

Meeting of the Health and Adult Social Care Scrutiny Committee

Wednesday 20th October, 2021 at 6.00pm

In Council Chamber at the Council House, Priory Road, Dudley

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. [To confirm and sign the minutes of the meeting held on 9th September, 2021 as a correct record.](#)
5. Public Forum
6. [Call-in of the Cabinet Decision – Mental Health in the Community \(Pages 1 - 13\)](#)
7. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



Chief Executive

Dated: 12th October, 2021

Distribution:

Councillor M Rogers (Chair)

Councillor C Neale (Vice-Chair)

Councillors R Ahmed, P Atkins, T Crumpton, P Drake, A Hopwood, L Johnson, P Lee, P Lowe, K Razzaq, S Waltho, M Westwood



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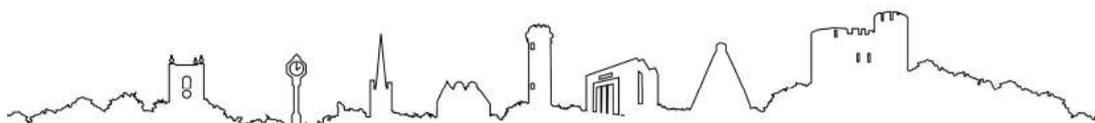
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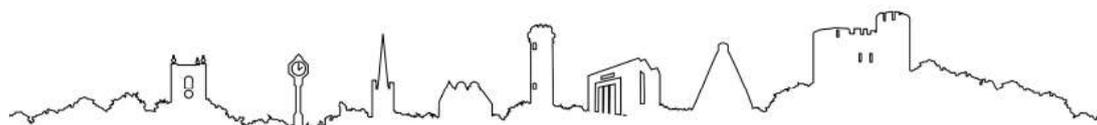
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Minutes of the Health and Adult Social Care Scrutiny Committee

**Thursday 9th September, 2021 at 6.00 pm
in the Council Chamber, Council House, Priory Road, Dudley**

Present:

Councillor M Rogers (Chair)
Councillor C Neale (Vice-Chair)
Councillors P Atkins, T Crumpton, P Drake, J Foster, A Hopwood, P Lee, S Saleem, D Stanley, S Waltho and M Westwood.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), K Wright (Director of Public Health and Wellbeing), B Jones (Head of Health Protection), C King (Acting Head of Environmental Health and Trading Standards), S Haywood (Head of Community Safety) and H Mills (Democratic Services Officer).

Also in attendance:

Dr R Bramble and H Codd (Dudley Integrated Health and Care NHS Trust)
V Khashu and P Wall (West Midlands Ambulance Service University NHS Foundation Trust)
K Kelly (Dudley Group NHS Foundation Trust)
Sarah Knight (NHS Black Country and West Birmingham CCG)

Together with one member of the public.

10 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors R Ahmed, L Johnson, P Lowe, K Razzaq; and Ms K Green (co-opted Member).

11 **Appointment of Substitute Members**

It was reported that Councillors J Foster, S Saleem and D Stanley had been appointed as substitute Members for Councillor R Ahmed, L Johnson and K Razzaq, respectively, for this meeting of the Committee only.

12 **Declarations of Interests**

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

13 **Minutes**

Resolved

That the minutes of the meeting held on 16th June, 2021, be approved as a correct record and signed.

14 **Public Forum**

No issues were raised under this agenda item.

15 **Update on emergency and urgent care activity in Dudley and in particular the demand on emergency services**

A joint report of the Dudley Group NHS Foundation Trust, West Midlands Ambulance Service University Foundation Trust and Dudley Integrated Health and Care NHS Trust was submitted to update the Committee on the demand and activity across emergency and urgent care services within the Borough.

K Kelly, Chief Operating Officer – The Dudley Group NHS Foundation Trust, together with V Khasku, Strategy and Engagement Director and Dr Bramble, Dudley Integrated Health and Care NHS Trust presented the report, and in doing so, outlined the increased activity and pressures on the urgent and emergency care system and the measures being taken to improve partnership working to provide safe provision of services.

It was reported that there had been an increase in demand for services during the Summer, which had inevitably resulted in handover and discharge delays. A direct line to Dudley Clinical Hub for West Midlands Ambulance Service (WMAS) had been developed which assisted with the redirection of patients to the most appropriate service to try to alleviate pressure from the emergency department at Russells Hall Hospital.

The clinical assessment of calls by WMAS was a proactive step to try and reduce unnecessary ambulance despatch and reduce conveyance activity to hospitals, however, moving forward it was recognised that further support with the initiative would be required. It was recognised that handover delays in Dudley and at other hospitals were difficult, with the major causal factor behind the growing problem ensuing due to the rise in the number of patients who no longer meet nationally defined criteria to reside in hospital and considered medically fit but awaiting other services to enable the discharge. WMAS continued to work with Dudley Group NHS Foundation Trust and other care providers to address and resolve the issue.

