

Agenda

Health and Wellbeing Board

Wednesday 15 December 2021 at 5.00 pm
at Council Chamber, Sandwell Council House, Oldbury, B69 3DB

[Click HERE to watch the meeting live](#)

1 **Apologies for Absence**

2 **Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

3 **Minutes** (Pages 7 - 14)

To confirm the minutes of the meeting held on 22 September 2021 as a correct record.

4 **Covid-19 - Current Position Update** (Pages 15 - 16)

5 **Sandwell Better Care Fund Plan and Section 75 Update** (Pages 17 - 36)

6 **Update on the Delivery of Sandwell Dementia Commissioning Strategy 2019-2025** (Pages 37 - 48)

7 **Faith Sector Representation at the Health and Wellbeing Board** (Pages 49 - 54)

8 **Suicide Prevention Strategy and Action Plan**



(Pages 55 - 92)

- 9 **Sandwell Pharmaceutical Needs Assessment - Update and Request for Extension** (Pages 93 - 98)
- 10 **Integrated Care Systems / Integrated Care Partnerships - Update on Progress to Date** (Pages 99 - 100)
- Standing item to provide a progress update on Integrated Care System (ICS) / Integrated Care Partnership (ICP).
- 11 **Primary Care Access - Update** (Pages 101 - 102)
- Standing item to update on Access to Primary Care.
- 12 **Healthwatch Representation and Thanks to John Taylor** (Pages 103 - 104)

Kim Bromley-Derry CBE DL
Interim Chief Executive
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Voting Members

Councillor Hartwell (Chair)

Councillors Ahmed, Crompton and Simms.

Board Members: Dr Sykes (Vice-Chair), Dr Aslam, Dr Hallan, M Carolan [Black Country and West Birmingham CCG], A Farmer [Healthwatch Sandwell]

Non-Voting Members

Councillors E M Giles and Shackleton

Kim Bromley-Derry - Interim Chief Executive

Rashpal Bishop - Director of Adult Social Care

Michael Jarrett - Director of Children's Services and Education

Lisa McNally - Director of Public Health

Discretionary Members

Richard Beeken – Sandwell and West Birmingham Hospitals NHS Trust

Marsha Foster – Black Country Partnerships NHS Foundation Trust
Emma Taylor – Sandwell Children’s Trust
Mark Davis – Sandwell Council of Voluntary Organisations
Chief Superintendent Ian Green – West Midlands Police
Matt Young – West Midlands Fire Service

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Sandwell Health and Wellbeing Board

22 September 2021 at 5.10pm

Held at the Council Chamber, Sandwell Council House.

Present:

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair of the Board - Cabinet Member for Living and Ageing Well
Councillor Karen Simms	Cabinet Member for Best Start in Life
Councillor Zahoor Ahmed	Cabinet Member for Quality Homes and Thriving Neighbourhoods
Councillor Ann Shackleton	Chair of Children's Services and Education Scrutiny Board
Lisa McNally	Director – Public Health

Black Country and West Birmingham Clinical Commissioning Group (CCG)

Dr Ian Sykes	Vice Chair of the Board and Primary Care Network GP Representative
Dr Sommiya Aslam	Primary Care Network GP Representative
Dr Priyanand Hallan	Primary Care Network GP Representative
Michelle Carolan	Managing Director

Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell
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Sandwell and West Birmingham NHS Hospitals Trust

Tammy Davies	On behalf of Chief Executive - Richard Beeken
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Officers in attendance

Chris Guest	Divisional Manager Adult Social Care
Lina Martino	Consultant in Public Health
Taps Mtemachani	Director of Transformation and Partnership, Black Country Integrated Care System
Clair Norton	Sandwell Health and Wellbeing Board Manager
Sani Patel	Healthy Ageing Project Manager, Public Health
Alexander QuarrieJones	Graduate Data Analyst

19/21 Apologies for Absence

Apologies were received from Councillors Crompton and E M Giles, John Taylor (Healthwatch) and Mark Davis (SCVO).

20/21 Declarations of Interest

There were no declarations of interest.

21/21 Minutes

The minutes of the meeting held on 30 June 2021 were confirmed as a correct record.

22/21 Covid-19 – Current Position Update

It was reported that infection rates in Sandwell remained steady whilst many other areas of the country had seen rising infection rates. This was an unexpected but positive situation, especially considering Sandwell's high level of deprivation and high density population, with many multi-generational households.

Public Health continued to operate 24/7 infection breakout cell and was on standby to respond to outbreaks.

Sandwell had been nominated for an award for the way in which it had managed the response to Covid-19 in care homes. The Public Health team had also been nominated for a national award for the Community Vaccination Programme. The Director of Public Health took the opportunity to thank voluntary sector partners for enabling the success of the vaccination programme.

The Vice Chair added that, despite negative press, primary care remained open and was working hard.

23/21 End of Life Strategy

The Board noted an update on the development of an End of Life Care Strategy.

The Sandwell End of Life Care strategic group had been meeting bi-monthly and consisted of representatives from Council's housing, neighbourhood and public health teams, the Clinical Commissioning Group and Sandwell Council of Voluntary Organisations (SCVO). The group had created a strategy on a page entitled 'Better Endings – Sandwell End of Life Care Strategy 2021-2026'. The aim was to encourage conversations and raise awareness around death and dying. The Strategy was comprised of 6 key promises – each promise had action points for the group to deliver against.

The 6 promises – improving awareness, ensuring communication, providing education opportunities, a skilled workforce, service development, and policy – were shared with the Board together with key outcomes sought from each of these promises.

As part of The Dying Matters Week in May 2021, the strategic group had hosted a virtual event with over 85 participants in remote attendance. Among those in attendance were key professionals and partners, representatives from community and faith groups and members of the public.

Six sessions were hosted as part of the event tied to the 6 promises contained within the strategy. Feedback from the sessions informed changes, including updating the strategy to make it more accessible.

The Sandwell End of Life Care strategic group continued to meet virtually to update the action plan and implement the strategy action points. The next steps included work with schools to educate pupils about understanding death and the process of dying and work on the joint bereavement support line covering the whole of Black Country. These actions would build upon the successful bereavement policy already in place for Sandwell Council employees.

Resources were also being made available to the public on tactics to cope with dying and death. To show an example of resource available, the Board was presented with a video on how to talk about death that was available via Healthier Futures website.

24/21 Joint Carers Strategy Update

Further to Minute No. 17/21 (of the meeting held on 30 June 2021) the Board noted an update on the development of the Joint Carers Strategy.

Carers in Sandwell had been asked to contribute to the strategy by sharing their experiences and what support they needed, to ensure that their voices were reflected in the Strategy.

Healthwatch had recently carried out a survey on the impact of Covid-19 on carers. Almost 600 Sandwell residents took part in the last national Survey of Adult Carers. The results from both these surveys would inform the strategy.

25/21 Suicide Prevention Strategy

The Board noted the current position on the development of Suicide Prevention Strategy.

The Strategy and Action Plan had been drafted at the start of 2020 as the route to achieve the 'six promises' in line with national guidance on suicide prevention.

The ambition was stated for nobody in Sandwell to commit suicide by 2030.

It was noted that many of the underlying factors contributing to suicide were linked to the wider determinants of health, hence it was paramount that the Strategy was updated to reference other Sandwell strategies such as the Good Mental Health Strategy.

A Local Needs Assessment had been carried out, using desk-based analysis and a series of virtual sessions with organisations providing suicide prevention support and individuals who experienced thoughts of committing suicide. Sandwell had an average suicide rate of 10.8/100,000 (compared to 10.2 average for the West Midlands region) and this had been the case for the last 20 years. The most at-risk group continued to be white males aged between 40 and 60.

The main barriers to organisations providing effective suicide prevention support were lack of wider awareness and/or accessibility to services among those affected. The impact of deprivation and covid-19, also lowered the motivation for seeking support and reduced opportunities for direct, face-to-face support. Lack of funding meant that much of the third-sector provision came from volunteers.

The Board was presented with the 10 Recommendations that would form the core of the Action Plan.

In response to questions and comments, the following was noted:

- The CCG had a training video available to frontline staff on Mental Health First Aid and wider workforce training was being looked at.
- It was felt that all councillors should watch the training video.
- Suicide was different to most outcomes in that it did not always follow a relationship with deprivation.
- Creating a sense of community and building social ties was a vital factor in reducing suicide rates.
- Stigma still existed in the BAME community in relation to talking about poor mental health.

The final Strategy and Action Plan would be presented to the Board before launch in 2022, in line with the Black Country Suicide Prevention Strategy.

26/21 Health Inequalities Update

The Board noted a presentation on the Health Inequalities Improvement Programme undertaken by the Health Inequalities and Prevention Board (reporting to the Black Country Integrated Care System Board).

Important barriers to reducing health inequalities in the Black Country and more generally across England included service infrastructure and access to services from the NHS side. Changing the mindset to engage more thoroughly with local places to focus on prevention was deemed paramount.

High rates of deprivation and unemployment across the Black Country compounded health inequalities. Gaps in NHS data, such as underrepresentation of ethnic minorities in hospital datasets, had also been identified, and this made the task of tackling health inequalities more difficult.

Covid-19 had widened health inequalities and the NHS recognised the importance of working with local authorities to reverse this.

To this end, the Health Inequalities and Prevention Board had been set up in November 2020 with all the NHS Trusts having nominated inequality leads present on the Board together with Directors of Public Health from the 4 Black Country local authorities. The ethos of the Board was on the primacy of place in addressing health inequalities. Thus, it had been aligned to Health and Wellbeing Boards in the Black Country area to ensure all patches would be working in tandem.

The Health Inequalities Improvement Programme focused on 7 work streams as part of the work programme as follows:

- COVID Inclusive Recovery
- COVID Vaccination Inequalities

- Strategic Prevention
- Mental Health and Learning Disabilities
- Wider Determinants
- Maternity/CYP
- Data/Intelligence

The focus of the Health Inequalities and Prevention Board was now on Health Inequalities Delivery Plan for 2021/22. NHS England and Improvement had allocated funding to the Board for work on smoking cessation, alcohol, and obesity reduction initiatives. In addition, the Board had been selected for regional funding of £350,000 towards reducing violence and vulnerability, alcohol services offering mental health support, and increasing uptake of preventative services.

[Councillor Shackleton left the meeting during the consideration of this item.]

27/21 Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date

The Board noted an update on progress towards the implementation of the Black Country Integrated Care System (ICS), which would replace the Black Country and West Birmingham Clinical Commissioning Group from April 2022.

Reducing health inequalities was a priority of the CCG and would continue to be a priority for the ICS.

Jonathan Fellows had been appointed as Chair Designate of the Black Country Integrated Care Board. Following a recruitment process, the Chief Executive was to be announced by the beginning of November. The Board would involve all local partners and there would also be a local authority representative.

In response to comments and questions, the following was noted:

- Collaboration at a system level remained important.
- A workshop would be held for members to provide more detail on the structures and ensure understanding.

- Whilst there was a need for structural change, it was the individuals, rather than any particular structure, that would determine the effectiveness of the system.

28/21 Councillor Hartwell – Cabinet Member Update

The Chair reported that:-

- Cabinet portfolios had been revised and there had been changes to three cabinet appointments. The Board noted the revised portfolios.
- She had recently met with Public Health teams and hoped to arrange more meetings with staff in various departments providing support services.
- She had participated in one of the walks organised by Sandwell Stride walking group.
- She was keen to promote the work of the many services being provided by Sandwell's communities.

Meeting ended at 6.48pm

democratic_services@sandwell.gov.uk



Sandwell Health and Wellbeing Board 15 December 2021

Report Topic:	Covid-19 – Current Position Update
Contact Officer:	Lisa McNally, Director of Public Health Lisa_McNally@sandwell.gov.uk
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To update members on the current position in Sandwell with regards to the Covid-19 pandemic.
Recommendations	<ul style="list-style-type: none"> • To note the contents of the update.
Key Discussion points:	<ul style="list-style-type: none"> • To discuss the developments Covid-19 and the spread of the new Omicron variant in the UK.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • None, this is an update for information. 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Item is for information only.

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Sandwell Health and Wellbeing Board 15 December 2021

Report Topic:	Sandwell Better Care Fund Plan 2021-22
Contact Officer:	Christine Guest, ASC Service Manager Paul Moseley, BCF Programme Manager
Link to board priorities	2030 Vision The BCF supports Ambition 2: Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for. We will help keep people safe and support communities The BCF supports Ambition 10: Sandwell now has a national reputation for getting things done, where all local partners are focused on what really matters in people’s lives and communities.
Purpose of Report:	To seek retrospective approval from the HWBB of the BCF Plan for 2021/22.
Recommendations	That the Board notes the content of the report. That the Board approves the BCF Plan for 2021/22
Key Discussion points:	Early feedback from the regional NHSE team recommended minimal amendments to the draft report prior to submission. This contributes directly to Ambition 10 . The Sandwell BCF programme provides funding and protection for vital Adult Social Care services, enabling us to support our vulnerable individuals and communities when resources are scarce. This contributes directly to Ambition 2 . The Sandwell BCF programme has to date achieved several notable successes including: <ul style="list-style-type: none"> i) No.1 ranking nationally for Delayed Transfers of Care (DToC) performance at the time reporting was suspended in March 2020. ii) Establishment of an integrated commissioning team across the CCG and Adult Social Care iii) Establishment of an Integrated Discharge Hub to improve the effectiveness of out of hospital care

	<p>pathways and support better patient flow between local hospitals and the community</p> <ul style="list-style-type: none"> iv) Making the approved Dementia Strategy a reality by implementing the commissioning plan. v) Building the new Integrated Social Care and Health Centre on the Knowle site in Rowley Regis vi) Establishing the Shared Care Record to enable health and social care professionals to access appropriate information to improve the care of local citizens. 										
<p>Implications (e.g. Financial, Statutory etc)</p>											
<p>The BCF Pooled Budget quantum for 2021/22 is confirmed as £57 million, broken down into the following income streams:</p> <table data-bbox="129 772 1481 965"> <tr> <td>Minimum CCG Contribution</td> <td style="text-align: right;">£28,370,453</td> </tr> <tr> <td>iBCF</td> <td style="text-align: right;">£22,344,516</td> </tr> <tr> <td>DFG</td> <td style="text-align: right;">£4,728,713</td> </tr> <tr> <td>Additional LA Contribution</td> <td style="text-align: right;">£1,156,064</td> </tr> <tr> <td>Additional CCG Contribution</td> <td style="text-align: right;">£269,051</td> </tr> </table>		Minimum CCG Contribution	£28,370,453	iBCF	£22,344,516	DFG	£4,728,713	Additional LA Contribution	£1,156,064	Additional CCG Contribution	£269,051
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Additional CCG Contribution	£269,051										
<p>What engagement has or will take place with people, partners and providers?</p>	<p>The BCF Plan for 2021/22 has been developed in collaboration with partners from Sandwell Council, Black Country and West Birmingham CCG, Sandwell and West Birmingham Hospitals Trust and Sandwell Council for Voluntary Organisations.</p>										

1. Purpose of the Better Care Fund

- 1.1. The Better Care Fund (BCF) is a national programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF encourages integration by requiring CCGs and local authorities to pool budgets and agree an integrated spending plan.
- 1.2. The BCF has been created to improve the lives of some of the most vulnerable people in our society and offers a genuine opportunity for health and social care partners to develop effective and sustainable services capable of meeting the unique needs of our local people and communities now and in the future.
- 1.3. The legal framework for the BCF derives from the amended NHS Act 2006 (s. 223GA), which requires that in each area CCG(s) transfer minimum allocations (set by national bodies) into one or more pooled budgets, established under Section 75 of that Act, and that approval of plans for the use of that funding may be subject to conditions set by NHS England. NHS England will approve plans for spend from the CCG minimum in consultation with DH and DCLG as part of overall plan approval.
- 1.4. The DFG and iBCF Grants form part of the pooled budget and are subject to grant conditions set out in grant determinations made under Section 31 of the Local Government Act 2003.

