

# Agenda

## Health and Wellbeing Board

**Wednesday, 23 February 2022 at 5.00 pm**  
**At Council Chamber - Sandwell Council House, Oldbury**

**This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.**

**1 Apologies for Absence**

**2 Declarations of Interest**

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

**3 Minutes**

5 - 16

To confirm the minutes of the meeting held on 15 December 2021 as a correct record.

**4 Urgent Item of Business**

To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered at the meeting as a matter of urgency.

**5 Young People Physical Activity - Move More Sandwell Partnership**

17 - 26



To note and comment on the initiatives of Move More Sandwell Partnership in relation to young people physical activity.

**6 Covid-19 - Current Position Update 27 - 28**

To note and comment on the Covid-19 position update.

**7 Sandwell Good Mental Health Strategy Update 29 - 32**

To note and comment on the progress made against the draft Better Mental Health Strategy, on the updated governance arrangements, and on the revised timeline for publication, and to outline plans for Strategy and Action Plan development.

**8 Link Up Sandwell - Digital Inclusion for People with Learning Disabilities 33 - 44**

To note and comment on the Link Up Sandwell initiative by Changing Our Lives.

**9 Integrated Care Systems / Integrated Care Partnerships - Update on Progress to Date 45 - 50**

Standing item to provide a progress update on Integrated Care System (ICS) / Integrated Care Partnership (ICP).

**10 Primary Care Access 51 - 72**

Standing item to update on Access to Primary Care.

**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 Healthcare 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

15 December 2021 at 5.00pm

Held at the Council Chamber, Sandwell Council House.

### Present:

#### Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Living and Ageing Well
Councillor Zahoor Ahmed	Cabinet Member for Quality Homes and Thriving Neighbourhoods
Lisa McNally	Director of Public Health
Rashpal Bishop	Director of Adult Social Care

#### Black Country and West Birmingham Clinical Commissioning Group (CCG)

Dr Ian Sykes	Vice Chair and Sandwell Locality Commissioning Board representative
Dr Sommiya Aslam	Sandwell Locality Commissioning Board Managing Director
Michelle Carolan	

#### Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell
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### Officers in attendance

Paul Moseley	Better Care Fund Programme Manager
Dr Lina Martino	Consultant in Public Health
Stephanie Lacey	Public Health Registrar
Ali Al-Osaimi	Lifestyle Improvement Programme Manager
Christine Ann Guest	Divisional Manager Adult Social Care
Stuart Ashmore	Sandwell Council of Voluntary Organisations

**29/21 Apologies for Absence**

Apologies were received from Councillors Crompton, E M Giles, Simms, and Shackleton; and Dr Priyanand Hallan (CCG), Richard Beeken (SWBNHS Trust), Marsha Foster (Black Country Partnerships NHS Foundation Trust),

**30/21 Declarations of Interest**

There were no declarations of interest made.

**31/21 Minutes**

The minutes of the meeting held on 22 September 2021 were confirmed as a correct record.

**32/21 Covid-19 – Current Position Update**

The Director of Public Health reported on the latest covid-19 data for Sandwell.

Cases were rising in line with regional and national trends and currently there were 379 new cases (per 100,000 people) a week. Regional cases were around 452/100,000 and national cases were around 520/100,000. Cases had remained lower than national since April/May, however, caution remained.

The new Omicron variant incorporated a high number of mutations and was significantly more transmissible than previous variants, and fast becoming the dominant variant. Data from South Africa showed that the variant escaped both immunity from the vaccine and prior infection, so people were encouraged to get a third vaccine dose. The case severity was still unclear, however, even if the variant was as mild as suggested, the high case numbers could still cause pressure on health services.

Sandwell's vaccination campaign success continued and more than 2,700 boosters had been administered on 14 December 2021, breaking previous records.

Those people who had not had a first vaccine dose were encouraged to come forward, with no judgment.

**33/21 Sandwell Better Care Fund Plan 2021-22**

Retrospective approval was sought for the Better Care Fund (BCF) Plan 2021-22.

The Plan had 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.

The BCF Pooled Budget quantum for 2021/22 had been confirmed as £57 million.

The Board noted the success of the BCF programme to date:-

- Sandwell had been the leading authority for performance on Delayed Transfers of Care (DToC) at the time reporting was suspended in March 2020.
- Establishment of an integrated commissioning team across the CCG and Adult Social Care, which meant that adult social care teams were now working in a more co-ordinated way.
- Establishment of an Integrated Discharge Hub to improve the effectiveness of out of hospital care pathways and support better patient flow between local hospitals and the community.
- Making the approved Dementia Strategy a reality by implementing the commissioning plan.
- Building the new Integrated Social Care and Health Centre on the Knowle site in Rowley Regis, which was due to open in July 2022.
- Establishing the Shared Care Record to enable health and social care professionals to access appropriate information to improve the care of local citizens.

The key priorities for 2021/22 included:-

- Supporting the implementation of the Discharging to Assess (D2A) operating model.

- Supporting the wider health care system through Winter 2021.
- Transforming and aligning community health and care services to need.

The Director of Adult Social Care had provisionally approved the Plan, which had now been submitted to the NHS' Better Care Fund Team.

**Resolved** that the Sandwell Better Care Fund Plan 2021-22 is approved.

**34/21 Update on the Delivery of Sandwell Dementia Commissioning Strategy 2019 - 2025**

The Board noted an update on the delivery of the Sandwell Dementia Commissioning Strategy 2019-2025.

As part of the Council and Sandwell and West Birmingham Clinical Commissioning Group's commitment to improve support for those living with the effects of dementia a refreshed "Better Lives" strategy had been coproduced and launched in November 2019. Dedicated financial resources was available through the Better Care Fund [BCF] to deliver the strategy. The actions within the strategy had now been categorised into four themes for ease of resource allocation:-

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

A draft training strategy and skills matrix had been developed during 2020, based on the Department of Health and Social Care social care skills matrix [2019]. By providing training and awareness raising opportunities for local communities, schools, health and social care professionals and local businesses people would be supported to stay healthier for longer.

A Sandwell dementia road map had been developed in 2020 which provided advice on living well and brought together all support services available within Sandwell's six towns. A



“Sandwell My Future Care Handbook” was currently being produced and would be made available to all those living with the effects of dementia, including carers.

A Sandwell community dementia support service [pre and post diagnostic support] had been commissioned for two years with the possibility to extend for a further year. The new service had launched on 16th November 2021 and provided:-

- Information, advice and sign posting.
- Support - Memory screening, safe and well checks, support planning, emergency planning, benefits advice and support, co-ordinating support function.
- Training for people living with the effects of dementia, professionals, communities and businesses.
- Support for each of the six towns to become a Dementia Friendly Sandwell.

The new service was based on a six towns model and was being delivered through a provider calibration of eight local third sector organizations and one national organization. The service was integrated with primary care, secondary care, acute and community services. NHS England had recognised the model as best practice.

To deliver the required improvements to peoples experience in receiving a dementia diagnosis and meet the national ambitions, the re-development of the memory assessment service [MAS] had been essential. Due to COVID and the changing health landscape this had resulted in producing a service specification for the whole of the Black Country and redesigning MAS across the STP footprint.

Sandwell Dementia Action Alliance [SDAA] had been established in 2019 to deliver Sandwell dementia friendly communities, however, its ability to deliver was negatively impacted by COVID and legal requirements for the tendering process for the new community support service. Therefore, it was in the process of being re-established, with the benefit of 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.

**35/21 Faith Sector representation at the Health and Wellbeing Board**

The Board was consulted on the appointment of a representative from the faith sector.

Faith groups had been instrumental in providing invaluable support throughout the pandemic - delivering food to front line workers, supporting vulnerable members of society and collaborating with the councils to ensure volunteers were able to provide on-the-ground support to communities in need. Additionally, messages coming from trusted community and religious leaders had encouraged adherence to government guidelines in local community languages. Faith sector buildings throughout Sandwell were available for community members to pick up covid-19 tests and had been used as vaccination centres.

There was an opportunity to build on the success and build the relationship with Sandwell's faith sector, by including it in all local decision-making processes and structures, starting with the Health and Wellbeing board.

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 underlying causes of health inequalities, which had been widened by Covid-19 particularly for marginalised and BAME groups.
- Tension monitoring and community safety.
- Youth and women engagement work.
- Education and faith supplementary schools.
- 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 Board thanked representatives of the sector for their support and hard work during the pandemic and welcomed the proposal to increase the membership of the Board. Faith leaders were keen to be on board and were working on the detail of how the sector would be represented.

**Resolved** that the Council is requested to appoint a representative of the faith sector to the Health and Wellbeing Board, with voting rights, in recognition of the significant contributions made by the sector during the pandemic, and the contribution the sector can make to Sandwell's post COVID recovery and the rebuilding of communities.

**36/21 Consultation on Sandwell Suicide Prevention Strategy and Action Plan 2022 - 2025**

Further to Minute No. 25/21 (of the meeting held on 22 September 2021) the Board received an update on progress against the draft Sandwell Suicide Prevention Strategy and Action Plan.

The local Suicide Prevention Strategy and Action Plan had 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 was that by 2030, no-one would die of suicide in Sandwell. This ambition was 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 week commencing 20 December 2021 for a statutory 60-day period and would subsequently be submitted to the Cabinet for approval in May 2022.

The consultation would include key partners and stakeholders, including Sandwell residents, and would seek to obtain views on the relative importance of recommendations/areas for action; what works well; and what they saw as current challenges. An easy-read summary and video were being produced to support online promotion of the consultation. Targeted approaches to engagement were also being developed so that all diverse communities were included and represented.

Board members requested that reference to “GPs” be changed to “General Practitioners” in recognition of the wide range of health service professionals based at practices.

Young men and travellers were highlighted as high risk groups and so it was recommended that consultation be targeted at those groups.

**Resolved** that the proposed consultation plan in relation to the Sandwell Suicide Prevention Strategy and Action Plan 2022-25 is approved.

### **37/21 Sandwell Pharmaceutical Needs Assessment 2022**

The Board was asked to grant an extension to the deadline for publication of Sandwell’s Pharmaceutical Needs Assessment (PNA) 2022.

Health and Wellbeing Boards were required to publish PNA every three years. The PNA set out the current provision and location of pharmacy services across Sandwell, to ensure that there were enough pharmacies, in the right locations, providing the right services to support the pharmaceutical needs of Sandwell residents. The document was also used by commissioners and other stakeholders to inform decisions regarding new pharmacy contract applications and developing pharmaceutical services for patients.

Sandwell’s last PNA had been published in June 2018 and a revised PNA was due to be published by 1st April 2022 (a modification made in light of the COVID-19 pandemic).