The initiatives that had been created to maximise efficiency and impact on patient care were outlined, which included the investment in the development of a module building which would provide an additional 60 acute medical beds. It was however noted that with the current demand these additional beds would immediately be occupied.

Work was ongoing with Dudley's Social Care in relation to the discharge of patients and the consequential bed pressures; a vaccine programme for the roll out of booster Covid jabs for those considered to be vulnerable and/or aged 50 plus was in progress for development and preparations were being made in readiness for the winter and the likelihood of a further increase in demand.

NHS Partners alluded to the fact that the pandemic was not over and were concerned as to what the future held in terms of the demand for services and lack of available resources and commented that difficult conversations would continue with partners over the forthcoming months.

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

- In response to a question in relation to what was the future planning programme for the NHS to meet with the increase in demand and an increase in population should further housing developments be completed within the Borough and within the local vicinity, it was confirmed that there was a NHS Long Term Plan in place to assist with the continuous move forward of the Health Service to ensure that it continued to be fit for the future. However the Covid-19 Pandemic had not been foreseen and the impact to the Health and Social Care system as a result was not incorporated. Due to the impact, it was recognised that patients were now being seen in later stages of their health journey, which put an additional demand on services, however priority was now being given to cancer patients and for planned appointments not to be cancelled, though limited beds were available on a daily basis. Whilst it was distressing for patients to be left waiting in Ambulances, the sickest patient would be seen first and treatment would be provided inside the ambulance if necessary. It was emphasised that it was a challenging time for all health and care services, with more challenges with bed shortages and discharge delays identified for the future.



- In response to a question on whether the lack of face-to-face General Practitioner (GP) appointments impacted on the increase in hospital admissions, Members were assured that GP's were now offering face to face assessments, some of which had continued to do so throughout the pandemic, though waiting times were high. Whilst there was no evidence to prove that this had resulted in the increase in Emergency Department (ED) admissions, it was considered that patients may be visiting ED or calling 999 rather than waiting for an appointment.
- Members commended the Ambulance Service and the NHS for their continual efforts during difficult challenging times.
- Members expressed concern in relation to the care provided by local GP practices and the lack of face-to-face appointments available. It was acknowledged that during the peak, preventative measures were necessary, however GP practices did not appear to have advanced moving forward and continued to prefer to operate virtually which was considered not appropriate for all patients.
- NHS Partners concurred with comments made that a radical overhaul of the whole NHS and Care service was needed, including a review of funding, however due to the ongoing pressure, it was considered not to be an appropriate time as Services were dealing with the problems currently experienced. Whilst it was recognised that additional funding to the service would be of benefit, it would not resolve the issue of the lack of trained available staff. It was reported that scrub nurses and clinical support were increasing their roles to provide much needed support in other areas of the system, as well as pharmacists increasing their roles to support GP practices.
- In referring to the Black Country Plan consultation and the impact proposals would have on NHS services, all partners would welcome the opportunity to engage with Dudley MBC, to ensure the infrastructure and resources would be able to meet with the needs of an expanding population, in particular the demands to the service for an aging population and the demographic change.
- A Member suggested that geographical data of where patients/conveyances travelled from, would be useful information to be included in future reports.
- In referring to the patients currently receiving medical treatment for Covid-19, it was confirmed that this was from a range of age groups, some of which had received both vaccinations. It was commented that predominately the patients seen by WMAS were unvaccinated and the roll out of a third booster vaccination programme for those most vulnerable with underlying medical issues would be welcomed. The need to segregate patients due to Covid was also having a detrimental impact on hospital resources.

- In responding to a question in relation to the proposed relocation of a GP surgery in Pensnett, it was confirmed that no definitive decision had been made and that a clinic continued to operate from Pensnett.
- The Advance paramedic role within the clinical support desk had commenced and assisted when vehicles should be despatched. It was considered having an Online Therapy Institute therapist also available on the clinical support desk would be useful and provide much needed support.
- In discussing the preventative measures and what alternative provisions were available other than ED, it was commented that there was a lot more work to be done to assist with patients remaining at home and in receipt of appropriate care, particularly within the health and social care system. It was noted that the health care workforce was fragile and that there had been a surge in sickness absence.
- All walk-in patients were triaged in ED and redirected to the most suitable care system where appropriate. On average 250 patients attended ED daily, 150 of those patients were discharged without any treatment or received minor treatment and that there was currently limited district nurses or home visit resources available for patients. It was considered that the NHS was disjointed, though it was believed that once further services integrated into the Dudley Integrated Health and Care trust Services would improve.

