

**Minutes of the Social Care and Wellbeing Scrutiny Committee
Thursday 17th July, 2025 at 6.00 pm
In Committee Room 2, The Council House,
Priory Road, Dudley**

Present:

Councillor A Tromans (Chair)
Councillors C Bayton, D Bevan, T Creed, A Dale, M Hanif, J Hill, I Kettle,
S Ridley, A Smith and K Westwood; K Chiverton – Healthwatch Dudley

Dudley MBC Officers:

R Holt and J Edwards (Public Health Managers), E Matthews (Interim Director of Adult Social Care) and K Malpass (Democratic Services Officer).

Also in Attendance:

Councillor A Goddard (Cabinet Member for Adult Social Care) and Councillor W Little (Cabinet Member for Children and Young People)
M Smith (Local Democracy Reporter)

In Attendance via MS Teams:

D Pitches (Head of Service, Health Care Public Health) and R Sardar-Akram (Public Health Consultant)

Also in Attendance – Black Country Healthcare NHS Foundation Trust via MS Teams:

L Brookes (Associate Director of Partnerships), J Cole (Divisional Operations Director – Older Adults Mental Health), S Hogan (Deputy Director Children, Young People and Families), S Humphries (Director of Learning Disabilities, Children, Young People and Families and Adult Mental Health Specialist Services), K Kaur-Wilson (Chief Strategy and Partnerships Officer/Deputy Chief Executive Officer) and Dr U Khalid (Divisional Medical Director – Older Adults)

1 **Comments of the Chair**

The Chair welcomed everyone to the first meeting of the Social Care and Wellbeing Scrutiny Committee and emphasised the importance of directing scrutiny efforts towards significant issues that fell within the remit of the Committee.



2 **Apologies for Absence**

Apologies for absence were received on behalf of Councillor K Lewis and J Griffiths (Co-opted Member for Healthwatch Dudley).

3 **Appointment of Substitute Members**

It was noted that Councillor I Kettle and K Chiverton had been appointed as Substitute Members for Councillor K Lewis and J Griffiths, respectively, for this meeting of the Committee only.

4 **Declarations of Interest**

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

5 **Public Forum**

There were no questions raised under this agenda item.

6 **Programme of Meetings and Business Items for 2025/26**

The Committee considered a report of the Director of Legal, Compliance and Assurance/Monitoring Officer on the programme of meetings and items of business for consideration by this Scrutiny Committee during 2025/26. A copy of the Scrutiny Procedure Rules (including the Committee's Term of Reference) was appended to the report submitted.

Councillor A Tromans acknowledged the broad remit and challenges of the Committee's work programme, emphasising the need for effective collaboration. In referencing the Local Government Association (LGA) guidance, Members were requested to set aside party politics for the benefit of effective scrutiny.

Councillor A Tromans further clarified the rationale behind the development of the 2025/26 scrutiny work programme, indicating that the collaborative process, which involved both Members and Officers, prioritised substantive items over those for noting. The aim was to ensure items were focused and relevant to the Borough, facilitating efficient and effective scrutiny.

Councillor A Tromans expressed gratitude to Councillor C Bayton for highlighting the need for additional time to discuss significant Committee matters and indicated that two additional meetings had been scheduled, with flexibility to arrange further meetings if required to address the work programme effectively.

Members asked questions, made comments and responses were provided where necessary as follows: -

- (a) Councillor C Bayton queried the absence of the NHS Quality Account from the work programme, highlighting their previous inclusion and the importance of the data. The Head of Service, Health Care Public Health clarified that NHS providers produced annual reports which were required to be submitted to the Department of Health by 30th June to reflect quality and safety work from the previous financial year. However, due to the scrutiny timetable and the late availability of data, scrutinising reports before the Council's annual meeting was challenging.

