

Revised Agenda Health and Adult Social Care Scrutiny Board

Monday, 21 November 2022 at 6.00 pm
At Council Chamber - Sandwell Council House, Oldbury

1 Apologies for Absence

2 Declarations of Interest and Party Whip

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

3 Minutes 5 - 10

To confirm the minutes of the meeting held on 03 October 2022.

4 Additional Items 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 Primary Care Update 11 - 30

To consider and comment on the Primary Care Access update.

6 Better Mental Health Programme 31 - 38

To consider and comment on the Better Mental



Health Programme update.

7 Scrutiny Action Tracker 39 - 46

To monitor progress on the Board's recommendations.

8 Work Programme and Cabinet Forward Plan 47 - 50

Standing item to consider the work programme of the Board.

9 Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022 51 - 98

To consider and comment upon the Safeguarding Adults Board bi-annual report.

Kim Bromley-Derry CBE DL
Managing Director Commissioner
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Councillor E M Giles (Chair)
Councillors H Bhullar, Akpoteni, Allcock, Choudhry, E A Giles, S Gill, Fisher, Melia, Randhawa and V Smith

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Minutes of Health and Adult Social Care Scrutiny Board

Monday 03 October 2022 at 6.00pm
Council Chamber, Sandwell Council House

Present: Councillor E M Giles (Chair);
Councillors E Giles, S Gill, Choudhry, Bhullar, Allcock,
Akpoteni, Melia and Smith

Officers: Lisa McNally (Director of Public Health);
Phil Griffin (Manager – Healthwatch Sandwell);

46/22 **Apologies for Absence**

Apologies were received from Councillors Randhawa and Fisher.

47/22 **Declarations of Interest**

There were no declarations of interest.

48/22 **Additional Items of Business**

There were no additional items of business to consider.



The Board heard from Black Country Healthcare NHS Foundation Trust (BCHFT) on its plans to transform mental health services across the Black Country.

Prior to July 2022 the four separate clinical commissioning groups in the Black Country had commissioned different types of. The Trust had taken over the lead provider role in July 2022 and as such the Black Country Integrated Care Board (ICB) now commissioned all mental health, learning disability and autism services from the Trust through a single contract. The pooling of budgets supported more consistent service provision and the development of specialised services. The ICB retained its statutory responsibilities however, clearly defined governance and quality assurance arrangements were in place.

Several reasons were provided for the change -

- to address unwarranted variations in access and outcomes due to the legacy of fragmented commissioning and provision;
- to achieve a more coordinated approach;
- to provide a platform to achieve national ambitions;
- to incentivise the front line and eliminate inappropriate out-of-area placements;
- to make best use of collective strengths;
- to advance health equalities and ensure the needs of under-served communities were considered across the whole pathway.

A comprehensive engagement exercise had taken place with partners, residents and community organisations to shape the services to be provided in the future, to support the core aim of keeping people out of hospital. Since becoming the lead provider for learning disabilities, the Trust had achieved a reduction in the inpatient rate from 53 people per million population to 36 people per million population. The national average was 41.

Several other achievements and initiatives were also highlighted, including the launch of the new maternal mental health service, the



introduction of mental health practitioners within primary care networks, embedding of a 24/7 all age mental health helpline and embedding mental health nurses within the 111/999 service. Several community language speakers were available to the team to ensure that all groups were represented and able to access these services with translation services also being in place

Tackling loneliness and isolation was also a key focus, through an asset-based approach and collaboration with communities and partners to develop prevention strategies and interventions that tackled the wider determinants of health. The “Let’s Talk” project had been developed in 2021 in response to the pandemic. The project had been co-produced using patient feedback and collaboration with partners and community organisations, and aimed to build service users’ social capital through walk and talk activities, group sessions, cooking sessions and one to one support.

In response to questions from the Board, it was confirmed that the average wait times in the Black Country to access mental health services was 9 months. Further data on how these figures compare nationally would be presented to the Board at a later date. Measures were in place to review the effectiveness and outcomes of the BCHFT and on-going conversations would consistently take place.

In response to members’ comments and questions and the responses given, the Board noted the following:-

- waiting times for mental health services had increased significantly during the pandemic and were now at least double and continuing to rise, however there was variance depending the type of service required;
- presentations to acute services were increasing, with many patients being unknown to services previously;
- the cost of living increase was also having an impact on patient numbers;
- staff were unable to give financial advice but would signpost patients to advice services, in particular to ensure that they were claiming the benefits they were entitled to;



- crisis interventions were performing very well, however, and the eating disorder support service was the best in the country;
- the new ways of working sought to support people much earlier before needs escalated and avoid the need for specialised services;
- workforce challenges affected the availability of talking services, so work was being undertaken with organisations that could target specific groups;
- Councillors should refer any constituents that they were concerned about to the 24/7 helpline, although people should also be encouraged to contact their GP in the first instance;
- the Trust was aiming to double resource for mental health support at GP practices within the next three years;
- impact was measured using both qualitative and quantitative measures and through a health inequalities lens;
- BAME and LGBTQ communities were key areas of access that the Trust was working to improve;
- professionals were encouraged to take a whole family approach as it was not uncommon for multiple family members to be accessing mental health services;
- targeted work was being undertaken to embed mental health support in schools and Public Health was supporting this work;

The Director of Public Health reported that in a 2021 survey of 12,000 people, by the mental health charity Mind, two thirds of adults and young people said that their mental health had gotten worse during the pandemic. The impact was worse on those receiving benefits, widening health inequalities. Furthermore, it was expected that the cost of living crisis would also have an impact and specialist mental health services would not have the resources to cope. Restoring social connections was crucial to public health response, as was the support of the voluntary and community sector. Healthy Sandwell's Better Mental Health Programme provided grants to community groups for a range of projects to support better mental health. So far, evaluation had shown significant positive impacts and the Director undertook to report back to the Board at a future meeting on the projects and their impact.



Review of Social Isolation and Loneliness

The Board considered a scope for its review on social isolation and loneliness.

The Director of Public Health shared her support for the project and had already begun to collate a range of data from the extensive evidence that existed, including the results of the recent Sandwell Residents Survey within which specific questions were asked about residents' wellbeing from a social isolation perspective.

The Board agreed the scope, which was not set in stone and could be amended as the review progressed if required.

Meeting ended at 7.15pm

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Report to Health and Adult Social Care Scrutiny Board

21 November 2022

Subject:	Primary Care Access
Director:	Sandwell Managing Director Black Country Integrated Care Board (ICB)
Contact Officer:	Michelle Carolan mcarolan@nhs.net


1 Recommendations

That the Board considers and comments on the access to primary care update.

2 Reasons for Recommendations

The Board will receive a presentation on the current position regarding access to primary care in Sandwell, following which members will have the opportunity to ask questions of NHS partners in attendance.

3 How does this deliver objectives of the Corporate Plan?

	<p>People live well and age well</p> <p>Access to Primary Care is fundamental to enabling our population to remain healthy and receive appropriate care and treatment</p>
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4 Context and Key Issues

Following a presentation at the Health and Adult Social Care Scrutiny Board in October 2021, the Board agreed a joint task force to look at ways in which to communicate the message to Sandwell residents about the variety of ways in which primary care services can be accessed.

5 Appendices

Primary Care Access Presentation.

6 Background Papers

Presentation delivered to Scrutiny in October 2021 and has been included as a standing agenda item at Health and Well Being Board for over a year.



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Primary Care Access Sandwell



Integrated Care Systems (ICSs)

- **April 2022**, the government passed the Health and Care Act 2022, confirming the creation of statutory ICSs
- **1st July 2022**, statutory ICSs arrangements were established, including the establishment of Integrated Care Boards (ICBs)
- The Black Country's ICS, known as Healthier Futures, brings providers and commissioners of NHS services together with local authorities and other local partners to **plan and deliver joined up services** and to **improve the lives of people** who live and work here
- The Black Country ICS is the collective term for the [Integrated Care Board](#) (ICB), [Integrated Care Partnership](#) (ICP), [place-based partnerships](#) and [provider collaboratives](#).
- ICBs have replaced Clinical Commissioning Groups (CCGs) as the statutory NHS organisation, responsible for:
 - Developing plans to meet the health needs of the population
 - Managing the NHS budget and arranging for the provision of health services in the ICS area

Recap on Primary Care

- There are 49 Individual GP Practices delivering core primary care services to a total *registered* population of 366,820 (at June 2022)
- Individual practices serve varying numbers of registered populations, ranging from 2,007 (the smallest practice) to 44,807 (the largest practice)
- Practices are grouped together to form 8 Primary Care Networks – groups of closely connected practices working together with community, mental health, social care, pharmacy, hospital and the voluntary sector to provide a range of services
- The ICB does not run GP practices, these are individual businesses
- ICBs commissions (buys) GP practices to meet the needs of local people
- The regulator for GP practices, like other NHS services, is the Care Quality Commission (CQC)

‘The health and social care system is gridlocked’ (CQC, 2022)

CQC’s State of Care annual assessment of health and social in England confirms what is also being experienced locally across the Black Country

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- Waiting lists and waiting times for elective NHS care have significantly increased
- Delays in ambulance response times alongside long waiting times in emergency departments
- Problems accessing primary care
- Higher pressure on urgent and emergency services
- Increased pressure on social care services to enable safe timely discharges
- Public satisfaction with NHS health care and social care has significantly decreased (British Social Attitudes Survey, 2022)
- Widespread staff shortages with struggles to recruit and retain staff are widespread throughout health and care services – this remains the greatest challenge across our sectors

Primary Care Challenges

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- Sandwell's population has grown to 341,900 (2021 Census), 11% increase
- 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.
- Managing the repercussions of the COVID-19 pandemic



Day in the life of a general practice team

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- Daily release of appointments to manage same day requests
 - Impact of 'Did Not Attend' (DNAs)
 - Review and response to clinical letters
 - Managing increased complexities of patients
 - Managing staff shortages, arranging locums and cover
 - Behind the scenes



Primary Care Workforce

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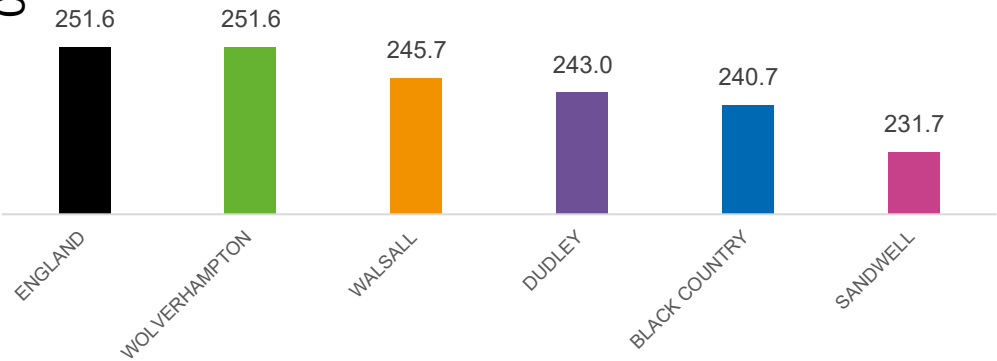
Sandwell has a smaller workforce per patient compared to the national average, including fewer GPs and nurses and this has not grown at the rate required to meet the growth in the population

- General practice is stretched beyond capacity and the traditional model is becoming unsustainable
- The primary care offer needs to evolve to increase capacity and provide access to a variety of healthcare professionals

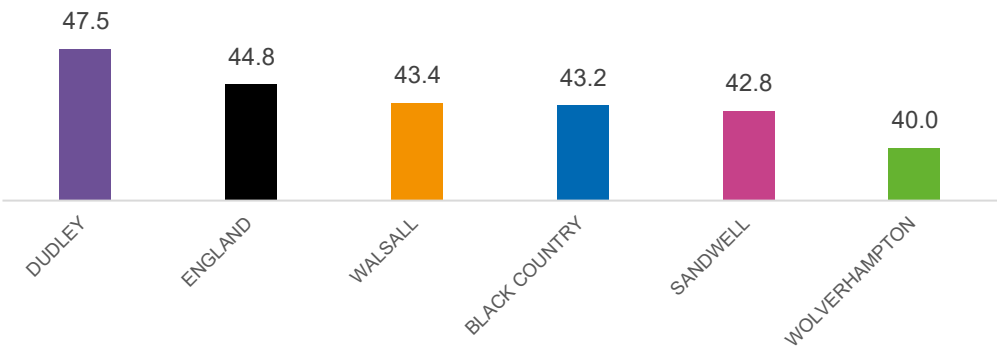
The charts below compares each 'Place' in the Black Country to the National average

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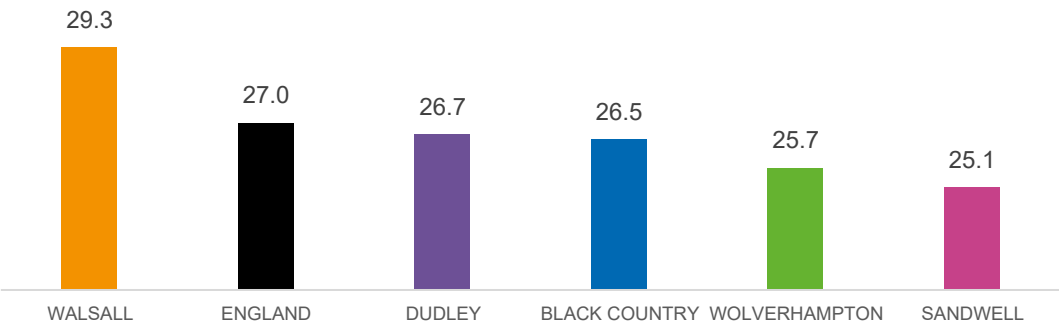
Total Workforce WTEs per 100,000 patients (weighted)