The Public Health Intelligence Team, which played a pivotal role in the preparation of the update PNA, had been in high demand and under a significant amount of pressure responding to the Covid-19 pandemic. Therefore, it had been difficult to devote sufficient resources to the preparation of the updated PNA. Approval was therefore sought to publish the revised PNA in June 2022.

A 60-day consultation period would take place, gathering feedback on the draft PNA from key stakeholders such as NHS England, Sandwell's and neighbouring local pharmaceutical committees, neighbouring boards, Sandwell pharmacy contractors and the CCG.

A public questionnaire had also been produced, in five different languages as well as British Sign Language, and residents were being asked to provide feedback on pharmacy services across several channels:-

- Patient Participation Groups via Healthwatch Sandwell
- Council Twitter and Facebook accounts
- Via networks available to the Public Health Development Officers and Covid-19 Vaccine Leaders

Board members remarked upon the contribution that pharmacies had made in supporting health services throughout the pandemic, and relieving pressure on GP appointments, and were minded to approve the extension.

**Resolved** that in light of the increased demand on Public Health intelligence services throughout the COVID-19 pandemic, an extension to the publication of the final Pharmaceutical Needs Assessment for 2022-25 is granted, and the revised PNA be published in June 2022.

38/21

### **Integrated Care Systems/Integrated Care Partnerships – Update on Progress to Date**

This item was deferred.

39/21 **Healthwatch Representation and Thanks to John Taylor**

The Chair reported that John Taylor, Healthwatch Sandwell's Chair and a member of the Board, had unfortunately stepped down due to ill health.

John had had a long history of involvement within the social care environment, having previously been a consultant for Healthwatch England and having over 20 years in the public & charitable sectors for the NHS, National Lottery, C.I.C.s, Co-ops, Local Authorities, a Community Foundation and a range of charities.

The Chair had written to John to express thanks for his contribution to Sandwell and to the Board during his time as Healthwatch Chair,

The Chair read out a personal message from John to the Board:-

*"I just wanted to say a genuine and heartfelt thank you for all you do for our wonderful NHS and social care services, and urge you all to keep reaching for the stars to improve the health and wellbeing for the people of Sandwell and beyond."*

40/21 **Primary Care Access Update**

The Board noted an update on access to primary care.

In September and October 2021, there had been over 60,000 additional GP appointments held across the Black Country and West Birmingham, compared to pre-pandemic numbers. Of these, 62% had been face to face and 45% had taken place on the same day.

However, demand continued to outstrip supply and a recruitment drive was underway to increase the number of staff in primary care.

The Black Country and West Birmingham CCG had published a press release, which would be shared with all councillors.

41/21 **Thanks**

The Chair reported that this was the last meeting for the Board's interim Project Officer, Clair Norton, who would be returning to her full-time post in January 2022. A recruitment process was underway for a permanent Project Officer, and it was anticipated that they would be in post by the next meeting.

The Board recorded its thanks to Clair for her support and guidance during her time in the role.

Meeting ended at 6.10pm

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## Sandwell Health and Wellbeing Board 23 February 2022

<b>Report Topic:</b>	<b>Young People Physical Activity – Move More Sandwell Partnership</b>
<b>Contact Officer:</b>	<b>Nicky Taylor</b> <b>Public Health Development Officer- Oldbury</b> <a href="mailto:Nicky_Taylor@sandwell.gov.uk">Nicky_Taylor@sandwell.gov.uk</a>
<b>Link to board priorities</b>	<ol style="list-style-type: none"> <li>1. We will help keep people healthier for longer</li> <li>2. We will work together to join up services</li> <li>3. We will work closely with local people, partners and providers of services</li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• To provide a service user perspective on the recent activities and successes of the Move More Sandwell Partnership in relation to young people physical activity.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• That the Board note the development of the Move More Sandwell Partnership and offer suggestions for further development.</li> </ul>
<b>Key Discussion points:</b>	<ul style="list-style-type: none"> <li>• To discuss the activities of the Move More Sandwell Partnership in relation to young people.</li> </ul>
<b>Implications (e.g. Financial, Statutory etc)</b>	
<ul style="list-style-type: none"> <li>• None, this is an item for information.</li> </ul>	
<b>What engagement has or will take place with people, partners and providers?</b>	<ul style="list-style-type: none"> <li>• Item is for information only. Members are able to offer suggestions in terms of future development.</li> </ul>

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# Physical Activity Children & Young People

Ricky Byrnes

Physical Activity Project Manager Public Health Sandwell





# Overview

Regular physical activity has been proven to have a beneficial effect in countless areas. physical health, mental health, social isolation and a persons link to their community.

The UK Chief Medical Officers' (CMOs') recommend that children and young people (5-18 years) are physically active for an average of at least 60 minutes per day across the week.

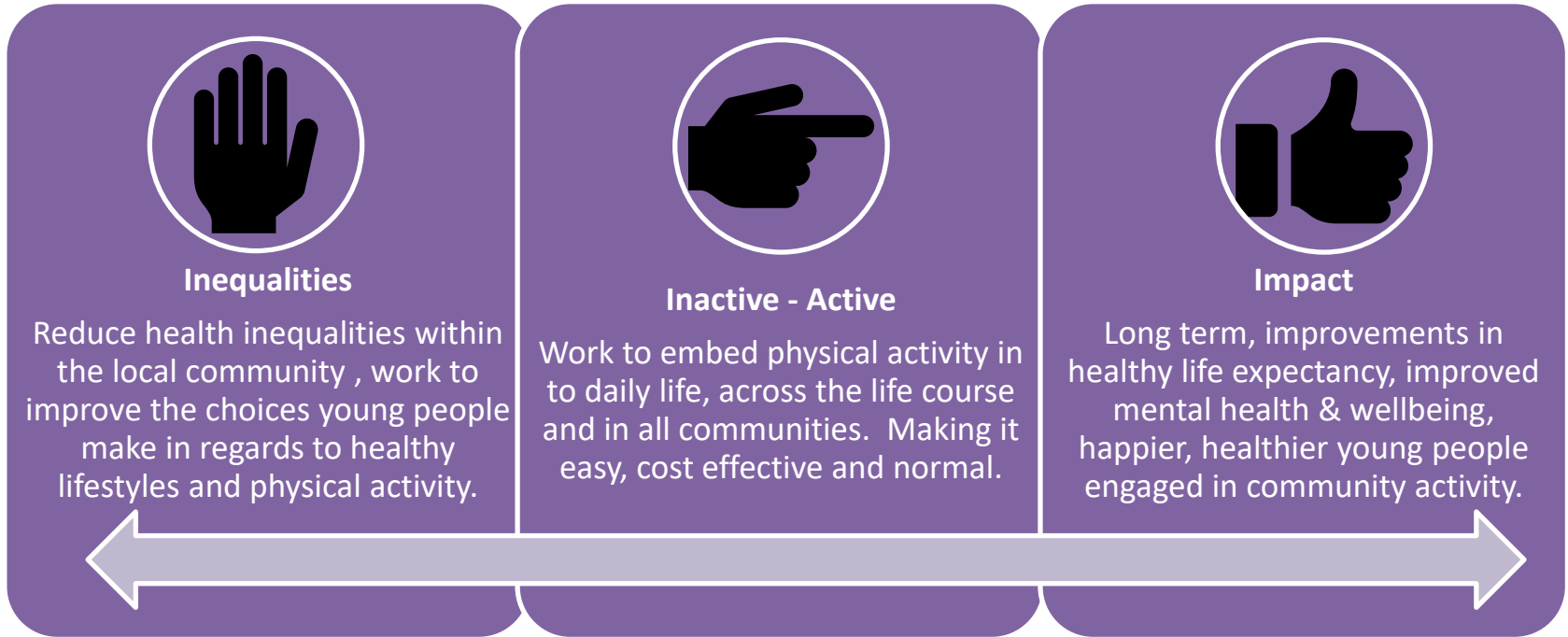


# Sandwell Children Activity Levels

- The Active Lives Children and Young People Survey by Sport England.
- Sandwell children are racing ahead with physical activity
- Sandwell now ranked 4<sup>th</sup> compared to the rest of England
- And top in the West Midlands.
- <https://www.expressandstar.com/news/health/2022/02/01/sandwell-children-are-the-most-active-in-the-black-country-survey-suggests/>



# Tackling the Issues





# Physical Activity Offer

- Move More Sandwell.  
<https://www.healthysandwell.co.uk/about-move-more-sandwell/>
- 106 identified activities for children and young people.
- HAF – Holiday Active and Food Provision.
- Free swimming (<16 school holidays).
- PHDO school engagement work.



# Future Physical Activity Plans

- **Cycling** – Partnership agreement with British Cycling for the Cycle Activator post in Sandwell (2 years).
- **Adaptive Cycling** – Service specification has been drafted and advert to go out soon for a borough wide inclusive cycling project.
- **Secondary School Project** – PHDO's are currently engaging with secondary school settings (teachers, pupils) and hosting consultations .
- **STEPS school** – plans to run sport club taster sessions to children and young linking to the 2022 Commonwealth Games.
- **CAC Funding** – Commonwealth Activity Communities, successful bid to fund an array of activities in 6 wards, activating green spaces.
- **NAPSACC** – Feasibility research project with Bristol University.
- **Swimming offer** – Plans for further investment.





