

## **Minutes of the Health and Adult Social Care Scrutiny Committee**

**Monday 28<sup>th</sup> March, 2022 at 6.00 pm  
in Committee Room 2 at the Council House,  
Priory Road, Dudley**

### **Present:**

Councillor M Rogers (Chair)  
Councillor C Neale (Vice-Chair)  
Councillors R Ahmed, P Atkins, R Body, R Collins, T Crumpton, P Drake, J Foster, P Lee,  
K Razzaq and D Stanley.

### **Dudley MBC Officers:**

M Abuaffan – Head of Adults and Older People Public Health, J Vaughan – Head of  
Assessment and Independence and S Griffiths – Democratic Services Manager.

### **Also in attendance:**

Dudley Integrated Health and Care Trust – Dr R Bramble and H Codd  
Dudley Clinical Commissioning Group – N Bucktin

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#### 45 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors  
L Johnson, P Lowe, S Waltho and M Westwood.

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#### 46 **Appointment of Substitute Members**

It was reported that Councillors R Body, R Collins, J Foster and D Stanley had been  
appointed to serve as Substitute Members for Councillors S Waltho, L Johnson,  
P Lowe and M Westwood, respectively, for this meeting of the Committee only.

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#### 47 **Declarations of Interests**

Councillor R Collins declared non-pecuniary interests as a Governor for the Dudley  
Group NHS Foundation Trust and in her capacity as a Ward Councillor for Brockmoor  
and Pensnett in relation to the High Oak Surgery.

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48 **Minutes**

The Chair advised that the Director of Adult Social Care had proposed the following amendment to the third bullet point on Page HASC/40 of Minute No. 43 (Medium Term Financial Strategy):-

- In referring to paragraph 24 of the report, Councillor P Lowe was of the view that some assumptions referred to had been estimated lower than reality and therefore it would be inevitable that the report would need to be amended moving forward. The Director of Adult Social Care referred to the White Paper and proposed Health and Care Bill, in that it was currently assumed in the Medium-Term Financial Strategy that this would be cost neutral, though detailed modelling could not take place at this juncture and may be an area for the Committee to scrutinise further during the next municipal year.

**Resolved**

That, subject to the amendment referred to above, the minutes of the meeting held on 26<sup>th</sup> January, 2022, be approved as a correct record and signed.

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49 **Public Forum**

Councillor S Greenaway spoke on behalf of residents of Brockmoor and Pensnett Ward and herself as a user of High Oak Surgery. She referred to the poor communication between the surgery and its registered users and the lack of correspondence with the three Ward Councillors with regards to the relocation and closure of the surgery, with all communication being via the surgery's Facebook page. As a result, the Ward Councillors had established their own petition and mini survey for residents. This was carried out in paper form to ensure it was accessible to all residents.

It was commented that although the Petition was ongoing, responses from 328 residents had been collated. Question 1 of the petition asked if the relocation of the surgery had affected residents, with 285 responses stating yes, 12 were unsure or did not answer and 31 residents answered no. Survey results for Question 3 indicated that 95.34% of residents had found it difficult to access care needs since the relocation of the surgery.

It was stated that the Brockmoor and Pensnett Ward had an aging population and that access to Brierley Hill Health and Social Care Centre was not ideal and not direct, with issues with car parking. Although it was considered important in the short term for the existing facilities to be re-established, in the longer term it was residents wish for a state-of-the-art new build centre to be developed which could incorporate other healthcare provisions as well as a doctor's surgery.



Councillor S Greenaway further commented that the Pensnett area had originally been one of the five planned areas for the development of a new health and social care centre as part of the NHS LIFT initiative. This had not materialised and no satisfactory reasons had been provided as to why. High Oak Surgery was established as temporary surgery only, and therefore residents were of the view that any new development as part of the initiative should have been built in the Pensnett area.

It was noted that the issue of High Oak Surgery would be considered later in the meeting under Minute No. 51 below.

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## 50 **Health and Wellbeing Board – Inequalities for 2022/23**

The Committee considered a report of the Director of Public Health and Wellbeing on the ongoing work and key priorities for the Dudley Health and Well Being Board in relation to inequalities across the Borough and to demonstrate the challenges and opportunities to address inequalities across the local system with key partners.

During the presentation of the report, the Head of Adults and Older People's Public Health referred to the work that was being undertaken and the successful achievements to date. It was commented that whilst the impact of COVID-19 had been felt across the whole of the Borough, the highest impact was evident within deprived areas of the Borough. A Sub-Group of the Health and Wellbeing Board had been established, namely Living with COVID Inequalities, to address inequalities and respond to the ongoing impact of Covid-19 across the borough.