The Head of Service confirmed that, historically, the Committee had either invited NHS representatives to present available information to Committee Members during late March/early April or circulated reports by e-mail for comments at the end of the financial year. Members were advised that the accounts previously circulated by e-mail were accompanied by a comprehensive guide which detailed key aspects to consider within a quality account and an offer for a separate meeting with Members, outside of the Scrutiny Committee, to delve into the data in more detail which could be facilitated if required. Members were invited to discuss and suggest new approaches to present the NHS Quality Accounts whilst noting that a request had been made for NHS providers to present finalised data at a later meeting should the request be agreed by the Committee. Members were advised, however, that waiting for the 2025/26 NHS Quality Accounts would delay presentation until late April/early May, which would make it difficult to fit into the existing calendar of meetings. A key challenge for the service was obtaining draft reports that were suitable for public sharing and Council website publication prior to final submission to the Department of Health

Councillor C Bayton emphasised the statutory requirement for local authority oversight of the NHS Quality Accounts, indicating their timely inclusion in the work programme. Councillor A Tromans agreed with the comment indicating that initially, it had been agreed for the information to be circulated to Members for comments but suggested that if Members preferred a dedicated Committee discussion, the item could be considered for inclusion in the work programme.

In responding to a query raised by Councillor C Bayton in relation to the level of engagement following the e-mail circulation of the 2024/25 NHS Quality Accounts, the Head of Service confirmed that a low response rate had been received indicating that distributing information for comment during busy periods may have hindered effective review. A benchmarking exercise had revealed similar timing challenges and varied approaches across other Local Authorities and whilst some NHS trusts had been able to provide draft information in readiness for an additional meeting in April, not all had. The Head of Service indicated that he was open to alternative suggestions, including inviting representatives to present finalised data during June 2026 but acknowledged the need to discuss data availability with NHS providers and the potential impact of the local elections in May 2026.

Councillor S Ridney reiterated the statutory requirements for the Committee to comment on NHS Quality Accounts. Whilst Councillor A Tromans acknowledged the comments raised, it was questioned whether e-mail circulation would be more practical than a dedicated agenda item, given the busy work programme and the need to be flexible for urgent items to be included in the programme.

Whilst the Head of Service confirmed that following consultation, NHS representatives had agreed to attend a future meeting to present the 2025/26 NHS Quality Accounts should the Committee request this, which would allow a greater degree of scrutiny, aligning with the good practice and requirements for provider scrutiny, however, the challenges associated with the timing of final publication of the accounts were noted.

Councillor A Tromans suggested further discussion take place with the Head of Service to determine the best time to bring the 2025/26 NHS Quality Accounts to Committee for discussion and whether this approach would be the most appropriate method for scrutinising the 2025/26 NHS Quality Accounts moving forward.

S Ridney raised a concern that information needed to be scrutinised at a meeting prior to finalisation and submission, which would enable Members to respond to constituent queries. In responding, Councillor A Tromans acknowledged the tight deadlines for publishing accounts and the difficulties of presenting information before submission, especially given that this meeting was the first in its cycle. Councillor W Little supported the comment, stating that it was unacceptable for the Committee not to have had sight of the information prior to public release, emphasising that the purpose of scrutiny was to provide comments and feedback prior to publication.

Councillor A Tromans acknowledged the concern raised and agreed on the need for Members to provide effective scrutiny of the NHS Quality Accounts for 2025/26. It was suggested that the matter be discussed further with the Head of Service to agree a date in April/May 2026 when the 2025/26 NHS Quality Accounts would be ready to present to the Committee, arranging an additional meeting if necessary.

- (b) Councillor M Hanif referred to the Life in Lye Programme and the Brockmoor and Pensnett Innovation Project, specifically the Life in Lye initiative, highlighting its significant contributions to public health and the vital work associated with the High Oak Surgery. Concern was expressed that those crucial projects had not been included within the work programme, and he advocated for their inclusion to ensure the work was not “lost in the system”. It was proposed that an annual update on both initiatives be incorporated into the Committee’s work programme for the 2025/26 period, which would allow Members to be informed of any progress.

In response, Councillor A Tromans noted that the Committee’s current practice involved reviewing the draft list of agenda items and re-requesting the inclusion of omitted items, which was contrary to the Committee’s intended process. It was considered that both the Life in Lye Programme and the Brockmoor and Pensnett Innovation Project and High Oak Surgery were ward specific initiatives, and it was suggested that Members either received regular e-mail updates or raise specific questions during a Full Council meeting. It was queried whether the Committee’s current setting was the appropriate forum for such updates, a view that officers had reportedly shared during initial discussions regarding the work programme.