# Thank You and Any Questions?



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## Sandwell Health and Wellbeing Board 23 February 2022

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

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## Sandwell Health and Wellbeing Board 23 February 2022

<b>Report Topic:</b>	<b>Sandwell Better Mental Health Strategy update</b>
<b>Contact Officer:</b>	<b>Dr Lina Martino, Consultant in Public Health</b> <a href="mailto:lina_martino@sandwell.gov.uk">lina_martino@sandwell.gov.uk</a>
<b>Link to board priorities</b>	<p><b>1. We will help keep people healthier for longer</b> Good mental health is integral to overall health. On average, people with severe mental health problems die 15-20 years younger than the general population and poor mental health is both a cause and consequence of health and social inequalities.<sup>1</sup></p> <p><b>2. We will help keep people safe and support communities</b> A cohesive, multi-agency approach to mental health is key to reducing the impact of poor mental health on individuals, families and communities. This includes wellbeing promotion and mental health improvement as well as ensuring that those experiencing mental health difficulties are able to access timely and appropriate care and support.</p> <p><b>3. We will work together to join up services</b> The new governance arrangements for mental health services in Sandwell are an opportunity to develop a comprehensive and cohesive Strategy and Action Plan that will make the best use of available resources and community assets.</p> <p><b>4. We will work closely with local people, partners and providers of services</b> The Strategy promises were agreed through consultation with Sandwell residents, with the Strategy and Action Plan being developed through local stakeholder groups. A draft version will go out for consultation to develop the final version.</p>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• Update Health &amp; Wellbeing Board on progress against the draft Better Mental Health Strategy, updated governance arrangements, and revised timeline for publication;</li> <li>• Outline our intentions for Strategy and Action Plan development, including stakeholder engagement and consultation.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• For Health &amp; Wellbeing Board to note and endorse these plans</li> </ul>

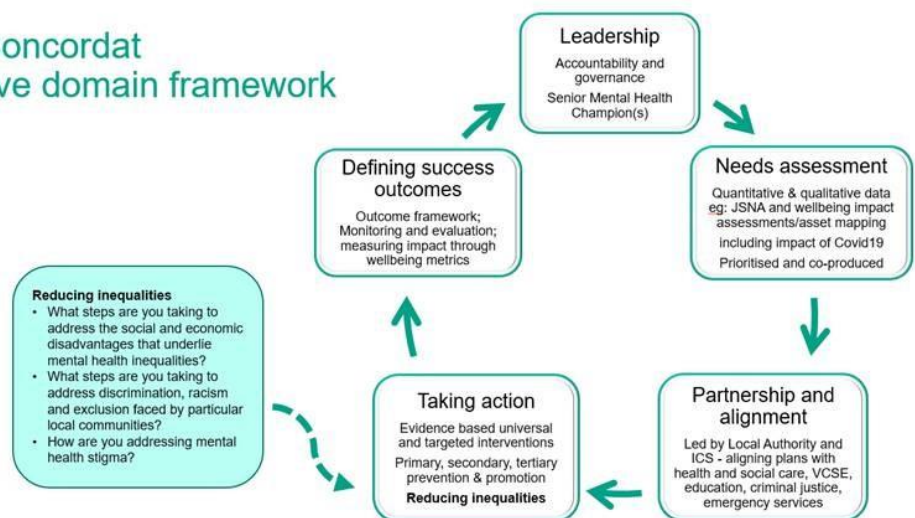
<sup>1</sup> <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>

**Key Discussion points:**

Current position

1. Promises originally presented to HWBB June 2021 by CCG MH commissioner and Changing Our Lives (Appendix 1)
2. In absence of CCG MH commissioner and a Mental Health Strategy Group (MHS), the activity has been ongoing through the Community Mental Health Task Force (CMHTF) and State Of Sandwell (SOS) working group
3. The relaunched MHS has now met twice to agree TOR, key stakeholders and the timeframe for the MHS development.
4. Consultation with Sandwell residents has already taken place through the SOS consultation and resulting report throughout 2019 to 2021, which helped shape the promises, recommendations and current activity.
5. Feedback has highlighted the need to transform the language used in the original promises, and to take a prevention focused approach, aligned with the Prevention Concordat.
6. As part of the Better Mental Health funded project, managed by Sandwell Public Health, SMBC have committed to signing up to the Prevention Concordat. This piece of work will directly support the development of the SMHS by taking a Public Health approach to mental health improvement through local action to prevent mental health problems and promoting good mental health.
7. Public Health have committed additional resource to support this piece of work through the recruitment of a 12 month fixed-term Mental Health Project Officer.
8. The strategy development and action plan with address the Concordat 5 domain framework:

**Concordat five domain framework**



Next steps and timeframe

9. February 2022: brief HWBB on MHS current position. Confirm our commitment to be a Prevention Concordat signatory.

	<p>10. By April 2022: Update the 9 promises to reflect recent feedback through consultation with the SMHSG, and align governance with the Mental Health transformation project.</p> <p>11. By June 2022: Co-produce a strategy and action plan that underpins the 9 promises, through consultation with key stakeholders, aligned to the Prevention Concordat process.</p> <p>12. By August 2022: Undertake a community consultation on the strategy, and submit final plans to the National PMH team.</p> <p>13. By October 2022: Present the final MHS to the HWBB and officially launch on World Mental Health day (10/10/22)</p> <p><b>References</b></p> <ol style="list-style-type: none"> <li>1. Prevention Concordat for Better Mental Health</li> <li>2. Mental Health &amp; Wellbeing JSNA area profile for Sandwell &amp; West Birmingham CCG (2019/20)</li> </ol> <p><a href="https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1">https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/1</a></p>
<b>Implications (e.g. Financial, Statutory etc)</b>	
<ul style="list-style-type: none"> <li>• The Care Act (2014) set out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing.</li> <li>• Sandwell MBC is a key strategic partner for both the Black Country STP and the West Midlands Combined Authority. Health services and their commissioning are now aligned across the Black Country following the merger of Sandwell and West Birmingham CCG and the Black Country Healthcare NHS Foundation Trust.</li> <li>• The NHS Long Term Plan sets out an ambitious programme of transformation for mental health services and sets out a number of strategic priorities and a programme of funding to support their delivery.</li> <li>• The Good Mental Health strategy will ensure that Sandwell retains a stake in the delivery of these priorities by holding commissioners and providers to account and linking large strategic programmes to local corporate plans (Sandwell 2030).</li> <li>• Good mental health as an outcome is key to the delivery of an effective suicide prevention plan, better parity of esteem for people of all ages, reasonably adjusted services for people with autism, workforce wellbeing and support for carers.</li> </ul>	
<p><b>What engagement has or will take place with people, partners and providers?</b></p>	<ul style="list-style-type: none"> <li>• Consultation with Sandwell residents has already taken place through the SOS consultation and resulting report throughout 2019 to 2021, which helped shape the promises, recommendations and current activity.</li> <li>• The draft Strategy will go through a 60-day consultation process to gather feedback from wider stakeholders and the public to shape the final version. Approval of the draft will be sought from HWBB prior to going out to consultation.</li> </ul>

## APPENDIX 1

### SANDWELL'S GOOD MENTAL HEALTH STRATEGY OUR PROMISES

**SANDWELL WILL BE A MENTAL HEALTH AWARE COMMUNITY**

- Mental health is a strategic priority
- Communities will be supported to access the means to look out for each other
- We will increase mental health literacy through training opportunities for non-professionals (eg MH First Aid)
- Communities will take a lead in service development

**THINK ALL AGE**

- Remove barriers to support because of a person's age.
- Ensure children approaching adulthood are supported through those transitions, especially those most vulnerable and in our care.
- Older people shall receive service appropriate to their needs and free from discrimination.
- More older people shall access talking therapies and be considered equal in the planning of services.
- The good mental health strategy will link closely with the SANDWELL DEMENTIA STRATEGY and

**AVAILABLE WHEN YOU REALLY NEED IT**

Not all services will be open at all times, but when a person requires a response that cannot wait, we will ensure it is available 24/7

**ZERO SUICIDE**

We will strive to deliver a **SUICIDE PREVENTION STRATEGY** for Sandwell aimed at ensuring nobody dies from suicide and a delivering high quality depression and crisis care.

**RECOVERY**

Everyone's needs will be considered based on what is a meaningful recovery means to them and support will always look to help achieve this. Where possible give people access to the means to design their own care and support.

**EXPERT RESPONSE**

People needing help can expect that whoever they look to for support will be equipped to provide them with the best possible response. People in all sectors, including volunteers, will have access to high quality training and supervision to do their job to the best of their ability. Ensure the workforce is supported to maintain their own good mental health.

**TACKLE THE CAUSES OF POOR MENTAL HEALTH**

Commitment not only to help those struggling a mental health problem, but support those individuals and services working to prevent difficulties through improving people's lives. Work with local system partners to address **LONELINESS & ISOLATION.**

**SAFE PLACES**

We will create spaces where people can go to feel safe and get access to the range of support they may need to give them back control and push for all communities to be able to safe and pleasant recreational places that enable good physical and mental health.





## Sandwell Health and Wellbeing Board 23 February 2022

<b>Report Topic:</b>	<b>Link Up Sandwell – Digital Inclusion for People with Learning Disabilities</b>
<b>Contact Officer:</b>	<b>Christine Anne Guest</b> <b>Service Manager – Commissioning and Integration</b> <a href="mailto:christineanne_guest@sandwell.gov.uk">christineanne_guest@sandwell.gov.uk</a>
<b>Link to board priorities</b>	<ol style="list-style-type: none"> <li>1. We will help keep people healthier for longer</li> <li>2. We will work together to join up services</li> <li>3. We will work closely with local people, partners and providers of services</li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• To provide a presentation on how Changing Our Lives is working with the Council to reduce the digital exclusion of people with learning disabilities in Sandwell.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• That the Board note and comment on the presentation from Changing Our Lives regarding actions to reduce digital exclusion of people with learning disabilities in Sandwell.</li> </ul>
<b>Key Discussion points:</b>	<ul style="list-style-type: none"> <li>• To discuss what actions are being implemented to reduce digital exclusion of people with learning disabilities in Sandwell.</li> </ul>
<b>Implications (e.g. Financial, Statutory etc)</b>	
<ul style="list-style-type: none"> <li>• None, this is an item for information.</li> </ul>	
<b>What engagement has or will take place with people, partners and providers?</b>	<ul style="list-style-type: none"> <li>• Item is for information only. Members are able to offer suggestions in terms of future development.</li> </ul>

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# Link Up Sandwell - Digital inclusion for people with learning disabilities

January 2022

# Background

## Digital exclusion and learning disabilities

Digital exclusion refers to barriers such as

- lack of internet access,
- lack of technology,
- lack of skills or confidence

that prevent some people making the most of the digital tools that many of us take for granted (Good Things Foundation, 2021).

*“There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing...In an increasingly digital world, people who are digitally excluded are at risk of worse access to services and worse health outcomes. People who have characteristics that are protected under the Equality Act 2010 (age, disability, race) are less likely to have access to the internet, and the skills to use it.” (NHS Digital, 2021)*

Although disabled people are 23% less likely to have essential digital skills than non-disabled people (Lloyds, 2021), this picture is likely to be even worse for people with learning disabilities, who face additional barriers to understanding information and accessing technology.

Digital exclusion impacts on people’s health outcomes both directly, as access to health services moves increasingly online (Healthwatch, 2021) and indirectly, as digital access impacts on wider determinants of health, such as employment or social participation (Good Things Foundation, 2021). It’s hard to think of an area of our lives that isn’t somehow integrated with digital technology.

Historically, people with learning disabilities have been excluded from the digital world. In part this may be due to a risk averse approach to online safety from families and professionals in the lives of people with learning disabilities, or an assumption that they won’t be interested in or able to understand technology and the internet.

## The local picture in Sandwell

In 2020, Changing Our Lives conducted a Quality of Life review, which involved speaking to people with learning disabilities in supported living in Sandwell. Many people we spoke to did not have their own device, relying on staff to use company tech or even staff's own personal smartphones to facilitate online conversations with us. Few organisations had taken the initiative to support people to use technology to set up contact with friends and family, or to access any of the creative online activities that sprang up in the wake of the lockdown.