The eight key principles of Dudley's Inequalities Framework were outlined, together with one of the key priorities that had been identified to address child poverty. The Head of Adults and Older People's Public Health then outlined the achievements and focus in response to COVID in relation to addressing inequalities; the roll out of the COVID Vaccine programme and the programmes that had been undertaken to support families living in poverty.

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

- Councillor T Crumpton expressed concern with regard to the report presented to the Scrutiny Committee, in that no baseline data or information had been provided for there to be a comparison before and after the impact of the Covid-19 pandemic. He expressed a view that there had been a lack of consultation with the 72 Councillors in supporting communication with local residents and communities. The exceptional work of local community centres during the peak of the pandemic in providing foodbank services was commended, although it was recognised that these communities had not been approached to support Dudley's aspirations in addressing inequalities. In referring to the Covid-19 Marmot Review, Councillor T Crumpton commented on the additional resources

that had been provided to Greater Manchester. The report stated that all of the work programmes would be funded by existing resources. Councillor T Crumpton and was of the view that the Scrutiny Committee needed to be realistic on the level of outcomes if no additional resources were to be invested. In these circumstances, choosing one or two key focus areas to concentrate on would be more appropriate.

The Head of Adults and Older People's Public Health accepted the comments regarding the need for realistic expectations and outcomes taking account of the available budget. A further report, including baseline data, could be submitted to a future meeting to enable further engagement with Members on the priorities.

- In responding to a question raised by the Chair in relation to childhood poverty; what was being done to address child obesity and when it would be likely that the Scrutiny Committee would see tangible data, the Head of Adults and Older People's Public Health commented that the issue of obesity was difficult to tackle as it did not just require a child to be weighed regularly, but required a change in behaviour for the whole family and school environment, and would not be an overnight fix. Some data was currently available, though there was no definitive timeline.
- Councillor J Foster referred to the current increase in Covid-19 cases within the Borough and the additional pressures this was putting on community and healthcare services. It was recognised that the increase in cost of living and the cessation of free Covid testing, would impact on the challenges within the community and concerns were expressed with regard to the longer-term impact from someone contracting Covid. In response, the Head of Adults and Older People's Public Health stated that testing kits continued to be available for NHS and Social Care staff and further guidance and support had been provided by Central Government for those within the community identified as most vulnerable.
- In referring to the priority to address childhood obesity, Councillor R Body expressed concern that this topic had been a priority for numerous years but no tangible improvements had been made. The importance of improving local park areas; encouraging outside activity and tackling adult obesity in the first instance was stressed, as well as the need for the local authority to invest resources to achieve improvements. Councillor R Body referred to vouchers issued to council tenants with children and questioned if any support had been provided to lower-income families that were not council tenants. He requested further details as to how obesity would be tackled. The Head of Adults and Older People's Public Health stated that population obesity would not be easy to tackle, though Public Health was working to help change the focus and mindset of communities, by improving local environments and mental health to help develop healthy lifestyles.

- In responding to a question from Councillor R Body as to when improvements and action would be made in his Ward, the Head of Adults and Older People's Public Health reiterated that tackling obesity required a system wide approach over a long period of time and there was no set timeframe.
- In responding to a question raised by Councillor R Ahmed in relation to how aspirations would be monitored moving forward, the Head of Adults and Older People's Public Health stated that a dashboard would be developed to help monitor achievements and provide statistical information in the future.
- Councillor P Atkins expressed his disappointment concerning the information that had been presented, in particular the lack of strategy, timeline and targets that had been agreed and the fact that priorities continued to be repeated year on year without any tangible improvements being identified. It was requested that a further report be provided in due course to identify a structured approach and presenting the dashboard once established.
- In response to a question from Councillor J Foster in relation to how the Local Authority was working with local fast-food chains to improve healthy eating and address the concern of obesity in the Borough, the Head of Adults and Older People's Public Health agreed to provide further information following the meeting.
- Councillor K Razzaq requested that further information be provided and included in a future report on the work programmes as outlined in the report, providing details in relation to who Public Health was working on each programme, what had been done or was intended to be done and who was carrying out the initiatives/programmes concerned.
- Whilst it was recognised that the Living with Covid inequalities Steering Group had only been established since November, 2021, Councillor Crumpton suggested that the Committee receive regular updates from the Dudley Health and Wellbeing Board on the work and progress of the Board moving forward.

