

# Agenda

## Health and Wellbeing Board

**Wednesday, 21 September 2022 at 5.00 pm**  
**At Council Chamber - Sandwell Council House, Oldbury**

**1 Apologies for Absence**

**2 Declarations of Interest**

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

**3 Minutes**

5 - 12

To confirm the minutes of the meeting held on 29 June 2022 as a correct record.

**4 Additional Items of Business**

To determine whether there are any additional items of business to be considered as a matter of urgency.

**5 Social Prescribing**

13 - 52

To consider and comment on the influence of social prescribing in the management of health care delivery at Cape Hill Medical Centre, Smethwick.

**6 Health and Wellbeing Strategy Update**

53 - 94



To approve the development of the Sandwell Health and Wellbeing Board Strategy.

- 7      **Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022**      95 - 142

To consider and comment on the “Sandwell Safeguarding Adults Board’s Bi-Annual Report 2020-2022”.

- 8      **Pharmaceutical Needs Assessment**      143 - 328

To consider and comment on the “Pharmaceutical Needs Assessment 2022”.

- 9      **Holiday Activity and Food**      329 - 350

To consider and comment on the holiday activity programme and the impact it has on children, young people and their families.

- 10     **Primary Care Update (Standing Item)**      351 - 352

To consider and comment on the latest data in relation to access to primary care in Sandwell.

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

### **Distribution**

Councillor Hartwell (Chair)  
Councillors Hallan, Hackett, Padda, Piper, Mavi, Aslam, Carolan, Farmer, Muflihi, Griffin, E M Giles, Shackleton, Foster, Beeken, Davis, Green, Taylor, Young, Bishop, Jarrett and McNally

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## Sandwell Health and Wellbeing Board

29 June 2022 at 5.00pm

Held at the Council Chamber, Sandwell Council House.

### Present:

#### Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Adults, Social Care and Health
Councillor Charn Singh Padda	Cabinet Member for Housing
Councillor Elaine Giles	Chair of Health and Adult Social Care Scrutiny Board
Rashpal Bishop	Director of Adult Social Care
Dr Lisa McNally	Director of Public Health

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

Dr Priyanand Hallan	Vice-Chair and Sandwell Locality Commissioning Board Representative
Michelle Carolan	Managing Director Sandwell
Dr Sommiya Aslam	Sandwell Locality Commissioning Board
Dr Sameera Mavi	Sandwell Locality Commissioning Board

#### Healthwatch Sandwell

Phil Griffin	Chair of Healthwatch Sandwell
Alexia Farmer	Healthwatch Sandwell Manager
Paul Higgitt	Healthwatch Walsall Manager

#### Multi-Faith Sector Representative

Ragih Muflihi	Yemeni Community Association
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#### Sandwell Council of Voluntary Organisations (SCVO)

Mark Davis	Chief Executive
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#### Black Country Healthcare NHS Foundation Trust

Chris Masikane	Deputy Chief Executive
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**Officers and Invitees in attendance**

Jayne Leeson MBE	Chief Executive, Changing Our Lives
Lucy Dunstan	Deputy Chief Executive, Changing Our Lives
Nadia Mughal	Beyond the Stigma Project Participant
Justin Haywood	Operations Manager – Adult Social Care Commissioning
Dr Lina Martino	Consultant in Public Health

**22/22 Apologies for Absence**

Apologies were received from Councillors Hackett, Piper and Shackleton; Michael Jarrett (Director of Children’s Services and Education) and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

**23/22 Declarations of Interest**

There were no declarations of interest made.

**24/22 Minutes**

**Resolved** that the minutes of the meeting held on 13 April 2022 are approved as a correct record.

**25/22 Urgent Additional Items of Business**

There were no additional items of business.

**26/22 Suicide Prevention Strategy and Action Plan 2022-2025**

Further to Minute No. 36/21 (of the meeting held on 15 December 2021), approval was sought for the publication of Sandwell Suicide Prevention Strategy and Action Plan 2022-2025, subject to approval by the Cabinet.

The Strategy and Action Plan had been developed through the Suicide Prevention Partnership, which included representation from across services and sectors that contributed to improving population mental wellbeing and preventing suicide. The Strategy and Action Plan had a much wider focus than mental health services, recognising the complex relationship between the various factors associated with risk of suicide.

The Strategy had been updated with feedback received from the public consultation and would be presented to the Cabinet for approval in July 2022 prior to publication. It would be available in a variety of formats to ensure accessibility and in the four main languages spoken by Sandwell residents, as well as in a large font version.

The Strategy would be a living document and work on it and the accompanying Action Plan would continue.

**Resolved:-**

- (1) that approval is given to publication and promotion of the Sandwell Suicide Prevention Strategy and Action Plan, subject to approval by the Cabinet;
- (2) that the ongoing work of the Suicide Prevention Partnership in delivering the Sandwell Suicide Prevention Action Plan is endorsed.

**27/22 Sandwell Joint Carers Strategy 2022-2026**

Further to Minute No. 16/22 (of the meeting held on 13 April 2022), approval was sought from the Board for the final version of the Sandwell Joint Carers Strategy 2022-26 and its publication.

It was noted that a considerable amount of feedback had been received from engagement exercises carried out with carers, carer organisations, and partners, and this was reflected in the final strategy.

The following was noted in response to questions and comments:-

- Carers would be involved in reviewing the Strategy.
- A key aspect in the implementation of the Strategy was for the Council and health partners to reach out to underrepresented carers in the community, particularly from cultural groups where people caring for relatives had not traditionally considered themselves carers – raising awareness of the support and respite opportunities.
- It was recognised that conversations with families needed to be tailored to their circumstances.
- Carers would be encouraged to register their carer status with their GPs to enable signposting of services
- Health professionals, council officers and elected members were all responsible for raising awareness in their communities to ensure that carers were able to access the support they needed.

**Resolved:-**

- (1) that the Joint Carers Strategy 2022-2026 is approved and published;
- (2) that the Health and Wellbeing Board is updated on the implementation of the Strategy on a six-monthly basis.

**28/22 Beyond the Stigma Project**

The Board received a presentation on the Beyond the Stigma project from Changing Our Lives, a right base organisation bringing together South Asian women from across Sandwell to share their stories about the stigma that surrounded mental health within their communities.

The key finding emerging from the project was that women from South Asian communities experienced poor mental health in the same way as the rest of society; however, there was a stigma within their communities preventing open discussion of the issue.

The project had identified a range of issues faced by South Asian women asking for help with poor mental health, including reluctance of some GPs from the same background to acknowledge a patient's mental health problems, and a failure by some GPs to maintain patient confidentiality. This meant that women did not receive the support they needed, and this had an impact on their own families.

Mental health difficulties were considered a source of shame in South Asian communities and this was reflected in the language used around the topic of mental health. An oft-used term in Urdu and Hindi - *Lok Ki Kehnge* - translated to 'What will people say?'.

The project promoted arts as a medium of tackling mental health problems and a way to challenge myths surrounding mental health creatively. A digital notebook had been developed collating and documenting women's stories, however, only five women had contributed so far, and it was hoped that more women would be encouraged to come forward and share their stories having seen other share theirs.

The following was noted in response to questions and comments:-

- Data showed that twice as many people from white British communities access mental health services, however this did not mean that their mental health was worse than people from Asian communities.
- A *one size fits all* approach was not effective and services needed to be culturally sensitive, including having regard to treating people with dignity around pronouncing their names correctly.
- The importance and value of community-based support, as opposed to medical interventions was acknowledged and this needed to be built upon.

The Board congratulated the project leads on their positive work so far. The Black Country Healthcare NHS Foundation Trust extended an invitation to the project leads to talk to teams within the organisation to promote and strengthen the approach.

## **29/22 Update on Development of Autism Strategy**

The Board received an update on progress in the development of an Autism Strategy for the borough.

A series of engagement events had taken place with autistic people, their families and professionals from health, social care and education sectors to help shape the Strategy. Further engagement was planned to facilitate input from all key partners into the final Strategy and to ensure a robust action plan, understood by all key stakeholders, would be in place.

The Board heard examples of initiatives by West Midlands Police, West Midlands Fire Service, Job Centre Plus and West Bromwich Albion FC that expanded the range of opportunities that were becoming available to people with autism.

It was noted that there were inconsistencies in the levels of specific autism support within health sector across the Black Country, which had been highlighted with the four trusts and was being addressed.

The following was noted in response to questions and comments:-

- No formal consultation had taken place to date, however, there was ongoing engagement with people with autism.
- Lack of an autism diagnosis was not a barrier to contributing to the consultation or accessing support services.
- Links would be made with the work of Healthwatch Sandwell to ensure that the impact of comorbidities such as diabetes and heart conditions in people with autism was acknowledged and addressed in the Strategy.
- The transition from children's services into adult social care needed to be a key area of focus too.
- Whilst some organisations had resources available to support people with autism visiting their buildings – e.g. Marks and Spencer's Stores and Birmingham Airport, this was not yet embedded across the whole of society.

The draft Strategy and Action Plan would be presented to the various partner agencies making up the Board for consultation and it was anticipated that the final Strategy and Action Plan would be launched in November 2022.

**Resolved:-**

- (1) that the 9 Promises of the Sandwell Autism Strategy are endorsed;
- (2) that the proposed next steps and timelines for the development and publication of the Sandwell Autism Strategy and are endorsed.

**30/22 Health and Wellbeing Board Strategy Update**

The Board noted an update on the development of the updated Sandwell Health and Wellbeing Strategy and was consulted on ways to shape the Strategy so that it contained effective solutions in terms of encouraging partner involvement and meeting the health needs of the Borough.

The Strategy would promote a set of shared outcomes to support integrated working across all health partners and reflected imminent system changes which were outlined by the Director of Public Health. New arrangements were due to come into effect on 1 July 2022, which would see the current Clinical Commissioning Group (CCG) replaced with a regional Black Country Integrated Care Board (ICB). Partners from across the Black Country would work together under the Black Country Integrated Care Partnership (ICP) to bring agencies together in co-designing health services and initiatives. The Board would play a role in showcasing the ICP's work and would also be a platform for sharing service user stories and sharing ideas to inform the design of services.