Far from being an early lockdown problem, these conversations were happening in October and November of 2020 when online meetings were becoming increasingly commonplace. We saw that people with learning disabilities who were generally more independent before lockdown were most likely to have their own Wi-Fi and their own device to get online.

As a picture of increased digital exclusion for people with learning disabilities emerged, Changing Our Lives began proactively seeking grants to ensure this technology was part of the lives of the people we work with. We have trialled different tools and have made a commitment in our strategic planning to continue this work for the next 2 years.

# Changing Our Lives' digital inclusion work

## Digital Lifelines

In 2021 Changing Our Lives was selected to be a community partner for the Digital Lifeline programme, coordinated by the Good Things Foundation and funded by the Department of Digital, Culture, Media and Sport. We distributed 36 tablets to people with learning disabilities, who didn't have access to the internet or a suitable device to get online, 18 of whom lived in Sandwell. We supported people to develop their digital skills and to use their tablets to connect with friends and family, including some who hadn't seen loved ones since before the pandemic started. We used people's new devices and their emerging skills to link them in with other Changing Our Lives projects, including our Speakeasy project. Although many people are still learning new skills and gaining confidence with their tablets, outcomes included people using their tablets to keep fit, shop online and even get back to work from home.

## Speakeasies

In 2020 we developed our Speakeasy project in Sandwell, which built social connections and promoted digital inclusion for people with learning disabilities, autistic people and their families. When the majority of the community had shut and many people were told to shield, people's lives had been completely disrupted. Using Zoom, we facilitated a series of virtual "Speakeasies", including a Drag Bingo, Christmas Cabaret, Valentines Cabaret, Pub Quiz and Pamper Night. We supported engagement in this by offering a tablet loan scheme and by giving people technical help to get on Zoom. Since this project, our use of Zoom as a social tool has continued into other projects and ongoing work, with a mixture of curated events and informal social get togethers.

## Active Black Country - Fitbit project

After the success of our Digital Lifelines and Speakeasy projects, and knowing that people with learning disabilities experience significant health inequalities and sometimes are not given opportunities or access to healthy lifestyles, we decided to develop a project where people have access to Fitbits and use these to become both more active and connect with their peers or the wider community. This work is funded by Active Black Country and is an opportunity to explore how this technology can impact on both the overall quality of life of people and result in improved health outcomes. To date, we have distributed 30 Fitbit devices which have acted as a motivational tool to encourage individuals to leave their homes, gain confidence and get moving.

## Outcomes

There have been a range of outcomes from our digital work so far.

People who received a tablet through Digital Lifelines have used their new tablets to

- catch up with friends and family during lockdowns,
- work on fitness goals,
- contribute to research with Changing Our lives over Zoom,
- get back into working from home or make working from home easier,
- take part in hobbies that they were missing from before lockdown
- learn new skills.

People who received a Fitbit through our Fitbit project have achieved an array of outcomes, including

- taking an overall interest in their health and fitness, e.g. tracking and striving to increase their daily step count,
- achieving their goal of losing weight with increased exercise,
- tracking their progress at the gym and therefore improving motivation and stamina,
- using their Fitbit app to track multiple health statistics including sleep patterns, heart rate and menstrual health.

Those who took part in our Speakeasy project

- used Zoom (many for the first time),
- connected with their friends and partners for the first time since lockdowns began (12 months at the time of the project),
- met new friends throughout the length of the project,
- enjoyed various social events which brought comfort at a difficult time e.g. "It was a great night, it helped take my mind off all the lockdown stuff".

We have included two roadmaps that highlight how two Sandwell residents with learning disabilities have progressed with their new tablets.

## Sara's roadmap

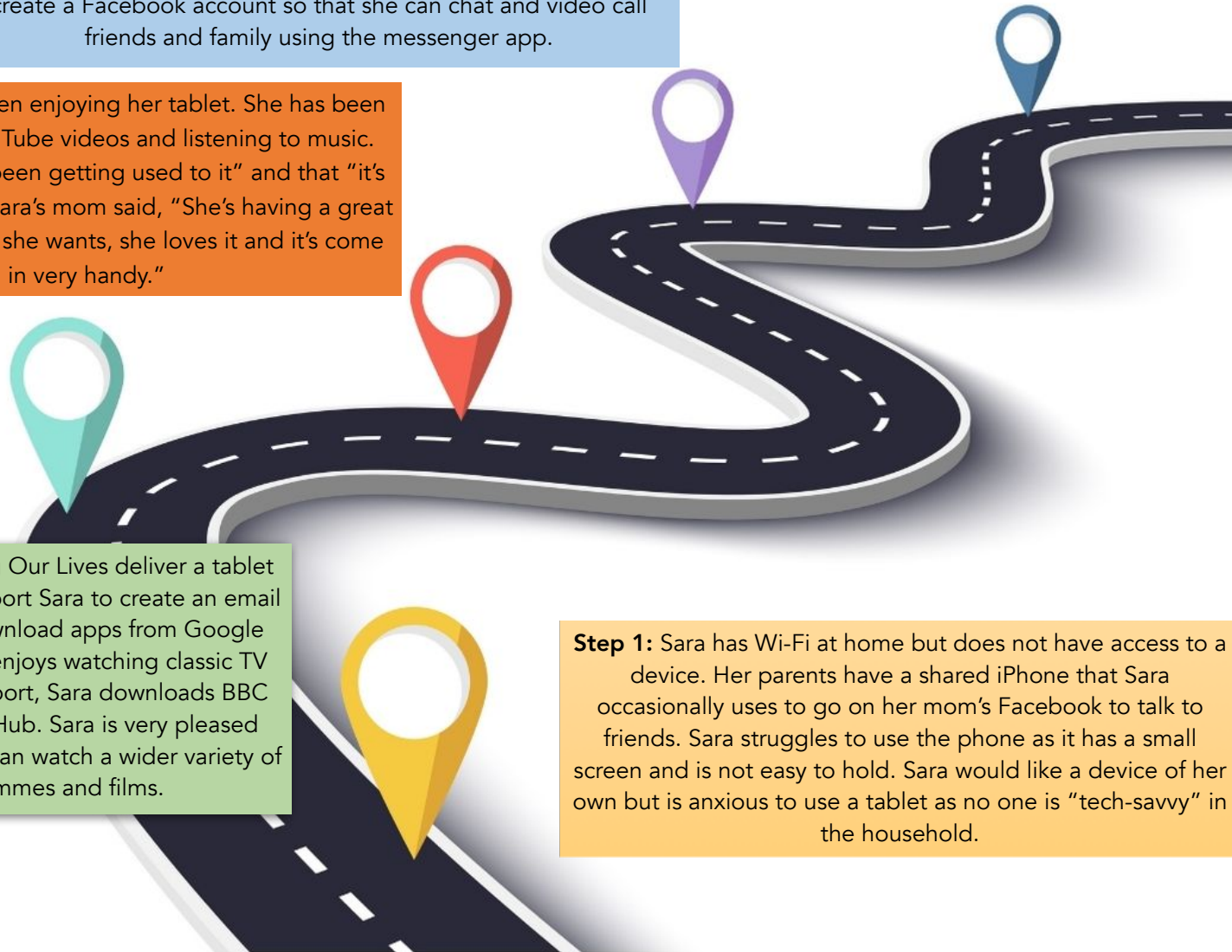
**Step 4:** Now Sara is getting used to her new tablet, she would like to join Zoom calls. Changing Our Lives visit Sara to run through Zoom ahead of the Zoom Bingo night. Sara is also supported to create a Facebook account so that she can chat and video call friends and family using the messenger app.

**Step 3:** Sara has been enjoying her tablet. She has been watching films, YouTube videos and listening to music. Sara said she has "been getting used to it" and that "it's been really good". Sara's mom said, "She's having a great time watching what she wants, she loves it and it's come in very handy."

**Step 2:** Changing Our Lives deliver a tablet to Sara. They support Sara to create an email account and download apps from Google Play Store. Sara enjoys watching classic TV shows. With support, Sara downloads BBC iPlayer and ITV Hub. Sara is very pleased about this as she can watch a wider variety of programmes and films.

**Step 1:** Sara has Wi-Fi at home but does not have access to a device. Her parents have a shared iPhone that Sara occasionally uses to go on her mom's Facebook to talk to friends. Sara struggles to use the phone as it has a small screen and is not easy to hold. Sara would like a device of her own but is anxious to use a tablet as no one is "tech-savvy" in the household.

**Step 5:** Sara enjoys attending the Zoom Bingo night with Changing Our Lives and catches up with friends she hasn't seen since before the pandemic. Sara continues to attend Zoom calls and use her tablet to socialise. Sara's Mom says "[the tablet] is a godsend to us during the pandemic."





