

Minutes of the Dudley Health and Wellbeing Board

Wednesday 5th December, 2018 at 4.00 pm,
The Abbey Room, The Archives, Dudley

Present:

Councillors C Bayton, R Buttery, and S Ridney;
D Boucher (West Midlands Fire and Rescue Service); N Bucktin (Director of Commissioning – CCG), D Harkins (Chief Officer Health and Wellbeing); A Gray (Dudley CVS CEO); Dr D Hegarty (Dudley GP CCG); K Jackson (Head of Health Communities and Place DMBC); S Pritchard (Vice Chair – Dudley Healthwatch) M Rogers (Chief Officer Housing); M Samuels (Strategic Director People); J Simmonds (Manager - Strategic Partnerships DMBC) and L Jury (Democratic Services).

Also in attendance:

S Brookes (Senior Account Manager – Communications and Public Affairs CAPA)
A Crew (Chief Officer Healthwatch Dudley)

11. **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillor J Martin, S Butcher, Ch. Supt Bourner, M Bowsher, P Bradbury, P Maubach, A Lunt and L Murphy.

12. **Appointment of a Substitute Member**

It was noted that Stephanie Pritchard had been appointed as a substitute member for Pam Bradbury for this meeting of the Committee only.

13. **Election of Chair**

Resolved

That Councillor C Bayton be elected Chair of the Board for the remainder of the municipal year 2018/19.

14. **Election of Vice-Chair**

Resolved

That Dr D Hegarty be elected Vice Chair of the Board for the remainder of the municipal year 2018/19.

15. **Declarations of Interest**

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

16. **Minutes**

Resolved

That the minutes of the meeting of the Board held on 27th June, 2018, be approved as a correct record and signed.

17. **Matters Arising from the previous minutes**

Agenda Item no. 6 – Strategic Issues

(b) Strengthening Community Resilience

It was noted that a copy of the research undertaken in the St James's Ward and the storytelling work would be sent to Board Members.

(c) Dudley Disability Service

It was noted that a progress report, to include times and dates for implementation, be submitted for consideration to the meeting scheduled for March 2019.

18. **Proposal for Amendment to Dudley Health and Wellbeing Board Membership**

A joint report of the Head of Healthy Communities and Place and the Service Manager Strategic Partnerships was submitted relating to the amendments proposed to the Health and Wellbeing Board membership in order to fully represent the reconfiguration of the health and care system in Dudley.

In presenting the report, the Head of Healthy Communities and Place referred to the proposal to expand the membership of the Health and Wellbeing Board so that it fully represents and is more inclusive of the reconfiguration of the health and social care system in Dudley and also reflects the work that is being undertaken as a partnership around the Vision 2030. The changes involve the commissioning of an integrated care provider, MCP, which it is anticipated will be in place in October 2019, and as a result of the new system, changes are proposed to include the NHS Foundation Trust, the West Midlands Ambulance Service and when in situ, the MCP. In the transition phase, it is proposed to include Dudley and Walsall Mental Health Trust and the Black Country Partnership NHS Foundation Trust.

In relation to the Vision work, it was noted that a meeting had taken place with the Bishop of Dudley, who is leading the work, around the first phase which focused around health, resilient and safe communities ensuring that the communities obtain maximum value in relation to health and wellbeing.

Arising from consideration of the presentation of the report, a discussion ensued where members expressed their full support to expand on the membership of the Board, as set out in the report submitted, reflecting on the usefulness to fully include the wider community.

Referring to the vision, the Chief Officer Health and Wellbeing, reported that a positive discussion had taken place at a recent Partnership Board relating to the NHS's contribution to the whole of the Vision. It was noted that a paper would be produced, which would then be submitted to this Board, that would set out the contribution the NHS makes as it was felt important that Members of this Board have the opportunity to consider and comment on this information.