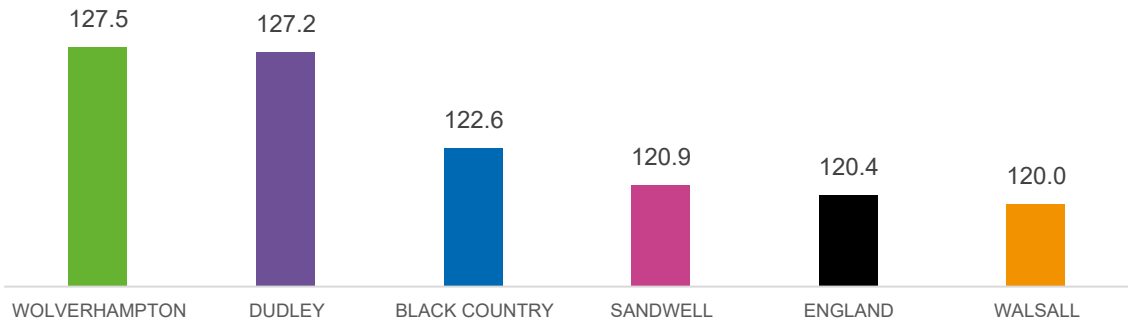
GPs (Excluding Trainees) WTEs per 100,000 patients (weighted)



Nurses WTEs per 100,000 patients (weighted)



Admin WTEs per 100,000 patients (weighted)



Traditional primary care roles

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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...*



Additional Roles Reimbursement Scheme (ARRS) funding that is available to Primary Care Networks (PCNs) as part of the Network Contract to support the recruitment of new additional staff to deliver health services

Roles that are covered by the scheme listed below:

- Clinical pharmacists
- Pharmacy technicians
- Social prescribing link worker
- Health and wellbeing coaches
- Care co-ordinators
- Physician associates
- First contact physiotherapists
- Dieticians
- Podiatrists
- Occupational therapists
- Nurse Training Associates
- Nursing Associates
- Community Paramedics
- Advanced Practitioners
- Adult Mental Health Practitioner
- CYP Mental Health Practitioner
- *Digital Transformation Lead
- *GP Assistant

- Some of these roles are already in place across Sandwell with ongoing recruitment plans
- The highest numbers of ARRS roles currently employed in Sandwell are Pharmacists
- These roles have significant importance as they are set to change the model of primary care e.g. most appropriate healthcare professional

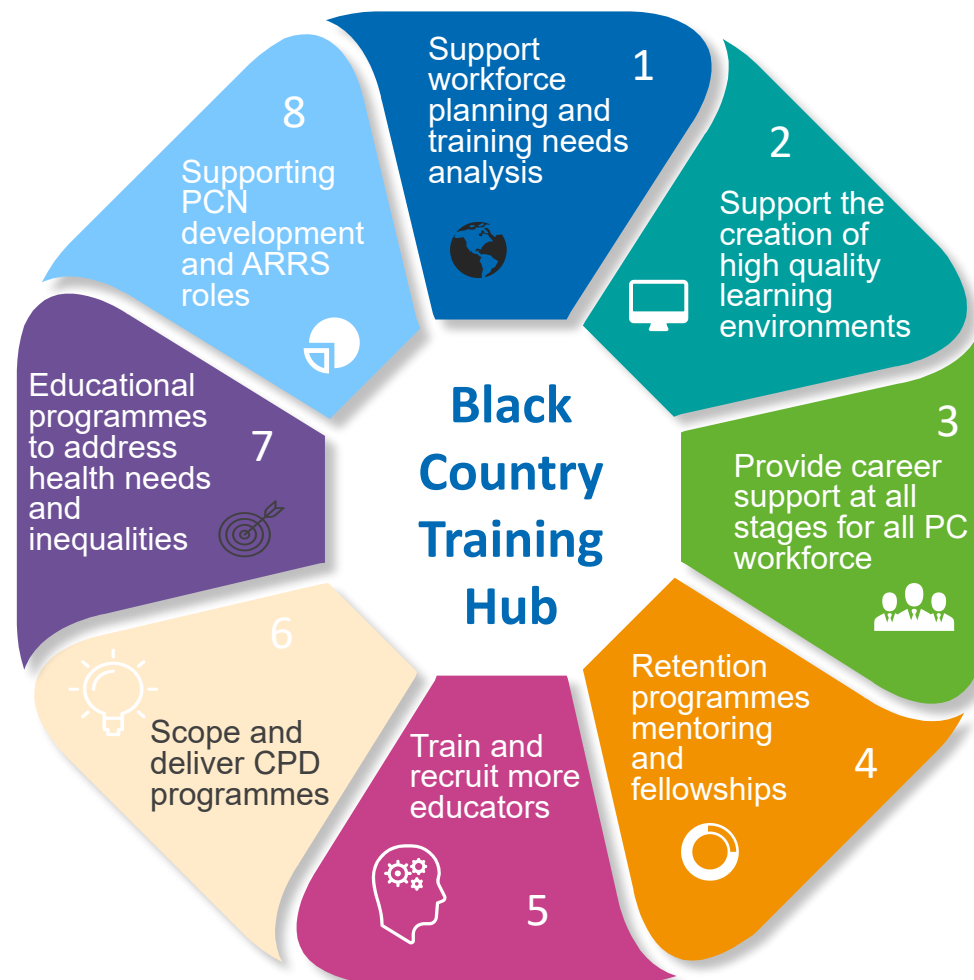
**New roles included in the scheme from October 2022*



The Black Country Workforce Strategy is supported by the Black Country Training Hub – Key aim is to support the development and growth of the primary care workforce

The diagram illustrates the eight elements of focus. The four yellow boxes highlight the largest areas of focus

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Growing the workforce for the future and enabling adequate supply – leading workforce planning, transformation and new ways of working

Work with practices and PCNs to develop placement opportunities, and with educational providers to find placements which meet the needs of learners

Tailored training and development plan for each of our places across the Black Country which aligns with operational planning

Conduit within primary care to support and facilitate the education of the workforce and drive integration and multi-professional team development

How are we enhancing access

- PCNs already collaborate to provide enhanced access services outside of core practice hours from 6.30pm to 8.00pm Monday to Friday and at weekends
- From 1st October 2022, this has been standardised to include:
 - Offer of appointments from 6.30pm to 8.00pm Monday to Friday, and from 9.00am to 5.00pm on Saturdays
 - Provide 60 mins worth of appointment time per 1,000 population
 - A variety of face to face and remote appointments to be made available utilising the multi-disciplinary team
 - A full range of services to be provided, including clinical risk/priority areas and focus on backlogs resulting from the pandemic
 - Patients able to access appointments for their PCN regardless of site location
 - Mixture of same day and pre-bookable appointments
- Approximately 1,467 appointments will be available across Sandwell during these hours (based on an average of 15 minute appointment slots)

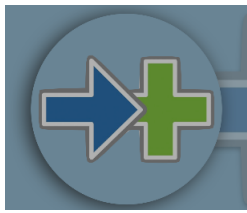


Enhancing the digital offer

- Digital technology is transforming how patients and health professionals interact with services

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• This programme supports the transformation of primary care by promoting the implementation, understanding and improvement of digital tools within general practice e.g.

- Improving websites and utilisation of online services such as, online booking, online contact forms for non-urgent queries or requesting repeat prescriptions, sick notes and test results
 - Online consultation services
 - Transition from traditional “analogue” telephone systems to cloud-based technologies
- The tools can support patient access to appropriate and timely care, help practices better manage demand, and improve patient and staff experience
 - Building on the utilisation of the NHS App during the pandemic
 - The ICB recognises that the digital solutions may not be the preferred choice for all patients, however by enhancing this access to those that do – this will free up capacity via the more traditional routes e.g. telephone
 - The ICB is directly supporting practices and PCNs to progress the opportunities within this programme to ensure consistency in patient access and utilisation of the tools



Community Pharmacists (CPs)

A valuable resource in supporting patient care across our communities providing an alternative location from which patients can seek advice and treatment, rather than via a prescription from their GP, OOH provider, walk in centre or A&E

- **Pharmacy First Minor Ailment Service**

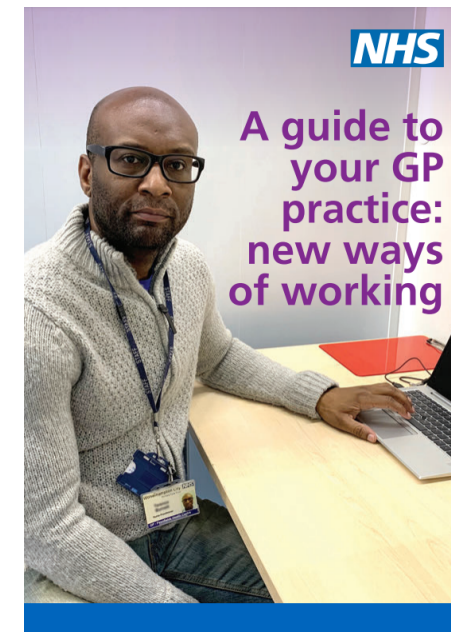
- 43 pharmacies provide this service in Sandwell
- Offers access to self-care advice for the treatment of common ailments
- Where appropriate, patients exempt from prescription charges can be supplied with over-the-counter medicines at NHS expense
- From August to October 2022 the service treated an average of **2215** patients per month in Sandwell
- Further details: <https://www.blackcountryandwestbirmccg.nhs.uk/your-health-services/health-services/pharmacy-first>

- **Community Pharmacist Consultation Service being gradually introduced**

- Will offer access to a same day appointment for a range of minor illnesses or an urgent supply of regular medicine
- Improve access to services and provide more convenient treatment closer to patients' homes
- Offer face-to-face or remote consultation with a pharmacist following initial assessment by NHS111
- Receive referrals from GP, Urgent Treatment Centres and Emergency Departments

Communications and engagement

- The ICB actively promotes appropriate use of primary care, directing demand to other services where appropriate and raising awareness of new ways of working.
 - Our [Guide to your GP practice: New ways of working](#) has been shared across GP practices and on social media.
- During summer there was an increased focus on raising awareness of practice multi-disciplinary Teams (MDTs). The following videos have been produced and shared widely via local partners and in social media:
 - Receptionist: <https://youtu.be/LijNu2ph9Nk>
 - Social prescriber: https://youtu.be/nXsV_SybEe8
 - Physician Associate: <https://youtu.be/BmPFvCEQcW0>
- Further videos are in production and a general press release about practice MDTs is planned for this month.
- Each Bank Holiday, extended access arrangements and pharmacy opening hours are routinely communicated via [press release](#), social media, and cascade to local partners. GPs receive a toolkit to support them to communicate the most up to date information about out of hours provision to their patients
- A suite of communications has been developed with advice on self-care for a variety of common ailments. These are shared with system partners via a weekly communications toolkit, and regular press releases and accompanying social media posts are issued on these topics, for example this [recent guidance on insect bites and stings](#)
- The ICB has a friendly customer service team, who actively monitor correspondence and social media, and manage individual enquiries from local people on a daily basis



What to do if your experience is not positive

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- 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: bcicb.time2talk@nhs.net
 - Post: Time2Talk, Black Country ICB, Civic Centre, St. Peters Square, Wolverhampton, WV1 1SH

- Support residents to access alternative support where appropriate e.g. Community Pharmacy
- Those that are able to utilise the digital offer
- Continue to support the integration of services for improving outcomes for Sandwell residents
- At the last Scrutiny Committee for Primary Care Access a joint task force was agreed to look at ways in which to communicate the message to Sandwell residents about the variety of ways in which primary care services can be accessed
 - This has been achieved by the Sandwell Health and Care Partnership's Communication Network

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Report to Health and Adult Social Care Scrutiny Board

21 November 2022

Subject:	Better Mental Health Programme
Director:	Lisa McNally, Director of Public Health
Contact Officer:	Lina Martino, Consultant in Public Health lina_martino@sandwell.gov.uk

1 Recommendations


1.1 That the Board considers and comments upon this update on the Better Mental Health Programme;

1.2 That the Board notes and endorses ongoing plans to continue and extend the Programme.




2 Reasons for Recommendations

An update on the Better Mental Health Programme was requested previously by the Board. Since then we have evaluated the effectiveness of current projects and have committed funding to expanding the Programme to target additional key groups, as identified through stakeholder engagement to inform the Sandwell Better Mental Health Strategy.

