

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

**Monday 15<sup>th</sup> November, 2021 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, C Bayton, P Drake, A Hopwood, Z Islam, P Lee, P Lowe, K Razzaq and M Westwood; K Green (Co-opted Member).

### **Dudley MBC Officers:**

M Bowsher (Director of Adult Social Care), Dr P Kingston (Independent Chair, Dudley Safeguarding Adults Board), S Lonsdale (Head of Adult Safeguarding and Mental Health), K Wright (Director of Public Health and Wellbeing) and H Mills (Democratic Services Officer).

### **Also in attendance:**

Councillor N Barlow – Cabinet Member for Health and Adult Social Care  
N Bucktin, E Gilliland and J Raden – NHS Black Country and West Birmingham Clinical Commissioning Group (CCG)  
L Abbiss – The Dudley Group NHS Foundation Trust

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### 26 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors T Crumpton, L Johnson and S Waltho.

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### 27 **Appointment of Substitute Members**

It was reported that Councillors C Bayton and Z Islam had been appointed as substitute Members for Councillors S Waltho and T Crumpton, respectively, for this meeting of the Committee only.

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28 **Declarations of Interests**

Councillor P Atkins declared a non-pecuniary interest due to his employment with the Dudley Group NHS Foundation Trust.

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29 **Minutes**

In relation to Minute No 25, page HASC/22 paragraph 4, a Member commented that the Head of Adult Safeguarding and Mental Health had stated that Dudley was on the verge of a mental health crisis, and requested that the minutes be amended to that effect, accordingly.

**Resolved**

That, subject to the amendment referred to above, the minutes of the meeting held on 20<sup>th</sup> October, 2021, be approved as a correct record and signed.

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30 **Public Forum**

No issues were raised under this agenda item.

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31 **Change in Order of Business**

Pursuant to Council Procedure Rule 13(c) it was:-

**Resolved**

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

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32 **Annual Adult Safeguarding Report and Deprivation of Liberty Standards (LPS)**

Members considered a report of the Director of Adult Social Care on the Annual Adult Safeguarding Report. The report highlighted the work completed in relation to adult safeguarding and demonstrated the preparation and work being undertaken in readiness for the implementation of the Liberty Protection Safeguards regulations.

The Independent Chair, Dudley Safeguarding Adults Board, presented the report and emphasised the challenges that the Adult Multi-Agency Safeguarding Hub had experienced during the period April 2020 to March 2021, which were foreseen to continue for some time ahead. Whilst the Covid-19 situation in care homes had moderated, a high number of falls had been reported within care home settings and staffing levels were an ongoing concern.



During 2020/21 the Board had met on a weekly basis, which was unprecedented. The number of referrals had increased, and work continued with the Adult Multi Agency Safeguarding Hub (MASH) to ensure the right threshold and level of support was provided.

High level reports of self-neglect continued to be received, which was recognised nationally, and was an area of concern that would continue to be monitored. Exploitation Strategies for the safeguarding of both children and adults had been launched and reports of the provision of exceptionally good care had been received which were important to be recognised.

A dedicated Adults at Risks team had been established which would provide support to those that did not meet statutory intervention. Training in relation to self-neglect continued to be provided.

Arising from the presentation, the Committee raised concerns with regard to the high level of austerity, deprivation and poverty within the Borough, which had also been discussed at the Children and Young People Scrutiny Committee. It was considered that obesity, loneliness, and poverty had been key themes of concern for numerous years with no significant change or improvement evidenced. A Task and Finish Group of the Children and Young People Scrutiny Committee was recommended to be established to undertake an in-depth review of inequality and help shape the work of the Dudley Health and Wellbeing Board. It was suggested that representative(s) from the Health and Adult Social Care Scrutiny Committee should also be invited to attend the Task and Finish Group.