## Jared's roadmap

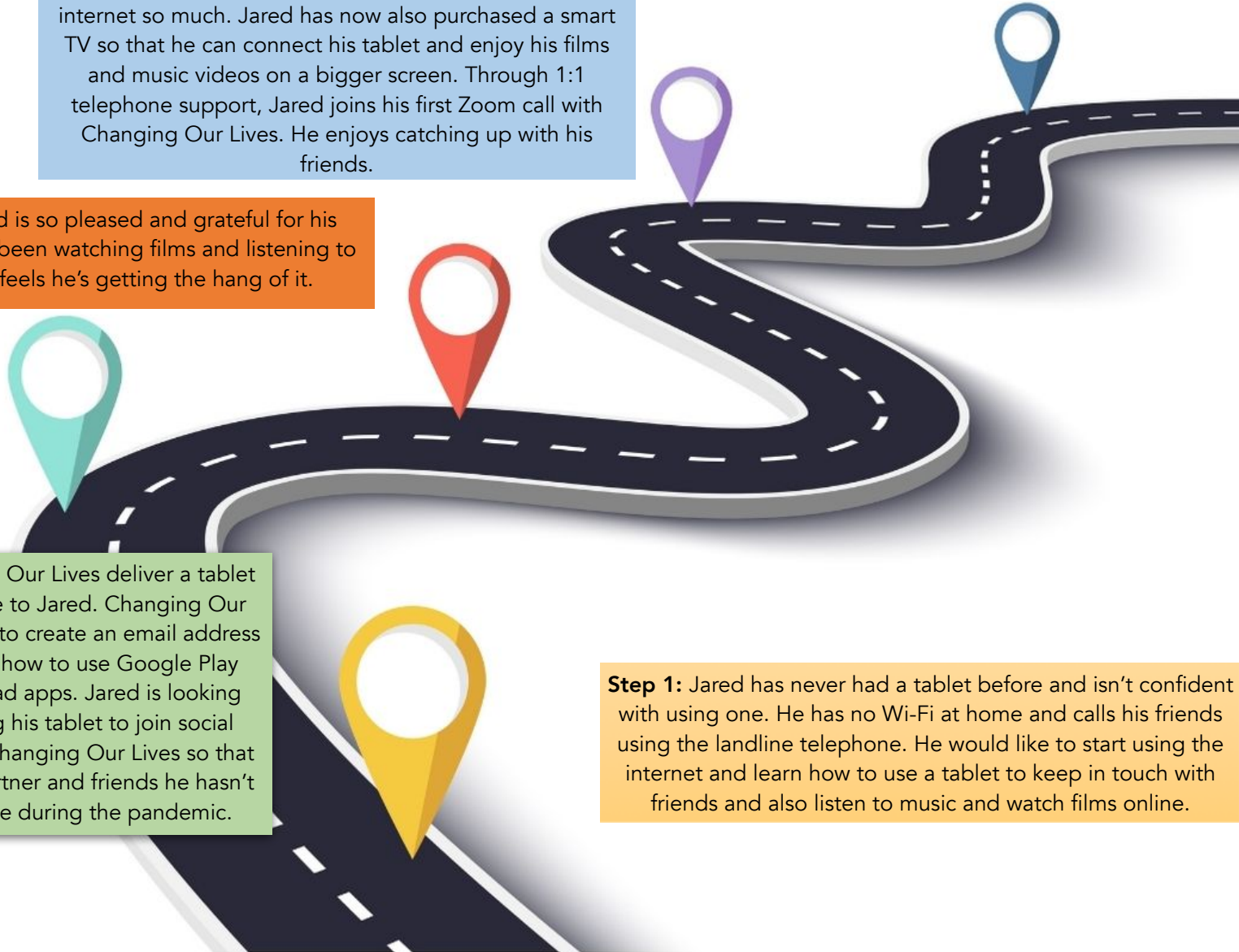
**Step 4:** Jared installs Wi-Fi at home as he enjoys using the internet so much. Jared has now also purchased a smart TV so that he can connect his tablet and enjoy his films and music videos on a bigger screen. Through 1:1 telephone support, Jared joins his first Zoom call with Changing Our Lives. He enjoys catching up with his friends.

**Step 3:** Jared is so pleased and grateful for his tablet. He has been watching films and listening to music. He feels he's getting the hang of it.

**Step 2:** Changing Our Lives deliver a tablet and Wi-Fi dongle to Jared. Changing Our Lives support him to create an email address and show Jared how to use Google Play store to download apps. Jared is looking forward to using his tablet to join social Zoom calls with Changing Our Lives so that he can see his partner and friends he hasn't been able to see during the pandemic.

**Step 5:** Jared has developed confidence in using his tablet and has now joined several Zoom calls with Changing Our Lives and joins the calls without needing support. He is looking forward to using the app to speak to his partner 1:1.

**Step 1:** Jared has never had a tablet before and isn't confident with using one. He has no Wi-Fi at home and calls his friends using the landline telephone. He would like to start using the internet and learn how to use a tablet to keep in touch with friends and also listen to music and watch films online.



## Challenges and assets for getting Sandwell online

Our ambition for Sandwell is that everyone with a learning disability can get online.

**Some of the challenges we envisage for Sandwell in getting everyone with a learning disability online are:**

- **The cost of technology, internet and assistive equipment.** This is becoming more accessible as devices get cheaper, but is still out of the reach of some households. Changing Our Lives have had success with pots of funding to supply people with reasonably priced devices. This is something that could be explored at a wider level.
- **Digital skills in the workforce and among family carers.** Not all staff and family carers are confident with troubleshooting issues or setting someone up online. Older family carers may be likely to be digitally excluded themselves. Training and support for the learning disability support workforce and for family carers could bridge some gaps.
- **Confidence and motivation.** When we first started our digital work, some people with learning disabilities, and people in their lives, weren't sure if the internet was for them. Some were worried about the risks or learning new skills. This improved with practice, by giving people clear information about how to keep safe, and by introducing people to a range of different things they could do on the internet. Everyone who was nervous at the start has since got something out of being online.

**Sandwell also has some great assets that will help with getting people online:**

- **Strong community spaces - voluntary sector, GPs, community centres.** Sandwell has a vibrant voluntary sector, primary care network and many community centres. Digital inclusion training could be targeted into these to meet the needs of not just people with learning disabilities, but also people who are digitally excluded for other reasons.
- **Digital Champions and the library service.** Sandwell currently doesn't have a Digital Champion scheme. However, there are 19 libraries in Sandwell that are already engaging with their local communities and offering free internet access. They would be the perfect setting for spring boarding a Digital Champions volunteer scheme.
- **Accessing national support.** There are already national sources of information and support for getting people with learning disabilities online. One example is Ability Net (<https://abilitynet.org.uk>) who offer free IT support at home to disabled people, and free resources for staff and volunteers about making the internet more accessible.
- **Sandwell Digital Strategy.** The latest Sandwell Digital Strategy ran from 2018-2021. The new Digital Strategy for 2022 onwards could include a specific focus on supporting Sandwell residents with learning disabilities to get online.

## References

Good Things Foundation (2021), *Digital exclusion & health inequalities* [<https://www.goodthingsfoundation.org/wp-content/uploads/2021/08/Good-Things-Foundation-2021---Digital-Exclusion-and-Health-Inequalities-Briefing-Paper.pdf>]

Healthwatch (2021), *Locked Out: Digitally excluded people's experiences of remote GP appointments* [<https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments>]

Lloyds Bank (2021), *UK Consumer Digital Index 2021* [[https://www.lloydsbank.com/assets/media/pdfs/banking\\_with\\_us/whats-happening/210513-lloyds-consumer-digital-index-2021-report.pdf](https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/210513-lloyds-consumer-digital-index-2021-report.pdf)]

NHS Digital (2021), *Why digital inclusion matters to health and social care* [<https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/digital-inclusion-in-health-and-social-care>]

Sandwell Metropolitan Borough Council (2018), *Digital Strategy 2018-2021*

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## Sandwell Health and Wellbeing Board 23 February 2022

<b>Report Topic:</b>	<b>Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date</b>
<b>Contact Officer:</b>	<b>Rashpal Bishop, Director of Adult Social Care</b> <a href="mailto:Rashpal_Bishop@sandwell.gov.uk">Rashpal_Bishop@sandwell.gov.uk</a>
<b>Link to board priorities</b>	<ol style="list-style-type: none"> <li>1. We will help keep people healthier for longer</li> <li>2. We will work together to join up services</li> <li>3. We will work closely with local people, partners and providers of services</li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• To provide a progress update on the Integrated Care Systems (ICSs) and Integrated Care Partnerships (ICPs).</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• That the Board note the content of the update provided at the meeting.</li> </ul>
<b>Key Discussion points:</b>	<ul style="list-style-type: none"> <li>• To discuss the developments with regards to the creation and development of ICSs/ICPs.</li> </ul>
<b>Implications (e.g. Financial, Statutory etc)</b>	
<ul style="list-style-type: none"> <li>• None, this is a standing item update for information.</li> </ul>	
<b>What engagement has or will take place with people, partners and providers?</b>	<ul style="list-style-type: none"> <li>• Item is for information only.</li> </ul>

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## **PRESS RELEASE**

For immediate release

Tuesday 22 February, 2022

# **New leaders announced for NHS Black Country Integrated Care Board**

Three health chiefs have been announced for the new Black Country Integrated Care Board, set to be established in July 2022 (subject to the passage of the Health and Care Bill).

These roles will form the core of the new executive team, following the appointment of Interim Chief Executive Designate, Mark Axcell, in November 2021.

The three appointments which have been made are:

- Chief Medical Officer: Dr Ananta Dave
- Chief Nursing Officer: Mrs Sally Roberts
- Chief Finance Officer: Mr Tom Jackson

**Mr Mark Axcell, Interim Chief Executive Designate, said:** “The leaders of our Integrated Care Board will have a vital role working with partners to improve health outcomes for local people.

“Working with people, communities and partners, to ensure that we create a health and care system which attracts and retains the best people, delivers the highest quality services, and helps our communities to thrive, is key to a healthier future for all.

“I am committed to recruiting a senior team who have the skills to create the right environment for integration and collaboration to happen locally. The high-calibre, proven track record of the new recruits is great news for health and care leadership in the Black Country.”

**The following people will start in their new roles over the coming months to prepare for the establishment of the Integrated Care Board:**

### **Chief Medical Officer: Dr Ananta Dave**

Dr Ananta Dave is Medical Director and a Consultant Child and Adolescent Psychiatrist at Lincolnshire Partnership NHS Foundation Trust. Her previous management experience includes a number of years as Clinical Director for Quality & Safety and interim clinical director for child and adolescent mental health services, at Dudley & Walsall Mental Health Partnership NHS Trust.

Ananta is President of British Indian Psychiatric Association, a Fellow of the Royal College of Psychiatrists, holds a Master's degree in Psychological Medicine and a Masters in Medical Ethics and Law, and is also an experienced clinician and medical educator who has established and led new services.

**Ananta said:** "I look forward to returning and reconnecting and working closely with all organisations across the health, care and voluntary sector in the Black Country to eliminate health inequalities and discrimination which has a huge impact on a person's sense of self, belonging and wellbeing. As a member of the Integrated Care Board, I will play my part in restoring hope and healing to the people of this richly diverse region and make it a great place to live and work."

**Chief Nursing Officer: Mrs Sally Roberts**

Sally has over 37 years in the NHS as a nurse. As well as being Chief Nursing Officer for the Black Country and West Birmingham CCG, she is also the lead Board Level Nurse for our Integrated Care System, a role she has held for the past three years. Before this, Sally has held Chief Nurse and Director of Quality positions at the former Wolverhampton and Walsall CCGs.

As well as holding a registered nurse qualification, Sally is a qualified specialist practitioner, district nurse, lecturer/practice educator and nurse prescriber. Sally has undertaken a variety of senior management roles in provider, education and commissioning organisations throughout her NHS career.

**Sally said:** "I am delighted and privileged to be appointed into the role of CNO for the Black Country ICB. Having trained in the Black Country, I have spent the majority of my nursing career working in organisations across the system and know we have fantastic people and stakeholders who are all committed to providing the best possible health and care to Black Country people. I am really looking forward to working with teams across the system to drive forward the quality, safety and transformation agenda."

**Chief Finance Officer: Mr Tom Jackson**

Tom has worked in NHS financial management for over 30 years, with 13 of those as Executive Director. Most recently he has been the Director of Finance for The Dudley Group NHS Foundation Trust. His previous NHS career has been in a range of organisations including community, acute, primary care, and commissioning as well as system leadership roles.

After graduating with a degree in Economics from Coventry University, he joined the NHS as a Graduate Financial Management Trainee working in wide range of NHS organisations.