2. The following partners were involved in the development of this plan

Sandwell Metropolitan Borough Council
Black Country and West Birmingham Clinical Commissioning Group
Sandwell and West Birmingham Hospitals NHS Trust
Sandwell Council for Voluntary Services (SCVO)

- 2.1. The plan has been developed by the Sandwell Joint Partnership Board (JPB), which is an executive group of the Sandwell Health and Wellbeing Board (HWBB) where statutory partners meet monthly to provide leadership and governance to the Sandwell Better Care Fund programme.
- 2.2. The JPB brings together senior leaders from the NHS and social care commissioning and provider partners in Sandwell to offer strategic leadership in relation to the Sandwell Better Care Fund programme. The remit of the JPB includes the development of the annual BCF plan and S75 agreement which

is undertaken on behalf of the JPB by the jointly appointed BCF Programme Manager.

- 2.3. The Board has a standing agenda item for national BCF updates and has been kept up to date with the BCF planning requirements for 2020/21. The Programme Manager has also engaged with other stakeholders from the voluntary sector and housing in the development of this plan.

3. Executive Summary

- 3.1. The aim of the Sandwell HWBB is to sustainably meet the health and care needs of Sandwell's population now and in the future. The HWBB is leading a complex system change agenda requiring Sandwell to balance its duty to meet the needs of local people and manage the expected growth in demand for services whilst ensuring that this is achieved on a sustainable basis. All this is to be achieved within the constraints of the available funding and the challenges of delivering services during and following the global COVID-19 pandemic.

- 3.2. The priorities for the BCF programme in 2019/20 and 2020/21 focused on progressing the integration agenda across three key themes of integrating the delivery of health and social care, integrating the commissioning of health and social care services and integrating the provision of intermediate care and reablement. Sandwell's blueprint for integration has established a platform that will enable partners to deliver on our current priorities which will be discussed later in the paper. The key priorities for the Sandwell Better Care Fund programme for 2021/22 include:

3.3. Supporting the implementation of the D2A operating model

- 3.3.1. The communities of Sandwell have experienced some of the highest rates of COVID-19 infection in the country throughout the pandemic. Whilst many areas are fortunate to have seen pressures on local hospitals fall to a more manageable level, the proportion of Sandwell General Hospital's beds occupied by COVID-19 patients remains one of the highest in the country at around 11% for the eight weeks to 5 October. Whilst numbers have started to fall, the hospital remains extremely challenged in terms of the impact the pandemic continues to exert on its staff and services.

- 3.3.2. The unprecedented pressures on the Sandwell health and social care system have impacted on local D2A implementation. However, the HWBB and BCF partners are working closely with the LGA and ADASS to fully implement the D2A operating model by the end of March 2022. Our local approach to implementing D2A to this point will be discussed in more detail in the section on Supporting Discharge (National Condition 4).

3.4. Supporting the wider system through Winter 2021

3.4.1. The HWBB has continued to maintain many of the schemes implemented during previous Winters and which were funded substantially from a ring-fenced Winter grant which is now included within the annual iBCF allocation. The following schemes totaling £2.3 million were implemented in previous Winters and continue to be supported for 2021/22:

Scheme Name	Brief Description of Scheme	Scheme Type	Area of Spend	Commissioner	Provider	Source of Funding	Annual Expenditure (£)
Grants to the voluntary sector for winter support	Grants made to VCS organisations to support vulnerable patients following discharge from hospital (currently Sapphire Service)	Prevention / Early Intervention	Social Care	LA	Charity / Voluntary Sector	iBCF	£157,000
Better discharge co-ordination for EOL patients (Discharge Enablement Team)	Rapid response to step down fast-track CHC patients (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£172,000
Additional Admission Avoidance Capacity	Additional capacity for Admission Avoidance (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£677,525
48 hours post discharge follow-up	Post discharge welfare checks (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£59,000
Frailty in A&E post	Specialist support for frail elderly in A&E (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£83,065
Additional Intermediate Care at Home beds	Additional capacity for home-based IMC (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£256,250
iCARES attendance at EAB MDTs	Provider attendance at community bed MDTs (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£33,999
iCARES Plus	Therapy support to Community Beds (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£614,324
Care Home Admission Avoidance (Virtual Ward)	Wrap-around clinical support to care homes to reduce emergency call-outs (initially commissioned as part of previous winter plan)	High Impact Change Model for Managing Transfer of Care	Community Health	CCG	NHS Acute Provider	iBCF	£290,468

3.4.2. The BCF Pooled Fund has also invested an additional £912,000 to expand the number of packages of integrated care and therapy support to people in their own homes which helps to reduce the use of community reablement and intermediate care beds throughout the year. In addition

to these investments which have proven to be effective in supporting the year-round resilience of the local health and care system, the following new schemes will be established in addition to support system pressures and further implement the D2A approach ahead of the coming Winter:

	Annual	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total 2021/22
Single Handed Care Training	£ 40,000						£ 40,000	£ 40,000
Re-stocking equipment sub-store	£ 15,000	£ 1,250	£ 1,250	£ 1,250	£ 1,250	£ 1,250	£ 1,250	£ 7,500
Handyman service	£ 72,000		£ 6,000	£ 6,000	£ 6,000	£ 6,000	£ 6,000	£ 30,000
Transport	£ 72,000		£ 6,000	£ 6,000	£ 6,000	£ 6,000	£ 6,000	£ 30,000
Discharge enablers fund	£ 12,000		£ 1,000	£ 1,000	£ 1,000	£ 1,000	£ 1,000	£ 5,000
	£ 211,000	£ 1,250	£ 14,250	£ 14,250	£ 14,250	£ 14,250	£ 54,250	£ 112,500

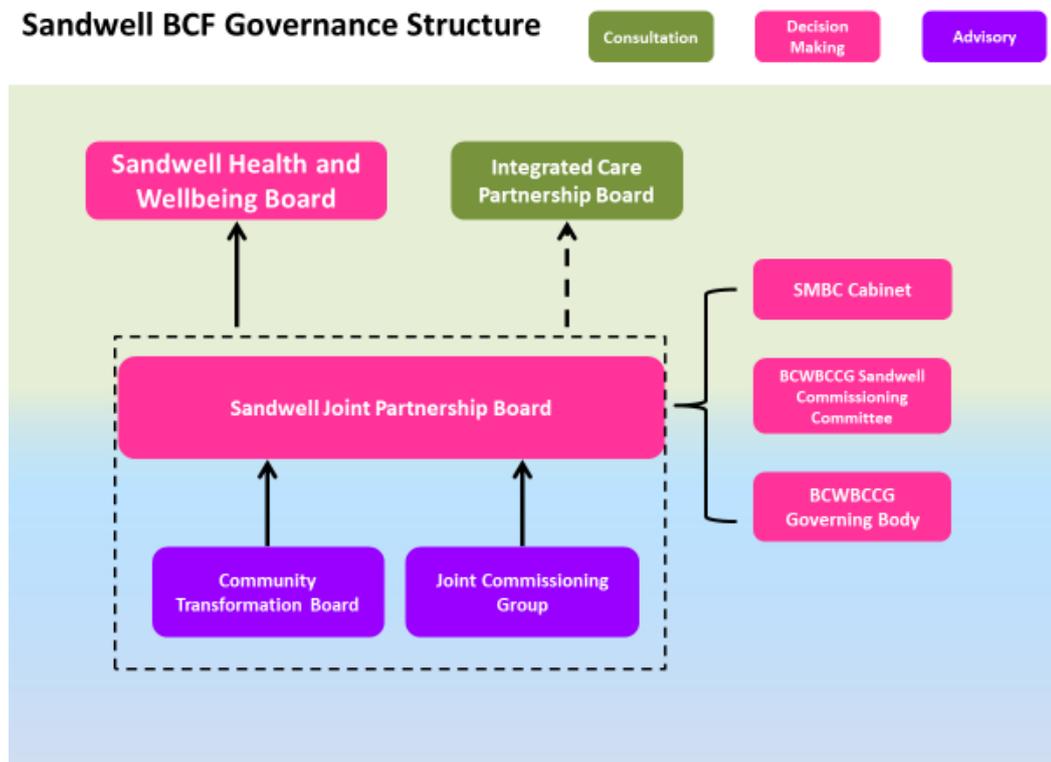
3.5. Transforming and right-sizing community health and care services

- 3.5.1. Sandwell operates a significant number of short-term community step-down beds which in previous years were crucial to enabling Sandwell to effectively manage acute bed capacity and comply with Delayed Transfers of Care policy. However, following our collective efforts across health and social care to develop alternative and more appropriate provision, these beds are now under-utilized and poorly aligned with the 'home first' ethos and national Discharge to Assess (D2A) requirements which are the cornerstone of current national health and social care policy.
- 3.5.2. Health and social care commissioners are working with Sandwell and West Birmingham Hospitals Trust to substantially repurpose the funding for the community beds towards increasing the provision of home-based alternatives and ensuring sufficient capacity is available across the health and social care activities involved in the delivery of care and support for hospital discharge pathways 0 - 2.
- 3.5.3. To support the shift of activity away from hospitals into the community via these pathways the Sandwell Better Care Fund is investing around £1m per annum in the VCS to provide advice, guidance and social support interventions including falls prevention, hospital discharge support, community dementia support and carer services. Our VCS partners use strengths-based approaches to fully harness the abilities and capacity of the sector to support people to stay independent, connected to their communities and well-informed of their care and support options.
- 3.5.4. Our collaborative arrangements and relationships also extend to Russells Hall Hospital in Dudley. Due to the proximity of the hospital to Sandwell's Westernmost communities of Tipton and Rowley Regis, some of the residents in these areas who need urgent and emergency care will be conveyed to Russell's Hall, which may be over a mile closer for those residents than Sandwell General Hospital. To help mitigate this impact on Russells Hall, Sandwell has a team of social workers based at the

hospital to arrange care placements and facilitate timely discharges for our residents. Through these integrated arrangements we can offer our Sandwell residents the same opportunities to benefit from timely and effective discharges as they would get at Sandwell General Hospital.

4. Governance

4.1. As in previous years the development and implementation of the BCF plan will be overseen by the Sandwell Joint Partnership Board (JPB) which comprises of senior leaders from across the CCG, Acute and Community Health providers, Social Services and Public Health. The Joint Partnership Board is responsible for key decision-making in respect of the BCF programme and approving investment from the BCF Pooled Fund. The JPB is supported by the Sandwell Transformation Board which oversees the implementation of D2A policy across health and social care, and the Joint Commissioning Group is formed of the commissioning leads for the services funded through the BCF programme and makes commissioning recommendations to the JPB. The BCF programme is currently connected to the wider local health and social care governance as set out in the illustration below but we expect this to change going forward to ensure alignment with the emerging Integrated Care Partnership and Integrated Commissioning Board governance structures:



4.2. The BCF Programme Manager is responsible for developing the annual BCF plan in collaboration with specialists in commissioning, finance and performance. The completed plan documents are reviewed by the JPB and any final amendments made ahead of presenting to the HWBB for approval.

If the Board is unable to meet to approve the plan before it is submitted for assurance, the Director for Adult Social Services has the authority to provisionally approve the plan prior to submission pending retrospective approval by the HWBB. Once approved, the plan is then implemented through a programme management approach led day to day by the BCF Programme Manager under the direction of the BCF Director with ongoing stewardship by the JPB which meets monthly.

5. Overall approach to integration

5.1. The Sandwell HWBB strategy for integrating health and social care is based on three key themes of integrating the delivery of health and social care, integrating health and social care commissioning and integrating the provision of care.

5.2. Integrating the delivery of health and social care

5.2.1. In 2018 the Sandwell HWBB set a mission to sustainably meet the health and care needs of the people of Sandwell and West Birmingham over the next five years. The HWBB understands that behind this simple statement is a complex system change agenda which requires Sandwell to balance its duty to meet the needs of local people and the expected growth in demand whilst ensuring that this is achieved on a sustainable basis within the constraints of the available funding. The emergence of the COVID-19 pandemic has added further complexity and challenge to these ambitions but the HWBB is committed to driving integration in Sandwell through the Better Care Fund programme and offering high quality, joined-up services capable of meeting the complex and changing needs of our local population.

5.2.2. In Sandwell we understand that integrated care brings together the different groups involved in somebody's care so that, from the perspective of the citizen, the services delivered are consistent and coordinated. Not only do we aim to offer seamless, joined up care but care that meets the holistic needs of our customers, identifying their strengths, interests, skills and talents so that we can agree outcomes that focus on the activities people value or like to do and not just the aspects of life that they struggle with.

5.2.3. This person-centred approach is essential to maximise our opportunities to support people to maintain their independence and enjoyment of life and our BCF partners are committed to achieving the transformation needed to offer our residents and communities effective, well-coordinated and personalised care and support in the right place at the right time.

5.2.4. As part of our integration strategy, the HWBB established an integrated health and social care hub in West Bromwich to provide a single point for

discharge coordination and enabling the joined-up care planning and assessment that is so important for improving the care outcomes and experience of care for our vulnerable people and communities. The primary focus of the hub is to support timely and effective hospital discharges and hospital avoidance, building on Sandwell's legacy of strong performance against delayed transfers of care (DToC) having reached number one in the country at the time that DToC reporting ended in March 2020.

- 5.2.5. To support the Hub, we established a multi-professional D2A working group of commissioners and community and social care providers to design and implement streamlined and integrated out of hospital care pathways aligned to the D2A Operating Model and Hospital Discharge Policy. The new pathways are person-centred and enable people to exercise genuine choice and control to achieve the outcomes that are important to them. Health and care professionals will work collaboratively to manage the customer journey from start to finish and promote independence through effective co-ordination of input from across the health, social care and voluntary and community sectors.
- 5.2.6. This work will deliver a patient-centred model of care which is fully compliant with the D2A Operating Model and Home First ethos. Our ambition is to provide as much care and support to people in their own homes as possible and for services to be available 7 days a week.
- 5.2.7. Our efforts to support people to stay well at home and maintain their health and independence will be supported by a transformation programme that changes the way that our community health and care services are delivered to ensure that as much care, reablement and therapy as possible is provided to people at home rather than in community beds following discharge from hospital.
- 5.2.8. The HWBB recognises that some variation in access to services exists within Sandwell in common with many areas of England. We believe that by continuing to invest BCF resources intelligently to meet the unique and changing needs of our communities and ensuring that hard to reach populations and those with protected characteristics enjoy parity of access to services, we will reduce inequalities for Sandwell people both within the Borough and compared with other areas across the Black Country and England.

5.3. Integrating health and social care commissioning

- 5.3.1. We have discussed the actions we have taken to align social care and community health services to support the delivery of integrated care, but we recognise that success in delivering true person-centred care demands effective partnership working across all the agencies and

services that support our people and communities to achieve their health, care and wellbeing goals. Achieving high quality, joined-up services is only possible through strong and effective commissioning and to deliver this the Sandwell BCF Programme includes a joint commissioning team established in 2018 to drive integrated commissioning. Formed of experienced commissioners, project managers and performance specialists from the CCG and social services, the team works in a matrix way with our partners in housing, primary care, public health, mental health, acute and community care, as well as the voluntary and community sector.

- 5.3.2. The Joint Commissioning team leads on a range of important enablers for integration, including the development of a local Integrated Shared Care Record (ISCR), an exciting and ambitious project delivered in partnership between the Sandwell BCF programme, the local Acute Trust, the Mental Health Trust, Adult Social Care and Primary Care. With implementation expected ahead of Winter 2021, the ISCR enables professionals from across health and social care to share appropriate information about patients' care needs and treatment through an integrated electronic care record which will support improvements in the quality, timeliness and experience of care.
- 5.3.3. The Joint Commissioning Team also commissions schemes that are instrumental to the successful implementation and delivery of D2A. Whilst these schemes are set out in detail in the planning template, they include for example the Own Bed Instead scheme that promotes the Home First ethos by providing time-limited intermediate care and reablement support to people in their own homes following a stay in hospital. For residents of care homes where the rate of emergency call-outs is historically high we also commission wrap-around therapy, social care, pharmacy and clinical support to those homes at highest risk to enable them to manage the care and support needs of their residents more effectively and reduce unnecessary hospital admissions.
- 5.3.4. Commissioning services jointly also enables health and social care to commission similar services once, which helps to reduce variation in service quality and access, and duplication of services and waste. Cost efficiencies can also be achieved through the removal of price variances where commissioners from health and social care sometimes pay different prices for similar services commissioned from the community care market.