Members were made aware of the pressure on residential and nursing care homes and the current lack of domiciliary care available within the community, which was a huge concern, as well as the growing financial pressures within Adult Social Care. The wellbeing of staff was also acknowledged, particularly as many staff were required to work seven days a week. Despite the significant increase in the domiciliary care hourly rate of pay at the start of 2021, it was stressed that there was a lack of carers available to meet with the demand, consequently patients were therefore transferred to care homes with the Council required to supplement any outstanding costs. The Director of Adult Social Care advised the committee that winter would be extremely challenging both in terms of capacity and financial pressure for adult social care and that the committee should continue to scrutinise the urgent care system given the risks across the system.

Members commended all services for their continued dedication in providing care during difficult and challenging times.

Resolved

That the contents of the report and information presented at the meeting in relation to the increased activity and pressures on the urgent and emergency care system and the partnership working to support safe provision of services, be noted.

16 **Local and National Covid-19 Developments and Local Outbreak Management Plan**

Members considered a report of the Director of Public Health and Wellbeing, together with a powerpoint presentation providing an update on Dudley's Local Outbreak Management Plan (LOMP) and on the local and national Covid-19 developments.

During the presentation, the Head of Health Protection outlined Dudley's current position, and in doing so, confirmed that the current rate of infection per 100,000 population was 372, with an increase in cases for those over the age 60, particularly within care settings. The driver of infections however was those aged 10 to 19, with a surge of infections occurring in schools prior to the school holidays.

It was reported that Dudley had had a positive uptake on vaccinations, however work continued with the NHS and care partners to encourage more people to partake and outlined the engagement strategies implemented, in particular referring to the mobile offer via a vaccination van that was now available.

The Head of Health Protection outlined the LOMP action plan; the ongoing focus to promote testing and contact tracing in particular referring to the door to door team that undertook home visits to encourage engagement and welfare support, together with the renewed focus on working in neighbourhoods with communities investing on new approaches.

Members commented positively on the work that Dudley had undertaken in tackling the pandemic and welcomed the continuation of the online Member sessions, which provided data and information in relation to what was happening in each individual ward enabling them to promote uptake and undertake their Covid Champion role.

Resolved

- (1) That Dudley's progress to date with Covid-19 be noted.
- (2) That the update to the Local Outbreak Management Plan, based around the Covid-19 Contain Framework, incorporating local lessons learnt and achievements to date, be supported.

17 **Mental Health in the Community**

A report of the Director of Adult Social Care was submitted on the future vision of the community outreach services pertaining to mental health social care interventions.

The Director of Adult Social Care presented the report, referring Members to paragraphs of specific importance. In doing so, it was reported that the nature of demand had changed significantly as a result of the Covid-19 pandemic, with an increased number of individuals presenting to mental health services for the first time.



It was reported that the mental health day centre, namely Woodside, had moved to an outreach provision at the start of lockdown. The new model of support would see a shift from the Woodside building based model to a community model of support. Individuals would not need a formal referral to the new model thus lowering barriers for individuals to access the required services. Whilst it was recognised that the change in service would cause anxiety for some existing users, it was considered that the offer of an outreach service would provide the opportunity to a broader range of service options and involve other support networks. The Director of Adult Social Care also confirmed that discussions were ongoing for services such as Queens Cross Network to accommodate comparable sessions to Woodside where there was an ongoing need and demand.

It was recognised that there were pockets and gaps within the community as not all individuals would be willing to discuss their own personal experiences and that there was a real need for services moving forward to strengthen links to enhance social inclusion.

In responding to questions and comments raised by Members in relation to the lack of mental health resources and support available to children and schools; the lack of support for the services provided at the WHAT Centre and how the report linked with the aspirations of the Combined Authority and how elected members could provide support to individuals experiencing mental health issues, the Director of Adult Social Care commented that the proposed model was a redesign of existing services. It was recognised that the issues for mental health for children was a national concern, however the focus of the report was based on the support for adults within the community setting and the aspirations of the combined authority, the Thrive initiative, were reflected within the proposed change of model. It was further commented that Members could support residents experiencing mental health issues by raising awareness and redirecting them to services that were available and to help to remove the stigma of talking about mental health experiences. It was considered that the election period was a particularly good time to identify individuals who may be experiencing issues or social isolation and a number of referrals from Members were received during this period.

Dr Bramble reported that Dudley Integrated Health and Care NHS Trust and Dudley MBC would continue to work together to ensure that there were no gaps in provisions and referred to the joint working in providing services such as the WHAT Centre and the Here4youth initiative. It was recognised that prevention was better than cure and the earlier a referral of an individual was made, the better the support that could be provided.

Arising from the discussion, a Member suggested that the Mental Health First Aid training should be offered to all Elected Members.

Further discussion was had in relation to the commendable work of the Scams Team and the support provided to those affected. The Acting Head of Environmental Health and Trading Standards undertook to speak to Members directly with regards to how young people in the community could support the work of the team.