A Fellow of the Chartered Institute of Public Finance, Tom is motivated by transforming services and improving health outcomes for the local population.



**Tom said:** “This is a unique opportunity to shape the local provision of health and care – to reduce health inequalities not only within the Black Country but also to close the gap on inequalities locally compared to those across the rest of the country. Our communities deserve the best and I look forward to supporting transformation and innovation by focussing resources on areas with the greatest impact on the health outcomes of our people.”

Welcoming these appointments, **Mr Jonathan Fellows, Chair Designate of the ICB, said:** “I am delighted that Ananta, Sally and Tom will be joining the team.

“Getting our leadership structures and governance right is important but integrated care is about practical, real improvements for local populations and I think these are the best people to work with our new Non-Executives to make this happen.

“Each person brings a wealth of experience which will be invaluable as we work together to tackle the issues that matter to our communities in this post-COVID world.”

**ENDS**

#### **Notes to editors:**

##### **Health and Care Bill**

- The Health and Care Bill 2021, contains a series of measures to formally establish Integrated Care Systems (ICS'), empowering them to better join up health and care, improve population health and reduce health inequalities.
- Each ICS will have an NHS Integrated Care Board and an Integrated Care Partnership (formed between the ICB and the four Local Authorities)
- Each NHS Integrated Care Board (ICB) will hold a substantial budget for commissioning high quality patient care and have the authority to establish performance arrangements to ensure this is delivered.
- It is expected that the new statutory ICB and ICP will be in place by 1 July 2022.
- The ICB will replace the existing CCG but with a Black Country Footprint as the West Birmingham Place will move to Birmingham and Solihull ICS on 1 July 2022.
- A key element of preparing for legislation to take effect is confirming who would take up senior roles within each ICB.
- The ICB recently announced Non-Executives for the new Board too. Check out these appointments here: <https://www.blackcountryandwestbirmccg.nhs.uk/about-us/black-country-integrated-care-board-members>

For media enquiries email [communications.bcwb@nhs.net](mailto:communications.bcwb@nhs.net)



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## Sandwell Health and Wellbeing Board 23 February 2022

<b>Report Topic:</b>	<b>Primary Care Access</b>
<b>Contact Officer:</b>	<b>Michelle Carolan, Managing Director – Sandwell, Black Country and West Birmingham CCG mcarolan@nhs.net</b>
<b>Link to board priorities</b>	<ol style="list-style-type: none"> <li>1. We will help keep people healthier for longer</li> <li>2. We will work together to join up services</li> <li>3. We will work closely with local people, partners and providers of services</li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• To consider the latest data in relation to access to primary care in Sandwell.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• That the Board note and comment on latest data relating to primary care access in Sandwell.</li> </ul>
<b>Key Discussion points:</b>	<ul style="list-style-type: none"> <li>• To discuss performance, patient satisfaction, developments and outstanding issues in access to primary care.</li> </ul>
<b>Implications (e.g. Financial, Statutory etc)</b>	
<ul style="list-style-type: none"> <li>• None, this is a standing item update for information.</li> </ul>	
<b>What engagement has or will take place with people, partners and providers?</b>	<ul style="list-style-type: none"> <li>• Item is for information only. Members are able to comment and request further information and/or to investigate undertaking specific actions.</li> </ul>

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## MEDIA RELEASE

*For immediate release*

# New data shows rise in GP appointments

**Over 34,000 more GP appointments were held in December than before the pandemic, new data for the Black Country and West Birmingham has revealed.**

The latest figures for GP access show that 592,866 appointments took place in December 2021, up from 558,382 in December 2019.

Of these, 61% of appointments were face to face, while 48% took place on the same day as they were requested (up from 44% in 2019).

Sarb Basi, Director of Primary Care for NHS Black Country and West Birmingham Clinical Commissioning Group, said: “Recent data shows that the total number of appointments delivered by GPs in December remains higher than pre-pandemic levels.

“This is extremely encouraging, especially alongside the increased demands that general practice continues to face, whilst also delivering almost half (44%) of the 2.5million local doses of COVID-19 vaccinations.

“Our teams are working extremely hard to ensure people get the appropriate care they need and in the way they want, and whilst it's good to see the number of face-to-face appointments increasing, it is important to note that some people also find telephone appointments very convenient too.”

The vital role of the wider teams working alongside GPs was also clear in the statistics, as 247,406 of all appointments in December were with other trained health professionals such as practice nurses, advanced nurse practitioners and pharmacists.

Sarb Basi added: “Many GP practices have a range of health professionals and trained clinicians available who can also diagnose and treat health conditions too. This ensures patients see the right person at the right time more quickly, and ensures GPs can spend more time with patients with the greatest needs.”



The new statistics have 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 8% of all appointments in 2019 to 7% today.

However, with over 40,000 appointment slots still missed in December, people are encouraged to make every effort to cancel unwanted appointments so somebody else can have the slot.

## ENDS

### Notes to editors:

- 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](mailto: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](http://www.blackcountryandwestbirmccg.nhs.uk)
  - [Twitter](#)
  - [Facebook](#)
  - [Instagram](#)
  - [YouTube](#)



Healthier place  
Healthier people  
Healthier futures

Page 55



Black Country and  
West Birmingham  
Clinical Commissioning Group

# Primary Care access and transformation

Dr Ian Sykes, Chair, Sandwell Local Commissioning Board  
Black Country and West Birmingham CCG



Dudley | Sandwell | Walsall | West Birmingham | Wolverhampton

[www.blackcountryandwestbirmccg.nhs.uk](http://www.blackcountryandwestbirmccg.nhs.uk)

## Page 56 Recap: about Primary Care

- Primary care services are usually the first point of access to the healthcare system. For most people this is your local GP.
- Sandwell has 49 GP practices, divided into eight Primary Care Networks. These are groups of closely connected local practices, working together with community, mental health, social care, pharmacy, hospital and the voluntary sector to provide a wide range of services.
- All practices are members of the CCG, but the CCG does not run GP practices as these are individual businesses.
- The CCG commissions (buys) primary care services from GP practices to meet the needs of local people.
- The regulator for GP practices, like other NHS services, is the Care Quality Commission (CQC).



# Primary care challenges

Page 57

- Demand for services: a growing and ageing population with changing health needs, e.g. more people managing long-term health conditions.
- GP workforce: the NHS cannot train and recruit GPs quickly enough to keep up with growing demand for their services.
- Greater focus on prevention: modern practice roles/responsibilities include screening, vaccination and social prescribing.

**For some time, the NHS has recognised the need to change how things are done in primary care, to make best use of resources and better meet modern healthcare needs.**

# Impact of COVID-19

- Infection prevention and control – practices working differently to keep patients and staff safe
- Vaccination programme – GPs have been at the forefront of delivering this unprecedented-scale vaccination drive. GPs in BCWB have delivered almost half (44%) of the 2.5million jabs given in the area to date.
- Increase in demand post-lockdown – patients seeking help with issues they may have put off during the height of the pandemic

**The pandemic has caused the NHS to accelerate transformation plans – especially in digital technology – that might otherwise have taken years to bring in.**

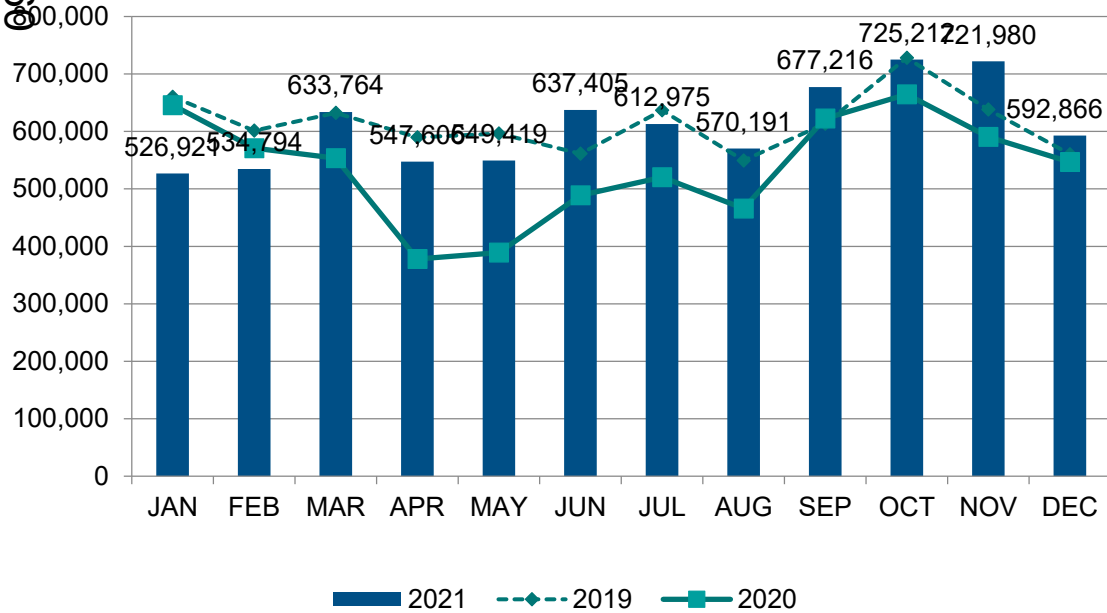
## Page 59 Current primary care performance - headlines

- Appointment levels for December 2021 were higher than in December 2019 – before the pandemic.
- Nearly 600,000 GP appointments were carried out in December.
- Almost two thirds (61%) of appointments have been face to face.
- Almost half (48%) of all appointments are same day appointments – up from 44% before the pandemic.
- 59% of appointments are with a GP, which is slightly more than before the pandemic (avg 54%).
- Data shows that supply is greater than pre-pandemic, but it demonstrates that demand is up – many of our practices have been reporting up to 150% of the call volumes experienced pre-pandemic.