3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people</p> <p>Four of the Better Mental Health projects focus on children and young people, from early years to school age. This includes evidence-based parenting and activities programmes delivered by Sandwell Council's Parent Support Team.</p>
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	<p>People live well and age well</p> <p>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. It is therefore important that we work to prevent mental health problems and promote wellbeing alongside ensuring timely, high quality treatment for people already experiencing mental health problems.</p>
	<p>Strong resilient communities</p> <p>The Better Mental Health Programme aims to improve understanding of mental health and wellbeing among Sandwell's communities and increase capacity among voluntary and community sector organisations supporting mental wellbeing. Our approach draws on established strong links with our voluntary & community sector, in line with Stronger Sandwell principles for asset-based community development.</p>
	<p>A strong and inclusive economy</p> <p>Good population mental health and wellbeing are fundamental to a strong and inclusive economy. By focusing on preventing mental health problems and promoting mental wellbeing, the Programme contributes to supporting more of our residents to remain economically active.</p>

4 Context and Key Issues

4.1 Last year Sandwell MBC Public Health were successful in securing £391,272 funding from PHE's (now OHID) Prevention and Promotion Fund for Better Mental Health 2021/22. Our approach to developing our Better Mental Health programme for Sandwell was to identify a range of projects that would complement and bolster existing support across the life course. Our programme draws on established strong links with our voluntary & community sector, in line with Stronger Sandwell principles for asset-based community development.

4.2 The programme aims to:

- Deliver interventions to improve mental wellbeing among Sandwell residents of all ages, with a particular focus on groups at increased risk of poor mental health.
- Improve understanding of mental health and wellbeing among Sandwell's communities, including available support; and
- Increase capacity among voluntary and community sector organisations supporting mental wellbeing.

A suite of projects was identified to provide evidence-based interventions and direct support for key groups across the life course, including parents of young children, working age men and those from ethnic minority communities, and through building knowledge and capacity within the voluntary and community sector to support organisations in their work to improve mental health and wellbeing in their communities. The projects were selected based on engagement from stakeholders



and residents on what communities need and value. Appendix 1 provides a summary of the projects making up the Sandwell Better Mental Health Programme.

- 4.3 The Programme was evaluated in June 2022 using a mixed methods approach. Quantitative data on numbers of people engaged and changes in self-rated wellbeing (measured pre- and post- intervention using the Warwick-Edinburgh Mental Wellbeing Scale) were supported by qualitative analysis of interviews with project leads, and testimonials and case studies from service users/participants describing their experiences.
- 4.4 Overall a total of 1,402 unique beneficiaries were reached by the end of 2021/22 Q4, with most projects continuing into Q5. The self-rated wellbeing of individuals participating in the Better Mental Health Programme was significantly improved at the end of the intervention period, with a 17.8% change in mean WEMWBS scores.

Thematic analysis of interviews with project leads demonstrated that the projects have been very well received in our communities. The themes identified around impacts were consistent with testimonials and feedback received from participants and service users, with social connection, improved confidence and wider wellbeing emphasised throughout. There was an emphasis on partnership working throughout, ensuring that projects are as accessible as possible and a constant strive for change and improvement. COVID-19 and its impact on services, safety and planning was identified as a key challenge, as well as barriers to access including attendance, marketing and high demand for services. All projects demonstrated a plan to continue and expand their offer, with a focus on project sustainability and role of the voluntary and community sector.

- 4.5 A number of projects are continuing into next year through current and additional funding identified. Projects A and B will be funded through the Public Health budget (Children's). Projects C and D are continuing delivery over the current academic year using existing OHID funding. Projects E, F, G and elements of projects H, I and J are being funded to end March 2023 through the Public Health reserve (Mental Health allocation). The Programme will be expanded over the next 3 years to focus on additional target groups, using allocated Mental Health budget from Public Health reserve. This will be informed by stakeholder and resident engagement being undertaken to inform the development of the Sandwell Better Mental Health Strategy.
- 4.6 Reducing loneliness and social isolation is a key priority within the Better Mental Health Strategy. Analyses of the 2022 Residents Survey are being carried out to map patterns of loneliness and social isolation across the borough and identify the main groups affected.

5 Appendices

1. Better Mental Health projects funded via Prevention & Promotion Fund for Better Mental Health 2021-22



6 Background Papers

N/A



Appendix 1: Better Mental Health projects funded via Prevention & Promotion Fund for Better Mental Health 2021-2022

Project name	Target group	Description
Project A – Changes	Expectant parents	<ul style="list-style-type: none"> • Antenatal programme delivered by Sandwell Council’s Parent Support Team • Provides evidence-based, home-grown support for parents, helping them to navigate on their parenting journey at key transition points for their child
Project B – Activities for New & Expectant parents	New and expectant parents	<ul style="list-style-type: none"> • Provides a variety of free activities for expectant parents and parents with a new baby (under 1) • Delivered by Sandwell Council’s Parent Support Team • Libraries & Archives project (Part B) provides parents and carers of children under 5 with a range of social activities through Play Talk Read sessions and the Sandy Bear scheme
Project C – Anti-Bullying	Children & young people	<ul style="list-style-type: none"> • Delivered through SHAPE – Sandwell Council’s Child Voice initiative • Focuses on the 5 themes encompassing a child’s life: <ul style="list-style-type: none"> ○ Staying Safe ○ Being Healthy ○ Achieving and Enjoying ○ Making a Positive contribution ○ Economic Wellbeing
Project D – The Voluntary and Community	All residents	<ul style="list-style-type: none"> • Team of educational psychologists, assistant education psychologist & project manager from Inclusion Support in Sandwell • Whole organisational approach to well-being, building on success of the Charter Mark with Sandwell schools and nurseries

Sector Well-being Charter		<ul style="list-style-type: none"> • Aims to develop a well-being Charter Mark alongside colleagues from the voluntary and community sector and then pilot the process with a range of organisations
Project E – Team Talk – Albion	Men 18+	<ul style="list-style-type: none"> • Aims to engage with men (aged 18+) living in Sandwell in a 5-a-side Football League • Weekly tournament style matches • Informal workshops to share information around other services that can support better health • Access to Ally’s wellbeing café, run by Alistair Robertson
Project F – Tough Enough To Care	Men 18+	<ul style="list-style-type: none"> • Better Mental Health sessions- 45 min interactive presentation covering the basics of understanding mental health • Aims to dispel common myths about mental illness, teach an understanding of what mental health actually is and how it affects society on a daily basis • Moves onto spotting signs of poor mental wellbeing in both selves and others, plus guidance on self care • Offers advice on how to open a dialogue and listen with empathy • Signposting to professional services
Project G – Ideal for all	People with additional needs	<ul style="list-style-type: none"> • Locally rooted, user-led charity, social enterprise and community business and award-winning provider of person-centred services • Working to make life better for people with disabilities, mental health needs, learning disabilities, long-term health conditions, and those in need of support to thrive • Developed Independent Living Centre and three Community Gardens from derelict land • 3 session programme, up to 2 hours each session, focusing on Sandwell’s Feel Good 6 principles – Connect & Learn, Move & Give, Notice & Talk
Project H – Mental Health Literacy	All residents	<ul style="list-style-type: none"> • Training and upskilling local residents and representatives of VCS organisations as tutors of accredited mental health courses, accredited Understanding & Promoting Positive mental health and wellbeing practitioners • Establishing a boroughwide network of Community Mental Health Champions

		<ul style="list-style-type: none"> Representatives from all sections of our community who have been trained to effectively look after their own mental health, promote positive mental health amongst those they meet, support those experiencing mental health issues and signpost to further support
Project I – SCVO – Community Mental Health Grant Programme	All/various	<ul style="list-style-type: none"> Grants of £500 to £5K to support early help/preventative activities that are run BY local people FOR local people Funding to resource activities and in-kind support (e.g. guidance, training, information, etc.) to build the capacity of the organisation and its staff around positive mental health 7 awards made in first round of funding; 5 in second round
Project J Communications	Various	<ul style="list-style-type: none"> Takling Life Wellbeing Sessions delivered by SMBC Occupational Health SCVO Mental Health Awareness Groups, Route 2 Wellbeing Community Digital Platform Comms and resources – Man’s Manuals

<https://www.healthysandwell.co.uk/mental-health-wellbeing/better-mental-health/>

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Tracking and Monitoring of Actions and Recommendations of Scrutiny Boards

Health and Adult Social Care Scrutiny Board				
04 OCT 21		Clinical Commissioning Group be requested to arrange a briefing session for all members on primary care services access; to be led by the Cabinet Member for Adults, Social Care and Health	CCG in consultation with Cabinet Member for Adults, Social Care and Health	Integrated Care Board (ICB) (Formally Clinical Commissioning Group (CCG)) accepted recommendation but dates yet to be set. Primary Care Access will be discussed again at the Board's meeting in November 2022.
04 OCT 21		A joint task force to look at ways in which to communicate the message to Sandwell residents about the variety of ways in which primary care services can be accessed	Cabinet Member for Adults, Social Care and Health in consultation with CCG and Director of Public Health	Integrated Care Board (ICB) (Formally Clinical Commissioning Group (CCG)) accepted recommendation yet to be actioned. Primary Care Access will be discussed again at the Board's meeting in November 2022.
14 MAR CH 22 (2021/22)	Community Diagnostic Centres Update	That the Cabinet Member be asked to endorse the letter to Secretary of State for Health and Social Care asking for long-term revenue funding for CDC to be confirmed	Cabinet / SWBHT	A response was received from the Minister and is attached, along with the Cabinet Member's letter.
Joint Health Overview and Scrutiny Committee (with Birmingham City Council) 21/22				
04 NOV 21	Delivering Solid Tumour Oncology	That a further update on the review of the delivery of solid tumour oncology services is submitted to the Board's next meeting		The joint health scrutiny committee is meeting on 29 November 2022 and this matter will be on the agenda.

My Ref:

The Rt Hon Dr Therese Coffey MP
Deputy Prime Minister and Secretary
of State for Health and Social Care
House of Commons
London
SW1A 0AA

Please ask for: Cllr S Hartwell
Telephone Number: 0121 569 3115
Date: 28 September 2022

Dear Rt Hon Dr Therese Coffey MP

Community Diagnostic Centres

We are writing to raise concerns regarding the funding of Community Diagnostic Centres (CDCs) in the Midlands Region and specifically Sandwell and West Birmingham.

Our members welcome your recognition of the public service emergency we are seeing in our NHS, including the need to tackle the elective care backlog and to invest in community diagnostic centres, in addition to your vision of a health service that improves prevention of illness and ill health.

Patients are already benefitting from earlier diagnostic tests closer to home, with 92 community diagnostic centres already established and delivering activity. You have prioritised delivering up to 160 CDCs in total, supporting the NHS to carry out up to 17 million tests by March 2025, with capacity for up to 9 million more per year once they are all fully operational.

The impact on a hospital's operating costs of radiology workforce shortages is massive: in 2018 the NHS spent £116 million to outsource patient scans in response to the shortage of radiologists. Outsourcing costs doubled in three years in the U.K. (to 2018) from £58 million to £116 million.

The need to address diagnostics innovation is one of the key lessons to emerge from the COVID-19 pandemic, when the demand for diagnostics spiked and increased delays to cancer diagnosis and treatment.

Disruptions led to about 2.4 million people waiting for cancer screening, treatment, or tests, according to Cancer Research UK.

It also fast-tracked the impetus behind new models of care which envisaged diagnostic services - or centres - outside of the hospital walls.

**COUNCILLOR HARTWELL
CABINET MEMBER
FOR ADULTS, SOCIAL CARE AND
HEALTH**

OLDBURY WARD

Sandwell Council House
Freeth Street
Oldbury
B69 3DE
Tel: 0121 - 569 3115
Email Address
suzanne.hartwell@sandwell.gov.uk

In order to prepare for the future of healthcare, new services built around MRIs, CTs and PET scans can live “off campus” leaving critical and specialist care onsite.

The Indices of Multiple Deprivation (IMD) 2019 shows Sandwell’s average deprivation score as ranked 12th most deprived local authority in England, out of a total of 317.

Previous IMD results for this measure show that Sandwell’s position has declined slightly relative to other districts in England. Sandwell was 13th most deprived local authority in 2015.

Within the West Midlands conurbation there is a central corridor of severe deprivation that runs from Birmingham, through Sandwell, into Wolverhampton, parts of Walsall, and Dudley. The less deprived areas are around the extremities of the conurbation and within the adjoining district of Solihull.

Sandwell’s location at the centre of this deprived urban area means that the borough does not benefit from having a semi-rural fringe - indeed, Sandwell is the only metropolitan borough outside London that does not adjoin a Shire district. The likely impact of a largely deprived hinterland should not be underestimated as a significant limiting factor on the potential to address some of Sandwell’s deprivation characteristics.

England is made up of 32,844 Lower Super Output Areas (LSOAs), 186 of which are in Sandwell. One in five of Sandwell’s LSOAs fall into the most deprived 10% nationally in 2019. A further two-fifths fall into the most deprived 10-20%, so overall 60% of Sandwell’s LSOAs fall within the worst 20% nationally, and 97% within the worst 60% nationally, clearly displaying the high levels of deprivation prevalent in large parts of Sandwell.

The funding for delivery of the Community Diagnostic Centres is prioritised to financial year 2024/25 providing capital for new build, refurbishment, and the purchase of new and replacement equipment. Revenue is also short term to 2024/25 and will support recruitment and retention of workforce and leases / licences during for the short-term.

However, it remains the case that, with demographic changes, an ageing population and many more chronic diseases and illnesses, the NHS will see a rise in cost and there should be an active plan to look at a forward-thinking strategy as to how this initiative will be funded in the long term?

We would suggest that further investment at scale and over a prolonged period to return the NHS to pre-pandemic levels of performance across all pathways, maximising existing commitments in the government backlog recovery plan.

Expansion of community diagnostic services should be directly connected to a proposed expansion of surgical hubs (or “Community Treatment Centres”) for minor invasive procedures to address ever growing waiting lists for planned procedures.