5.4. Integrating the provision of care

5.4.1. In March 2018 the Sandwell HWBB supported the long-term options to provide an integrated Health and Social Care Centre in Sandwell. This was in response to three main strategic challenges:

- i) To help deliver sustainable progress on hospital delays.
- ii) To provide more effective hospital avoidance (step-up) services.
- iii) To commission high quality time-limited, bed-based reablement care and support that is accessible all year round to avoid the need to commission reactively to seasonal changes in demand

5.4.2. Due to open in July 2022 the new centre will support people in the following ways:

- Improved health, well-being and confidence, helping people to live longer with a good quality of life and contribute to local community life
- Maintaining people's independence at home
- Avoidance of unnecessary admission to hospital
- Avoidance of preventable or premature admission to long term residential or nursing care
- Maximising health and care outcomes by supporting people to maintain their functionality and skills through rehabilitation and reablement
- Support for the transition from hospital to home as soon as people are clinically ready for discharge
- More generally, the new centre will build strong links with the local community, work effectively with the NHS and voluntary and community sector organisations, and ensure practice standards are promoted and followed

5.4.3. The integrated care centre will be ground-breaking nationally and will be designed, built, equipped, operated and supported to the highest possible standards to reduce or delay the need for Sandwell's older residents to be admitted into hospital or long-term residential care.

5.4.4. Where a hospital stay is unavoidable the centre will support reduced lengths of stay and support people to be quickly and safely discharged into a more appropriate care and support setting and where possible return home with their support needs minimised as far as possible. In so doing, the centre will further enhance and improve Sandwell's reputation as a regional and national leader in promoting the independence of its older citizens, supporting the resilience of individuals and communities,

and minimising avoidable delays in transfers of people from hospital settings.

6. Supporting discharge (National Condition 4)

- 6.1. Leaders from the CCG, Council and the local Acute & Community Trust agree that to successfully achieve a true Discharge to Assess model we must move away from the traditional approach of using short-stay community beds to facilitate timely discharges and develop alternative care models that are aligned to the Home First ethos and D2A Operating Model. To deliver this transformation the BCF partners have agreed to substantially repurpose the £1.3 million of funding currently invested from the BCF Pooled Fund in the community beds (See Scheme ID 29 in the Planning Template) for commissioning more therapy and reablement services that support people in their own homes and in so doing deliver improved outcomes and a better experience of care.
- 6.2. As well as delivering better outcomes for people, the new offer will be more cost-effective and capable of meeting the higher levels of demand for out of hospital health and care that the Discharge to Assess operating model will generate. The BCF will continue to invest over £6.5 million annually in services that support people to avoid preventable admissions to hospital and maintain their independence at home (see Scheme IDs 28, 65, 66, 71), and over £1 million each year in the local Voluntary and Community Sector to support effective discharges and provide social opportunities for people to stay connected to their communities and reduce isolation which is a key risk factor for unplanned hospital admissions.
- 6.3. Additional investment will be made available to ensure a safe transition from a model of delivery based around community beds to a 'home first' approach that provides more care in people's own homes and supports our shared ambitions to reduce the length of time people spend in hospital after they are clinically ready for discharge. The £1.3 million of funding that will be repurposed to support the transformation is included within the planning template against the Social Care Ward (Scheme ID 29) and is in addition to the current funding of £1.5 million for home-based packages of care (Scheme IDs 68, 74 and 77).
- 6.4. We recognise that a significant number of Sandwell residents are admitted each year to Russells Hall Hospital in Dudley due to the closer proximity of that hospital to Sandwell General Hospital as explained in para 3.5.4. Well-established and effective collaborative arrangements already in place between Russells Hall and Sandwell Council will ensure that our inpatient residents at Russells Hall will have the same opportunities for timely and effective discharge home as those receiving care at Sandwell General Hospital, with all

discharges being managed through the Integrated Discharge Hub regardless of which acute hospital has provided care for our residents.

6.5. We will achieve the improvements set out in this paper by delivering our plans to implement true Discharge to Assess and transforming our community health and care services so that more people can be cared for at home and assessed for their ongoing care needs outside of hospital. Our new integrated care centre operated jointly by Sandwell Council and Sandwell and West Birmingham Hospitals Trust will open in July 2021 and will enable safe and timely discharges from hospital whilst avoiding the need to commission community care placements, which can often lead to delays. Additionally, the Integrated Discharge Hub now manages all discharges from hospital, working to streamlined, joined-up hospital to home care pathways that minimise the time people need to spend in hospital whilst supporting more people to be discharged home once they are clinically ready.

7. Disabled Facilities Grant (DFG) and wider services

7.1. The Sandwell BCF Programme Team understands the importance of housing quality as a wider determinant of health and wellbeing. We have a housing specialist based within the Joint Commissioning Team who has developed strong relationships between the adult social care, therapy and housing teams to help ensure that we are supporting people to create living environments which enable them to manage their health and care needs effectively and improve their wellbeing. Our DFG investments for 2021/22 are set out in the following table:

Purpose	Budget Allocation	Description
Minor Adaptations	£0.36m	Funding for minor adaptation to all non-council housing
Lift & Hoist Servicing and Maintenance	£0.2m	Funding to service and maintain all lifts and hoists installed via a DFG
Adult Social Care Directorate -Revenue Costs	£0.323m	Contribution towards the revenue costs of the Therapy Services Team
Housing Directorate - Revenue Costs	£0.45m	Contribution towards the revenue costs of the Home Improvement Agency
Handyperson Service	£0.1m	A service to provide minor housing interventions in private housing
Budget for Disabled Facilities Grants	£3.3m	Assuming an average grant value of £14,000 this equates to funding to approve in the region of 240 Disabled Facilities Grant applications
Total	£4.7m	

- 7.2. In addition to our DFG programme we offer a range of housing-related services, including a handyman to carry out small jobs to maintain safety in and around the home where the householder is no longer able to, including cleaning guttering and drainpipes, changing washers on leaking taps and pipes, and securing cables to prevent slips, trips and falls. We also provide several Discharge to Assess flats in the community that are typically offered to younger adults leaving hospital who are unable to access their own accommodation immediately following discharge. Often this is because work must be undertaken to adapt or make safe their own homes. In some cases, individuals may be homeless so the D2A flats provide an opportunity to discharge people from hospital whilst agencies work with individuals to help them regain their strength and daily living skills and identify suitable housing options going forward.
- 7.3. We also offer minor adaptations to the value of £1,000, which include installing grab-rails and over-bath showers, and major adaptations costing over £1,000 where significant changes are required to a property, to enable people to occupy their home safely and independently for as long as possible. Such work may include lift installation, Bath Out Shower In (BOSI), level access showers, ramps and extensions.
- 7.4. We are planning to improve our housing-related offer in line with the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) and are currently considering several options including:
- Increasing the maximum amount for minor adaptations to £1,500 which will enable us to offer more interventions without having to undertake the more complex major adaptations process.
 - Improving our offer to people living with dementia by making a new Dementia Dwellings Assistance grant of up to £2,000 available to support with hospital discharge, enabling people to return home quickly and to help reduce demand for residential care placements.
 - Making the property clean and safe with deep clean, property clearance and urgent falls prevention measures.
 - Relocation allowances of up to £10,000 for homeowners and £2,000 for private tenants to move to a more appropriate house where making appropriate adaptations is not possible. The grant helps with the costs and fees associated with moving, such as solicitor's fees, valuation survey and estate agents' fees.
 - DFG top-up grants of up to £15,000 to homeowners where the costs of works is expected to exceed the DFG maximum threshold of £30,000.
 - Hazard Removal Grant offered to homeowners aged 60 plus who are in receipt of Guaranteed Pension Credit. Up to £5,000 for removal of

hazards that may present a serious and immediate risk to health and safety.

- Adapting a second home: shared custody of a child. Available to all Sandwell residents where the courts have granted shared custody of a child. Usually only the child's main home would be adapted but the council believe this approach may affect shared custody arrangements and may consider funding adaptations at a child's second home subject to eligibility criteria and available funding.
- Lifts (currently a major adaptation) will become part of the equipment pathway so they can be fast-tracked through the process.

7.5. In addition, the Prevention Stores team is funded through the BCF programme and continues to play an important role in supporting people to stay independent, supplying a range of digital and equipment technologies to enable people to live at home and avoid or delay the need for admission to long term care. Prevention Stores are also a key enabler for Sandwell's excellent performance on hospital discharges, offering a rapid-response service to support timely discharges and helping to prevent readmissions. Prevention Stores also stores and maintains specialist health equipment on behalf of the CCG to no extra cost, often going above and beyond its formal remit by delivering and installing equipment for CCG patients that reside outside of Sandwell.

8. Equality and Health Inequalities

8.1. Equality

8.1.1. We are confident that the Sandwell BCF Programme for 2021/22 will deliver high quality integrated and person-centred services that will help to reduce inequalities and health inequalities for the local population and for those with characteristics protected under the Equality Act 2010. Commissioning plans for services funded from the BCF programme are required to demonstrate that an Equalities Impact Assessment has been carried out prior to the plans being considered for formal approval.

8.1.2. We have considered whether the BCF plan activities could constitute conduct prohibited by the Equality Act. In general, the services funded through the BCF will apply to all persons irrespective of protected characteristics though some services are specifically commissioned for individuals or groups who possess protected characteristics and will therefore not constitute direct or indirect discrimination on that basis. We believe that the services and activities funded through the Sandwell BCF programme will have a positive impact on people with protected characteristics and will help to reduce the health inequalities and other inequalities experienced by people who share protected characteristics compared with not having those services available.

- 8.1.3. The services funded through the Sandwell BCF programme are aligned to BCF policy which exists in part to promote equality of opportunity between people who share a protected characteristic and people who do not share it – for example our services support disabled and older people to enjoy the same level of independence as people who do not share these protected characteristics as far as this is possible based on individuals' personal circumstances and health needs.
- 8.1.4. We know from the available evidence that people with protected characteristics and particularly older and disabled people, are more likely to experience hospital admission and stay longer in hospital for treatment. We know also that many people with protected characteristics suffer disproportionately from social isolation and loneliness compared to people who do not share those characteristics. The BCF plan supports all people with protected characteristics to avoid unnecessary visits to hospital and where admission is necessary our community health and care services will ensure people spend no longer in hospital than they need to and are well supported following discharge to lower the risk of readmission.
- 8.1.5. The BCF plan also funds services that help to connect people to their communities to reduce the impact of loneliness and isolation, which is especially important as many people with protected characteristics are advised to minimise their direct social contacts during the COVID-19 pandemic. The Community Offer schemes funded through the BCF programme support people to connect with their communities and neighbours and have focused additionally on providing practical support such as shopping and prescription collections during the pandemic. In addition, we found that people with dementia and their families have been disproportionately impacted by the social restrictions imposed in response to the pandemic. To respond to this need to combat the isolation and mental health impacts, we commissioned a scheme that provided tablet devices loaded with specialist apps to stimulate and occupy people living with dementia and to enable them and their families to connect with others and maintain social support networks during the period when social restrictions were in place.

8.2. Health inequalities

- 8.2.1. The health of people in Sandwell is generally poor compared with the England average. Sandwell is one of the 20% most deprived areas in England and about 25% of children live in low income families. Sandwell has a 32% greater mortality rate than the England average for all causes of death and life expectancy for both men and women is lower than the England average, with men and women living on average 2.7 and 2.1 years fewer respectively than the England average. More significant

variations in life expectancy are observed within the Borough, with men and women in the most deprived areas living for an average of 8.6 and 8.0 fewer years respectively than those in the least deprived areas.

- 8.2.2. The Sandwell population is worse than the England average across several important health indicators including obesity, diabetes and cancer mortality. Sandwell residents also experience significantly higher levels of hospital admissions due to hip fractures than the England average. It is also well documented that Sandwell has been impacted disproportionately by the COVID-19 pandemic compared to its neighbours and England generally.
- 8.2.3. Despite these challenges, Sandwell has a proud track record of delivering better outcomes and experience of care through strong and effective partnerships across health and social care, and intelligent investment from the Better Care Fund. For example, health and care partners worked in collaboration to design and deliver new integrated out of hospital care pathways that substantially shifted the locus of post-acute care and support activity from hospitals to peoples' own homes.
- 8.2.4. This approach was based on the D2A model and Home First ethos that is now the cornerstone of national health and social care policy, helping Sandwell to rise from 73 out of 151 local authorities in England for performance against hospital delays in July 2017 to become the number one area in the country at the time reporting was suspended in March 2020.
- 8.2.5. The Better Care Fund has delivered additional successes including the protection of prevention-focused services provided by Sandwell Council, including Community Equipment Stores, Community Alarms and Floating Support, which together provide vital support to vulnerable people, enabling them to live independently in the community and reducing the demand on stretched primary, community and social care resources.

9. Metrics

- 9.1. From the BCF Data Pack, the latest available data for unplanned hospital admissions due to Ambulatory Care Sensitive (ACS) conditions shows that Sandwell had 1243.1 admissions per 100,000 population in 2019/20 and our projections suggest a figure of 1,196.9 for 2020/21 and 1,186.6 for 2021/22. These figures represent a 3.9% reduction in admissions between 2019/20 and 2020/21, which have been achieved by collective system efforts to implement D2A and support more people in the community to avoid hospital during the COVID-19 pandemic. The projected reduction of 0.9% in admissions between 2020/21 and 2021/22 is more conservative and reflects the likelihood of our continued efforts to reduce avoidable admissions through the D2A operating model being constrained to an extent by increased demand for hospital

services as the longer-term impacts of the pandemic on community and primary care present.

- 9.2. For the 14-day Length of Stay (LoS) metric we are projecting figures of 9.9% of inpatients residing in hospital for 14 days or more in Q3 of 2021/22 and 10% in Q4 compared to figures of 11.2% and 12% for the equivalent periods last year, which represents an expected improvement in the metric of 11.6% between Q3 2020/21 and Q3 2021/22 and 16.7% between Q4 2020/21 and Q4 2021/22.
- 9.3. For the 21-day LoS metric we are projecting figures of 5% of inpatients residing in hospital for 21 days or more in Q3 of 2021/22 and 5% in Q4 compared to figures of 6% and 6.3% for the same periods last year, which represents an expected improvement in the metric of 16.7% between Q3 2020/21 and Q3 2021/22 and 20.6% between Q4 2020/21 and Q4 2021/22.
- 9.4. Paragraphs 3.5.4 and 6.4 identified that a significant number of Sandwell's residents receive acute care at Russells Hall Hospital in Dudley due to the closer proximity of the hospital to where they live compared to Sandwell General Hospital. Assurance is offered that the established partnerships and arrangements between Sandwell Social Services and Russells Hall ensure that discharges for Sandwell residents are equally as effective as discharges from Sandwell General. The table below shows the comparable performance against the 14 and 21-day LoS for Sandwell residents in both Sandwell General Hospital and Russells Hall Hospital across Q1 and Q2 of 2021:

14-day LoS (Apr-Sep 21)		21-day LoS (Apr-Sep 21)	
Sandwell General	9.9%	Sandwell General	5.2%
Russells Hall	10%	Russells Hall	5%

- 9.5. We are also planning to discharge 94.1% of Sandwell residents to their normal place of residence in 2021/22 compared to 91.3% for 2020/21.
- 9.6. We can also demonstrate a significant reduction in care home placements, with only 350 placements made per 100,000 population in 2020/21 compared to 447 in 2019/20, representing a 21.7% reduction. However, this is in large part due to care home placements being curtailed during the COVID-19 pandemic and whilst we expect to maintain lower admission rates going forward we are projecting a slight increase to 360 placements per 100,000 for 2021/22.
- 9.7. The 2020/21 reablement rate of 64% of people aged over 65 remaining at home 91 days after discharge from hospital is expected to improve to 66.9% for 2021/22. Whilst we expect the impact of the D2A and Home First approach to enable more people than ever to stay well and independent at home following a hospital stay, we are at the same time discharging more people

into the community with higher levels of need which is likely to impact on reablement performance in the short term until the wider community transformation is complete and services are operating at full capacity.

- 9.8. Our health and care leaders through the HWBB remain united in their commitment to continuously improve outcomes for Sandwell residents and reduce inequalities and health inequalities within the Borough and compared to the rest of England. During 2021/22 the Better Care Fund programme will continue to build on its proud track record of success and innovation to deliver the cost-effective, joined-up services our residents and communities deserve.