The Committee was advised that loneliness and isolation issues had escalated during the lockdown period and continued to be a dominant theme, further assessment of the data was required to identify repeat referrals. It was reported that the demand for care within a residential care home setting had reduced during lockdown to an all-time low, however that demand had since returned and increased to an unsustainable level, with capacity and financial pressures continuing to be extremely challenging.

Deprivation, life expectancy and the inequality gap between the north and south of the Borough was referred to. It was reported that trend data was discussed bi-monthly which could be shared with the Committee.

In referring to the mandatory vaccination initiative for all care worker staff, it was reported that the NHS Tracker had identified 105 Dudley care workers as being unvaccinated. However, 58 of those care workers had received at least one vaccination, 6 were exempt and 47 had a planned appointment. The Committee was assured that all care homes within the Borough were adequately staffed, however workforce in the care sector continued to be a challenge. The Committee commented positively and commended all those involved with the mandatory vaccination programme.



The Head of Adult Safeguarding and Mental Health outlined the new procedure in relation to Liberty Protection Safeguards (LPS) which would replace Deprivation of Liberty Safeguards (DoLS) and Community DoLS from April 2022. The new LPS would apply for persons aged 16+, with the responsibility moved to care and health providers. Though the Government's Code of Practice guidance was still awaited, the Local Authority and Health colleagues had continued with preparations for implementation from 1<sup>st</sup> April, 2022 to ensure all staff were appropriately trained and a consistent service provided. The risks from the transition were of concern as it was recognised that to ensure all staff were trained, it would be time consuming and resource intensive, particularly as the new legislation had implications for Children's partners, which was completely new and considered a high risk for 2022.

Arising from a question raised with regard to the possible risks for the Council, the Committee was advised that to ensure all staff and practitioners were trained would be a real challenge, particularly as the guidance on how to utilise the practice was still awaited. It was considered important that a system wide approach to training was undertaken and that NHS, Clinical Commissioning Group and Local Authority colleagues should all be trained via a standardised package. NHS England had agreed to fund the appointment of eight additional supporting staff to each region, however the level of that resource was currently unknown. It was considered vital to have clear data so the impact from implementation could be identified and it was suggested that the Committee receive regular updates during the next municipal year.

(At this juncture Councillor Z Islam declared a non-pecuniary interest due to a family member's employment with Fort Advocacy Services Ltd. who were occasionally commissioned by Children's Services to provide independent advocacy services and her involvement with the Dudley Advocacy Charity as an independent parent advocate.)

### **Resolved**

That the Annual Adult Safeguarding Report and information on Deprivation of Liberty Standards, be noted.

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## 33 **Local and National COVID-19 Developments**

The Director of Public Health and Wellbeing provided a verbal update on the current local and national position and in doing so reported that incidents continued to remain high nationally, with 470 per 100,000 recorded for Dudley. There had been an increase in infection rates within the primary age sector and support continued to be provided to schools to proactively contain the spread of the infection.

Key actions for the team were to promote the uptake of the booster vaccine and residents were urged to remain cautious and continue to practice the hands, face and space approach.



It was recognised that the NHS remained under considerable pressure, not just from Covid-19 related matters, but from patients experiencing issues with other respiratory infections. It was envisaged that winter would be an especially difficult period.

Arising from the discussion, the Director of Public Health and Wellbeing confirmed that Covid-19 related safety measures were in operation within the workplace, with advice given and communicated to all Elected Members and employees, which was frequently reviewed.

### **Resolved**

That the verbal update be noted.

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## 34 **Health and Wellbeing Board Update**

A report of the Director of Public Health and Wellbeing was submitted to provide the Committee with an update on the Health and Wellbeing Board and to outline the programme and timetable for the Health and Wellbeing Strategy review and refresh, together with the Joint Strategic Needs Assessment (JSNA) refresh.

In presenting the report, the Director of Public Health and Wellbeing outlined the key focus for the Health and Wellbeing Board, namely inequalities, and the steps being taken to understand the extent of the issue across the Borough; to identify what had been done effectively and to address what measures needed to be further developed.

