

**Minutes of the Dudley Health and Wellbeing Board  
Thursday 1<sup>st</sup> December, 2022 at 4.00pm  
Microsoft Teams Meeting**

**Present:**

Dr R Edwards (Vice-Chair in the Chair)  
Councillors: S Ridney

Officers: M Abu Affan (Acting Director of Public Health and Wellbeing), M Bowsher (Director of Adult Social Care), N Bucktin (Dudley Managing Director – Black Country Integrated Care Board), S Cornfield (Programme Director for the Health and Care Partnership Board), C Driscoll (Director of Children’s Services), M Foster (Acting Chief Executive of Black Country Health Care), A Gray (Dudley Council for Voluntary Service - Chief Executive Officer), J Griffiths (Chief Officer Healthwatch Dudley), A Henry (Health and Wellbeing Policy Officer), M Kedwards (Team Manager Adult Social Care), K Kelly (Dudley Group NHS Foundation Trust), P Kingston (Independent Chair – Safeguarding), Commander A Tagg (West Midlands Police), J Weston (Strategic Partnership Manager Forging the Future), and L Jury (Democratic Services Officer).

**Also in attendance:**

S Nicolls as substitute for S Cartwright (Dudley Integrated Health and Care NHS Trust)

K Rose as substitute for D Wake (Dudley Group NHS Foundation Trust)

R Humphries for agenda item no. 5 only

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10 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillors I Bevan (Chair), R Buttery and L Taylor-Childs; S Brooks, S Cartwright, S Dicks, M Foster, B Heran, P Maubach, S Tranter, D Wake and K Wright.

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11 **Declarations of Interest**

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

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12 **Minutes**

**Resolved**

That the minutes of the meeting of the Board held on 16<sup>th</sup> June, 2022, be approved as a correct record.

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13 **Change in order of Business**

Pursuant to Council Procedure Rule 13 (c) it was:

**Resolved**

That the order of business be varied and that the agenda items be considered in the order set out in the minutes below.

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14 **Dudley Safeguarding Adults Annual Report**

The Committee received a report of the Dudley Safeguarding People Partnership on the adult safeguarding arrangements and achievements in Dudley across the partnership during 2021-2022.

The Independent Chair (Safeguarding) was in attendance at the meeting and presented the report, and in doing so, referred to the Annual Report that had been considered at the Health and Adult Social Care Scrutiny Committee at its 14<sup>th</sup> November meeting. The report had highlighted the busy year that the Safeguarding Teams had experienced with over 6000 referrals having been received, which had equated to a 16.3% increase from the previous year. It was noted that conversion rates had been running at approximately 10% and statistical figures against other comparison local authorities were being produced to try to understand Dudley's conversion rates, as it was noted that the West Midlands rates were nearer 15%.

It was advised that Dudley's structure had been modified slightly over the previous 6-9 months, and now comprised of the wider partnership, namely, the Dudley Safeguarding Adults Board, the Dudley Safeguarding Children's Partnership Group, and Quality Assurance and Learning and Improvement, where safeguarding adult reviews were referred to.

Reference was made to page 12 of the report with regard to abuse categories, and it was advised that the category of Neglect and Acts of Omission had formed the highest proportion of all enquires, with 176 incidents from females and 130 from males. The second highest enquires received had related to Self-Neglect. It was noted that some significant work had been undertaken on self-neglect in terms of developing Dudley's own Self-Neglect Policy which was now in place. It was advised that an increase in referrals of approximately 20% was anticipated for next year and reference was made to the already limited resources within the safeguarding system.

It had been noted that adults with possible addictions or mental health issues were now visiting public places, such as Libraries to keep warm, and different types of abuse and neglect were also now being observed as a result of the post-pandemic, and more specifically, the effects of the cost-of-living crisis. It was advised that an on-line seminar was being organised for front line workers to discuss the new types of neglect and abuse that were being observed and it was anticipated that the seminar would take place in January/February next year.

Reference was made to the three priorities for next year being: Priority One - Neglect across the life course, Priority 2 – Exploitation across the life course, and Priority Three - Preventing Harm across the life course.

In conclusion, reference was made to Deprivation of Liberty Safeguards (DoLS), as set out in part 6 of the report, and it was noted that an understanding of what the Care Quality Commission (CQC) review might look like in terms of Adult Social Care when implemented next year, was being undertaken as it was anticipated that Adult Safeguarding would be included.