**COUNCILLOR HARTWELL
CABINET MEMBER
FOR ADULTS, SOCIAL CARE AND
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Ensure that investment in infrastructure and equipment is backed up by efforts to train, recruit and retain the workforce required to provide services. In the near term, efforts to retain existing staff are vital to prevent to loss of the experienced professionals required to guide local services through the implementation of proposed changes.

Yours sincerely



Cllr Suzanne Hartwell
Cabinet Member for Adults, Social Care and Health

**COUNCILLOR HARTWELL
CABINET MEMBER
FOR ADULTS, SOCIAL CARE AND
HEALTH**

OLDBURY WARD

Sandwell Council House
Freeth Street
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Tel: 0121 - 569 3115
Email Address
suzanne_hartwell@sandwell.gov.uk

From: Department of Health and Social Care
<DoNotReply@dhsc.gov.uk>
Sent: 19 October 2022 08:15
To: Suzanne Hartwell <suzanne_hartwell@sandwell.gov.uk>
Subject: Your correspondence of 28 September

Dear Councillor Hartwell,

Thank you for your correspondence of 28 September about cancer services. I have been asked to reply.

I appreciate your concerns.

The Government would like to reassure you that cancer services remain an absolute priority for the NHS. The Government regularly meets senior clinical leads, cancer charities and cancer experts to make sure that cancer services continue to be maintained throughout this difficult time.

The Delivery plan for tackling the COVID-19 backlog of elective care was published on 8 February. The plan sets out a clear vision for how the NHS will recover and expand elective services, including cancer treatment, over the next three years.

NHS England and the Government are committed to returning the number of people waiting more than 62 days from an urgent referral to pre-pandemic levels by March 2023, and the ambition is that, by March 2024, 75 per cent of patients who have been urgently referred by their GP for suspected cancer be diagnosed or have cancer ruled out within 28 days.

The Government announced an additional £6.6 billion of funding over the period of April to September 2021 and an extra £5.4 billion over the following six months to support the NHS's response to COVID-19 and help tackle waiting lists. There was also an additional £2 billion for the NHS in 2021/22 to support the start of the recovery of elective activity, including the recovery of cancer services. This was in addition to the historic long-term settlement for the NHS, which is enshrined in law and will see NHS funding increase by £33.9 billion by 2023/24 as part of the NHS Long Term Plan.

The Government is allocating more than £8 billion from 2022/23 to 2024/25 to support the recovery of elective services, in addition to the £2

billion Elective Recovery Fund and £700 million Targeted Investment Fund made available to systems in 2021/22 to increase elective activity. It will address outcomes for patients, including those with cancer, through the delivery of nine million additional treatments and diagnostic procedures over the next three years and approximately 30 per cent more elective activity by 2024/25 than pre-pandemic levels.

Timely treatment will be ensured by the prioritisation of cancer patients within the overall planned expansion of elective capacity, as well as a continued focus on the innovative approaches to treatment adopted by the NHS during the pandemic.

At the 2021 spending review, the Government announced an extra £5.9 billion of capital to support elective recovery, diagnostics and technology over the following three years. This includes £2.3 billion to increase the volume of diagnostic activity and to roll out community diagnostic centres (CDCs) to help clear the backlog of people waiting for clinical tests, such as ultrasound, MRI and CT scans. CDCs will provide care settings that are suitable for co-locating diagnostic services, according to local requirements. Referral to a CDC could be either direct by a GP or through secondary or community care, and these diagnostic pathways are being developed. NHS England is also increasing diagnostic capacity, early diagnosis and survival rates through rapid diagnostic centres for patients with non-specific symptoms.

The NHS's 2022/23 priorities and operational planning guidance includes an explicit expectation for systems to work with NHS cancer alliances to develop a plan for making progress on diagnosis at an earlier stage, with a particular focus on more disadvantaged areas where rates of diagnosis are lower.

Between 4 February and 8 April, the Government ran a call for evidence to inform a new ten-year plan to improve cancer care, speed up diagnosis and invest in innovative new treatments. Further information can be found at www.gov.uk/government/consultations/10-year-cancer-plan-call-for-evidence/10-year-cancer-plan-call-for-evidence. The Government is currently reviewing this work and announcements will be made in due course.

The NHS Long Term Plan ambitions and actions for cancer remain the ultimate goal – to diagnose 75 per cent of cancers at stage 1 or 2 and for 55,000 more people to survive five years or more by 2028.

Our plan for patients, which was announced by the Secretary of State for Health and Social Care, details the Government's plans to reduce waiting times. This plan can be found at www.gov.uk/government/publications/our-plan-for-patients.

I hope this reply reassures you of the continuing priority that the Government gives to cancer services.

Yours sincerely,

K Jarvis
Ministerial Correspondence and Public Enquiries
Department of Health and Social Care

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Scrutiny Board Work Programme 2022/23

Health and Adult Social Care



Meeting Date	Item	Presented by
23 January 2023	Adult Social Care Compliant Decisions	Director Adult Social Care (Customer Insights Team)
	Funding for Community Diagnostic Centres	Elaine Gilliland (Programme Lead – Diagnostics at Black Country ICS)
13 March 2023	HIV Commission Findings – Sandwell Response	Director Public Health (Maura Flynn)

Items to be scheduled

Items to be considered in 2022/23:

- Day Services Transformation Plan Update (Changing Our Lives and Services Users to attend)
- Update on the Knowle Centre and Board Visit (when appropriate).
- Local Government Support Programme – Energy Savings Trust (Director of Borough Economy)
- Domestic abuse referrals

Scrutiny Review

Loneliness and Isolation

At the time of writing the scope for the review was underway.

The following items set out key decisions to be taken by the Executive in public session:-

Title/Subject		Cabinet Portfolio Area	Decision Date	Pre-decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
1	Grant funding for advice services 2023/24 – 2025/26 Contact Officer: Heather Chinner Directors: Director of Housing - Gillian Douglas, Director of Public Health - Lisa McNally - Director of Children's Services and Education - Michael Jarrett	Cabinet Member for Adults Social Care and Health (Cllr Hartwell)	7 December 2022		Cabinet report
	Re-Commissioning of the Pre-& Post Dementia Diagnostic Support Service Contact Officer: Maxine Groves Director: Rashpal Bishop - Director of Adult Social Care	Cabinet Member for Adults Social Care and Health (Cllr Hartwell)	7 December 2022		

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Report to Health & Social Care Scrutiny Board

21st November 2022

Subject:	Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022
Director:	Director of Adult Social Care – Rashpal Bishop
Contact Officer:	Deb Ward Sandwell Safeguarding Adult's Board Manager deb_ward@sandwell.gov.uk



1 Recommendations

- 1.1 That the Board considers and comments upon the Safeguarding Adults Board bi-annual report.
- 1.2 That the Health and Adult Social Care Scrutiny Board endorses the Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022 and refers any comments or observations to the Cabinet for consideration.

2 Reasons for Recommendations

The Care Act 2014 requires each Safeguarding Adults Board to publish an annual report.

3 How does this deliver objectives of the Corporate Plan?

	People live well and age well In ensuring people are safeguarded, individuals with needs for care and support living in Sandwell are better able to live well, live the life they choose and age well.
	Strong resilient communities Effective safeguarding is key in all communities. SSAB is committed to hearing what people are telling us, building on community strengths and acting on what people are telling us making Sandwell a safer place for all.



4 Context and Key Issues

4.1 The purpose of the bi-annual report is to update on the work and commitment of the Safeguarding Adults Board for the periods 2020/21 to 2021/22, create a better understanding of the safeguarding picture in the borough, and inform members as to agreed priorities for the forthcoming year. Producing a report is a statutory function of the Safeguarding Adults Board.

4.2 **Safeguarding Adults with care and support needs and what we know about abuse in the borough:**

During the reporting period 2020-2022, the number of concerns raised that went on to become full safeguarding enquiries was high in year one but has decreased in the second part of the reporting period. This is an impact of COVID. Most of the enquiries were women and older adults. The highest location for abuse remains a person's own home.

4.3 **Learning from Safeguarding Adult Reviews (SARs):**

Undertaking SARs is a statutory function of the Safeguarding Adults Board. Sandwell SAB commissions a SAR when an adult with need for care and support dies or is seriously injured and there is evidence of abuse and neglect and reason to believe that agencies could have worked better together to safeguard the individual. The purpose of SARs is to ensure that clear learning is identified and changes in practice or systems are made as a consequence.

4.4 During this reporting period, SSAB has considered 15 SAR referrals – 8 of those didn't meet the criteria and 7 SARs were commissioned and progressed.

Some of the key learning includes:

- Failure to appropriately identify risk and record it.
- Absence of multi-agency working or understanding about when/how to convene a multi-disciplinary meeting.

4.5 **SSAB Priorities for 2022-2023:**

- Listening to the voices of people who use services and front-line practitioners
- Develop more inclusive Performance Data
- Embedding learning from Safeguarding Adult Reviews



- Board Governance

4.6 Consultation carried out:

The SSAB Bi-Annual Report is coproduced with all partners. A shorter film-based report is also available.

5 Implications

Resources:	No financial implications
Legal and Governance:	The report is a statutory function of the Safeguarding Adults Board, in accordance with the Care Act 2014.
Risk:	Understanding the safeguarding picture helps better manage the risk to individuals, families and members of the public as well as organisational reputation.
Equality:	The bi-annual report is co-produced with all partners. SSAB is mindful of the equality impact and its equality duties and this is reflected in all activity.
Health and Wellbeing:	Accepting the report and the priorities identified for SSAB will further safeguard communities and promote system wide health and wellbeing for the people of Sandwell.
Social Value	Supporting the activity of SSAB supports safer lives safer communities, building on strengths and enabling communities and all its members regardless of the complexity of their needs to make positive contributions and lead more fulfilled lives.

6 Appendices

Presentation to Scrutiny Board – 21st November 2022.
Bi-annual Report 2020-2022

7. Background Papers

Bi-annual report 2020-2022.



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2 Critical Years in Review

How the Board Has Overseen and Led on Safeguarding in Sandwell during a Pandemic

Sandwell Safeguarding Adult Board

Bi-Annual Report

2020 – 2022

Reporting Period March 2020 – March 2022

www.sandwellsab.org.uk



Highlights

- Board Members continued to work together, and maximised the use of Microsoft Teams technology to enable more frequent 6 weekly meetings. This timescale and frequency still continues and has supported a continued culture of problem solving and maximising opportunities in Sandwell.
- SSAB undertook a board development session in October 2021, in which the commitment to learning from Safeguarding Adult Reviews (SAR) was re-affirmed and the priorities were agreed.
- The SSAB Bi-Annual Report is coproduced with all partners. A shorter film based report is also available.
- Continued representation at both a regional and national level by SSAB Operations Manager, Independent Chair and business team staff members ensuring Sandwell has every opportunity to showcase and lead best practice and assurance with reference to safeguarding adults with needs for care and support.



Highlights

- SSAB Business Team employed a SAR Co-Ordinator with a specific focus on setting up and planning panel meetings, ensuring partnership attendance at SAR discussions and decision making panels continues to be robust.
- The Board is supported by three of sub groups who continue to work on identified priorities and there is evidence of progress within the Bi-Annual Report.
- Introduced the VARM process as a direct consequence of learning from SARs (This is a practice change)
- Participated in a regional SAR group taking learning from national SAR review undertaken by Professor Preston-Shoot
- Sponsored a project with Alcohol change UK looking at the impact of alcohol use and acquired brain injury.



What is Our Data Telling Us?

- The bi-annual report gives us the opportunity to consider data over a 2 year time period.
- 2020 – 2021 the number of safeguarding referrals being made were increasing with over half of those referrals going onto become full safeguarding enquiries.
- 2021-2022 possibly unsurprisingly the number of safeguarding referrals being made went down, fewer referrals went on to become full safeguarding enquiries.
- Over the 2 year reporting period the breakdown of completed enquiries shows us that over half of all enquiries were female and the majority of those were older people.
- Over the 2 year period, as an average, 48% of all abuse in Sandwell happens in a person's own home. 40% of this abuse is committed by someone the person knows.
- In 95% of safeguarding enquiries the risk to the individual/s was reduced or removed.
- 85% of people asked said that the support services they used helped them to feel safer.



Learning from Safeguarding Adult Reviews (SAR's) across the partnership

Page 59

We are committed to embedding the learning as identified in the review undertaken earlier in the year and the ongoing SAR's. During the reporting period, we have commissioned 7 SAR's this year and the emerging themes are identified as:

- Failure to appropriately identify risk and record it
- Lack of clarity about how to escalate concerns regarding risk or no clear evidence that this has happened
- Absence of multi-agency working or understanding about when/how to convene a multi-disciplinary meeting
- Absence of evidence supporting assumptions or decisions that individuals have capacity



Learning from Safeguarding Adult Reviews (SAR's) across the partnership

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(emerging themes)

- Challenge in building relationships where individuals are seen as 'difficult to engage'
- Use of language that does not support engagement, for example, 'it's a lifestyle choice'
- Information sharing (understanding what information to share and who with)
- Not recognising self-neglect



Learning from Safeguarding Adult Reviews (SAR's) across the partnership

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In the two year reporting period SSAB have commissioned a thematic review in partnership with Mike Ward from Alcohol Change u.k and Professor Michael Preston-Shoot who has recently undertaken a national review of all SAR's and is a recognised expert in his field. This is a really exciting opportunity for Sandwell.

