

Sandwell Health and Wellbeing Board

13 April 2022 at 5.00pm

Held at the Council Chamber, Sandwell Council House.

Present:

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Adults, Social Care and Health
Councillor Zahoor Ahmed	Cabinet Member for Housing
Councillor Karen Simms	Cabinet Member for Children and Education
Councillor Anne Shackleton	Chair of Children's Services and Education Scrutiny Board
Lisa McNally	Director of Public Health

Black Country and West Birmingham Clinical Commissioning Group (CCG)

Michelle Carolan	Managing Director Sandwell
Adele Hickman	Head of Primary Care and Place Commissioning (Sandwell)

Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell Manager
Sophie Shuttlewood	Projects and Partnership Lead

Multi-Faith Sector Representative

Ragih Muflihi	CEO, Yemeni Community Association
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Stuart Ashmore	Deputy Chief Executive Sandwell Council of Voluntary Organisations
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Officers and Invitees in attendance

Laura Brookes	System Clinical Transformation Lead, Black Country Healthcare NHS Trust
Tonia Flannagan	Chief Executive – St Albans Community Association
Darren Fradgley	Director of Integration, Sandwell and West Birmingham NHS Hospitals Trust



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Maxine Groves	Senior Commissioning Manager Dementia
Christine Anne Guest	Service Manager Adult Social Care
Justin Haywood	Operations Manager – Adult Social Care Commissioning
Kuli Kaur-Wilson	Chief Strategy and Partnerships Officer, Black Country Healthcare NHS Trust
Stephanie Lacey	Public Health Registrar
Steve Marshall	Director for Mental Health Integration and Transformation, Black Country and West Birmingham CCG
Lina Martino	Consultant in Public Health
Margaret Davis	Sandwell Cope Voluntary Organisation

12/22 Apologies for Absence

Apologies were received from Councillors Crompton and E Giles; Dr Sommiya Aslam (CCG), Mark Davis (Sandwell Council of Voluntary Organisations) and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

13/22 Declarations of Interest

There were no declarations of interest made.

14/22 Minutes

Resolved that the minutes of the meeting held on 23 February 2022 are confirmed as a correct record subject to the replacement of reference to “Way to Go” with “Weigh to Go” in Minute No. 5/22.

15/22 Faith Sector Representative Introduction

The Director of Public Health introduced the new faith sector representative to the Board. The appointment had been approved by the Council at its meeting on 18 January 2022.

Sandwell was one of the first, if not the first, Health and Wellbeing Board in the country to have a faith sector

representative as a voting member on the Board. This was in recognition of the faith sector's positive contribution to the management of the covid-19 pandemic and the successful delivery of Sandwell's vaccination programme.

Mr Muflihi reflected on the difficult decisions that had had to be made during the pandemic, and the positive partnerships that had developed across all faith and community organisations as a result. He outlined the thematic workstreams that the multi faith group would be focussing on, which included faith sector advocacy, tackling health inequalities, mental health, bereavement, end of life support and spiritual care, homelessness, equality and diversity, drug and alcohol abuse, youth engagement, immigration and employment. The meetings of the multi-faith group were attended by partners such as the police, health and other local agencies to ensure a joint-up approach.

He also introduced the Maternity Navigator for the Yemeni Community Association who outlined the Starting Well Scheme, which was a partnership of community organisations and maternity services across Sandwell and West Birmingham supporting expectant mothers to access maternity services as soon as possible, to support a healthy pregnancy and the best start in life for their child.

Members welcomed the addition of a faith representative to the Board.

16/22 The Joint Carers Strategy 2022-26

Further to Minute No. 17/21 (of the meeting held on 30 June 2021) and Minute No. 24/21 (of the meeting held on 22 September 2021), the final draft of the Sandwell Joint Carers Strategy and Action Plan 2022-26 was presented to the Board.

Feedback received at Health and Wellbeing Board meetings in June and September 2021 had been incorporated, as well as feedback from various engagement exercises with carers, carer organisations, and partners.