The three key messages the Sandwell Health and Wellbeing Strategy would strive to deliver:-

- health and wellbeing initiatives and actions that were co-designed and done WITH, rather than TO, the community;

## Sandwell Health and Wellbeing Board 29 June 2022

- the taking on board of residents' ideas and views by the Council and health agencies;
- the Council's ambition that '*no one gets left behind*' by tackling health inequalities and barriers to health and wellbeing.

The Board Members concurred with the need for a single, shared outcomes framework for all health partners in Sandwell, and ideally across the Black Country, which would focus on place-based priorities.

Meeting ended at 7.16pm, following an adjournment between 5.42 and 5.45pm.

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## Sandwell Health and Wellbeing Board 21st September 2022

<b>Report Topic:</b>	Social prescribing and Chaplaincy at Cape Hill Medical Centre.
<b>Contact Officer:</b>	Dr Laura Pugh – lpugh@nhs.net
<b>Link to board priorities</b>	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> <li><b>1. We will help keep people healthier for longer</b></li> <li><b>2. We will help keep people safe and support communities</b></li> <li><b>3. We will work together to join up services</b></li> <li><b>4. We will work closely with local people, partners and providers of services</b></li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• Illustrate the significant influence of social prescribing in the management of health care delivery in a practice in Smethwick – Cape Hill Medical Centre</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Develop a social prescribing strategy for Sandwell Metropolitan Borough Council.</li> <li>• Understand what is happening across the whole of Sandwell</li> </ul>
<b>Key Discussion points:</b>	<ul style="list-style-type: none"> <li>• Evolution of the social prescribing model at Cape Hill Medical centre with illustration of how it impacts client’s health and wellbeing and it can be instrumental in getting services to work together for the good of the client.</li> <li>• It has provided an opportunity for CHMC to explore how a health centre can become the pivotal centre for health in a community.</li> </ul>

<b>Implications (e.g. Financial, Statutory etc)</b>	
<p>The idea is to create a system that is sustainable within the community and does not rely on continuous funding streams over and above the funding provided to the practice to employ social prescribers through the PCN DES.</p> <p>Some start-up funding grants may be required.</p>	
<b>What engagement has or will take place with people, partners and providers?</b>	<p>Ongoing client referrals from the GP's to the SP service.</p> <p>Ongoing projects to improve health care access through qualitative, organic idea sharing with practice clients to identify areas where the health community concept and practice can help to break down barriers and provide more equitable access to healthcare for all clients.</p>



# SOCIAL PRESCRIBING AND CHAPLAINCY AT CAPE HILL MEDICAL CENTRE

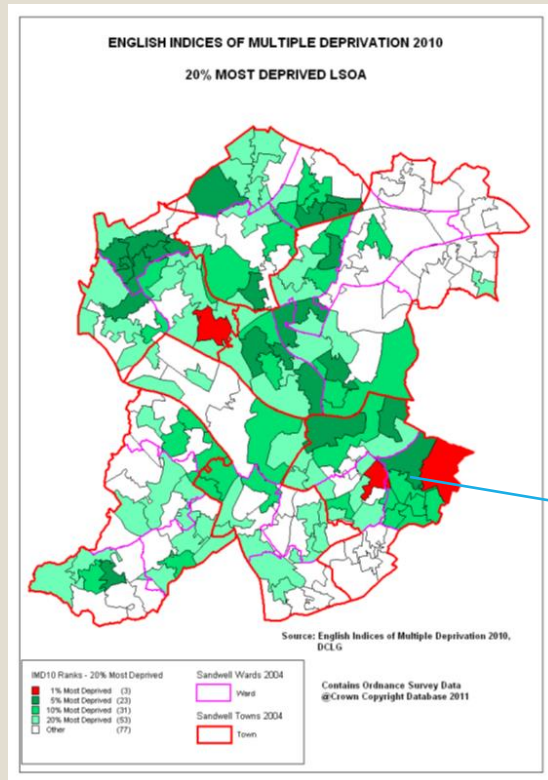
Tackling Health  
Inequalities-  
multifaceted  
approaches.

Dr Laura Pugh  
Christine  
Whitehorn  
Ruth Chatfield  
Jita Toor

# Aims of this talk....

- 1. A brief background to the journey of Social Prescribing and Chaplaincy work at Cape Hill Medical Centre.
- 2. Illustrate the impact of each component- help for patients
- 3. The impact of proactive interventions for patients who were recognised on a computer search to be frequent attenders and to be at high risk of social isolation,- help for the health economy.
- 4. on going projects

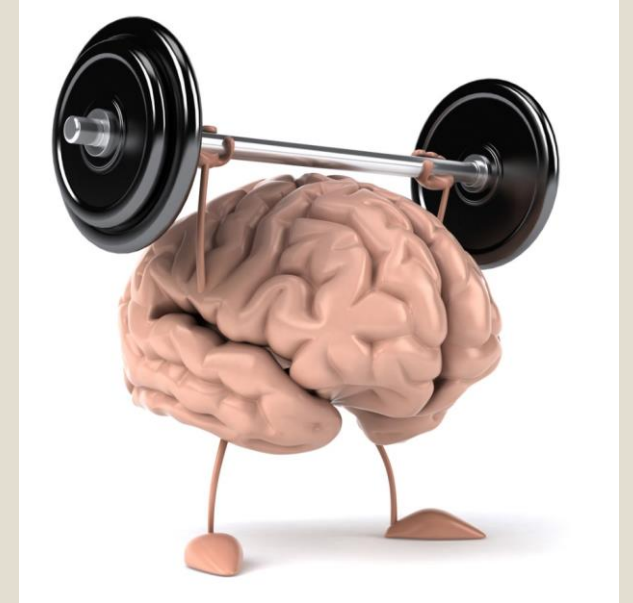
# Cape Hill Medical Centre



List size : >12,000  
Culturally diverse  
Marked Deprivation  
Long history of work with Asylum Seekers and Refugees  
Also manage Birmingham's Homeless Service.



# Holistic Care and Patient Need: What do our patients need?





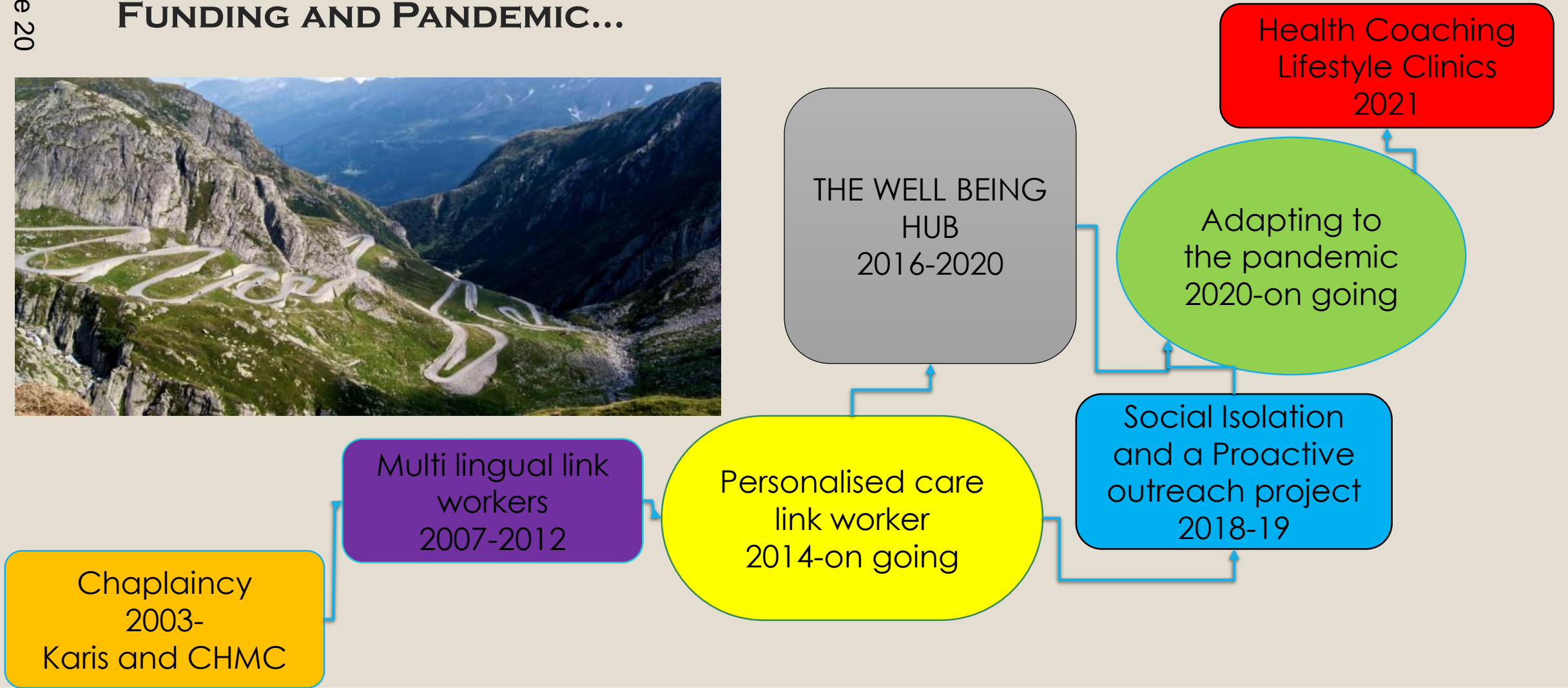
# Pressures in general practice



- As an example a Kings Fund report showed an analysis of 30 million patient contacts from 177 practices found that consultations grew by more than 15 per cent between 2010/11 and 2014/15.
- Over the same period, the GP workforce grew by 4.75 per cent and the practice nurse workforce by 2.85 per cent.
- According to the BMA in 2016 there were record numbers of practice closures in England, with more than one GP surgery closing every week (not including mergers)<sup>2</sup>
- More than eight out of 10 GPs in England say their workload is unmanageable
- The proportion of patients waiting for more than two weeks for an appointment has risen to a record high of 20% – up from 12% five years ago.
- The complexity of patients cared for in GP has also risen due to an ageing population with greater multi morbidity and policy changes which are directed towards moving care from secondary to primary care. Added to this, in areas of deprivation – such as our own the number of years of poor health before death is considerably more than in richer areas. A further complexity of this issue is the difficulty marginalised groups have in accessing primary care and the fact that the inverse care law is still as relevant today as when it was first outlined. These factors of equality and equity are at least in part responsible for the stark impact of deprivation and poverty on morbidity and mortality.