Councillors M Hanif and C Bayton maintained that the projects had equal importance to other items listed in the work programme, considering them to be “real work in public health” and the Council’s efforts to address and mitigate poverty across the borough. It was acknowledged that while the projects had initially been implemented on a ward specific basis, they were intentionally designed as pilot projects which would eventually be rolled out as borough-wide initiatives. The request for an update on the projects was reiterated, with a suggestion that a verbal report be provided to the Committee to ensure Members remained informed of developments.

In responding, Councillor A Tromans acknowledged the importance of both the Life in Lye Programme and Brockmoor and Pensnett Innovation Project and High Oak Surgery, however, reiterated the view that an update by e-mail might be a more suitable option to allow flexibility in the programme for urgent reports. In defending the development and process of the work programme it was reported that the Committee within its current structure was unable to focus on issues that exclusively affected specific wards within the borough and whilst acknowledging the importance of the projects, it was noted that not all residents within the borough utilised those specific projects, however, consideration would be given to providing Members with an update on the initiatives later in the municipal year.

- (c) Councillor S Ridney referred to the meeting scheduled for 10th November 2026 which included a discussion on the Education Report, including figures on the post exam results which would not be available at that time. To ensure the Committee had access to comprehensive and up-to-date information, it was suggested that consideration of the report be deferred until later on in the year, which was deemed necessary to allow for the release of national figures by the Department for Education. In responding, Councillor A Tromans acknowledged Councillor S Ridney’s comment and her extensive experience in the field and it was agreed that the Education Report be moved to the 19th January 2026 Scrutiny Committee.

Resolved

- (1) That the report on the programme of meetings and potential items of business for this Committee, be noted.

- (2) That Councillor A Tromans be requested to discuss the 2025/26 NHS Quality Accounts with the Head of Service, Health Care Public Health with a view to arranging an additional meeting of the Committee to present the information should it be deemed necessary.
 - (3) That the Education Report currently scheduled for consideration on 22nd September 2025 be deferred until 19th January 2026 to ensure the Committee had access to comprehensive and up-to-date information.
 - (4) That, subject to resolution (2) and (3) above, the Committee confirm the programme of business as outlined in paragraph 5 of the report submitted, subject to the need for flexibility to reflect any changes that might arise during the municipal year.
 - (5) That the Director of Legal, Compliance and Assurance/Monitoring Officer, following consultation with the Chair and Vice-Chair, be authorised to make all the necessary arrangements to enable this Committee to undertake its programme of scrutiny work during the 2025/26 municipal year.
 - (6) That the terms of reference for the Social Care and Wellbeing Scrutiny Committee, as set out in the Scrutiny Procedure Rules appended to the report submitted, be noted.
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7 **Change in order of business**

Pursuant to Council Procedure Rule 1(c), it was:

Resolved

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

8 **Changes to services in Mental Health, Learning Disabilities and Autism**

The Committee considered a report of the Mental Health and Learning Disabilities and Autism (MH & LDA) Trust on plans for the temporary change of criteria for the Adult Autism and Attention Deficit and Hyperactivity Disorder (ADHD) Diagnostic service (AAA service) due to the significant and sustained demand increase, together with development and changes to the provision of Older Adult Mental Health care in Dudley including the need for a temporary closure of the inpatient services at Bushey Fields Hospital. A presentation was provided to Members which had been circulated prior to the meeting.

Members asked questions, made comments and responses were provided where necessary as follows: -

- (a) Councillor C Bayton enquired about the number of hospital beds that would be available to the Health Trust once the facilities for older adult inpatients at Edward Street, Dorothy Pattinson and Bushey Fields Hospitals were operating together and the number of beds that would be temporarily lost due to the closure of Bushey Fields Hospital and how the service intended to manage the reduction.

The Divisional Operations Director for Older Adult Mental Health responded that, prior to the Eradicating Dormitories programme, the service operated approximately ninety-five hospital beds although the number was flexible depending on various challenges. The original plans for eradicating dormitories aimed for an overall reduction of approximately ten beds, however, over the past two-year period, the number of hospital beds available had reduced to 72 due to quality and safety pressures on decant wards.