# Position across the CCG

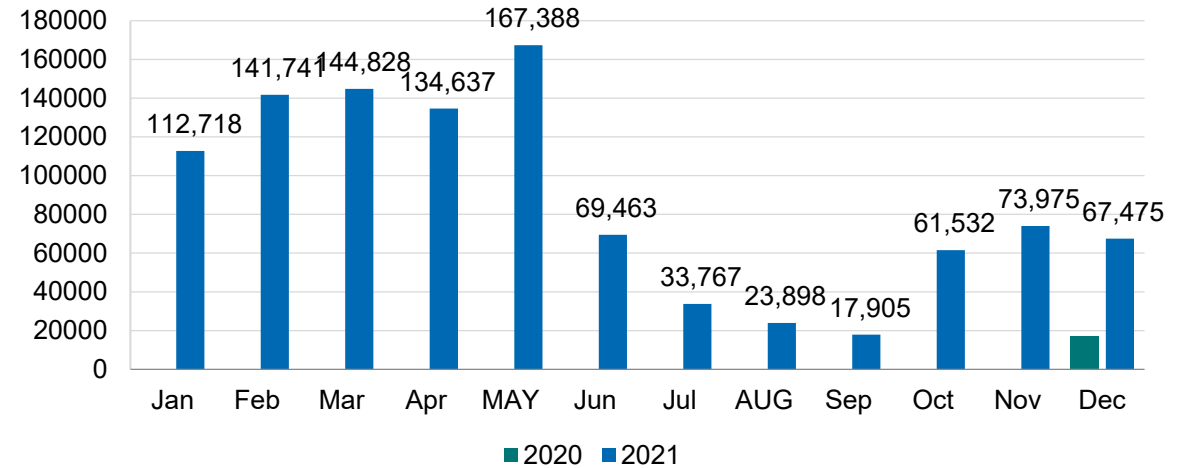
Page 69

**BCWB CCG- Appointments by month**



The table above shows appointments over the last three years. It shows that since February 2021 the CCG has achieved its pre-COVID levels of appointments (2019)

**BWCB CCG- Count of Covid Vaccination Appointment in General Practices from NIMS database**

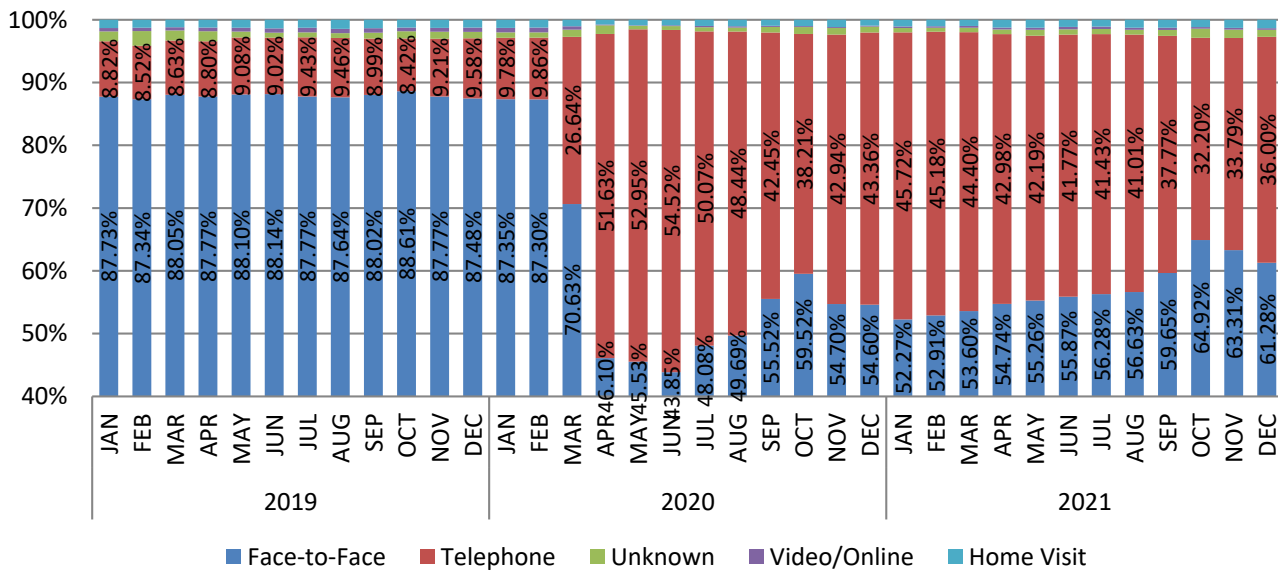


This table shows the number of appointments used to deliver COVID vaccinations in primary care. These are over and above those identified in the earlier table.

# Type of appointment

Page 61

**BWCB CCG- Breakdown by Appt type**



**Breakdown by appts booked to seen Time**

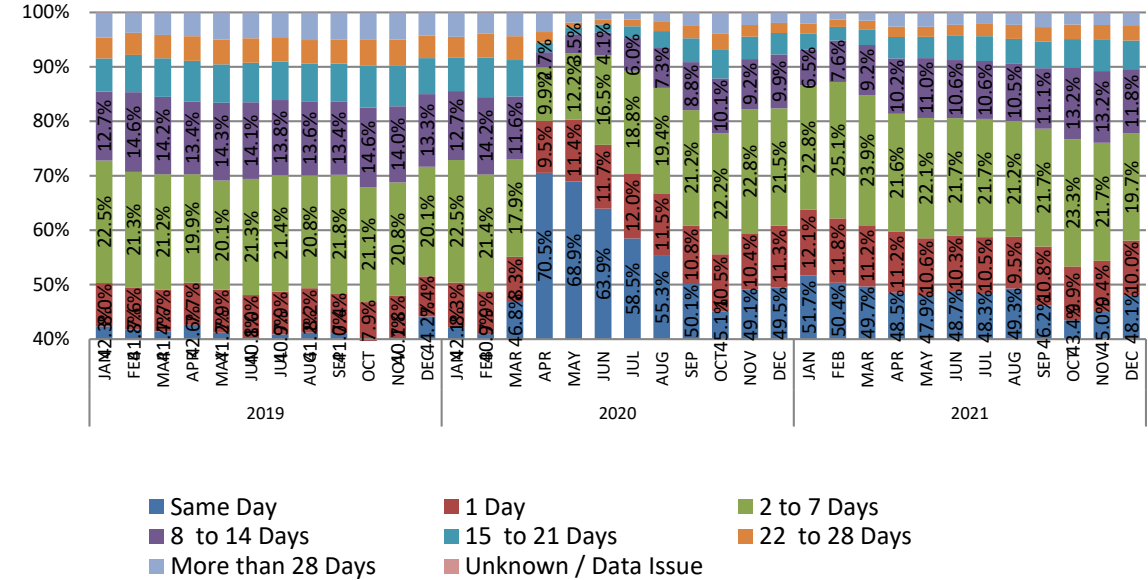


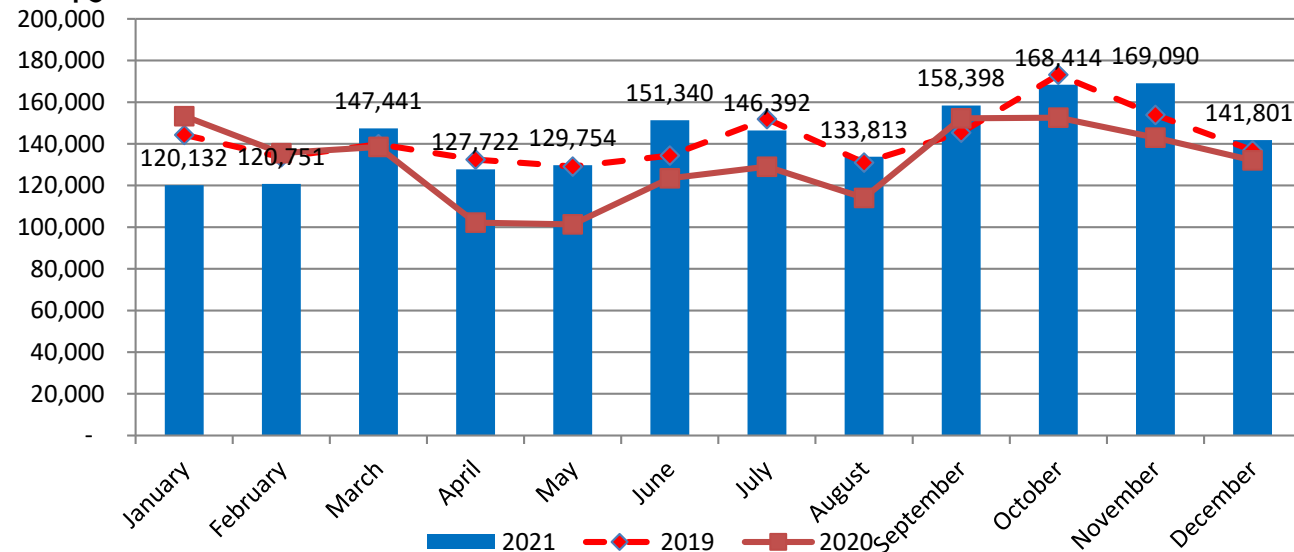
Table shows the total appointments by type. Pre-COVID approx. 88% were face to face. Since April 2020 the number is slowly increasing, with a slight reduction in November and December. In December 61.2% of appointments were face to face.

This table shows the length of time between request and appointment. In December 2021, 77% of appointments were completed within seven days.