The Board's review of the approach to the three priorities, namely obesity, poverty, loneliness and isolation, to support health partners was referred to, in that development sessions were held to review what was being done and what lessons had been learned to tackle the wider issues.

Arising from the discussion, a Member commented positively and welcomed the establishment of the Minority, Ethnic and Excluded Communities (MEEC) Covid-19 Sub-Group and the joint working with the Clinical Commissioning Group (CCG) and other partner organisations, to support the wider society of the Borough.

It was considered that the priorities and focus of the Board had remained consistent for several years. The Director of Public Health and Wellbeing assured the Committee that new ways of working to understand and tackle the wider issues would be explored, together with a full programme of business with tangible measures set, that would hold the Health and Wellbeing Board to account.

In responding to a question, the Director of Public Health and Wellbeing advised the Committee that whilst skills and employment was not a direct agenda item for the Board, the Living Safely with Covid-19 Inequalities Steering Group would look at other related work streams to tackle inequalities and that the Head of Regeneration was a Member of the Health and Wellbeing Board.

A Member referred to those that experienced symptoms of long-Covid and how these persons were being reached and supported. In responding, N Bucktin, NHS Black Country and West Birmingham CCG, advised that work continued with NHS England to address the issue, though patients could be referred by their GP to a local long Covid clinic, which was a multidisciplinary service to meet the complex needs of individuals.

### **Resolved**

- (1) That the update on the Health and Wellbeing Board and the direction of travel, be noted.
- (2) That the timescales for the review and refresh of the Health and Wellbeing Strategy, be noted.
- (3) That the re-establishment of the Executive Board of the Health and Wellbeing Board, be noted.
- (4) That the establishment of the Living Safely with Covid-19 Inequalities Steering Group, be noted.

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### 35 **Black Country and West Birmingham Community Diagnostic Hubs**

The Committee received a presentation providing an overview of Community Diagnostic Hubs/Centres and the proposed future plans for Dudley.

The concept of diagnostic hubs were outlined, in that diagnostics would be separated from Acute Hospitals and conducted in safe environments away from Covid-19 urgent care, to help manage backlogs, improve care and reduce waiting times creating better outcomes for patients.

It was proposed that Dudley would operate as a Hub and Spoke model, with Corbett Hospital established as the Hub and the Guest Hospital as the first spoke site. Due to limited space available at the Hub, options moving forward would be to create other spoke sites, operating as one-stop shops, to accommodate all services, should a large enough site not be identified. Future plans to increase capacity would be submitted to NHS England in 2022, and the proposed five-year plan was outlined. The funding allocated to the West Midlands had not yet been confirmed.

Ways in which to offer and promote apprenticeships into diagnostics centres would be explored, looking at deprivations with regard to employability.

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

- In response to a question in relation to the rationale in opting for a hub and spoke system rather than a single hub site, and the benefits from implementation, the Committee was advised that it had been challenging to identify a site that could adequately accommodate all services and elements of a Community Diagnostic Centre. Should a suitable site be identified, the model could be adapted if feasible to do so. To create and develop a new build would require substantial funding and could take 3 to 4 years to become established. A Hub and Spoke option would be spread across the whole of the Borough, and not just one area. Due to restrictive timeframes at this stage, the hub and spoke system was considered the most feasible option.
- The Committee welcomed the opportunity for apprenticeships to be included as part of the proposed plans and for young people to receive training locally.
- Carbon footprints and transport infrastructures formed a principal part of the considerations when looking at potential sites.
- In response to a question raised relating to the increase in testing and how the rate of treatment would match the demand, it was advised that work streams, impact and pathways would continue to be reviewed, in conjunction with health providers.

### **Resolved**

That the presentation on Community Diagnostic Hubs/Centres and the proposed future plans for Dudley, be noted.

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The meeting ended at 7.30 pm

CHAIR



HASC/33