SSAB have introduced key practice changes highlighted in SAR reports and learning. Principally the introduction of the Vulnerable Adults at Risk Procedure enabling any professional who has significant concerns about an individual to call risk management meeting involving all key stakeholders including the adult themselves and or families.



Learning from Safeguarding Adult Reviews (SAR's) across the partnership

Page 62

SSAB have supported National and place based work on effective engagement and how to build positive relationships supporting people in a person centred way and building on strengths.

SSAB have also supported authors to undertake learning briefs with frontline staff and have planned and participated in learning events that have happened across the system.



Looking Forward in 2022 - 2023

What a challenging 3 years!

As the reporting period ends for this report we are all still considering what is the new normal and adapting to hybrid working and returning to some face to face activity.

- As a Board we continue to meet on teams and have welcomed some new members. We are planning some face to face meetings and we had our first face to face board development afternoon in July 2022.
- As a board we are keen to ensure that all feel able to contribute and have planned a hybrid learning event with a focus on learning from Statutory Reviews that have been undertaken in the borough over the last 2 years in October 2022.
- We have reviewed our priorities and agreed key activity.



Looking Forward in 2022-2023

Page 64

Key Strategic Priorities

- Listening to the voices of people who use services and front-line practitioners
- Develop more inclusive Performance Data
- Embedding learning from Safeguarding Adult Reviews
- Board Governance



Looking Forward in 2022-2023

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What we have agreed we will do

- Continue to involve and engage with citizens and partners maximising opportunities using existing systems and link to specific workstreams.
- Undertake work using a multi-agency Task & Finish approach exploring the effectiveness of the current Safeguarding Pathway in Sandwell outlining areas for improvement and recommending alternative models.
- Understand what is happening in care homes provision in Sandwell as a priority those homes that have no CQC rating. Hear about peoples experience who live there and hear from employees who work there.



Looking Forward in 2022-2023

Page 66

What we have agreed we will do

- Undertake a baseline audit with partners using the care act compliance audit tool in September 2022. Update SSAB on progress and establish a challenge event in the spring of 2023.
- Safeguarding Adult Review action plans will be developed in partnership using a task and finish approach and agencies will be held to account for their actions.
- SSAB will work with other statutory boards to agree key priorities and who will lead on them.



Bi-Annual Report.

2 Critical Years in Review.

**How the Board Has Overseen and
Led on Safeguarding in Sandwell
during a Pandemic.**



**Sandwell
Safeguarding
Adults
Board**

BI-ANNUAL REPORT

2020 - 2022

Contents

- 1. Foreword from the Independent Chair**
- 2. Sandwell at a Glance**
- 3. About the Board**
- 4. What is Our Performance Information Telling Us?**
- 5. Sub Group Contributions**
- 6. Summary of Sub Group Progress 2020 – 2022**
- 7. Task and Finish Groups**
- 8. What Engagement Has Looked Like**
- 9. Our Learning from Adult Safeguarding Reviews**
- 10. Key Achievements**
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- 12. Planning for the future**

Appendix

- 1) Board Structure**
- 2) Board Membership**
- 3) Finance and Budget Information**
- 4) Learning Disability & Autism advisory group action plan**
- 5) Glossary of Terms**
- 6) Feedback Form**

1. FOREWORD FROM THE INDEPENDENT CHAIR

The most important role in the community is ensuring adults are safe from abuse, exploitation and harm. This Annual Report looks at the work of the Sandwell Safeguarding Adults Board (SSAB) from March 2020 to March 2022, a particularly challenging time during a pandemic, and details the work of the sub groups who do much of the work on the Boards behalf and highlights some of the Boards achievements over the last 2 years.

During the pandemic (the period covered in this report). I have welcomed the closer working relationships that have been developed with all partners enabled by using Microsoft teams, and more frequent Members-from the statutory, voluntary and community sectors were at the table to discuss the most important issues including the impact of the pandemic on Safeguarding.

Members were also committed to ensuring that learning from Safeguarding Adult Reviews into serious incidents was a priority. With the other Boards in Sandwell work was undertaken to look at all the reviews that had taken place across the partnerships into deaths and serious incidents to understand any common themes and to start to work together to embed the learning into all organisations. This work continues and remains the highest priority.

The board are still committed to hearing the views of people who use services to ensure that any developments are based on real experiences. The year ahead will develop this involvement further as well as hearing the voices of staff who work across these vital services. One of the roles for the Board is to identify measures that could help prevent abuse and harm and this work with the third sector will be key.

The Board benefits from involvement with regional and national colleagues and the SSAB Board Managers role as Co-Chair Board managers network.

I would like to thank all partners for their commitment to the Board and the Chairs and members of the sub groups. And to the Board Manager and the Business unit whose work enables the Board to function. Finally thank you to all the staff who work in Health and social care supporting people and helping to keep them safe. As this reporting year ends the impact of the pandemic can still be felt, though restrictions have eased, even more heartfelt thanks to all who have continued to work in these services.

Sue Redmond, Independent Chair



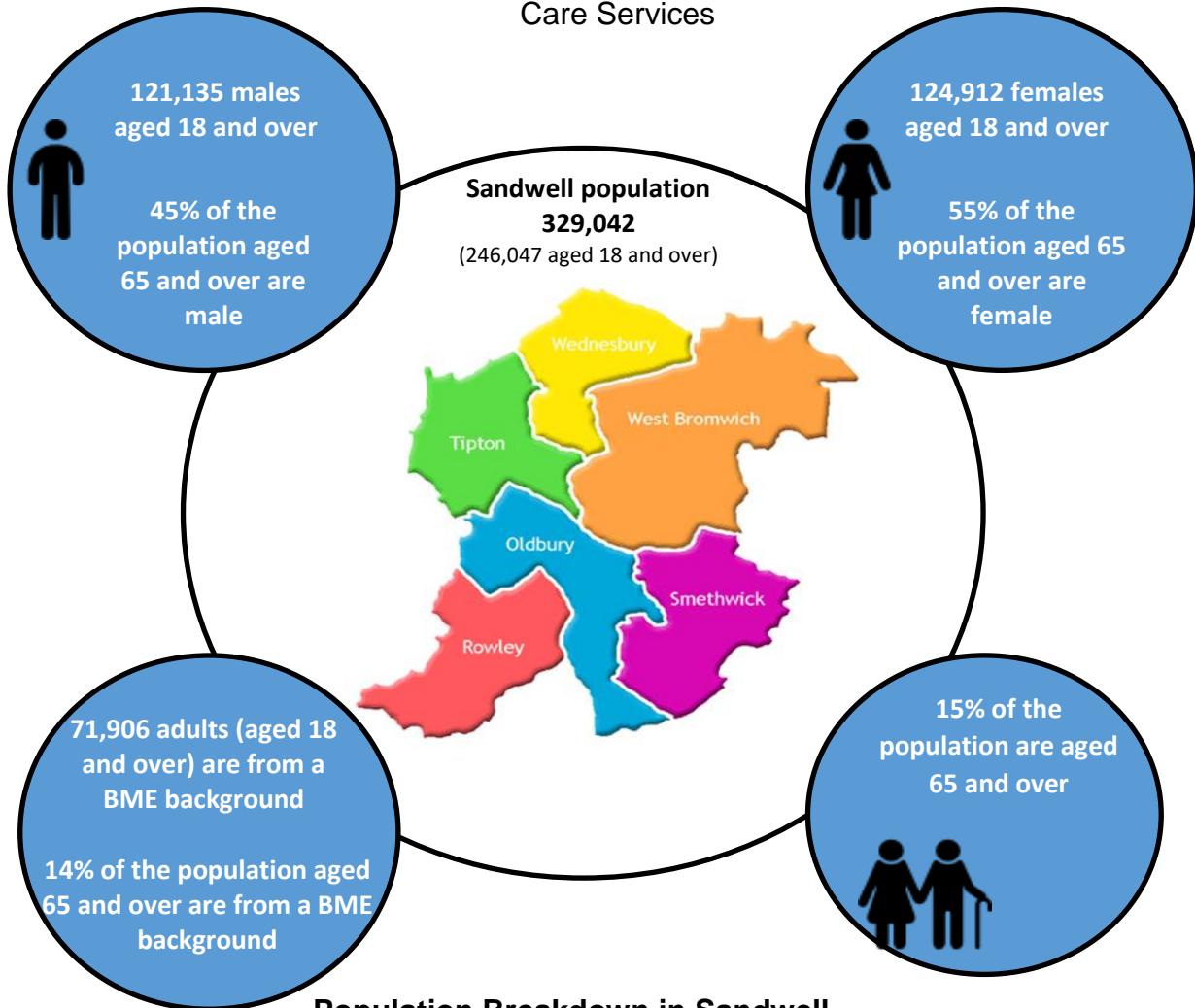
2. SANDWELL AT A GLANCE

Sandwell covers 33 square miles

Sandwell is made up of six towns (see below)

Sandwell has 24 Electoral wards

In Sandwell 15% of the population are aged 65 or over and 5% of this population use Adult Social Care Services



Population Breakdown in Sandwell

75% of the population are aged 18 and over

20% of the adult population (aged 18 and over) are age 65 and over

Data Sources: Office for National Statistics 2020 Mid-Year Estimates, 2011 Census, Table: DC2101EW - Ethnic group by sex by age

Sandwell Residents by Ethnic Group (2011 Census)

White British 66% White Other 4%

Mixed/Multiple 3%

Asian 19% Black 6%

Other Ethnic Groups 2%

Data Source: 2011 Census, Table: DC2101EW - Ethnic group by sex by age

3. ABOUT THE BOARD

The Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies providing strategic leadership for adult safeguarding work and ensuring there is a consistent professional response to actual or suspected abuse. The remit of the Board is not operational but one of co-ordination, quality assurance, planning, policy and development. During this reporting period, the board have met virtually approximately every 6 weeks to ensure a robust working together response, to safeguarding during the pandemic.

It contributes to the partnership's wider goals of improving the well-being of adults in the Borough and promotes and develops campaigns, an example of which is the current campaign 'See Something, Do Something'.

Sandwell Safeguarding Adults Board (SSAB) continue to use the short film it made 'See Something, Do Something' as a standard tool in training and the film has been adopted and used widely by partners. This can also now be seen on the SSAB website; www.sandwellsab.org.uk

SSAB BOARD DEVELOPMENT

Summary and Update

In October 2021 SSAB held a Board Development Afternoon including Board Members, Partners and sub group members. Please see illustration of the event below:



An outcome of this day was a commitment to board priorities, how we do business, working in partnership, continuing to learn from statutory reviews working across the system to include children's partnership and building on existing data. Attendees also identified the impact of COVID on resources, the priority to continue to make safeguarding personal and to hear what people are telling us.

Partners gave a further commitment to;

An ambition to influence practice through learning from Safeguarding Adult Reviews (SAR's)

Agreement of Board Priorities 2020-22

1. Listen to the voice of service user and frontline staff
2. Develop more inclusive Performance Data
3. Work with all partners to look at Sandwell's "Front Door" including pathway, referrals and thresholds.
4. Specific Projects to be discussed with the four Statutory Boards which all focus on Prevention
5. Board Governance

4. WHAT IS OUR PERFORMANCE INFORMATION TELLING US 2020 – 2022?

WHAT IS OUR PERFORMANCE INFORMATION TELLING US FOR 2020-21?

Concerns
concluded

3,566

50%

Conversion
rate

Enquiries
Concluded

1,797

Concluded enquiries



58%
female



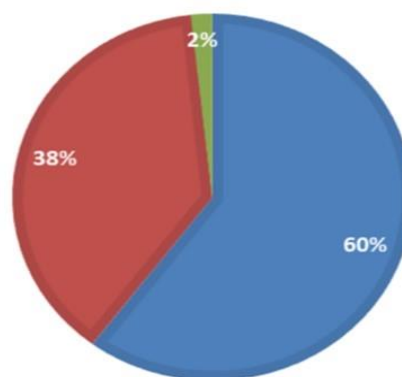
42%
own home

98 % of people were
asked what they wanted to
happen as an outcome



71%
older people

■ Service provider
■ Known to individual
■ Unknown to individual



94% Outcome fully or partially achieved

94% Risk reduced or removed

84% Care and support services that they received helped
them to feel safe



WHAT IS OUR PERFORMANCE INFORMATION TELLING US FOR 2021-22?

Concerns
concluded

3,035

39%

Conversion
rate

Enquiries
Concluded

1,171

Concluded enquiries



57%
female



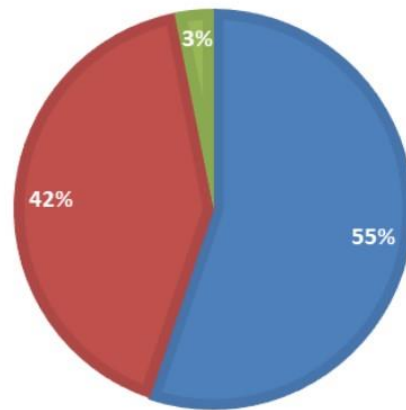
53%
own home

99 % of people were
asked what they wanted to
happen as an outcome



61%
older people

■ Service provider
■ Known to individual
■ Unknown to individual



97% Outcome fully or partially achieved

96% Risk reduced or removed

86% Care and support services that they received helped them to feel safe



We have looked at our data taking into account the previous year's data, regional data and national data for 2020-22 which will enable comparisons.