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**Sandwell Health and Wellbeing Board
15 December 2021**

Report Topic:	Update on the Delivery of Sandwell Dementia Commissioning Strategy 2019 - 2025
Contact Officer:	Maxine Groves
Link to board priorities	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will help keep people safe and support communities 3. We will work together to join up services 4. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To provide an update on the delivery of Sandwell Dementia Commissioning Strategy 2019 - 2025
Recommendations	<ul style="list-style-type: none"> • Note this briefing paper • Support Sandwell Dementia Action Alliance to find an independent chair
Key Discussion points:	<p>Sandwell Council and Sandwell and West Birmingham Clinical Commissioning Group [CCG] made a committed to improve support for those living with the effects of dementia across the Borough in 2019</p> <p>As part of this commitment a refreshed “Better Lives” strategy was coproduced and launched in November 2019. A comprehensive engagement report and implementation plan sits alongside it. Dedicated financial resources was made available through the Better Care Fund [BCF] to deliver the strategy.</p> <p>The actions within the strategy have now been categorised into four themes for ease of resource allocation;</p>

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

A Sandwell draft training strategy and skills matrix was developed during 2020 which is based on DOH health and social care skills matrix [2019] As the other three categories in the strategy are coming to fruition, this can now be finalized. By providing training and awareness raising opportunities for local communities, schools, health and social care professionals and local businesses **means we will be able to support people to stay healthier longer.**

A Sandwell dementia road map was developed in 2020¹ which provides living well advice and brings together all support services available within Sandwell's six towns.

A "Sandwell My Future Care Handbook" is currently being produced and will be made available to all living with the effects of dementia including carers. Both initiatives **will help keep people safe and is supportive of communities and services.**

A Sandwell community dementia support service [pre and post diagnostic support] has been commissioned for two years with the possibility to extend for a further year. The new service went 100% live on 16th November 2021 and provides the following;

- **Information, advice and sign posting**
Sandwell Dementia Road Map – ongoing funding and maintenance

Sandwell Dementia Handbook – development, maintenance and distribution [Council will meet the publication cost]
- **Support**
Memory screening, safe and well checks on behalf of Primary Care

¹ <https://www.rcn.org.uk/professional-development/publications/pub-007827>

	<p>Support Planning – Goal Setting Advanced Care Planning</p> <p>Emergency Planning</p> <p>Benefits Advice and Support</p> <p>Co-ordinating Support Function</p> <ul style="list-style-type: none"> • Training People living with the effects of dementia including carers Professionals Communities and businesses i.e. Dementia Friends Sessions De-stigmatising – Dementia Friendly Communities • Dementia Friendly Sandwell Support for each of the six towns to become dementia friendly <p>The new service is based on a six-town model and is being delivered through a provider calibration of eight local third sector organizations and one national organization. The service is integrated with primary care, secondary care, acute and community services. It has been held up nationally by NHSE as a best practice model. This support the Health and Wellbeing Board four priority's as well as the Councils 2030 Vision.</p> <p>To deliver the required improvements to peoples experience in receiving a dementia diagnosis and meet the national ambitions re-developing the memory assessment service [MAS] has been essential. Due to COVID and the changing health landscape this has resulted in producing a service specification for the whole of the Black Country and re-designing MAS across the STP footprint.</p> <p>Sandwell dementia action alliance [SDAA] was established in 2019 to deliver Sandwell dementia friendly communities. Its ability to deliver was negatively impacted by COVID and legal</p>
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	<p>requirements for the tendering process for the new community support service. SDAA is in the process of being re-established and has the added support from the new community support service and a small amount of financial resources from the Council for publicity and establishing the six dementia friendly towns.</p>
<p>Implications (e.g. Financial, Statutory etc)</p>	
<p>Financial The implementation of the strategy is funded through the Better Care Fund Over a three-year period until 2023/24.</p> <p>Equality The new service is expected to have a positive impact on the local community and Lead Providers are required to ensure equal access to services for people and communities with protected characteristics.</p>	
<p>What engagement has or will take place with people, partners and providers?</p>	<p>Extensive engagement supported the development of the strategy and a full engagement report sits alongside it.</p> <p>Due to COVID case studies have been used to develop plans and services to ensure that peoples experiences are at the center of service development in Sandwell.</p> <p>Task and finish groups have been established with key stakeholders across the whole pathway to deliver the integration agenda.</p>

Delivering Sandwell “Better Lives” Strategy 2019 - 2025 for Dementia



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

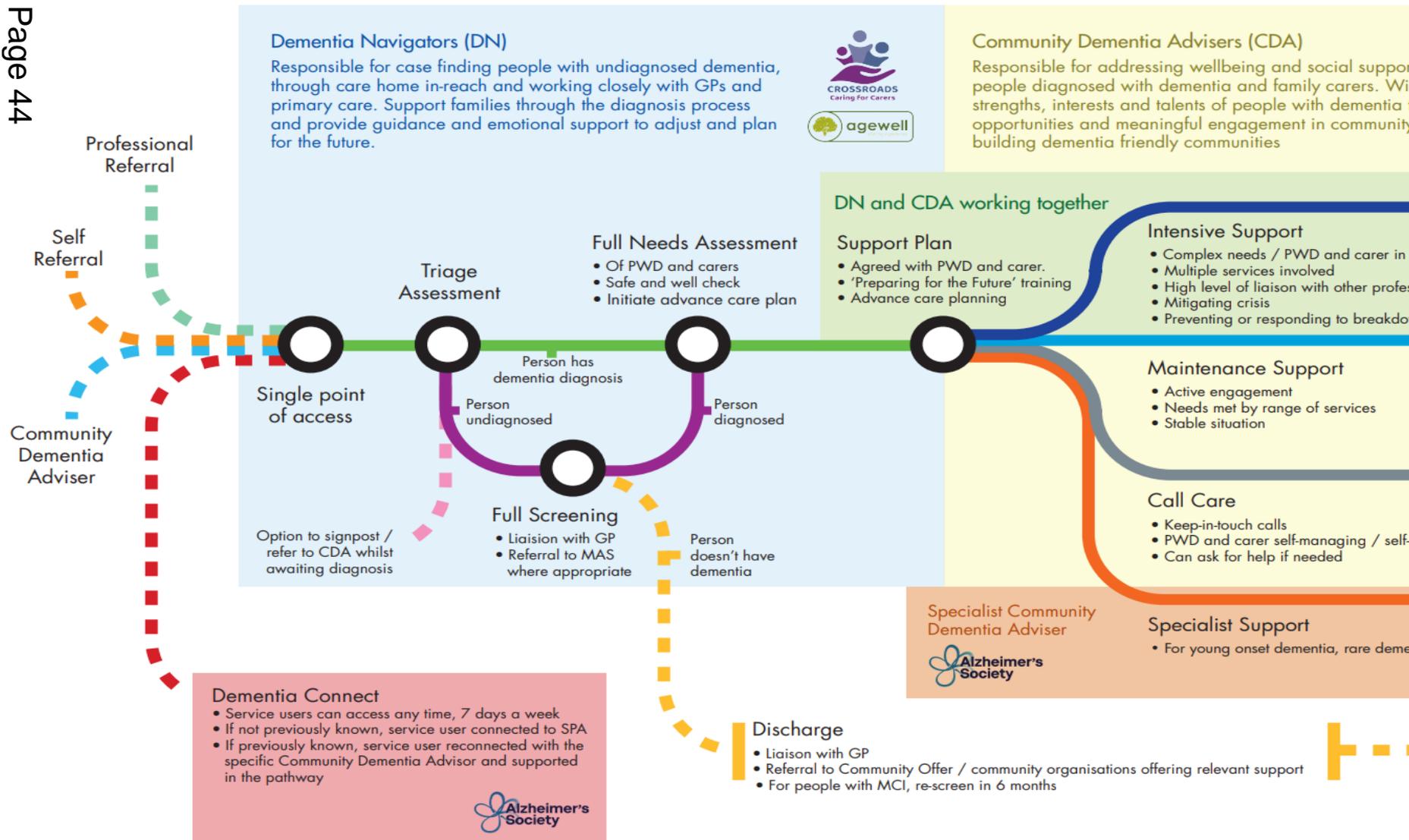


- **Draft Sandwell Training Strategy & Skills Matrix**
- **New Service Specification & Score Card – Memory Assessment Service**
- **Sandwell Community Dementia Support Service**
- **Dementia Friendly Sandwell**

Service Pathway: Sandwell Community Dementia Support Service

NHS Well Pathway	Diagnosing Well	Treating Well	Supporting Well	Living Well
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Dementia Navigators
Single point of access and
working cross-borough



**Community Dementia
Adviser**



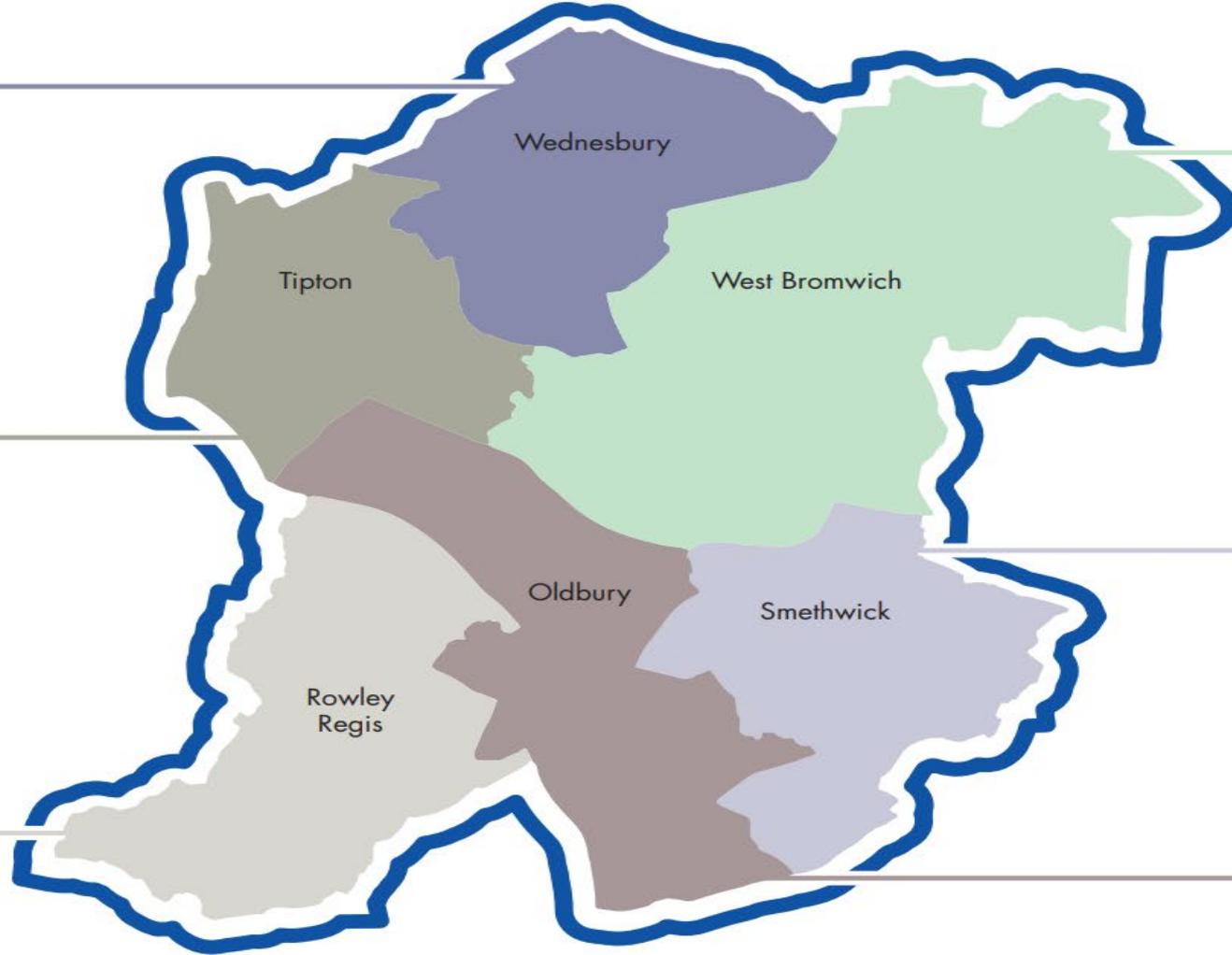
murrayhall community trust

**Community Dementia
Adviser**



**Community Dementia
Adviser**

Dementia Connect
Wraparound telephone
information and support
service



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Sandwell
Health & Wellbeing Board

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Any Questions... Just Ask!



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**Sandwell Health and Wellbeing Board
15 December 2021**

Report Topic:	Faith Sector representation at the Health and Wellbeing Board
Contact Officer:	Lisa McNally Ali Al-Osaimi
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will help keep people safe and support communities 3. We will work together to join up services 4. We will work closely with local people, partners and providers of services
Purpose of Report:	To support the engagement work with the Faith Sector and have representation at the Health and Wellbeing board
Recommendations	<p>Agree to include a representative from the faith sector to the Health and Wellbeing board in recognition of the significant contributions made by the sector during the pandemic, but also places them in the centre of our post COVID recovery and rebuilding of our communities.</p> <p>Support the work with the faith sector to structure the engagement and build ongoing support.</p>
Key Discussion points:	Our faith communities in general remain an enormous resource for society. Every faith has charity, and particularly voluntary financial redistribution, at its heart: the Jewish and Christian tithe, the Sikh dasvandh, the Muslim zakhat, and the Hindu dana. Every religion has a duty of

hospitality to the stranger, and a duty to seek peace.

The Christian church in the UK (all denominations, not just the established Churches of England and Scotland) is estimated to have five million members, based in 20,000 local churches and supporting 15,000 charities. The combined revenue of these churches and charities is £11 billion per year, almost 20 per cent of all charitable income in the country. According to the last Census, there are almost 4.5 million members of other, non-Christian, faith communities, who in 2016 together raised just over £5 billion.

Faith communities have a greater asset than their wealth when it comes to providing support and relief to people in need. Their values, their concern for the spiritual wellbeing of individuals and society, provide a motivation and commitment that often exceeds that of paid professionals. They have deep roots in local communities and are there for the long-term. Indeed they often have big buildings in the heart of communities, including the poorest, and they operate both nationally and at the local level. The networks of a faith community, the relationships within a congregation or faith group, are a source of huge resilience and opportunities for the people they seek to help and understanding of issues of common concern.

Over the past 2 years, we have seen first-hand how faith groups have been instrumental in providing invaluable support throughout the pandemic - from delivering food to front line workers, supporting

vulnerable members of society including people who were shielding, those who were lonely or isolated and collaborating with the councils to ensure volunteers were able to provide on-the-ground support to communities in need. Faith sector buildings throughout Sandwell were and still are available for community members to pick up their Lateral Flow Tests (we have four faith sites established). Faith buildings were available for vaccination and a place where community members can receive Public Health messages and support particularly for communities most affected by the pandemic including BAME groups.

In Sandwell, we have built knowledge of our local faith communities which includes a database of faith sector with 202 organisations from all faiths. Our local faith leaders have been instrumental throughout the Covid-19 pandemic in the reinforcement of Public Health guidance and supporting wider Public Health response. Messages coming from trusted community and religious leaders encouraged adherence to government guidelines in local community languages. Places of worship in Sandwell acted as vital points of support and access to communities in so many ways, for example:

- We have been producing local Covid-19 guidance supported and coproduced by our local faith leaders.
- Food security and support to the vulnerable individuals in the community – food banks and community support schemes

- Early messages to keep safe and support to Public Health messages in community languages
- Mental Health support and point of referrals to crisis services.
- End of life support and bereavement support
- Testing messages and access to testing for high risk groups
- Increasing uptake of vaccination particularly for BAME groups

In a recent consultation with faith leaders, the following topics were identified as key areas where the faith sector could make the greatest contributions to Sandwell:

- Tackling the underline causes of Health Inequalities which is widened by Covid-19 pandemic particularly for marginalised and BAME groups.
- Tension monitoring and community safety
- Youth and women engagement work
- Education and faith supplementary schools
- Prevent & community cohesion
- Healthcare services, Public Health and prevention including mental Health
- Homelessness
- End of life care and bereavement services
- Representation of faith communities
- Equality and diversity

The local faith communities provide an exciting opportunity to engage communities who are least likely to be engaged through other means. Central government are proposing a number of deals to

engage faith sector through the ‘duty of cooperation’ with faith groups attached to all public grants and contracts. The work on the ‘Faith Covenant’ which sets out principles of cooperation between faith groups and local authorities, and this could be the basis for the practicalities of the new deal for the faith sector which is currently being developed.