The Director informed Members that Edwards Street and Dorothy Pattinson Hospitals would feature fifty-five hospital beds in purpose-built spaces. The current bed utilisation across the 72 beds averaged between 70% and 80% at any given time, therefore, the short-term proposal, which would address the quality and safety concerns around Bushey Fields Hospital and maintain the same level of service was to transfer patients and workforce to Edward Street Hospital. The service was not utilised fully due to improvement developments post-pandemic, particularly in the care home and dementia sectors, which resulted in fewer admissions of people with dementia to hospitals. Therefore, the initial phase did not propose any reduction in the current level of outpatient beds but would enable the service to deliver services in an improved environment.

Regarding the longer-term plans for Older Adult Mental Health, the development of a “Hospital at Home” service was currently being considered. The initiative aimed to operate solely from the new state of the art Hospitals at Edward Street and Dorothy Pattinson, based in Sandwell and Walsall. The future plan would include the closure of beds in Wolverhampton, subject to a comprehensive consultation exercise and discussions, involving appropriate stakeholders and Committee Members.

The Director further clarified that there were no proposals to move any further services currently delivered in Bushey Fields Hospital. Patients would continue to receive outpatient appointments in Dudley and community teams would continue to operate as a locality-based service. The planned “Hospital at Home” service, or virtual ward would offer a flexible capacity of twenty-five to thirty-five virtual beds, adaptable to patient need and acuity. It was intended that the service would operate across the Black Country and would work in an integrated way with the four community hubs across the borough and seen as an element that would future proof the service against any fluctuating demand. The improved type of care being delivered at Dorothy Pattinson Hospital was highlighted following six months in operation, which had subsequently led to the closure of Bloxwich Hospital.

- (b) In responding to questions raised by Councillor C Bayton, the Divisional Operations Director for Older Adults Mental Health acknowledged that a significant proportion of the care delivered at Bushey Fields Hospital were for adults and that a number of adult wards had undergone substantial refurbishment at considerable capital expenditure to bring them to a standard suitable for continued adequate care. The Director indicated that following the closure of the older adult facility at Bushey Fields Hospital, it would allow the service to assess whether the new model was fit for purpose in terms of capacity and provide the organisation with an opportunity to better utilise the site. Members were advised that there were no plans to relocate any other inpatient elements of Bushey Fields Hospital or outpatient facilities or services, the initiative would solely impact the older adults hospital beds located at the site.
- (c) Councillor M Hanif expressed concern that the three-month engagement period for the transition from Bushey Fields Hospital to Edward Street and Dorothy Pattinson Hospitals might be insufficient given the scale of the project. In responding, the Divisional Operations Director for Older Adults Mental Health explained that the work around those initiatives had been ongoing for some time and centred around the new hospital builds and its impact. The service had engaged with internal stakeholders, current patients and carers regarding the option of “care at home” as an alternative to hospital stays. It was noted that many families would have preferred to avoid hospital stays for their relatives.

It was clarified that the three-month engagement exercise was specifically aimed at those impacted by the immediate decant arrangements. Consultations on the medium terms plans would take longer, as it was recognised that a more detailed engagement and consultation process was required. The Director stated that plans for the longer-term and medium-term older adult developments would take more time to ensure plans were robust. Members were advised that an update would be brought back to the Committee when the service was in a position to be report on progress.

- (d) Councillor J Hill raised concerns regarding changes affecting the Attention Deficit/Hyperactivity Disorder (ADHD) criteria, querying the expected waiting list for an individual receiving an initial referral from their General Practitioner (GP) to being seen by the ADHD team, whether the resources available to the team had increased in the recent year and what would happen to individuals already on the waiting list that did not fall into the newly listed priority criteria. In responding, the Deputy Director for Children, Young People and Families confirmed that the current waiting list was approximately four and half years. In terms of resources, there had been additional allocations, each review undertaken had granted permission to recruit staff to support the service. It was noted that should the proposals be approved, individuals on the current waiting list would be risk stratified and those not prioritised would be directed towards the Right to Choose option.

The Associate Director of Partnerships indicated that the demand for resources for the service was a national issue, citing a 1000% increase in referrals over the last year. It was stated that additional staff alone was not the solution, and a national direction on how to proceed was required. The Associate Directorate then provided context to the risk stratified model, compared to a neighbouring system that had introduced an arbitrary age criterion, whereby individuals over the age of twenty-five would not be referred into the system. However, Members were advised that Dudley had not adopted that approach, instead would prioritise individuals most at risk based on clinical evidence, rather than an arbitrary age criterion.