Members commended and praised the Director of Adult Social Care and his team on the success of winning gold at the iESE's national Public Sector Transformation Awards for the innovative Project Rita (Reminiscence Interactive Therapy Activities).

Resolved

- (1) That the Community Mental Health Service embracing the ethos of strengths-based inclusive practice be noted, and in doing so it is envisaged that the service will provide a life course approach at differing levels of intervention from primary to secondary and from acute to chronic presentations.
- (2) That the Director of Adult Social Care be requested to arrange Mental Health First Aid training for all Elected Members.

18 **Safer Dudley – Strategy to prevent violence in Dudley**

A report of the Director of Public Health and Wellbeing was submitted on the current Violence Prevention Strategy and to share proposals for a revised strategy to take into account the new serious violence duty.

The Head of Community Safety presented the report, and in doing so, confirmed that the formal launch of the strategy and further engagement with communities had not taken place due to the impact of Covid-19.

Arising from the presentation and in response to questions raised in relation to how figures were correlated, the Head of Community Safety confirmed that the data was obtained from crime statistics and therefore likely to be outdated. The need for there to be a police presence in 'red' or unsafe areas would be shared with West Midlands Police representatives who supported implementation of the strategy.

In responding to a further question raised in relation to whether the crime figures could be shared with Street watch representatives to assist with their walk arounds, so that they were aware of what areas required focus, the Head of Community Safety agreed to discuss ways of sharing this information with Chief Superintendent K Madill at West Midlands Police.

Resolved

That the information contained in the report and presented at the meeting be noted.

19 **Corporate Quarterly Performance Reporting – Quarter 1 (1st April, 2021 to 30th June, 2021)**

Members considered a joint report of the Director of Adult Social Care and the Director of Public Health and Wellbeing on Quarter 1 Corporate Quarterly Performance Report for Public Health and Wellbeing and Adult Social Care covering the period 1st April to 30th June, 2021.

Reference was made to Performance Indicator PI.2074 Proportion of premises in the Borough that are broadly compliant with food hygiene law (star rating of 3 or more), and Members questioned what the star rating related to and if a breakdown of the hygiene ratings could be circulated following the meeting. In response the Acting Head of Environmental Health and Trading Standards confirmed that the ratings were a statutory requirement with 5 representing 'perfect' and 0 representing 'awful'. Rating 3 was considered 'broadly acceptable'.

The Acting Head of Environmental Health and Trading Standards further commented that during the pandemic numerous restaurants/ food outlets were closed and Officers continued to deal with a backlog of inspections, in particular, those that were newly registered who would remain as 0 until an inspection had taken place. It was reported however that it had become apparent that there had been a fall in hygiene standards which was considered due to economic reasons.

Members commented that the hygiene rating 3 was not a good enough aspiration for Dudley and all outlets should be aspiring to obtain a good or perfect rating. In responding the Acting Head of Environmental Health and Trading Standards confirmed that the PI was a historical and national target, though would take on board the comments raised.

The Acting Head of Environmental Health and Trading Standards outlined what was taken into consideration during a hygiene inspection and confirmed that the specifications had been revised to incorporate Natasha's Law, which involved allergy recording and was not solely based on the physical hygiene of a premises.

Whilst it was recognised that the PI could be revised to reflect the comments made, it was emphasised that a premises rated 3 or below would not be closed to the public. It was confirmed that it was not a requirement by Law for the hygiene rating of a premises to be displayed and therefore could not be enforced by the Local Authority, though consideration was being given to the creation of an application for all to download for free, which would identify premises hygiene rating, so that residents were adequately informed prior to purchasing.

Resolved

- (1) That the contents of the report and the information provided at the meeting, be noted.

- (2) That the Acting Head of Environmental Health and Trading Standards be requested to circulate a breakdown of the hygiene ratings to Members of the Scrutiny Committee.
- (3) That a report in respect of food standards and initiatives be submitted to a future meeting of the Scrutiny Committee.

The meeting ended at 8.42 pm

CHAIR



HASC/17

Health and Adult Social Care Scrutiny Committee - 20th October, 2021

Report of the Lead for Law and Governance (Monitoring Officer)

Call-In of Cabinet Decision – Mental Health in the Community

Purpose

1. To consider and respond to the call-in of the Cabinet decision concerning Mental Health in the Community.

Recommendation

2. That the Committee consider the decision of the Cabinet concerning Mental Health in the Community and the options referred to in paragraph 9 below.