The engagement with carer support organisations included collating personal 'I Care Statements' from carers themselves, affording the opportunity for carers to be directly involved in the co-production of the Strategy.

The Strategy would now be submitted for endorsement through partners' respective governance channels before being presented to the Board for approval in June 2022.

The Board heard from a young adult carer, a representative of Sandwell Cope (an organisation supporting carers) and a parent carer, on their experiences. The Board noted the follow key points from their presentations:-

- Young carers in Sandwell were not having their needs assessed, as required by the Children and Families Act 2014.
- There was estimated to be 624 young carers in Sandwell.
- Young carers required support to ensure that they were able to complete their education and access further education and training opportunities to ensure that they were not disadvantaged.
- More integration was needed between the local authority and charities supporting young carers.
- There was a lack of respite opportunities for parent carers.
- Sandwell Cope was a voluntary support group for carers established by carers, providing training for carers on such matters as learning disabilities, mindfulness, relaxation etc.
- During the pandemic period there had been little to no respite for parent carers as children were not able to physically attend school.
- The pandemic had been very disruptive for children with learning disabilities and their families due to loss of/changes to routines.
- Parent carers needed more support and opportunities to go to work.
- It was frustrating for carers when having to explain their situation over and over to the different professionals they came into contact with.

Sandwell Parent Carers estimated that there had been a 91% increase in parent carers during the pandemic. It was also estimated that the intensity of the care provided had increased. It was noted that in some communities people did not identify as carers though, due to cultural norms.

The Director of Public Health undertook to collate data on young and parent carers in Sandwell and the increase in both numbers and need during the pandemic, to map out those needs.

Social isolation was discussed as a key theme for all carers and rebuilding social connections was the number one priority post-pandemic. The Director of Public Health reported that Sandwell Council of Voluntary Organisations (SCVO) had been given funding to distribute to the voluntary and community sector to address this. She also undertook to discuss the option of a joint ring-fence fund with the Director of Children and Education to further support carer's groups.

The Director of Integration at Sandwell and West Birmingham NHS Hospitals Trust expressed gratitude for the hidden workforce of carers who were propping formal services. He reported that the Trust had recognised the frustration that carers experienced in having to re-tell their story over and over and in response was developing a shared health and care record. He undertook to meet with carers groups and individual carers to further discuss their experiences, concerns and needs and how to take the conversation forward.

The Chair thanked everyone for their attendance and their openness in sharing their experiences. She undertook to write to the Secretary of State for Health and Social Care to raise the issues discussed.

17/22 Sandwell Pharmaceutical Needs Assessment 2022

Further to Minute No. 16/21 (of 30 June 2021), the Board received an update on the development of the Pharmaceutical Needs Assessment for 2022.

Resolved that public consultation be undertaken on the Sandwell Pharmaceutical Needs Assessment 2022.

[Councillors Ahmed and Simms left the meeting following consideration of this item. The remainder of the meeting was therefore inquorate].

**18/22 Update on the Delivery of Sandwell Dementia
Commissioning Strategy 2019-2025**

Further to Minute No. 34/21 (15 December 2021), the Board noted an update on the delivery of the Sandwell Dementia Commissioning Strategy 2019 – 2025, in line with its four key themes:-

- Training and awareness raising
- Improved information advice and sign-posting
- Pre and post diagnostic support
- Dementia Friendly Communities

The Training2care “Dementia Virtual Reality Bus” had been commissioned in November 2021. The bus provided a very powerful experience, giving people with a healthy brain the opportunity to experience what it was like to live with the effects of dementia. 36 people, including professionals, had experienced the bus and it was hoped that further opportunities would be made available during 2022/23 and ultimately for Sandwell to have its own bus.

A dementia road map had been developed by NHS for Sandwell in 2020 which provided living well advice, bringing together all available support services within the six towns of Sandwell. However, this was not easily accessible for everyone. A handbook “My Future Care Handbook” was therefore being produced for Sandwell, based on the Kent model, which had been developed by carers in collaboration with professionals. The handbook would provide a comprehensive guide in terms of people planning their future care needs around dementia. Focus groups were being established to get feedback on the draft.