- (e) In responding to a question from Councillor J Hill in relation to the requirements of the Right to Choose process, The Chief Strategy and Partnership Officer/Deputy Chief Executive Officer reported on the recent development of the facility. Whilst the “Right to Choose” facility was still NHS funded, it provided a framework where individuals could choose from a range of different providers, which would effectively reduce waiting times to see a specialist. The national challenges related to the quality and assurance arrangements concerning “Right to Choose” providers and to address the issue, the Integrated Care Board (ICB) had approved an accreditation framework and a clear service specification to ensure that the arrangements for ADHD services across the Black Country for Right to Choose providers was robust. This would ensure that individuals were not only seen more quickly than they would have if they continued to wait for the NHS funded services but also the quality of care would not be compromised.

- (f) In responding to a question raised by Councillor J Hill in relation to the funding for the significant number of referrals to the ADHD service, the Chief Strategy and Partnership Officer/Deputy Chief Executive Officer confirmed that the ADHD service was funded by the ICB, however, noted the significant cost pressure on the service. It was further stated that whilst funding arrangements were in place, the situation would require monitoring.
- (g) Councillor W Little referred to the terminology “risk stratified” and queried whether it equated to triaging. While it was acknowledged that the need for process adjustments was necessary, the critical importance of early diagnosis and support to children was emphasised, which was considered key in a child’s life journey through to adulthood. A further query was raised regarding the difference between risk stratification and triaging, how young people, particularly those already on the waiting list, were being prioritised to avoid the significant waiting times together with the impact on children.

The Associate Director of Partnerships indicated that triage was the mechanism by which risk stratification would be performed. The risk stratified model provided specific referral criteria, and referrers would be asked to triage individuals to ensure that they met one of the criteria points prior to referral. Members were advised that one of the prioritisation criteria specifically addressed individuals diagnosed in childhood and already on a treatment pathway, which aimed to ensure no impact on treatment during the transition from children’s to adult services.

The Deputy Director for Children, Young People and Families referred to a national taskforce that had requested the service improved outcomes for groups more likely to experience delays in diagnosis or disengage with the services and it was noted that criteria existed to fit individuals in those categories. The Director explained that children’s ADHD services across the Black Country were delivered by mental health services, and the same pressures and levels of demand were being observed for children’s services as for adult services. Therefore, within children’s services, those approaching eighteen years of age had been prioritised, necessitating internal stratification to ensure those on the waiting list within the Child and Adolescent Mental Health Services (CAMHS) were seen before they transitioned to adult services.

- (h) Councillor A Smith raised a concern regarding the waiting list period for ADHD assessments and what support was offered to those on the waiting list, given the assumed impact on their lives. In responding, the Associate Director of Partnerships indicated that individuals on waiting lists had the option to access a number of free alternative services provided locally, including the Recovery College and Talking Therapies, which offered both digital and face-to-face appointments. The need to ensure people were aware of alternative services whilst waiting for a diagnosis was emphasised.
- (i) The Healthwatch Dudley representative queried what communication was offered to individuals on the waiting list to ensure they did not feel “abandoned or forgotten”. In responding, the Director of Learning Disabilities, Children, Young People and Families and Adult Mental Health Specialist Services indicated that the service was continually looking at ways to improve communication with those on the waiting list and that standard letters were currently being drafted to inform individuals on alternative options available to them. It was noted that many people on the ADHD assessment waiting list were likely already receiving support from existing services, either through secondary mental health care or CAMHS. Whilst the length of the waiting lists was acknowledged as not being acceptable, efforts were being made to manage demand and prioritise the highest-risk cases.
- (j) Councillor J Hill queried what additional measures were taken to ensure people that required an ADHD diagnosis did not “drop off” the waiting list and miss out on treatment. A concern was raised that individuals with ADHD might not respond to correspondence. The Deputy Director for Children, Young People and Families confirmed that the service received frequent calls from individuals on the waiting list and that a duty service with clinicians and administrative staff were available to respond to enquiries. Members were advised that the service regularly prompted individuals to attend appointments and following up communication was provided should appointments be missed, together with contact being made with appropriate GPs with a view to a message being circulated to patients through the primary care route.