Background

3. On 23rd September, 2021, the Cabinet considered a report on Mental Health in the Community. The Cabinet Minute relating to this item, together with the report, are attached as Appendix 1.
4. The decision was subsequently 'Called-In' for scrutiny following a request from five Members of this Committee in accordance with Paragraph 13 of the Scrutiny Committee Procedure Rules.
5. A report on Mental Health in the Community was discussed by this Committee on 9th September, 2021. The minutes of that meeting are set out elsewhere on the agenda.
6. As required by the Scrutiny Committee Procedure Rules, Members of the Committee have been invited to submit written questions in advance of the meeting. Any questions submitted in advance, together with any responses, will be circulated to the Committee. This does not prevent Members from asking questions at the meeting itself.

7. The Leader, the Cabinet Member for Health and Adult Social Care and the Director of Adult Social Care have been invited to attend the Committee to address the meeting and to respond to questions.
8. The procedure for dealing with the Call-In of the decision, as set out in Scrutiny Committee Procedure Rule 13, is attached as Appendix 2.
9. In determining the Call-In, the following options are open to the Committee:
 - (a) To raise no objection to the decision in which case no further action is necessary and the decision is implemented with immediate effect.
 - (b) To refer the decision back to the Cabinet Member along with any concerns.
 - (c) To refer the matter for discussion at full Council along with any concerns.
10. In the case of options (b) and (c) above, it should be noted that the final decision rests with the Cabinet under powers delegated in Part 3 of the Constitution.
11. If a Scrutiny Committee is unable to reach a consensus view on any recommendations, then a minority report may also be submitted for consideration alongside any recommendations agreed by the majority of the Committee.

Finance

12. The implications are set out in the attached report.

Law

13. The legal implications relating to Mental Health in the Community are set out in the attached report. The provisions regarding the Call-In of decisions are contained in the Scrutiny Committee Procedure Rules in the Council's Constitution. The Constitution was adopted by the Council pursuant to the requirements of the Local Government Act, 2000.

Risk Management

14. The implications are set out in the attached report.

Equality Impact

15. The implications are set out in the attached report.

Human Resources/Organisational Development

16. The implications are set out in the attached report.

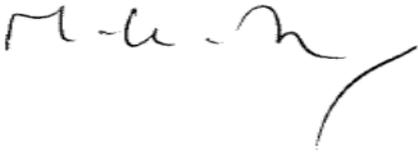


Commercial/Procurement

17. The implications are set out in the attached report.

Council Priorities

18. The implications are set out in the attached report.



Mohammed Farooq
Lead for Law and Governance
(Monitoring Officer)

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Appendices

Appendix 1 – Minutes and Report to the Cabinet – 23rd September, 2021

Appendix 2 – Procedure for a Scrutiny Committee dealing with a ‘Call-In’ (Extract from Scrutiny Committee Procedure Rule 13)

List of Background Documents

[The Council’s Constitution:](#)

Part 2 - Article 6 (Overview and Scrutiny)

Part 4 - Scrutiny Committee Procedure Rules

[Report and Minutes of the Cabinet – 23rd September, 2021](#)

[Report and Minutes of the Health and Adult Social Care Scrutiny Committee – 9th September, 2021](#)

Extract from Cabinet Minutes

23rd September, 2021

24 Mental Health in the Community

A report of the Director of Adult Social Care was submitted outlining the future vision for community outreach services relating to mental health social care interventions.

The Cabinet Member for Health and Adult Social Care reported that adult mental health services had been formally transferred back to the Council from the former Dudley and Walsall Mental Health Trust on 1st April, 2021. The Council was committed to reviewing the service to ensure that it was fit for purpose following the Covid-19 pandemic. Requests for mental health support were increasing, particularly from people who had no prior history of mental health needs before the pandemic.

Considerable thought and attention had been given to the future model of mental health from a community perspective and change was necessary. The Cabinet Member recognised that any changes to mental health services could cause anxiety and distress to people who depended on them and for their families. The report was presented to the Cabinet at this stage to set out proposed changes and the next steps to build a mental health service that was fit for the future.

The local authority was responsible for delivering legal assessments in line with legal requirements such as the Mental Health Act 2007, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DOLS) and Safeguarding and Care Act 2014 assessments. The law was changing to replace DOLS with Liberty Protection Safeguards (LPS). The Council needed to develop an internal infrastructure to ensure that appropriate training and support was provided. This would improve the mental health social care of individuals who needed this provision. In addition, social care mental health professionals would be expected to offer support and guidance to workers across the wider Directorate given the increased instances of poor mental health and social isolation caused by the Covid-19 pandemic.

The Directorate was seeking to increase the number of qualified Senior Social Workers in Mental Health from 10 to 12 Full Time Equivalent posts and to establish a permanent internal DOLS/LPS service in the process. The Directorate would introduce two newly qualified Social Work posts to help develop the workforce, improve succession planning and assist in the retention of experienced staff who had worked effectively during the pandemic.



