

Minutes of the Health and Adult Social Care Scrutiny Committee

Wednesday 25th January, 2023 at 6.00 pm
In the Council Chamber, at the Council House, Priory Road,
Dudley

Present:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, A Davies, M Hanif, A Hopwood, P Lowe, A Millward, M Qari and K Razzaq; J Griffiths – Health Watch Dudley (Co-opted Member)

Dudley MBC Officers:

M Abuaffan (Acting Director of Public Health and Wellbeing), A Henry (Health and Wellbeing Policy Officer) (Directorate of Public Health and Wellbeing); J Vaughan (Head of Assessment and Independence) (Directorate of Adult Social Care); I Newman (Director of Finance and Legal) and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)
Councillor N Neale (Cabinet Member for Adult Social Care)
N Bucktin (Black Country Integrated Commissioning Board)
Dr L Martin, S Cartwright, D King - Dudley Integrated Health and Care Trust

Together with 1 member of the public

41 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors R Collins and L Johnson.

42 **Appointment of Substitute Member**

It was reported that Councillor A Millward had been appointed to serve as a substitute for Councillor R Collins, for this meeting of the Scrutiny Committee only.

43 **Declaration of Interest**

No Member made a declaration of interest, in accordance with the Members Code of Conduct, in respect of any matter considered at the meeting.

44 **Minutes**

Resolved

That the minutes from the meeting held on 10th January, 2023, be agreed as a correct record and signed.

45 **Public Forum**

A representative from the Ethnic Minority Council was in attendance at the meeting and raised concern with regard to the lack of engagement with Dudley MBC since the Covid-19 Pandemic. It was reported that the Ethnic Minority Council had been intensely involved with the BAME Communities and Covid-19 Sub-Groups during the peak of the pandemic, however over the last 10-month period, engagement and co-operation had declined and it was asked how the Ethnic Minority Council could again become more involved.

In referring to Agenda item no. 7 – Update on the Health Inequalities Strategy, the member of the public commented that the Ethnic Minority Council had participated in the development of the Draft Dudley Health Inequalities Strategy, however all reference to the Ethnic Minority Council had since been removed from the document. It was their view that the Ethnic Minority Council needed to be better involved to help contribute to reducing the health inequality gaps identified within the report. It was further stated that the Ethnic Minority Council provided support to Wolverhampton City Council and Sandwell Metropolitan Borough Council, as well cultural centres and BAME groups.

The Acting Director of Public Health and Wellbeing confirmed that the Health and Wellbeing Sub-Groups referred to, had since ceased and that the Draft Dudley Health Inequalities Strategy was a system wide strategy which had evolved since the Ethnic Minority Council's involvement and had moved on to the next stage of the process.

The Acting Director of Public Health and Wellbeing and the Chief Officer Dudley Healthwatch, agreed to liaise with the member of public directly following the meeting, to identify how they could work more closely with the Ethnic Minority Council in the future.

45 **Medium Term Financial Strategy**

Members considered a joint report of the Chief Executive, Director of Finance and Legal, Acting Director of Public Health and Wellbeing, and the Director of Adult Social Care, on the draft Medium Term Financial Strategy (MTFS) to 2025/26, as approved by Cabinet on 14th December, 2022, with emphasis on those proposals relating to the Committee's terms of reference, as outlined in paragraphs 25 to 29 and appendices C and D to the report submitted.

The Director of Finance and Legal presented the report, and in doing so, commented that the draft MTFS had been developed based on the Chancellor's Autumn statement and estimations. The Local Government Finance Settlement for 2023/24, which confirmed detailed allocations for Dudley, was received on 19th December, 2022, and the revised resources would be taken into account in the final version of the report.

In referring to the table in paragraph 30 of the report submitted, in particular the Total Service Spend for respective years, it was reported that the Local Government Finance Settlement had identified an additional £2.1m for each year moving forward, which would be incorporated into the final report.

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

- a) In responding to a question raised by Councillor M Qari with regards to how the Local Authority would reduce health inequalities in the Borough, the Acting Director of Public Health and Wellbeing commented that £100,000 proposed savings had been identified from the Public Health and Wellbeing general fund, however work would continue to develop preventative measures to reduce substance misuse and work streams that had already commenced would continue as they had been included in existing budgets. It was anticipated that implementation of a Health Inequalities Strategy would also have a positive impact on reducing health inequalities.
- b) Councillor P Lowe commented that the Equality Impact Assessment for Dudley differed from the funding that had been distributed. It was commented that although the Scrutiny Committee had challenged the level of funding allocated at previous meetings, it was considered that the MTFS report did not reflect the views of the Scrutiny Committee, in particular, in relation to the need for additional Central Government support to be provided to meet ongoing challenges, as well as the need to ensure that Safeguarding was exempt from any cuts and provided with further additional support moving forward.

It was considered that any additional funding obtained should be ringfenced to address the serious issues identified in Adult Social Care and Public Health.

It was recognised that the pressures within Adult Social Care would not demise and would only increase, and assurance was requested that any impact from Social Care Reforms at the end of the MTFS period, would be met within the available funding.