Arising from the presentation, thanks were expressed to the Independent Chair (Safeguarding) as it was considered that the report had demonstrated the work that the partnership had undertaken aligned to meeting the priorities of the Board and had also highlighted the borough's vulnerable adults. Reference was also made to the work that the Partnership Board had undertaken on training and awareness that had been highly valued.

In response, the Independent Chair (Safeguarding) referring to the recent Scrutiny meeting he had attended, stated that Dudley's educational and training offer for safeguarding was exemplary with in-excess of 20-30 courses available on-line.

The Chief Officer HealthWatch Dudley advised on a piece of work that was being undertaken next year in relation to safeguarding where contact would be made with people and families currently listed within the safeguarding system, to capture comments to assist people in becoming more involved in the system. In response, the Independent Chair (Safeguarding) expressed thanks for the work being undertaken and stressed the importance of making safeguarding personal and it was anticipated that the work would help to understand the safeguarding experience and assist in improving the service.

The Director of Adult Social Care commented that a new portal had been produced for accessing safeguarding which, it was noted, worked well for some members of the public and professions but it was acknowledged that other people in the community had expressed concerns raising safeguarding issues in this way and noting that historical issues around the need for anonymity in safeguarding remained. It was acknowledged how the world had changed dramatically in the last 12 months and this was being reflected in the instances and nature of abuse being observed and the need to listen, adapt, and try to improve the offer of help within the community and make it easier for them to reach out to the service. It was noted that the number of referrals, referred to earlier in the report, were higher than the number of referrals received before the pandemic, reflecting the world to date and the impact that the cost-of-living crisis was having on society.

It was requested that a copy of the Adult Safeguarding Report and the presentation considered at the Scrutiny Committee be emailed to Members and it was proposed that any questions be referred directly to either the Director of Adult Social Care or the Independent Chair (Safeguarding).

The Chair thanked the Officer for the report and recognised the work as a collective piece of work undertaken across Dudley with many people contributing to it. An increase in the safeguarding workload was acknowledged as the world recovered from the pandemic and the impact that the cost-of- living and energy crisis was having on society.

## **Resolved**

That the information presented in relation to the adult safeguarding arrangements and achievements in Dudley across the partnership during 2021-2022, and comments made by Members, as stated above, be noted.

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### **15 Health and Wellbeing Board Development Session**

R Humphries, an external consultant, was in attendance and gave a verbal update on the forthcoming development session which would focus on developing a new sense of purpose and direction for the Health and Wellbeing Board (HWBB).

Reference was made to the interviews that had already taken place with some Board Members and thanks were expressed to those that had given honest, constructive, feedback on the HWBB looking back and what the Board needs to achieve going forward. A strong appetite was acknowledged amongst Board Members to undertake three objectives:

- 1) to sharpen up the purpose of the Board, to clarify its remit and priorities,
- 2) to emphasise that the role of the Board was a distinctive one, the landscape of partnership of the Board was complicated, and a strong desire was expressed to avoid duplicating work and ensure that work complemented the emerging arrangements for place-based partnerships, as part of the integrated care system development,
- 3) a strong desire for the Board to be able to demonstrate what it actually can do for people in Dudley that it had not been able to do in the past.

R Humphries advised that two half-day development sessions were being planned and dates would be advised. At the first session, detailed feedback from the interviews would be presented, together with consideration given to the latest updated guidance from the Department of Health and Social Care on the role of Boards, and what was happening in other authorities. Proposed options and choices for the Board would also be considered, and it was emphasised that it would be important at the end of the process to have a clear, tangible plan for the Board to take forward.

After a short discussion, the Acting Director for Public Health and Wellbeing advised that both development sessions would be held in person and the dates and venues would be advised accordingly. All Board Members were strongly encouraged to attend and contribute to both sessions.

The Chair thanked the officer for the update and stated that it had been pleasing to hear that Members wished to do things differently and more dynamically going forward and consideration was needed in the context of the new changes that had occurred from the Health and Care Act that came into force during 2022 and the new Integrated Care Systems (ICS).

### **Resolved**

That the information presented with regard to the forthcoming Health and Wellbeing Board development sessions, and Member's comments as stated above, be noted.

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#### **16 Joint Strategic Needs Assessment (JSNA) update report**

The Committee received a verbal update on a proposed approach to the JSNA and requesting that Member's agree a way forward.

The Acting Director for Public Health and Wellbeing presented the report, on behalf of Dr M Gibbon who had been unable to attend the meeting, and in doing so, advised that a systematic and joint approach was proposed with the JSNA. It was suggested for the JSNA to sit under inequalities and would require input from all partners to which it would inform the work of all partners. The Dudley Managing Director – Black Country Integrated Care Board would provide more detailed information during the presentation of the next agenda item.