In relation to concerns that were raised regarding attendance at meetings from representatives of the Ambulance Service due to capacity issues, Chief Officer Healthwatch Dudley reported that she had recently meet with the Head of Inclusion and Engagement from the service to discuss engagement and staff had been identified within the borough that could be approached to discuss attendance at this Board. It was felt that even if attendance would be an issue, by being members of the Board, any items that related to the service could be drawn to their attention to address.

Resolved

1. That, the contents of the report submitted be noted and that, commencing from 21st March 2019, membership of the Dudley Health and Wellbeing Board be extended to include a representative from the following key organisations: Dudley Group NHS Foundation Trust, the West Midlands Ambulance NHS Foundation Trust, the MCP integrated care provider, the Dudley and Walsall Mental Health Trust and the Black Country Partnership NHS Foundation Trust.
2. That, Health and Wellbeing Board officers work with the Vision Theme 1 Lead to develop proposals for embedding Health and Wellbeing Board priorities into the vision delivery.

19. **Healthy Weight – Whole System Approach to Obesity Prevention (WSAOP)**

A report of the Head of Service Children and Young Peoples Public Health was submitted on healthy weight priority, the whole systems approach to obesity programme and its progress and next steps.

In presenting the report, Public Health Manager (Children and Young People), updated the Board on the Obesity Trailblazer bid which had been submitted recently. If successful, the authority would have the opportunity to be part of the delivery phase and would receive £10,000 to undertake scoping and develop a further three year plan. The three year programme would commence in May 2019 to May 2022. Five councils will be selected to fully implement and 12 will be selected for the discovery phase in January. £100,000 would be allocated per authority over the 3 year period. The Trailblazer programme would look at innovative ideas to address childhood obesity working on the whole systems approach and will be looking to share learning and best practice and identify solutions to local obstacles. It was reported that the authority believe that they have been innovative in their approach as the bid totally focused around engagement with the community, being entitled the 'Big Conversation'.

Work that had been undertaken with Leeds Beckett University identified a whole range of interventions that are already in place in Dudley but despite this, the authority still has higher than average levels of obesity. The bid would check with the community about the drivers that have been identified which we had already committed to do. It is the intention to co-design and co-deliver solutions in an innovative way by using deliberative enquiry and facilitate a closer relationship with our communities. The aim of the discovery phase is to better understand the experiences and aspirations of our families in our most deprived areas. It was noted that the targeted programme of deliberative enquiry would be undertaken which would involve the public in a type of citizen's jury, using public selected from the electoral role and especially targeting those from the black and ethnic minority communities as this was a requirement of the bid. They will be encouraged to attend and discuss these issues with the team over the 12 week period and beyond, to enable us to strive to ensure that they fully understand our position and to get them to guide us on how they wish us to move forward, advising us on who they would like us to bring on board, the experts they would like us to involve, and how much input they would require from the local authority.

It was noted that evidence showed that by using this method, people fully explore the way they feel about the things we do and this will enable us to co-produce really innovative solutions and also provide us with a social movement in childhood obesity. Seven questions have been produced to discuss with the families and work will also be undertaken with the inclusive growth corridor and any other programmes. It was acknowledged that there is already a lot of information on our families from schools but more is required and between now and May, regardless of whether the bid is successful or not, we will target communities and look at services that have been paternalistic in their design or delivery and review how we can change this and by learning from existing approaches, such as the success of the healthy towns, identify what enables the public to be well and explore how we can make this visible to others to inspire them, and provide support to the communities to encourage them to make healthy weight choices and how to change the choice architecture.

Concluding, Public Health Manager (Children and Young People) remarked on the asks from the Board, as set out in the report, referring to a re-commitment for this work at a very senior level and to cascade this throughout partner organisations. It was noted that the authority were confident that the bid submitted was unique and were hopeful that the authority would be one of the 12 selected and by proving our commitment over the 12 weeks, would be one of the final five selected.