The Cabinet Member acknowledged the concerns raised regarding the Woodside Day Centre. The service was long established and well respected in the local community. However, the building required more than £1m capital investment to make it safe due to deficiencies in the roof, chimney stack and wider dilapidation during the lockdown period. The heating system was not fit for purpose and the capital required would not create a modern facility but one that merely met Health and Safety requirements. The Council was aware that attendees at Woodside Day Centre were keen to continue to attend and many families depended on the service as a form of respite.

The proposed service model would involve a shift to a community model of support and the closure of Woodside Day Centre. It was confirmed that capacity existed at the Queens Cross Centre to continue the offer of a form of day services for attendees. An assessment would be undertaken with everyone impacted and a support plan would be put in place to meet their needs. Capacity would be retained from Support Workers at Woodside, who would become Senior Community Support Workers and work on an outreach basis. The proposals would achieve a better use of existing resources and a commitment in the Medium-Term Financial Strategy. Representations had been made that all the proposed service changes could be delivered whilst maintaining the Woodside service. However, that was not considered possible and it was felt that this was the correct time to adapt and evolve the service.

The Cabinet Member commended the new model of community support and requested the Cabinet to support the proposals to drive the necessary changes to meet the post Covid-19 needs of Dudley Borough.

The Opposition Spokesperson for Health and Adult Social Care expressed concerns regarding the content of the report, including the lack of specific reference to the Woodside Day Centre, the staffing proposals and details of the future model of service. He requested that the report be withdrawn and resubmitted at a later date following detailed consideration of the points raised.

The Cabinet Member and the Director of Adult Social Care responded to the questions and stated that there would be consultation with the service users, carers and wider stakeholders including the NHS and voluntary sector as part of the process. The Liberty Protection Safeguards were a matter of national legislation and not a local decision. The proposed model of service had been discussed at the Health and Adult Social Care Scrutiny Committee on 9th September, 2021 and it was noted that any Cabinet decision may be called in for further scrutiny in due course. Details of the proposed structure would be provided post consultation. Information regarding the Mental Health budget had been available when the Council's budget strategy for 2021/22 was approved.

The Leader of the Opposition Group raised a series of concerns as summarised below:

- The report to the Cabinet meeting was considered inadequate; it did not refer to the proposed closure of Woodside Day Centre and there was no detail in the finance section about the planned capital receipt.



- There was no additional financial investment in the proposed model and it was considered that the model would not have the capacity to deal with the demand.
- Mental health presentation in Dudley had doubled and this was not considered to be the right time to be closing-down mental health provision.
- Significant concern was expressed that a high priority was now being given to the closure of a mental health service in Dudley given the implications of the Covid-19 pandemic.
- The demand for mental health services was 212 attendances a week; Woodside was well-utilised and attendees were largely outside of the Netherton, Woodside and St Andrews ward; Gornal and Dudley had a significant number of attendees.
- The proposed model removed the respite support as a day centre; there was evidence that community/families could exacerbate mental health issues and adequate day facilities could aid recovery.
- The move to sessions at Queens Cross was inadequate and the facilities available were not tailored for this specific group of service users.
- There was no evidence base for the proposed approach and neither did it form any part of any early intervention strategy.
- The same proposal for Woodside Day Centre had been brought forward in 2011 and at that point it was stated that the building was not viable because the central heating was beyond repair.
- In 2011, a view had been expressed that the Woodside Day Centre was a “life-line” and the closure was prevented; as mental health presence had now increased due to the Covid-19 and lockdown, it was questioned why this was no longer considered to be the case.
- The last time the closure had been proposed, it was reported that service users had made attempts on their life due to worries about the support that they would lose. Careful consideration was needed of the potential consequences for patients suffering from mental health issues for which the Council would be held responsible.
- The Opposition Group vehemently objected to these proposals which they considered could put local people at risk; the Cabinet was urged to reflect on the proposals and refrain from the closure of Woodside Day Centre. The Opposition Group undertook to work in positive partnership with the controlling Group to find alternative solutions.



The Director of Adult Social Care reported that the capital value of the site had not yet been quantified and this would only be done if a final decision was reached to dispose of the asset. The points regarding financial investment were noted. The value of offering collective activity was recognised, hence the discussions with the Queens Cross service to offer a viable alternative to the existing service. Significant health and safety concerns had been expressed about the safety of the Woodside building and a detailed summary could be provided on request. It was acknowledged that significant value was attached to the woodworking facilities on the Woodside site and Cabinet Members had specifically requested that a viable means of sustaining that element of the service was retained.

A further request was made by the Opposition Spokesperson for Adult Social Care for the proposals to be reconsidered and resubmitted at a future time.

The Leader acknowledged that there was a need for a considerable amount of further work to be undertaken, particularly on the proposed reprovision of services at Queens Cross or an alternative venue. The consultation process had not yet commenced, and greater detail was required before any final decisions were made. In the interests of transparency and clarity, the detailed points discussed at this meeting would be recorded in the minutes and reflected in the forthcoming consultation process.