- (k) Councillor I Kettle expressed concern regarding the current length of time children were waiting for the service. In responding, the Chief Strategy and Partnerships Officer/Deputy Chief Executive Officer acknowledged the concern raised and indicated that this was the reason mitigating action was being taken. The Right to Choose opportunity provided an alternative route, enabling the NHS service to prioritise patients at most risk through the stratification criteria. It was re-iterated that waiting lists were a national challenge, which was the reason the taskforce was working to resolve the issue across the country.
- (l) In responding to a question raised by Councillor A Tromans, the Director of Learning Disabilities, Children, Young People and Families and Adult Mental Health Specialist Services confirmed that comparative data regarding waiting lists was unavailable to be provided at the meeting. To provide context to the capacity and demand analysis undertaken, Members were advised that the service were receiving approximately five hundred referrals per month for diagnosis with an internal capacity of approximately one hundred. The Director clarified that the service was not an emergency mental health service but an assessment service for diagnosis. It was emphasised that the proposed approach would protect the expertise and capacity for the most at-risk groups and continue to operate the current service without missing the most vulnerable individuals. It was noted that the opportunity to offer an alternative pathway to those who historically would remain on the waiting list was essential moving forward. It was proposed that complex cases would be handled by mental health teams with others being offered an alternative route to a faster diagnosis.
- (m) In response to questions raised by Councillor A Dale in relation to the virtual ward and associated care packages, the Divisional Operations Director for Older Adults Mental Health clarified that the virtual ward was not a domiciliary care service. It was described as a transition from acute hospital care into a person's home and was built on the existing treatment at home model. The key differences in the new model were highlighted indicating that the facility would be a full Multi-Disciplinary Team (MDT) offer, which would include dedicated psychiatrists, psychologists, occupational therapists and a core group of experienced mental health nurses.

The development of the model was informed by lessons learned from neighbouring organisations that had already implemented similar services, and the goal was to work closely with clinicians and teams to adapt the model for the Black Country. It was envisioned that the service would operate more effectively through collaborations with social care and domiciliary care providers to ensure a seamless transition for patients. It was also noted that there were significant benefits to implementing the virtual ward and the initiative was supported by the NHS 10-year plan.

- (n) Councillor A Dale queried the funding source for the new service. In responding, the Divisional Operations Director for Older Adults Mental Health confirmed that the funding would be available from repurposing the money currently spent on the ninety-two inpatients beds. The investment would be redirected to the virtual ward, which would ensure that no additional funding would be required from the facility.
- (o) Councillor A Smith queried whether patients utilising the virtual beds would be able to access mental health workers. In responding, the Divisional Operations Director for Older Adults Mental Health confirmed that the service operated with a full Multi-Disciplinary Team (MDT) offer which would provide access to a range of medical and mental health support from experienced staff.
- (p) Councillor A Dale raised a query regarding the discharge pathway for mental health patients from the new facilities at Edward Street and Dorothy Pattinson Hospitals. The Divisional Operations Director for Older Adults Mental Health confirmed that whilst the existing pathway would not be changed, an additional step would be introduced to facilitate a more effective and earlier discharge. It was envisaged that the hospital at home service would serve as an extra step to ensure safe discharge and to support the ambition to enable more people to remain in their own homes. The Divisional Medical Director for Older Adults confirmed that all community health teams would remain unchanged and would continue to be locality based. Every patient would continue to be allocated a care co-ordinator who would be involved in the discharge process and the aim was for patients to be discharged earlier with an improved quality of care package.

- (q) Councillor I Kettle queried whether the funding for services was per capita or regionally funded. In responding, the Chief Strategy and Partnership Officer/Deputy Chief Executive Officer indicated that there was a defined allocation of money spread across the whole of the Black Country, and decisions were made within the service as to how to allocate the funding for each service.

Councillor A Tromans thanked officers for their presentation and welcomed them to return to the Committee at a future date to share progress and lessons learned from the transition from Bushey Fields Hospital to the new facilities at Edward Street and Dorothy Pattinson Hospitals.