### **Resolved**

That the information presented on a proposed approach to the JSNA, be noted.

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#### **17 Health Inequalities – Establishment of Population Health Management and Inequalities Group**

A report of the Dudley Managing Director – Black Country Integrated Care Board was submitted to consider appropriate arrangements for the development and oversight of a health inequalities strategy for Dudley, in the context of evolving partnership arrangements.

The Dudley Managing Director – Black Country Integrated Care Board presented the report, and in doing so, advised on the work that had been taking place at various settings with regard to the issue of health and inequalities, and inequalities in more general terms. It was noted that conversations had taken place with a number of colleagues across the system with regard to how best to manage that work prospectively.

Reference was made to the work that was being undertaken to refresh the JSNA which would include a significant piece of work entitled ‘Growing up in Dudley’ focusing on 0–25-year-olds and this work would ultimately inform a new Joint Health and Wellbeing Strategy. Reference was made to other work being undertaken in relation to Population Health Management and detailing how to take a population health management approach to prevention, etc, and work was being undertaken on refreshing the Borough’s existing Health and Care Outcomes Framework.

It was proposed that a single Population Health Management and Inequalities Group be established that would consist of representatives from all partners across the system. The Group would report to the Health and Wellbeing Board primarily and would also have a relationship with the other main partnership bodies within the system, such as, the Health and Care Partnership Board, in terms of their contribution to population health management and inequalities, and the Forging the Future Executive, which had a particular interest in the wider determinates of health and inequalities issues such as, economic development, skills, enterprise and regeneration.

It was also proposed that a Sub-group be established to deal with data and provide technical and analytical advice to the Population Health Management and Inequalities Group, around the outcome’s framework and in relation to the JSNA, and all other analysis that would be required to address health inequalities and population health management issues.

In concluding, reference was made to a paper that had been presented to the Health and Care Partnership Board last month, that would be circulated to Members.

Arising from the presentation and referring to other groups mentioned in the report, clarification was sought as to where these Groups would sit, for example poverty and prevention groups, to ensure a standard approach across the system. In response, the Dudley Managing Director of the Black Country Integrated Care Board, advised that it, in terms of prevention, it was anticipated that this would sit within the Population Health Management and Inequalities Group, and in relation to poverty, it was considered that poverty fell within the wider determinates of inequality, and it was envisaged that this would sit within the Forging the Future Executive.

In response, the Strategic Partnership Manager Forging the Future, advised that at the last Executive meeting, it had been agreed that the Board would take a focus on poverty and the cost-of-living crisis, but poverty had also been recognised as part of the inequality's agenda. The Acting Director for Public Health and Wellbeing acknowledged the cross-over of such issues but stressed the importance of avoiding duplication.

The Independent Chair (Safeguarding) proposed that a wiring diagram be produced to demonstrate where issues/groups feed into and why, and what work was being undertaken by who to avoid duplication.

Members agreed the proposal and the Chair acknowledged that these such issues were likely to be raised in the forthcoming development session. It was anticipated that the JSNA would become the driver to set the Board's agendas and strategies going forward and it was proposed that consideration be given to alignment. It was requested that the Acting Director for Public Health and Wellbeing and the Dudley Managing Director of the Black Country Integrated Care Board consider the issue of alignment, and feedback to the development session.

## **Resolved**

- (1) That information contained in the report, and Member's comments, as stated above, be noted.
- (2) That the proposal to establish a Population Health Management and Inequalities Group and a subsequent Sub-group to advise on technical and analytical issues, be approved.
- (3) That the Acting Director for Public Health and Wellbeing and the Dudley Managing Director of the Black Country Integrated Care Board consider the issue of alignment, and feedback to the development session.
- (4) That the Dudley Managing Director of the Black Country Integrated Care Board produce a wiring diagram as requested by Members.



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## 18 **Dudley's Model of Health and Care**

The Committee received a report from the Dudley Health and Care Partnership Board providing an update from the Integrated Model of Care Partnership Group.

In presenting the report, the Dudley Managing Director of the Black Country Integrated Care Board reported that the Health and Wellbeing Board and the Health and Adult Social Care Scrutiny Committee had both previously considered reports on work that had been undertaken by CapGemini. It was noted that the work had commenced during Spring/early Summer 2022 and reference was made to the four particular areas identified as requiring additional work, namely, Mental Health, Children's Services, Integrated Care Teams, and the Clinical Hub (Urgent Community Response Service).