There is an opportunity to build on the success we have had during the pandemic and a chance to build the relationship with our faith sector to tackle underline causes of Health inequalities particularly for marginalized groups highlighted by the pandemic. This could start with making sure the sector is recognised and included in all local decision making processes and structures starting with the Health and Wellbeing board.

Representation of Faith sector to Health and Wellbeing Board

In a meeting with Faith Leaders on 26 November 2021, the Terms of Reference (TOR) were discussed which will include how the group will be represented at Health and Wellbeing Board. A group of faith leaders will be working on the detail of the terms of reference which will include how the Faith Sector will be represented and also the selection of a chair and vice-chair for the sector.

Implications (e.g. Financial, Statutory etc)

There will be a requirement to support the faith sector set up which will require an officer’s time to build the required structures to support the sector.

There will also be the requirement to continue to provide ongoing support to coordinate the related sector activities and facilitate engagement with the sector for the long-term.

What engagement has or will take place with people, partners and providers?

- Monthly Faith Sector briefing with Dr Lisa McNally which will continue jointly with the wider community and voluntary sector monthly briefings
- Fortnightly meeting to support the establishment of faith sector structures
- Monthly themes to support communication and engagement with faith audiences
- Climate change and air quality projects (10 faith centres part of this project)
- Ongoing support and communication with faith leaders and communities

Reference

Guidance: Faith New Deal Pilot Fund prospectus, Updated 23 September 202
<https://www.gov.uk/government/publications/faith-new-deal-pilot-fund/faith-new-deal-pilot-fund-prospectus>

Levelling up our communities: proposals for a new social covenant



**Sandwell Health and Wellbeing Board
15 December 2021**

Report Topic:	Consultation on Sandwell Suicide Prevention Strategy & Action Plan 2022 - 2025
Contact Officer:	Dr Lina Martino, Consultant in Public Health lina_martino@sandwell.gov.uk
Link to board priorities	<p style="text-align: center;">1. We will help keep people healthier for longer</p> <p>Suicide is the leading cause of death for men under 50, and even one death by suicide can have wide-reaching impacts across families and communities. Every suicide prevented can have a positive impact on many more people. The Strategy & Action Plan include a range of measures to prevent deaths by suicide, balancing universal action to improve wellbeing among our residents with more targeted action to ensure that they are supported in their communities to access the help they need.</p> <p style="text-align: center;">2. We will work together to join up services</p> <p>The Sandwell Suicide Prevention Strategy & Action Plan have been developed through the Sandwell SP Partnership, which includes representation from across services and sectors that contribute to improving population mental wellbeing and preventing suicide. The Strategy & Action Plan have a much wider focus than mental health services, recognising the complex relationship between the various factors associated with risk of suicide. A key focus is on improving partnership working and information sharing so that we can act early to prevent suicide, residents are always able to access the help they need.</p> <p style="text-align: center;">3. We will work closely with local people, partners and providers of services</p> <p>The recommendations on which the updated Strategy & Action Plan are based are underpinned by the Sandwell SP Needs Assessment, which was informed by engagement with local service providers and people with lived experience. We have</p>

	<p>worked with local service providers and voluntary & community organisations to develop the current draft, which will go out for wider stakeholder and public consultation to shape the final version.</p>
<p>Purpose of Report:</p>	<ul style="list-style-type: none"> • Update Health & Wellbeing Board on progress against the draft Sandwell Suicide Prevention Strategy & Action Plan since September Board; • Outline our intentions to go out for consultation (60-day statutory period) on the draft Strategy & Action Plan, and obtain approval from the Board for these plans; • Secure the strategic engagement of the Board in ensuring that the consultation is inclusive and representative of all our residents and stakeholders.
<p>Recommendations:</p>	<ul style="list-style-type: none"> • For Health & Wellbeing Board to endorse the consultation draft of the Sandwell Suicide Prevention Strategy & Action Plan, and the consultation plans set out below; • For Board members to advise of any additional measures that could be taken to ensure inclusion and representation in the consultation process.
<p>Key Discussion points:</p>	<ul style="list-style-type: none"> • Sandwell had a preliminary Suicide Prevention Strategy and Action Plan which were drafted at the start of 2020. A local Suicide Prevention Needs Assessment was carried out to re-assess the local situation and current programmes of work in light of the impacts of the COVID-19 pandemic. The findings and recommendations were endorsed by Health & Wellbeing Board in September 2021. • The local Suicide Prevention Strategy & Action Plan have been updated through the Sandwell Suicide Prevention Partnership, and links to the Black Country-wide Suicide Prevention Plan being developed by the Black Country Suicide Prevention Group, which identifies common priority areas to be addressed through NHSE/I Suicide Prevention funding. • The principal priority is that by 2030, no-one will die of suicide in Sandwell. This ambition is also a key priority for the Sandwell Good Mental Health Strategy, reflecting the importance of good mental health in delivering an effective suicide prevention plan. These form part of a suite of interlinked strategies that also include Autism, Dementia and Child Mental Health. • Subject to approval by the Board, the draft will go out for consultation w/c 20 Dec for the statutory 60-day period and

	<p>will then go to Cabinet for final approval in May. Communications will align to messages around wellbeing and emotional support over the festive period.</p> <ul style="list-style-type: none"> • The consultation will include key partners and stakeholders, including Sandwell residents, and will seek to obtain views on the relative importance of recommendations/areas for action; what works well; and what they see as current challenges. • An easy-read summary and video are being produced to support online promotion of the consultation. We are also working with the Sandwell SP Partnership and Public Health Communications Team to develop targeted approaches to engagement so that all of our diverse communities are included and represented in the consultation. • Following the consultation, the findings will be used to develop the final draft, which will be discussed with HWBB in April. Feedback from the Board will be incorporated into the final draft, which will go to Cabinet in May.
<p>Implications (e.g. Financial, Statutory etc)</p>	
<ul style="list-style-type: none"> • The Care Act (2014) set out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing. • Preventing Suicide in England: A Cross-government Strategy to Save Lives (2012) was updated in 2017 to clarify the role of local authorities in suicide prevention, including an expectation that every local authority would have its own multi-agency suicide prevention plan. 	
<p>What engagement has or will take place with people, partners and providers?</p>	<ul style="list-style-type: none"> • The updated draft Suicide Prevention Strategy & Action Plan were informed by engagement with local service providers and people with lived experience. We have worked with local service providers and voluntary & community organisations to develop the current draft. • A 60-day consultation period will begin on 20 December 2021 to gather feedback on the draft from wider stakeholders and the public to shape the final version.

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Consultation on Sandwell Suicide Prevention Strategy & Action Plan 2022 - 2025

Dr Lina Martino

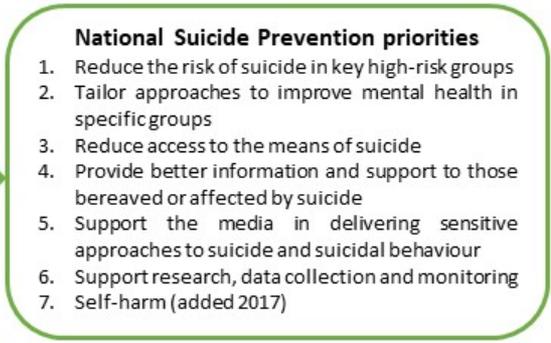
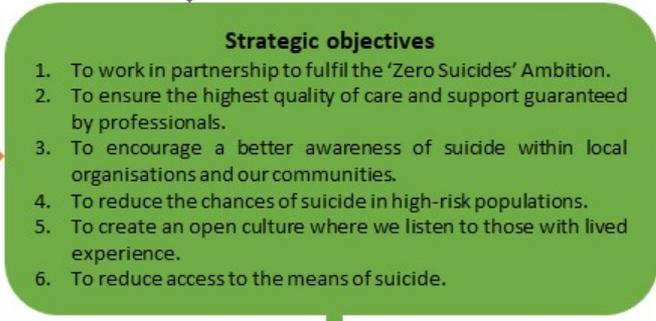
Consultant in Public Health

Progress to date

- Local SP Needs Assessment in 2021 - re-assessing current plans due to COVID-19 impacts
- Recommendations endorsed by Health & Wellbeing Board September 2021
- Consultation draft developed through Sandwell SP Partnership

Recommendations/areas for action

1. Raise awareness of suicide prevention and bereavement support through training for all frontline staff
2. Pilot town-based, community-led forums
3. Support community organisations with funding applications
4. Work with Community Development Workers to identify gaps in accessibility
5. Encourage referrals from GP's to targeted services and establish an explicit pathway
6. Expand awareness and access of bereavement support to all First Responder and bereavement-related partners so that an offer of support can be made immediately
7. Identify and prioritise high-risk populations through working groups
8. Improve data collation and intelligence gathering
9. Engage with media organisations to work co-operatively on the reporting of suicides
10. Commission further assessments on a larger scale that considers further populations



Consultation plans

- 60-day consultation period from w/c 20 Dec 2021 to 18 Feb 2022
- Full documents plus easy-read summary, promotional comms and video
- SP partner organisations and wider stakeholders; Sandwell residents
- Views on relative importance of recommendations; what works well; current challenges/issues
- Consultation comms aligning to messages on wellbeing and emotional support over festive period
- Accessibility and inclusion – formats, translations, targeted engagement via VCS partners

Recommendations

- For Health & Wellbeing Board to endorse consultation plans and draft of Sandwell Suicide Prevention Strategy & Action Plan
- For Board members to advise on any additional measures that could be taken to ensure inclusion and representation in consultation process

Next steps

- Consultation feedback to shape final draft
- Discussion at April HWBB
- Final draft to May Cabinet

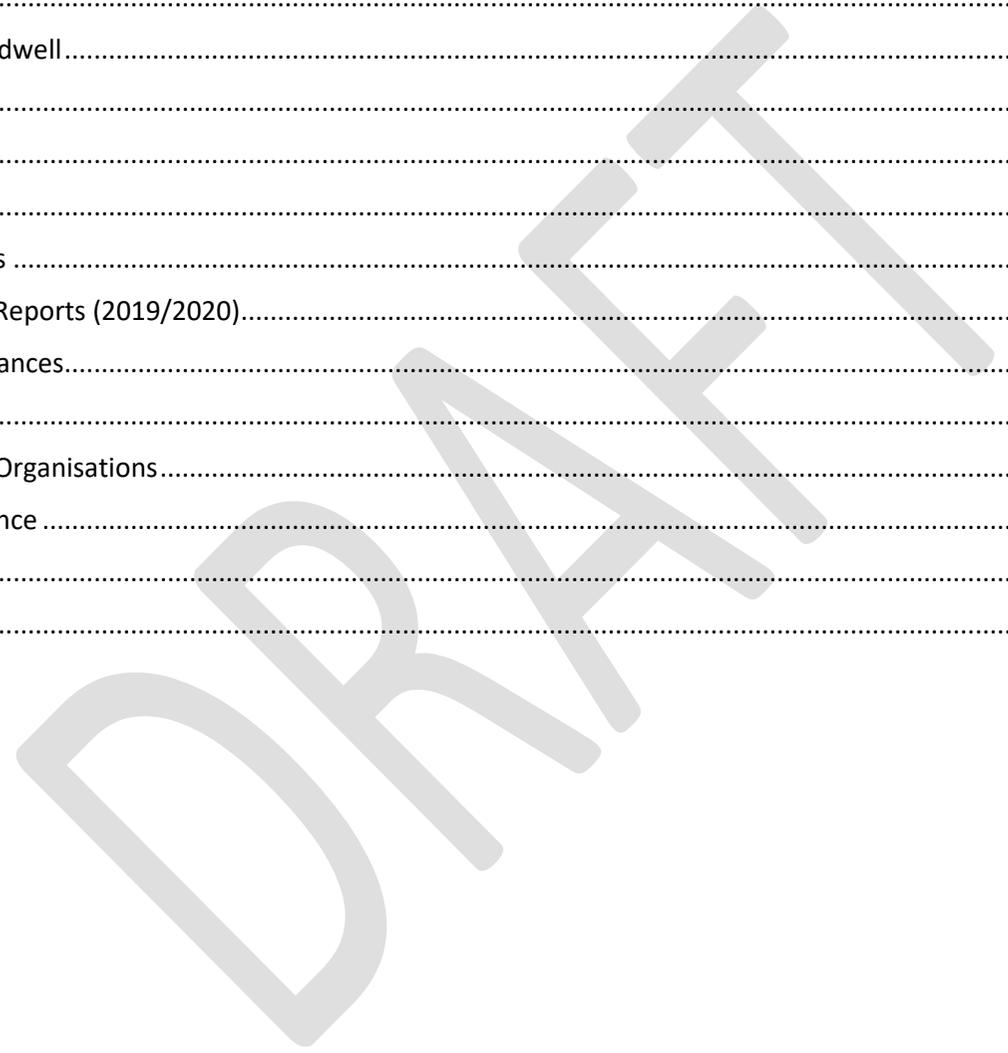
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Sandwell Suicide Prevention Strategy and Action Plan 2022 – 2025

DRAFT

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Background

When someone takes their own life, the impact on families, friends and the local community is devastating. As well as the immense pain and grief caused to loved ones, there are often wide-reaching and long lasting effects on all involved.

However, suicide is not inevitable. Deaths by suicide usually follow a complex history of distress, trauma and adversity, and occur not because someone wants to die, but because they feel they can no longer live in their situation. Although no single initiative or organisation can prevent suicide alone, there are many ways in which services, communities, individuals and society can work collectively to do so.

Despite considerable progress in awareness and understanding of mental health and wellbeing, the issue of suicide continues to be met with silence and stigma. Attitudes, understanding and false perceptions are still barriers to providing care and support to individuals in crisis and to those who have lost a loved one to suicide.

The COVID-19 pandemic has brought further challenges, both directly through the impacts of the virus, and indirectly through the social and economic effects on people's lives and communities. It has changed how we interact with each other and how we access help and support. Following a review and update of initial Suicide Prevention plans in light of the pandemic, the Sandwell Suicide Prevention Partnership has been working to continue and strengthen ongoing initiatives to raise awareness of suicide and ensure that all our residents can receive the right support at the right time.

Acting early to help people during times of despair could save many lives and improve countless others. This needs to start with changing our society and culture so that we can have open and respectful conversations, understand people's experiences and needs, and work together to tackle the problems that can lead to someone taking their own life. The actions we take to prevent suicide will also contribute to improving the mental health and wellbeing of our residents overall, and reducing inequalities in healthy living age and quality of life.

Every death by suicide is a death that could be prevented. This Strategy and Action Plan are our commitment to fulfilling our Zero Suicide ambition for Sandwell and to supporting the vision of a thriving, resilient and optimistic community.

Our vision and strategy for Sandwell

The purpose of this Strategy and accompanying Action Plan is to prevent loss of life to suicide in Sandwell, and the profound impacts on individuals, families and communities. Our ambition is to achieve “zero suicides” by 2030, which will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic and resilient community.

This will be achieved through the following key strategic objectives, drawing upon the wealth of skills and expertise across the Sandwell Suicide Prevention Partnership and wider stakeholder networks:

1. To work in partnership to fulfil the ‘Zero Suicides’ Ambition.
2. To ensure the highest quality of care and support guaranteed by professionals.
3. To encourage a better awareness of suicide within local organisations and our communities.
4. To reduce the chances of suicide in high-risk populations.
5. To create an open culture where we listen to those with lived experience.
6. To reduce access to the means of suicide.

These priorities have been developed alongside the Sandwell Better Mental Health Strategy (currently in draft) as well as the national guidance in the 2012 *Preventing Suicide in England* strategy by the Department of Health and Social Care.

In line with Stronger Sandwell principles, the voices of our residents are central to this Strategy and have been key to shaping our objectives, recommendations and actions.

Governance

The Sandwell Suicide Prevention Strategy has been developed through the multi-stakeholder Sandwell Suicide Prevention Partnership, who are jointly responsible for the development and delivery of the Action Plan. This group sits alongside the Black Country Suicide Prevention Partnership (with recently established Children & Young People subgroup), which oversees development within the Black Country and has wider links across the West Midlands region.

For the delivery and development of this strategy, there will be local oversight from the Sandwell Mental Health Strategy Group and the Sandwell Health and Wellbeing Board.

The group also links in with various other boards via its members including: Children's mental health groups, Drugs and Alcohol Groups and Safeguarding Groups.

