Wellbeing

M Bowsher – Director of Adult Social Care

K Graham – Director of Children’s Services

K Jones – Director for Housing and Communities

N Bucktin – Dudley Managing Director – Black Country Integrated Commissioning Board

D Wake – Chief Executive Dudley Group NHS Foundation Trust

A Gray – Chief Executive Officer, Dudley Council for Voluntary Service

J Griffiths - Chair, Dudley Healthwatch

M Foster – Acting Chief Executive - Black Country Healthcare NHS Foundation Trust

P Kingston – Independent Chair, Dudley Safeguarding Board

Dr R Edwards – GP, Dudley Primary Care Collaborative

M Hartland – Chief Executive, Dudley Integrated Health and Care NHS Trust

Commander A Tagg - West Midlands Police Representative

H Cooper - Divisional Clinical Manager, Children, Families and Planned Care, Shropshire Community Health NHS Trust

A Shakespeare – West Midlands Fire and Rescue Service

P Wall – Head of Strategic Planning (West Midlands Ambulance Service)

The Bishop of Dudley – Church of England

Officer Support



**Minutes of the Dudley Health and Wellbeing Board
Thursday 13 June 2024 at 4.00pm
Microsoft Teams Meeting**

Present:

M Abuaffan - Chair for agenda items 1-3
Cllr J Clinton – Chair for agenda item 4 onwards

Councillors:

Cllr J Clinton
Cllr S Ridney
Cllr D Stanley

Officers:

M Abuaffan (Director of Public Health and Wellbeing), N Bucktin (Dudley Managing Director - Black County Integrated Care Board), A Gray (Dudley Council for Voluntary Service (DCVS) - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), A Shakespeare (West Midlands Fire and Rescue Service), Commander A Tagg (West Midlands Police), C Driscoll (Director Children Services), S Cornfield (Dudley Group of Hospitals), K Rose (Dudley Group of Hospitals), C Masikane (Dudley Group of Hospitals) Dr R Edwards, K Jones (Director of Housing), L Grainger (Public Health Manager), L Hester-Collins (Health Improvement Practitioner), J Walker (Business Support Officer), L Jury (Democratic Services Officer).

Also in attendance:

David Pitches (Health Care Public Health) for agenda item 11b
Emma Crook (Provision House) for agenda item 8
Jill Edwards (Public Health Manager) for agenda item 9b
Tapiwa Mtemachani (NHS Black Country ICB) for agenda item 11c
Oliver Topping – Health Care Public Health
Michelle O'Meara (Senior Health Improvement Practitioner)

01.Introduction

M Abuaffan welcomed new members to the meeting and introductions were made. M Abuaffan formally thanked Cllr Bevan for his commitment to the Health and Wellbeing Board.

02. Election of Chair

Resolved

That Councillor J Clinton be elected Chair of the Board for the 2024/2025 Municipal Year.

03. Election of the Vice-Chair and Co-opted additional Members

Resolved

That Dr R Edwards be elected as Vice Chair of the Board for the 2024/2025 Municipal Year.

Cllr J Clinton took over Chairing of the Board.

04. Apologies for absence

Apologies for absence for the meeting were submitted on behalf Cllr A Goddard, Bishop of Dudley, K O'Keefe, B Heran, S Tranter, M Bowsher, S Brookes and S Dougan.

05. Appointment for Substitute Members

It was reported that C Masikane had been appointed to serve as a substitute for M Foster and S Cornfield has been appointed to serve as a substitute for K Rose for this meeting of the Board only.

06. Declarations of Interest

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

07. Minutes

Resolved

The minutes of the meeting of the Board held on 14 March 2024 be approved as a correct record.

08. Public Voice – presentation

Provision House – presented by Emma Crook.

Provision House is a Christian Charity based in High Street, Dudley. They are shortly celebrating 20 years of service.

E Crook shared a short video giving an outline of what services and facilities Provision House provide.

Provision House aim to deliver care to the people of Dudley, Sandwell and the wider Black Country by delivering furniture, clothes, food and more help to those in need.

They have 3 strands to their organisation: Rehabilitation, Stabilisation, Progression. Some of the main things they offer are detailed below:

Home Starter Packs: Available by referral only. They are for people who are moving into an empty property or have no furniture. All furniture is good quality second hand. There is a £50 delivery charge for people who live in Dudley and Sandwell. The delivery charge is not only for the delivery but so people feel like they have contributed which in turn will give them dignity. They promote small steps to progress.

Clothing vouchers: Available by referral only. This is currently under review. Currently, families are entitled to a £50 voucher and £25 for a single person, but they are now looking at a package of clothes for specific needs, for example job interview or attendance at Court.

Food club: Available by referral only. Is it described as a 'social supermarket'. People pay £5 and get 10 items. It is a mixture of fresh food, cleaning products and toiletries. They encourage people to engage with staff, so they offer support and advise to address underlying issues. On average around 50 people a week use food club.

Financial Resilience Course: It is a one-day course around budgeting and maximisation of income. It is not an easy course and requires engagement from attendees.

Training and Progression: Training courses are available via referral or self-referral. They are 12-week courses and involve both classroom and hands on work experience. The course options are business admin, warehousing, retail and furniture upcycling. Following on from the courses, people have more employability skills and there are volunteering positions available to further progress their chances of employment.

E Crook shared a success story of one of their clients. V came to them as a food club member and initially had an issue with her benefits. Once she was involved with Provision House, they uncovered a lot of things going on in her life. Her housing situation was dire and financially she was not very resilient. Life had been hard for V. Over the last few months Provision House worked with V and helped her into much better living accommodation that was no longer damp, and she has recently applied to university to fulfil a lifelong dream to become a nurse.

E Crook concluded by saying if anyone wants further information on their referral process to email them and if they would like a tour of Provision House to contact them.

Chair thanked E Crook for her presentation and asked if it would be possible to extend the invite to include all elected members? E Crook replied they could arrange a group tour to show elected members around.

E Crook responded to the Chairs question if they supply home starter packs for people that live outside of Dudley and Sandwell, by saying they do support the wider Black Country, but it is her understanding the delivery charge would be slightly higher.

C Driscoll said Children Services have a good working relationship with Provision House and they are extremely pleased they can refer families to the Charity.

Resolved

- 1) Elected members to be offered a group tour of Provision House.

09. Items for Board sign-off

a) Proposed Programme of Meetings 2024-2025 and Refreshed Terms of Reference - presented by Louise Grainger

L Grainger presented the refreshed Terms of Reference and the proposed dates of the Health and Wellbeing Board for the municipal year.

L Grainger advised there are also two recommendations to be considered by the Board.

The proposed dates for Health and Wellbeing Board for the municipal year are:

Thursday 13 June 2024
 Thursday 12 September 2024
 Thursday 12 December 2024
 Thursday 13 March 2025

All members agreed to the proposed dates.

The Board were asked to consider the option of the Health and Wellbeing Board going paperless to follow the Councils new initiative GoPaperless. Currently, only elected members receive paper copies of their agenda, all other members receive the papers electronically.

After a brief discussion elected members requested to remain with paper copies if possible as they find it easier to prepare for the meeting. M Abuaffan agreed to make exceptions for elected members to have paper copies. L Grainger advised paper copies are only available in black and white and

report authors need to take this into consideration when producing charts and graphs.

L Grainger advised the Terms of Reference have been refreshed and given school readiness is one of the health and well-being goals, it is recommended Shropshire Community Health NHS Trust (the new provider of CYP 0-19 services with effect from the 1st of April 2024) be a member of the Health and Wellbeing Board and be proactively involved in the local system.

Board members agreed with this request.

M Abuaffan asked members if they agreed for Tapiwa Mtemachani to be invited on the Board as a non-voting member to maintain the link between the Integrated Care Partnership, Integrated Care Board and the Black Country Health and Wellbeing Board.

Resolved

- 1) Terms of Reference agreed.
- 2) All dates agreed for the municipal year.
- 3) Elected members to remain with paper copies.
- 4) Shropshire Community Health NHS Trust to become a member of the Health and Wellbeing Board.
- 5) Tapiwa Mtemachani to join the Board as a non-voting member.

b) Growing Up in Dudley: A Qualitative Exploration of Underrepresented Communities' Needs and Experiences – presented by Jill Edwards.

J Edwards presented the report and explained the report was completed in 2023, it asked simply about what it was like to live and grow up in Dudley. The report was a narrow and deep view from part of the population, mostly those experiencing most challenge therefore, it is not a representation of the whole population of Dudley.

There were some positives identified and some areas for improvements.

Summary of key areas raised:

- Make information and support more accessible.
- Offer more inclusive mental health support.
- Support SEND families.
- Develop inclusive, affordable spaces and activities.

- Focus on Community safety.
- Support people to increase their physical and mental health and wellbeing.
- Deepen engagement and coproduce services and support.

One over-riding piece of information that was received was that the community wished to continue being approached for their opinion.

J Edwards advised that Dudley also had a Child Friendly Dudley agenda, with the Dudley Child Friendly Programme Lead recently transferring into Public Health.

It was noted that the findings from the GUID report and CFD work so far were very similar. At the top of the slides, Growing up in Dudley and Child Friendly Dudley images now sit alongside each other as it makes sense to align these areas of work.

J Edwards advised in taking the work forward, the findings from Growing up in Dudley, Child Friendly Dudley and other recent reports will be brought together. They want to ensure the people they heard from are listened to and their rights respected by all, also to avoid duplication. The response to the findings needs a collaborative partnership approach, as some of the findings that were coming out of the report were not just in relation to the Council or NHS, it was a wide response that collaboratively as a partnership will work towards to make improvements.

The slides shared a proposed system for how a collaborative group could work together; Listen -- Understand -- Work together – Improve.

In terms of working smarter, it is proposed a Strategic Partnership Group be established so instead of similar groups of people meeting separately for Growing up in Dudley, Child Friendly Dudley, The Poverty Agenda and School Readiness, they will meet together. A uniformed branding is being considered for children, young people, and families in the borough. This should reduce duplication of information and possibly make some financial savings. Smarter working and joint commissioning processes will be devised to meet aligned objectives.

Since the completion of the GUID report, improvements have been made in the borough. There has been a lot of collaborative work with the mental health provider, seeing a new single point of access being established. There has also been some refurbishment to the equipment in the parks.

M Abuaffan thanked J Edwards for the overview, and asked partners to nominate people to work with J Edwards and the team in terms of implementing Child Friendly Dudley and the whole children's agenda through a partnership approach. Also, Sport England Bid will include physical activity of children.

N Bucktin stated that he supported the approach of the Strategic Partnership Group and added it may be possible to extend it further. For example, some of the issues being dealt with in the Safe and Sound arena in terms of violence and some of the issues that have arisen from the work undertaken by Healthwatch on over representation for the Youth Justice Board. The same issues come up so rather than having multiple action plans, it would be smart to try and contain the activity as much as possible.

C Driscoll concurred with the comments made by N Bucktin and felt it would be helpful to work in partnership to bring the work together. C Driscoll advised it would be good to move from talking to action and feels it would be beneficial to focus on broader health and wellbeing priorities.

Cllr Ridney supported partnership working together and said unfortunately most members would not be aware of this work and feels there needs to be a higher focus on it.

Cllr Ridney said she is very pleased Shropshire Community Health NHS Trust are going to become part of the Board and added we all need to remember we are all corporate parents and have a responsibility to the children.

M Abuaffan asked if the team would be able to produce a regular report to keep members informed on actions and progress. J Edwards agreed.

Resolved

- 1) All members agreed with the proposals.
- 2) A bimonthly update to be completed and circulated to members.

10. Items for Decision

Dudley Better Care Fund refreshed Plan 2024/2025 and 2023/2024 presented by Neill Bucktin

N Bucktin presented the report and in doing so, advised that the Better Care Fund is created by the Council and the ICB. It is the subject of a Section 75 Agreement under the provisions of the NHS Act 2006 and overseen by the ICB/Council Integrated Commissioning Committee. This enables the Council and ICB to join resources and is intended to support the following:

- Avoid unnecessary admission to hospital and care homes.
- Support safe and timely discharge from hospital.
- Support people to live independently in their communities.

The Board approved a 2-year Better Care Plan last year and NHS England required the Plan to be refreshed by 10 June 2024. Matt Bowsher and Neill Bucktin have approved the draft Plan and appendices shared with members, and this has been

submitted to NHS England. NHS England are aware the Plan needs formal approval by the Health and Wellbeing Board.

N Bucktin advised in terms of looking back at 2023/2024 (Year 1), they are still operating within a very pressurised system. The activity in the Emergency Department in Russell's Hall Hospital has remained steady overall, although the number of people attending have displayed more acute and complex problems. There have also been difficulties in terms of maintaining the flow through the hospital.

Russell's Hall Hospital has approximately 100 ambulance conveyances a day, which is high. They are trying to manage these better through the Clinical Hub. It is providing an alternative to ambulance conveyance to hospital, both for people in community, in their own homes and people in care homes. There has been some success with this but there is still room for improvement.

Admissions from care homes into hospital have been static. There was an increase in December, but they have fallen off during January and February, some of the reduction is due to the Clinical Hub.

The Clinical Hub has had an increased number of calls from general practice and care homes. The numbers need to increase from the ambulance service to prevent unnecessary conveyance to hospital.

In terms of discharge pathways, they are graded as below:

- Pathway zero - people who go straight home.
- Pathway one - people who go home with the support of a care package.
- Pathway two - people who go to a residential or nursing care home prior to eventual discharge home.
- Pathway three - people who require long term care.

There has been some success in moving people through the pathways. Flexibility has been used with pathway two and three beds during pressurised times. They have reduced the length of stay in pathway three beds, so people have been getting through the pathways quicker. This is an area for development this year.

In reference to 2024/25 (Year 2) there are several areas of work that have been highlighted.

One area of challenge is neuro rehabilitation and accessing neuro rehabilitation beds. This is also an area for development in 2024/2025. The plan is to increase pathway three beds in particular dealing with neuro rehabilitation capacity.

Another area to look at are high intensive service users, people who consistently turn up at Emergency Department. An additional post has been created to address this.

The Own Bed Instead service, supports the discharge process and is now included in Better Care Fund.

A rehabilitation service called START has been developed to support people through pathway one. There is investment going into this in 2024/2025.

One of the NHS priorities for 2024/2025 is the development of an Integrated Care Coordination Service. Over the next 12 months, partners will look at bringing some of the services/initiatives together to optimise outcomes.

This is particularly important with the opening of the Midland Metropolitan Hospital and the potential impact this could have on Russells Hall Hospital. A piece of work is to be completed to ensure an effective system is maintained to avoid unnecessary admissions and support the discharge process.

Chair thanked N Bucktin for this report.

Resolved

- 1) All members approved the End of Year Report for 2023/24 and approved the refreshed Dudley Better Care Fund Plan 2024/25.

11. Items for Information:

a) Report from the Children and Young People's Partnership Board presented by Neill Bucktin

N Bucktin advised members The Children and Young People Partnership Board reports to the Health and Wellbeing Board. The report submitted is a summary of what was discussed at the last meeting.

Growing up in Dudley is a key focus for the Children and Young Peoples Partnership Board.

Shropshire Community Health NHS Trust provider of 0 – 19 years' service have also been added to the Children and Young Peoples Partnership Board.

A report was submitted at the last meeting regarding health equity for the 0-19 service. Three main areas were looked at:

- Antenatal checks
- New birth visits
- 12 months to 2.5 years checks

The aim is to target resources towards areas of higher needs, in line with the Marmot report on health inequalities.

Equality and Health Inequalities Impact Assessments are being carried out in relation to those three areas that are identified.

M Abuaffan said she supports the update, and added Public Health are also adopting the same approach in focusing on the most deprived areas. For example, there is a strong focus on oral health in the most deprived wards.

Cllr Stanley added he has recently looked around his local Family Hub and said what excellent work they are doing. It was very informative, and a great example of partnerships working together. Cllr Stanley said Dudley should be proud of the Family Hubs and C Driscoll should be congratulated on her work. In response, C Driscoll stated that it was a team effort and they have been fortunate to keep the Family Hubs open and they are doing excellent work.

Cllr Stanley said it would be beneficial for elected members to visit the hubs if possible. C Driscoll advised Children Select Committee Members have visited the hubs over the years but if other elected members want to visit, it could be arranged at a suitable time to both parties.

Resolved

a) Goal Progress – Highlight reports – Fewer people die of circulatory disease – presented by David Pitches

D Pitches presented the highlight report and gave a brief overview of the ongoing work to reduce deaths from circulatory disease.

There is ongoing work in primary prevention to help people who are healthy to avoid risk factors, for example encouraging opportunities to engage in physical activity and healthy eating/living.

The next step up is identifying people who appear healthy but have risk factors for circulatory disease, e.g. smoking, overweight, or not being very active. Support is offered for them to make changes that could reduce their chances of heart disease in the future if they were to continue on that trajectory.

Finally, there is support for people who have already been diagnosed with circulatory disease that helps them to reduce their risk further and improve their outcomes.

A lot of work has been and continues to be done to raise the profile of these interventions that are listed in the appendices.

A new integrated health improvement service began in November 2023. Preliminary data is positive, the numbers show they have been helping several hundred people a month. Approximately a third are receiving support to give up smoking and most of the others are seeking to achieve a healthy weight. Further data analysis will be undertaken as the service progresses but so far looks promising in terms of the impact and the reach in areas of greatest need.

Community events have been held such as healthy heart hubs initiatives and events in schools, workplaces, and shopping centres.

At a wider level, work is being undertaken to look at how Dudley can have healthier high streets and be a more health promoting Borough. Commonwealth Games legacy funding is helping to support increased physical activity.

A particular achievement in primary care is the uptake of NHS health checks. Approximately 14,000 people last year who were specifically identified as likely to be at higher risk of circulatory disease had an NHS Health Check to detect risk factors and offer interventions to reduce their risk. The data shows around one in five of those who had an NHS Health Check had high blood pressure and one in forty were found to be at very high risk of having a stroke or heart attack in the next decade. This is proving to be a very effective way of reaching people who were unaware that they were at high risk and early identification enables them to reduce their risk of cardiovascular disease.

Initiatives are being undertaken in community pharmacies to improve the diagnosis of high blood pressure and improve treatment of cholesterol. Some of the initial targets, particularly around medicines that reduce cholesterol in people with circulatory disease, have already been exceeded, so these will be looked at again to stretch a bit further.

A new national programme recently started that offers blood pressure checks in pharmacies. The target for treatment of high blood pressure has almost been reached. Interventions that can support people with diabetes to reduce their risk of circulatory disease are more complex and progress has been slower, however.

D Pitches added a note of caution around the interpretation of data and the need to consider multiple factors. For example, initial inspection suggested that primary care practices serving the most deprived areas of Dudley, which might be expected to have more patients at the highest risk for high blood pressure, had some of the lowest detection rates of raised blood pressure. Looking into the figures in more detail however, it turns out that those practices tend to have a greater proportion of younger patients and high blood pressure tends to affect older people. Once that is taken into account, the detection of raised blood pressure in older people there is actually some of the best in the borough.

The Chair asked for clarification on how the areas in the Borough are broken down, for example Stourbridge. There are deprived and affluent areas in Stourbridge so how can they see the data just for deprived areas?

D Pitches replied the data is recorded at a primary care network (PCN) level. The NHS in primary care in Dudley is split into 6 areas. Stourbridge will cover deprived and affluent areas, larger and smaller practises. The figures presented at PCN level include both and so average out.

Cllr Ridney said she whole heartedly approves of this programme and has been offered to have her blood pressure taken when she goes into her local

pharmacy. Cllr Ridney said the only way to improve the results is by educating the public and making it easier and more accessible to have blood pressure taken.

D Pitches added another cause of a stroke is atrial fibrillation and this is one of the areas they are developing and looking at in more detail.

Cllr Stanley asked what happens with the data from the blood pressure checks the pharmacies take as he had a 24-hour machine on logging his blood pressure and when he went to his GPs they had no record of this taking place.

D Pitches said there are protocols in place the pharmacies should follow, and the results should have gone back to his GP. D Pitches said he will flag this up with the pharmacy team as even if the results showed no concern, it should be recorded on his file.

Dr R Edwards said the results should have gone back to the GP and she receives results through from the pharmacies so it may need following up as a technical error. It was also noted that there are a lot of commercial blood tests available, but GPs would advise their patients to make use of the NHS blood tests not the commercial ones.

M Abuaffan reminded Members that they chose reduction of death from circulatory disease as a priority because Dudley has a cohort of middle-aged people who live with risk factors for heart attack and stroke and in ten years' time, they will become older people and then their need for health and social care will increase further.

Chair thanked D Pitches for his report and update.

Resolved

b) Integrated Care Partnership Update – presented by Tapiwa Mtemachani

T Mtemachani advised members the Integrated Care Partnership is a statutory committee of the local authorities Integrated Care Board. It is a joint committee that was established in July 2021. The committee was formalised in January 2024 in accordance with the Terms of Reference.

C Driscoll currently represents Dudley but is due to retire soon. C Driscoll advised her replacement will be Karen Graham.

There are also forums that support the development of the integrated care strategy called ICP Forum Strategic Forums. One of which is the Prevention and Personalisation Forum which is chaired by Mayada Abuaffan.

The ICP meets on a quarterly basis, with the last meeting being held in April 2024 and the next meeting being scheduled for 18 July 2024. The purpose of the ICP is to develop an integrated care strategy, recent guidance is very clear that it needs to be developed from the bottom up, which essentially means working within local places and understanding what matters to our local population.

At the last meeting it was agreed the initial integrated care strategy needed to be refreshed. They wrote to the Health and Wellbeing Board Chairs and got good responses from the Black Country Local Authorities setting out all the engagement that has taken place. The information is being looked at and will be cross checked with Healthwatch colleagues then feed into a refreshed integrated care strategy.

T Mtemachani shared they have been successful in obtaining Workwell bid of £3.7m to support the Black Country population back into employment. This is an excellent piece of work led by Black Country Healthcare Foundation Trust.

Cllr Clinton thanked T Mtemachani for the update.

Resolved

12. Any Other Business

Members acknowledged this would be C Driscoll's last meeting due to her retirement. Members thanked C Driscoll for her service and commitment to the Health and Wellbeing Board.

Karen Graham will be replacing Catherine Driscoll from the next Board meeting.

Cllr Stanley congratulated Cllr Clinton on his first Chairmanship of the meeting.

13. 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).

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

Meeting ended at 5:40pm.