# A TIMELINE OF STORIES

## FUNDING AND PANDEMIC...



Chaplaincy  
2003-  
Karis and CHMC

Multi lingual link  
workers  
2007-2012

Personalised care  
link worker  
2014-on going

THE WELL BEING  
HUB  
2016-2020

Social Isolation  
and a Proactive  
outreach project  
2018-19

Adapting to  
the pandemic  
2020-on going

Health Coaching  
Lifestyle Clinics  
2021



# CHAPLAINCY

The Chaplaincy role is to provide spiritual support to those of all faiths and none. We have extended this to end of life care in Nursing Homes for patients in the last year of life.

12 month period 349 appointments were offered and 172 patients helped.

# Story 1:

- Miss Y
- Refugee from a war torn zone
- Muslim
- Unknown trauma history
- Mute
- No improvement with antidepressants
  
- Chaplaincy in put
- Hand massage and pictures

10 years on:  
Working in a pharmacy as an  
assistant.



# MULTI- LINGUAL LINK WORKER AND BREAKING DOWN BARRIERS

Description

# Story 2 – Shisha Bars and more

- Safe surgery principles
- **Interpreted- culture and language**
- **Worked with local NGOs to access necessary support.**
- **Link workers proactively went into the community to register patients**

Most vulnerable migrants with no recourse to public funds were registered and enabled to receive health care

# PERSONALISED CARE-SOCIAL PRESCRIBING

The underlying mission is to impact on health by addressing its social determinants and to reduce health inequalities by directly addressing barriers to good health within our communities

# No Going Back

- In 2014 we developed a permanent service to offer personalised support to all our patients who we recognised to have social needs as part of their presentation.
- Our highly skilled social prescriber tackles problems from debt to immigration issues, trafficking to homelessness. The results had an impact on our appointments- both showing an increase in accessing health care for long term conditions (Nurse practitioner appointments) and reducing GP appointments for this cohort.

# Story 3: Start of a duty surgery...

- First patient Miss N arrived at the surgery with all her possessions in a bag
- Trafficked woman
- Escaped traffickers
- NFA
- No legal support
- Physical and mental need- no previous health care in the UK
- Referred to the link worker

By the end of the afternoon- the patient had a safe place to stay, had been referred to the appropriate support for trafficked women and had been referred for legal support- allowing the Dr time to start to address the physical and mental health needs.

# Story 4: New trainees clinic

- Young person, newly homeless, frightened, very little sleep for a week due to street sleeping
- Suicidal ideation
- Beaten by bureaucracy
- Trainee's and patient's solution was medicine based- to increase the antidepressants

Social prescriber liaised with housing/job centre and after 6 hours- with the patient sleeping on a couch throughout – the patient had a bed for the night, an advocate for an interview at the job centre for the next morning and the promise of on going housing if he attended.

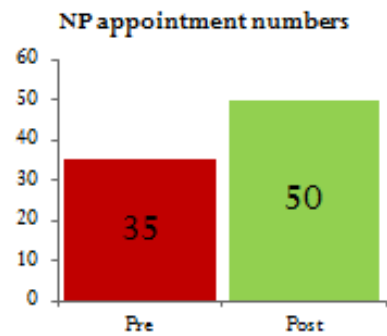
He went out 6 inches taller and making eye contact with the team which he had not done when he came in



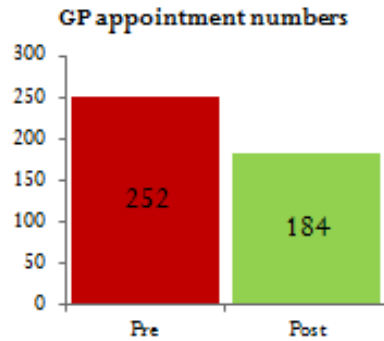
# Impact

## CHMC: Christine's Jan-Jun '17

- 66 pts seen
- Average link worker appts: 3.4
- Average GP/NP appts pre: 10.9
- Total F2F 117, total TC 106



42.9% increase in 6 month period

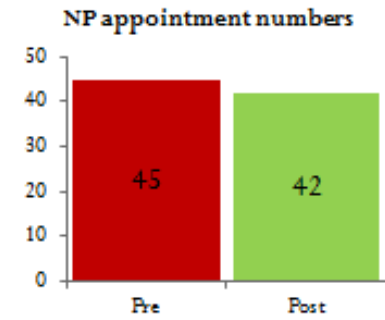


27% reduction in 6 month period

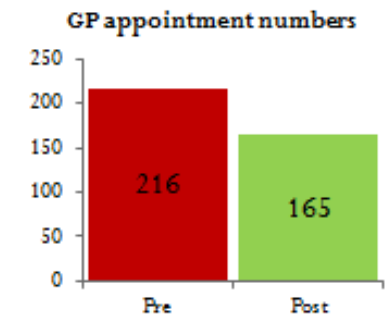
**Overall: 18.5% reduction**

## CHMC: Christine's Jul-Dec '17

- 61 pts seen
- Average link worker appts: 3.2
- Average GP/NP appts pre: 14.4
- Total F2F 76, total TC 121



6.7% reduction in 6 month period



23.6% reduction in 6 month period

**Overall: 20.7% reduction**

# WELL BEING HUB

2016- 2020

One afternoon a week

- Chaplaincy
- Counselling
- Social Prescribing
- Thrive to work
- Nursing/Doctor



# SOCIAL PRESCRIBING AND ISOLATION

Pilot project

AIM: TO EVALUATE WHETHER FREQUENTLY-ATTENDING PATIENTS WHO MIGHT BENEFIT FROM SOCIAL PRESCRIBING, CAN BE RECOGNISED THROUGH A COMPUTER SEARCH OF RISKS FOR ISOLATION, LONELINESS, OR SOCIAL PRESSURES AND WHETHER A SOCIAL INTERVENTION HAS AN EFFECT ON WELLBEING AND CONSULTATION RATE.



# Method

Patients remaining n=19

Female 16

Male 3


Age range 33-90

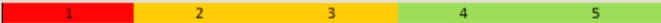
Mean age 60

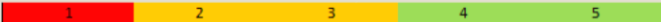
Well being score completed before and after a tailor made social intervention.


**PATIENT WELLBEING QUESTIONNAIRE**


Please answer the questions below on a scale of 1-5

1) How do you feel?  
Sad-----Happy  


2) How lonely do you feel?  
Lonely-----Not lonely  


3) How supported do you feel?  
Unsupported-----Supported  


4) Do you feel like you're getting help with your problems?  
Not getting help-----Getting help  


5) How confident do you feel in dealing with problems yourself in the future?  
Not confident-----Confident  


Patient Signature: ..... Date: .....

Link Worker Signature: ..... Date: .....

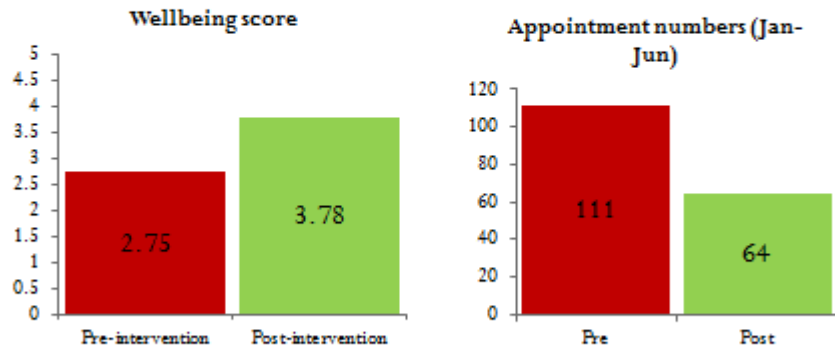
# RESULTS

- WELL BEING SCORE:
  - 10/19 patients completed the well being score before and after the intervention.
- An increase of 0.8/5 was seen.

# Initial results....

## CHMC: Oct-Dec 2017

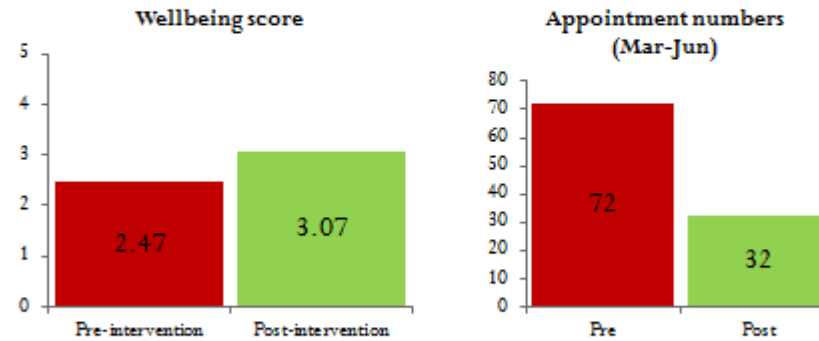
- 7 pts seen
- Average GP/NP appts pre: 35.43
- Average link worker appts: 2.7
- Total F2F 14, total TC 5



• 42% reduction in 6 month period

## CHMC: Jan-Mar 2018

- 8 pts seen
- Average GP/NP appts pre: 37.13
- Average link worker appts: 4.4
- Total F2F 16, total TC 19