Arising from the presentation, reference was made to the inconsistencies between what parents believe and what children say in relation to their health and wellbeing. It was believed that the only way to tackle this issue was to tap into the understanding and perception of the families and establish a clear rationale. Reference was then made to the data associated with the free swimming initiative that had been made available to children across the borough, which had shown that 89% of parents believed that their children participated in more than one hours physical activity a day, however we continue to have one of the highest levels of childhood obesity.

A discussion ensued which included: the perception of a link between poverty and obesity and educating parents with regards to exercise and healthy eating for their children. It was accepted that we need to design a way forward based on the understanding of the data and encouraging public opinion to challenge cultural and environmental issues, such as the number of take-away establishments approved and sweets positioned at checkouts, etc. Our job as partners was to create the conditions to enable this to happen, demonstrating why the social movement approach was so important.

Resolved

1. That, the contents of the report submitted and comments made in relation to a whole system approach to obesity prevention, be noted.
2. That, a brief update report on the Trailblazer bid be submitted to the March meeting of this Board and that data discussed during this item be shared with Board members.

20. **Reducing the Impact of Poverty in Dudley – Project initiation proposal**

A report of the Chief Officer Health and Wellbeing was submitted informing the Board of the proposal to establish a multi-agency project to establish and address some of the causes of poverty in Dudley.

In presenting the report, the Head of Healthy Communities and Place, referred to the Board's goal to reduce the impact of poverty across the borough and referred to the proposals set out in the report to take this issue forward. It was reported that work was underway to produce a poverty baseline analysis and an executive summary of this was circulated to the meeting with the full report available on All About Dudley. The analysis showed that there are significant levels of poverty in Dudley, higher than the national average. It was noted that, poverty was not purely related to finance as it also related to the resultant effect of people not being able to participate in main stream society, feeling excluded and the impact this has on social cohesion, therefore being in the whole sectors interest to tackle this issue.

The enormity of tackling this issue was acknowledged and the limit to what could be achieved at a local level was also noted, however, it was recognised that there was a lot that could be done to build community resilience. It was noted that there was already a lot of work being undertaken to tackle this issue and therefore, we now need to look at what is already happening and add value to that work. The importance of linking into other initiatives such as, the work of the West Midlands Combined Authority and national programmes was also noted. References was made to the work that had been undertaken by Leeds Beckett University, and as a result of this, it was reported that there were three areas that could be focused on at a local level and these were set out in paragraph 4 of the report submitted.

It was proposed that from January to March 2019, an engagement plan be produced to understand the current assets that contribute to this agenda and it was proposed to set up a Task Group to produce the plan and this would then be submitted to the Safe and Sound Board.

Concluding, the Head of Healthy Communities and Place, referred to the key asks of the Board, being the Board's commitment to this work and to identify staff within partner organisations referred to in the report, to join the Task Group, linking closely with Healthwatch and Dudley Council Voluntary Sector.

In reply, the Chief Officer Housing, welcomed the report and made specific reference to page 5 of the report relating to homelessness, reporting on the authority's statutory duty to find homes for the homeless, the challenges faced by tenants in relation to the introduction of Universal Credit, and the Asset Management Strategy which included a range of issues, such as poverty, health and disability. The Chief Housing Officer remarked that he was pleased to hear that data from Housing had been used in this research and it was suggested that a meeting be arranged to discuss further issues relating to poverty and housing and to develop a strategic view to try to address these issue and identify staff within Housing to assist.

Referring to the proposed introduction of the MCP, the Cabinet Member for Childrens Services, remarked on the need to retain important services within the borough, such as School Nurses and Health Visitors who are seen as a vital lifeline for many families and the necessity to base services within the community due to the high cost of transport that many families cannot afford so choose not to access these facilities.