In responding, the Director of Finance and Legal reiterated that the Local Government Finance Settlement had been more positive than originally estimated. It was reported that an additional £1.9 million had been allocated to Adult Social Care to address market pressures as a result of the cost of care increases, together with £2.7 million from the market sustainability grant and £1.8 million from the Better Care Fund. The Director of Finance and Legal acknowledged that funding allocated to the service had not been explicitly clear in the report, which would be addressed in the final report.

With regard to the Social Care Reform, the Director of Finance and Legal reported that implementation had continued to be delayed, however it was recognised that this may be identified as a potential risk for the service area in the future.

- c) In referring to Appendix D, and the proposed increase of charges to private residents for Telecare Services, Councillor P Lowe requested clarification on what the proposal related to.

In responding, the Head of Assessment and Independence stated that the service had acknowledged that further investment was required, particularly with regards to the move to digital technology and also to improve their early intervention offer. Therefore the increase in charges would allow more investment and create a better service.

The Cabinet Member for Adult Social Care confirmed that the Scrutiny Committee's comments had been taken into consideration, however an increase in charges was inevitable to ensure further invest and to develop a viable self-funding service.

The specific details of the increase to private resident's charges would be provided following the meeting.

- d) The Acting Director of Public Health and Wellbeing commented that £500,000 had been assigned to help deal with poverty and austerity. Details of how the allocation would be spent, would be shared with Members following the meeting.

- e) Councillor P Lowe recognised the exceptional work that was being undertaken by Public Health to try to address health inequalities, however he did not consider that the funding allocated was sufficient to move at pace or to adequately address the issues or help develop early intervention strategies. It was considered that measures needed to be taken to ensure that funding for these services were protected and additional funding identified.

Resolved

- (1) That, subject to the comments made above, the proposals for the Medium-Term Financial Strategy to 2025/26, as set out in the report and Appendices to the report submitted, be noted.
- (2) That the Acting Director of Public Health and Wellbeing provide Members with a breakdown of how the £500,000, dedicated to tackling austerity in the Borough will be expended.
- (3) That the Head of Assessment and Independence provide the proposed cost increase to users of the Telecare Service.

46 **Update on the Health Inequalities Strategy**

A joint report of the Acting Director of Public Health and Wellbeing and the Dudley Managing Director, Black Country Integrated Care was submitted to provide an update on the Health Inequalities Strategy and to seek support from the Scrutiny Committee on adopting a system wide approach to addressing the inequality gap in Dudley and to explore ways to increase the input of the wider system.

A detailed presentation was provided by the Acting Director of Public Health and Wellbeing, which outlined the proposals and aims of the local authority and partners from the Health and Care and voluntary sectors to reduce disparities and improve overall health and wellbeing in Dudley.

During the presentation, the Acting Director of Public Health and Wellbeing outlined the Dudley Partnership and Delivery Structure; provided a summary of the Black Country System and local Changes; referred to the wider determinants of health; and the contributory factors to length of life and quality of life. The priorities for the Borough and the Council to address wider determinants were also presented, together with a picture of the population in Dudley in terms of the percentage of residents with a long-term health condition, unemployed and living in poverty.

It was reported that several workstreams which prioritised health inequalities had been operational for a number of years, however it was recognised that the approach of these work streams needed to be reviewed.

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

- a) In referring to the content of the report submitted, Councillor P Atkins commented that whilst the report contained detailed information and statistics, there was a lack of substance with regard to the action and measures that would be taken to actively reduce inequalities.

In responding, the Acting Director of Public Health and Wellbeing commented that the Inequality Board and relevant sub-groups, once established, would work through the strategy to help shape the approach to inequalities. The report submitted provided detail on the current situation and where the local authority would want to be. It was considered that to achieve the ambitions, a collective approach was needed and collaborative working with Elected Members and partner organisations was essential to address wider determinants of health which impacted upon health inequalities.

- b) In response to a question raised by Councillor A Millward in relation to the reasoning for the establishment of the Inequality Board, when existing Board already focused on health inequalities and broader issues and the composition of the membership of the Inequalities Board, the Acting Director of Public Health and Wellbeing commented that the Inequality Board would be dedicated to focusing on reducing the inequalities gap, and would report directly and be answerable to the Dudley Health and Wellbeing Board. Governance around the composition of the Board still needed to be developed, however it was recognised that inequality was a high priority for all Health care providers.

- c) Councillor M Qari commented that the inequalities gap had worsened, particularly within BAME communities. It was considered that the draft strategy did not provide evidence that the Local Authority was undertaking its duty to reduce inequalities, and that more substance needed to be provided. It was acknowledged that workstreams used in the past had not been successful and more emphasis on what could be done differently and how this was going to be conducted using existing resources effectively, needed to be addressed. It was considered that deprivation hot spots needed to be identified so that more resources could be put into those areas in most need.

In responding, the Acting Director of Public Health and Wellbeing acknowledged that a new way of working was required, and emphasised the importance of all partners working together, with community engagement used as a driver towards behaviour change. It was recognised that it would be challenging to evidence change.