DUDLEY HEALTH AND WELLBEING BOARD

DATE	12 th September 2024
TITLE OF REPORT	Joint Health, Wellbeing and Inequalities Strategy 2023-28: School Readiness Deep Dive
Organisation and Author	<p>Sarah Dougan, Interim Consultant in Public Health and Head of Service, Dudley Metropolitan Borough Council sarah.dougan@dudley.gov.uk</p> <p>Sal Thirlway, Service Director of Education, SEND & Family Solutions, Dudley Metropolitan Borough Council sal.thirlway@dudley.gov.uk</p> <p>With thanks to: Andy Baker, Head of Integrated Intelligence, Performance & Policy Elaine Southam, Senior Intelligence Analyst Jacqueline Carolan, Service Manager – Integrated Early Years Nigel Patterson, Head of Family Solutions Oliver Topping, Public Health Registrar Rachael Doyle, Public Health Manager Sally Cornfield, Partnership Programme Director, DHCP</p>
Purpose	This report is to provide a detailed update on current levels of school readiness and actions for improvement in Dudley.
Background	Getting more children ready for school is one of three priority goals in Dudley's Joint Health, Wellbeing and Inequalities Strategy 2023-28.
Key Points	<p>Dudley has worse outcomes for good levels of development in children at aged 2-2 ½ years and 5 years compared to the regional and national averages. For some measures, Dudley has one of the lowest or lowest outcomes in the West Midlands. There are clear inequalities in outcomes by deprivation and ethnicity that emerge before age 2.</p> <p>Local data shows small improvements at 2-2½ years for Dudley's children in 2023/24 but regional and national data is not yet available to understand the borough's relative position, nor is data for 5-year-olds.</p> <p>We are focussing on the following areas for action as a partnership:</p> <ol style="list-style-type: none"> 1. Communication and engagement 2. Improving communication skills 3. Sustainable and integrated working 4. Closing the gaps

	<p>5. Data-driven approach</p> <p>We have also bolstered our governance and programme management approach.</p> <p>As the latest comparative data on good levels of development at 2-2 ½ years and 5 years are published we will take stock of whether our progress is sufficiently good enough to be able to close the gaps between Dudley and regional/national averages during the remaining 4 years of this strategy or if we need to be doing more. We will also develop a comprehensive plan to increase good levels of development in the most deprived areas of the borough and among children on free school meals as part of the Financial Wellbeing and Mitigating Poverty Strategy.</p>
Emerging issues for discussion	<p>The increasing gap between Dudley and England in school readiness for children on free school meals and gaps in good levels of development by deprivation and ethnicity.</p> <p>Lower achievement for literacy brings down the average for nearly every school in Dudley. Four schools have maths as lowest, another 4 have maths and literacy as equal, and the rest is literacy. While Early Years and education colleagues are devising a plan to support this area of development, need consideration of whether there is a wider focus across the borough.</p>
Key asks of the Board/wider system	<p>Agree proposal to change language from school readiness to “<i>Ready to Learn, Ready for School</i>” to emphasise that this about child development from conception to reception, not just getting ready for reception.</p> <p>Identify what more we could be doing to improve good levels of development among Dudley’s young and reception aged children and what each partner can contribute.</p>
Contribution to H&WBB key goals	Directly contributes to improving school readiness.
Contribution to Dudley Vision 2030	Directly contributes to Dudley being a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future and the 2030 goal of improved health outcomes and higher wellbeing.

Contact officer details

Sarah Dougan

Interim Head of Service, Public Health

sarah.dougan@dudley.gov.uk

Background

Dudley's Health, Wellbeing and Inequalities Strategy has the following targets for children being ready for school:

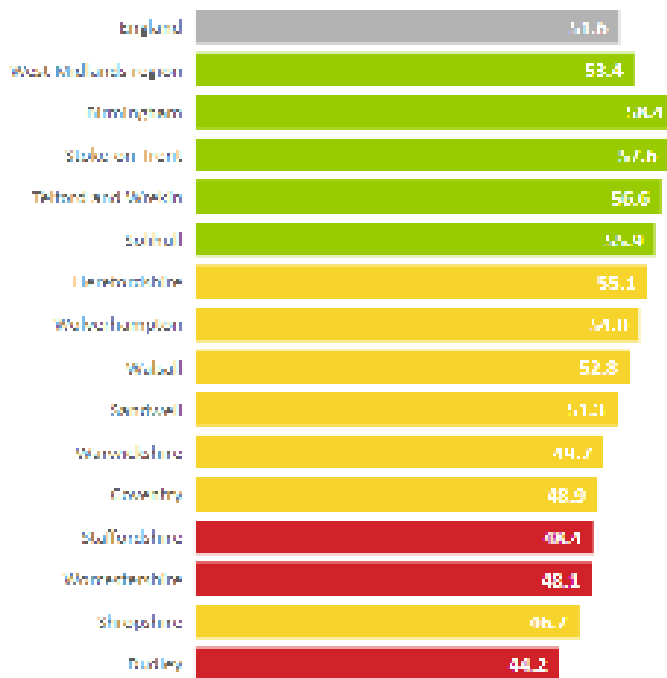
1. Children across Dudley will achieve a good level of development at the end of reception that is at least similar, if not higher, than the average for the West Midlands.
2. The gap between children on free school meals who have a good level of development at the end of reception and those who are not eligible for free school meals will have narrowed.

While it has been improving, Dudley has consistently had a lower percentage of children that are achieving a good level of development at the end of reception compared to the West Midlands. The latest Outcomes Framework for School Readiness is in Appendix A.

By age 5, children who are eligible for free school meals in Dudley have the lowest levels of school readiness in the West Midlands. Of the 611 children at age 5 on free school meals in 2022/23, only 44% or 270 children had a good level of development.

Figure 1 School readiness: percentage of children with free school meal status achieving a good level of development at the end of reception 2022/23

Source: Public Health Outcomes Framework



During childhood development reviews, a developmental screening tool known as the Ages & Stages Questionnaire (ASQ) is used to specifically pinpoint development progress and identify delays in children. This screening is undertaken by the health visiting service and clearly shows

that the gaps in development have occurred by 2-2 ½ years and the inequalities gaps by deprivation and ethnicity have also emerged.

In 2022/23, 40% of Dudley's children screened at 2-2 ½ years did not achieve a good level of development - significantly higher than national (21%) and West Midlands (24%) averages. Dudley is the second lowest borough for good levels of development at age 2-2 ½ years in the West Midlands, with only Stoke-on-Trent having lower levels (48%). Since data became available, Dudley has been consistently below the England average but there has been a bigger decline in good levels of development at age 2-2 ½ years in Dudley compared to England so the gap has grown. Between 2018/19 and 2022/23 good levels of development among Dudley's young children reduced by 10% (70% to 60%) compared to 4.9% (84% to 80%) nationally. While the decline has been steady nationally and began pre-Covid, in Dudley, the 10% decline was all between 2020/21 (72%) and 2021/22 (62%) and has persisted. There is no clear explanation for the decline in Dudley compared to the England average but it does not appear to be related to changes in birth patterns. Dudley did not have children's centres during this period which may have contributed to the decline.

Local data for 2023/24 shows that there has been a small improvement with 36% (1,089 children) not achieving a good level of development (64% did achieve a good level) across all 5 areas at age 2-2.5 years. Regional and national comparators are not yet available. Breakdown by specific areas shows:

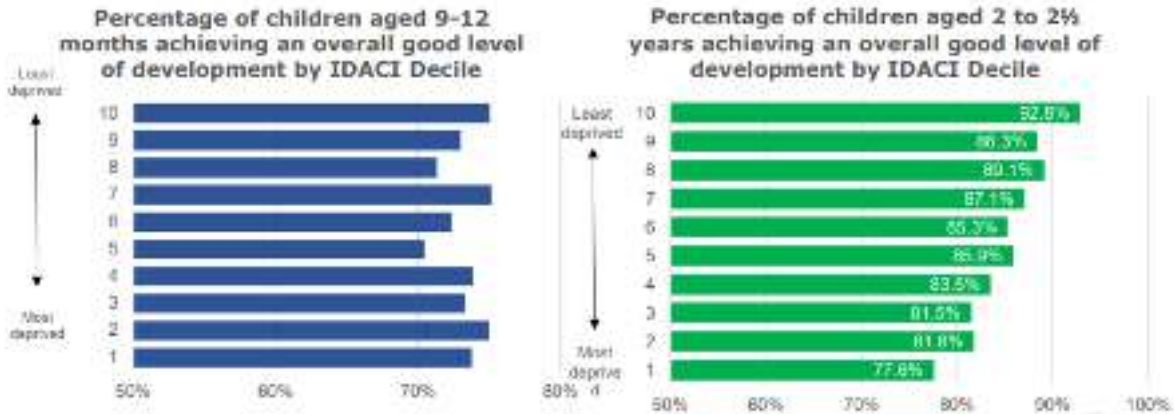
- 19% of children were not achieving expected levels for communication
- 19% of children were not achieving expected levels for problem solving
- 16% of children were not achieving expected levels for personal-social skills
- 12% of children were not achieving expected levels for fine motor skills
- 12% of children were not achieving expected levels for gross motor skills

The higher percentage of children not achieving across all five categories (36%) indicates that there are lots of children who are not achieving in a limited number of categories. The distribution of this needs to be explored further to inform interventions.

Children in the more deprived areas of Dudley begin to fall behind their peers in good level of development at some point between 12 months and 2 years (particularly in communication) and then remain behind at reception age (and beyond). This is particularly notable in Dudley Central township. By age 2-2 ½ years, 93% of children in the 10% least deprived decile have a good level of development compared to 78% in the 10% most deprived decile (figure 2).

Figure 2 Percentage of children achieving a good level of development at 9-12 months and 2-2 ½ years by deprivation decile

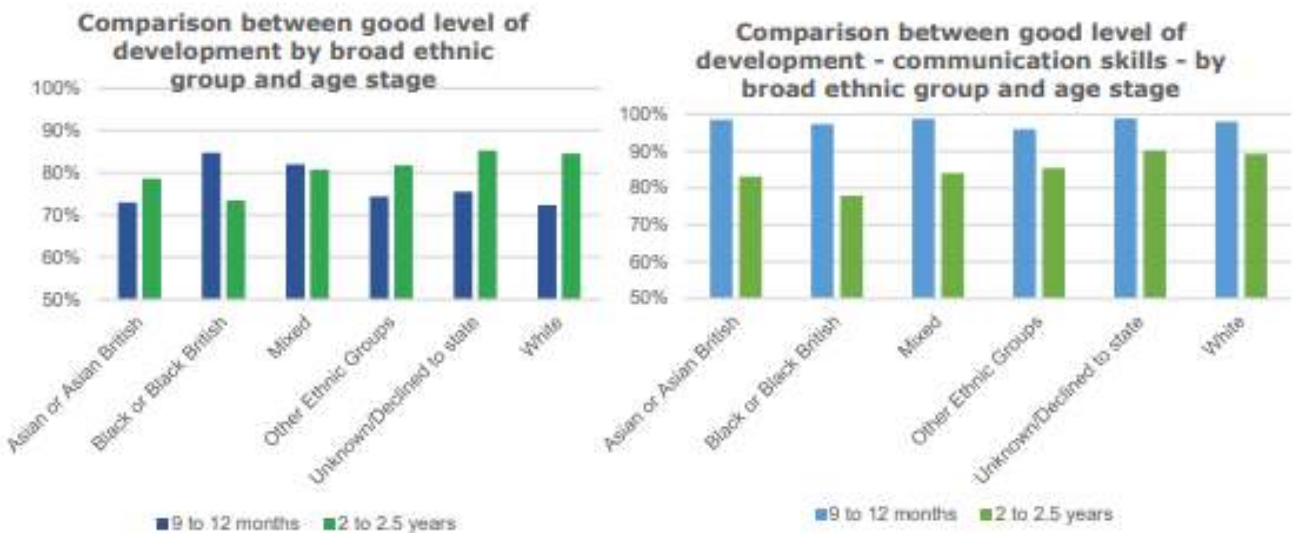
Source: Black Country Health Care NHS Foundation Trust



Some minority ethnic groups (e.g. Black or Black British) have a higher level of development at 9-12 months but then fall behind, because of communications skills (figure 3). Many ethnic minority groups in Dudley live in the more deprived areas of the borough so there will be intersectionality between ethnicity and deprivation, which needs to be better understood to know whether improvements in outcomes can be made by focussing on deprivation, cultural aspects and cultural competence of services, or a mixture of both.

Figure 3 Comparison between good levels of development – communication skills by broad ethnic group and age, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024



Progress to date and next steps

The specific workstreams for this goal are:

1. Communication and engagement
2. Improving communication skills
3. Sustainable and integrated working
4. Closing the gaps
5. Data-driven approach

This is a complex area of work cross-cutting multiple teams, organisations and other programmes, so to help deliver this all efficiently and to achieve maximum impact, we have created a new 0-19 Strategic Partnership Group reporting into the Children and Young People's Partnership Board (which reports to the Health and Wellbeing Board). The new group is co-chaired by the HWB school readiness goal leads (Sal Thirlway and Sarah Dougan) oversees delivery on the following areas of work enabling them to complement each other and for any co-dependencies to be managed:

- Child Friendly Dudley, including response to *Growing Up in Dudley: A Qualitative Exploration of Underrepresented Communities' Needs and Experiences* report
- DHWBB school readiness goal
- Financial Wellbeing & Mitigating Poverty Strategy (in draft) - Theme 1 – Preventing Poverty which focusses on children and young people

1. Communication and engagement

In recognition that being ready for school requires interventions that start at conception, it is proposed that in communications about school readiness we start talking about “**Ready to Learn, Ready for School**”. This would include in future reports to the Health and Wellbeing Board about this goal.

Over the coming few months we will look at options for developing a communications plan and social marketing approaches, using community champions, to deliver key ready to learn and ready for school messages across the partnership. This will help to deliver preventative messages at a population level to reduce future demand on services. As well as universal health promotion, there would be targeting to areas and communities where health visiting data shows lower levels of development or services have seen increased demand. For example, it could include the value of a play-based childhood and development of problem-solving skills, the importance of talking directly to infants and children to develop their communication skills, and depending on levels of need for incontinence, potty training.

The findings from the engagement with Dudley's children and families through the Growing Up in Dudley: *A Qualitative Exploration of Underrepresented Communities' Needs and Experiences* report will be addressed through a dedicated action plan, including a focus on children with SEND.

2. Improving communication skills

As the data above shows, communication is one of the areas with the lowest levels of development among Dudley's children at age 2-2 ½ years and at age 5.

Activities to improve this include:

- Needs assessment of speech, language and communication needs (SLCN) in Dudley to identify any other gaps in our approach and to inform the re-commissioning of NHS speech and language services for 1st April 2025.
- Supporting language development during pregnancy and infants.
- Implementation of the WellComm tool for early identification of children with SLCN among early years' services (includes Family Hubs and Health Visiting Teams).
- SLCN digital offer.

Needs assessment of SLCN

Early analysis of communication needs to Dudley shows that:

- There are an estimated 3,369 children (4.4%) with SLCN (likely under-estimate) and 935 children (1.2%) with complex SLCN.
- At age 2-2 ½ years, in 2022/23, 78% of Dudley's children had a good level of development in communication skills. This was significantly below the England average of 85% and West Midlands average of 83%. This pattern has been seen since pre-Covid – there was a drop in the levels of good development in communications in 2018/19 compared to England (figure 4).
- Needs peak at 4-5 years (i.e. reception) then gradually falls. Widespread use of the WellComm tool may result in the peak shifting to a younger age if children are identified earlier.
- Strongly associated with sex (male) and socio-economic deprivation (figure 5).
- In schools there has been an increase in EHCs for SLCN with general support for SLCN needs remaining more stable over time (figure 6).

Figure 4 Good level of development – communication at age 2-2 ½ years, Dudley compared to England over time

Source: ASQ-3, Public Health Outcomes Framework

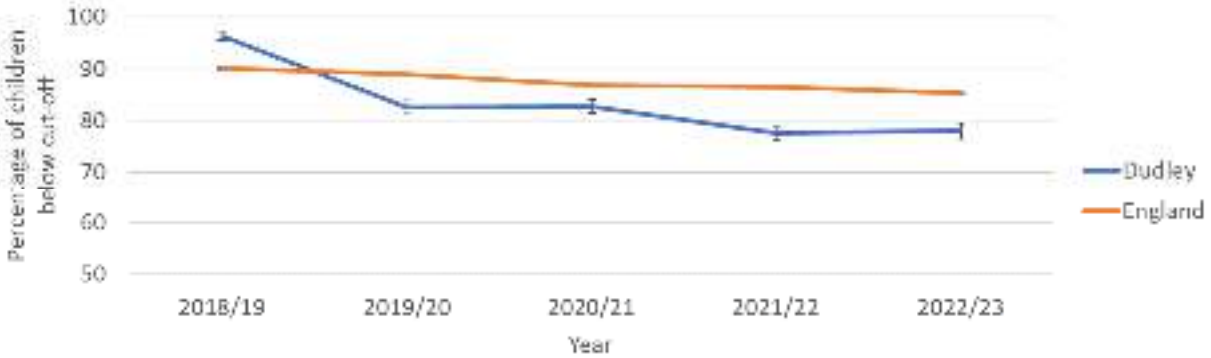


Figure 5 Good levels of development – communication at age 2-2 ½ years by deprivation decile, Dudley, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024

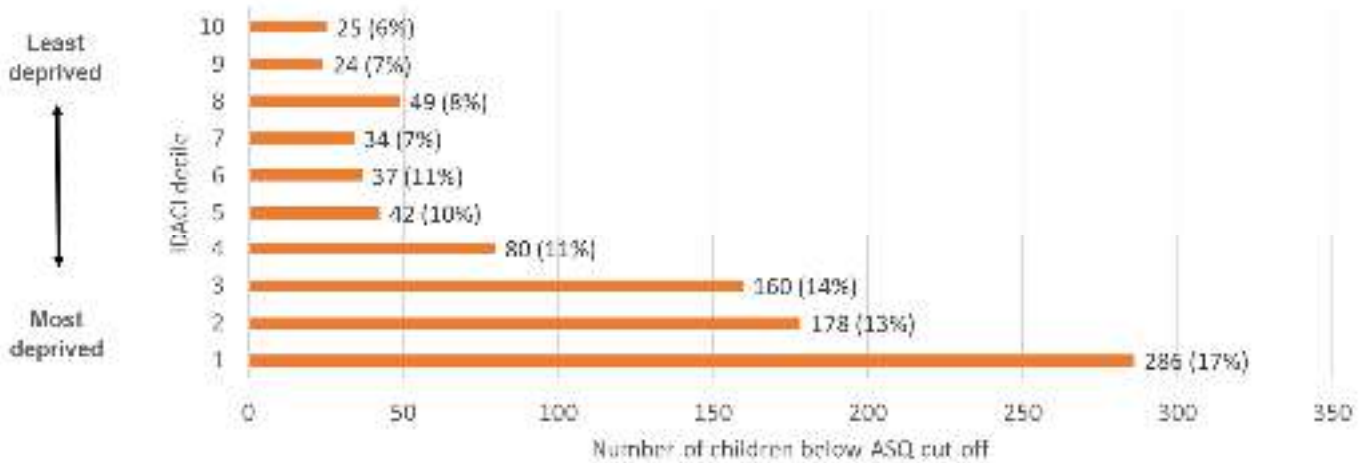
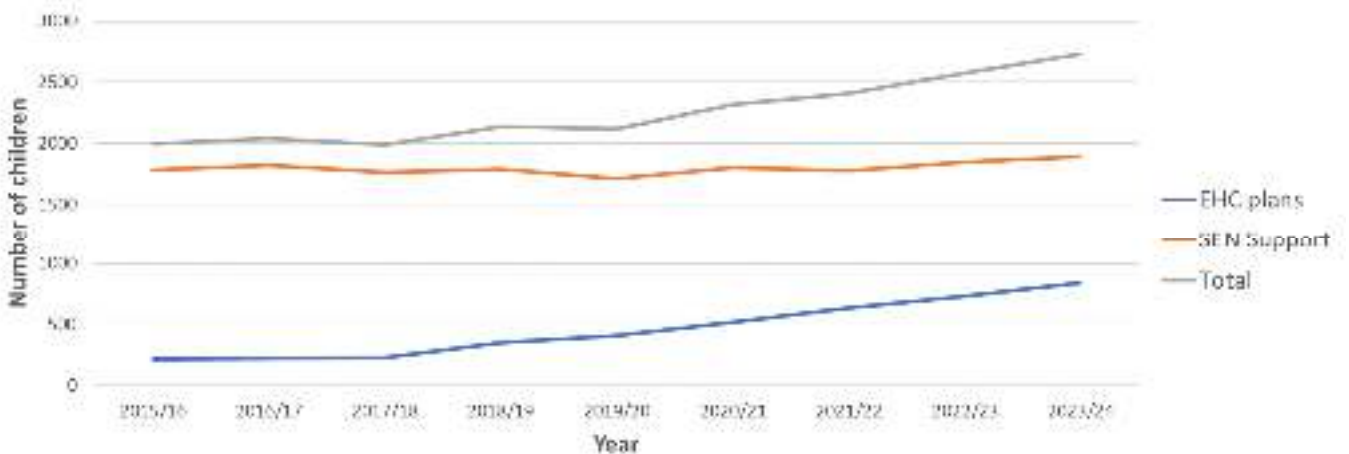


Figure 6 Number of children with SLCN in Dudley schools, broken down by those with and without educational health care (EHC) plans

Source: DfE School Survey





The needs assessment from Public Health will be completed in early autumn and as well as data analysis, will include mapping of the current services and pathways which has been undertaken by a multi-agency group. The needs assessment will inform NHS commissioners as they re-commission NHS speech and language services for 1st April 2025 and wider work on improving communication skills.

Supporting language development during pregnancy and infants

The learning of language begins in the womb, before a child is born. A child's auditory mechanisms are typically developed around 30 weeks gestation, which means the last 10 weeks of pregnancy are critical for auditory learning (McElroy, 2013). The mother's voice is present in the womb which in turn, helps with the child's perception of language once they are born. There are several factors that can alter the perception of speech in the womb and can also affect the child's production of language once the child is born. These include, prenatal alcohol use as well as the use of other drugs while pregnant. Mothers play a large part in the language development that occurs, because they are so close to the baby at all times.

Midwives and the Healthy Pregnancy Support Service (HPSS) therefore play a crucial part in embedding protective factors to speech and language development by ensuring the environment for development is optimised i.e. healthy diet, no smoking / alcohol and parents are to be encouraged and supported to talk to their baby even before they are born. In addition, breastfeeding encourages the development of all oral structures and the correct articulation of a speech sound, breastfeeding may result in a decrease in the occurrence of an articulation disorder. Supporting breastfeeding is part of the core maternity contract, HPSS and Best Start in Life programme with sustained efforts to improve levels of breastfeeding in Dudley.

With the re-commissioning of the HPSS contract, Public Health will look at what more could be done to strengthen communication outcomes as part of the commissioning process, and NHS partners will be asked to explore whether more can be done as part of the midwifery core care.

Earlier identification of children with speech and language delay

The WellComm Early Years Toolkit is an evidence-based tool for identifying and supporting children aged 6 months to 6 years experiencing speech and language delay. The Integrated Early Years Service (IEYS) have delivered a rollout of the Wellcomm toolkit which helps to identify pre-school and primary school children who are experiencing barriers to speech and language development. Early years settings are now benefiting from a tool which enables them to recognise need and (pending any further assessment) undertake levels of support and intervention. This is a key aspect in supporting readiness to learn.

WellComm was introduced across Dudley in summer 2023 and data has been collected quarterly, with the latest reporting in Spring 2024. Data was collected for 1,101 children in Summer 2023 (baseline) and 2,198 children in Spring 2024 across 28 private, voluntary, and independent settings, 3 childminders and 1 reception class. About half of children were



identified as having speech and language delay. There has been an increase in confidence across the Early Years network where children are connected more rapidly to early identification pathways and targeted support for speech and language.

All of Dudley's early years' providers have access to a Wellcomm pack and are encouraged and supported to use it. Wellcomm Networks and training are offered termly by IEYS to embed the tool across all areas of the early years' environment.

In October 2023, we introduced a data collection tool to support settings submit data. This has helped us begin to measure impact of the WellComm tool across Dudley. In Summer 2024, three child minders, twenty-one private, voluntary and independent nurseries, and five schools returned their WellComm data to the authority. We are awaiting the full data analysis to show progress, but it looks positive.

We have offered WellComm training through Stronger Practise Hubs, termly Network meetings and drop-in sessions, to continue to support settings in their WellComm journey.

We are working in collaboration with the Speech and Language team and ECHO to ensure training is offered and delivered to all schools across Dudley. We are in the process of putting together a "Bigger Book of Ideas" with the teams to provide further ideas and support to all WellComm users.