Resolved

- (1) That the temporary changes to the referral criteria for the Adult Autism and Attention Deficit and Hyperactivity Disorder (ADHD) Diagnostic service (AAA service) be supported.
- (2) That the temporary closure of older adult inpatient facilities at Bushey Fields hospital whilst consultation commenced for a future model of care delivery be supported.
- (3) That an update be provided to Members on progress and lessons learned from the transition from Bushey Fields Hospital to the new facilities at Edward Street and Dorothy Pattinson Hospitals at a future meeting of the Committee.

9 Director of Public Health Annual Report – Our Children, Our Future

The Committee considered a report of the Acting Director of Public Health on the Director of Public Health's Annual Report for 2023. A presentation was provided to Members which had been circulated prior to the meeting.

The Annual Report presented an independent view to inform local people about the health of their community and identified important issues, highlighted problems and reported on progress. The report was an important resource to inform both professionals and the public of priorities and recommendations on population health, providing added value over and above intelligence and information routinely available.

The Public Health Manager indicated that the report highlighted information from 2023 and whilst a delay had been noted in submitting the report to Committee for discussion and comments, the reasons had been due to a number of unseen circumstances affecting the Directorate. It was reported that the original draft of the report focused on children and young people's health and wellbeing and had accurately reflected the service's work at that time. Whilst the report's publication was delayed, however, the work of the service had progressed.

Members asked questions, made comments and responses were provided where necessary as follows: -

- (a) Councillor S Ridney sought clarification on the current childhood immunisation figures and the measures in place to maximise vaccination uptake to protect children from serious diseases. The Public Health Manager reported that the data for 2024/25 was currently being validated and would be provided to Members once finalised. It was stated that the borough's immunisation rates were above national averages, and the service had recently been commended for its follow-up work with individuals that had not attended initial immunisation appointments, which was highlighted as a success. It was acknowledged, however, that further work was required, particularly in marginalised and underrepresented communities.

Councillor S Ridney commended the service's efforts, particularly during the Covid-19 pandemic, but highlighted the ongoing need to maintain high immunisation rates to ensure children remained protected.

- (b) Councillor C Bayton raised concerns in relation to the out-of-date information contained in the report, indicating that whilst trends may not have significantly changed, presenting data two years out of date had limited value for effective scrutiny. In responding, the Head of Service for Health Care Public Health clarified that the most recent available data for 2023/24 highlighted that all immunisations rates in children and young people, with the exception of the two- and three-year-old flu vaccines, were above the England average for Dudley. Members were advised that the borough had consistently been above the national average for childhood vaccinations for several years, which was crucial for preventing childhood deaths from various diseases.

The Head of Service further explained the challenges in data reporting, noting that some data was published at the end of financial years and some at the end of calendar years. It was noted that when the report was being drafted, the most recent data for 2023/24 had not been validated, which was the reason the 2022/23 data was used. Whilst it was acknowledged that the report was being presented later than desired, Members were assured that the data for most service indicators did not usually change dramatically year-on-year. It was further noted that some data outlined in the report was provided as a one-off collection and not routinely gathered.

The Head of Service confirmed that work had already commenced on the 2024 report and invited Members to provide suggestions on the style and accessibility of the report to address concerns in relation to the current format.

Councillor C Bayton, having served on the Committee for a significant period, indicated that she could not recall the Committee having previously considered an annual report with data that was two years out of date and reiterated that, whilst comments were noted, the lack of up-to-date figures made effective scrutiny difficult. Councillor A Tromans agreed with the concerns raised and emphasised the need to ensure lessons were learned. It was suggested that an update, including any available data, be provided to Members before the end of the municipal year.

- (c) Councillor W Little expressed gratitude to Public Health officers for their support in his new role as Cabinet Member for Children and Young People. Whilst it was acknowledged that the information outlined in the annual report was outdated, it was requested that a summary of emerging issues, including challenges, and opportunities for the service be provided to Members.

In responding, the Public Health Manager reported on several areas of improvement, including reduced smoking rates at the time of delivery and increased rates of breastfeeding initiation rates. It was noted that the improvements had been attributed to the service's investment and ongoing Public Health contracts with maternity and the 0-19 services in the Family Hubs Best Start in Life programme, which had secured funding for the next two years. It was noted that further investment would lead to greater improvements in breastfeeding initiation rates.