Strategic and Policy drivers

Preventing Suicide in England: A Cross-government Strategy to Save Lives¹ (2012) identified 6 key areas for action in order to reduce suicide in the UK and to better support those affected by suicide:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

¹ <https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

This was updated in 2017 to address self-harm and clarify the role of local authorities in suicide prevention, including an expectation that every local authority would have its own multi-agency suicide prevention plan. These priorities are reflected in our strategic objectives, and the Action Plan developed against the recommendations of our local Suicide Prevention Needs Assessment (2021).

Prevention Concordat for Better Mental Health (PHE, updated 2020)² supports local areas to take their planning and action on prevention and promotion for better mental health further and deeper, backed by evidence of effective ways to support delivery. This includes having local suicide prevention plans in place.

NHS Long Term Plan³ reaffirms the NHS's commitment to make suicide prevention a priority over the next decade, via a variety of mechanisms.

In 2019, the **National Suicide Prevention Strategy Delivery Group** delivered a workplan outlining key suicide prevention actions for sectors such as the NHS, local government and the criminal justice system.⁴ These included ensuring the effectiveness of local suicide prevention plans; strengthening suicide prevention measures across mental health trusts and prisons; and improving use of local and national intelligence.

In November 2021, central Government launched a £5m **Voluntary & Community Sector Enterprise (VCSE) Suicide Prevention Fund** to support suicide prevention services.

² <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.gov.uk/government/publications/suicide-prevention-cross-government-plan>

Local and national context

A Suicide Prevention Needs Assessment was carried out in 2021 to re-assess the local situation in light of the Covid-19 pandemic and its impact on the ability to provide services and support.

A mixed methods approach was used to explore what services were already available, how accessible these services were and whether they were functioning effectively or not. Interviews with partner and community organisations, and with individuals with lived experience, provided valuable insights into the perspectives of survivors and those bereaved by suicide.

Overview of rates and trends

- Sandwell's average suicide rate for the last reported period (2017/19) is 10.8 per 100,000. This is statistically similar to the West Midlands (10.2) and England (10.1) averages and has remained fairly constant over the past 20 years, illustrating that suicide continues to be an issue at local, regional and national levels.⁵
- There also continues to be a much higher rate of suicide in males (17.6 per 100,000) than in females (4.5), again in line with national trends (Figure 1a & 1b). The most at-risk group for suicide continues to be males aged between 40 and 60.
- However, in line with national statistics, a higher proportion of females than males are admitted to hospital for intentional self-harm. Between 2015/16 and 2019/20 there were 3,209 admissions to Sandwell & West Birmingham Hospitals Trust for intentional self-harm, with females aged 15-29 accounting for 39% of those admissions.⁶
- Compared to population statistics for the borough,⁷ there was an over-representation of those who identify as White (British/Irish/Other) and an under-representation of those who identify as Black/Black British, Asian/Asian British or Mixed Ethnicity in those admitted to hospital for intentional self-harm during the same 5-year period.

⁵ Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (Accessed: 18/02/2021). This uses the Office of National Statistics' (ONS) definition of suicide, which is "deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 and over)": Office of National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi> (Accessed: 23/02/2021)

⁶ Source: Hospital Episode Statistics, Sandwell & West Birmingham Hospitals NHS Trust. ICD 10 codes X64 - X80 (intentional self-harm).

⁷ Sandwell Trends, <https://www.sandwelltrends.info/2011-census/2011-census-ethnicity-hub/> (Accessed: 09/02/2021)

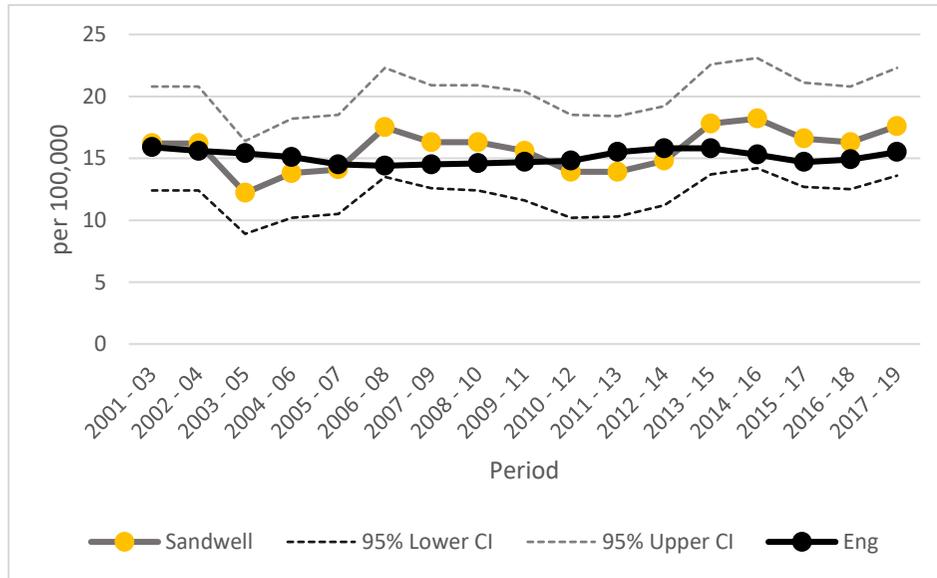


Figure 1a: Sandwell average suicide rate (Male) per 100,000 with England average

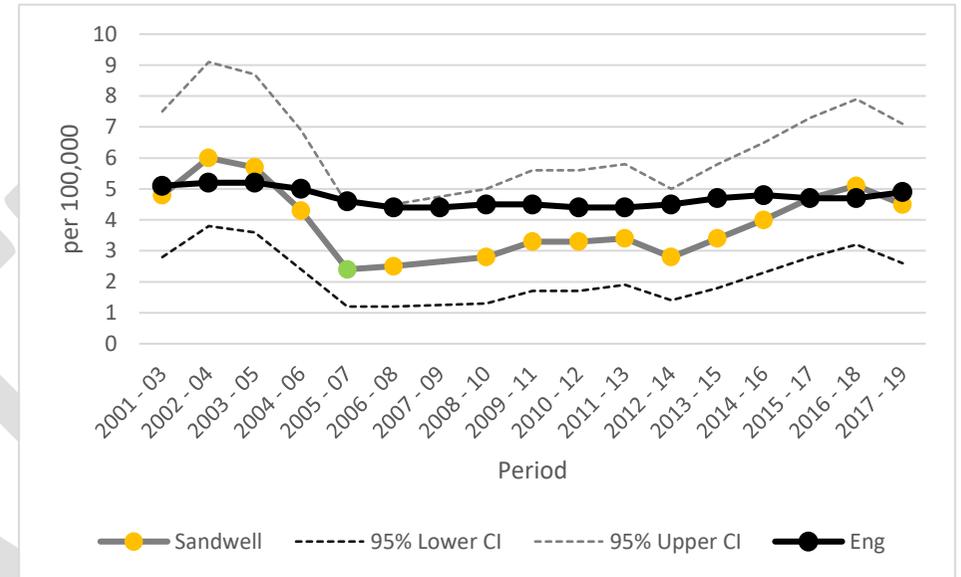


Figure 1b: Sandwell average suicide rate (Female) per 100,000 with England average

Annual Coroner's Summary Reports (2019/2020)

Coroner's reports for the years 2019 and 2020 were examined to understand the characteristics of those who had recently died by suicide in Sandwell. There were 19 deaths recorded as suicide in January-September 2019 and 18 in the same period for 2020. Local data appear to reflect national trends:

- Males accounted for the majority of completed suicides recorded across both periods. The number of recorded suicides was almost four times higher for males than for females.
- The majority of suicides were in those aged 40-69. It should be noted that these figures do not reflect the anecdotal increase in reported suicides in children and young persons that have occurred over the 2020/2021 winter months.
- The majority of suicides took place at home or at a private location, with a minority taking place in public settings such as parks and railway stations.

Key Themes and Circumstances

Across the Coroner's reports for both 2019 and 2020, a number of key themes that emerged that can provide insights into factors that may contribute to risk of suicide and help us to identify where support may be needed. It should be noted however that the factors involved in suicide are complex, and that we cannot assume any single issue or combination of issues was the cause of suicide.

Key issues identified across the 2-year period were as follows:

- Relationship breakdown (including child custody issues) was cited in almost a quarter of reports. Approximately two-thirds of people who died by suicide in 2019 and 2020 were single, divorced/separated or widowed, and over one-fifth had recently experienced bereavement.
- Approximately 40% were unemployed or retired.
- Substance and/or alcohol use problems were noted in over one-third of recorded deaths by suicide over the 2-year period.
- Previous suicide attempts and/or admission to hospital for self-harm episodes were noted in over a third of reports. Almost half of people who died by suicide were known to mental health services.

Social isolation is potentially a common underlying factor, particularly among those experiencing relationship breakdown or bereavement, or those who are unemployed. These issues may also be linked to increased financial difficulty, particularly when they co-exist with other difficulties or risk factors. Although it is not possible to determine this from the data, these are areas that may warrant further exploration.

While the number of recorded suicides was similar across both periods, considerably fewer reports in 2020 mentioned contact with mental health services, self-harm admissions or substance and/or alcohol use problems compared with the previous year. This may reflect impacts of the pandemic on access to and interactions with health services.

Stakeholder interviews

Partners and Community Organisations

The following themes were identified through content analysis of semi-structured interviews with partners and community organisations:

- **Awareness of Services**

A general lack of awareness around non-medical services relating to suicide prevention and bereavement by suicide was highlighted as a major issue in Sandwell. People with lived experience described a lack of follow up or further support following the initial contact with primary care services; service providers felt that partners and associates failed to promote their availability widely enough to healthcare professionals.

- **Accessibility of Services**

Interviewees felt that services could be difficult to access for some residents due to language barriers or low confidence in their offers. There was anecdotal evidence of more issues in the community than were being recorded because many residents did not want to formally 'access' services.

"Sandwell, especially, is filled with diverse, multi-lingual communities and keeping everything just in English remains the biggest barrier to access"

- **Impact of Deprivation**

A twofold impact of socioeconomic deprivation was highlighted: firstly, making risk factors for suicide more widespread and compounded; and secondly, placing additional pressure on services through more people relying on public services rather than being able to access support privately.

- **Impact of Covid-19**

Interviewees reported an increase in calls and contacts throughout the pandemic, with new and exacerbated mental health issues due to isolation, anxiety or lack of support. Service providers felt they had managed to adapt quickly and could still deliver services at the same level but in alternative formats.

- **Impact of Training**

Interviewees spoke positively about the impact of training, mostly because it raises professional awareness of a very complex subject. However, they expressed different ideas on whether training should be provided generally or to more specific groups, and on the content of training.

- **Lack of Funding**

Several interviewees said that there was scope to expand in their organisations but that they risked a loss of quality if they tried to stretch their current resources. The demands of developing bids for funding was cited as a barrier to increased funding.

“If we could access more funding, I think it would unlock a lot of potential for the group; we could much more proactive and get into people’s lives when they need it”

People with Lived Experience

Key themes identified through semi-structured interviews with people with lived experience were:

- **Disappointment with Clinical Pathways**

Interviewees were dissatisfied with the routes offered by their GP’s after seeking help for mental health issues. Common pathways were prescription of medication, which they felt did not address actual issues, or referral for therapy, which they felt was over-subscribed with long-waiting lists.

- **Pro-activity from Services**

It was felt that services needed to be proactive in reaching out at the earliest point to family and friends affected by suicide, as well as recognising that people will engage at very different points following their trauma. The expectation for individuals who are/have been affected by suicide or suicidal ideation to “*make the call*” can put people off accessing services because they might not be emotionally ready to move by themselves.

“There’s a general assumption that helplines are just for people in crisis but it can and should be used for emotional support as much as anything else”

- **Understanding Risk Factors**

There was a feeling that the wider context of common risk factors such as unemployment, especially in high-risk populations, needs to be better understood and appreciated. When identifying high-risk populations, we should consider first those who will already be affected by multiple factors.

- **Reactions by communities**

Interviewees felt that despite progress in talking about mental health, including men’s mental health, there is still stigma around emotional wellbeing and suicide bereavement. Meeting men “*on their terms*” in the right setting was considered important in building trust and enabling those most neglected to come forward. “*Closed doors*” and very little professional help made it difficult to discuss bereavement, leading to isolation and poor mental wellbeing.

- **Treatment by the media**

Interviewees felt that reporting on suicides and treatment of bereaved families needed to be improved as some media outlets currently take a very unsympathetic approach, with aggressive questioning and little empathy for their trauma as well as inaccurate reporting and failure to respond to complaints.

Good practice examples

There is a wide range of organisations across Sandwell that provide support to people who may be at risk of suicide, and to those who have been bereaved by suicide. These range from formal services to grassroots community groups.

It is important to note that many activities that can help prevent suicide are often not 'badged' as such: initiatives to improve mental health and wellbeing, enable connections within communities, and support people with wider issues such as housing, employment and debt can all contribute to suicide prevention, and provide opportunities to develop targeted approaches through engaging with people who may be vulnerable.

The examples shown here demonstrate how existing activity can be developed and better connected to identify and engage those who may be at risk of suicide, and provide more timely support.

Tipton town place-based pilot

Railways are among key locations for suicide attempts. A pilot group for Tipton and Dudley Port stations was established to reduce suicide risk at these locations, led by the local community with support from the Samaritans and Public Health. The aim of the group is to raise awareness and vigilance around risk of suicide, and signpost people to appropriate help. Support is in place for all station staff including train drivers who witness a suicide; this support is provided in-house and with the help of the Samaritans.

Kaleidoscope Plus – Sanctuary Hub

The Sanctuary Hub at Hope Place, West Bromwich was established in February 2021. The Hub provides out-of-hours support for adults who have primary mental health needs, or are concerned about a family member or friend. Staff work with individuals to give them the time and space to talk in a non-judgemental environment; reduce any immediate pressures; and provide advice or signpost to further help.

Prevention & Promotion Fund for Better Mental Health programme

Sandwell Council was awarded £370,000 from Public Health England's *Prevention & Promotion Fund for Better Mental Health* to invest in improving mental health and wellbeing among Sandwell residents. The funding was used to award grants to a range of voluntary & community sector organisations to provide targeted support for children and young people, men and ethnic minority communities through community outreach and peer support, and to provide education and training on mental health awareness and suicide prevention. Local organisations will also be able to apply for small grants of up to £5,000.

Grant-funded projects include pre-and post-natal support groups; a parenting programme (via Changes Antenatal); an anti-bullying campaign (via the SHAPE Programme); the Children and Young People/VCS Charter Mark initiative; and VCS mental health community training and champions. The funding will also focus on engaging men through outreach peer support for self-harm and suicide prevention, and football activities with peer support; and engaging Minority Ethnic Communities through targeted peer support and activities. Projects commenced in October 2021 and will run until June 2022.

GP Receptionist Mental Health First Aid (MHFA) Training

Funded by the HSE/I National SP Programme, MHFA was provided to equip key front house staff in GP surgeries with the knowledge and skills to provide immediate support to those in crisis and link them to appropriate help. This was initially piloted across Dudley surgeries, with plans to roll out to Sandwell, Walsall and Wolverhampton over 2022/23.