The Health Visiting team accessed Wellcomm training in April 2024. Health Visiting leads will be looking at how to use the tool in their Health and Development Reviews.

The referral pathway to the speech and language service has changed to now expect a Wellcomm assessment be undertaken where a child is in provision prior to progressing any referrals.

Digital speech and language pathway

This is a resource hub for parents and practitioners to access support and resources to support children's language and communication development from universal services onwards. The Speech Language Communication (SLCN) Digital pathway an 'soft launch' took place in February 2024 digital offer, this continues to evolve with content added and developed.

The launch of A Dudley STaRT (Sing Talk and Read Together) took place in May 2024 across Dudley. Supported by the National Literacy events took place across Family Hub areas. Alongside providing the children's storytellers, the National Literacy Trust shared Walk and Talk cards and books for all children who attended. Materials were shared at events and are available digitally.



3. Sustainable and integrated working

The previous Government's 3-year Family Hubs & Start for Life funding is due to end on 31st March 2025. While we are unclear about the future of this programme at a national level, we are working to ensure that we can retain the best parts of it even in the absence of funding. A working group has been established to look at a number of options around sustainability. The group will be looking at what are the essential element of the programme and some options for those elements that are not essential but add value to the Family Hub programme. The Family Hub programme is a partnership programme and requires commitment by the partnership to sustain the programme.

Increased integration of early years health, education and local authority services, so that parents and children do not have to repeat their stories. This has been a repeated theme through engagement with parents and children, including through Growing Up in Dudley: *A Qualitative Exploration of Underrepresented Communities' Needs and Experiences*.

Dudley's new 0-19 (25 SEND) public health service started on 1st April 2024 and is being delivered by Shropshire Community NHS Trust. Public health nurses have a critical role to play in child development and Public Health and partners will be working with Shropshire to look at developing a more integrated service for children and young people and improving outcomes within the new service.

Through the Family Hub work and the integration of the health visiting and school nursing services into the 0-19 (25 SEND) Integrated Public Health Service we are looking to improve links both between services and between commissioning responsibilities. Through the Growing Up in Dudley work we will explore other opportunities too.

4. Closing the gaps

The data shows that there are gaps in child development outcomes in Dudley from a young age. While individual services like health visiting, have already made changes to better manage workloads across the borough (e.g. by increasing workforce capacity in some areas), there needs to be a more systematic evaluation of whether, given limited resource and large gaps in outcomes, there needs to be greater change in workforce distribution. This work is starting by looking at the health visiting service and deprivation.

Health visiting assessments by deprivation

Health visiting (HV) is a public health nursing service and is part of our new 0-19 (25 SEND) public health contract with Shropshire Community NHS Trust, which begun on 1st April 2024. Previously the Health Visiting service had been run by Black Country Health Care NHS Foundation Trust and the data is from then. It is a universal service aiming to identify health and development needs early and provide intervention. Health visitors provide 5 assessments:



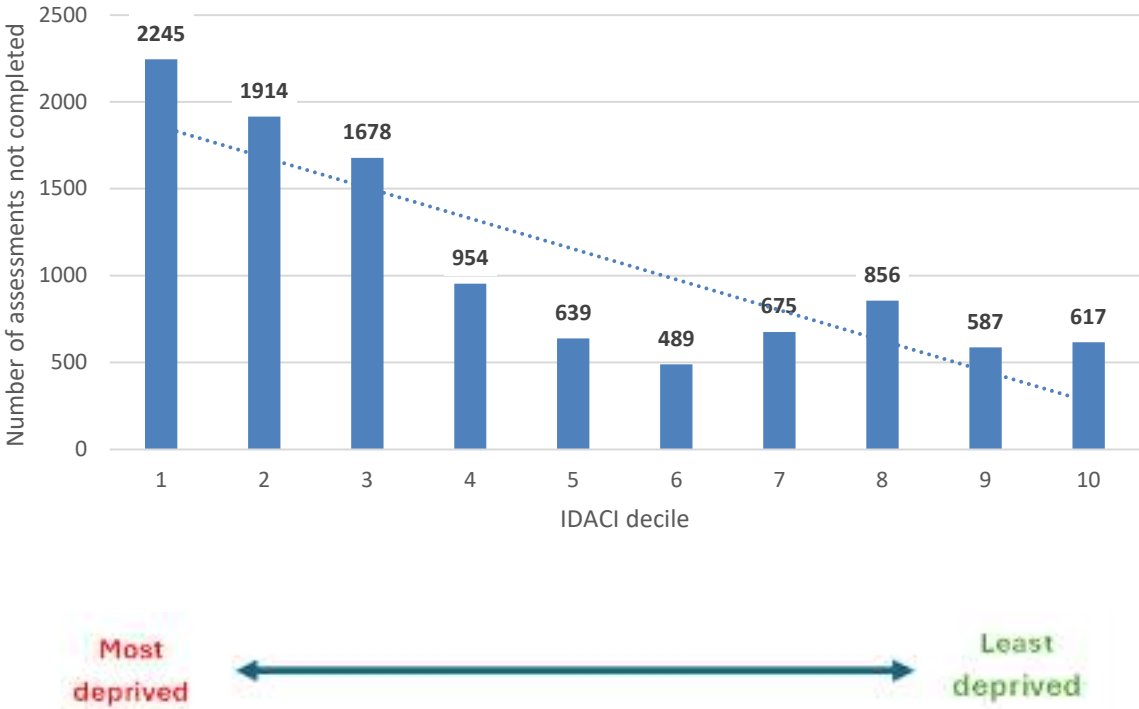
Between 2021 and 2023 there were a total of 32,706 checks were performed across the 5 assessments for Dudley’s eligible children, with 4,969 checks were not performed. Some children may have missed multiple checks as they aged.

While the health visiting service has checked 90% of children from each deprivation decile for the assessments after birth, the four times higher birth rate in the most deprived areas of Dudley means that there are far more children in these areas who have not had universal early years’ assessments. Between 2021-2023, there were more than 2,245 missed assessments among the most deprived 10% of children, compared to 617 missed assessments among the least deprived 10% (figure 7).

Given these findings and the lower levels of good development for children in the most deprived areas, the Children and Young People’s Partnership Board are supporting work to look at the distribution of the health visiting workforce in Dudley relative to need Different workforce distribution models are being explored with equality impact assessments undertaken for consideration by the Children and Young People’s Partnership Board.

Figure 7 Number of children not receiving health visitor assessments, by childhood deprivation score, 2021-2023

Source: Black Country Health Care NHS Foundation Trust, 2024



Broadly the approaches to distributing resources are:

1. Health equality - everyone receives the same type and amount of healthcare and resources, regardless of their individual needs or circumstances. This broadly happens at the moment with approximately 90% of children from every deprivation decile being checked. The alternative approach would be for every decile to have the same *number* of children not checked which would shift checks to the most deprived areas because of higher birth rates.
2. Health equity - resources are distributed according to individual need and circumstances, with greater resources allocated to those groups who need them the most. In this instance, it would be moving resource from the least deprived areas to the most deprived areas. There are two potential approaches within this:
 - a. Targeted approach - a significant proportion of the resource is allocated to the most deprived children (e.g. most deprived 30%), and that the remaining resource is evenly distributed among the least deprived children.
 - b. Proportionate universalism - combines universal access to services with targeted interventions that are proportionate to the level of need or disadvantage experienced by different groups. This results in a gradient of children checked by deprivation but this would be difficult to implement in practice for the health visiting teams.

While the work to date has been more theoretical, once an agreed approach has been developed there will need to be further work to look at the practicalities for the health visiting team and also why children and families are missing appointments if it has not just been a capacity issue. These reasons may be complex but local childhood immunisation programmes which have higher coverage (and where Dudley does comparatively better to regional and national averages) show that increasing engagement is possible through different approaches.

Children receiving free school meals

Dudley's new [Financial Wellbeing and Mitigating Poverty Strategy](#) (in draft) seeks to improve the financial wellbeing of all Dudley residents.

Theme 1 is about Preventing Poverty with a specific focus on children and young people. This includes objective 1.2 which is on improving school readiness for children on free school meals.

As part of the implementation of the strategy we will assess whether we are doing enough work across services on poverty and deprivation to improve children's ability to learn, and this will include ensuring join-up with other parts of the strategy that are focussed on more crisis response (e.g. welfare advice, food poverty, furniture poverty) for families with young children, and employment.

Children with special educational needs and disabilities (SEND)

- The development of Early Years inclusion Hubs across the borough has moved into its operation phase, offering early intervention across the borough. All five locality-based Inclusion Hubs offer up to forty-four early intervention spaces for children in their preschool year.
- The early notification pathway enables health professionals to carry out their statutory duty to inform the local authority where children are identified with SEND and where the need is likely to be ongoing. The pathway has been finalised and health professionals are aware of this process.
- This Early Intervention and Assessment Resource (AIRC) is a support service for those reception year children who arrive at school where further assessment and support is required. The main purpose is to support the re-integration of children back to their mainstream provision, in addition to the upskilling of staff of the home school. This resource supported those children who attended for an academic year 2023/24. Going forward, the newly modelled Communication, Interaction, Physical and Sensory Team will work with IEYS to ensure children's transition to school is supported.

5. Data-driven approach

We have been increasing the use of data to ensure that we are targeting the children and areas of greatest need to make quicker improvements and will be doing more in this area over the coming months.

- “Scorecards” for Family Hubs across a range of demographic and equalities indicators have been developed (figure 8). These are being shared with Family Hubs and training on how to use and interpret them is being given.
- Equity audit on health visiting data has been undertaken and some of the findings are included in this report. We will start looking at this data routinely and providing in-depth information to early years' services so they can better target interventions.
- In-depth analysis of the school readiness data will be undertaken to look at differences by protected characteristics, deprivation and small area to inform interventions.
- Trajectories for improvement have been calculated (figure 9) so that we are clear on how many more children need to be at good levels of development to close the gap with the England average and close the gap between children on free school meals and all children in Dudley. This shows:
 - 465 more Dudley children would need to have a good level development at age 2-2 ½ years to close the gap with the latest England average



- 146 more Dudley children would need to have a good level of development at age 5 to close the gap with the latest England average
- 45 more Dudley children on free school meals would need to have a good level of development at age 5 to close the gap with the latest England average

Over the coming weeks, but we will make an assessment of whether the interventions that we currently have in place are of sufficient scale to be able to close these gaps.



Figure 8 Family Hub Scorecards



Outcome Indicators 1

Area	Smoking at Time of Delivery	Maternal Obesity - % of Women Classified as Obese at Booking (BMI > 30)	Infant Mortality Rate	Low Birth Weight %	Baby's First Breastmilk	A&E Attendances Age 0-4	Emergency Hospital Admissions Age 0-4	Emergency Hospital Admissions Due to Injuries Age 0-4	5 year olds with experience of visually obvious dental decay (%)	Reception Children Overweight (including obesity)	Children in Relative Low Income Families
Dudley Central	11.7%	29.8%	5.0	3.8%	47.7%	834.8	84.5	7.0	28.1%	26.1%	33.1%
Brierley Hill	8.7%	28.7%	3.4	2.6%	54.1%	863.4	86.1	6.1	21.1%	24.2%	24.1%
Dudley North	10.5%	32.7%	4.6	3.4%	41.4%	766.8	82.6	6.4	18.9%	28.2%	27.6%
Halesowen	7.4%	30.8%	3.5	3.4%	52.8%	684.1	93.0	5.3	18.5%	21.4%	21.0%
Stourbridge	7.3%	22.6%	3.4	2.8%	57.0%	698.2	87.4	6.8	16.8%	22.6%	18.8%
Dudley	9.3%	29.3%	4.0	3.2%	50.3%	813.7	86.8	6.3	21.6%	24.6%	25.3%

Indicator	First Time Period	First Unit
5 year olds with experience of visually obvious dental decay (%)	2019-2019	Proportion (%)
A&E Attendances Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Baby's First Breastmilk	2022	Proportion (%)
Children in Relative Low Income Families	2022	Proportion (%)
Emergency Hospital Admissions Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Emergency Hospital Admissions Due to Injuries Age 0-4	2019-20 to 2023-24	Crude Rate per 1,000
Infant Mortality Rate	2014-23	Crude Rate per 1,000
Low Birth Weight %	2019-23	Proportion (%)
Maternal Obesity - % of Women Classified as Obese at Booking (BMI > 30)	2022	Proportion (%)
Reception Children Overweight or Obese (NCMP)	2020-21 to 2022-23	Proportion (%)
Smoking at Time of Delivery	2022	Proportion (%)

Outcome Indicators 2

Area	Good Level of Development at 12 Months (ASQ)	Good Level of Development at 2 - 2 1/2 Years (ASQ)	Expected level in communication skills 2 to 2.5 years (ASQ)	Good Level of Development (GLD) reception age	Good level of development (GLD) reception age, ethnic minorities	Good level of development (GLD) difference between in children entitled to Free School Meals (FSM) and non-FSM children.	Expected Level of Development Communication and Language	Expected level of development in communication and language at end of reception, FSM children	Expected level of development in communication and language at end of reception, ethnic minorities
Brierley Hill	75.3%	83.8%	85.9%	63.9%	65.7%	22.2%	77.8%	66.7%	78.1%
Dudley Central	77.5%	81.5%	84.8%	58.1%	57.8%	23.0%	88.4%	59.0%	88.9%
Dudley North	75.2%	83.8%	85.5%	61.7%	64.0%	18.3%	73.0%	68.8%	71.9%
Halesowen	73.8%	84.0%	91.0%	66.1%	61.5%	19.8%	78.4%	64.2%	70.9%
Stourbridge	71.5%	88.1%	90.3%	68.3%	58.3%	36.4%	81.6%	65.6%	70.2%
Dudley	74.8%	84.0%	87.5%	62.9%	60.9%	23.3%	75.6%	64.6%	70.5%

Indicator	First Time Period	First Unit
Children achieving expected level in communication skills 2 to 2.5 years (ASQ)	2023	Proportion (%)
Good Level of Development at 12 Months (ASQ)	2023	Proportion (%)
Good Level of Development at 2 - 2 1/2 Years (ASQ)	2023	Proportion (%)
School Readiness: Expected Level of Development Communication and Language	2023	Proportion (%)
School readiness: Expected level of development in communication and language at end of reception, ethnic minorities	2023	Proportion (%)
School readiness: Expected level of development in communication and language at end of reception, FSM children	2023	Proportion (%)
School readiness: Good level of development (GLD) difference between in children entitled to Free School Meals (FSM) and non-FSM children.	2023	Proportion (%)
School Readiness: Good Level of Development (GLD) reception age	2023	Proportion (%)
School Readiness: Good level of development (GLD) reception age, ethnic minorities	2023	Proportion (%)



Figure 9

Trajectories for Improvement: Required achievement for Dudley to reach National Average

Stage	Indicator	Dudley latest			England latest		Required to reach latest England average	
		Year	Number	%	Year	%	Target number	Required to achieve target
ASQ3 at 2-2.5 Years	children achieving a good level of development in all 5 areas	23/24	1,918	63.8%	22/23	79.2%	2,383	465
	children achieving the expected level in communication skills	23/24	2,437	81.0%	22/23	85.3%	2,565	128
	children achieving the expected level in problem solving skills	23/24	2,442	81.2%	22/23	91.8%	2,761	319
End of Reception	children achieving a good level of development at the end of Reception	22/23	2,355	63.3%	22/23	67.2%	2,501	146
	children achieving at least the expected level in communication and language skills at the end of Reception	22/23	2,819	75.8%	22/23	79.7%	2,967	148
	children with free school meal status achieving a good level of development at the end of Reception	22/23	270	44.2%	22/23	51.6%	315	45

data sources: ASQ data - Black Country Healthcare, School readiness - Office for Health Improvement & Disparities. Public Health Profiles. [accessed 07/08/2024] <https://fingertips.phe.org.uk> © Crown copyright [2024]



APPENDIX A: Joint Health and Wellbeing Strategy 2023-2028 Outcomes: School Readiness Overview



Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness Overview

Outcome	Period	Dudley Value	Dudley Count	WM Value	England Value
Overarching					
Children achieving a good level of development at the end of Reception (%)	2022/23	63.8	2355		67.2
Children achieving the expected level in communication and language skills at the end of Reception (%)	2022/23	75.8	2819		79.7
Children with free school meal status achieving a good level of development at the end of Reception (%)	2022/23	88.3	270		51.6
Factors relating to the child					
Smoking status at time of delivery (%)	2022/23	9.8	344		8.8
Low birth weight of live babies, five year pooled (%)	2016 - 20	7.0	1417		6.8
Breastfeeding prevalence at 6-8 weeks after birth (%)	2022/23	41.3	1451		49.2
A&E attendances (0-4 years)(Rate per 1,000)	2022/23	821.8	16575		797.3
Children achieving a good level of development at 2 to 2½ years (%)	2022/23	60.8	1746		79.2
Children achieving the expected level in communication skills at 2 to 2½ years	2022/23	70.1	2262		85.3
Reception: Overweight (including obesity), 3-years data combined (%)	2020/21 - 22/23	24.8	2265		22.1
Special educational needs (Reception year) (%)	2024	13.5	554	14.5	13.5
5 year olds with experience of visually obvious dental decay (%)	2021/22	17.3			23.7
Family factors relevant to school readiness					
Under 18s conception rate / 1,000	2021	17.8	95		13.1
Children in relative low income families (under 16s) (%)	2022/23	38.7	17631		19.8
Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	2020/21	8.2	312		11.6
Factors relating to the system					
Children receiving a 12-month review (%)	2022/23	91.0	3375		82.6
Children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	2022/23	100.0	2897		92.5
Uptake of funded education by eligible children at 2 years of age (%)	2023/24	79.2	808	72.3	74.8
Free school meals: % uptake among all pupils (Primary school age)	2024	10.7	5880	24.0	19.6

Key

Better than England
Similar to England
Worse than England
no England data available



Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness

Outcome	Community Forum Area					Dudley Value	Period
	most deprived				least deprived		
	Dudley Central	Dudley North	Brierley Hill	Halesowen	Stourbridge		
Factors relating to the child							
Low birth weight of live babies, five year pooled (%)	8.9	7.8	7.4	8.1	6.5	7.9	2016 - 20
Reception: Overweight (including obesity), 3-years data combined (%)	26.4	29.2	24.2	21.4	22.6	24.6	2020/21 - 22/23
Special educational needs (Reception year) (%)	17.7	17.5	13.1	15.5	14.2	15.5	2024
Factors relating to the system							
Free school meals: % uptake among all pupils (Primary school age)	21.8	22.2	24.1	21.6	18.8	20.7	2024

Key

- Better than Dudley
- Similar to Dudley
- Worse than Dudley



Joint Health & Wellbeing Strategy 2023-2028 Outcomes: School Readiness KPIs



Outcome	Data Source
Overarching	
Children achieving a good level of development at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving the expected level in communication and language skills at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children with free school meal status achieving a good level of development at the end of Reception (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Factors relating to the child	
Smoking status at time of delivery (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Low birth weight of live babies, five year pooled (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Breastfeeding prevalence at 6-8 weeks after birth (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
A&E attendances (0-4 years)(Rate per 1,000)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving a good level of development at 2 to 2½ years (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children achieving the expected level in communication skills at 2 to 2½ Reception: Overweight (including obesity), 3-years data combined (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Special educational needs (Reception year) (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
5 year olds with experience of visually obvious dental decay (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Family factors relevant to school readiness	
Under 18s conception rate / 1,000	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Looked after children under 5 (rate per 10,000 population)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children in relative low income families (under 16s) (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Households with dependent children owed a duty under the Homelessness Reduction Act (rate per 1,000)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Factors relating to the system	
Children receiving a 12-month review (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review (%)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]
Uptake of funded education by eligible children at 2 years of age (%)	Department for Education, available at https://explore-education-statistics.service.gov.uk/data-catalogue
Free school meals: % uptake among all pupils (Primary school age)	Office for Health Improvement & Disparities. Public Health Profiles.[accessed 30/04/24] https://fingertips.phe.org.uk © Crown copyright [2024]

DUDLEY HEALTH AND WELLBEING BOARD

DATE	12 th September 2024
TITLE OF REPORT	Annual Joint Strategic Needs Assessment (JSNA) update
Organisation and Author	Andy Baker, Head of Intelligence, Performance and Policy, Public Health and Wellbeing, Dudley MBC
Purpose	To provide an update on work relating to the JSNA
Background	The Joint Strategic Needs Assessment (JSNA) is a statutory requirement for each local authority area. The role of the JSNA is to provide an overview of the needs and assets of local residents and provide intelligence to Dudley Health and Wellbeing Board (HWBB). This will inform the priorities and implementation of the health and wellbeing strategy, supporting the Board to fulfil its responsibility for improving the health and wellbeing of all Dudley Borough residents and reducing inequalities.
Key Points	<p>Monitoring framework</p> <p>The development of the Health and Wellbeing Strategy in 2023 was based on the identification of areas where it was felt Dudley could have the biggest impacts on people’s health and wellbeing. This involved a review of data and trends to support this decision making.</p> <p>Since the development of the strategy, outcomes frameworks have been put in place for each of the three goals (children are ready for school, fewer people die from circulatory disease, more women are screened for breast cancer). These are updated on a quarterly basis by the Public Health Intelligence team and shared with leads for each of these goals. Additionally, support has been provided to the relevant deep-dives that are produced for HWBB Board meetings.</p> <p>JSNA Chapters</p> <p>To support the use of data across the partnership, JSNA chapters have been published in August 2024 at www.allaboutdudley.info/jsna on different key topics including:</p> <ul style="list-style-type: none"> • Population and Health • The Best Start in Life • Ageing Well • Poverty and Financial Wellbeing

	<p>These are interactive dashboards, which will be maintained and updated as new data is published and additional chapters added over time. The intention is for these to provide a helpful overview of publicly available data that could be utilised for a variety of purposes but there will still be a need for more in-depth analysis aligned to key projects.</p> <p>The approach adopted by many local authorities regarding the JSNA is for this to be split into two main components: JSNA chapters, as identified above, and themed needs assessments. Previous needs assessments, including statutory Pharmaceutical Needs Assessment (PNA) are published on AllAboutDudley website and there are a range of needs assessments currently taking place across the local health and care system in Dudley, which can be added once complete and approved. Work is also taking place to refresh the website to ensure that key information is more accessible.</p> <p>Review of priorities</p> <p>Through the regular review of local outcomes frameworks and through national Public Health Outcomes Framework, as part of the JSNA process, we can see that the priorities set out in the Health and Wellbeing Strategy are still broadly reflective of key challenges for Dudley. However, there are several areas not within the Board priorities, where Dudley is performing worse than the national average.</p> <p>For several issues primarily affecting older adults including long-term musculoskeletal problems, hip fractures and dementia diagnosis Dudley still faces challenges. These are priorities across work for the Health and Care Partnership Board, as well as the Better Care Fund.</p> <p>Whilst identified as a priority, breast cancer screening coverage rates have recently improved and are now slightly better than the national average. However, for bowel cancer screening coverage and cervical cancer screening in older women, Dudley has lower rates than the national average. The Health Protection Strategy outlines a priority to improve uptake of national screening programmes.</p>
<p>Emerging issues for discussion</p>	<p>Board to consider whether to broaden goal around breast cancer screening coverage to include other cancers, where there is scope to improve earlier detection, and consider how learning from different initiatives can be applied.</p>

Key asks of the Board/wider system	<p>Partners to review and provide feedback on future developments for JSNA chapters: www.allaboutdudley.info/jsna</p> <p>Partners continue to support work for themed needs assessments and utilise Technical Group as key contacts for this.</p>
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>Work of JSNA supports across the three themes, including ongoing monitoring through outcomes frameworks and support to deep-dives.</p>
Contribution to Dudley Vision 2030	<p>Provision of data on local communities supports work towards priorities.</p>

Contact officer details

Andy Baker – Head of Intelligence, Performance and Policy, Dudley MBC
andy.baker@dudley.gov.uk

DUDLEY HEALTH AND WELLBEING BOARD

DATE	12th September 2024
TITLE OF REPORT	Dudley Pharmaceutical Needs Assessment Supplementary Statement 3 (September 2024)
Organisation and Author	Dr. David Pitches, Head of Service for Healthcare Public Health, Dudley Metropolitan Borough Council (DMBC)
Purpose	To provide a six monthly update to HWBB on provision of community pharmacy services
Background	The HWBB has a statutory responsibility to ensure a comprehensive pharmaceutical needs assessment (PNA) is undertaken at least once every three years. Changes in service provision between PNAs are documented in periodic Supplementary Statements. The enclosed report is the third such statement following the 2022 PNA.
Key Points	Over the past six months, one pharmacy has closed, one pharmacy has reduced its opening hours and one pharmacy has relocated. Several pharmacies have changed their trading names. There are no changes in pharmaceutical services.
Emerging issues for discussion	The community pharmacy steering group expects the next PNA to need to be undertaken by 30 September 2025.
Key asks of the Board/wider system	To note changes to pharmacy provision since the last update and to support the process for undertaking the next needs assessment.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	Pharmacies provide a range of health services that contribute to improving child health, reducing cardiovascular mortality and that support awareness raising of health promotion including awareness of cancer screening.
Contribution to Dudley Vision 2030	Pharmacies have a particular role to play in contributing to healthy communities, a skilled workforce, prosperous businesses, vibrant towns and a thriving retail offer

Contact officer details

Dr. David Pitches, david.pitches@dudley.gov.uk

Dudley Pharmaceutical Needs Assessment

Supplementary Statement 3 (September 2024)

Contact officer:

Dr. David Pitches, Head of Service for Healthcare Public Health, Dudley Metropolitan Borough Council (DMBC)

Acknowledgements:

Jag Sangha, Pharmaceutical Adviser – Partnerships and Public Health, Dudley Integrated Health and Care NHS Trust (DIHC)

Parminder Bhatia, Senior Health Improvement Practitioner, DMBC

Neil Langford, Senior Intelligence Analyst, Public Health Intelligence, DMBC

Date Dudley Health and Wellbeing Board Pharmaceutical Needs Assessment (PNA) published –26th September 2022

Supplementary Statement (1) Issued 1st September 2023

Supplementary Statement (2) Issued March 2024

Supplementary Statement (3) Issued September 2024

Introduction

Dudley Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA) was originally published 26th September 2022. The first and second Supplementary Statements were issued September 2023 and March 2024 respectively. Since then, the following items have been identified as needing updating for correction, clarification or amendment within this Supplementary Statement (3).