It was noted that there were opportunities to improve antenatal visits. Poverty was identified as a significant and growing issue, and the service was actively pursuing ways to mitigate the impact in families. The financial benefit of breastfeeding was highlighted, together with the challenges to overcome the stigma surrounding breastfeeding.

Further improvements identified related to the dedicated workforce within maternity, health visiting and family hubs that were driving public health messages to support families with poverty mitigation ideas and providing them with money saving initiatives. It was confirmed that Dudley had been the first local authority in the Black Country to develop specific oral health packages for children with Special Educational Needs and Disabilities (SEND). As part of the mitigating poverty strategy, an auto-enrolment system for free school meals had been implemented, addressing the issue of eligible families not signing up. Additionally, a new instant messaging service, Chat Health, had been development for the 0 – 19 services, which allowed children and families to contact a health professional with any medical concerns.

The Public Health Consultant confirmed that Dudley's overall outcomes were above the England average. Increasing poverty had been identified as a key priority for the borough and emphasis was provided on the need for a system-wide approach to prevention and early intervention to tackle child poverty. School readiness was also highlighted as a key priority, which was challenging to address, however, a plan had been developed to address the issue, and Members would be provided with an update at a future meeting of the Committee.

- (d) Councillor W Little commended the work of the service and highlighted the importance of celebrating their successes. It was noted that sharing the positive impact on families was crucial for sustaining positive behavioural changes within the community. Members were urged to take away the positive messages from the work of the service and share them with residents and colleagues as it was considered that without celebrating achievements, people would remain unaware of the positive things that happened in the borough.

- (e) In commending the work of Public Health officers, Councillor M Hanif requested that a separate section of the report be dedicated to addressing health issues within ethnic minority communities. In responding, the Public Health Manager acknowledged the comment raised and confirmed that additional information would be provided to reflect the request at a future meeting of the Committee.
- (f) Councillor A Smith queried the youth service offered at Family Hubs and their availability in the borough. The Public Health Manager confirmed that Dudley operated five Family Hubs, one in each township, which offered a variety of diverse activities. The Family Hub spoke at Halesowen Leisure Centre was being used to encourage a life cycle approach from pregnancy with antenatal appointments, baby weigh in clinics and encouraging families to attend swimming lessons to reduce the risk of drowning. Funding for the Family Hubs national programme had been secured for the next two years, which allowed the service to focus on the five strands of the programme. It was noted that some activities were being sustained outside of the funding through the 0-19 contract with Shropshire NHS Community Trust.
- (g) Councillor A Tromans referred to the impact of the two-child benefit cap, introduced in 2018. In responding, the Head of Service, Health Care Public Health indicated that the issue would be examined at a broader level, as a snapshot view was less reliable than a wider, national perspective.
- (h) Councillors W Little and S Ridney praised the work of the Family Hubs and encouraged Members to visit one to better understand the work being carried out in the community.
- (i) Councillor S Ridney referred to the Council's Smoking Policy from 2013 and the reported figures on young people using vapes. It was suggested that improved collaboration with Trading Standards was essential to address national concerns around the risk of vaping. The Public Health Manager clarified that vaping had been promoted as an alternative for adult smokers but not for young people. Guidance for families, parents and schools was currently being updated, and ongoing work with Trading Standards aimed to remove illegal and illicit vapes from establishments. It was reported that the Young Health Champions were organising a conference in November to advocate for the work of public health, and Members were encouraged to attend.

The Public Health Manager indicated that work was being carried out to address the national rise in sexually transmitted infections and conception rates. The Department for Education had released new Relationship, Sexual Health Education (RSHE) guidance, to address violence against women and girls, misogyny, social media influencers and suicide prevention. The Children and Young People team would support schools to get them ready for implementation in September 2026.

- (j) In commenting on the report's accessibility, the representative for Healthwatch Dudley suggested that the service consult with individuals that had additional communication needs to ensure that all information was available in screen reader compatible formats, as PDF documents were not always accessible. It was also suggested that contact details be provided for those that required information in an alternative language or format.

Resolved

- (1) That the achievements and current gaps in health of young residents as outlined in the Director of Public Health's Annual Report for 2023 be noted.
- (2) That the Interim Director of Public Health be requested to provide an update on the annual report to all Members of the Committee at a future meeting.

10 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 8.15pm

CHAIR