The Strategic Director People supported the work that was being undertaken and the importance of it. He referred to a meeting he had recently attended for Directors of Childrens Services across the region which had been attended by the Chief Child Poverty Action Group where key issues had been discussed and where it was reported that the area of greatest growth of poverty was associated with working families. This could be as a result of one of the parents having to work close to a school to be able to carry out a job within school hours as childcare was so expensive, therefore limiting their ability to earn more money by taking up jobs elsewhere in the borough. The Chief Officer Housing, made reference to the low wages paid in Dudley and with the average house price in Dudley being approximately £70,000, resulted in many residents struggling to get a mortgage.

Reference was made to the psychological impact that such issues were having on residents in relation to their self-esteem and their feeling of worthlessness which can hinder their ability to succeed in education, take up suitable employment and feel a valued member of society and can often lead to them making poor health choices.

In response, the Chief Officer Healthwatch Dudley referred to a piece of work that was being undertaken on homelessness and remarked on the opportunity to now develop some meaningful engagement, speaking with people who have stories to tell and real experiences to share with others across the borough. It was noted that a meeting was scheduled with Jo Forbes in the near future to discuss issues further.

The Chief Officer Health and Wellbeing stated that she was proud that this Board had made reducing the impact of poverty one of their three strategic goals as it was acknowledged that this was an enormous challenge but was one of the biggest drivers of ill-health in the borough. It was noted that there are things that can be done to reduce the impact of poverty by addressing issues such as the psychological impact of being poor and work that can be done to empower residents and give them a sense of purpose and build their self-worth and the need to think about a system-wide change around how we work on these issues. Reference was made to the big opportunities referred to in the report relating to growth in the borough through such initiatives as the Metro, the inclusive growth corridor, investment in skills, jobs, employers, business parks, etc, and the importance that we as partners ensure that these opportunities benefit people in poverty in this borough.

The Chief Executive Officer of Dudley CVS referred to the agencies already out in the borough that hold a lot of valuable information on families that they work with, for example, CAB and Bernardos and stressed the importance to engage with the communities and listen to their stories and experiences, remembering that poverty reaches across the borough due to the many different degrees of poverty.

Concluding the discussion, the Chair referred to the asks of the Board, as set out in the report, and reiterated the importance to work with the Combined Authority to ensure that the inclusive growth corridor includes this borough and benefits our residents. It was suggested that a progress report be submitted to this Board at its June meeting.

Resolved

1. That the content of the report submitted and comments made on the whole system approach to Obesity Prevention, be noted.
2. That, the key asks of the Board/wider system, as set out in the report, be approved.
3. That, a progress report be submitted for consideration to the meeting of this Board in June 2019.

21. **Health and Wellbeing Board Conference Report – Developing Different Relationships with our Communities.**

A joint report of the Head of Health Communities and Place and Service Manager Strategic Partnerships was submitted informing the Board on the outcomes from the 2018 annual Health and Wellbeing Board conference and approving the next steps for the conference themes.

Presenting the report, the Service Manager Strategic Partnerships, remarked on the large attendance at the conference and acknowledging the good range of representation from those involved with Health and Wellbeing governance which was vital to move the agenda forward. Reference was made to the two themes that it had been agreed would be the focus of the conference: growing connected resilient communities and looking at how to use the prevention of Adverse Childhood Experiences (ACEs) to build resilience right across the life-course.

The report set out the key points arising from the two workshops and specific reference was made to point 4 of the report in relation to 'emerging issues' as the Board felt that it was vital to define a clear perspective as to what was done with the information that had been collected.

The key asks of the Board were then presented noting that the Board was asked to consider:

- what they would like to see included in the outcome report and suggest who this should be disseminated to;
- to consider the emerging themes for the narrative for the community resilience work to be undertaken and the next steps; to consider and comment on the system-wide actions that we might want to foster in relation to moving the community resilience agenda forward;
- in terms of trauma, to consider what the Board would like to do based on the information learnt from the conference.