- **Pharmacy closure**
- **Change in opening hours**
- **Pharmacy Relocation**
- **Ownership and/or trading change**

This updated information should be read in conjunction with the 2022 PNA and previous Supplementary Statements reflecting the position as of 8th August 2024.

The principal source of information used to compile this Supplementary Statement has been the Pharmacy Market Administration Services, which are delivered through Primary Care Support England on behalf of NHS England by Capita.

Pharmacy openings

No new pharmacies in Dudley have opened since the cut-off date for the previous supplementary statement.

Pharmacy closures

Murrays Pharmacy, 5-6 Halesowen Road, Halesowen, B62 9AA (Pharmacy ID 45 in table and map) has closed.

Pharmacy relocations

Swinford Pharmacy has had a minor relocation from 90 Hagley Road, Stourbridge, DY8 1QU (Pharmacy ID 57 in table and map) to 154 Hagley Road, Stourbridge, West Midlands DY8 2JH. The pharmaceutical service provision and operating hours remain unchanged.

Changes in opening hours

Jhoots Pharmacy, Brierley Hill Health and Social Care, Venture Way, Brierley Hill, Dudley, DY5 1RG (Pharmacy ID 27 in table and map). This pharmacy has reduced total opening hours from 100 to 72 each week. It is no longer operating as a 100-hour pharmacy.

Previous hours: Monday to Friday 8am to 10.30pm (closed 13:00 to 14:00 lunch), Saturday 8am to 10:30pm and Sunday 9:30am to 10:30pm.

New hours: Monday to Friday **9am to 9pm**, Saturday **5pm to 9pm** and Sunday **9:30am to 10:30pm** (no change).

The pharmaceutical service provision remains unchanged

Changes in trading name

From time to time, community pharmacies may change their trading name, especially in the period following a change in ownership. However, whilst changes in ownership are notified by NHS England, changes in trading name are not necessarily formally communicated to local stakeholders at the time of the change.

In the first and second updates to the 2022 Pharmaceutical Needs Assessment we reported changes in ownership of several pharmacies that have subsequently changed their trading names. In this update we are therefore taking the opportunity to report their new trading names.

Lloyds Pharmacy, 175 The Ridgeway, Sedgley DY3 3UH (Pharmacy ID 31 in table and map) is now trading as Ridgeway Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Lloyds Pharmacy, Moss Grove Surgery, 15 Moss Grove, Kingswinford, DY6 9HS (Pharmacy ID 32 in table and map) is now trading as Jhoots Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Lloyds Pharmacy, Talbot Street, Brierley Hill DY5 3DL (Pharmacy ID 34 in table and map) is now trading as Albion Street Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Lloyds Pharmacy, Wychbury Medical Centre, 121 Oakfield Road, Stourbridge, DY9 9DS (Pharmacy ID 35 in table and map) is now trading as Wychbury Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Murrays Pharmacy, 33 Thornhill Road, Halesowen B63 1AU (Pharmacy ID 46 in table and map) is now trading as Peak Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Dispharma (previously Pharmaco Dudley) at 5 Bean Road, Dudley, West Midlands, DY2 8TH (Pharmacy ID 53 in table and map) is now trading as Ash Pharmacy. The pharmaceutical service provision and operating hours remain unchanged.

Rajja Chemist, 5 Clement Road, Halesowen, B62 9LR (Pharmacy ID 55 in table and map) is now trading as MW Phillips Chemist. The pharmaceutical service provision and operating hours remain unchanged.

NHS Service Update

Since publishing the PNA, the NHS changes to the pharmacy contract were previously updated in the March 2024 Supplementary statement. This introduced three new Advanced Services having been commissioned by NHS England (through delegated authority to Black Country Integrated Care Board (ICB)) – **Lateral Flow Device Service**, **Pharmacy Contraception Service** and **Pharmacy First** (not to be confused with the Minor Ailments Service commissioned by Black Country ICB).

These services whilst not essential (e.g., Pharmacy Contractors are able to choose whether to deliver), are considered desirable for our population creating additional access and choice whilst additionally, supporting liberation of capacity for general practice to manage more complex clinical care.

Sufficient data for activity by Dudley pharmacy contractors is now available, however, given the full PNA review is planned within next 12 months, the steering group will review the data and make conclusions accordingly ahead of publication in due course (the next PNA is due to be published in October 2025).

Conclusion

We conclude closure of Murrays pharmacy (45) will not have impact on our population as there are four other pharmacies within approx. 1.5km.

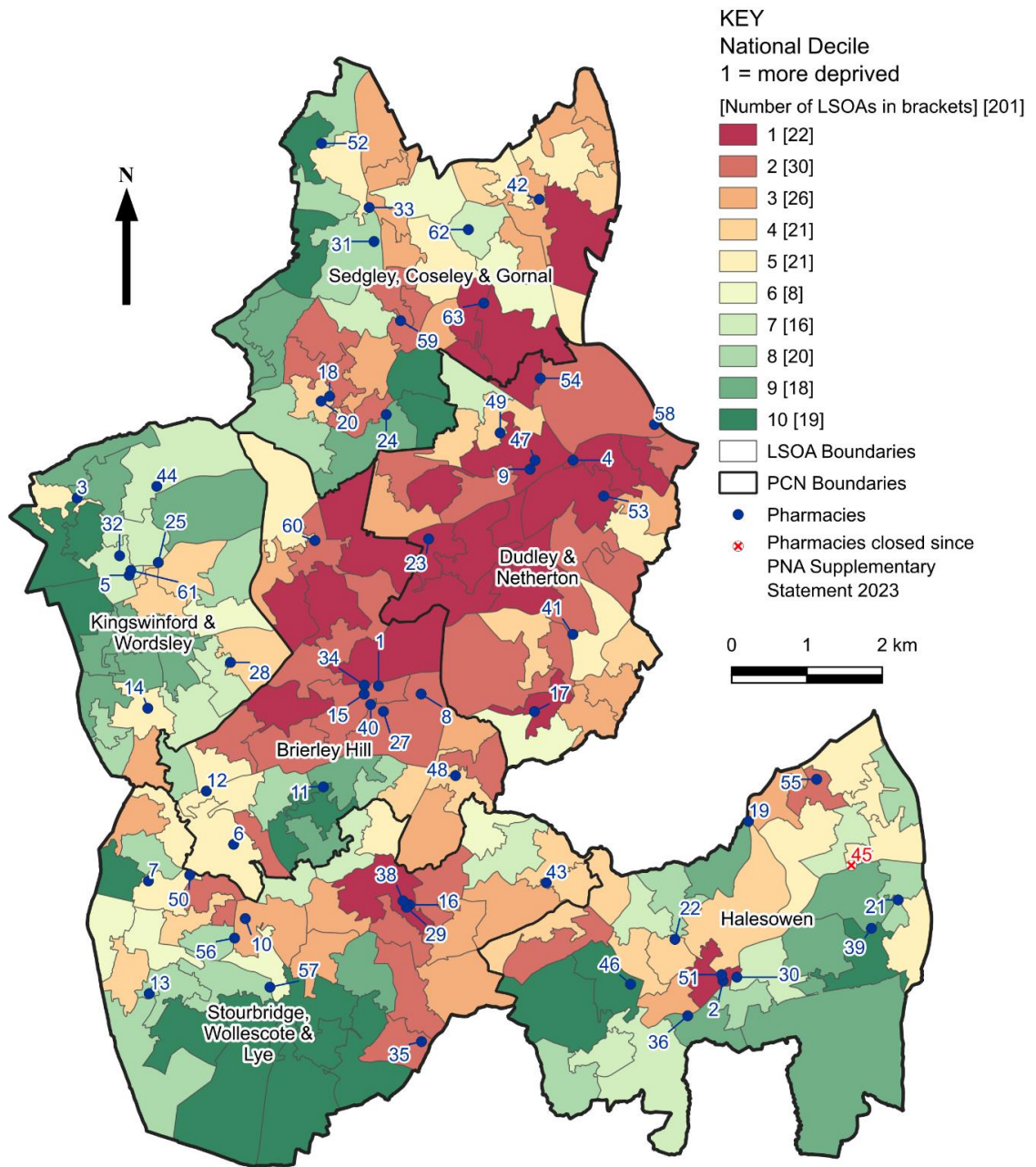
We conclude the minor relocation within walking distance of Swinford Pharmacy (ID 57) will not impact access to our population.

We conclude the reduced opening hours access for Jhoots Pharmacy during weeknights and Saturday (10:30pm to 9pm reduction) in Brierley Hill (Pharmacy ID 27 on map and table below) may result in reduced access (through a need to travel further via vehicle to find an open pharmacy) for the Dudley population given this was the last historical 100-hour contract which has now reduced to 72 hours under new regulatory powers within the NHS community pharmacy contract. Refer to supplementary statement 1, September 2023 for explanation of the *Amendment of regulation 65 of The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2023* and impact of this.

Previous public research (as part of public engagement in previous PNA publications) has not demonstrated a significant demand for access to pharmacies after 9pm, however due to limitations of response numbers historically, time duration since detailed survey conducted (2015 PNA) and the noticeable impact of Amendment of Regulation 65 for 100 hour pharmacies, it is concluded that bespoke public engagement about access during unsociable hours will be required during the next full PNA process to support conclusions for the health and wellbeing board.

Overall, it is concluded these changes are not expected to significantly impact pharmaceutical services access for our population, however, this will be considered in more detail within the upcoming full PNA process (next PNA due October 2025).

Figure 1: Index of Multiple Deprivation 2019 National Deciles by LSOA with Pharmacy



Source: ODS DataPoint, NHS Digital / LLPG, Dudley MBC / Indices of Deprivation 2019, MHCLG
 Produced by: Intelligence Team, Dudley MBC
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Table 1: Key to pharmacy locations, summary of changes and map

ID	Pharmacy	Address	Postcode	PCN
1	Asda Pharmacy	PEARSON STREET, BRIERLEY HILL	DY5 3BJ	BH
2	Asda Pharmacy	THE CORNBOW SHOPPING CTR, QUEENSWAY MALL, HALESOWEN	B63 4AB	H
3	Boots	14 ALBION PARADE, WALL HEATH	DY6 0NP	KW
4	Boots	25-26 MARKET PLACE, DUDLEY	DY1 1PJ	DN
5	Boots	16-18 MARKET STREET, KINGSWINFORD	DY6 9JR	KW
6	Boots	STOURBRIDGE HTH & SCC, JOHN CORBETT DRIVE, AMBLECOTE	DY8 4HZ	BH
7	Boots	141 BRIDGNORTH ROAD, WOLLASTON	DY8 3NX	SWL
8	Boots	UNIT3, MERRY HILL CENTRE, BRIERLEY HILL	DY5 1QT	BH
9	Steppingstone Pharmacy	STEPPING STONES MED CTR, STAFFORD STREET, DUDLEY	DY1 1RT	DN
10	Boots	5 RYEMARKET, STOURBRIDGE	DY8 1HJ	SWL
11	Withymoore Pharmacy	OFF SQUIRES COURT, WITHYMOOR VILLAGE, BRIERLEY HILL	DY5 3RJ	BH
12	Brettell Lane Pharmacy	108B BRETTELL LANE, STOURBRIDGE	DY8 4BS	BH
13	Broadway Pharmacy	95 THE BROADWAY, NORTON, STOURBRIDGE	DY8 3HX	SWL
14	County Pharmacy Ltd	15 WORDSLEY GREEN CENTRE, WORDSLEY	DY8 5PD	KW
15	Day Night Pharmacy	20 ALBION STREET, BRIERLEY HILL	DY5 3EE	BH
16	Day Night Pharmacy	45 HIGH STREET, LYE	DY9 8LQ	SWL
17	Dudley Wood Pharmacy	2 BUSH ROAD, DUDLEY	DY2 0BH	DN
18	Eggington JT Ltd	ABBAY ROAD, LOWER GORNAL	DY3 2PG	SCG
19	Evergreen Pharmacy	161 COOMBS ROAD, HALESOWEN	B62 8AF	H
20	Gornal Wood Pharmacy	18 ABBAY ROAD, GORNAL WOOD	DY3 2PG	SCG
21	Grange Pharmacy	8 HOWLEY GRANGE ROAD, HALESOWEN	B62 0HN	H
22	Hawne Chemist	177 STOURBRIDGE ROAD, HALESOWEN	B63 3UD	H
23	Holly Hall Pharmacy	178 STOURBRIDGE ROAD, HOLLY HALL, DUDLEY	DY1 2ER	DN
24	Jhoots Pharmacy	100A MILKING BANK, DUDLEY	DY1 2TY	SCG
25	Jhoots Pharmacy	468 HIGH STREET, KINGSWINFORD	DY6 8AW	KW
26	[now closed]			
27	Jhoots Pharmacy (change in opening hours)	BRIERLEY HILL H & S C C, VENTURE WAY, BRIERLEY HILL	DY5 1RG	BH
28	Lad Chemist	30 MADELEY ROAD, HIGH ACRES, KINGSWINFORD	DY6 8PF	KW
29	Lymes Pharmacy	173A HIGH STREET, LYE	DY9 8LN	SWL
30	Halesowen Pharmacy	11 PECKINGHAM STREET, HALESOWEN	B63 3AW	H
31	Ridgeway Pharmacy (change in trading name, previously trading as Lloyds Pharmacy)	175 THE RIDGEWAY, SEDGLEY	DY3 3UH	SCG

ID	Pharmacy	Address	Postcode	PCN
32	Jhoots Pharmacy (change in trading name, previously trading as Lloyds Pharmacy)	MOSS GROVE SURGERY, 15 MOSS GROVE, KINGSWINFORD	DY6 9HS	KW
33	Sedgley Pharmacy	24-28 DUDLEY STREET, SEDGLEY	DY3 1SB	SCG
34	Albion Street Pharmacy (change in trading name, previously trading as Lloyds Pharmacy)	TALBOT STREET, BRIERLEY HILL	DY5 3DL	BH
35	Wychbury Pharmacy (change in trading name, previously trading as Lloyds Pharmacy)	WYCHBURY MEDICAL CTR, 121 OAKFIELD ROAD, STOURBRIDGE	DY9 9DS	SWL
36	Hasbury Pharmacy	ST MARGARETS WELL SURGERY, 2 QUARRY LANE, HALESOWEN	B63 4WD	H
37	[now closed]			
38	Lye Pharmacy	37 HIGH STREET, LYE	DY9 8LF	SWL
39	Manor Pharmacy	12 MANOR LANE, HALESOWEN	B62 8PY	H
40	McArdle I Ltd	92 HIGH STREET, BRIERLEY HILL	DY5 3AP	BH
41	Milan Chemist	137 HALESOWEN ROAD, NETHERTON	DY2 9PY	DN
42	Millard & Bullock	UNIT 2, JOSIAH HOUSE, CASTLE STREET, COSELEY	WV14 9DD	SCG
43	Modi Pharmacy	118 COLLEY GATE, HALESOWEN	B63 2BU	SWL
44	Morrisons Pharmacy	CHARTERFIELD SHOPPING CTR, STALLINGS LANE, KINGSWINFORD	DY6 7SH	KW
45	Murrays Pharmacy (Pharmacy now closed)	5&6 HALESOWEN ROAD, HALESOWEN	B62 9AA	H
46	Peak Pharmacy (change in trading name, previously trading as Murrays Pharmacy)	33 THORNHILL ROAD, HALESOWEN	B63 1AU	H
47	Murrays Pharmacy	CROSS STREET HEALTH CTR, CROSS STREET, DUDLEY	DY1 1RN	DN
48	Murrays Pharmacy	37-38 HIGH STREET, QUARRY BANK, BRIERLEY HILL	DY5 2AA	BH
49	Murrays Pharmacy	ST JAMES MEDICAL PRACTICE, MALTHOUSE DRIVE, DUDLEY	DY1 2BY	DN
50	Murrays Pharmacy	LION MEDICAL CTR, 2 LOWNDES ROAD, STOURBRIDGE	DY8 3SS	SWL
51	Murrays Pharmacy	57 QUEENSWAY, THE CORNBOW SHOPPING CTR, HALESOWEN	B63 4AG	H
52	Well	6 ALDERWOOD PRECINCT, THE NORTHWAY, SEDGLEY	DY3 3QY	SCG
53	Ash Pharmacy (change in trading name, previously trading as Dispharma Chemist)	5 BEAN ROAD, DUDLEY	DY2 8TH	DN
54	Priory Community Pharmacy	95-97 PRIORY ROAD, DUDLEY	DY1 4EH	DN
55	MW Phillips Chemist (change in trading name, previously trading as Rajja Chemist)	5 CLEMENT ROAD, HALESOWEN	B62 9LR	H
56	Stourbridge Pharmacy	35 WORCESTER STREET, STOURBRIDGE	DY8 1AT	SWL
57	Swinford Pharmacy (minor relocation)	90 HAGLEY ROAD, STOURBRIDGE	DY8 1QU	SWL
58	Tesco Pharmacy	TESCO SUPERSTORE, BIRMINGHAM NEW ROAD, DUDLEY	DY1 4RP	DN
59	Well	4 THE ARCADE, UPPER GORNAL	DY3 2DA	SCG
60	The Pharmacy Galleria	96 HIGH STREET, PENSNETT	DY5 4ED	BH

ID	Pharmacy	Address	Postcode	PCN
61	Village Pharmacy	9-11 MARKET STREET, KINGSWINFORD	DY6 9JS	KW
62	Woodsetton Pharmacy	41 BOURNE STREET, DUDLEY	DY3 1AF	SCG
63	Wrens Nest Pharmacy	100 MAPLE GREEN, DUDLEY	DY1 3QZ	SCG

Primary Care Network (PCN) key

BH = Brierley Hill

DN = Dudley and Netherton

H = Halesowen

KW = Kingswinford and Wordsley

SCG = Sedgley, Coseley and Gornal

SWL = Stourbridge, Wollescote and Lye

DUDLEY HEALTH AND WELLBEING BOARD

DATE	12th September 2024
TITLE OF REPORT	Better Care Fund (BCF) Plan Performance and NHS England (NHSE) Quarterly Returns Process.
Organisation and Author	Joint report of the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board.
Purpose	To consider BCF Plan performance and the Quarterly Returns process
Background	<p>Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care, and housing services seamlessly around the person. This vision is underpinned by two core objectives, to:</p> <ul style="list-style-type: none"> • Enable people to stay well, safe, and independent at home for longer. • Provide people with the right care, at the right place, at the right time. <p>The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, approved by the Health and Wellbeing Board (HWB), governed by an agreement under Section 75 of the NHS Act (2006).</p>
Key Points	<ul style="list-style-type: none"> • The HWB received a report in June 2024 entitled, “Dudley Better Care Fund refreshed Plan 2024/25 and 2023/24 End of Year return – approval”. This detailed the refreshed policy framework and planning requirements for 2024/25 and set out the proposed updated BCF Plan for 2024/25. • This report provides an update on performance of the agreed BCF Plan. • Further guidance has now been published detailing the requirements for quarterly returns to NHS England on the performance of the agreed plan. This submission requires HWB sign off. The latest submission is enclosed for retrospective approval.

	<ul style="list-style-type: none"> • Due to the timescales involved for submission, a request is being made to the Board for delegated authority to be given to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board, in conjunction with The Chair of the HWB to approve future submissions on behalf of the HWB. • Further updates on the performance of the Plan will be made to the HWB on a regular basis.
<p>Emerging issues for discussion</p>	<p>The submission dates of the quarterly returns do not coincide with the timeline of the HWB meetings, resulting in a lagged assurance process. A request for delegated authority to approve these on behalf of the Board will result in timely and complete submissions.</p>
<p>Key asks of the Board/wider system</p>	<p>To award delegated authority to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board for approval of the submissions on behalf of the HWB.</p>
<p>Contribution to H&WBB key goals:</p> <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>Improved health outcomes and enhanced wellbeing by using this plan to support:</p> <p>Improving the overall quality of life for people, and reducing pressure on UEC, acute and social care services through investing in preventative services.</p>
<p>Contribution to Dudley Vision 2030</p>	<p>Creating healthy, resilient, and safe communities</p>

DUDLEY HEALTH AND WELLBEING BOARD

DATE 12th September 2024

REPORT OF: Joint report by the Director of Adult Social Care, DMBC and the Dudley Managing Director, Black Country Integrated Care Board

TITLE: Better Care Fund (BCF) Plan 2023/25 – Addendum to the 2023/22025 Better care Fund Policy Framework and Planning Requirements Update.

PURPOSE OF REPORT:

1. To provide an update to the Board on current BCF Plan performance and the requirements for the quarterly BCF submissions to NHSE.
2. To award delegated authority to the Director of Adult Social Care, Dudley MBC, and the Dudley Managing Director, Black Country Integrated Care Board for approval of the submissions on behalf of the HWB.

BACKGROUND

3. Since 2015, the BCF has been crucial in supporting people to live healthy, independent, and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by two core objectives, to:

Enable people to stay well, safe and independent at home for longer.
Provide people with the right care, at the right place, at the right time.