- d) In responding to a question raised by Councillor R Ahmed with regards to Dudley's representation on the Integrated Care Board, the Dudley Managing Director, Black Country Integrated Care stated that representation had been determined by the four Local Authority's, which currently consisted of two Chief Executives, namely one from Walsall MBC and one from Wolverhampton City Council. It was noted that Brendan Clifford would be attending a future meeting of the Scrutiny Committee to report on the progress of the Integrated Care Partnership (ICP).

The Cabinet Member for Public Health and Wellbeing, together with the Cabinet Member for Adult Social Care commented that membership/representation concerns on the Integrated Care Board (ICB) and ICP had previously be raised and it had been advised that this would be reviewed in April 2023.

- e) In referring to a question raised by Councillor A Davies with regard to how individuals and groups would be effectively approached, the Acting Director of Public Health and Wellbeing stated that a lot had been learned from the Covid pandemic as to how to communicate with hard-to-reach individuals. Community groups were considered most effective to relay communications to hard-to-reach individuals and the Community Development Working situated in Lye provided great insight.

- f) Councillor M Hanif reiterated the concerns in relation to the number of Boards already in place to discuss Health and Wellbeing, but with little action. In referring to the proposed engagement and action plans, it was considered that moving forward it would be useful for anticipated start and completion dates to be included, together with how and who would complete the action. Councillor M Hanif also referred to the lack of communication and engagement with Ward Councillors, in particular referring to events that had taken place within his own Ward that he had not been made aware of.

In responding, the Acting Director of Public Health and Wellbeing noted the concerns and advised that the actions plan would include timescales and Elected Members would be engaged to work collaboratively to develop the action plan. It was recognised that quick win measures could be implemented with improvements visible from 3 to 6 months, however medium and long-term solutions would take around 7 years to make a noticeable difference.

- g) Councillor P Lowe commented that the report provided background information around inequalities, however, did not resemble a strategy as there was no detail of future action and it lacked substance. It was considered that whilst Members were all committed to addressing inequalities in the Borough, more work was needed to develop the strategy before Members could fully commit. The exceptional work of the community worker in Lye was recognised, however it was considered that this support was not reflected in all communities.

In responding, the Acting Director of Public Health and Wellbeing confirmed that Members were not at this stage requested to agree the strategy, but to provide support in the approach and development.

- h) In response to a concern raised by the Chair in relation to the Violence Prevention Strategy previously presented to the Scrutiny Committee in September 2021, the Acting Director of Public Health and Wellbeing agreed to provide an update to a future meeting of the Scrutiny Committee.
- i) In considering ways on how to approach hard-to-reach individuals, Members suggested engaging with Teachers, Faith Leaders and employers to offer programs on how to change people's behaviours.

- j) Councillor I Bevan welcomed Members comments and appreciated Member's frustrations, however it was considered that the Local Authority could not buy its way out of the issues identified. Collaborative working with Elected Members and Healthcare partners was essential in changing the healthcare landscape.

Resolved

- (1) That the report on adopting a system wide approach to addressing the inequality gap in Dudley, be noted.
 - (2) That a further report and action plan, taking into account all of the comments made at the meeting and outlined above, be submitted to the first meeting of the 2023/24 municipal year.
 - (3) That a progress update on the Violence Prevention Strategy, be submitted to a future meeting of the Scrutiny Committee.
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47 Primary Care Strategy

Members considered a report of the Dudley Integrated Health and Care NHS Trust (DIHC), in relation to the Primary Care Strategy.

The Head of Primary Care (DIHC) was in attendance at the meeting and presented the report, providing detail in relation to the Trusts vision in providing support to enable General Practice and Primary Care Networks to offer a sustainable model of Primary Care and outlined the challenges and actions identified from implementation of the Strategy.

Arising from a question raised by Councillor P Atkins in relation to the announcement that the Integrated Care Provider contract had been stopped and how this would affect the Primary Care Strategy, it was commented that this would not impact on the work of the Strategy. Work continued to establish the best way to support the continued delivery of integrated care across Dudley, and the Committee would be updated accordingly moving forward.

Resolved

That the report on the Dudley Integrated Health and Care Primary Care Strategy, be received and noted.

48 **Quarterly Performance Report – Quarter 2 (1st July – 30th September, 2022)**

A joint report of the Director of Adult Social Care and the Acting Director of Public Health and Wellbeing was submitted on the Quarter 2 Public Health and Wellbeing and the Adult Social Care Quarterly Performance report 2022/23, covering the period 1st July to 30th September, 2022, in accordance with the new 3-year Council Plan.

Resolved

That the contents of the report, be noted.

49 **Feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group**

A report of the Chair was submitted to provide feedback from the Joint Meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group, held on 15th December, 2022.

Resolved

That the recommendations formulated at the joint meeting of the Children and Young People Scrutiny Committee Working Group, the Health and Adult Social Care Scrutiny Committee Working Group and the Children’s Corporate Parenting Board Working Group, as set out in paragraphs 7, 10 and 13 of the report submitted, be noted and endorsed.

50 **Action Tracker and Future Business**

Resolved

That the action tracker and future business, be noted.

51 **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 8.15 pm

CHAIR