• 55.6% reduction in 3 month period

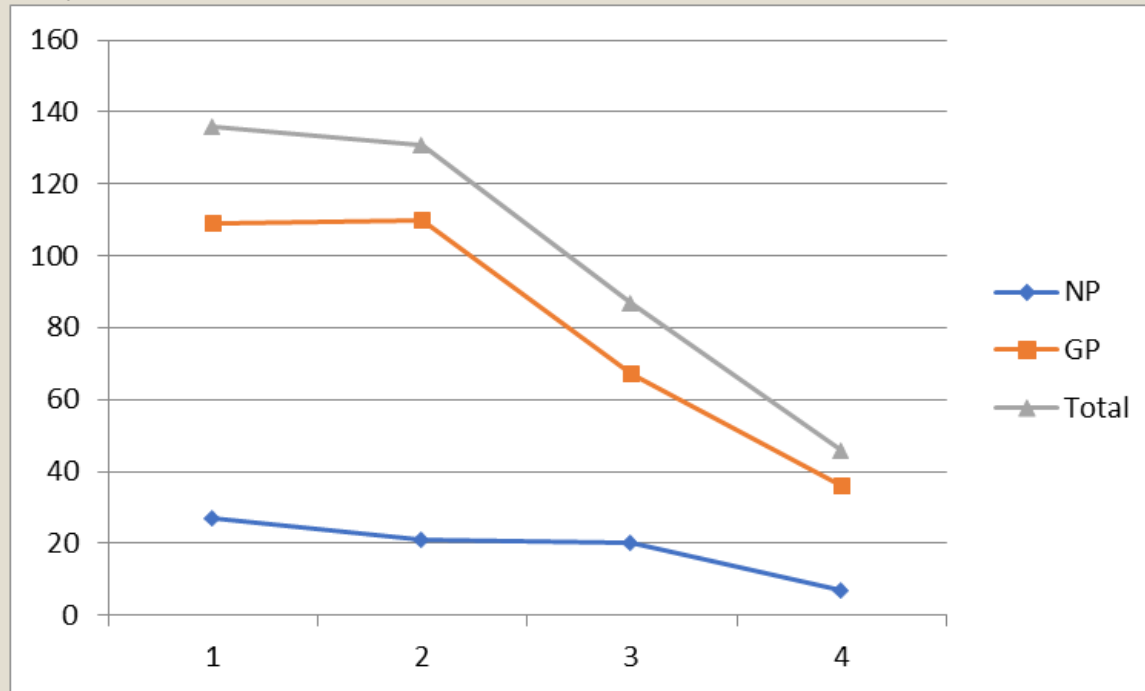


# Rate of Change

- Comparison of rate of change of appointments before and after the intervention

The graph below illustrates an almost static number of appointments attended before intervention compared with after intervention, and that the reduction following the intervention continued over the following 6 months.

Graph 3



# Discussion: General

- The numbers in this project are small- so no statistical analysis can be made. Also it was not possible for us to do a project that was controlled or blinded.
- Nevertheless, there are trends to recognise in the results.
- The results suggest a positive impact on the well-being and the consultation rates of a selected group of frequent attenders at an inner-city GP practice.
- The results suggest a reduction in appointments after a social intervention through the link worker service, where the demand for appointments before the service had been static.



# HEALTH COACHING AND LIFESTYLE

# Twice weekly clinics

- Self referral or clinician referral
- Weight management according to NICE Guidelines
- Smoking cessation support
- Alcohol brief interventions
- Exercise advice



# ASYLUM SEEKER SUPPORT

# Innovative Model- Cape's Welcome Project

- Extended New Patient Health Checks and on going care
- Hotel Gang
  - - interested clinicians from across the patch
  - - students and other volunteers- to help with orientation to NHS, directing to useful NGOs and completion of the HC1 form
  - - training and support by our own GPs, nurses and social prescribing team.
- On going expert care for this client group- whose stories reveal unmeasurable suffering.
- CHMC now offer a service to one of the hotels in West Bromwich- with support from the CCG and in house expertise and a long term locum with expertise in the field.

# PLANS FOR THE FUTURE

Developing plans to build on each of these elements- to develop group work- our aim is to be a centre for health and community cohesion- not just a health centre.

# Complete Care Community

- • Complete Care Community is a national programme which supports Primary Care Networks to identify and narrow health inequalities in their local area.
- • The programme encourages local networks to adopt a systematic approach to addressing the wider determinants of health inequalities including using data to inform action.
- • The Complete Care Community programme is delivered by Healthworks with NHS Arden & GEM. Complete Care Community's relationship with NHSE&I?
- • The Complete Care Community programme receives funding from the National Healthcare Inequalities Improvement Programme at NHS England and NHS Improvement.
- • The programme supports Core20PLUS5, the national NHS England and NHS Improvement approach to reducing healthcare inequalities.



**Insanity is doing the same thing, over and over again, but expecting different results.**

Albert Einstein

- 2022 PROJECT : The original plan
- Offering social prescribing input of choice (personalised social prescribing- including Chaplaincy care, lifestyle or group work) to individuals who are either recognised in the consultation or who are recognised from computer searches and score highly with regards to their social need/isolation and are:
  - **Individuals who are high attenders and/or**
  - **Individuals who have not accessed preventative care- such as immunisations or smears and/or**
  - **Individuals who are consistently out of target for their HbA1c/Cholesterol and BP readings.**
- Within this model we will look to promote healthy lifestyles- diet and exercise for example, mental health first aid and support for positive parenting- linking with local Health visitors and the family service unit.

# Organically growing



- What we have learned:
- That just when you think you know what you are doing you find you have no idea !
- How to identify those suffering the greatest levels of deprivation
- The need for a health literacy lead for every project
- The 80:20 ratio
- Sustainability of any project
- Co- working makes us stronger- Public Health and patients
- Patient perspectives- moving to a patient led project
- "WHAT STOPS YOUR COMMUNITY FROM BEING HEALTHY?"

What if- community group education...what if gardening groups...what if support for good food and cooking





# Vision: 20:80 vision!

- THAT THE SURGERY TRUELY BECOMES A CENTRE FOR HEALTH
- Our patients are free enough from their poverty to be able to make healthy life choices
- Our patients are free enough from their poverty to be able to feel less stress
- Our patients have access to things that allow them to have healthy lives
- Our patients have access to knowledge that helps them to live healthy lives
  
- The surgery can facilitate reduced poverty
- The surgery can be a focus of cohesion- that promotes and enables healthy choices through activities and knowledge
- The surgery has a better way of providing access that is needs based
  
- That the surgery has adequate staff to give this provision
  
- That the result is that our patients get access for acute problems when they need it- with the correct practitioner and that the patients get health promotion and prevention- reversing the inverse care law.

# REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

**CORE20**  
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



**Target population**

**CORE20 PLUS 5**

**Key clinical areas of health inequalities**



**1 MATERNITY**  
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



**2 SEVERE MENTAL ILLNESS (SMI)**  
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



**3 CHRONIC RESPIRATORY DISEASE**  
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



**4 EARLY CANCER DIAGNOSIS**  
**75%** of cases diagnosed at stage 1 or 2 by 2028



**5 HYPERTENSION CASE-FINDING**  
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

# Mini projects that are emerging

- Vulnerable pregnancies project- Mums matter.
- Cervical screening project
- Childhood immunisations project
- Asylum seeker outreach work
- Feel known , feel cared for project- tackling social isolation
- Focus on health literacy- Be part of the conversation



# Dreaming dreams

More space...and  
working with patients,  
communities , third sector  
groups and local  
author=ity groups



Thank you for listening- any questions?





## Foreword

*“The power of community to create health is far greater than any physician, clinic or hospital.”*

Mark Hyman MD

## Acknowledgments

This strategy has been co-ordinated by Nicole Robins with support from Lisa McNally, Lina Martino and Jason Copp.

## Section 1

### About Sandwell

#### Who are our people?

Sandwell is located within the heart of the West Midlands, comprising the six towns: Oldbury, Rowley Regis, Smethwick, Tipton, West Bromwich and Wednesbury. According to the latest population estimates from the Office of National Statistics, Sandwell has a population of around 341,900. Approximately 27% (93,200) of these are children and young people aged under 19, and 15% (49,700) are 65 and over.

Sandwell’s population size has increased by 11.0% over the last decade, from around 308,100 in 2011 to 341,900 in 2021. This is higher than the overall increase for England (6.6%) and reflects more rapid growth among children and working age adults, meaning that our population is ageing less quickly than in other parts of the country. Sandwell is also ethnically diverse, with 34% of residents from black and minority ethnic communities, the same as that of the West Midlands but higher than the England average of 20%.

#### Our place

As part of the Black Country, the borough has a proud industrial heritage. The local area’s economy was historically based on its rich coal and ironstone reserves, experiencing major industrial growth following the development of the canal network during the 18th century.

Sandwell has a unique position within the region of being ‘landlocked’ by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall. Despite the industrial environment and the challenges this brings, the borough has a wealth of parks and green spaces and has achieved 14 prestigious Green Flag awards.

Sandwell's rich industrial heritage and cultural diversity are key strengths and community assets which can be developed through place-based approaches to improving the wider determinants of health. The six towns each have their own distinct cultures, identities and demographics despite common factors across the borough.

### Health inequalities

Sandwell is characterised by rich cultural diversity and vibrant communities but faces considerable socioeconomic challenges and health inequalities too.

Sandwell was ranked as the 8<sup>th</sup> most deprived Local Authority out of 317 in England (ONS Indices of Deprivation 2019). Life expectancy at birth in Sandwell is 76.1 years for males and 80.7 years for females compared to 79.4 for males and 83.1 for females in England. Our residents also spend more years in poor health. Healthy life expectancy at birth is 61.6 years for males and 60.5 for females (63.1 and 63.9 years in England respectively).<sup>1</sup> A high proportion of Sandwell residents work in healthcare, manufacturing or retail, and the borough has the poorest air quality outside London.