4. The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the HWB, governed by an agreement under Section 75 of the NHS Act 2006. This provides an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.
5. The BCF programme underpins key priorities in the NHS Long Term Plan by joining up services in the community and the government's plan for recovering urgent and emergency care (UEC) services, as well as supporting the delivery of the White Paper published in 2021, "People at the Heart of Care". The BCF facilitates the smooth transition of people out of hospital, reduces the chances of re-admission, and supports people to avoid long term residential care. The BCF is

also a vehicle for wider joining up of services across health and local government, such as support for unpaid carers, housing support and public health.

QUARTERLY SUBMISSION PROCESS

6. A refreshed plan was approved by Dudley HWB in June 2024 and subsequently submitted to the national team.
7. We are now required to submit quarterly reports to the national team on expenditure and activity.
8. The submission requires HWB approval, and the latest submission made on 29 August 2024 is attached as Appendix 1 for retrospective approval.
9. The quarterly submissions require areas to set out progress on delivering their plans. This will include the collection of spend and activity data, which will be reviewed alongside other local performance data. This process will enable local areas and national BCF partners to identify good practice, identify areas for improvement and, where necessary, arrange improvement support.
10. The submission timetable does not align well to HWB meetings and would result in a lagged submission process. Details in Table 1 below.

Table 1: Submission dates

Better Care Fund 24/25 Quarterly Reporting

Task/Activity/Milestone description	Start Date	End Date	Submission Dates
Q1 Report Template completion period	29/07/24	29/08/24	
Q1 Report Submission			29/08/24
Q1 National and Regional Assurance Period	01/09/24	30/09/24	
Q2 Reporting Template Completion Period	16/09/24	31/10/24	
Q2 Report Submission			31/10/24
Q2 National and Regional Assurance Period	01/11/24	30/11/24	
Q3 Reporting Template Completion Period	16/12/24	31/01/25	
Q3 Report Submission			31/01/25
Q3 National and Regional Assurance Period	01/02/25	28/02/25	
Q4 EOY Return Completion Period	15/05/25	30/05/25	
Q4 EOY Submission			31/05/25
Q4 National and Regional EOY Assurance Period	02/06/25	30/06/25	

CURRENT PERFORMANCE

11. Appendix 2 shows sets out the current performance of key elements of the BCF
The report was generated in June 2024 (Reporting April 2024 for Secondary care

Data and Urgent Community Response Data, June 2024 Intermediate Care Data and Clinical Hub data, Crisis response and Falls data).

12. Key Highlights from the report

- **Additional performance metrics** have been added to the reporting programme beyond the five core Better Care Fund national metrics. This will give a good oversight of the performance of services contributing to the BCF Plan. This includes performance related to the Dudley Clinical Hub, Pathway 2 (rehabilitation) and Virtual ward activity. There are further plans to extend this further.
- Following a steady increase in **emergency admissions for over sixty-fives** since August 2023 with a peak in January 2024, we have over recent months seen a decrease. We hope that this trend will continue over the coming months. This may in part be due to the work around Call before you Convey with the West Midlands Ambulance Service (WMAS), and the work the clinical hub is doing with care homes and primary care to ensure they are called to provide support in the person's own home.
- The trend for **falls admissions** seems to be quite chaotic without any clear reason. We hope over the next few months we can explore why this is the case, and whether this is a data issue, or whether there are clear reasons for extreme changes in numbers.
- **Conveyances for over sixty-fives** has seen a generalised decrease since a peak in November of 2022. This again may be due to the proactive work being done around Call before you Convey and the relationships built between the clinical hub and primary care and care homes, particularly with the 2-hour response service giving assurance to GPs and Care Homes that someone from the clinical hub, will where required visit the person with 2 hours of making the referral.
- We have seen a marked decrease in both **younger and older people being admitted to care homes**. We are developing a culture of 'Home First,' to give people an opportunity to return home with support in place, and we hope that this is reducing the number of people required to enter a permanent bed-based service as opposed to returning home with support.
- Our **Clinical Hub** activity has continued to increase which is really positive. Primary care usage of the clinical hub has been excellent, with care home calls also increasing but with more work to do. An increase in referrals has meant that the teams can review people at home and try and avoid inappropriate hospital admissions.
- Further work is required around **virtual wards** both in terms of increasing overall occupancy rate and the bed numbers per 100,000 population. There are working groups in place to progress and the HWB have previously been advised of a 'Get it Right First Time' (GIRFT) review which took place earlier this year giving advice on how developments can be made, which we hope will increase the performance of our virtual ward programme.
- Quarter 1 of 25/25 saw the highest number of **people remaining at home after 91 days**. Again, this is testament to the support programmes we have in place and ensuring the discharges are robust and safe.

RECOMMENDATIONS

13. That the current performance of the BCF Plan be noted and further reports received in due course.
14. That the Quarter 1 submission to NHSE be approved.
15. That authority be delegated to the Director of Adult Social Care, DMBC and the Dudley Managing Director, Black Country ICB, in conjunction with the HWB Chair to approve future quarterly submissions on behalf of the Board.

Appendix 1

Quarterly report submitted 29th August 2024

Better Care Fund 2024-25 Quarter 1 Reporting Template											
3. Spend and activity (Discharge Fund only) Add new schemes existing schemes											
Selected Health and Wellbeing Board: Dudley											
Checked: Yes Yes Yes											
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub-Topic	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned output	Output delivered to date (on a number of contracts)	Unit of Measure	Have these been an expenditure saving?
9001	Discharge to Assess	Enhance the discharge to Assess model and increase capacity	Home Care or Domestic Care	Domestic care packages	Local Authority Discharge Funding	£2,838,666	£736,665	190,518	43640	Hours of care (1-hour short-term in-hub care i.e. packages)	No
9003	Additional equipment	To reduce the number of resource for pathway 1 via repair/adjustment	Assistive Technologies and Equipment	Community based equipment	Local Authority Discharge Funding	£200,000	£34,103	2,944	478	Number of beneficiaries	No
9004	Additional social work capacity for mental health and LD colleague	Dedicated SW support for the cohort, recruitment commenced for 2 WTE	Integrated Care Planning and Navigation	Care navigation and planning	Local Authority Discharge Funding	£136,235	£5,620		N/A		No
232507	Additional Pathway 2 Beds capacity (ASCDP - Line 1 and 2)	Additional bed based capacity to support acute discharge and maintain	Residential Placements	Short-term residential housing care for someone likely to require a	CB Discharge Funding	£874,575	£145,364	11	11	Number of beds	No
232510	Additional Social Work Capacity (ASCDP Line 3)	To enable ongoing work and to support discharges from community beds	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	CB Discharge Funding	£150,000	£37,000		N/A		No
232514	Extra Intermediate Care Home capacity to support Pathway 2 (Line 10 ASCDP)	To meet demand within the acute setting and to expedite discharge from P2	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	CB Discharge Funding	£40,000	£10,000		N/A		No
232522	Support for discharge	To provide increased capacity in discharge pathways	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as	CB Discharge Funding	£1,036,500	£263,175	31	31		No
232529	Handy Person	Handy Person services to aid discharges from hospital back to own home	Personalised Care at Home	Physical health/wellbeing	CB Discharge Funding	£5,000	£1,250		N/A		No
232530	High Intensity Service Users	Mental Health support for High Intensity Service Users to prevent admission	Urgent Community Response		CB Discharge Funding	£65,375	£16,435		N/A		No
232531	Community based Support	Additional support to aid needed discharge from hospital e.g. change locks	Personalised Care at Home	Physical health/wellbeing	CB Discharge Funding	£75,000	£3,750		N/A		No
232532	Community Based RH Support	Medical Health support for discharge based in community	Other		CB Discharge Funding	£276,000	£51,250		N/A		No
9005	LIT Duty increased TA support	SPIC TA's supporting LIT Duty/hospital Discharge	Integrated Care Planning and Navigation	Care navigation and planning	Local Authority Discharge Funding	£70,300	£6,435		N/A		No
9002	Assessment beds	To support discharge to assess to ensure that patients are transferred	Residential Placements	Short-term residential care (without rehabilitation or involvement in-pat)	Local Authority Discharge Funding	£224,000	£45,894	43	4	Number of beds	No
9005	Discharge to Assess - other acute hospitals	Increased capacity to aid discharge per day from other hospitals	Home-based intermediate care services	Reablement at home (accepting set up and step down users)	Local Authority Discharge Funding	£16,045	£0	260	0	Package	No

Dudley BCF Performance

Date : June 2024 (Reporting April 2024 Secondary Care Data, June 2024 Intermediate Care Data, June 2024 Clinical Hub Data, April 2024 Urgent Community Response Data, June 2024 Crisis Response Team Data and, June 2024 Hub Falls Activity Data)

For queries relating to this report contact: Kala Patel, Principal Analyst | Business Intelligence. Email: k.patel50@nhs.net



Metric Definitions

Source : The Better Care Exchange

Metric 1: Long term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population. Collected Annually.

Description: Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes.

Numerator: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care). This data is taken from the Short- and Long-Term Support (SALT) return, collected by NHS England. **Denominator:** Size of the older people population in area (aged 65 and over). This should be the appropriate Office for National Statistics (ONS) mid-year population estimate or projection.

Metric 2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Collected Annually.

The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for reablement or rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. **Numerator:** Number of in scope discharges. **Denominator:** Number of in scope discharges.

Metric 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions. Collected Monthly by Central BCF Team, published on Better Care Exchange.

This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. The **numerator** is given by the number of finished and unfinished **admission episodes**, excluding transfers, for patients of all ages with an emergency method of admission and with a primary diagnosis of an ambulatory care sensitive condition such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD, pulmonary oedema. Because the **denominator** for the official published measure (*mid-year population estimates* for England published by the Office for National Statistics (ONS) are only available in June following the end of year in question, baseline data provided in the BCF template uses mid-year estimates for 2020-21 as a denominator).

Metric 4: Discharge to usual place of residence. Collected Monthly by Central BCF Team, published on Better Care Exchange.

This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Maximising the proportion of people who return to their usual place of residence at the point of discharge enables more people to live independently at home. This indicator measures the percentage of discharges that are to a person's usual place of residence.

Numerator: The number of discharges of people over the age of 18, following an inpatient stay, that are recorded as being to a person's usual place of residence. **Denominator:** All completed hospital spells recorded in SUS for people over the age of 18 – calculation on monthly total. Does not include Same Day Emergency Care (Zero day) admissions.

Metric 5: Reducing the number of emergency hospital admissions due to falls in people over 65

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. This indicator is an important measure around joint working between adult social care and health partners (e.g. urgent community response services) to prevent hospital admissions and reduce falls which will improve outcomes for older people and support independence.

Numerator: Emergency admissions for falls injuries for people over the age of 65, classified by primary diagnosis code (ICD10 code S00 to T98) and external cause (ICD10 code W00 to W19) and an emergency admission code (episode order number equals 1, admission method starts with 2). **Denominator:** Local Authority level estimates of resident population aged 65 and over.

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Admission Avoidance

- [Slide 4](#) [Emergency Admissions Over 65s](#)
- [Slide 5](#) [Dudley Patients Aged 65 and Over Admissions coded to falls \(Metric 5\)](#)
- [Slide 6](#) [Emergency admissions from Care Homes](#)
- [Slide 7](#) [Conveyances Avoidable Admissions \(Metric 3\)](#)
- [Slide 8](#) [Supporting the long-term needs of older people](#)
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- [Slide 11](#) [Dudley Clinical Hub Triage Outcomes Metrics UTC, Community, Other](#)
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- [Slide 15](#) [Dudley Clinical Hub Falls Calls and Call Outcomes](#)

Safe and Timely Discharge

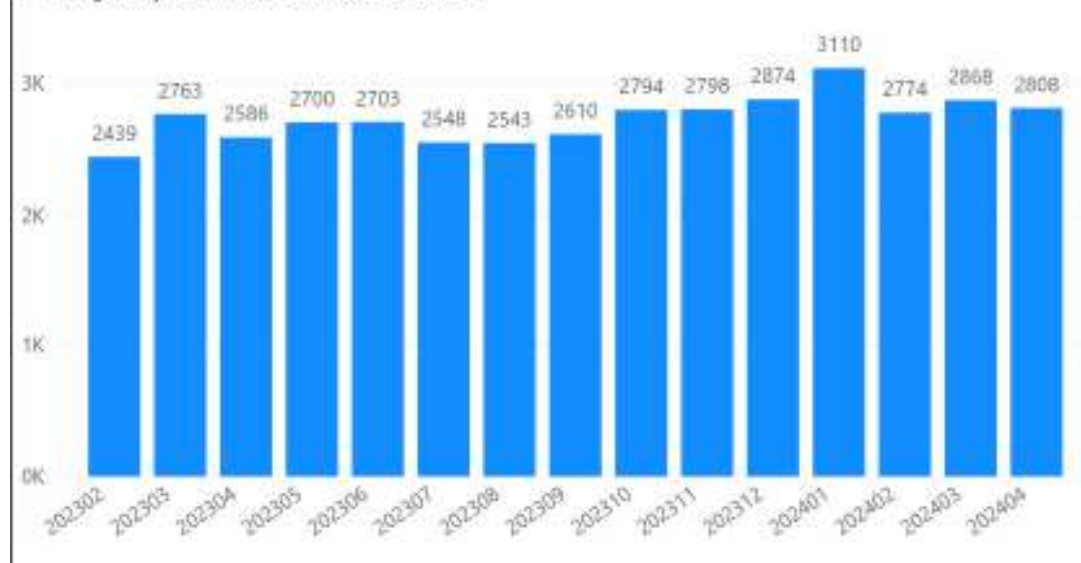
- [Slide 16](#) [Dudley Intermediate Care – Pathway 2](#)
- [Slide 17](#) [Virtual Wards](#)
- [Slide 18](#) [LA Metric 2 – Proportion of older people 645 and over who were still at home 9 days after discharge from hospital into reablement/rehabilitation services \(Metric 2\)](#)
- [Slide 19](#) [Discharge to Usual Place of Residence \(Metric 4\)](#)

Emergency Admissions Over 65s

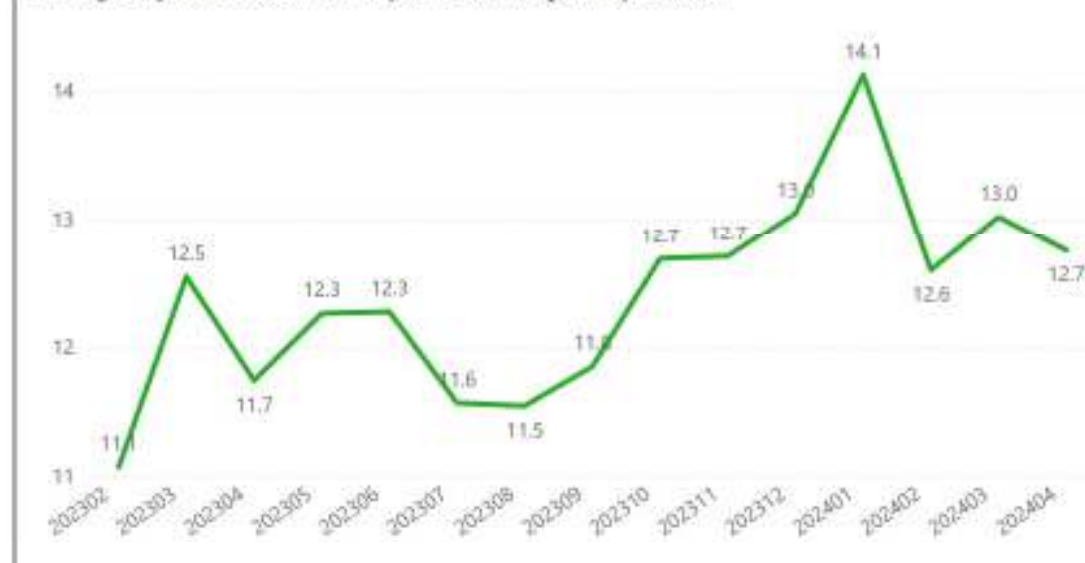
Source : SUS IP Dataset Excluding SDEC

The information below shows emergency admissions (excluding any SDEC - same day emergency care) activity for patients over the age of 65. The emergency admission rate per 1000 registered population for Dudley has also been included for additional analysis. Recent months has shown an increase in the numbers of admissions, peaked during winter months but admissions are still high compared to the same time period last year.

Emergency Admissions (excl SDEC)



Emergency Admission Rate per 1000 Reg'd Population



Metric 5 Dudley Patients Aged 65 and Over Admissions Coded to Falls

Source : Data Published on Better Care Exchange

Period : October 2022 : March 2024

Average DSR in Reported Period

Organisation	Average
Dudley	167.57
Sandwell	170.05
Walsall	208.72
Wolverhampton	251.95

Organisation	Average
ICB	195.62

Average DSR in Last 3 Months

Organisation	Average
Dudley	154.87
Sandwell	150.13
Walsall	182.91
Wolverhampton	241.95

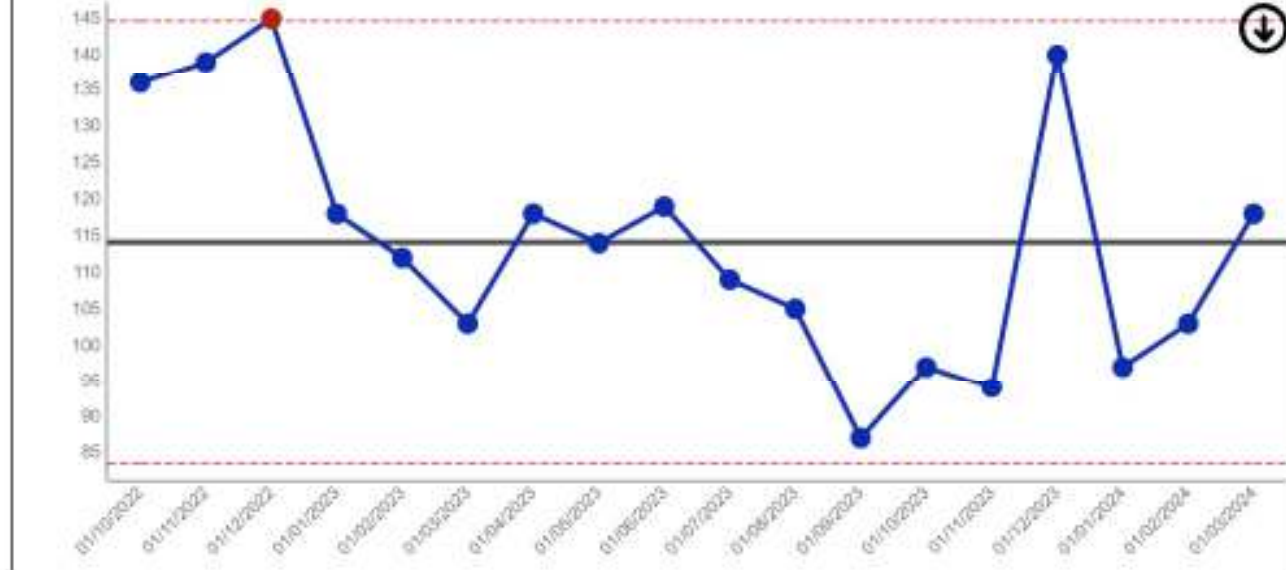
Organisation	Average
ICB	178.62

Average DSR in Latest Month

Organisation	Average
Dudley	170.08
Sandwell	137.11
Walsall	192.77
Wolverhampton	211.77

Organisation	Average
ICB	176.20

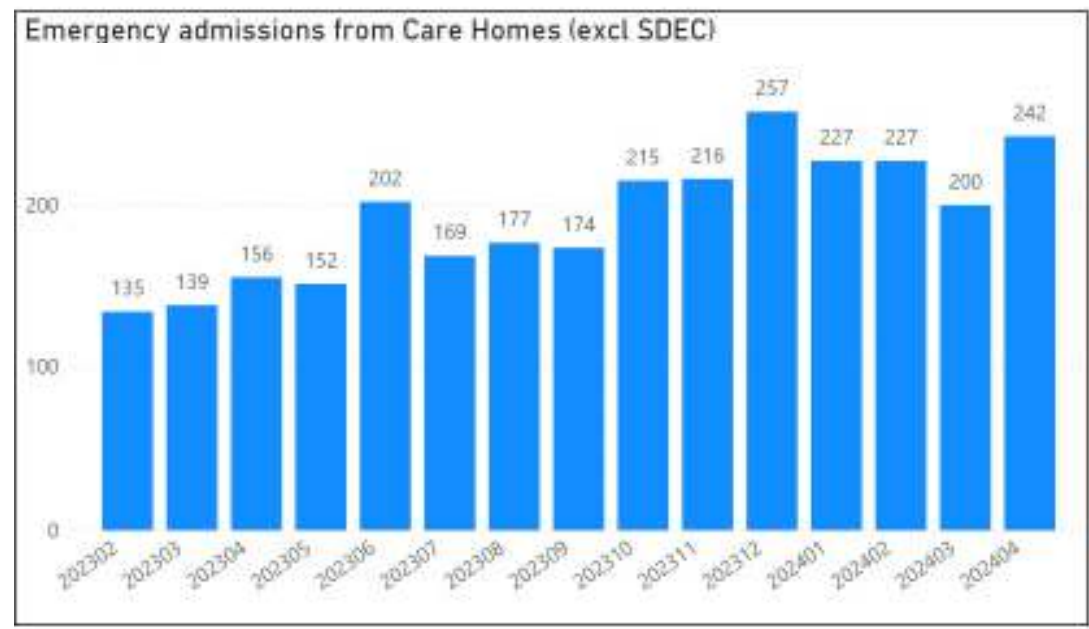
Observed Admissions



Emergency Admissions, Conveyances Over 65s



Source : SUS IP Dataset Excluding SDEC, WMAS Dataset



Metric 3 Dudley Avoidable (Chronic Ambulatory Care Sensitive) Admissions

Source : Data Published on Better Care Exchange

Period : October 2022 : April 2024

Average Rate in Reported Period

HWB Name	Ave Rate / 1,000 Pop
Dudley	1.16
Sandwell	1.00
Walsall	1.25
Wolverhampton	1.14

Average Rate in Last Three Months

HWB Name	Ave Rate / 1,000 Pop
Dudley	1.17
Sandwell	1.02
Walsall	1.33
Wolverhampton	1.18

Rate in Latest Reported Month

HWB Name	Rate / 1,000 Pop
Dudley	1.16
Sandwell	0.93
Walsall	1.11
Wolverhampton	1.23

Observed Admissions



Metric 1 - Supporting the long terms needs of older people

Source : Local Authority Colleagues:

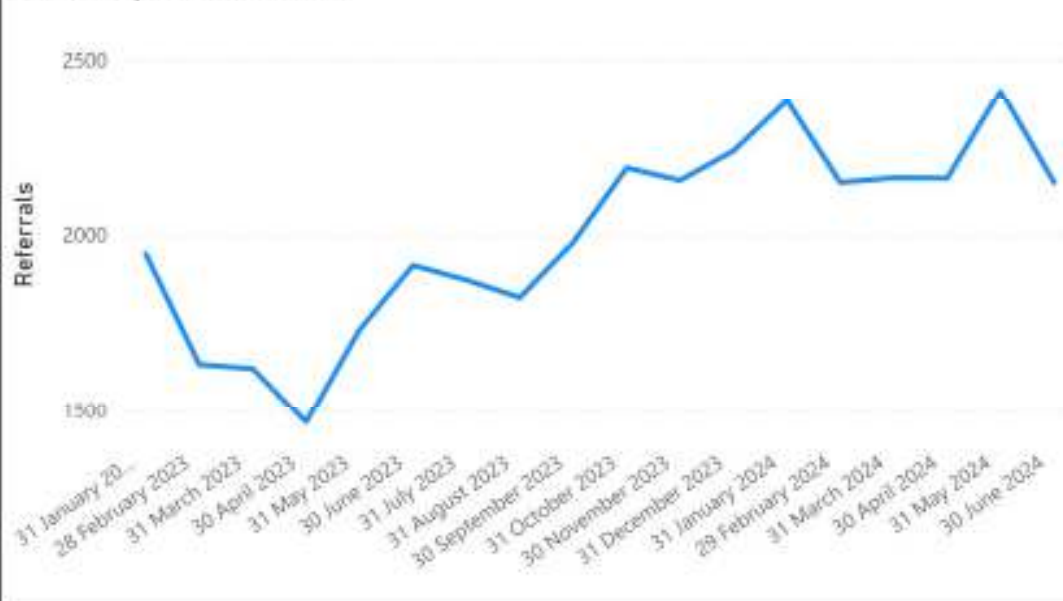
 Period : Q1 2022/23 [Q1 2024/25](#)