Recommendations

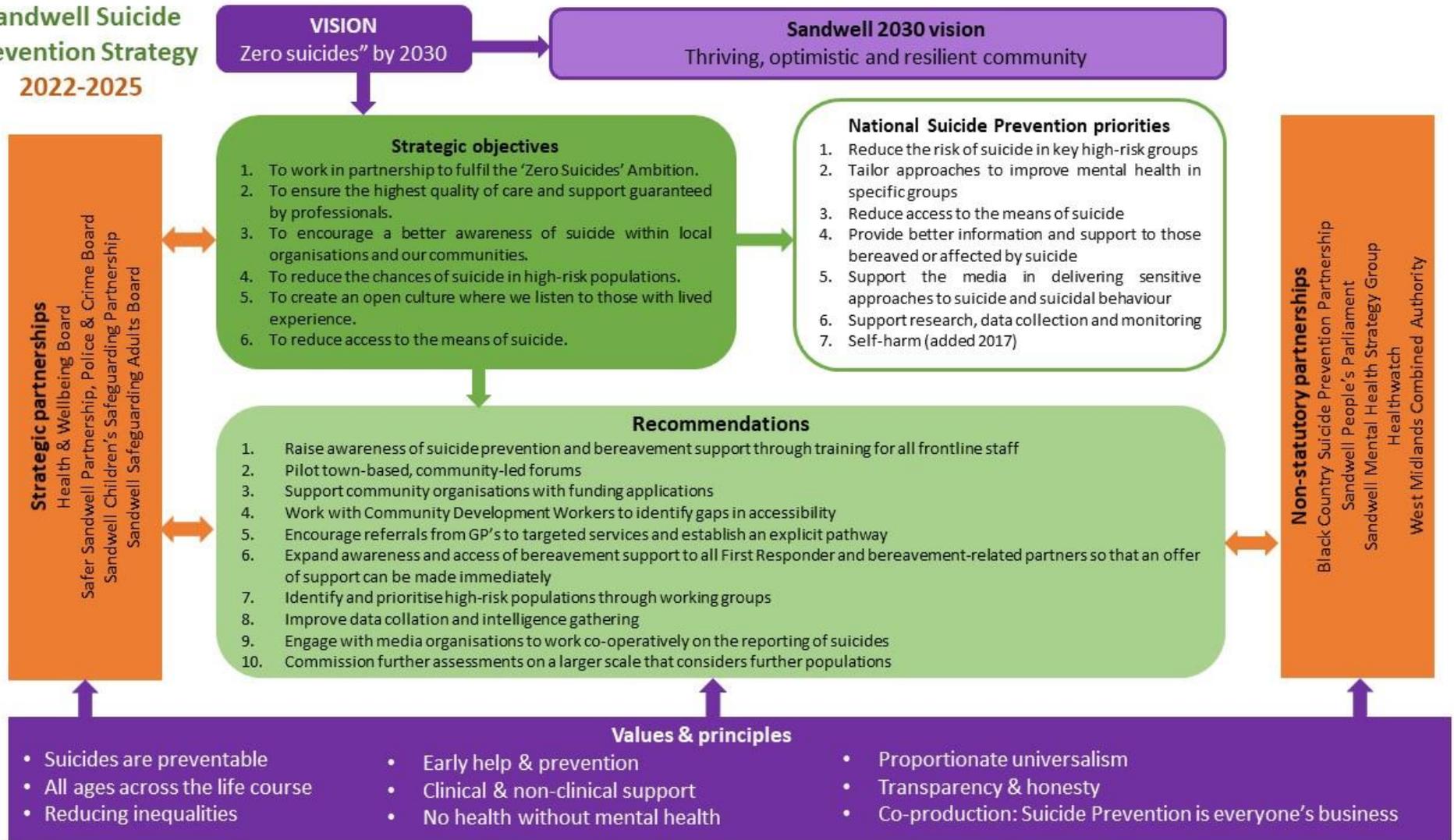
The following recommendations have been informed by the updated needs assessment, aligning to our strategic objectives and national suicide prevention priorities. The accompanying Action Plan has been developed against these recommendations, shaped through the Sandwell Suicide Prevention Partnership.

1. **Raise awareness of suicide prevention and bereavement support through training for all frontline staff**
2. **Pilot town-based, community-led forums**
3. **Support community organisations with funding applications**
4. **Work with Community Development Workers to identify gaps in accessibility**
5. **Encourage referrals from GP's to targeted services and establish an explicit pathway**
6. **Expand awareness and access of bereavement support to all First Responder and bereavement-related partners so that an offer of support can be made immediately**
7. **Identify and prioritise high-risk populations through working groups**
8. **Improve data collation and intelligence gathering**
9. **Engage with media organisations to work co-operatively on the reporting of suicides**
10. **Commission further assessments on a larger scale that considers further populations**

The Action Plan is based on the principle of *proportionate universalism* – balancing universal, population-based approaches with more targeted action so that we create a culture that promotes wellbeing and prevents crisis, while also ensuring timely and appropriate support for those who need it.

Focusing on the interfaces between individuals and services, and not just on risk groups and factors, will help to develop a co-ordinated and responsive system where no-one is overlooked.

Sandwell Suicide Prevention Strategy 2022-2025



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Sandwell Suicide Prevention Strategy & Action Plan – 2022-2025

Recommendations and actions

Recommendations	Actions	Led by	Due by end
<p>Recommendation 1:</p> <p>Raise awareness of suicide prevention and bereavement support through training for all frontline Council staff</p> <p>All staff across Sandwell Council who have direct contact with our residents will receive targeted training to recognise signs that someone may be having suicidal thoughts, initiate supportive conversations, and direct people to the right help and support.</p> <p>Delivering this alongside more basic training for all staff, and enhancing training in related areas through including suicide prevention elements, will help to create a culture of awareness and compassion</p>	<p>1a: Raising awareness across whole organisations</p> <p>ACTION 1: Universal online training - encourage all staff across the Council to complete brief online sessions from Zero Suicide Alliance as an entry point to developing awareness and understanding.</p> <p>ACTION 2: Develop a set of key principles for Suicide Safer Workplaces that will equip frontline staff with information to support residents experiencing suicidal ideation and/or refer or signpost them to appropriate services.</p> <p>1b: Workforce development</p> <p>ACTION 3: Link to the Sandwell Workforce Wellbeing Group, with representation from across services, to develop a workforce SP offer consisting of resources for staff to access support for themselves and colleagues, and to refer or signpost residents and service users.</p> <p>ACTION 4: Carry out a training needs analysis to assess current skills and training needs relating to suicide awareness and prevention across key service areas.</p> <p>ACTION 5: Map current training available through the voluntary & community sector, and promote via networks and SCVO's Route2wellbeing portal.</p>	<p>Sandwell SP Partnership/ HR and Public Health, SMBC</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ HR and Public Health, SMBC</p> <p>Sandwell SP Partnership/ Community Mental Health Taskforce</p> <p>Sandwell SP Partnership/ Community Mental Health Taskforce</p>	<p>Q2 2022</p> <p>Q2 2022</p> <p>Q2 2022</p> <p>Q2 2022</p> <p>Q2 2022</p>

<p>around suicide across the whole organisation. This will be complemented by training across partner organisations and multi-agency training (1c and Recommendations 5 & 6).</p>	<p>ACTION 6: Develop and deliver brief targeted training sessions on suicide prevention & bereavement support for services and sectors that work directly with specific groups across the life course (e.g. education and care workers).</p>	Sandwell SP Partnership	Q4 2022
	<p>ACTION 7: Develop and deliver SP awareness training for local elected members and support them to become advocates for suicide prevention in their wards.</p>	Sandwell SP Partnership	Q4 2022
	<p>1c: Partnership working ACTION 8: Explore options to develop and deliver multi-agency training that can be delivered in person or online.</p>	Sandwell SP Partnership	Q3 2022
	<p><i>Children & Young people:</i> ACTION 9: Embed suicide prevention into wider mental health training offered by Sandwell Children’s Safeguarding Partnership (SCSP).</p>	Public Health and SCSP, SMBC	Q2 2022
	<p><i>Adults (including older adults):</i> ACTION 10: Embed suicide prevention into wider mental health training offered by Sandwell Adult Safeguarding Partnership</p>	Public Health and ASC, SMBC	Q3 2022
	<p>ACTION 11: Develop and deliver brief training on suicide prevention and bereavement support to businesses, services and groups (e.g. faith groups) across the wider community using a Train the Trainer approach, so that those who attend can inform and upskill others in their organisations and networks around suicide prevention & bereavement support.</p>	Sandwell SP Partnership/Black Country SP Partnership CDWs	Q1 2023
	<p>ACTION 12: Work with Suicide Prevention leads across the Black Country to introduce and monitor SP training funded through NHSE/I National SP Programme.</p>	Black Country SP Partnership	Q1 2023
<p>Recommendation 2:</p> <p>Pilot town-based, community-led forums</p>	<p>2a: Community-led, town-based approaches to Suicide Prevention</p> <p>ACTION 13: Use forums facilitated by Sandwell Public Health Development Officers (PHDOs) to support the adoption of the Tipton town-based approach focusing on rail networks across all six towns in the borough.</p>	Samaritans/Public Health, SMBC	Ongoing

<p>We are working with stakeholders such as the police, fire service and community organisations to identify high-risk locations as part of the approach to reducing means of suicide. Thus far, this has identified motorway bridges and rail stations.</p> <p>Pilots undertaken in Tipton suggest that town-based forums led by local communities are effective in embedding awareness and vigilance around suicide prevention.</p>	<p>ACTION 14: Carry out a similar pilot in one of the six towns focusing on highways, working with communities to raise awareness and vigilance around suicide, and sharing ideas on how to reduce risk.</p> <p>2b: Using community-led forums to inform and implement wider suicide prevention approaches</p> <p><i>Children & Young people:</i> ACTION 15: Embed current good practice and continuous improvement across anti-bullying work via the SHAPE forum and partner agencies.</p>	<p>Highways Agency</p> <p>SHAPE Partnership Board/ Public Health, SMBC</p>	<p>Q1 2023 TBC</p> <p>Ongoing</p>
	<p>ACTION 16: Work with Black Country Community Development Workers (CDWs) to facilitate community-led Suicide Prevention forums that will feed into the Black Country Suicide Prevention Steering Group.</p>	<p>Sandwell SP Partnership/ Black Country SP Partnership</p>	<p>Q1 2023</p>
<p>Recommendation 3:</p> <p>Support community organisations with funding applications</p> <p>Lack of capacity and resources are cited as key barriers to accessing funding by voluntary and community organisations, with this activity detracting from core business. Public Health and other partners with experience of the application process can work with community organisations to support them in writing bids</p>	<p>3a: Mapping suicide prevention & mental wellbeing activity</p> <p>ACTION 17: Work with PHDO in each town and SCVO to identify voluntary & community organisations already working towards suicide prevention and mental wellbeing promotion.</p> <p>3b: Helping organisations to access funding</p> <p>ACTION 18: Work with SCVO to maintain up-to-date information on related funding opportunities on their online funding portal, and to highlight key developments.</p> <p>ACTION 19: Work with SCVO to support voluntary & community organisations to develop funding applications and bids.</p> <p>ACTION 20: Liaise with Community Partnerships Team to identify opportunities to work collaboratively to best support community organisations to access funding to support suicide prevention.</p>	<p>Public Health, SMBC/SCVO</p> <p>Sandwell SP Partnership/ SCVO</p> <p>Sandwell SP Partnership SCVO</p> <p>Public Health/Community Partnerships, SMBC</p>	<p>Q2 2023</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

<p>for funding so that they can access the means to grow.</p>	<p>3c: Supporting communities through grant funding ACTION 21: Use available funding to provide voluntary & community sector grants to support suicide prevention activities and interventions (e.g. via the Prevention & Promotion Fund for Better Mental Health).</p>	<p>Public Health, SMBC</p>	<p>Ongoing</p>
	<p>ACTION 22: Work with Black Country SP leads and CDWs to identify and build capacity within the voluntary & community sector.</p>	<p>Sandwell SP Partnership/ Black Country SP Partnership</p>	<p>Ongoing</p>
<p>4: Recommendation 4:</p> <p>Work with Community Development Workers to identify gaps in accessibility</p> <p>Lack of accessibility to services supporting suicide prevention has been highlighted as a key issue in Sandwell. Here we focus on working together to identify barriers to access, in terms of both practical elements (i.e. language, format, digital literacy) and inclusion (i.e. cultural appropriateness and representation).</p>	<p>4a: Improving communications to increase accessibility and reduce stigma</p> <p>ACTION 23: Develop a Suicide Prevention Communication Plan for corporate communications and community marketing.</p> <p>ACTION 24: Print materials (posters, leaflets, business cards) on suicide prevention in languages other than English, particularly those that are most widely spoken among Sandwell residents.</p> <p>ACTION 25: Develop targeted resources for people who are non-literate or whose first language is not English, including radio and audio information and adding pictorial information to key messages.</p> <p>ACTION 26: Produce resources in accessible formats for people who are deaf or hearing impaired, or blind or visually impaired.</p> <p>4b: Increasing representation within Suicide Prevention communications</p> <p>ACTION 27: Use imagery and wording that is relatable to different communities and groups, including those in higher-risk groups.</p> <p>ACTION 28: Work with minority and/or marginalised communities and groups within Sandwell to understand how their unique lived experience affects their lives and mental health (e.g. experiences of discrimination).</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p>	<p>Q1 2022 Refresh annually</p> <p>Q2 2022 Refresh as required</p> <p>Q2 2022 Refresh as required</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

	<p>ACTION 29: Share learning across professional and community networks to increase understanding of the experiences minority and/or marginalised communities and groups, and ensure that these experiences are reflected in their communications.</p> <p>4c: Disseminating information</p> <p>ACTION 30: Work proactively to promote messages around suicide prevention and available support to local communities via a range of media, including approaching local networks and radio stations.</p> <p>ACTION 31: Work closely with community groups and the faith sector to build on existing infrastructure and embed support around suicide prevention.</p> <p>ACTION 32: All partners and delivery organisations to ensure materials are available via Healthy Sandwell and SCVO Route2wellbeing platforms.</p> <p><i>Children & Young people:</i></p> <p>ACTION 33: Develop Just Youth platform to host all related information and resources.</p>	<p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Public Health, SMBC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
	<p>ACTION 34: Work with the CDWs to develop networks and communications across the Black Country footprint.</p>	<p>Black Country SP Partnership</p>	<p>Ongoing</p>
<p>Recommendation 5:</p> <p>Encourage referrals from GP's to targeted services and establish an explicit pathway</p> <p>Partners can work alongside GPs to ensure that they are aware of non-medical services</p>	<p>5a: Developing referral pathways</p> <p>ACTION 35: Approach Sandwell Primary Care Networks to develop referral pathways for universal, targeted and specialist services.</p> <p>ACTION 36: Develop self-referral pathways, particularly where there may be barriers to accessing support via Primary Care.</p> <p>5b: Links to social prescribing</p>	<p>Public Health, SMBC</p> <p>Black Country & West Birmingham CCG</p>	<p>Q3 2022</p> <p>Q3 2022</p>

<p>as well as increase confidence that there is support available for anyone who has been affected by suicide. Part of this will require GPs to have a working knowledge of all up-to-date services so information and communication flow will be critical.</p>	<p>ACTION 37: Ensure that up-to-date information on all community provision is available on SCVO Route2wellbeing to promote and support referrals.</p> <p>ACTION 38: Develop training for GP social prescribers to become Suicide Prevention champions in their practices and communities.</p> <p>ACTION 39: Progress and monitor the provision of Black Country-wide training for frontline staff in GP practices, funded through NHSE/I National SP Programme.</p>	<p>Sandwell SP Partnership SCVO</p> <p>Sandwell SP Partnership Black Country SP Partnership</p> <p>Black Country SP Partnership</p>	<p>Q3 2022 Regular review</p> <p>Q4 2023</p> <p>Q4 2023 onwards</p>
<p>Recommendation 6: Expand awareness and access of bereavement support to all First Responder and bereavement-related partners</p> <p>Knowledge of bereavement services by First Responders and wider professionals in contact with those who have been bereaved by suicide can help families and friends feel that help is available, at any time which they chose to take it. This includes not just emotional and psychological support, but also practical support in the period following a death.</p>	<p>6a: Developing the suicide bereavement support offer for Sandwell residents</p> <p>ACTION 40: Community engagement with people bereaved by suicide to identify gaps in support and provision and identify/inform policy and funding.</p> <p>ACTION 41: Identify opportunities to provide practical support to First Responders and people bereaved through suicide immediately after the death and in the weeks that follow, taking learning from Warwickshire.</p> <p>6b: Information and training for First Responders</p> <p>ACTION 42: Develop and deliver targeted training sessions on suicide prevention, postvention & bereavement support for first responders</p> <p>ACTION 43: Create Z cards for all first responders containing details of local bereavement support services.</p> <p>ACTION 44: Work with Black Country Suicide Prevention leads to develop, monitor and evaluate a Black Country SP Bereavement & Postvention Support programme, funded through NHSE/I National SP Programme.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Kaleidoscope+ Group/Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Black Country SP Partnership</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Q1 2023</p> <p>Q1 2022</p>
<p>Recommendation 7: Identify and prioritise high-</p>	<p>7a: Reviewing local, regional and national evidence</p>		