The Board heard an overview of the dementia-friendly communities project, being developed by St Albans Community Association. A Single Point of Access and early contact with

people developing signs of dementia through Dementia Navigators allowed for evaluation of future needs at an early stage. The service was being integrated with primary care and secondary care services to reduce the risk of people falling through the cracks. A holistic approach was key, involving all family members affected by their loved one's diagnosis. The six week programme supported families to have difficult conversations early on after diagnosis, so that important decisions could be made before crisis point hit.

The following was noted in response to questions and comments:

- St. Albans represented an example of gold national standard in terms of integrated work between health, social care agencies and voluntary sector that should be emulated in Sandwell.
- Stigma associated with dementia persisted in BAME communities and organisations such as Inclusive Muslim Action Network were working with the communities concerned to change people's perception around dementia.
- St Albans Community Association currently had a project to look at community buildings to ensure they could be made dementia friendly.
- An update would be provided to the Board on the developments at Walker Grange to make it a Dementia focussed facility.

19/22 Mental Health Lead Provider Arrangements and Community Mental Health Transformation

The Board was informed of the new provider arrangements for mental health services in the Borough, brought about as a result of changes to commissioning outlined in the Health and Care Act 2021.

Subject to parliamentary approval, in July 2022 the new Black Country Integrated Care Board (ICB) would assume the duties of the existing Clinical Commissioning Groups in the region. Through this change, the Black Country Healthcare NHS Foundation Trust (mental health trust), would become the lead

provider of mental health services and determine the best arrangements to deliver mental health outcomes through collaborative working with partners and engagement of local communities.

The Black Country footprint of the new ICB would result in reduced clinical variation and variation in commissioning and provision of NHS mental health services across the Black Country. The Trust would be developing a set of service user outcomes to measure whether people in crisis and family carers were being treated with dignity and sensitivity and ensure that service failures were addressed much more promptly.

The next stages of work were to focus on improving the learning disabilities and autism mental health provision.

The new community model of mental health was underpinned by five golden threads:

- Easy and fair access to services – Mental health services suited to person's individual needs.
- No more gaps – Seamless transition between services to enabling continual care.
- Better community support – Working in partnership with the voluntary and community organisations to provide rounded support of mental health needs in the community.
- Better reintroduction to services – Simplified access to services after finishing treatment, if required, to avoid having to 'retell the story' to multiple professionals.
- Reduced waiting times – A holistic personalised plan of care within four weeks of assessment.

The model of support was based on the Maslow Hierarchy of Needs which was based on the premise that people's basic needs (access to basic resources) had to be addressed first before mental health therapy could become effective. This necessitated looking at mental health from the angle of wider determinants of health.

It was highlighted that many people with complex mental health needs also experienced multiple comorbidities. Therefore, the new model aimed to involve a wide range of organisations, including an inpatient nurse at mental health support locations.

The following was noted in response to questions and comments:

- The holistic and integrated approach to mental health provision, that looked for both physical and psychological wellbeing of people, was welcomed.
- Your Health Partnership was doing some work on the physical health of people with mental health issues.
- Smooth transition points between services and pathways was paramount.
- It was felt that following the abolition of Primary Care Trusts (PCTs) mental health provision had declined significantly and the voluntary sector had had to step in.
- Funding grassroots projects represented a good example of how tackling mental health problems needed to start with tackling everyday problems.
- Tackling mental ill health was not just about clinical interventions, but also the wider determinants of health. A mindset shift was necessary and the new provider would have the funding to work with partners across the Black Country to provide seamless interventions between tiers.

20/22 Integrated Care System Progress Update

This item was deferred.

It was noted however that the entire meeting was in a sense about integrated care and the conversations had provided a great deal of material for the place-based partnership in terms of shaping the Integrated Care System. .

21/22 Primary Care Access Update

The Board noted that primary care in Sandwell continued operating extended hours and with extra evening appointment slots available. Practices remained open for physical visits throughout Sandwell.

A more data focused report would be presented to a future meeting.

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Meeting ended at 7.32pm

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