<u>HWB Name</u>	<u>Period</u>	<u>1a Admission to residential and care homes 18 – 64 (per 100,000 pop)</u>	<u>1b. Admissions to residential and care homes - 65+ (per 100,000 pop)</u>
Dudley	2022/23 Q1	6.4	457
Dudley	2022/23 Q2	10.70	503
Dudley	2022/23 Q3	11.00	619
Dudley	2022/23 Q4	11.00	533
Dudley	2023/24 Q1	16.9	598
Dudley	2023/24 Q2	18	601
Dudley	2023/24 Q3	18.5	569
Dudley	2023/24 Q4	15.9	534
Dudley	2024/25 Q1	6.3	477

Dudley Clinical Hub Triage - Telephone & Electronic Referrals

Source : Dudley Clinical Hub
Period : April 2023 : June 2024

Total Telephone Referrals



Telephone Referrals by Source

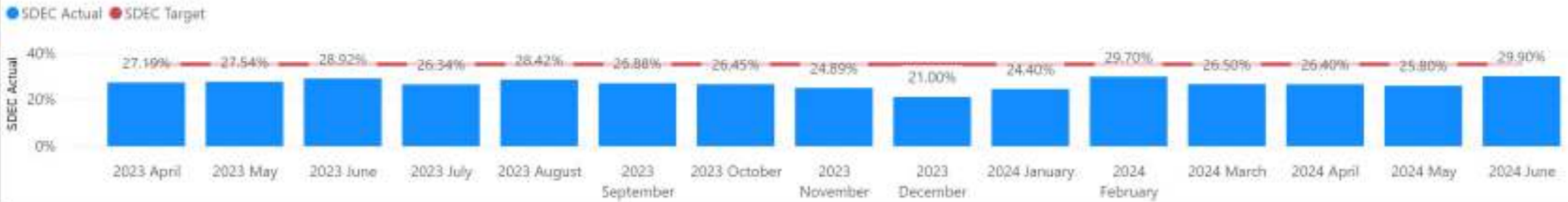
Month	[A] GP REFERRALS	[B] WMAS REFERRALS	[C] 111	[D] CARE HOME REFERRALS	[E] LA REFERRALS	[F] OTHER
01 April 2023	444	230	30	540		222
01 May 2023	576	235	18	560		343
01 June 2023	669	263	12	510		460
01 July 2023	565	274	12	535		487
01 August 2023	571	282	26	545		399
01 September 2023	567	222	24	641		525
01 October 2023	624	272	22	697		574
01 November 2023	588	301	17	709		539
01 December 2023	494	428	24	781		510
01 February 2024	642	370	17	610	10	403
01 January 2024	615	394	25	811	35	501
01 April 2024	595	290	18	698	45	514
01 March 2024	577	287	28	717	46	506
01 May 2024	645	418	11	723	54	543
01 June 2024	561	470	11	529	66	511

- [WMAS referrals highest to date](#)
- [LA referrals are increasing \(these include Telecare, Social Services & Home Carer\)](#)
- [Care Homes referrals to the Clinical Hub have significantly reduced in June.](#)

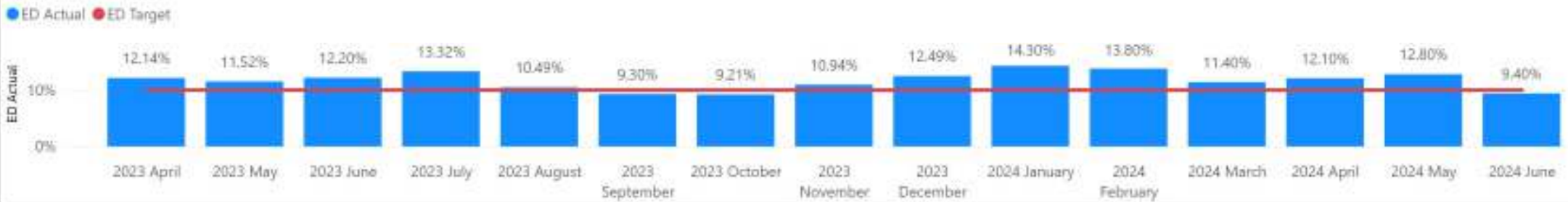
Dudley Clinical Hub Triage - Outcome Metrics SDEC, ED, AMU

Source : Dudley Clinical Hub
 Period : April 2023 : June 2024

Outcome SDEC (Target below 35%)



Outcome ED (Target below 10%)



Outcome AMU (Target below 1%)



Dudley Clinical Hub Triage - Outcome Metrics UTC, Community, Other

Source : Dudley Clinical Hub

Period : April 2023 : June 2024

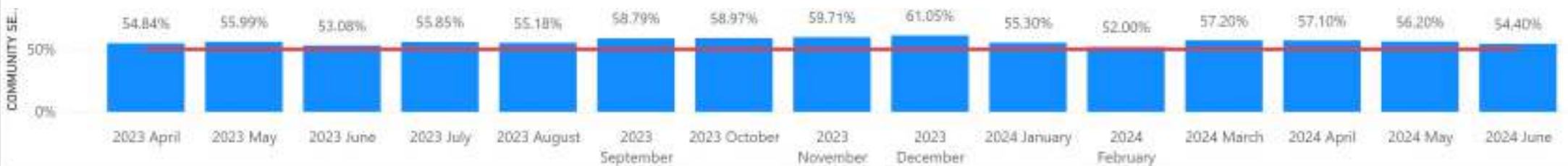
Outcome UTC (Target below 1%)

URGENT TREATMENT CENTRE % TARGET ● UTC Target



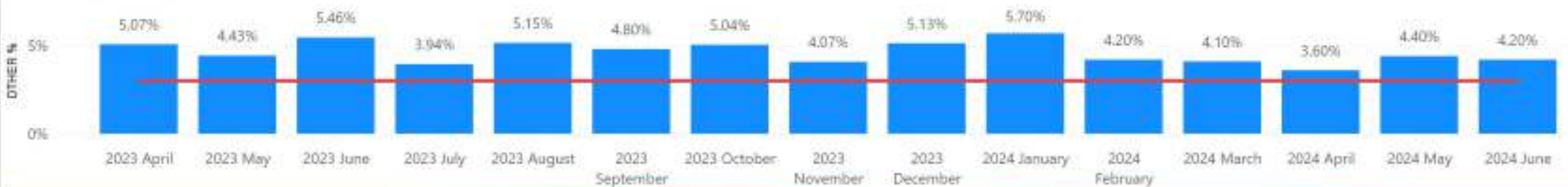
Outcome Community Services (Target above 50%)

COMMUNITY SERVICES % ● Comm Services Target



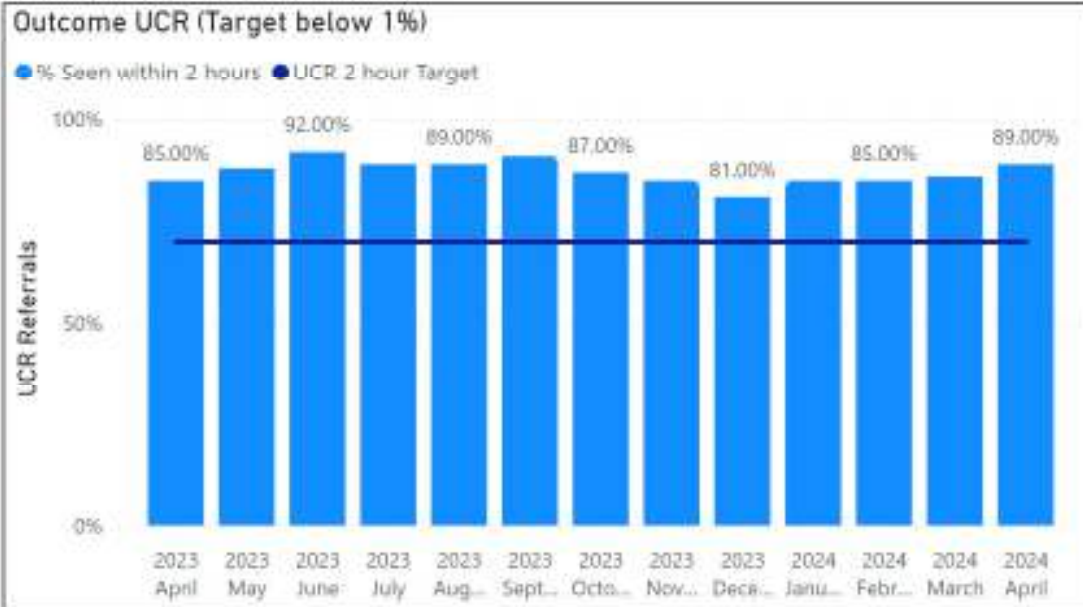
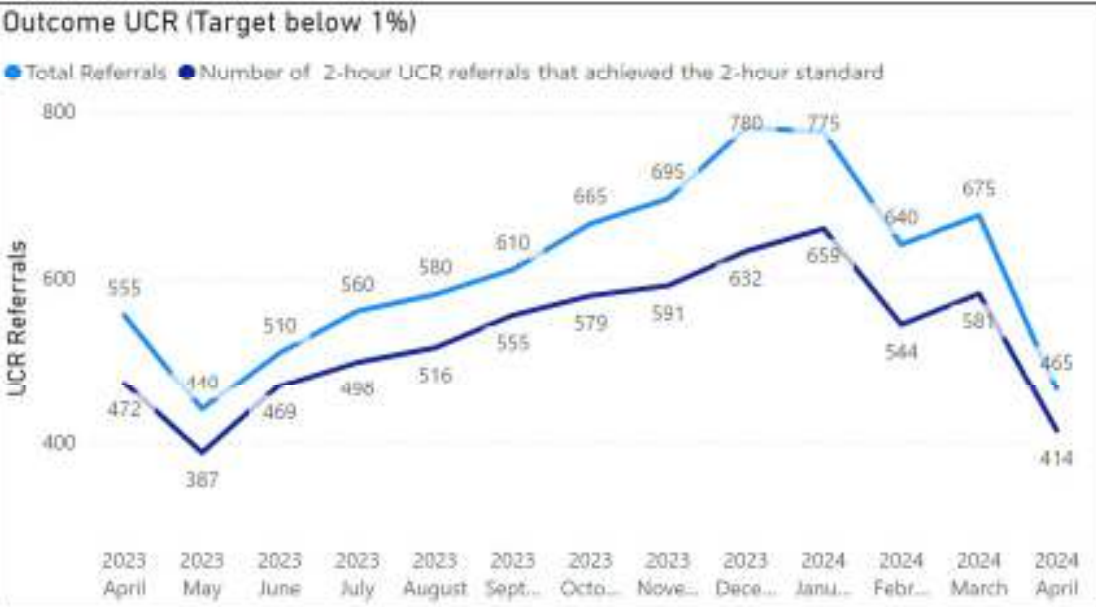
Outcome Other (Target above 3%)

OTHER % ● Other Target



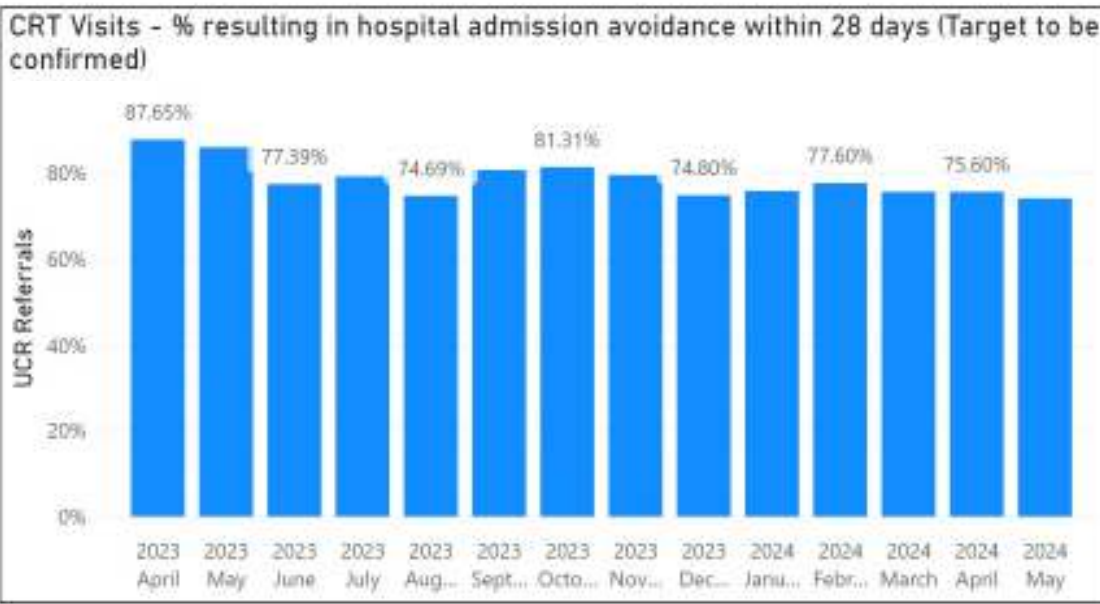
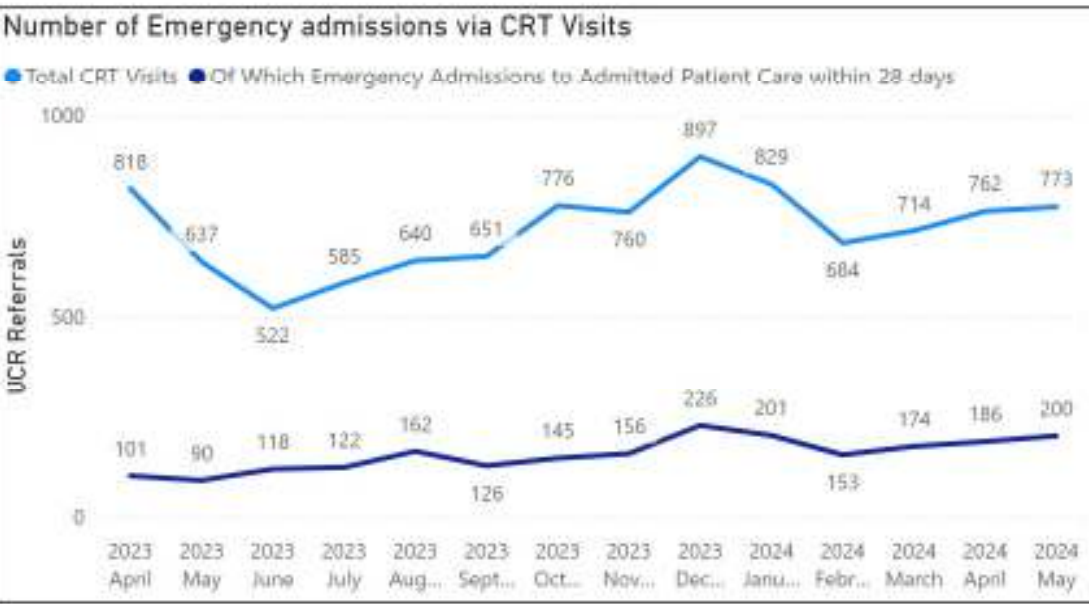
Dudley Clinical Hub Triage - Urgent Community Response (UCR) Metric

Source : Dudley Clinical Hub
 Period : April 2023 : April 2024



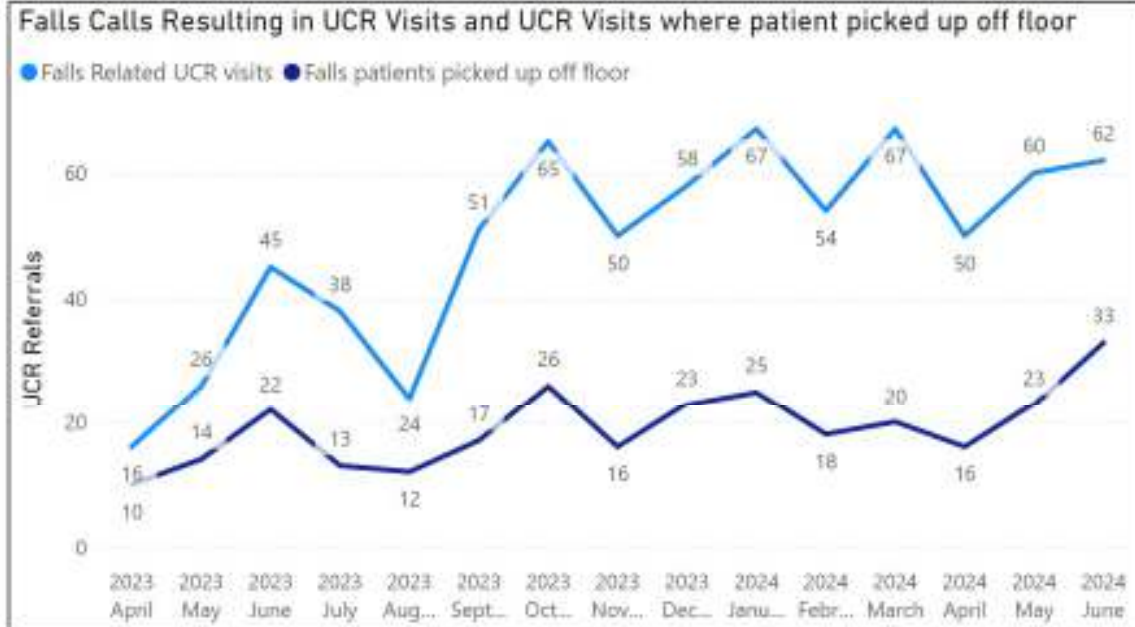
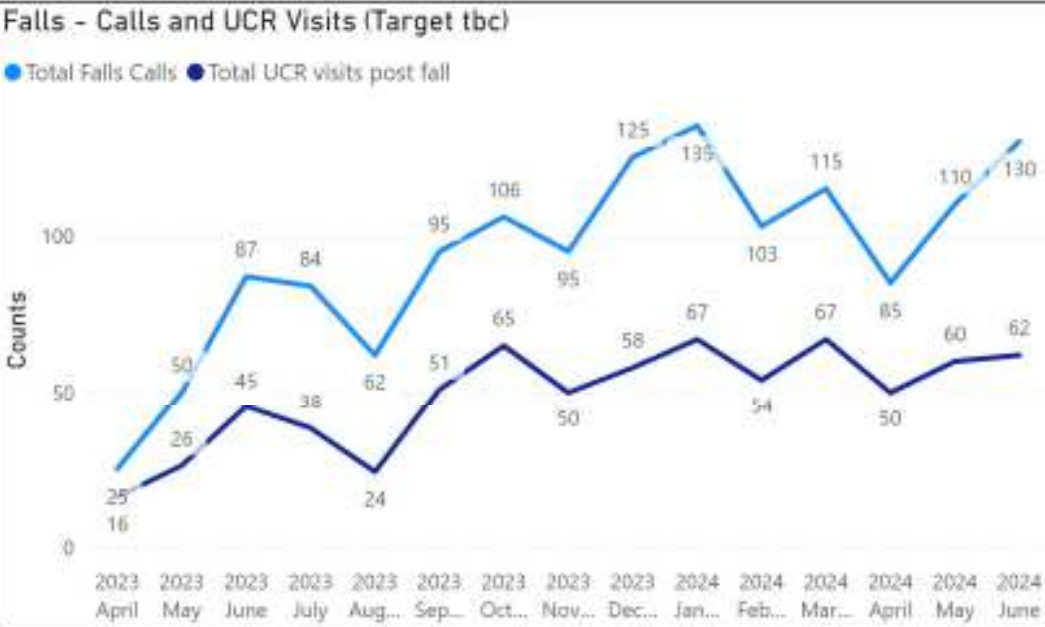
Dudley Clinical Hub Triage - Crisis Response Team (CRT) Metric

Source : Dudley Clinical Hub
 Period : April 2023 : May 2024



Dudley Clinical Hub Falls Calls, UCR Visits and patients picked up from floor

Source : Dudley Clinical Hub
 Period : April 2023 : June 2024



[Narrative not provided.](#)