Overall levels of socioeconomic deprivation and inequalities in physical and mental health have meant that the area has been among those hit hardest by the COVID-19 pandemic, austerity and climate change. It is therefore even more important that agencies work together to provide **the right care, to the right people, at the right time and in the right place.**

### Partnership working

Collaboration is key to achieving better health and wellbeing in Sandwell and will be facilitated by the Sandwell Health & Wellbeing Board and the Sandwell Health and Social Care Partnership. This means collaborating with professional organisations such as the NHS as well as collaborating with people in our communities.

The **Sandwell Health & Wellbeing Board** is a statutory committee made up of councillors, local GPs, council officers and members from the faith and voluntary community sector. The board has been transforming into a place that welcomes local community groups to share their stories and experiences. Hearing the real voices of local people brought the meetings to life and inspired board members to take action. By showcasing the work being done on the ground alongside the strategies behind it, the board has generated new ideas and in-depth discussions for plans in the future, knowing that local people can genuinely benefit.

The **Sandwell Health & Social Care Partnership** brings professional agencies and the voluntary & community sector together in a slightly different way. This is a space where they can design new ways of working and new approaches to address system wide problems. As a subgroup of the wider Black Country Integrated Care Board, the focus is on reducing health inequalities. The Partnership brings together Public Health, Children's Services and Adult Social Care partners with those from Primary Care, Secondary Care, Mental Health, Learning Disability and the Voluntary & Community sector.

This Partnership brings together the strengths of each of the two boards, with the Sandwell Health & Social Care Partnership looking into the system to innovate, and the Sandwell Health & Wellbeing

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<sup>1</sup> Source: Public Health Outcomes Framework

Board looking out to engage communities. We also link with the Sandwell Children's Safeguarding Board, Sandwell Safeguarding Adults Board, Children and Families Strategic Partnership and the Safer Sandwell Partnership to achieve our strategic objectives.

The overall aims of the entire partnership include the 3 P's; People, Patients and Population. For people the objectives are to cultivate and sustain happy, productive and engaged staff. For patients, it's to be good or outstanding in everything we do. The Population section is about working seamlessly with our partners to improve lives.

### Sandwell Safeguarding Adults Board

Sandwell Safeguarding Adults Board shares the Health and Wellbeing Boards ambition to create effective partnerships between all the statutory boards in Sandwell.

Sandwell Safeguarding Adults Board continues to support the board managers meeting together and opportunities for the independent chairs to meet and agree joint priority work streams. All statutory boards in Sandwell have contributed to a document that clearly identifies joint workstreams and the governance arrangements including which board is leading in which area.

Working together as a system maximises opportunities to create significant impact and benefit for the people of Sandwell and minimises the risk of duplication. This is an identified ambition of the Health and Wellbeing board in this strategy and one clearly identified in the Safeguarding Adults Board strategic plan 2022-23.

Sandwell Safeguarding Adults Board support several task and finish groups and sub groups and welcome the participation in this activity of members of public health representatives. One example of this activity is the learning disability and autism advisory group. This group consists of professionals in the field of learning disability and autism who worked tirelessly together throughout the pandemic to ensure that families and adults with learning disabilities and/or autism had access to appropriate and accessible information and vaccinations, including a specialist vaccination clinic in Tipton. This group continues to work together to provide a specific project focus and guidance to professionals, and statutory Boards. Recent examples include, training on good oral health and developing a toolkit approach to disseminating accessible information across the borough. Moving forward, Sandwell Safeguarding Adults Board is committed to working together across all systems, profiling work undertaken in relation to Safeguarding Adult Reviews and how to better profile all learning making Sandwell a safer place.

## Better Care Fund

The Better Care Fund (BCF) spans both the NHS and Local Government, integrating health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF encourages integration by requiring local partners to pool budgets and agree spending plans together. This has offered Sandwell Partners a genuine opportunity for health and social care to develop effective and sustainable services capable of meeting the unique needs of our local people and communities.



## Children's Services

The strategic outcome for children and young people as detailed in the corporate plan: The best start in life for children and young people.

The critical early period from pregnancy to a child's second birthday provides the foundation for how they will develop, grow and learn; and for their future life chances. We know that poverty can limit nutrition, affect cognitive development, the ability to do well in school and ultimately earn a good living later. It can contribute to vulnerable environments. Therefore, we have placed the emphasis on the importance of the first 1,000 days of a child's life and the importance of families securing the support available to them.

We want children to be ready for school and for schools to be ready for children. Families and communities being able to support that readiness are vital, so we are introducing specific additional measures for this early period and to prepare young people for adult life and skills, with a focus on vulnerable children.

**Our vision for children and young people:** In 2030, Sandwell is a thriving, optimistic and resilient community. Our children benefit from the best start in life and a high-quality education throughout their school careers with outstanding support from their teachers and families.

### **Young People**

We know that our young people are the future of Sandwell and we want to make sure that their views influence the detail in our plan. We ran virtual workshops with seven schools in the Borough and attended the SHAPE Forum and Care Leavers Forum. In designing our approach to talk to young people we used Sandwell's Children and Young People's Engagement Strategy as this sets the standards for engaging with young people in the borough. Officers appreciated the vibrant session with young people to help shape the young people's priorities. The following schools contributed significantly:

- Grove Vale Primary School
- Christchurch Primary School
- St Phillip's Primary School
- St Michael's Secondary School
- Shirelands Secondary School
- Q3 Langley
- Q3 Tipton

Going forward we will build on opportunities to undertake further work with young people to progress aspects contained in the Corporate Plan.

### **Partnership wide strategic priorities:**

The Children and Families Strategic Partnership, chaired by the council's Director of Children's Services has agreed and is prioritising 6 overarching strategic priorities which also feature as part of the ICS / Place developments across the borough:

- Early Help
- Early Years and the development of Family Hubs
- Mental Health, with an emphasis on services for vulnerable groups
- SEND – overall improvement agenda, including focus on transition
- Children in Care – including access to mental health provision, NEETs
- Educational attainment.

## The Health and Wellbeing Strategy

This Strategy is jointly owned by both boards. The next section will look back at some of our recent work, showing how we work together and what we have achieved, and some of the challenges we have faced.

Section 3 will look forward, describing our shared outcomes and joint workstreams across the system. Here we will explain how we will measure and monitor what we achieve.

The Strategy is not an exhaustive account of our work, but an illustration of how partnership working can help to improve the health and wellbeing of people in Sandwell.

The purpose of this strategy is not to overlap with other strategies from key boards and partnerships but to demonstrate where the pieces fit together. We recognise that there will be some crossover in interest in the work done by other boards and that not everything can be included in this strategy. Rather than duplicating that work, our aim is to look at how we can link together to improve the health and wellbeing of people in Sandwell.



[Link to other strategies.](#)

## Section 2

### How we work

In Sandwell we seek to improve health and wellbeing by doing our work *with* our residents and not to them. At the core of our work is our community, those with gifts and skills and local knowledge. We recognise that the people in Sandwell are its asset and the experts on what they need. By working with our residents, we can build on our existing community strengths, and develop solutions where there are gaps. By investing time and money into our communities we can create environments where Sandwell residents can thrive and help each other, which will reduce demand on some services and in turn improve health outcomes. We take this approach across a wide range of public health priorities and outcomes including during the Covid19 pandemic, our drugs and alcohol work, physical activity and more.

## COVID-19

### Covid-19 in Sandwell

The COVID-19 pandemic has brought challenges for physical and mental health, both from the direct effects of the virus and indirectly through social and economic impacts on people's lives. It has changed the way traditionally close communities interact, and how residents access help and support. Existing inequalities in Sandwell, and in the West Midlands and England overall, have deepened. The lifestyles of people in Sandwell were more susceptible to the virus, as an area that has many people working in sectors where social distancing wasn't possible, it had the potential to spread fast and wide.

Sandwell was one of the first Councils to establish a local Contact Tracing team alongside the national Test and Trace function. Our innovative model was cited as an example of best practice by the Local Government Association and was replicated by almost every Council in the country. We developed a supportive offer in partnership with the voluntary and community sector whilst also recruiting internal staff across departments to assist with the emergency response.

By understanding the Black Country culture and offering a familiar voice or language over the phone, we were able to increase engagement and reach more local people. In the last week prior to the launch of this service in July 2020, the national contact tracing service was failing to reach over 35% of COVID-19 contacts in Sandwell. This was the second worst performing local authority in the West Midlands region. One year after the launch of the Sandwell service the failure rate had reduced to less than 4% of contacts. Compared to the rest of the West Midlands, this was the best performance in the region of any upper tier local authority.

In addition, Sandwell ranked 80<sup>th</sup> out of 149 upper tier local authorities for infection rates and had the 3<sup>rd</sup> lowest case rates in the Black Country, just after Dudley. This is in stark contrast to what would be expected given the levels of deprivation in the borough and can be largely attributed to putting our community at the heart of the response and adapting support where it was needed. There is nevertheless no doubt that the pandemic has been devastating for many individuals, families and communities, and has left a legacy of health needs and economic impacts.

Graph from Facebook

## Covid-19 in Communities

We know that Sandwell is rich in community assets, and this was brought to the forefront during the COVID-19 pandemic. Our community and faith leaders continued to support residents with key information to help them keep safe during unprecedented times - often working with groups who were more vulnerable to COVID-19 and less able to access this information themselves. Despite having to completely change the way they interacted, from face-to-face to virtual and over the phone, they maintained contact with those who needed support. As the pandemic developed, our local community groups continued to adapt to ensure continued access and provide information around vaccinations.

In 2021 we won the Local Government Chronical Award for our work to increase vaccination uptake in the borough, with a focus on black, Asian and minority ethnic groups, which traditionally have lower vaccination uptake rates. We worked in partnership with NHS and voluntary and faith organisations to provide vaccination clinics in mosques, gurdwaras, community centres and other venues, and with the Sandwell 'Vaccination Bus' at The Hawthorns Stadium. The public health team also trained influential people in the community to support people to get vaccinated. The 'Community Vaccination Leaders' course trained around 180 local people including faith leaders, community organisers and voluntary sector workers. The course proved so popular that other council teams in the UK came to Sandwell to learn how to deliver the course in their areas.