## Resolved

- (1) That the information contained in report and presented at the meeting in relation to the ongoing work and key priorities for Dudley's Health and Wellbeing Board in addressing inequalities across the Borough, be received and noted.

- (2) That a further report on Inequalities, identifying a structured approach to how inequalities will be addressed and providing an example of the newly established dashboard, be submitted to the Scrutiny Committee in three-months' time and that the report include further information on the work programmes/work streams as outlined in the paragraph 16 of the report submitted, detailing who is participating in the work stream, what has been done or intended to be done and who is responsible for carrying out the initiatives/programmes.
- (3) That the Head of Adults and Older People's Public Health provide further information following the meeting on how the Local Authority is working with local fast-food chains to improve healthy eating and address the concern of obesity in the Borough.

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## 51 **High Oak Surgery**

A report of the Chief Operating Officer, Dudley Integrated Health and Care NHS Trust (DIHC) was submitted to provide context around the location of High Oak Surgery and the reasons for the relocation.

Following the presentation of the report, Members asked questions and made comments as follows:-

- Councillor R Collins commented on the lack of communication with residents and Ward Councillors and requested reassurance regarding the future provision.
- In response to a question raised by Councillor R Collins, Dr R Bramble agreed to provide clarification in relation to the specific number of people that had responded to the 2021 GP Patient Survey.
- In referring to paragraph 11 of the report and in response to a question raised by Councillor R Collins, it was confirmed that a petition for High Oak Surgery to remain at Brierley Hill Health and Social Care Centre (BHHSCC) had not yet been received.
- In reviewing the potential options available, as outlined in paragraph 16 of the report, Councillor R Collins referred to the omission of a main site remaining in High Oak, with a satellite service available at BHHSCC and questioned if this was something that could be taken into account. Dr Bramble agreed to take on board the suggestion and potential options.
- Councillor R Collins made a proposal for the Committee to consider recommending that DHIC resume discussions with Mr Ramzan with regard to developing a new health centre, giving consideration to the timescales and putting contingency plans in place to help with residents clinical needs; expanding existing appointments in the interim and for a further full consultation to be undertaken so that all residents could have opportunity to respond.

- In referring to the data collation, Councillor J Foster commented that there was a conflict with the comments and concerns expressed by local residents and questioned if residents' concerns were taken on board when the decision to relocate was considered.
- Councillor J Foster also raised concern in relation to the poor transport network to enable residents to attend appointments at BHHSCC and the cost implications that some residents had incurred as a result due to them having to catch taxis due to poor mobility issues.
- Members reiterated the need for a state of the art facility located at High Oak, Pensnett, which would alleviate pressure from services at BHHSCC, particularly as Pensnett had a growing population as a result of new housing developments.
- Councillor Foster expressed proposals for consideration, in that the Scrutiny Committee be requested to hold a single subject scrutiny exercise on this item, to allow the opportunity for residents and stakeholders to attend an open session for all options to be examined.
- In response to a question raised by Councillor P Atkins concerning the 2021 GP Survey, Dr Bramble stated that the survey was circulated by the NHS on a yearly basis, though it was unknown as to how many recipients were registered at High Oak Surgery.
- Members expressed the need to look at all available options and were mindful of the comments made by the three local Ward Councillors and the local residents, together with the regeneration benefits a newly development facility would bring to Pensnett.

## Resolved

- (1) That the report on High Oak Surgery, together with the options summary be noted.
- (2) That a single subject scrutiny exercise concerning High Oak Surgery be undertaken at the first meeting of Health and Adult Social Care Scrutiny Committee in the 2022/23 municipal year.
- (3) That the Black Country and West Birmingham Clinical Commissioning Group be requested to pursue ongoing discussions concerning a potential new development at High Oak in the interim period.
- (4) That clarification be provided by the DIHC in relation to the specific number of people that had responded to the 2021 GP Patient Survey.

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52 **Annual Scrutiny Report 2021/22**

A report of the Lead for Law and Governance (Monitoring Officer) was submitted to consider the annual scrutiny report for 2021/22.

In referring to the recent Scrutiny Development Session held on 21<sup>st</sup> March, 2022, it was suggested that the list of topics identified at that session be circulated to Members of the Committee to establish if there were any items of interest that could be scrutinised during the next municipal year.

**Resolved**

- (1) That the Annual Scrutiny Report 2021/22, be received and noted.
- (2) That the list of topics identified at the Scrutiny Development Session for consideration and inclusion in the work programme for the 2022/23 municipal year be circulated to Members of the Committee.

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The meeting ended at 7.55 pm

CHAIR