During this reporting period, the number of safeguarding concerns reported to Sandwell Metropolitan Borough Council (SMBC) as the lead agency for safeguarding adults, increased in 2020-21 and decreased in 2021-22. The conversion rate from concern to enquiry has overall decreased. Not all concerns raised become safeguarding investigations, other responses may have included signposting or a proportionate response that ensured an individual was safe. This demonstrates that the key messages delivered through social media and campaigns on how to report a safeguarding concern and what is safeguarding are being understood and acted upon. We can also see from the data the areas we need to continue to focus on.

We can see from our data who raises concerns, for example a family member, police, housing, hospital and other sources and we can see which of these concerns becomes a safeguarding enquiry.

Most concerns are raised by Social care staff (from within the Council or care agencies and care home settings) however the amount of concerns raised that then go on to become safeguarding enquiry continues to remain high from members of the public. For this reporting period of the 6% reported concerns from the public 44% of those concerns became active safeguarding investigations. This would suggest that the work around the See Something Do Something Campaign and helping communities to better understand safeguarding is having a positive impact.

Over the 2 year reporting period, we have seen an increase in the percentage of people subject to abuse in their own home in Sandwell, this is in line with the regional and national average and reflective of the pandemic, given that adults with needs for care and support spent more time at home (note the impact of lockdown) and many were unable to access previously provided services. This remains a priority for the Quality & Excellence Sub Group in terms of understanding the impact of neglect and financial abuse which are the primary types of abuse identified as happening in an individuals home. It is against this background that central government are launching a review into the prevalence of abuse in a persons own home during the COVID-19 pandemic. The activity of SSAB will be informed by and will inform this review process.

In addition, work has been undertaken with colleagues from the Domestic Abuse Strategic Partnership (DASP) to better support and enable professionals to consider domestic abuse when financial abuse has been identified. SSAB have sponsored a task and finish group with a focus on the prevalence of domestic abuse in the population of adults with needs for care and support living in Sandwell, comprehensive training has been developed and delivered in partnership with the Safeguarding team and Black Country Womens Aid (BCWA) have employed a specialist IDVA who's focus is to support professionals working with adults with needs for care and support and raise awareness and understanding of domestic abuse within this population. BCWA are active participants in the task and finish group, are supporting a mapping exercise looking at suitable and appropriate resources (for adults with needs for care and support) building on the recent needs assessment undertaken in Sandwell. SSAB plan to develop resources to support a specific campaign with a focus on domestic abuse and adults with needs for care and support under the broader campaign heading of 'See Something, Do Something'. This resource should be available by the end of 2022.

In the 18-64 age range 36% of people have long term care and support needs and have formal support funded by Adult Social Care (ASC) and 11% of individuals from within this age range are from a Black and Minority Ethnic (BME) background.

In the 75-84 age range 23% of people have long term care and support needs and have formal support funded by Adult Social Care (ASC) and 4% of individuals from within this age range are from a BME background.

Sandwell has consistently been able to demonstrate that citizens involved in a safeguarding investigation were asked what they wanted to happen as an outcome of involvement from professionals.

Over the 2 year reporting period of the number of people who expressed an outcome, on average 95% felt their outcome at the end of the safeguarding process was fully or partly met.

The Board receives data from SMBC about whether individuals and/or their representatives feel they are safer because of the help they received from people responding to the safeguarding concern and for this reporting period on average 95% of people said they felt safe and risk was removed, 85% said care and support services helped them feel safe. We acknowledge that this reporting period was unprecedented in terms of the impact of COVID-19 and that many people were also unable to access previously commissioned services.

We continue to monitor as part of safeguarding practice whether as a consequence of intervention the risk posed to the individual was reduced or removed. Risk enablement is a fundamental approach to making safeguarding personal.

(n.b all data correct at time of report writing)

Vulnerable Adults Risk Management (VARM) Data

Below is a table identifying a breakdown of VARM meetings including who called them, the themes and the reasons for concerns being raised. At the time of writing, there are 10 live VARM meetings at various stages of the process, 5 VARM meetings have been closed because the risks have been reduced or alternative pathways were pursued. For example; safeguarding and rehabilitation, in one instance the citizen passed away before the VARM meeting happened.

In addition, there have been 6 VARM awareness sessions with 115 attendees. We are offering regular VARM awareness sessions on a monthly basis as well as, plans to develop chairing multi-agency meetings training.

Finally, there have been representatives from the Safeguarding Team, Housing Officers, professionals working in domestic abuse, West Midlands Fire Service and Colleagues at Cranstoun. Briefings have also been delivered at Town Task Meetings, the Blue Light Strategic Group and to a GP's forum. There are plans to develop a VARM champions scheme and a monthly newsletter is also published.

Agency Calling VARM Meeting	Lead Agency	Main reason for VARM	Second reason for VARM	Third reason for VARM	Key Themes
Sandwell Adult Safeguarding Team	Safeguarding Adults Team	Self-neglect	Hoarding	Mental Health	Self-neglect, hoarding, mental health
Adult Social Care Community Team		Self-neglect	Alcohol misuse		
Rowley Regis Neighbourhood Office	SMBC Local Rowley Regis	Alcohol	Self-neglect	Risk to others	Alcohol, self-neglect, inappropriate behaviour
Sandwell Hospital Team		Self-neglect			
Custom Care		Self-neglect	Drugs dependence	Alcohol dependence	Drugs and alcohol dependence, self-neglect
Social Worker, Floating Support					
Regis Medical Centre		Possible Neglect	Coercive control		Neglect and coercive control
Anti-Social Behaviour Town Lead Wednesbury		Referral received and toolkit sent			
Cranstoun		Mental Health Issues	Substance Misuse		Mental health and substance misuse
Sandwell Adult Safeguarding Team		Destitution / malnutrition	loss of income	risk of losing his home	

5. SUB GROUP CONTRIBUTIONS

Supporting the Board there are three Sub Groups who completed the following work so that people can better live their lives free from abuse and neglect.

Quality & Excellence Sub Group

- Monitored the Boards performance using a Dashboard receiving assurance reports and data
- Q&E undertook some high-level analysis of the outcomes of the self-assessment returns identifying what's working well and areas for improvement with all organisations. A detailed challenge event was due to be held in 2020, this was deferred due to the pandemic. SSAB to participate in further self-assessment using an updated self-assessment tool developed across the region in 2022-2023. A challenge event will follow in 2023.

Developed key lines of enquiry including:

- Training
- Location of abuse person's own home and factors that contribute to that
- Conversion Rate

The Quality and Excellence Sub Group also commissioned a number of task and finish groups with a focus on learning disability and autism and domestic abuse and the experience of adults with needs for care and support. In the autumn of 2022, there is a plan to look at the experience of older carers supporting adults with care and support needs linked directly to a SAR recommendation.

Quality and Excellence Sub Group works hard to ensure its membership is robust and reflective of the partnership and that they develop a context to the data.

Membership are committed to showing both qualitative and quantitative data enabling better understanding of a citizen's journey and ensuring voices are heard.

Protection, Prevention, Learning and Development Sub Group (PPLD)

The PPLD has a clear work plan developed on a multi-agency basis with a focus on accessible and appropriate training ensuring all partners and the third sector have access to safeguarding training and learning events. There is subject specific training including;

- VARM awareness training
- Hate Crime
- Recognising Safeguarding as a volunteer
- Safeguarding in a range of settings

The group oversaw the operation of a VARM working group that delivered and implemented the VARM policy and procedure, the VARM toolkit, newsletter and e-learning. The VARM work was developed as a direct consequence of SAR recommendations with a focus on multiagency risk management. The VARM activity enables any professional who may have a concern about an individual to call a risk management meeting providing;

- the individual has capacity
- is at serious risk of harm
- there is a potential public safety risk
- a number of people share concerns

The focus of this sub group is to support a collaborative agenda ensuring that all activity within sub groups in connected maximising the opportunities to learn from SARs, develop resources, undertake focused pieces of work using a task and finish approach and minimising duplication. This has been particularly relevant during this reporting period where additional demands made on partners and stake holders were significant and necessitated smart ways of working with high impact.

Safeguarding Adult Review Standing Panel

Safeguarding Adult Review Standing Panel is a new group convened within the reporting period to consider referrals for SARs against the criteria. This group is chaired by a representative of the West Midlands Police (statutory partner on SSAB). Group members consider referrals against the SAR criteria, all key agencies are represented on this group. During the reporting period, they have considered 17 SAR referrals, 7 of which have been commissioned, 8 didn't meet the criteria and 2 are still on-going.

6. SUMMARY OF SUB GROUP PROGRESS 2020 – 2022

PREVENTION, PROTECTION AND LEARNING & DEVELOPMENT:

Continue to raise awareness of adult abuse communicating effectively with all partners and members of the public

What did we want to achieve	What did we achieve...
To develop a specific issue campaign.	<ul style="list-style-type: none"> • SSAB developed a range of resources in recognition of the pandemic. We produced resources for volunteers, to enable recognition of abuse. • We worked in partnership with other boards and systems across the West Midlands Region to produce regional flyers highlighting the risk of scams, with a focus on specific types of abuse including a range of languages. • Regularly updated the SSAB website to ensure all information was current and updated including COVID-19 guidance. • Participated in national Safeguarding Week on a virtual basis and continued to promote 'See Something Do Something'.
Specific Projects to be identified with a focus on Prevention	<p>SSAB continues to develop a strong Prevention offer, promoting an inclusive understanding of Safeguarding and what it means to all and everybody's responsibilities. As a partnership we have continued to strengthen our links with the third sector particularly with reference to volunteers and how to help them understand and recognise Safeguarding for adults and children, this was key during the pandemic as a lot of activity with reference to food distribution and telephone calls were undertaken by volunteers.</p> <p>SSAB and Prevention Sub Group also considered different models of operating ensuring that systems were able to be responsive during the really challenging times, offering timely support and information as required. Prevention and protection sub group supported the activity of a range of task and finish groups including the learning disability and autism task and finish group (this went on to become an advisory group to SSAB) and the VARM task and finish group.</p>
Listen to the voice of service user and frontline staff	<p>The development worker charged with listening to the voice of service users and frontline staff continued to obtain views during the pandemic and lockdown. She did this by using surveys, telephone calls and liaising with 3rd sector organisations.</p> <p>People reported feeling anxious, missing some of the commissioned services, under pressure to learn new skills particularly with reference to staff who had to learn</p>

	new ways of working using platforms. Hearing people's voices continues to be a priority for SSAB.
Develop a mandatory training offer	Using a competency-based framework adult safeguarding training is now mandatory for staff in a range of job roles and settings which can be used across the partnership. All training during this reporting period was either offered as e-learning or via a virtual platform. SSAB launched a VARM process in November 2021 and supported this with awareness raising training using a virtual platform. During the reporting period, there were also several learnings from SARs events led by authors using virtual platform. These were well attended and identified key learning.
QUALITY & EXCELLENCE:	
Continue to focus on effective delivery and high-quality processes	
What did we want to achieve	What did we achieve...
Continue to support the development of the Q&E Sub Group	The Chair continues to work hard to ensure the membership of the sub group is inclusive, and that data and intelligence is used to understand the nature of abuse in Sandwell and the relationship to changes made in practice. The sub group now have key lines of enquiry.
Develop more inclusive Performance Data Continue to build on the performance framework and data set	The data set continues to be reflective of the assurance required by Board Members. Partners contribute to the discussion about meaningful data and the dashboard continues to grow in line with the key lines of enquiry. The Q&E group reported the work of a number of task and finish groups particularly the learning disability and autism task and finish group, and the domestic abuse and adults with needs for care and support task and finish group. Both areas were high priority during the reporting period and all professionals involved achieved successes with reference to a supported vaccination programme for adults with learning disabilities and the distribution of accessible information and raising awareness of the impact of domestic abuse in respect of adults with care and support needs and the increased risk of hidden harm during the pandemic. SSAB has agreed in principal to commission some specific domestic abuse resources for Sandwell including a short 2 minute film and information about what good support looks like.
Develop a multi-agency self-assessment tool	Care Act Compliance Self Audit Tool developed and sent to partners for completion 2019. SSAB had planned to support a challenge event during 2020-2021 however, this

	<p>did not happen because of the impact of the pandemic. The compliance audit tool continues to be reviewed and a challenge event will be planned for 2023.</p>
<p>Continue to understand the implementation of making safeguarding personal and the impact for service users</p>	<p>Continue to collect data that reflects citizens views particularly with reference to the impact of COVID-19 on people's lives.</p>
<p>Continue to work with all colleagues under the auspices of the 5 Boards arrangement as outlined in the partnership protocol.</p>	<p>SSAB continues to work in partnership with the other key statutory boards within the Borough;</p> <p>Sandwell Safeguarding Adults Board Health & Wellbeing Board Sandwell Safeguarding Children's Partnership Safer Sandwell Partnership Domestic Abuse Strategic Partnership Children and Young People Strategic Commissioning Partnership</p> <p>Work together to consider and develop cross cutting solutions for example, training and cross cutting priorities and who will lead on them.</p>
<p>Board Governance</p>	<p>SSAB has been refreshed and now reflects a senior and smaller membership. Board governance continues to be managed by key and statutory partners and the SSAB Independent Chair and a revised governance document has been written (Board Members Handbook) to reflect this.</p>
<p>Arrange for Safeguarding Adult Reviews to be undertaken as required, produce report and action plans and identify learning</p>	<ul style="list-style-type: none"> • 17 SAR considerations during the reporting period • 2020 - Four SARs commissioned. One ongoing police investigation (so not able to progress). Five criteria not met • 2021 – Three SAR commissioned. Three criteria not met. • 2022 - One new SAR to date. Authors still to be commissioned. <p>Further SAR referrals submitted throughout the reporting period and their progress and decision-making is being supported by Board Members, the SSAB Independent Chair, SAR standing panel and SSAB Operations Manager.</p>

7. Task and Finish Groups

Local Task and finish groups have looked at:

- Domestic Abuse
- Learning Disability and Autism Advisory Group
- Embedding learning from statutory reviews.