Resolved

- (1) That the Community Mental Health Service embracing the ethos of strengths-based inclusive practice be supported and in doing so it is envisaged that the service will provide a life course approach at differing levels of intervention from primary to secondary and from acute to chronic presentations.
- (2) That the detailed issues, as discussed by Members at the meeting, be recorded in the Cabinet minutes and that more detailed information be made available following the consultation process.

Meeting of the Cabinet – 23rd September 2021

Report of the Director of Adult Social Care

Mental Health in the Community

Purpose

1. This report is being presented in order to outline the future vision of community outreach services pertaining to mental health social care interventions. Infusion will be person centred and strength based. It will be influenced by the expectations and attitudes of the individual accessing the support. Infusion will be collaborative and have strong links with existing service providers, charities, business within the Dudley borough. Individuals will become community members which will enhance social inclusion. It should be noted that Infusion is a working title for what is proposed to be a community outreach mental health service. It is envisioned that this service able to respond and adapt to the different challenges which may be experienced as a result of the Covid 19 Pandemic, evidence is showing that there has and will continue to be increased referrals to mental health services, there has been marked increase in the amount of individuals presenting to Mental Health services who have not had a psychiatric career.
2. Furthermore, the staff team who are working to develop the infusion vision have started to develop community links with organisations who offer community support in a variety of settings and locations, for example links have been made with faith groups and a community café. These organisations appear to be very keen to work with Dudley MBC. In addition, the infusion team have and will continue to engage community partners by raising awareness by providing physical presentation and through the use of social media. A face book page has been established and is receiving increased attention.

Recommendations

3. It is recommended that
 - Cabinet support that the community mental health service embraces the ethos of strengths based inclusive practice. In doing so it is envisioned that the service will provide a life course approach at differing levels of intervention from primary to secondary, and from acute to chronic presentations

Background

4. Infusion will provide Mental Health prevention services as an integral part of the wider preventive services within Adult Social Care in Dudley.
5. Infusion will be accessible to any citizen within the Dudley borough, who have concerns about their own mental health and aims to offer this service to all groups that might have felt unrepresented in the past, through a self-referral system. Additionally, the service will aim to make strong and effective links with the Community Voluntary Service (CVS). Dudley already has significant partnerships in this area. An example of these partnerships is that Healthwatch have 55 connection points to the community across the borough, establishing partnerships with this type of 3rd sector organisation will build on the aim of connecting and promoting community cohesion.
6. Its aim is to be based in the community, to give the individuals the tools to develop a strong network and participation in mainstream activities, which will include, social, educational, personal development, volunteering and employment; resulting in an increase in the individual's personal growth and resilience.
7. These opportunities and meaningful activities will also prevent isolation, loneliness, and deterioration of wellbeing; empowering individuals to manage their mental health and be a valued member of society regardless of disability.
8. Infusion will offer events, workshops, peer led groups and signposting to relevant services; this will have a positive effect on reducing and preventing individuals that access the service, with mental health relapses and possible psychiatric hospital admissions.
9. Proposed outcomes of social care interventions
 1. Create innovative ways of working to support people to achieve their personal aspirations - demonstrating a range of preventative support measure.
 2. Infusion will be accessed by all individuals requiring preventive mental health support, independently of their background.
 3. Infusion will offer a preventive service to younger members (16 to 18-year olds), who may have mental health needs, to support transition into adult mental health services.
 4. Infusion will enable community members to receive a more focused service with defined outcomes.
 5. Community members achieving their own goals and aspirations
 6. Community members leading inclusive lives within their community.
 7. Community members gaining new skills and tools to enhance and develop potential.
 8. Community members taking positive risks in a planned and managed way.
 9. Community members achieving and maintaining good mental health and wellbeing.



10. Community members to be less reliant in mental health long term services.
 11. The preventative service will reduce psychiatric hospital admission from the community. This will enable a detailed evaluation of the difference the service is making. This will be done by case file audit, listening to individuals' narratives, and monitoring the number of contacts/interventions delivered.
10. Infusion will empower community members to develop skills, be socially inclusive, be resilient which will prevent deterioration in mental health and reduce hospital admission. Infusion will collaborate with micro business, develop and resource peer led groups.

Infusion will promote personal budgets and direct payments.