# Sandwell Place

Page 62

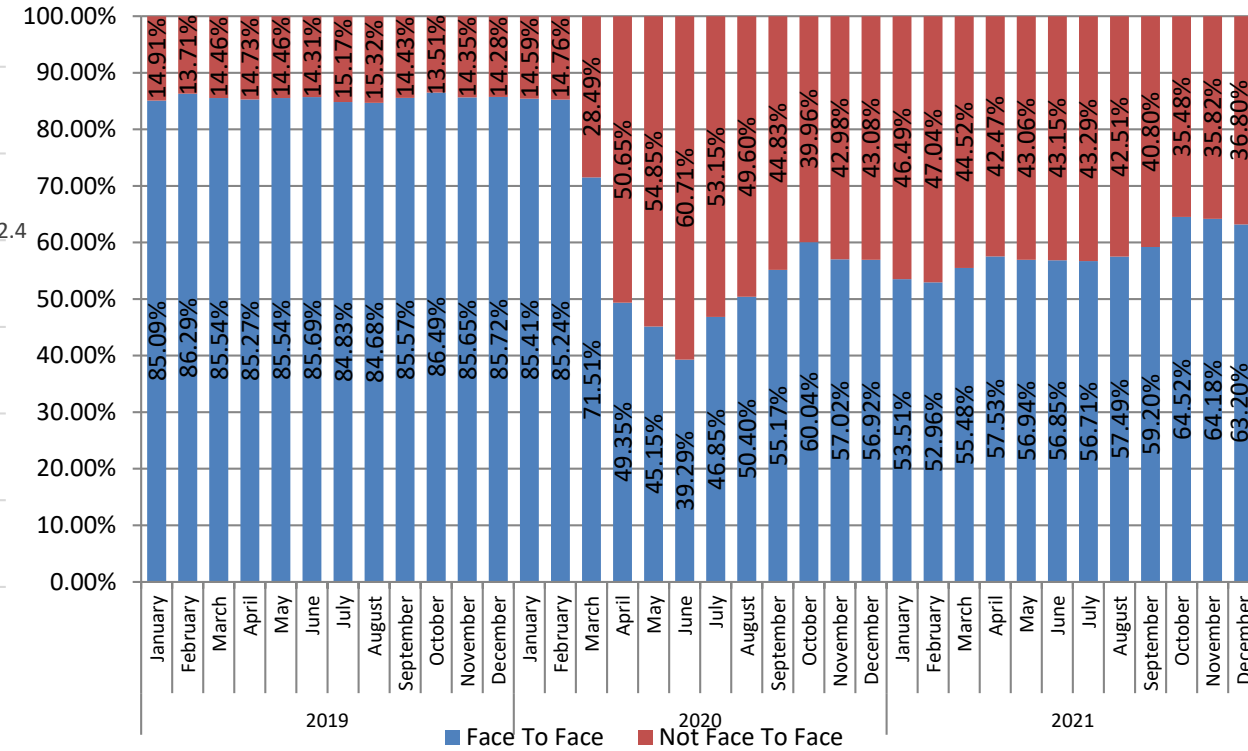
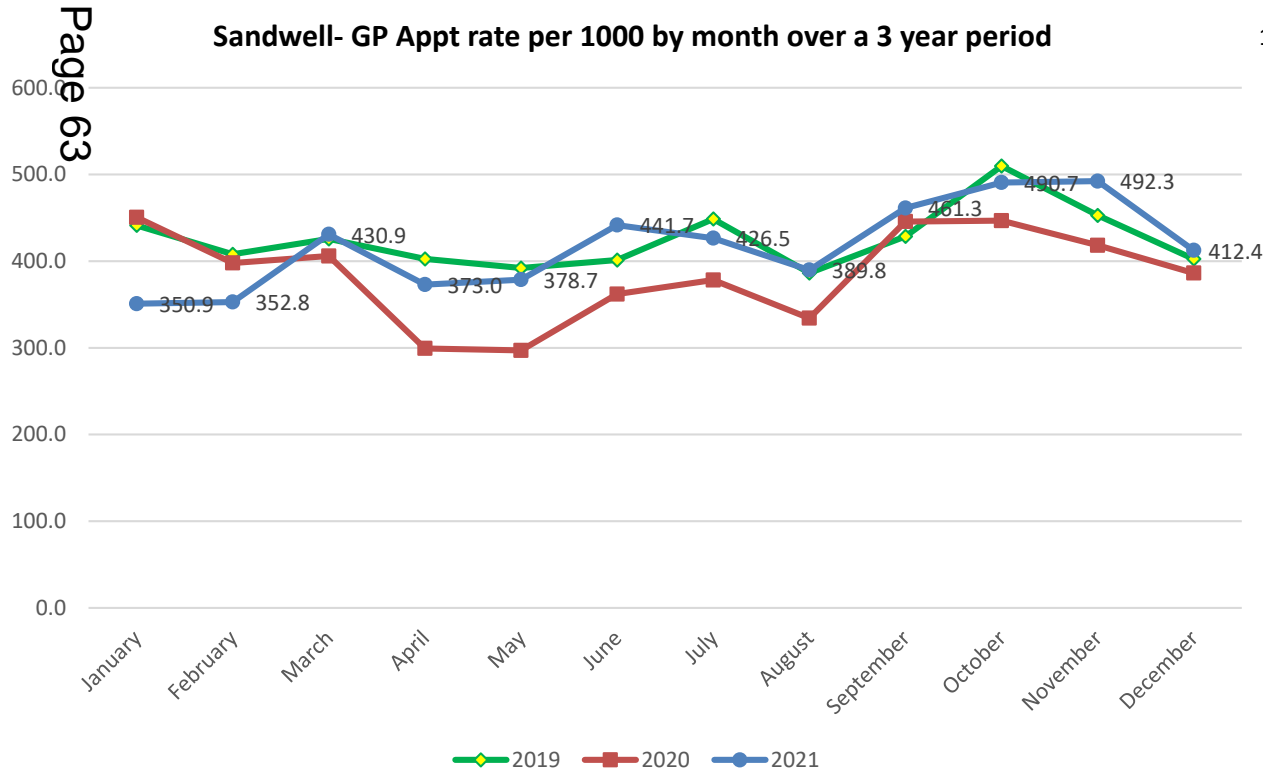
Sandwell Place-No of Appointments by month



Month	2019	2020	2021	Difference 2021-2019	%	Difference 2021-2020	%
January	144,319	153,313	120,132	-24,187	-16.8%	-33,181	-21.6%
February	133,615	135,588	120,751	-12,864	-9.6%	-14,837	-10.9%
March	139,817	138,533	147,441	7,624	5.5%	8,908	6.4%
April	132,471	102,200	127,722	-4,749	-3.6%	25,522	25.0%
May	129,102	101,362	129,754	652	0.5%	28,392	28.0%
June	134,393	123,490	151,340	16,947	12.6%	27,850	22.6%
July	151,943	129,060	146,392	-5,551	-3.7%	17,332	13.4%
August	130,994	114,068	133,813	2,819	2.2%	19,745	17.3%
September	145,393	152,260	158,398	13,005	8.9%	6,138	4.0%
October	173,180	152,578	168,414	-4,766	-2.8%	15,836	10.4%
November	153,906	142,982	169,090	15,184	9.9%	26,108	18.3%
December	136,899	132,092	141,801	4,902	3.6%	9,709	7.4%

- These tables show the number of appointments completed in Sandwell over the last three years.
- The second table shows that since March 2021 practices have delivered considerably more appointments than in the corresponding month the previous year.
- It also shows that practices achieved their pre-COVID levels of appointments in seven of the last 12 months.
- This does **not** include appointments used for COVID vaccinations.

Sandwell- GP appt breakdown of type by month



- A useful measure is to consider the number of appointments per 1000 population. This data shows that this rate is higher in December 21 than the same period in the two preceding years.
- The second graph shows how the proportion of face-to-face appointments has gradually increased over the last 18 months.
- 63.2% of appts offered in Sandwell were face to face in Dec 21, slightly higher than the overall CCG value of 61.2%.



## Page 64 • What GPs are doing about this

- Investing in new technologies to support virtual appointments and prescription ordering
- Telephone triage/healthcare navigation: right professional at the right time for your specific healthcare needs
- Using different roles within primary care
- Face-to-face GP appointments are still happening, but depending on levels of demand and the type of concern you have, this may not be the right solution for you.

**Patients who are vulnerable, are unable to use technology, or who clinically need to be examined in person by a doctor, will always be prioritised for in-person appointments.**



# Page 65 Clinical roles in primary care

- **General Practice Nurses (GPNs):** Qualified nurses who look after patients with long-term diseases such as asthma and diabetes, offer health screening, and hold specialised clinics such as immunisation, wound care, and women's health.
- **Health Care Assistants (HCAs):** They take on routine tasks previously done by practice nurses, to free up nurse time for more specialised support.
- **Physician Associates (PAs):** Healthcare professionals who work under supervision of a doctor to deliver care and treatment. PAs are medically trained and able to diagnose and treat a range of clinical problems, including making referrals and developing treatment plans for long term conditions.
- **Clinical Pharmacists:** Provide expert advice on medicines, including conducting medication reviews and health checks for people with long term conditions. If you are experiencing side effects from your medicines, or you have a common illness such as a cold or hay fever, you may see the clinical pharmacist instead of your GP.
- **Advanced Clinical Practitioners (ACPs):** These are highly trained and experienced clinicians with backgrounds in nursing, physiotherapy, pharmacy or occupational therapy, who have gained advanced qualifications (such as a Master's degree) and have the skills and experience to prescribe medications, order tests and discuss results, make a diagnosis and create a treatment plan.
- *Plus Nursing Associates, Paramedics, Occupational Therapists, Physiotherapists, Podiatrists, and many more...*

# Redesigning NHS 111

Page 66

- GPs are required to identify and hold appointments for 111 to book patients (1:3000)
- 111 outcome dispositions often don't match available appointments
- Historically the system conversion rate is 34/35%
- WMAS are planning to change the dispositions to same day/next day (completed governance checks)
  - Increase the proportion of patients booked into a GP appointment
  - Prevents patients being “bounced around the system”
  - Makes optimum use of earmarked GP slots
  - Reduces demand on GP reception /receiving and managing patients



# Page 67 • Help us, help you (1)

- Don't forget: your GP is open and here for you.
- Restrictions have lifted but COVID-19 has not gone away: COVID-safe measures continue in all parts of the NHS.
- Where possible we're asking that people don't attend GP practices unless asked to do so. However the doors are open and anyone who can't access care remotely will be triaged in the same way at the practice. This helps keep you, our staff, and more vulnerable patients safe.
- Go online if you can, or call first, and please be patient if you can't get through right away.
- Thanks to new technology and partnerships with pharmacies, you can get most repeat prescriptions without attending your practice. You should only need to see a clinician at medication review time.
- Remember, seeing a different healthcare professional doesn't mean you're getting a lesser service. You will always see the most appropriate clinician for your needs.

## Help us, help you (2)

- Do you really need to see your GP? For minor ailments, your local pharmacist is an expert in medicines and can provide advice.
- Pharmacy first programme – many medications available OTC for free to eligible people.
- NHS 111 – go online or call for advice. They can book you a GP appointment or a slot in urgent care if you need it. Visit [111.nhs.uk](https://111.nhs.uk), use the NHS app, or call 111 from any phone.

### **If it's a medical emergency, call 999:**

- Suspected heart attack or stroke
- Major trauma such as serious accident or fall from height
- Loss of consciousness or fits
- Breathing difficulties
- Severe burns, scalds, bleeding
- Severe allergic reactions

## Page 69 Positive patient journey: example

- David had developed a rash overnight, so he called his GP practice.
- He couldn't get through right away so he called back 20 minutes later.
- The healthcare navigator discussed his symptoms and provided an address for David to send a photo of his rash to.
- A GP reviewed the photo, recognised the rash as shingles, and wrote a prescription.
- The prescription was sent electronically to David's named local pharmacy.
- David went to the pharmacy to pick up his medication and began his treatment right away.
- He did not need to visit his GP and potentially risk vulnerable patients catching what turned out to be highly contagious shingles.

## What to do if your experience is not positive

- We know there is variation between practices. We are working to more fully understand these and identify where we might provide more support.
- No patient should experience poor service. If you are unhappy with your experience, talk to your practice manager in the first instance and follow their complaints process.
- Your practice manager must provide you with information about how to escalate your complaint if you don't feel it has been resolved.
- You can also contact our Time2Talk customer care team:
  - Telephone: 0121 612 4110
  - Email: [swbccg.time2talk@nhs.net](mailto:swbccg.time2talk@nhs.net)
  - Post: Time2Talk, Brierley Hill Health & Social Care Centre, CCG Offices, Venture Way, Brierley Hill DY5 IRU.

# Questions?

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