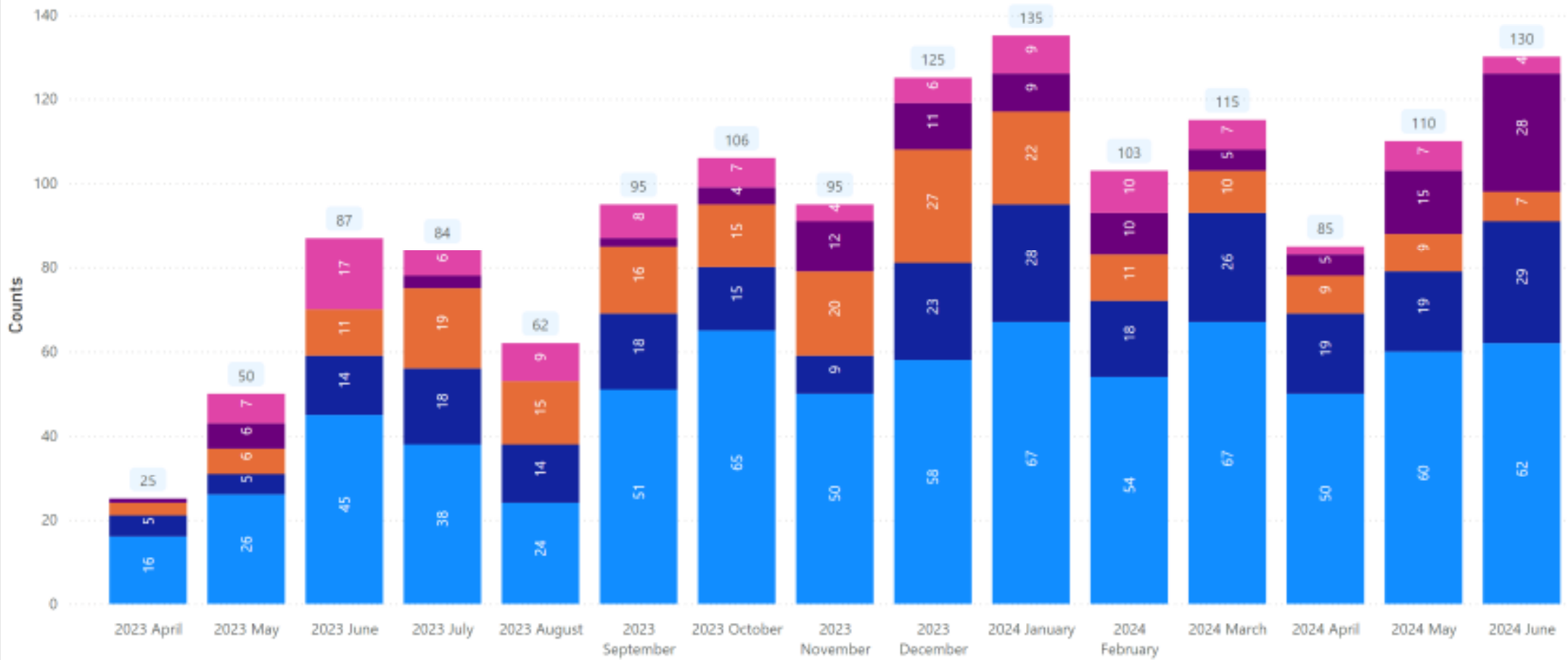


Dudley Clinical Hub Falls Calls and Call Outcomes

Source : Dudley Clinical Hub
 Period : April 2023 : June 2024

Falls - Calls and Call Outcomes

● UCR Visit ● Advice Given ● ED Referral ● Service Declined ● Other Outcomes

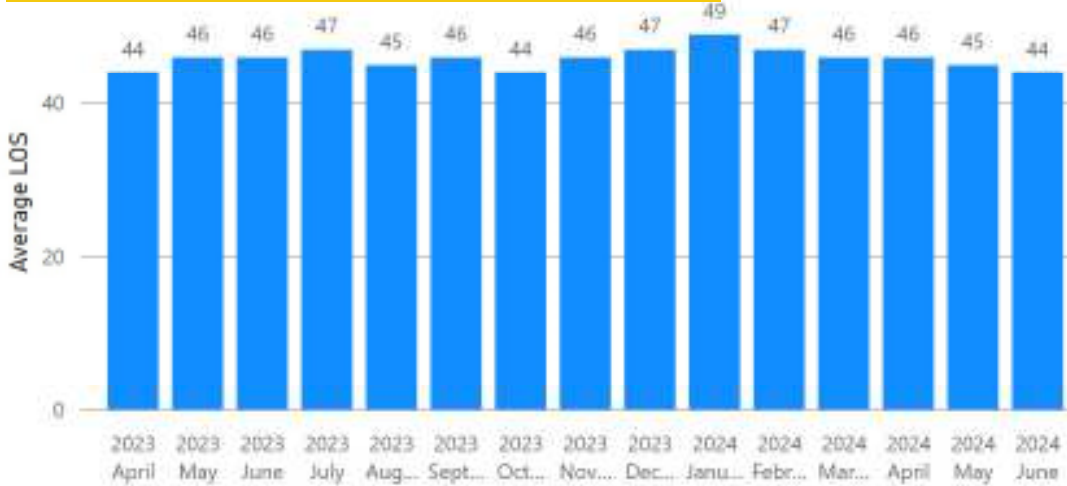


Dudley Intermediate Care Metrics -Pathway 2

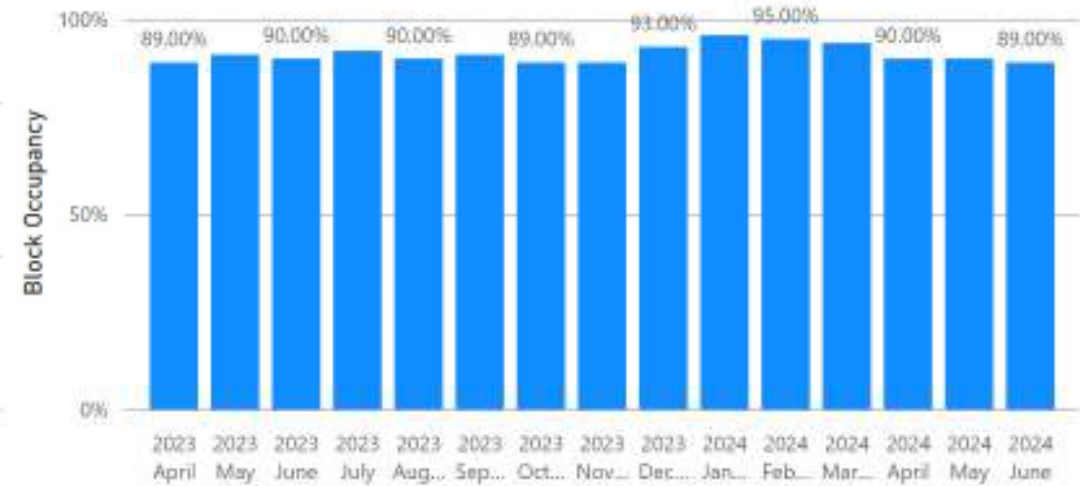
Source : Intermediate Care Service
 Period : April 2023 : June 2024

Average Length of Stay (LOS) by Month

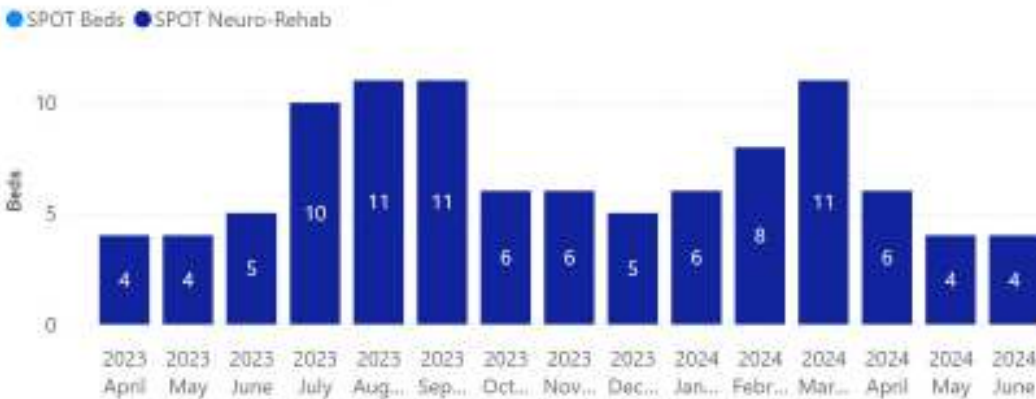
To note: Length of Stay (LOS) does not include specialist rehab



Block Bed Occupancy by Month



SPOT Beds Commissioned by Month



Commentary

Average Length of Stay - the ambition is to achieve an average LOS of 28 to 42 days (Intermediate Care Framework). Multiple projects have been established to reduce average LOS in Dudley.

Block Bed Occupancy - the current model allows flexibility within pathways and prevents unnecessary hospital admissions.

SPOT Beds Commissioned - no SPOT purchased capacity has been required; patient flow has been managed through the substantive bed stock.

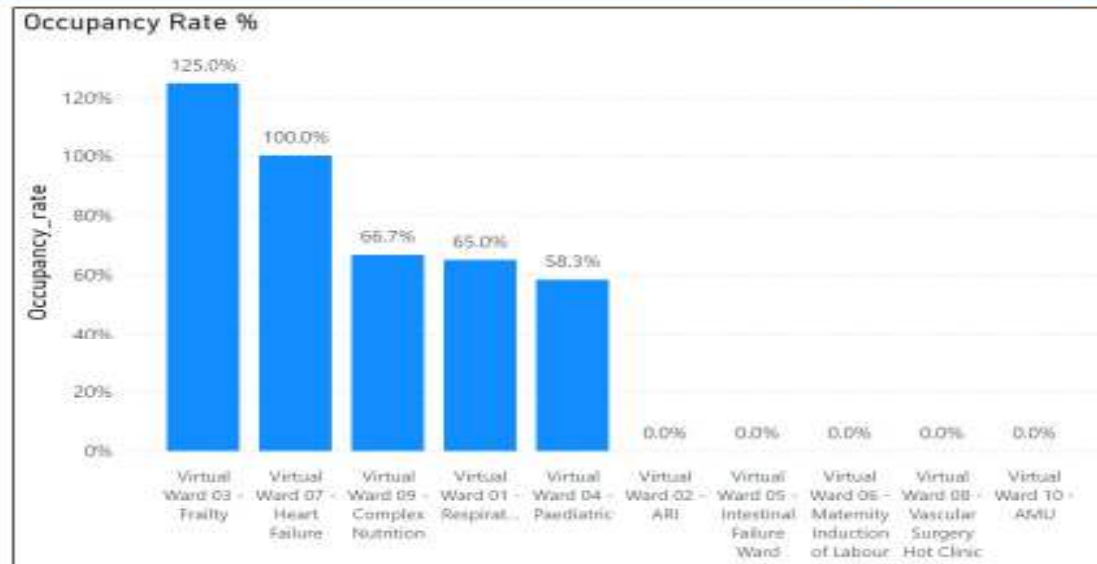
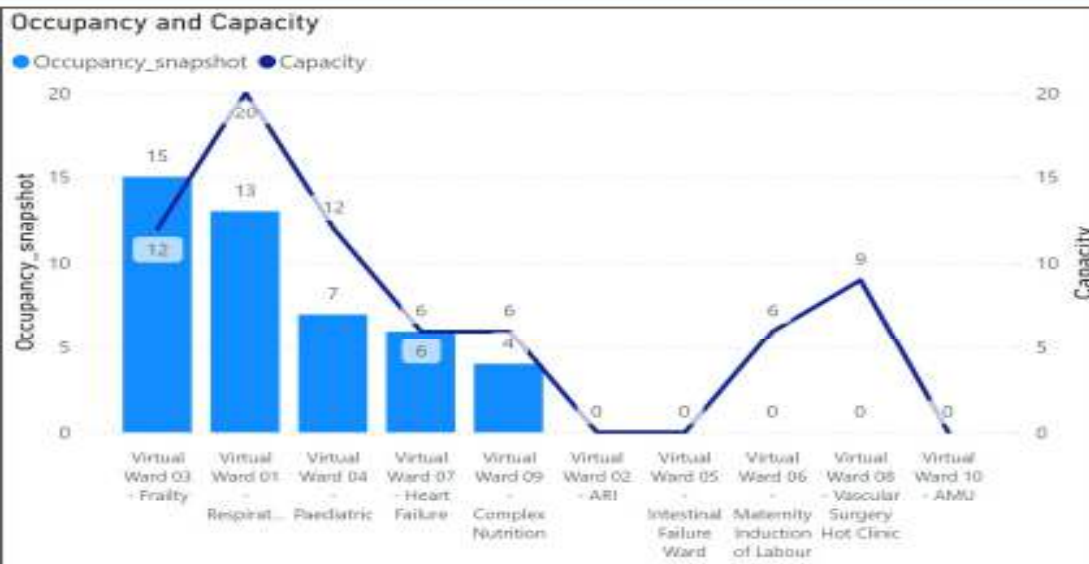
SPOT Neuro-Rehab Beds Commissioned - SPOT purchased Neuro-Rehab capacity is required when West Park is unable to accommodate a patient.

Flexed Beds – June 2024 – Pathway 1 = 2 flexed beds and Pathway 3= 5 flexed beds

Virtual Ward

Data Source: NHSE report: snapshot as at 27th June 2024

[This information is from the SitRep report DGFT submit to the VW National Team](#)



[The Directorate Manager for Acute Medicine is currently working with the transformation team as there are some wards on the above data that are no longer in service. The AMU VW is currently being planned for and due to commence in the latter part of the year once positions have been recruited to.](#)

[The current wards in operation are:](#)

- [1. Respiratory](#)
- [2. Frailty](#)
- [3. Paediatrics](#)
- [4. Heart failure](#)
- [5. Complex nutrition](#)

[The frailty Virtual Ward is currently funded for 12 beds but often flex up to 18 which is very much capacity driven. The team actively identify patients for admission avoidance from SDEC FAU or ED direct. They also support earlier supported discharges from inpatient elderly care wards to admit to Virtual Ward. The team are providing a reactive service based upon the needs of the patients each day whilst prioritising discharge and also follow some patients up and work in a virtual clinic system for a number of patients to keep capacity optimised and ensure the team can accommodate as many patients as possible into this pathway. The virtual ward is operated by the SDEC FAU team who deliver the two services concurrently which have been pivotal in getting the ward up and running and the uptake of the wards availability. The demand for this service is ever growing and could be expanded further with investment into the service.](#)

Paediatric activity is variable and in the summer months there is a drop in admissions to C2 and PAU attendances. This usually coincides with school holidays and families being away from home. The occupancy has varied from 30% - 75% the past week. The team proactively recruit onto the PVW to maintain inpatient bed availability.

The heart failure virtual ward is currently running at 100%, on days where the occupancy exceeds 100% is usually due to administrations and changeover of discharge/admission to keep a continuous flow of patients.

The occupancy rate of 66.7% of capacity for complex nutrition virtual ward is inaccurate due to the limitations of patients being admitted to day case areas whilst on VWs as they can't be admitted to two areas simultaneously. So for instance, if a patient attends A2 5 days a week for IVI they are not "admitted to the VW" on oasis but are in fact on the VW.

Metric 2 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Source : Local Authority Colleagues
 Period : Q1 2022/23 : [Q1 2024/25](#)

Local Authority metrics are collected on a quarterly basis as the 91 day metric does not lend itself to monthly monitoring. These are local monitoring figures, the official metrics are collected annually.

<u>HWB Name</u>	<u>Period</u>	<u>2. Proportion of people aged 65+ discharged who are still at home after 91 days</u>
Dudley	2022/23 Q1	0.98
Dudley	2022/23 Q2	0.90
Dudley	2022/23 Q3	0.88
Dudley	2022/23 Q4	0.88
Dudley	2023/24 Q1	0.97
Dudley	2023/24 Q2	0.85
Dudley	2023/24 Q3	0.98
Dudley	2023/24 Q4	0.82
Dudley	2024/25 Q1	0.98

Metric 4 Dudley Patients Discharged to Usual Residence (DTUR)

Source : Data Published on Better Care Exchange

Period : October 2022 : March 2024

Average DTUR in Reported Period

HWB Name	Ave % DTUR
Dudley	93.21%
Sandwell	94.14%
Walsall	95.56%
Wolverhampton	93.12%

Average DTUR in Last Three Months

HWB Name	Ave % DTUR
Walsall	95.46%
Sandwell	93.85%
Dudley	93.38%
Wolverhampton	92.64%

DTUR in Latest Reported Month

HWB Name	Ave % DTUR
Dudley	93.78%
Sandwell	93.86%
Walsall	95.72%
Wolverhampton	93.08%

Trend in the Proportion of Spells Discharged to Usual Residence



DUDLEY HEALTH AND WELLBEING BOARD

DATE	12 th September 2024
TITLE OF REPORT	Financial Wellbeing and Mitigating Poverty Strategy 2024-2034
Organisation and Author	Michelle O'Meara Acting Public Health Manager Dudley MBC
Purpose	To inform the Board of the Financial Wellbeing and Mitigating Poverty Strategy 2024-2034 and request the Board's endorsement for the Strategy.
Background	<p>While many Dudley residents and families are financially secure, the increasing cost-of-living means that achieving financial wellbeing has become harder for some. Inequality gaps have continued to widen, and more people and families are struggling with the cost of living, as they are elsewhere, and numbers in poverty are increasing. Poverty and poor financial wellbeing has a major impact on health and wellbeing outcomes, including Health and Wellbeing Board goals, and is an underlying cause of health inequalities.</p> <p>The strategy's vision:</p> <p>'Dudley, a place where residents have sufficient resources to live a happy, healthy and content life'.</p>
Key Points	<ul style="list-style-type: none"> • Dudley, like the rest of the country, is faced with ongoing cost-of-living pressures. • Financial wellbeing and health are intertwined: poor financial wellbeing can have a negative effect on an individual's wellbeing, and poor health can lead to poverty. • Dudley should be a place where everyone can experience a decent quality of life, including access to essential items, clean and safe housing, healthy food, transport, and a job that pays a living wage. • Our children and young people should be able to grow up in environments that enable them to thrive, free from the

	<p>negative impacts and stigma of poverty and feeling positive about the future.</p> <ul style="list-style-type: none"> Dudley's Financial Wellbeing and Mitigating Poverty Strategy will take a whole system approach with an aim to improve quality of life for residents, alleviate pressure on public service by addressing the root causes of financial hardship, foster economic resilience and social equity with the aim to improve overall community prosperity and wellbeing.
Emerging issues for discussion	To note that we have changed language around school readiness to "Being ready to learn" to emphasise that this outcome is not just about the short period before starting school but action from conception.
Key asks of the Board/wider system	The Board endorses the Financial Wellbeing and Mitigating Poverty Strategy 2024-2034 and recognises its importance in reducing health inequalities.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> Improving school readiness Reducing circulatory disease deaths More women screened for breast cancer 	<p>Improving school readiness - Theme 1: Preventing Poverty aims to improve the lives of Dudley's future generations and to ensure that they are on track for a healthy financial future, we will focus on improving outcomes associated with financial hardship for infants, children, and young people, including being ready to learn. There will be a specific focus on children on free school meals (FSM). Closing the gap between school readiness outcomes between children on FSM and all children is an explicit outcome of the Health, Wellbeing and Inequalities Strategy 2023-2028.</p> <p>Reducing circulatory disease deaths and more women screened for breast cancer – the strategy focuses on addressing the wider determinants of health and factors such as stress, poor diet and health literacy that contribute to the development and management of circulatory conditions and engagement with cancer screening. The Financial Wellbeing and Mitigating Poverty Strategy should help to reduce inequalities for both of these HWBB goals.</p>
Contribution to Dudley Vision 2030	The strategy aims to take a strength based, whole system approach to address educational deficits, economic challenges and to support the welfare of residents that need support and aligns with the following FAFE aspirations.

	<ul style="list-style-type: none">• A place of healthy, resilient, safe communities where people have high aspirations and ability to shape their own future.• A place where everybody has education and skills they need, and where outstanding local school, colleges, and universities secure excellent results for their learners.
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Contact officer details.

Michelle O'Meara

Email address: michelle.omeara@dudley.gov.uk

FINANCIAL WELLBEING & MITIGATING POVERTY STRATEGY OUR VISION FOR DUDLEY 2024-2034

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

DRAFT

Foreword

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

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

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

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

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

Introduction

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

Financial wellbeing is defined as feeling secure and in control of your finances, both now and in the future. It is knowing that you can pay the bills today, can deal with the unexpected, and are on track for a healthy financial future¹.

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

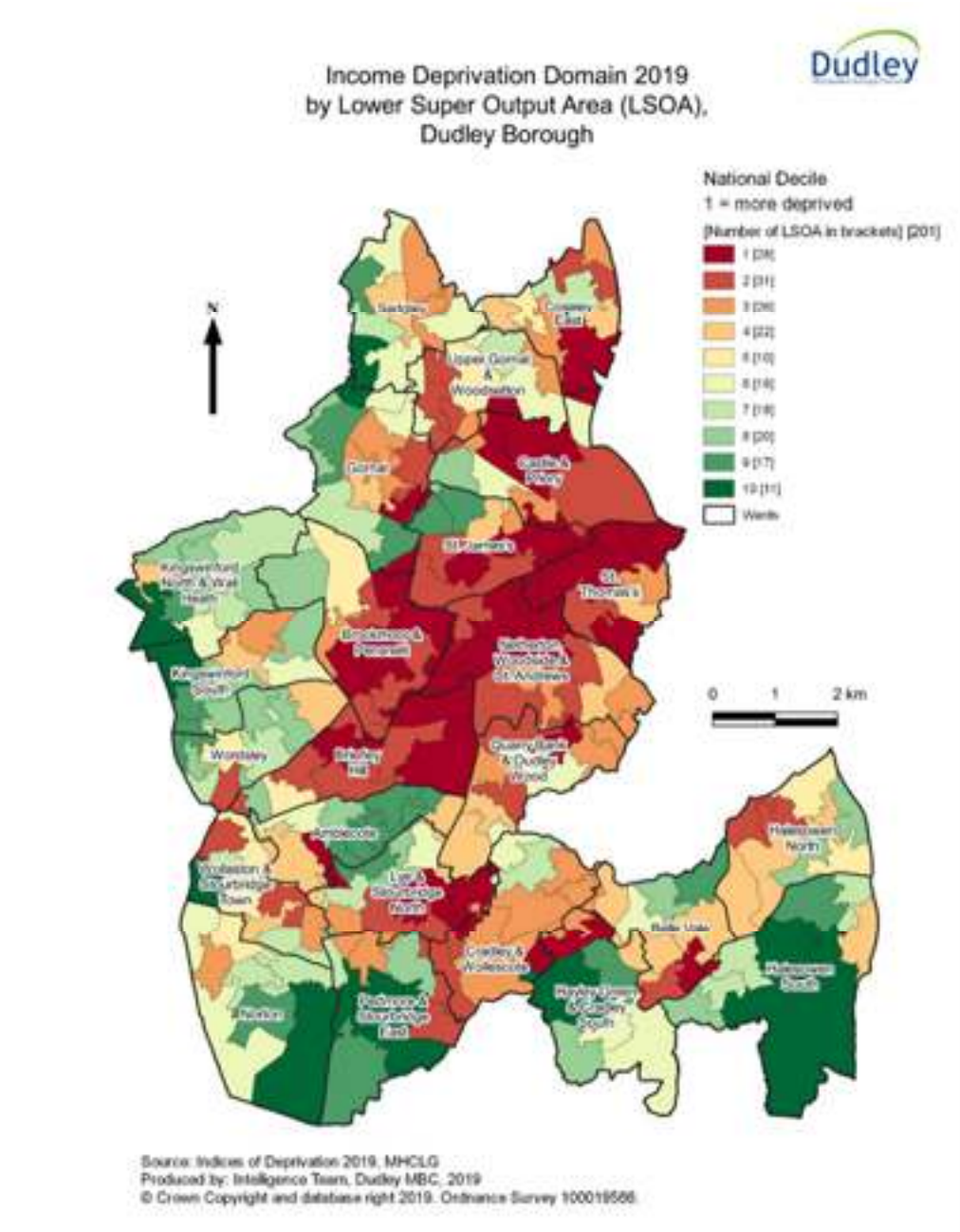
According to the Joseph Rowntree Foundation: *“Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation - and even discrimination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

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



Maslow's Hierarchy of Needs

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



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

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

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

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

1. Preventing poverty
2. Helping people out of poverty
3. Mitigating the impact of poverty

Each theme will be enabled by:

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

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

THEME 1: Preventing Poverty

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

Objective 1.1: The First 1,001 Days

In 2022/23, more than a quarter of children under 2 in Dudley (around 2,000) lived in relative low income families².

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

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

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

What are we going to do?

- Make sure that all families from pregnancy onwards, and including those who speak different languages, know where to get financial support and how to access welfare benefits so that they are maximising their household income.
- Ensure that there is sufficient capacity in services, including maternity, health visiting, Family Nurse Partnership, Family Hubs and Start for Life, and early years' settings, to provide support for those living in, or at risk of, poverty.

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

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

How will we know if this goal has been achieved?

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

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

Objective 1.2: Improve School Readiness

In 2022/23, 37% of Dudley children (around 2,350) were not school ready at age five and of all West Midlands local authorities, Dudley had the worse school readiness outcomes for children who were eligible for free school meals³.

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

The inequalities gap in good levels of development appear between 1 and 2 years of age in Dudley. At the time of the 2-2½ year check undertaken by health visitors, only 78% of children in the 10% most deprived areas have a good level of development compared to 93% in the 10% least deprived areas.⁴ By age 5, only 44% of children who are eligible for free school meals have achieved a good level of development compared to 63% of all children⁵.

Being school ready starts at conception, highlighting the important role of early years' services and settings, and Family Hubs, as well as schools. There are numerous wider determinants that affect children's ability to learn in the earliest years and to get ready for school, these include poverty, housing and homelessness, family breakdown, neglect, domestic violence and substance misuse. The things we know that help to improve school readiness includes parents having good mental health, parents speaking to their child and reading with their child, being physically active, evidence-based parenting support programmes and access to high-quality early education.

³ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] <https://fingertips.phe.org.uk> © Crown copyright [2024]

⁴ Source: DMBC, Health Equity Audit on Health Visiting, Dudley, 2024

⁵ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 25th June 2024] <https://fingertips.phe.org.uk> © Crown copyright [2024]

What are we going to do?

- Explore how existing services such as the Family Hubs and Start for Life, 0-19 (25 SEND) public health service (including health visiting and school nursing), NHS services, nurseries and schools can work together to better support children and families on lower incomes.
- Continue to focus on the earlier identification of communication needs to provide support earlier, particularly in the most deprived areas of the borough and among ethnic groups with lower levels of development.

How will we know if this goal has been achieved?

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

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

Objective 1.3: Improve Educational Attainment

In 2021/22, the average Attainment 8 score for young people in Dudley who were eligible for free school meals was 36.9 compared to 47.6 for all young people⁷. The 2022/23 ⁸Average 8 Attainment score in 2022/23 had reduced to 43.5 for all young ^(OBJ)people.⁹

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

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

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

In 2022/23 Dudley's absence rate was 7.7%, higher than the England average (7.4%)¹⁰. The absence rate, which has substantively increased since Covid-19, is twice as high in the most deprived areas and is also higher among children with special educational needs are more likely to be eligible for free school meals (39% vs. 22%). A large part of this increase in absence is considered to be due to mental health and emotional wellbeing although it is not possible to quantify this with currently available statistics. Some girls report that they are missing school because they do not have sanitary products¹¹.

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

What are we going to do?

- Support education settings and wider services to implement measures that reduce the stigma and exclusion associated with poverty, recognising both the financial and practical restraints that parents or carers may experience. This needs to include those with special education needs and children in care.
- Reduce bed poverty in the borough to ensure that children and young people are ready and able to learn, maximising their educational opportunities.
- Improve mental health and emotional wellbeing for school children to reduce school non-attendance.

How will we know if this goal has been achieved?

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

In 2022/23, the overall school absence rate was 7.7% across Dudley as a whole. This ranges from 9.0% among children and young people living in the 20% most deprived areas of Dudley compared to 5.0% among those living in the least deprived areas¹².

¹⁰ Department for Education <https://explore-education-statistics.service.gov.uk/data-tables/fast-track/2dfd3c02-6120-44e3-0436-08dc44f80079#locationFiltersForm-locations> [accessed 8th May 2024]

¹¹ Dudley Council/SHEU, Supporting the Health and Well-being of Young People in Dudley 2024 A summary report of the Health Related Behaviour Survey (2024)

¹² Department for Education <https://explore-education-statistics.service.gov.uk/data-tables/fast-track/2dfd3c02-6120-44e3-0436-08dc44f80079#locationFiltersForm-locations> [accessed 8th May 2024]

Objective 1.4: Reduce Tooth Decay among Children

In St Thomas's, St James's and Castle and Priory wards around a third of 5-year-olds have visible dental decay compared to less than 8% in more affluent areas of the borough¹³.

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

Dudley Borough has lower levels of tooth decay on average compared to the West Midlands and England because the water is fluoridated. However, there are large disparities across Dudley's communities. As well as there being a far higher prevalence of visible tooth decay in the most deprived areas, data from across the West Midlands shows disparities by ethnic group with children from Asian communities and those from "other ethnic background" having more tooth decay¹⁴.

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

What are we going to do?

- Invest in preventing tooth decay among children in the most deprived communities, promoting the importance of oral health, providing toothbrush packs to those in financial need and encouraging age-appropriate use of cups instead of bottles.
- Ensure that there is equitable access to dentists for children in the most deprived areas of Dudley.

How will we know if this goal has been achieved?

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

In 2019, 30% of children in the 20% most deprived areas of the borough had visible dental decay at age 5 compared to less than 10% in the 20% least deprived areas¹⁵.

¹³ Public Health England (2021), Oral Health Profile, Dudley, 2019

¹⁴ Public Health England (2021), Oral Health Profile, Dudley, 2019

¹⁵ Public Health England (2021), Oral Health Profile, Dudley, 2019

Objective 1.5: Reduce Teenage Pregnancy

While teenage pregnancy rates have dramatically reduced over time, Dudley continues to have a higher rate compared to the national average: in 2021, there were 95 conceptions in under 18s, with 59% leading to abortion¹⁶.

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

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

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

What are we going to do?

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

How will we know if this goal has been achieved?

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

In 2021, there were 17.3 conceptions per 1,000 girls aged under 18 compared to 13.1 per 1,000 across England¹⁷.

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

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

THEME 2: Helping People Out of Poverty

Objective 2.1: Improve Skills and Employability

Objective 2.2: Increase Apprenticeship Opportunities

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

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

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

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

Place-Based Strategy

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

What are we going to do?

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

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

How will we know if this goal has been achieved?

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

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

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

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

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

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

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

What are we going to do?

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

How will we know if this goal has been achieved?

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

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

Objective 2.4: Improve Health at Work

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

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

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

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

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

What are we going to do?

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

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

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

How will we know if this goal has been achieved?

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

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

Objective 2.5: Develop Innovative Private-Public Sector Partnerships

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

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

- Dudley Banks and building society – we are collaborating with banks and building societies to create a comprehensive catalogue of support and banking solutions aimed at assisting residents facing financial difficulties. This initiative includes establishing bank accounts for residents lacking identification and fixed addresses.
- Supermarkets and retail stores – according to [data from the Crime Commissioner](#) there has been an increase in shoplifting incidents across the Borough. We are collaborating with the Crime Commissioner to work with supermarkets and retail stores to provide assistance pathways for individuals caught shoplifting essential items and are experiencing evident financial crisis or stealing to fund drug addictions. This will include referrals to local welfare and charities and [Offender to Rehabilitation Programme](#).
- Dudley Business Champions' Group comprising industry leaders and companies across the borough acting as ambassadors for business and providing a link between the Council and Private sector.
- Newly established Long-Term Plan for Towns Board and town centre specific partnership / organisations including Dudley Town Centre Partnership, Halesowen Business Improvement District and potential Stourbridge Business Improvement District (subject to successful ballot Oct 24).

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

What we are going to do:

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

How will we know if this goal has been achieved?

- An increase in bank accounts for residents lacking identification and fixed addresses.
- Decreased reports of shoplifting across the borough.
- There will be an increased number of private-public sector partnerships to improve financial wellbeing and reduce poverty in Dudley.

THEME 3: Mitigating the Impact of Poverty

Objective 3.1: Welfare support and advice

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

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

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

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

What we are going to do:

- Subject to central government funding, continue to provide direct payments and vouchers for essential support to residents through multiple channels and organisations to ensure the most vulnerable households are supported.
- Work with Welfare Support and Advice services to establish awareness-raising and form filling training programmes for front-line workers to increase their

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

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

How will we know if this goal has been achieved?

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

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

Black Country Food Bank supported over 21,000 people in Dudley in 2023, a 15% increase from 2022. Twenty-six percent (12,562) of Dudley's school children are now eligible for free school meals – an increase from 16% (7,331) in 2015/16²⁰.

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

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

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

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

What are we going to do?

- Create a multi-sector sustainable food partnership and action plan that aims to move away from crisis provision and towards creating a sustainable local food system that brings people together to share ideas and resources.
- Consider opportunities for policy changes aimed at reducing junk food advertising with promotions that endorse healthy sustainable food choices and increase availability.
- Explore options for improving the nutrition of children in early years and schools, including auto enrolment for free school meals and healthy start vitamins, availability of breakfast clubs, and quality of meals.

How will we know if this goal has been achieved?

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

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

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

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

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

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

What are we going to do?

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

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

How will we know if this goal has been achieved?

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

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

Latest estimates are that 26,711 households in Dudley were living in fuel poverty in 2022 — 18.8% of the 141,762 households in the area²¹.

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

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

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

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

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

What are we going to do?

- Provide one stop energy advice hub available to all residents of the borough to support with billing issues, offering debt and budgeting advice, funding for energy saving measures (e.g. boilers) and advice on energy efficiency, providing crisis measures, and help to reduce condensation.
- Embed a multi-agency referral partnership, by training frontline professionals from all sectors to recognise households in fuel poverty and refer them to DEAL Energy Advice Line.
- Continue to source and fully utilise national and local funding streams that provide energy improvements to increase the energy efficiency of homes across the borough.

How will we know if this goal has been achieved?

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

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

Objective 3.5: Increase awareness and prevention of financial loss.

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

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

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

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

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

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

What are we going to do?

- Reduce the stigma and embarrassment associated with financial loss, promoting the Stigma Kills Campaign.
- Increase resident awareness about the warning signs of common fraud, scams and loans sharks, how to protect themselves, and how to get help.
- Tackle gambling-related harm and contribute to the West Midlands Gambling Recommendations and Action Plan.

How will we know if this goal has been achieved?

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

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

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DUDLEY HEALTH AND WELLBEING BOARD

DATE	12th September 2024
TITLE OF REPORT	Dudley Health Protection Strategy
Organisation and Author	Dudley Health Protection Board.
Purpose	For information purpose.
Background	<p>The Director of Public Health (DPH), on behalf of the local authority, is responsible for providing oversight for the health protection system, ensuring there are effective arrangements and governance processes in place. The Dudley Health Protection Strategy (Appendix I) has been developed to support the DPH in their role as an independent advocate for the health of the population and system leadership for its improvement and protection.</p> <p>We have a long-standing process of working together within Dudley on Health Protection issues. We were one of the first local authorities to have in place a Co-operation agreement, which has worked to ensure that when health protection outbreaks or incidents arise the system comes together to address those issues. The Health Protection Board and the processes in place have supported not only the management of outbreaks, but were key to how we managed the Covid response, coming together as a system to deal with challenges.</p> <p>This new Health Protection Strategy aims to build on the relationships already established, identify the priorities for partners and work together to achieve the objectives highlighted in each element of the strategy.</p> <p>The Dudley Health Protection Strategy aims to reduce the risk to every resident of Dudley Borough from infectious and non-infectious environmental health hazards and, where hazards do occur limit their impact on the health of those living and working within the borough. This will be achieved by working with partners and stakeholders to prevent exposure to hazards and taking timely actions in response to threats thus ensuring the most appropriate use of resources. In addition, the strategy will enable us to plan and work together in preparation for the next pandemic when it occurs.</p>

All partners on the HP Board (Appendix II) have contributed to the development of the HP Strategy and these are their priorities:

- Threat of infection from Anti-microbial resistance and poor dental hygiene
- Threat from zoonotic diseases and food and water safety
- Threat of vaccine preventable infections due to declining vaccination rates
- Threat of communicable disease
- Threat from major incidents and emergencies
- Threat from poor air quality
- Threat posed by extreme weather to the most vulnerable
- Threat posed by pandemic infections
- Threat of increased inequalities due to poor uptake of national screening programmes

Vaccine hesitancy is one of the World Health Organization's 'Ten threats to global health' and is responsible for declining vaccination rates. Although regularly above regional and national averages, vaccination rates in Dudley show a downward trend and there has been a rise of cases from vaccine preventable diseases. The Health Protection Strategy aims to build on the innovative partnership work, such as roving Covid-19 and flu clinics, pop-up and extended hours MMR clinics and pilot projects that have taken place since the pandemic. The Dudley Vaccine Inequalities group, established in 2022, is a regular multi-agency meeting with the goal of reducing vaccine hesitancy and improving vaccine uptake across the life-course to reduce health inequalities for Dudley residents through co-operation.

Anti-microbial resistance (AMR) is a public health threat identified on the National Risk Register and is responsible for or is a contributing factor towards millions of deaths globally each year. AMR makes it more difficult to treat infections and increases the risk of medical procedures and treatments. Reducing inappropriate use of antibiotics through antimicrobial management in health and adult social care, sexual health and substance misuse services is key to tackling AMR.

Poor oral care is linked to healthcare acquired infections, infections in the lining of the heart (endocarditis), and increased risk of poor nutrition and dehydration, with its associated risks. Preventing infections by improving oral care and continuing work to reduce urinary tract infections UTI's across health and adult social care

are actions included in the Dudley Health Protection Strategy which will contribute to reducing AMR.

Zoonotic infections are where an infectious disease passes from Animals to Humans. They can be spread by direct contact with an infected animal or via contaminated food, water or the environment. Zoonotic infections can pose a major Public Health threat to human and animal health, due to close connections with animals in agriculture, companionship and the natural environment (WHO, 2020). Controlling those risk have been seen in the borough and across the country since the pandemic, with the die of wild birds due to Avian influenza, and counter measures escalated to deal with this threat.

Protecting the residents of Dudley from foodborne diseases is an important element of the strategy. To maintain compliance with food safety within the borough inspections of food premises are carried out to ensure they comply with The Food Standards Agency's Food Law Code of Practice.

The prevention of these diseases also involves the inspection and licencing of premises where animals are housed, sold, bred or slaughtered.

Communicable diseases can affect individuals of all ages and have a devastating impact on the most vulnerable in our communities. In addition, they and can also have an impact on the system leading to outbreaks, service delivery disruption, and increased hospital admissions. The Health Protection Strategy aims to builds on the work undertaken in previous years around increasing knowledge and understanding of Infection prevention and control standards across the community, public and providers of Health and social care. The strategy also aims to maintain and strengthen the management of outbreaks through early identification and response, and, as a system learn from and apply lessons learnt from incidents and outbreaks of infection, to enable us to protect the service users and staff from communicable disease across the borough.

Screening provides an opportunity for early diagnosis and treatment of life-threatening diseases, reducing premature mortality and disability rates. Following the pandemic uptake of screening in Dudley has declined and uptake is lower in the more deprived areas of the borough, exacerbating health inequalities. The Health Protection Strategy aims to raise awareness of and remove barriers to improve uptake of screening opportunities

	<p>especially amongst communities with the lowest rates to reduce health inequalities and improve the health of Dudley residents.</p> <p>Air quality has a direct impact on the health of all residents of Dudley regardless of age. Poor air quality has direct links to asthma in children and young people and can exacerbate the effects of respiratory conditions in adults. The Dudley Health Protection Strategy identifies air quality monitoring and effective use of data in planning policies as one intervention to reduce pollution and improve air quality. Education for residents and enhancing the quality of green spaces across the borough will contribute to better air for all.</p> <p>Finally, we need to prepare for the next emergency and pandemic, therefore ensuring our plans are up to date and tested with form part of our strategy.</p>
<p>Key Points</p>	<ul style="list-style-type: none"> • The risk from infections and other environmental hazards are ever present. • Work is being undertaken to improve screening locally in areas of highest socioeconomic deprivation, particularly around breast and bowel screening. • This is a system wide strategy, has been developed by all members with a vested interest in the health and wellbeing of Dudley residents. Identifying the objectives and priority actions for partners to take to achieve the protection of the population of Dudley. • The Strategy will be monitored at the Health Protection Board, chaired by the Director of Public Health, where partners will feedback on progress, successes, and any risks or challenges.
<p>Emerging issues for discussion</p>	<p>Outbreaks and pandemics are a constant threat, and we must be prepared for when the next occurs.</p> <p>As we have already seen, falling vaccination rates will lead to an increase in outbreaks, with associated risks and costs.</p> <p>Resource/staffing pressures will potentially lead to challenges around the prevention of communicable disease and improvements to screening programmes.</p>

	After, sustained falls nationally healthcare associated infection rates have stalled.
Key asks of the Board/wider system	<ul style="list-style-type: none"> • Accept the strategy • Monitor progress as part of the overall HWB strategy.
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	<p>The Health Protection Strategy contributes to the Health and Wellbeing Board key goals by:</p> <p>Improving school readiness by addressing falling vaccination rates through innovative initiatives to counter misinformation and improve access in areas of low uptake and within at-risk communities.</p> <p>Reducing circulatory disease deaths by improving air quality and green spaces encouraging more active lifestyles.</p> <p>Improving screening rates for breast cancer in women by addressing inequalities through improvement of information, access and support where it is needed most.</p>
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities.

Contact officer details



Dr Mayada Abuaffan, Director of Public Health.

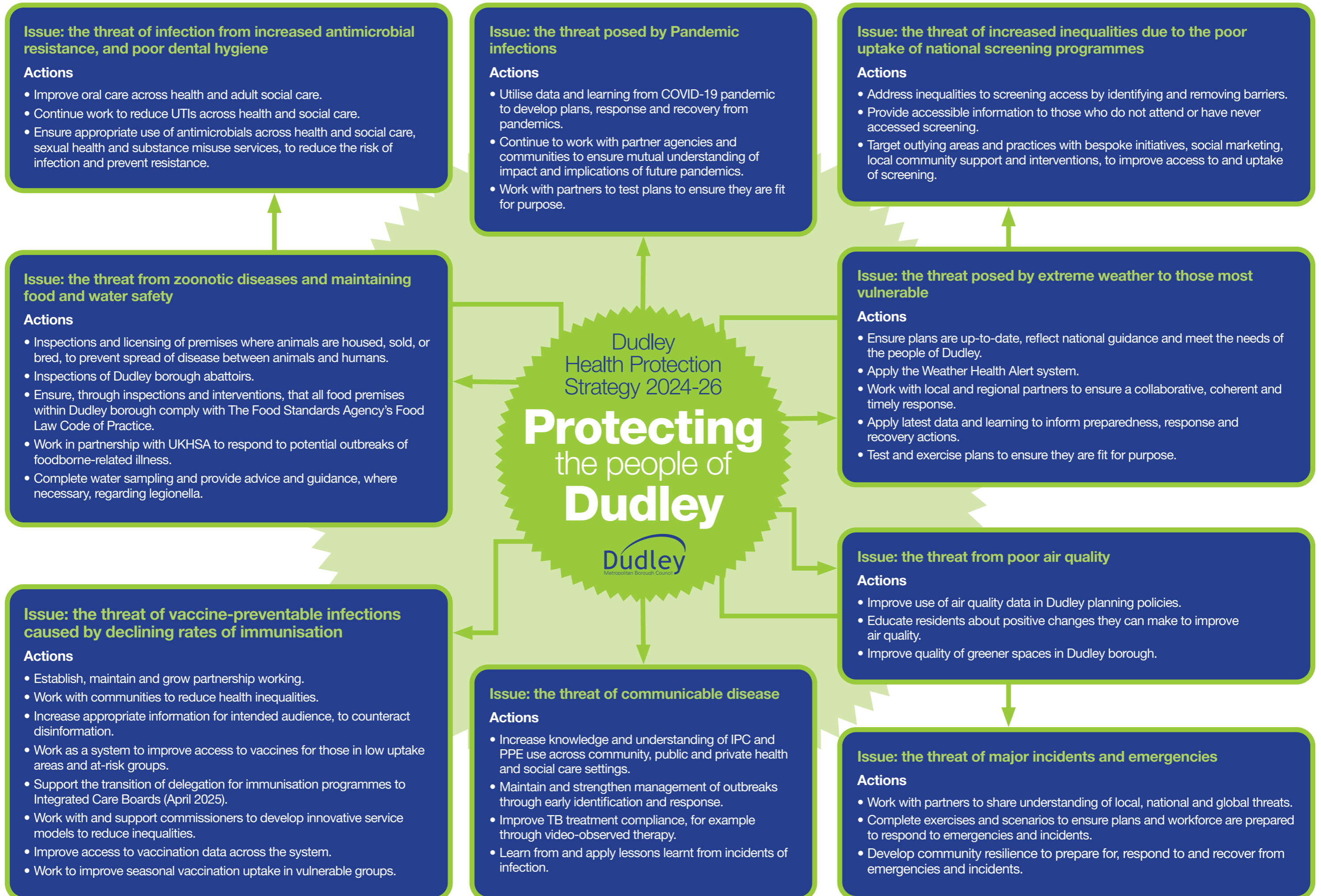
Appendix I

See Attached

Appendix II

Organisations represented at the Health Protection Board

- Black Country Integrated Care Board: Multiple Members.
- Black Country Healthcare NHS Foundation Trust.
- United Kingdom Health Security Agency.
- The Dudley Group NHS Foundation Trust: Multiple Members.
- Dudley Integrated Health and Care NHS Trust.
- West Midlands Ambulance Service University NHS Foundation Trust.
- NHS England.
- Dudley Metropolitan Borough Council: Multiple Members.
- The Care Quality Commission.



DUDLEY HEALTH AND WELLBEING BOARD

DATE	12 September 2024
TITLE OF REPORT	Report of the Children and Young People’s Partnership Board
Organisation and Author	Mr. N. M. Bucktin – Dudley Managing Director, Black Country ICB and Chair of the Dudley Children and Young People Partnership Board.
Purpose	To advise the Board of matters considered by the Children and Young People’s Partnership Board
Background	The Children and Young People’s Partnership Board met on 6 August 2024. This report sets out the main items discussed.
Key Points	<ol style="list-style-type: none"> 1. Council and NHS commissioning arrangements for 0 - 19 services reviewed. 2. Infant, Child, and Young People’s Strategic Partnership Group established. 3. Updates received from all Sub-Groups. 4. DfE visit to Family Hubs to take place on 19 September. 5. Local Government Association (LGA) peer review of early years services to take place. 6. Update provided on Work Well Programme.
Emerging issues for discussion	None
Key asks of the Board/wider system	None
Contribution to H&WBB key goals: <ul style="list-style-type: none"> • Improving school readiness • Reducing circulatory disease deaths • More women screened for breast cancer 	The Board contributes to the goal of improving school readiness.
Contribution to Dudley Vision 2030	A place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future

1.0 PURPOSE OF REPORT

To advise the Board of matters considered by the Children and Young People's Partnership Board at its meeting on 6 August 2024.

2.0 COMMISSIONING ARRANGEMENTS - 0 -19 SERVICES

The Board has considered a report on commissioning arrangements for 0 -19 services and the respective responsibilities of the Council and the ICB.

The Board has noted that following the re-procurement of 0 -19 services by the Council, including health visiting and school health advisers, some anomalies have arisen in relation to the division of responsibility between the Council and the ICB in relation to the Multi-Agency Safeguarding Hub (MASH, Review Health Assessments, Special School Nurses, and Continence.

Arrangements have been made to rectify these so that responsibilities reflect the relevant national guidance.

Prospectively, the Council and the ICB will be working together on the totality of commissioning for community children's services.

3.0 INFANT, CHILD, AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP GROUP

The Board has approved terms of reference for the establishment of this Group.

The Group will oversee 3 particular areas of activity and report to the Board:-

- Child Friendly Dudley
- School Readiness
- Financial Wellbeing and Mitigating Poverty

The Work Well Programme which is designed to enable people to remain in work and to access work, will contribute to the latter point.

4.0 SEN/D PARTNERSHIP BOARD

The Board has received an update from the SEN/D Partnership Board. The Board has noted:-

- completion of the Self Evaluation Framework (SEF) and the development of a refreshed SEN/D Strategy;
- terms of reference agreed for SEN/D Improvement Board;
- 24 month Accelerated Progress Plan (APP) review held with DfE and NHSE;
- guidance approved on Ordinarily Available Inclusive Provision;
- update considered on autism diagnostic pathway.

5.0 PREVENTION AND EARLY HELP STEERING GROUP

The Board has noted that a revised Prevention and Early Help Strategy is being developed for approval in the autumn.

Representatives from the 3 DfE are visiting the Family Hubs on 19 September and the LGA is carrying out a peer review of early years services.

6.0 STRATEGIC INFANT CHILDREN AND YOUNG PEOPLE EMOTIONAL HEALTH AND WELLBEING GROUP

The Board has noted that the Group is developing an action plan covering a number of areas of activity which will be considered by the Board in the autumn.

N.M. Bucktin
Chair, Children and Young People's Partnership Board
August 2024

neill.bucktin@nhs.net