National groups in which Sandwell SSAB have led include:

- The development of a national data toolkit to support all safeguarding adult boards with their assurance work.
- Safeguarding Front Door and good practice when shaping a safeguarding pathway.
- Developing a career pathway for partnership managers identifying clear competencies and opportunities for career progression.

8. WHAT ENGAGEMENT HAS LOOKED LIKE

Introduction

The safeguarding peer review undertaken in 2018 recommended a focus on

“Work with local communities and people who use services to ensure that your customer journey reflects Making Safeguarding Personal and your ambition around asset-based approaches.”

“Listen to the voice of service user and frontline staff”.

Work Undertaken March 2020 – March 2022

- Engagement Plan developed, including using social media
- Engagement has taken the form of telephone calls, Microsoft Teams or Zoom meetings, surveys and letters.
- Key themes identified examples include
 - The value of timely support
 - People missing service provision (day service)
 - The need to feel listened to
 - Support for informal carers
 - The importance of trusted relationships and the investment of time and opportunity to build those
 - The value of feedback
- Consolidation of key partnerships in particular with organisations who directly support adults with care and support needs has also enabled effective conversations with reference to increased opportunities (for example paid employment for adults with care and support needs)
- SSAB are exploring the opportunities to consider effective engagement across all the statutory boards within the Borough and within the West Midlands region

Future Engagement

The Covid-19 pandemic impacted engagement work March 2020 which includes the end of the reporting period. The engagement activity that was planned and largely face to face was converted as outlined above. Whilst we acknowledge face to face contact is the best option, in order to ensure duty of care platforms were used when appropriate. SSAB remains committed to effective engagement and supports risk management around the reintroduction of face to face contact now restrictions have eased. SSAB has also supported the development of resources that support engagement including short films. These will be reflected in our on-going work for 2023.

9. OUR LEARNING FROM SAFEGUARDING ADULT REVIEWS (SAR'S)

WHAT ARE SAFEGUARDING ADULT REVIEWS?

The Care Act 2014 introduced statutory Safeguarding Adults Reviews and mandates when they must be arranged and gives Safeguarding Adult Boards flexibility to choose a proportionate methodology.

A Safeguarding Adult Review is a multi-agency process that considers whether serious harm experienced by an adult or group of adults at risk of abuse or neglect, could have been predicted or prevented. The process identifies learning that enables the partnership to improve services and prevent abuse and neglect in the future.

In 2020-2022 we have started seven reviews and considered a further eight which didn't meet the criteria and two are still on-going. At the beginning of the pandemic (2020) there was some small delay to progressing SARs whilst partners and business team members learnt to facilitate meetings and panel discussions using Microsoft Teams. At the time of writing this report (April 2022), there are 5 SARs awaiting publication, 2 ongoing SARs, 1 awaiting a criteria decision and 1 SAR referral currently with the police awaiting charging decision.

LEARNING

Two SAR's in progress have identified issues relating to mental capacity and effective risk management. Particularly in relation to a shared and common understanding of the risk both to an individual and others.

One SAR in progress involved numerous agencies and high risk, however, it is yet to be understood if the level of risk was appreciated by all agencies involved and whether that understanding could have prevented a tragic death.

Key Themes Identified

- **Absence of effective communication between all parties** - leading to confusion about who was taking things forward and who was responsible for what impacting negatively on the citizen who was then perceived as not working well with agencies
- **Nature and seriousness of risk not identified and/or effectively communicated to relevant parties** – there is evidence in one SAR currently being progressed that there was a significant risk posed to self and others by the citizens behaviour on an ongoing basis, however, when the immediate risk was managed there were no ongoing management strategies and one agency was left to manage the entire risk. In other SAR's there is evidence that the risk was not identified and therefore not shared appropriately with partners.
- **Evidence supporting inadequate consideration of mental capacity that was decision specific and timely** – evidence of generalised statements that a person lacks capacity with limited evidence of the thinking rationale or process to support that statement.

- **Missed opportunities** – evidence in ongoing SAR's are potential missed opportunities to engage more effectively with the citizen despite numerous people demonstrating best efforts to support individuals there is evidence that this support either lacked coordination, was not timely or was not presented in a way that promoted effective engagement with and for the citizen
- **A lack of understanding about the impact of drugs and alcohol on someone's capacity to make key decisions** – resulting in a lack of understanding of executive capacity and function, the impact of a cocktail of drugs and alcohol on capacity, an assumption that this is a lifestyle choice and a lack of consideration as to the components of self-neglect and what that looks like

Practice Changes

- **A practice change here is the introduction of the Vulnerable Adults at Risk management process and practice launched in Sandwell November 2021 and sponsored by SSAB. (see information in data section)**
- **Practice change as a direct consequence of a SAR recommendation was the development of a specific consultant role to support professionals have a better understanding of the impact of drugs and alcohol use on individuals and their capacity. A post holder was being recruited at the end of this reporting period.**

REGIONAL SAR LEARNING

During the reporting period SSAB Operations Manager and Lead Officer have participated in and contributed to the development of a Metropolitan West Midlands Safeguarding Adults Review Group. We have developed;

- A regional SAR referral process and toolkit
- A regional SAR process including an in-depth understanding of a range of appropriate methodologies
- Standardised paperwork ensuring all partners have a common understanding of the process and how to trigger it
- Contributed to the development and application of SAR quality markers
- Contributed to national discussions on the development of a national SAR library enabling effective sharing of information and learning across the region and a national footprint
- Contributed to discussions with reference to a commissioning framework for authors enabling appropriate skill development and costs
- Considered key themes evident in SAR learning across the region
- Developed a peer review process to contribute to consistent application of the SAR criteria across the region and continued professional development in this complex area of work.

Key themes identified;

- The impact of COVID-19 and different ways of working
- Understanding around mental capacity and its application
- Understanding risk and effective information sharing
- Considering the relationship between capacity and drug and alcohol use and ultimately self-neglect
- The impact of loneliness and isolation

National SAR Research Findings

A review of 231 cases Nationally undertaken by Professor Michael Preston-Shoot saw:

1. Self-neglect as the highest type of abuse recorded covering 45% of cases.
2. Neglect/abuse by omission more prevalent in older people.
3. Financial, physical abuse and self-neglect are more prevalent for males
4. Modern slavery/emotional abuse and psychological abuse more prevalent for females
5. Where causes of death were reported by the SARs, the most commonly mentioned were Sepsis, Heart and Vascular disease and Cardiac Arrest

These findings are mirrored in the Sandwell and Regional pictures.

10. KEY ACHIEVEMENTS

- Board members continued to meet on a more frequent basis using team's platforms
- Supported on-going priorities of listening to voice of citizens and front-line staff and heard directly from families about their COVID-19 experiences
- Engaged the Department of Work and Pensions in Safeguarding
- Reviewed and contributed to the Regional West Midlands Safeguarding Procedures
- Contributed to and co-chaired the Regional Uniformed Services Group
- Developed publicity material in a range of formats including easy read focusing on COVID-19 and risk. Particularly hidden harm and the potential for scams.
- Developed a learning disability and autism advisory group who supported the development of easy read material in relation to COVID-19 and vaccine programmes. Advisory group members also supported specialist vaccine clinics for adults with learning disabilities and complex needs ensuring adults with learning disabilities were vaccinated.
- Developed a key communication strategy with partners and all other statutory Boards within the Borough
- Added to SSAB e-Learning offer
- Developed and launched the VARM process
- Supported engagement activity using teams, zoom, telephone calls and surveys linking directly with 3rd sector services.
- Contributed to and lead on the West Midlands Association of Directors of Adult Social Services (ADASS) group
- Developed and contributed to a West Midlands Regional SAR Group
- Developed and contributed to training for SAR authors
- Led on SAR learning events
- Actively contributed to the National Board Managers Network including taking on chairing responsibilities and leading on a range of task and finish groups
- Developed robust relationship with Domestic Abuse Strategic Partnership ensuring the development of a relevant training offer to frontline social work staff
- Contributed to developing a core training offer to be made available across the partnership

11. PARTNER CONTRIBUTIONS

Learning disability advisory group

This is a multi-agency group including user lead organisations and the focus is on promoting best practice as it relates to adults with learning disability and cognitive impairment. Group members offered advice and guidance to other professionals, examples of this over the last 2 years include, supporting the establishment of specific COVID-19 vaccine clinics that were autism friendly and supported the needs of adults with learning disabilities (of note the clinic in Tipton), the provision of accessible information about COVID-19 and more recently information advice and guidance on sexual health and quality relationships. The advisory group also advises SSAB and has contributed to Safeguarding Adult Reviews where appropriate.

The action plan is attached as an appendix to this report.

Black Country Health Care NHS Trust

During 2020-2022 the services remain busy with staff capacity impacted seriously by Covid. Many frontline staff have been redeployed leaving deficits in mental health provision.

Incidents of domestic abuse have increased in severity and complexity with many victim trapped in unsuitable living conditions. For many incidences of domestic abuse the perpetrator can also be the victim and we have seen an increase in 'same sex' relationship abuse.

Self neglect and hoarding continue to be a key theme in community settings.

There has been an increase in cases whereby the hygiene standards within vulnerable people's homes have deteriorated significantly, mainly as a result of pets and a lack of ability to look after the animals.

Work within Prevent and Protect Sub Groups has continued with a focus on supporting Task and Finish groups for the most vulnerable during lockdown. The Adults with Learning Disabilities and Autism Task and Finish Group has been very pro-active in identifying difficulties in accessing care and support as well as being a valuable platform for sharing resources and support strategies. A great achievement was for all Partner Agencies to agree to use the same Patient Passport format which will offer consistency and continuity for adults with LD if acutely unwell. Another achievement was in working alongside Channel colleagues to help identify support pathways for young persons with ASD traits who have been directly affected by lockdown resulting in referrals to Channel due to ideologies they have expressed.

Work with SAR cases has also started again with a focus on supporting IMRs to continue to help identify learning and Learning Events are taking place again as a result of this.

Staff have remained busy despite remote working and remote working has facilitated an increase in productivity within some teams. Effective communication which is always the key to safeguarding has been strong with the ability to call multi agency meetings more urgently when risks emerge. Staff contact to the safeguarding team has remained high with response times being efficient and supportive in all areas of safeguarding.

Sandwell Metropolitan Brough Council (SMBC)

During 2020-21 the operational safeguarding team, like other services managed the challenges of the pandemic including an increased number of commissioner and provider failures, high volume of safeguarding caseloads open and managing the impact on our resources.

The year 2020-21 ended with a continuing commitment to ensure we have the right resources to manage the demands on the service and review our practice around provider related incidents applying an preventative perspective.

A summary of the challenges and achievements in 2021-22 from an operational safeguarding perspective is that we have reduced our open safeguarding enquiries, by half before the end of the financial year. At the end of the financial year, 2020-21 the Local Authority had 444 open

safeguarding cases open and active. At the of 2021-22, the Local Authority had 225 open safeguarding cases.

97% of enquiries concluded in the final quarter of 2021-22 resulted in the risk being reduced or removed and 92% of individuals reported that their desired outcomes were either fully or partly met.

There has been a rise in the number of referrals in 2021-22, compared to the previous year. In 2020-21 the operational duty safeguarding team managed and safely concluded, 2,255 contacts, in comparison to 2021-22, 4,099 contacts.

The challenge in managing this demand remains for the operational safeguarding team in the forthcoming financial year and work with partners and agencies is an indefinite activity in raising the awareness and understanding around what is 'safeguarding' as per the Care Act (2014) definition.

The operational safeguarding team's structure includes a full time equivalent Operational Manager, three full time equivalent Social Care Lead Officers (*one a seconded position*) and twelve full time equivalent social workers. The safeguarding team in 2021-22 has experienced a turnover of resource and the forthcoming challenge of short and long-term recruitment of experienced social workers continues to be progressed.

The emphasis for the operational safeguarding team this year has been focused mainly on reviewing our safeguarding process, improving practice and delivering on the outcome of the independent review.

An independent review was commissioned in late 2021 that focused on the following key areas: -

- The safeguarding process including decision making points
- Application of S42 Adult Safeguarding Criteria
- Application and use of the Mental Capacity Act
- Staff supervision and management oversight of safeguarding
- Frontline staff levels of knowledge and skill when working to safeguarding adults
- Implementation of Making Safeguarding Personal

Following the completion of the independent review and its recommendations an action plan was developed in response to the review and also learning to arise from in depth work by practice educators. The action plan had some key objectives, particularly on ensuring 1) effective management of the 'front door' contacts and referrals, 2) achieving safe caseloads for staff and 3) promoting effective professional safeguarding practice.