Subsequently, the Integrated Model of Care Implementation Group had been established, which would oversee workstreams and report directly to the Health and Care Partnership Board. It was noted that four Transformation Groups had previously dealt with the four areas of work identified. It was advised that the Transformation Groups had started to feedback in more detail to the Implementation Group on mental health, Children's Service, and Integrated Care Teams, with feedback on the clinical hub to follow shortly. In addition, a further piece of work had been undertaken by clinicians, in relation to how care pathways could be developed, strengthen, and integrated and this work would be reported back to the Implementation Group and the Partnership Group.

It was proposed that the detailed activity being undertaken could be reported back to the HWBB, at a specific development session to help members fully understand the process.

Arising from the presentation, K Jones advised on a further piece of work that was being undertaken from other feedback collected through CapGemini, ensuring that enablers were in place to provide support, and that the work would be linked in with the Partnership Board to focus on what the Board wished to do going forward.

The Director of Children's Services, although pleased to see that children and young people were one of the four work streams, raised concern with regard to a possible conflict between system and place and referred to previous discussions at the DHWBB in relation to when the focus would be on place, in terms of the work that was needed to be undertaken locally on improving outcomes for children and young people. The vast amount of work that needed to be undertaken on innovation and integration and thinking preventatively to see the authority in a position where a child with an urgent need for Children and Adults Mental Health Service (CAMHS) no longer had a three year wait to be seen was acknowledged, and the timescales to deliver the improvements were requested.

In response, the Dudley Managing Director of the Black Country Integrated Care Board, advised that Children's Services had been the first to respond back and a meeting of the Implementation Group was planned for next week where milestones around implementation would be discussed.

K Jones advised that from the feedback, the excellent work that had been undertaken had been acknowledged and it was agreed to support the model and the direction of travel, and the next steps now needed to be agreed. S Cornfield advised that a meeting with Dr. Hobson was scheduled to be held tomorrow, and reference was made to three 'quick wins' that had been agreed at the last Board meeting and a further six that had been proposed. It was advised that, as part of the 5-year Forward Plan, timescales had been proposed which had been circulated to officers for consideration and the 5-year plan and timescales would be considered at the next Children and Young People's Partnership Board.

S Nicholls commented that having participated in the workstream around the children and young people's transformation, the passion and the energy of those in attendance was acknowledged, however, it was noted that other than the original paper presented, no further communications had been received with regard to the clinical teams to help keep their ambitions and passion alive. Reference was also made to the SROs that had originally been aligned to the workstream, and it was questioned whether the SRO arrangements still existed or whether a different mechanism would be put in place moving forward. In response, S Cornfield confirmed that one of the two original SROs that had been appointed remained and agreement would be sought on whether to continue with the role. Reference was made to the 5-year Plan that had been circulated to all leads of organisations to contribute, and it was proposed that consideration be given outside the meeting on information to be feedback to clinicians.

The Chair suggested that the issue relating to feedback to those who had been originally involved in the children and young people transformation, be considered by the Implementation Board.

## **Resolved**

- (1) That the information contained in the report, and Member's comments, as stated above, be noted.
- (2) That the Implementation Group be requested to consider further information to be feedback to clinicians.

## 19 **Information Items**

- i) The Director of Children's Services advised that NHS England and the Department for Education carried out a six-monthly review of the Council's accelerated progress plan for SEND (Special Educational Needs and Disabilities) and written feedback would be given in due course. It was suggested that the SEND feedback, routine updates, and outcomes for Dudley's children be presented at future meetings of the Board for consideration. It was noted that the new SEND Inspection Framework had been announced and would come into operation 2023. In response, the Policy Officer Health and Wellbeing, agreed to add feedback from Children's Services as an agenda item for future meetings.
- ii) The Policy Officer Health and Wellbeing, advised that the Pharmaceutical Needs Assessment which had previously been presented to the Board, and had been approved by the Board on 23<sup>rd</sup> September 2022, had been published on the Council's Health and Wellbeing website on 26<sup>th</sup> September 2022.
- iii) The Policy Officer Health and Wellbeing referred to the forthcoming development sessions to be held on 10<sup>th</sup> January 2023, 10.00am-1.00pm at Himley Hall and 27<sup>th</sup> January 2023, 10.00am-1.00pm. Invitations had been sent out to all Board Members and the Chair and Policy Officer would be contacting all Members to stress the importance of attending and contributing to both sessions. Members approved the proposal put forward by the Policy Officer that a bulletin be produced in between Board meetings for Members to be kept updated on items across the board.

Meeting ended at 5.00pm

CHAIR