11. Infusion could create local agile jobs for local people, that could have experience in mental health concerns themselves, providing them with a steady income and financial security, gaining a fulfilling career, feeling positive and more confident. They will learn/develop new skills as individuals and may even discover a hidden talent or passion through their new role and positive about their future and residing in Dudley Borough. Further examples of proposed types of interventions
- Focusing on recovery, prevention and therapeutic intervention through peer-led events, person- centred support groups and community collaboration.
 - To work with GPs, access team, social workers, hospitals, colleges and schools. whilst promoting self-referral.
 - To use social media and webinars – especially in response to Covid 19 disruptions to normal service.
 - To manage the transition for existing service users to a community supported service.
 - To set up portals in the Dudley borough developing sustainable connected communities and to scale up project.
 - To target under-represented groups and individuals with poor engagement.
 - Offering time limited support/ events which will help community members to develop and build a level of resilience which will allow them to have greater control over their own lives and reduce dependency on services.
 - Furthermore, in line with the White Paper 2021 work will be actively undertaken to build on the excellent working relationships across the multidisciplinary forum. The paper highlights the importance of reducing duplication, developing local pathways and pooling resource to ensure an effective community offer
 - It is acknowledged that the service will take approximately 18- 24moths to embed into working practices, this recognises the required training and cultural change.

Consultation

12. It is proposed that after the governance requirements associated with service redesign have been approved that there will be a period of consultation which will involve statutory, 3rd sector and community groups. At this juncture it has been suggested that this would be for an initial period of 30 days, but this may be extended



if required to ensure appropriate representation. A variety of mediums will be used to achieve this goal. These will depend on Government guidance regarding social distancing etc. Digital platforms could be used to facilitate consultation and consideration would have to be given to individuals and groups who were not digitally enabled. Furthermore, the service will benefit from a 6-month review in order to ensure that the service offer is appropriate and meeting the needs of the community.

Finance

13. It is not envisioned that there will be any associated costs pressure incurred from this proposal, these have previously been included in the proposed restructure document

Law

14. The project will work within the legal parameters of the following legislation

- 1) Care Act 2014
- 2) Human Rights Act 1998
- 3) Mental Capacity Act 2005
- 4) Equality Act 2010
- 5) Mental HEALTH Act 1983 as amended by the 2007 Act
- 6) Social Work and Children Act 2017

This is not an exhaustive list

Risk Management

15. The proposed service will adhere to the local authorities' policies and procedures. All staff will receive appropriate training for them to deliver a safe and effective community service. It should be noted that no corporate risks have been identified that relate to this proposed service.

Equality Impact

16. The infusion project will strive to deliver and promote an inclusive strengths-based service for people who experience common (primary care) mental illnesses to more severe and enduring mental health conditions (secondary care). The project will adhere to the declared requirements of the Equality Act 2010 and embrace the values of the local authority.

The infusion project will strive to identify and include individuals who present with protective characteristics under the Equality Act 2010 and will also work with individuals who are identified as belonging to hard to reach groups. Information will be accessible and where required bespoke.



Human Resources/Organisational Development

17. The HR Business Partnering team is fully engaged with the proposals and is working with the service to produce a formal consultation/implementation plan, identifying mechanisms of implementing a revised structure in line with relevant Council HR policies.

Commercial/Procurement

18. The proposed service will ensure that the most appropriate professional will lead an individual's care, it is envisioned that this change will have a positive impact on the cost of care packages for example 50/50 splits may be secured

Council Priorities

19. The proposed model of delivery will seek to ensure that individuals who experience mental health difficulties/illnesses will be able to access appropriate support across the differing care levels, from primary to secondary care. In addition, the ethos of the service will be to ensure prevention and community cohesion are delivered.



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Appendices

None

List of Background Documents

None



Procedure for a Scrutiny Committee dealing with a 'Call-In'

- The Chair will deal with preliminary items, set the context and outline the procedure for the meeting.
- The relevant Cabinet Member and/or the relevant Officer, shall be invited to make representations concerning the decision.
- The Committee will deal with any written questions that have been submitted in advance.
- Members of the Committee will have the opportunity to ask questions.
- Contributions will be invited from any other persons present along with any further questions from the Committee.
- Following all questions and contributions, the relevant Cabinet Member and/or the relevant Officer will be invited to make a final statement.
- The Committee will review all the facts, opinions and comments and consider making any recommendations or observations to the relevant decision-taker and/or the Council.

If the Scrutiny Committee considers the decision, and is still concerned about it, the decision may be referred back to the relevant decision-taker or referred to full Council. The decision-taker will be advised of the Scrutiny Committee's concerns.

If the matter is referred back to the decision-taker, arrangements will be made within 5 working days for the original decision to be reconsidered. The decision-taker will then make a final decision.

If a Scrutiny Committee does not refer the matter back to the decision-taker, or to full Council, the decision shall take immediate effect.

If a decision is referred to full Council and the Council raises no objections, the decision will take immediate effect.

If the Council objects to the decision, it will be referred back to the decision-taker along with the Council's views. Arrangements shall be made within 5 working days for the original decision to be reconsidered. The decision-taker will then make a final decision.