The Vision 2030 COVID-19 grants enabled groups to identify what was needed in their communities and put the right support in place. With over £250,000 grants funded to more than 25 community groups a huge range of tasks were completed, and support provided; proactive writing and calling to service users, social media coverage, 1-on-1 and group conversations and support, translation of guidance and culturally appropriate messaging, practical support to access vaccinations, vaccination champions and promotion of vaccination clinics.

*"Feedback from parent carers was very positive. Many said they were anxious about the vaccine but that the information we were able to provide was factual and timely and allowed them to make informed decisions. We were also able to provide information on vaccine clinics, pop ups and opportunities through pharmacies etc that families were not aware of. Parent carers were also able to register with their GP as a carer which will have longer term benefits for them and their healthcare."*

*"Focus groups created some change in understanding and attitude towards the vaccinations. The involvement of our 2 vaccine champions, Kurdish medical professionals and the Romanian health professional in RUDA's Facebook live session was extremely helpful in addressing some of the myths around vaccines."*

Sandwell Metropolitan Borough Council has provided £1.1m Covid-19 Emergency Funding to support voluntary organisations to meet the demand for emotional wellbeing services for children. This programme is being administered by SCVO and is funding additional capacity in the areas of counselling, mentoring and sports-related activities. The aim of the programme is to meet the increasing demand for emotional wellbeing and mental health support and prevent needs from escalating into more specialist mental health services.



## Covid-19 in Adult Social Care

Adult Social Care had oversight and coordination of vaccination uptake monitoring and promotion in care homes and non-residential ASC services. They developed and updated trackers to support mandatory vaccination requirements and carried out extensive provider engagement to identify barriers to vaccination, market impact, risk mitigation and business continuity plans. This also involved developing education interventions in collaboration with Public Health colleagues to promote vaccine uptake in addition to supporting access to vaccination, including signposting, liaison with hospital and CCG teams and collaboration with the Public Health team to deliver pop-up sessions for local care providers. Finally, assurance reporting to internal and external forums, including responses to ADASS and DHSC requests.

At the beginning of the pandemic Stoney Lane management team became the main distribution route for PPE in Sandwell, setting up a storage and distribution process that would put Amazon to shame. By working as a team to help each other navigate challenging times and devising new forms for booking in and out PPE, we worked hard to ensure everyone had the PPE they needed to keep themselves safe. This included: residential homes, in-house and private sectors, direct payment recipients, boxes of PPE for schools and finally, support to providers to access the local offer for fit-testing for FFP3 masks through liaison with SWBH team.

Throughout the pandemic, staff at Adult Social Care's (ASC) first point of contact, Sandwell Enquiry, continued to work at their office-base at the Independent living Centre, to respond to the huge surge in calls and emails that came in. New staff members and re-deployed colleagues had to hit the ground running from March 2020.

They answered around 27,000 calls and received around 35,000 emails whilst also dealing with ambulance logs, safeguarding concerns, blue badge processing, missing people and so much more. This means that, during the early stages of the pandemic, our team had contact with about 20% of Sandwell's residents!

*"Kerry would like to thank us for everything we have done. Her father was very grateful for his parcel, and when he saw there were teacakes it made him smile. She said we should all be very proud of ourselves."*

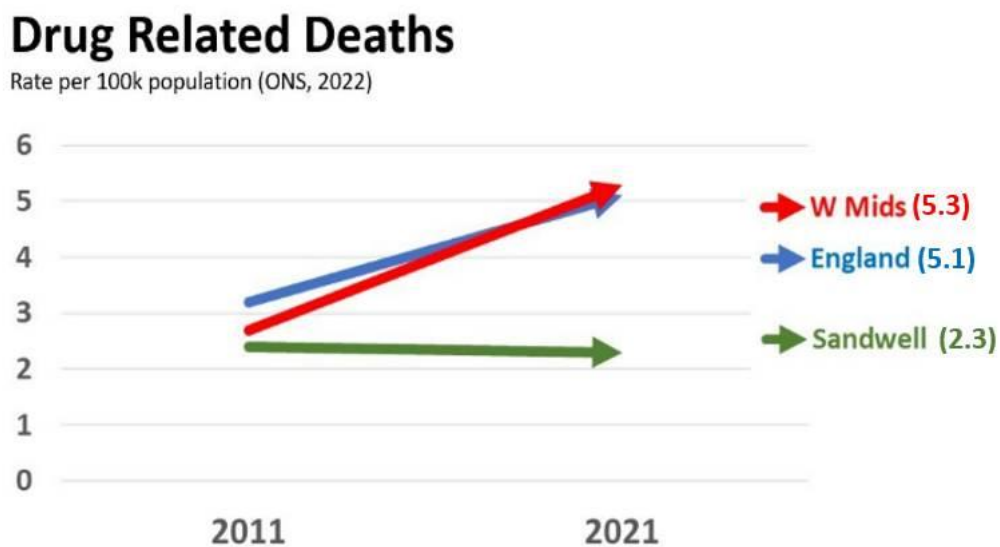
## Drugs and Alcohol

The young person's substance misuse service (DECCA) is commissioned by Sandwell Public Health and based in Sandwell Children's Trust. The service consists of three elements – universal prevention, early intervention and specialist treatment. Interventions that contribute to reducing admissions include work with education services to ensure young people are aware of the risks of substances, training for professionals to be confident when having conversations and providing accessible, non-time limited specialist treatments.

Continuity of care between prison and community substance misuse services is vital for improving offender health, reducing drug and alcohol related harm and reducing reoffending. Rates of continuity of care in Sandwell are higher than both the regional and national averages. Effective partnership working and communication between probation services, prison healthcare, Sandwell's substance

misuse services and wraparound support such as housing plays a key role in successful outcomes for this group. Timely access to services is also vital and in Sandwell, Cranstoun are able to offer appointments on the day of release where required. Cranstoun Sandwell provides free and confidential advice and support to adults in Sandwell who would like to talk about alcohol or drugs.

In Sandwell we stick to the five principals on drug harm reduction. These include a holistic approach of wrap around support with housing, finance, legal problems, physical and mental health and social relationships. We also ensure we maintain our partnerships, as without a strong link between prison staff and the drug treatment teams there are gaps our residents could fall through. Cranstoun, as previously mentioned, are the third part of our principles, their first-class treatment using expertise and commitment through every level of staff from commissioner to the provider ensures that everyone’s needs are met. By taking the work to the people who need it rather than waiting for them to come to us we make sure life-saving naloxone and other interventions are provided in the right place and at the right time. Finally, maintaining investment in these resources over the years has ensured a continued level of support and the ongoing support from stakeholders from seeing the cost-effective treatment reduce demand on other systems and services. Thanks to this approach we have achieved the lowest drug related deaths in the West Midlands and are within the lowest ten in the country.



#### Better Mental Health Programme

Last year Sandwell Council successfully secured £391,272 of funding for the Better Mental Health Programme. The Better Mental Health Programme works alongside community partners to develop exciting and innovative projects to improve mental wellbeing for the whole community. These projects recognise the importance that good mental health has to our overall wellbeing. Strong established relationships between Sandwell Council and the voluntary and community sector have been key to the success of the programme, providing the ideal opportunity to build on our unique assets and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme is informed by what our communities have told us they need and what is important to them.

Ten diverse and unique projects to improve mental wellbeing were rolled out to the community as part of the programme. These were:

1. **Changes** – offers support for parents, helping them to navigate their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.
2. **Activities for New and Expectant Parents** – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns.
3. **Sandwell Libraries and Archives** – libraries provide a safe and inclusive community hub. This project aims at providing parents and carers of under 5's with a range of social activities such as Play Talk Read and the Sandy Bear Scheme.
4. **Anti-bullying** - Children and young people in Sandwell have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackle this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for children and young people, teachers, parents and wider communities.
5. **The Voluntary and Community Sector Well-being Charter Mark** - Having successfully embedded the Schools' Wellbeing Charter Mark to adopt a whole school approach to mental health improvement across Sandwell, we aim to extend this throughout the community and voluntary sector in the hope to build emotional resilience by engaging in hobbies, interests and communities.
6. **Team Talk Albion** - The project aims to engage men (aged 18+) living in Sandwell with weekly 5 a side football matches located at the Portway Lifestyle Centre aiming to improve health and wellbeing through football.
7. **Tough Enough to Care** – These sessions include a 45-minute interactive presentation covering mental health basics and dispelling common myths about mental illness. The project also includes peer support groups which are open to all men aged 18+ from the Sandwell area.
8. **Ideal for All** - Supporting minority ethnic communities through targeted peer support, information and activity sessions. This project offers befriending and improved mental wellbeing through gardening and companionship.
9. **Mental Health Literacy** - This project has 3 elements, the first being "i-Act Understanding & Promoting Positive Mental Health & Wellbeing" training courses. The next is the development of Community Mental Health Champions who can help raise awareness of mental health and challenge stigma within their respective communities. The last is through the charity Kaleidoscope Plus Group who have been delivering accredited courses such as the popular Mental Health First Aid course.
10. **Community Mental Health Grant Programme** - A grant programme focusing on promoting positive community mental health with funding being available to support activities that are run by local people for local people.

By the end of March 2022, a total of 1,402 unique beneficiaries had been reached, with a significant improvement in self-rated wellbeing among those participating in the programme. Projects have been very well received in our communities, and feedback from participants and service users highlighted

social connection, improved confidence and wider wellbeing as key benefits. The success of Sandwell's Better Mental Health Programme to date gives us strong foundations to build on and sustain its legacy, both through increased capacity in the voluntary & community sector and additional funding to continue and expand the programme.

"Sandwell Council has a strong track record of working closely with the voluntary and community sector, and their Better Mental Health programme is a clear example of asset-based community development in action. Feedback to date has been very positive and not only demonstrates immediate benefits of support for clients and community groups, but also a longer-term legacy for mental wellbeing promotion and reducing inequalities in mental health".