Arising from the presentation, in relation to the dissemination of the reports, it was suggested that the reports be sent to the Chair of the Partnership Board to ascertain how this work would align with the work of the Partnership Board, particularly in relation to the memorandum of understanding around Housing. It was also noted that there had been no attendance at the conference from the Business fraternity and it was suggested that the outcome report should also be sent to the Chamber of Commerce and bid teams, etc.

The new model of care being developed in the borough was also discussed in relation to the importance to develop the model for children and young people.

It was acknowledged that the report had provided useful feedback from the conference but it was strongly felt that the information gathered now needed to become a useful tool in raising issues such as promoting awareness of adverse childhood experiences (ACE's) and how professionals need to adjust their way of working to react to such issues. Linking to the Vision was also raised in relation to changing the way people in Dudley and staff that work in Dudley, think and how to achieve an effective social movement.

With regards to the Vision, the Chief Office Health and Wellbeing suggested raising the issue of adversity in childhood with the Executive Board as they are overseeing the work on the Vision.

A discussion ensued in relation to how to articulate the feelings expressed by many at the conference to raise awareness and motivate and inspire others at all levels in all organisations to take this forward to achieve social movement. It was suggested that the information should be condensed down into 2-3 key asks to take to various Alliance Boards and start to filter down through their Steering Groups and Task and Finish Groups and it was agreed that progress reports be submitted back to future Health and Wellbeing Board meetings for consideration.

It was noted that other forms of media had been used in Dudley previously to raise awareness of issues and reference was made to a 'doodle ad' and short animated films which had included interviews with professionals and patients. These could be shown at Board meetings, community group meetings, ect and reference was made to the CCG Governing Body meetings where an item called 'feet on the street' was put on every agenda which featured interviews carried out by the team with the public where one particular theme was discussed and the resultant 3-4 minute video would then be used to inform the Governing Body of public opinion.

A Member suggested that the work be sent to Prisons to request that prisons give advance warning to local authorities of prisoners who are ready to be released and wish to reside in the borough, to enable us to start to assess support required such as suitable accommodation, employment, etc.

Arising from the presentation and discussions that ensued, it was:

Resolved

1. That the content of the report and comments made in relation to outcomes from the annual Health and Wellbeing Conference, be noted.
 2. That 2-3 key asks be identified from the outcome of the conference.
 3. That a discussion take place with the Executive Group, ACE's co-ordinators, Vision Group and Partnership Board.
 4. That a video/doodle ad be produced, using stories and case studies.
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22. **Better Care Fund and Transforming Care Partnership**

A joint report of the Chief Officer Adult Social Care and the Director of Commissioning – CCG was submitted to provide the Board with an update on the status and performance of the Dudley Integration and Better Care Fund Plan 2017-19.

In presenting the report, the Director of Commissioning – CCG made specific reference to the significant reductions in emergency admissions to hospital and the delayed transfers of care for those who were admitted. From a system perspective, it was noted that the CCG were striving to create the right kind of environment within which the hospital could operate by stopping people going through the front door and speeding up the way in which they were discharged. A success in reducing the impact of delayed transfers of care from areas other than Dudley was also noted.

It was reported that at present, work was taking place on the plan for next year and noting that the formal guidance that would inform us on what will be required in relation to the Better Care Fund for 2019/20 was yet to be released.

Arising from the presentation of the report, the Strategic Director People, acknowledged the great work that had been undertaken in reducing delayed transfers of care as it was important to remember the impact of ill health on people's lives and the need to get them out of hospital and back out into their community as soon as possible. It was noted that although plans were underway for next year, it needed to be stressed that in the region of 10% of what this Council and many other Council's spend on Social Care was dependent upon non-recurrent bids.

In relation to poverty in working families that had been discussed previously in the meeting, it was acknowledged that many of the families in poverty work in Social Care and receive the minimum wage. A discussion ensued regarding the need to raise the awareness of this issue and look at ways of getting those who work in the care sector off the minimum wage and on to the living wage which could result in an economic improvement in the population, improvements in health, childhood obesity, etc. Arising from this discussion, it was agreed that an item on this issue be included for consideration at the next meeting.