The objectives of the safeguarding action plan and outcomes achieved this year are as follows: -

- Sandwell Adult Safeguarding Procedures and Practice have been updated to include the 'Safeguarding and Quality of Care' guidance. This ensures that all low-level provider related incidents are triaged and progressed appropriately with the clear majority outside of the safeguarding pathway and passed to the Quality and Safety in commissioning.
- Managed workloads will continue to be monitored and reviewed. The safeguarding team were previously holding between 35-40 cases per social worker. With the introduction of alternative practice guidance, 'Safeguarding and Quality of Care' and more triage at the 'front-door', the operational safeguarding team hold between 15 and 20 cases. This enables managers to ensure 'quality practice' given the manageable numbers.
- The Principle Social Worker Lead, Practice Educators and the Learning and Development team are developing communities of practice in Sandwell. In addition, the Principle Social Worker is reviewing the supervision policy to ensure that staff/teams are appropriately supported.
- The introduction of VARM (Vulnerable Adult Risk Management), a 'multi-agency risk management' protocol was launched in November 2021. This encourages a shared approach to risk, owned by all necessary individual agencies and teams. VARM

awareness raising sessions have been undertaken with various professionals including, Housing Officers, Domestic Abuse representatives, Fire Service colleagues, Cranstoun etc.

Auditing and performance of safeguarding practice continues to be completed each quarter and reported to senior management and the Director, including any specific trends and actions in response to be undertaken. Sandwell Local Authority continues to participate in the regional safeguarding benchmarking data and Sandwell's conversion rate is reasonably in line with other neighbouring authorities, i.e. 39%. The operational safeguarding team provide membership to the SSAB's sub-groups and task groups to support and improve safeguarding practice to our Sandwell residents.

NHS Black Country and West Birmingham Clinical Commissioning Group (NBCWBCCG)

We listen to the voice of the service user which include the following who are or were suffering from domestic abuse.

The joint SSAB/SCSP training brochure has been promoted and circulated across the organisation including member practices, this has also been disseminated through the Chief Executives weekly news brief.

We continue to engage with SSAB via the relevant sub groups and we are represented on the board. We actively engage in identifying key themes and learning from SAR's and ensure that they are reflected in training that we deliver or commission. An example of this is training we commission for GP's where they are introduced to neglect and self-neglect as some of the themes with respect of safeguarding and the trainer linked the learning package to the themes identified in Adult A SAR commissioned by SSAB in 2018/19.

We have been an active partner in a significant amount of task and finish work and contribute regularly to the learning disability and autism advisory group. We actively participated in the VARM task and finish group and have supported conversations with GP's to help them understand the VARM process and get them involved in active risk management ensuring better outcomes for all and that people are better Safeguarded.

Finally, we actively contribute to a learning culture in Sandwell supporting learning from SARs and sharing learning from LeDer reviews.

We are also a statutory partner on SSAB.

Sandwell & West BIRMINGHAM Hospital Trust (SWBHT)

140 Sandwell patients attending Sandwell & City Hospitals were referred to the Accident & Emergency Independent Domestic Violence Advocate (IDVA) service for support to address domestic abuse.

- We attend SAR's, SSAB Sub Group and support events.
- We contribute to the SSAB Annual Report and offer assurance.
- We comply with the Care Act 2014
- We have a commitment to provide Adult Safeguarding training to its staff.
- We provide Independent Medical Review (IMR) reports for SARs where the organisation has been involved.
- We completed the Care Act Self-Assessment Audit Tool and contributed to high level analysis.
- Quarterly steering group will continue to ensure concerns are escalated
- SWBH will continue to attend steering groups, Board meetings and conferences.
- Learning will be reflected in policies and disseminated to the work force
- We have actively contributed to board discussions and board development sessions and are keen to promote and share good practice and what good looks like, when Safeguarding adults with needs for care and support.

West Midlands Police (WMP)

The Adult at Risk Team investigate the following:

- Position of Trust concerns involving a registered carer or an Adult with Care and Support needs.
- In ALL cases the victim needs to be an Adult with Care and Support needs.
- The offences team investigates matters of abuse: Physical, Sexual (excluding Domestic Abuse) and Financial abuse and all Suspicious deaths, unless identified as a Homicide.
- The team are dedicated Investigators, not Safeguarding officers, this is the responsibility of all staff.

We now Chair the SSAB SAR Standing Panel to enable active participation in safeguarding adult review decision making and partnership working.

We actively participate in the West Midlands Uniform Services Group and work hard with partners to provide appropriate data and assurance across the metropolitan West Midlands footprint.

We actively contributed to the development of the VARM process and have participated and led in a number of risk management meetings involving adults with needs for care and support. We are also a statutory partner on SSAB.

Third Sector Representation

SSAB has third sector representation from Board Members however is committed to strengthening the working relationship. Members of the SSAB Business Team and the SSAB Operations Manager attended a third sector Health and Social Care Forum where we talked about the role of the Board, we actively contributed to board conversations with reference to stronger working relationships with the 3rd sector.

There has also been an ongoing conversation supporting the development of an early help partnership with adults who experience a range of impairments and who potentially have care and support needs.

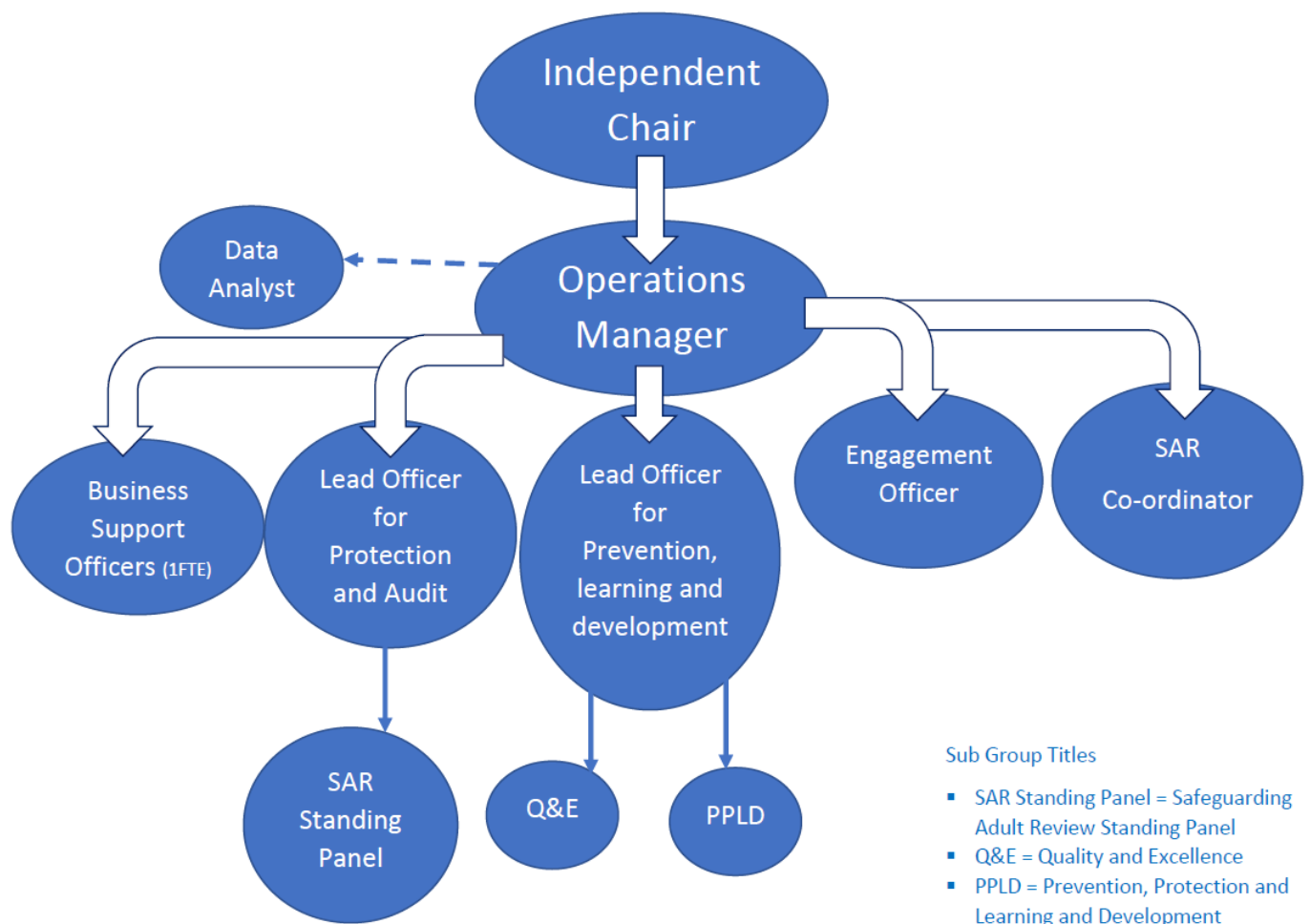
Healthwatch are committed to working in partnership to ensure the voice of the citizens of Sandwell are heard and that all activity is appropriately grounded in people's experience.

12. PLANNING FOR THE FUTURE

- Safeguarding Adult Reviews and taking forward the learning remains a priority. SSAB are going to plan an event with statutory review authors for October 2022. We hope this will be a hybrid event (some face to face and virtual attendance) with a focus on learning and what we can all do to support change.
- Building on the relationship with the 3rd sector, exploring a range of ways in which we can work together to strengthen the prevention offer and support a better understanding of safeguarding.
- Continue to develop specific issue campaigns maintaining a campaign focus under the broad banner of 'see something do something'.
- Continue to work on effective relationships with all statutory boards in the borough, identifying key areas we can work together on minimising the risk of duplication and maximising impact.
- SSAB is planning a development session in June 2022 and this will be reported on in next years annual report.

Appendix 1

SSAB STRUCTURE



APPENDIX 2

BOARD MEMBERSHIP

Black Country Health Care NHS Trust
NHS Black Country and West Birmingham Clinical Commissioning Group
Healthwatch
Safeguarding Adults Board Operations Manager
Safeguarding Adults Board Independent Chair
Sandwell Adult Social Care & Health & Wellbeing DAS
Sandwell & West Birmingham Hospital Trust
Sandwell Council of Voluntary Organisations
West Midlands Police

APPENDIX 3

FINANCE AND BUDGET INFORMATION

Sandwell Safeguarding Adults Board Budget 2020/2021 & 2021/2022

	2020 / 2021		2021 / 2022	
	Budget	% of Total Funding	Budget	% of Total Funding
<u>Expenditure</u>				
Employees	319,200	-	285,700	-
Independent Chair	21,600	-	24,200	-
SAR Case Review	43,600	-	43,600	-
Training	10,000	-	10,000	-
Legal	9,000	-	9,000	-
Advertising & Publicity	3,000	-	3,000	-
Other Expenditure	5,400	-	5,400	-
One Off	13,300	-	-	-
Total Expenditure	425,100	-	380,900	-
<u>Funding</u>				
CCG Funding	(143,500)	33.76%	(143,500)	37.67%
West Midland Police	(17,200)	4.05%	(17,200)	4.52%
Other Fees and Charges	(100)	0.02%	(100)	0.03%
Sandwell MBC	(264,300)	62.17%	(220,100)	57.78%
Total Funding	(425,100)	100%	(380,900)	100%

The work of SSAB cannot be achieved without a dedicated budget and resources. For 2020 - 2022, the financial contribution for the work of the Board came from Sandwell Council, Sandwell Clinical Commissioning Group, and West Midlands Police.

APPENDIX 4

Learning Disability & Autism advisory group action plan



(Draft 7) Learning
Disability Advisory Gr

APPENDIX 5

GLOSSARY

Abbreviation	Explanation
ADASS	Adult Directors of Social Services
ASC	Adult Social Care
ASD	Autism Spectrum Disorder
BCPFT	Black Country Partnership Foundation Trust
BCWA	Black Country Women's Aid
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
CSPR	Child Safeguarding Practice Reviews
DASP	Domestic Abuse Strategic Partnership
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
GP	General Practitioner
IDVA	Independent Domestic Violence Advocate
IMR	Individual Management Report
IRIS	Identification and Referral to Improve Safety
LeDeR	Learning Disabilities Mortality Review Programme
LD	Learning Disability
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act (2005)
NHS	National Health Service
Q&E	Quality and Excellence
SAB	Safeguarding Adults Boards
SAR	Safeguarding Adults Review
SMBC	Sandwell Metropolitan Borough Council
SSAB	Sandwell Safeguarding Adult Board
SCSP	Sandwell Children's Safeguarding Partnership
SSP	Safer Sandwell Partnership
STP/ICS	Sustaining and Transformation Partnership/Integrated Care System
SWBCCG	Sandwell and West Birmingham Clinical Commissioning Group
SWBHT	Sandwell West Birmingham Hospital Trust
VARM	Vulnerable Adults Risk Management
WMAS	West Midlands Ambulance Service
WMASFT	West Midlands Ambulance Service Foundation Trust
WMCACT	West Midlands Care Act Compliance Audit Tool
WMP	West Midlands Police

APPENDIX 5

FEEDBACK FORM

Can you please help by providing us with feedback on the content of this report?

You may wish to print off this page and return this in the post to:

Sandwell Safeguarding Adults Board

100 Oldbury Road

Smethwick

B66 1JE

Or, alternatively contact the Sandwell Safeguarding Adult Board Admin Support on 07388858414 to give verbal feedback.

Or, you can contact the SSAB Operations Manager Deb Ward using Microsoft Teams using deb_ward@sandwell.gov.uk

To improve the report next year can you please specify what information or areas you would like included:

WHO CAN I TELL MY CONCERNS TO?

To make a referral ring the Enquiry Team on 0121 569 2266

In an emergency ring 999