- *Paul Sanderson, Health & Wellbeing Programme Lead, OHID West Midlands*

"I am getting my confidence back as a mother because I am able to stay calm and talk to my kids instead of shouting at them and telling them off. We now discuss problems instead."

"I loved learning new things. I've had the confidence to attend other courses and the library."

- *Feedback from parents, Changes Antenatal and Library Project*

"The project has helped us to reach a much wider and more diverse audience that we may not have really crossed paths with if we weren't involved in this project. The links we have established throughout Sandwell have not only helped us to grow as a charity but we are now in a much stronger position to support others and it has confirmed our thoughts that people do want to talk about mental health in Sandwell, but they never really had an outlet, this project has allowed us to become a route for these discussions and has helped 100 s of local residents".

- *Stu Bratt, CEO, Tough Enough to Care*

### Commonwealth Games Legacy

Sandwell was proud to host the swimming and diving events for the Birmingham 2022 Commonwealth Games in Sandwell. The Sandwell Aquatics Centre is a world-class sporting facility that will benefit Sandwell people for decades to come when it becomes a public leisure centre in spring 2023 following the Games.

We have welcomed thousands of athletes and spectators over the summer, giving us the perfect opportunity to show what a friendly and diverse place Sandwell is on the world's stage. It has been a great time to celebrate our rich diversity, culture and heritage.

The new leisure centre is bringing to Sandwell a 50m Olympic-sized swimming pool, 25m diving pool, community swimming pool, activity studios, sports halls, gyms, cycling studio, dry diving centre, sauna, football pitch, urban park, children's play area and café. This will be a place where local people will gain immeasurable health, fitness and social benefits and where everyone is welcome and able to access activities that are suitable for them.

We now have a task to build and create a legacy from the Commonwealth Games with our residents to get people, especially young people into physical activity. We have already started to invest more into free swimming, now over £300,000 per year will be spent on free access to swimming as well as swimming lessons in Sandwell.

**Pictures of Aquatic Centre and local athlete**

## Physical Activity

The latest Sport England survey shows that children in Sandwell are on average the most active in the West Midlands and fourth most active in England. The Active Lives Children and Young People Survey by Sport England looked at what proportion of children aged 5 to 16 are meeting the national physical activity guidelines of an average of at least 60 minutes moderate-vigorous intensity exercise per day. The percentage of Sandwell's children meeting physical activity guidelines has risen significantly over the last four years, to the current high position in 2020/21 with 59.7% of children meeting the target despite the disruption of the pandemic.

We are currently working with activity groups across all six towns, covering a range of activities such as; dance, football, martial arts, basketball, cricket, swimming, gymnastics, athletics and many more! It is important to maintain these activity levels throughout the life course to help reduce the risk of some major illnesses and as we know physical activity can help improve our mood, sleep quality and reduce risks of stress. We have ongoing work with adults to help them increase their physical activity levels and maintain them. From the Covid19 pandemic many people became more familiar and reliant on parks and green spaces, because of this we will have new activities happening across all of the towns for adults to engage with their local spaces and ensure they get the most out of it. In addition, we are working to increase cycling opportunities across the borough, so people not only feel more confident on a bike but are also able to access bikes locally to them.

There are already some great projects happening in Sandwell allowing children, young people and families to get involved with different activities such as cycling. The Sandwell Valley Explorer, a short family friendly guided bike ride for all abilities is just the beginning of our cycling work. Benson Community Project is also offering family bike rides and learn to ride sessions in Smethwick. This is providing a great way to learn new skills, help others and get more active. Led rides are also already running at Lightwoods Park, but we are also exploring opportunities to train more volunteers to help run similar activities across other areas of Sandwell. Cradley Community Link are one such group looking to train young people as some cycle champions to not only lead rides but also share skills on how to look after a bike.

Picture from cycling groups

## Section 3

This section is about looking forward and setting out our shared outcomes and joint workstreams across the system. Over the last two years we have built and grown relationships with the health sector and wider partners. Our ambition in 2022 is to continue to develop this integrated working.

### Sandwell Health and Care Partnership

In 2022 Sandwell organisations launched the Sandwell Health and Care partnership, with membership from Adult Social Care, Health Partners and third sector organisations.

- Partners will take **decisions together** through a shared decision-making model.
- **Shared leadership** and coordination roles.
- **Pooling budgets and resources** and reducing red tape.
- **Oversight** that will make local places truly **accountable** for delivery and decision making.
- **Digital innovation** across wider system areas to remove post code curtains.
- **Workforce development and sharing.**
- **Focusing** on the **needs of the population** rather than the objectives of the partners or the organisers.

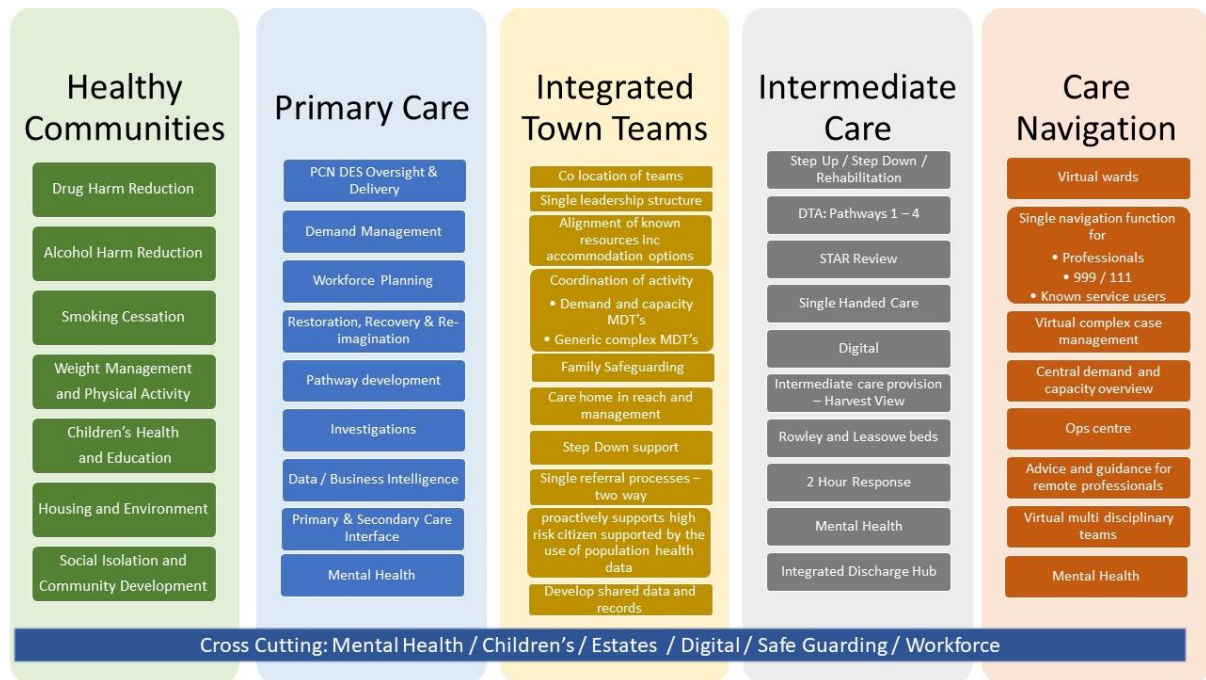
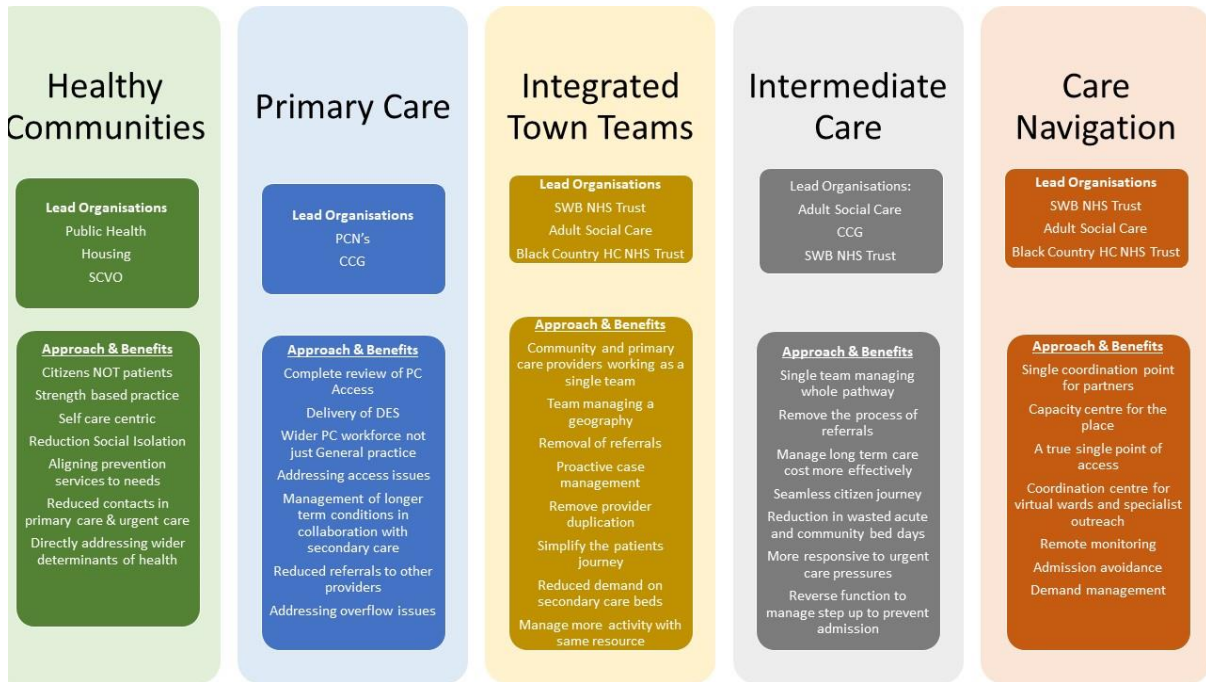
### Sandwell's approach to integrated working

Sandwell's vision and approach align broadly with the direction set out in the Government white paper *Joining up care for people, places and populations* (Feb 2022). A Place Based Partnership Board has been established, along with a Senior Management team that works on behalf of the partnership to deliver integration objectives. A programme of work has been developed comprising five workstreams: Healthy Communities, Primary Care, Integrated Town Teams, Intermediate Care and Care Navigation. The programme links with the Midland Metropolitan University Hospital (MMUH) delivery programme to ensure appropriate community provision.