<p>risk populations through working groups</p> <p>Through the Suicide Prevention Needs Assessment and ongoing work through the Sandwell SP Partnership, we are continuing to identify groups and circumstances that may be associated with increased risk of suicide. This goes beyond consideration of mental health issues and includes wider social, economic and environmental factors.</p> <p>It is important to actively engage with our communities to fully understand and begin to address emerging needs and concerns – including direct and indirect impacts of the COVID-19 pandemic. Links to related strategic priorities and groups, including the Sandwell Better Mental Health Strategy and Children & Young People’s SP subgroup, will enable a stronger and more co-ordinated approach.</p>	<p>ACTION 45: Continue to ensure that new and emerging evidence and local intelligence on suicide and suicide prevention is discussed regularly through the Sandwell Suicide Prevention Partnership.</p> <p>ACTION 46: Continue to work with the Black Country Coroner’s Office and Child Death Overview Panel to understand the factors linked to deaths by suicide in Sandwell.</p> <p>ACTION 47: Update the Suicide Prevention Needs Assessment in 2024 to inform update of subsequent SP Strategy & Action Plan.</p> <p>7b: Links to mental health and other services</p> <p>ACTION 48: Conduct an audit of referrals into child and adult mental health services to determine where referrals are coming from and to understand more about the people accessing support.</p> <p>ACTION 49: Analyse data on hospital admissions for self-harm to identify associated risk factors.</p> <p>7c: Links with community-led forums</p> <p>ACTION 50: Regular engagement with community-led forums in each of the six towns in Sandwell to identify new and emerging concerns.</p> <p><i>Children & Young People:</i></p> <p>ACTION 51: Ensure all schools and colleges (including independent and faith-based schools) have clear anti-bullying policies that include guidance on how to assess the risk of suicide for children and young people experiencing bullying and when and under what circumstances multi-agency meetings will be called to discuss individual children/young people.</p>	<p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Black Country & West Birmingham CCG</p> <p>Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Public Health/ Education, SMBC / School & College Leadership Teams & Governors</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Q2 2024</p> <p>Q2 2022</p> <p>Q1 2023</p> <p>Ongoing</p> <p>Q3 2023</p>
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	ACTION 52: Issue revised guidance to schools on the use of exclusion, recognising that when a child or young person is permanently excluded from school or college, any relationships with universal services are at risk of becoming fractured and should be identified as a potential risk factor for suicide. If a school or college is considering excluding someone there should be multi-agency engagement to discuss other potential solutions.	Public Health/ Education, SMBC / School & College Leadership Teams & Governors	Q3 2023
	ACTION 53: Share learning with Black Country Suicide Prevention leads to identify priority areas for collective action.	Sandwell SP Partnership/ Black Country SP Partnership	
<p>Recommendation 8: Improve data collation and intelligence-gathering</p> <p>There are multiple sources for statistical data that can be shared on a regular basis to identify developing trends. Equally, there should be encouragement for recorded and anecdotal evidence from across the borough to be shared among partners so that we can continue to understand what is happening at every level. This also feeds into the requirement to link to the Police's real-time surveillance activities.</p>	<p>8a: Monitoring and evaluation</p> <p>ACTION 54: Improve monitoring of protected characteristics for mental health and wellbeing programmes, project and services delivered or commissioned by SMBC and partner organisations.</p> <p>ACTION 55: Develop a set of key outcome indicators to inform evaluation frameworks for suicide prevention interventions and projects.</p> <p>8b: Effective information sharing</p> <p>ACTION 56: Work with Sandwell Council Information Management Unit to establish Information Sharing Agreements between the Council and partner organisations.</p> <p>8c: Sharing learning between partner organisations</p> <p>ACTION 57: Continue to share information and intelligence via the Sandwell Suicide Prevention Partnership to inform local policy and practice.</p>	<p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership/ Public Health/IMU, SMBC</p> <p>Sandwell SP Partnership</p>	<p>Ongoing</p> <p>Q2 2022</p> <p>Q4 2022</p> <p>Ongoing</p>
	ACTION 58: Develop a Real Time Surveillance system across the Black Country to improve use of data and intelligence to develop timely postvention support.	Sandwell SP Partnership/ Black Country SP Partnership	Q4 2023
			Q4 2023

	ACTION 59: Develop a Black Country Suicide Prevention Dashboard, hosted by Walsall MBC.	Walsall Council/ Research & Intelligence, SMBC	
<p>Recommendation 9: Engage with media organisations to work co-operatively on the reporting of suicides</p> <p>Media organisations have a responsibility to report accurately and compassionately on deaths by suicide. Working proactively with media organisations and reporters to embed good practice reporting guidelines can help to ensure that they understand the impact of their messages on bereaved families and friends.</p>	<p>9a: Promoting responsible reporting of suicides ACTION 60: Provide opportunities for media organisations and staff to participate in multi-agency training to advocate towards responsible reporting.</p> <p>ACTION 61: Actively engage with local media organisations to encourage and support them to adopt the Samaritans' media guidelines for reporting suicide.</p>	<p>SMBC Press Office/Samaritans</p> <p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Q1 2024</p> <p>Ongoing</p>
	<p>9b: Developing key messages for the public ACTION 62: Produce a set of key messages around local suicide rates and support available that should be included in all relevant press releases and media communications, highlighting where these may be subject to change so that they can be updated as required.</p> <p>ACTION 63: Develop and deliver a general awareness campaign around the sharing of media stories on suicides online and how it can be traumatic for those affected.</p>	<p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p> <p>Samaritans Sandwell SP Partnership/ Public Health, SMBC</p>	<p>Q3 2022</p> <p>Q1 2023</p>
	ACTION 64: Work with Black Country Suicide Prevention leads to develop and promote consistent messages.	Sandwell SP Partnership/ Black Country SP Partnership	Ongoing
<p>Recommendation 10: Conduct further assessments to consider specific populations</p> <p>We have already begun to identify key groups including rough sleepers, migrants, those with who misuse drugs and alcohol and people who are</p>	<p>10a: Increasing resources and capacity ACTION 65: Identify potential funding sources to support local suicide prevention activity.</p> <p>ACTION 66: Align with related strategies (including Sandwell Better Mental Health Strategy; Autism Strategy; and End of Life Strategy).</p> <p>ACTION 67: Ensure that suicide prevention considerations are included in the Joint Strategic Needs Assessment (JSNA) for Sandwell.</p>	<p>Sandwell SP Partnership</p> <p>Public Health, SMBC</p> <p>Public Health, SMBC</p>	<p>Ongoing</p> <p>Ongoing</p> <p>TBC</p>
	10b: Focus on specific groups		

<p>unemployed. We will continue to work as a multi-stakeholder group to review and update these groups.</p> <p>We are working with the community and voluntary sector to ensure that there is appropriate support for those who do not access traditional services and review commissioned services which target the mental health of target groups highlighting suicide prevention/interventions/effectiveness.</p>	<p>ACTION 68: Continue to identify key groups for targeted action including rough sleepers, migrants, those who misuse drugs and alcohol, people who are unemployed and those who are LGBT+, working as a multi-stakeholder group to review and update these groups.</p> <p>ACTION 69: Continue working with the community and voluntary sector to ensure that there is appropriate support for those who do not access traditional services and review commissioned services which target the mental health of target groups highlighting suicide prevention /interventions/effectiveness.</p> <p>ACTION 70: Carry out more detailed work on self-harm, following on from preliminary analysis of hospital admissions data (Action 49) to understand more about potential risk factors.</p> <p>ACTION 71: Continue to work together to identify emerging risk factors and key issues.</p>	<p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership</p> <p>Sandwell SP Partnership/ Public Health, SMBC</p> <p>Sandwell SP Partnership</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Q4 2023</p> <p>Ongoing</p>
	<p>ACTION 72: Identify potential funding sources to support suicide prevention activity across the Black Country footprint.</p>	<p>Black Country SP Partnership</p>	<p>Ongoing</p>



Sandwell Health and Wellbeing Board 15 December 2021

Report Topic:	Sandwell Pharmaceutical Needs Assessment 2022
Contact Officer:	Stephanie Lacey Stephanie_Lacey@sandwell.gov.uk
Link to board priorities	<ol style="list-style-type: none"> <p>1. We will help keep people healthier for longer Poorly managed chronic illnesses can lead to increased morbidity and premature mortality. Pharmacy services play a key role in supporting people with long-term health conditions and in detecting long-term health conditions such as hypertension and diabetes. For pharmacies to support Sandwell residents, pharmacies need to be accessible and provide the right services to support the pharmaceutical needs of the population. The Sandwell PNA 2022 will provide an update to the prior PNA published in 2018 to ensure that services are meeting the needs of local people.</p> <p>2. We will work together to join up services Health services can be difficult to navigate, and sometimes there are gaps or duplication of services by different providers. It is therefore important to know what services are currently provided by pharmacies and where these services are located to support commissioners with service planning. The Sandwell PNA 2022 will support commissioners and other stakeholders by informing decisions regarding the award of new pharmacy contracts and developing pharmaceutical services for patients.</p> <p>3. We will work closely with local people, partners and providers of services The public need to be involved in the design and monitoring of services to ensure they are appropriate and deliver what people need. The views of Sandwell residents on the accessibility and provision of pharmacy services will be sought and used to inform recommendations in the PNA report.</p>

<p>Purpose of Report:</p>	<ul style="list-style-type: none"> • The PNA is a document which describes the current provision and location of pharmacy services across Sandwell • The purpose of the report is to ensure that there are enough pharmacies, in the right locations, providing the right services to support the pharmaceutical needs of Sandwell residents • The report is also used by commissioners and other stakeholders to inform decisions regarding new pharmacy contract applications and developing pharmaceutical services for patients
<p>Recommendations</p>	<ul style="list-style-type: none"> • In order to produce a robust PNA for Sandwell and in light of the increased demand on PH intelligence services throughout the COVID-19 pandemic, we would recommend an extension to the publication date of the final report from April 2022 to June 2022.
<p>Key Discussion points:</p>	<p>(please include links to our board priorities as shown above)</p> <ul style="list-style-type: none"> • To discuss with the HWBB the recommendation of an extension to the final report publication date
<p>Implications (e.g. Financial, Statutory etc)</p>	
<ul style="list-style-type: none"> • HWBB's are required to publish a revised assessment of the PNA every three years • The last Sandwell PNA was published in June 2018 with the current PNA due to be published in by 1st April 2022 (a modification made in light of the COVID-19 pandemic) • The PNA report is heavily reliant on the support of the public health intelligence team • The PH intelligence team have an ongoing and pivotal role in the local response to COVID-19 • Therefore, given the increased demand placed on PH intelligence due to COVID-19, and the desire to produce a robust assessment of pharmaceutical services in Sandwell, we would like to request an extension for publication of the final report until June 2022 	
<p>What engagement has or will take place with people, partners and providers?</p>	<ul style="list-style-type: none"> • A public questionnaire has been produced and Sandwell residents are being asked to provide feedback on pharmacy services across several channels: <ul style="list-style-type: none"> ○ Patient Participation Groups via Healthwatch Sandwell ○ Sandwell Council twitter and Facebook accounts ○ Via networks available to the PHDO's and Covid-19 Vaccine Leaders. • A 60-day consultation period will gather feedback on the draft PNA report from key stakeholders such as NHSE, Sandwell LPC, neighbouring HWBB's and LPC's, Sandwell pharmacy contractors and SWB CCG

Sandwell Pharmaceutical Needs Assessment 2022

Stephanie Lacey

What is a PNA and what is it used for?

- A document to describe current provision of pharmacy services across Sandwell
- Ensures services meet the needs of the population
- Ensures services are in the correct locations

- Used by NHSE to inform decisions for pharmacy contract applications
- Used by other commissioners and stakeholders in developing patient services

An overview of the PNA process – where are we now

Governance

Health needs and priorities

Public questionnaire

Current service provision

Draft report presented to HWBB

60-day consultation period

Final report presented to HWBB

Recommendation for an extension:

- Last PNA was published in June 2018
- Current PNA was due to be published April 2022 (modification made in consideration of COVID-19)
- PNA is a data driven report reliant on skills and expertise of the public health intelligence team
- Public health intelligence team have a pivotal role in the local COVID-19 response
- An extension until June 2022 would allow for the production of a high-quality and robust PNA



Sandwell Health and Wellbeing Board 15 December 2021

Report Topic:	Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date
Contact Officer:	Rashpal Bishop, Director of Adult Social Care Rashpal_Bishop@sandwell.gov.uk
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To update members on the Black Country and West Birmingham Integrated Care System (ICS) and Integrated Care Partnership (ICP) arrangements in Sandwell
Recommendations	<ul style="list-style-type: none"> • To note the contents of the update.
Key Discussion points:	<ul style="list-style-type: none"> • To discuss how the ICS has contributed to date to a joined-up health provision across Sandwell by bringing together hospital, community and mental health trusts, GPs and other primary care services with local authorities and other care providers.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • None, this is an update for information. 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Item is for information only.

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MEDIA RELEASE

For immediate release

New data shows rise in GP appointments

Over 60,000 more GP appointments were held in September and October this year than before the pandemic, new data for the Black Country and West Birmingham has revealed.

The latest figures for GP access show that 1,403,078 appointments took place in September and October 2021, up from 1,339,677 in September and October 2019.

Of these, 62% of appointments were face to face, while 45% took place on the same day as they were requested (up from 40% in 2019).

Sarb Basi, Director of Primary Care for NHS Black Country and West Birmingham Clinical Commissioning Group, said: “Throughout the pandemic, GP practices across the Black Country and West Birmingham have adapted to provide patients with alternative methods of accessing services via telephone and online consultations, whilst continuing to offer face-to-face appointments when clinically appropriate. These latest figures demonstrate how hard primary care staff are working to ensure patients get the care they need.

“Despite this, we know that some people are still waiting too long on the phone to their practice for their call to be answered and we understand this can be incredibly frustrating. Our staff are working harder than ever and seeing more patients than ever, however demand on our services continues to be higher than we’ve ever seen.

“We are encouraging patients to consider other ways of making contact if they are able, such as completing an e-consult form on the NHS app or the practice’s website, which will be responded to by the practice in a timely manner.”

The new statistics have also revealed that DNAs – where a patient fails to attend an appointment but does not cancel so it can be rebooked by the practice – are slightly down, from 7% of all appointments in 2019 to 6% today.

Sarb Basi added: “The number of missed appointments has started to decline which is great, however over 86,000 appointment slots were missed in September and October this year across the Black Country and West Birmingham.



“These slots are incredibly precious during this time of high demand so we would encourage those who no longer need an appointment to make every effort to cancel so somebody else can have the slot.”

The NHS asks people to help us help you this winter by visiting your pharmacist first for minor ailments, or using 111.nhs.uk as a first step to check your symptoms and find out which service is most appropriate for your needs (those without internet access can call 111).

ENDS

Notes to editors:

- A full breakdown of GP appointment data for September and October can be found here: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

About the CCG

- Black Country and West Birmingham Clinical Commissioning Group (CCG) was established on 1 April 2021 following the merger of Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton CCGs
- The CCG decides how to spend the NHS budget on the majority of health services, including planned hospital care, urgent and emergency care, community health services, and mental health and learning disability services, as well as delegated responsibility for commissioning general practice services
- We serve a local population of 1.5 million and our vision is for a healthier place with healthier people and healthier futures
- For more information, please email Communications.bcwb@nhs.net
- For the latest local NHS news and health advice, visit our website or follow us on social media:
 - Website: www.blackcountryandwestbirmccg.nhs.uk
 - [Twitter](#)
 - [Facebook](#)
 - [Instagram](#)
 - [YouTube](#)





Sandwell Health and Wellbeing Board 15 December 2021

Report Topic:	Healthwatch Representation
Contact Officer:	Alexia Farmer, Manager – Healthwatch Sandwell alexia.farmer@healthwatchesandwell.co.uk
Link to board priorities	<ol style="list-style-type: none"> 1. We will help keep people healthier for longer 2. We will work together to join up services 3. We will work closely with local people, partners and providers of services
Purpose of Report:	<ul style="list-style-type: none"> • To update members on the future Healthwatch representation and place on record the thanks to John Taylor for his services to the Sandwell Health and Wellbeing Board.
Recommendations	<ul style="list-style-type: none"> • To note the contents of the update.
Implications (e.g. Financial, Statutory etc)	
<ul style="list-style-type: none"> • None, this is an update for information. 	
What engagement has or will take place with people, partners and providers?	<ul style="list-style-type: none"> • Item is for information only.

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