Resolved

1. That, the report submitted on the Better Care Fund and Transforming Care Partnership and comments made at the meeting, be noted.
2. That, an item be put on the agenda for the meeting scheduled for 21st March 2019, in relation to poverty within working families in the care sector.

23. **Dudley Safeguarding Adults Annual Report 2017/18 and Dudley Safeguarding Children's Annual Report 2017/18**

The Strategic Director People presented a report in relation to the Dudley Safeguarding Adults Board Annual Report 2017/18.

Reference was made to paragraph 3 of the report submitted, which set out the statutory responsibility and the Safeguarding Boards requirement to produce an annual report and safeguarding reviews which bring together all the key agencies who were listed in paragraph 4 of the report.

It was reported that 97.4% of people who have been asked about their desired outcomes have been fully or partially achieved and the Strategic Director People stated that he was satisfied that the 2.6% who have not achieved outcomes, simply could not for a variety of complex reasons. The progress made by Healthwatch Dudley in listening to people's understanding and experiences was acknowledged and specific reference was made to the financial abuse scams work that the authority have undertaken which puts Dudley as a front runner in protecting vulnerable people at risk of financial abuse. Reference was also made to liberty safeguards as set out in paragraph 14 of the report, and it was reported that Dudley no longer have a backlog of cases and the superb work undertaken to achieve this result was acknowledged, noting that Dudley are now one of a few authorities that have no backlog.

The Strategic Director People then presented to the Board, the Dudley Safeguarding Childrens Annual report 2017/18, making reference to the statutory requirement to publish an annual report which is presented to this Board for consideration.

The report set out the key aspects of the Board's work notably the continuing system improvements following the Ofsted inadequate judgement in 2016 and the strategic priorities outlined in the business plan. Referring to Ofsted, the Strategic Director People reported that as a result of the recent re-inspection, he had today received the 'embargoed' report and it was noted that the report would be published the following week.

Arising from the presentations, Members acknowledged the excellent work that was being undertaken by Matt Hancox and the team at the Waterfront in identifying our most vulnerable residents at risk of financial scamming and the initiatives that were being used to help protect them, recognising the importance of this work in relation to saving people's lives. It was noted that the newly appointed Command of the National Digital Crime Unit was a local man and it was suggested that contact be made with high profile individuals who are known to Board members to request their support/assistance with such initiatives. In response, the Chair requested that CAPA follow up this issue.

Resolved

1. That, the reports presented in relation to the Dudley Safeguarding Adults Board Annual Report 2017/18 and the Dudley Safeguarding Childrens Annual Report 2017/18 and comments made at the meeting, be noted.

24. **Health and Wellbeing Board Executive Group update – Time to Change Hub Application and Mental Health Prevention Concordat.**

The Service Manager - Strategic Partnership, updated the Board on two items that had been approved by the Executive Group since the last meeting of this Board.

- Time to Change Hub application – it was noted that the application had been submitted and the results of those who were successful would be revealed shortly. If the bid was not successful however, it was noted that the work may still be undertaken to help reduce the stigma of mental health.
- Better Mental Health Prevention Concordat – the Executive group agreed to sign up to the concordat which was being led by Public Health England, putting mental health on the agenda across the partnerships, signing up to a set of actions.

25. **Questions from the Public**

No issues were raised.

26. **Questions from Members**

No issues were raised.

27. **Chair's Remarks**

As this was the last meeting before the end of the year, the Chair wished all members a peaceful and Happy Christmas and New Year.

28. **Date of Future Meeting**

It was noted that the next meeting had been scheduled for Thursday 21st March, 2019, commencing at 4.00pm at Dudley Archives.

The meeting ended at 5.50pm.

CHAIR