The figure below shows how each of the five workstreams contributes to our place-based approach to improving population health and wellbeing, and the lead organisations within each workstream. As each workstream progresses, we will move towards a more holistic, integrated system of care where partner organisations work together to align healthcare needs with wider wellbeing and ensure that people receive the right care at the right time. Placing a greater emphasis on prevention and community wellbeing will reduce the need for acute services and relieve pressure points across the system.

While each workstream is distinct, they are all co-ordinated and linked with one another, underpinned by core themes: reducing inequalities, building on community strengths, and providing person-centred care. There are also several cross-cutting areas that are integral across workstreams, including mental health, children, estates management, digital innovation, safeguarding and workforce development.

CCG needs updating to say ICB in diagram below.





## Healthy Communities

This workstream takes an asset-based approach to improving the wider determinants of health and wellbeing – the conditions in which our residents are born, live, grow, work and age. SMBC's Public Health and Housing teams will work closely with the voluntary and community sector to reduce social isolation and promote self-care. Ensuring that people are appropriately supported through preventative services will reduce the need to progress to primary care and urgent care.

### Drug Related Harm

Building on the outstanding success described in Section 2, we will aim to keep drug-related deaths and hospital admissions as low as possible. We will do this by investing extra funding into treatment services, harm reduction initiatives and preventative work. We will also enter into a new partnership arrangement with the Police and Crime Commissioner and other Local Authorities in our region. This will allow us to better address cross boundary issues more effectively, including enforcement and drug-related crime, while retaining autonomy at a local level on treatment and community development work.

### Alcohol Misuse

Our Blue Light programme has already won two national awards and is a platform on which we can continue to build an effective approach to reducing alcohol-related harm. While maintaining effective treatment options for those struggling with alcohol dependency, we will also work with our community to raise awareness of binge drinking and regularly exceeding recommended alcohol consumption limits. In addition, we'll work with Licensing Teams to ensure that we prevent under-age sales and with schools to make sure our young people are very aware of the dangers of alcohol.

### Housing and Environment

We are currently working with the University of Birmingham on a number of research projects (indoor air quality, use of personal monitors, noise monitors that can identify traffic types, behaviour change interventions and climate change), commissioning a climate change adaptation plan for the Borough, supporting community climate change and faith sector air pollution projects across the Borough, and working to improve the energy efficiency of Sandwell's housing stock.

## Primary Care

Led by Primary Care Networks and the Integrated Care Board, this workstream aims to improve access to primary care services and the management of longer-term health conditions. Primary care networks (PCNs) were introduced at the beginning of January 2019 as part of the NHS Long Term Plan, supported by significant additional investment. PCNs build on existing primary care services through GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. This enables a shift from reactively providing appointments to proactively caring for the people and communities they serve, with greater provision of personalised, coordinated and more integrated health and social care for people close to home. Within this workstream current access to Primary Care services will be reviewed and will inform the delivery of the Network Contract Direct Enhanced Service (DES) underpinning the role of PCNs. The DES helps to empower general practice within the wider NHS and improve the range and effectiveness of primary care services.



## Integrated Town Teams

SMBC's Adult Social Care team will lead with SWBHT and BCHC NHS Trust to establish care teams aligned to each of the six towns in Sandwell. Within each town, community and primary care providers will work together as a single, integrated team to manage citizens' care directly and proactively, simplifying their journey through the system. In addition to improving people's experiences of care pathways and considering the unique needs and assets in each town, removing duplication across providers will allow us to make better use of resources and reduce demand for secondary care beds.

Here in Sandwell we have a strong history of working together in partnership to support residents. However, we need to do more to support people to have the best possible lives and reduce health inequalities. We are developing Integrated Town Teams within each of the 6 Sandwell towns to provide holistic support tailored to the needs of citizens. Each town will have 1 core team consisting of physical and mental health providers, Public Health, Social Care and voluntary services that will respond to people exactly when required.

Our Town Teams will eliminate the need for multiple individual referrals and instead provide a 1-team approach with the ability to provide holistic care and support with continuity of care, built on trusted relationships to avoid missed opportunities. The multi-professional, multi-agency teams will have the skills and knowledge to provide person / family-centred care and eliminate multiple hand-offs and missed opportunities.

Each town will have a family hub working in partnership with the core town teams to specifically support our children, young people and families to ensure the best start in life. Using population health data and shared intelligence, the teams will have knowledge of the residents who are most at risk and provide proactive support to reduce urgent care demand and crises. Our data shows clear health inequalities between each of the Sandwell towns and we are prioritising the following areas:

- Improving outcomes for children and young people
- Improving Mental Health
- Reducing unplanned, emergency hospital admissions
- Reducing morbidity from respiratory disease
- Reducing morbidity from cardiovascular disease
- Improving care for older adults
- Improving End of Life Care so more people can die in a place of their choosing

In addition, we know that the specific town in which you live will affect the likelihood of you developing poor health and needing urgent emergency care. By working and co-producing care with citizens and all partners, we will aim to reduce inequalities between towns through a town focussed, needs based approach.

**Improving mental health is a key priority for our Town Teams.** We are developing a new model of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs, and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups. This new model will seek to remove barriers to access to treatment and support at the earliest point of need. The new model will:

- Provide continuous care across primary and secondary services to ensure there is care and support available for those who do not meet existing thresholds for secondary care, and to avoid people losing care and support following discharge from community mental health teams (CMHTs).
- Improve access to evidence-based, meaningful care to help people feel better and stay feeling well.
- Span both transformed core primary/community provision and dedicated community-based services for the following groups, ensuring improved access to high quality, evidence-based care and reduced waits.

## Intermediate care

As with the Integrated Town Teams, the aim of this workstream is to establish more efficient care pathways that remove duplication across providers and enable more co-ordinated, seamless care for citizens. The Adult Social Care team will work with NHS partners (ICS and SWBHT) to implement a single team managing the whole pathway from admission to discharge to rehabilitation. As a result, long-term care costs will be managed more effectively and there will be fewer wasted acute and community bed days, which in turn will allow us to be more responsive to urgent care needs.

## Harvest View

Reducing the time patients spend in hospital once the acute care they need has been delivered is vital to improving health outcomes. This is especially true for older people, who are at increased risk of falls, infection and injury the longer they stay in hospital. Sandwell Council and Sandwell and West Birmingham Hospitals NHS Trust (SWBH) has developed a comprehensive Discharge to Assess (D2A) process. Working with other partners from the community and voluntary sector, the D2A process ensures people get home as quickly as possible. At the heart of the process sits a fully integrated Discharge Hub, with health professionals working in partnership with local authorities to design packages of care to help people return safely and confidently to the comfort of their own home.

Underpinning the D2A process are the questions “why not home?” and “why not today?”. This helps the team focus on finding solutions and overcoming potential barriers to someone being able to go home.

The latest major milestone to support D2A in Sandwell is the new Harvest View social care and health centre in Rowley Regis, which is set to open in September 2022. The £14million centre will provide on-site specialist support from social care and health staff, to help get people back home from hospital or provide structured support to avoid a hospital stay altogether. Sarah Oley, a directorate lead for primary care at SWBH, said: “Harvest View represents another exciting opportunity to deliver integrated health and social care services across our system for the people of Sandwell, building on the positive work we have already started with Discharge to Assess.

*“The unit will have a strong focus on ‘home-first’ reablement and supporting individuals to live as independently as possible following a social care or health crisis and avoiding unnecessary placements for people in long term care facilities.”*

**The £14 million centre, which is set to open in November 2022, will provide on-site specialist support from social care and health staff to help get people back home from hospital or provide structured support to avoid a hospital stay altogether.** It will include 80 individual bedrooms,

communal areas, and state-of-the-art facilities. The centre will also include features that will ensure accessibility throughout the building for wheelchair users and people with limited mobility. It will be the first of its kind in the region and will support D2A in Sandwell. Residents will experience better care and lower lengths of stay than in hospital or in a community bed by benefiting from a care ethos that meets holistic needs – including maintaining social connections to the community.

## Care navigation

A central co-ordination point will be developed for partners, providing a single navigation function for professionals, 111/999 and known service users. The virtual space will provide new opportunities to develop innovative and efficient approaches to care planning, delivery and monitoring, bringing partners together through virtual multidisciplinary teams, virtual wards and virtual complex case management, and providing advice and guidance to remote professionals. Having a central overview of demand and capacity will help to manage demand and prevent admissions through earlier intervention.

## Fair cost of care

For domiciliary care and older peoples residential services – mandated by Government to support accelerating costs within the care and support market.

We plan to also apply this approach to other markets including supported living, extra care and day services. This work will have a significant impact on budget requirements. To address the urgent cost pressures being experienced by providers we have agreed an interim arrangement to support the sustainability of care and support provision whilst we work towards the Cost of Care outcomes expected in October 2022.

This work is critical to support a diverse and sustainable care and support market in Sandwell, a requirement of the Care Act, which can respond quickly to provide quality services to meet the assessed needs of our citizens.

## Care Cap

From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. The cap will not cover the daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap.

From October 2023, anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, will begin to progress towards the cap. Costs accrued before October 2023 will not count towards the cap. To enable this, the local authority in whose area the person is ordinarily resident will start a care account, which is personalised to the individual and will monitor their progress towards the cap. Before the cap comes into effect, local authorities need to work to identify people who currently meet their eligible needs themselves, to ensure that they can begin progressing towards the cap from the point it comes into effect.

## Joint Outcomes Framework

The Joint Outcomes Framework sets out the priority outcomes for each organisation which will support the delivery of these workstreams and enable us to monitor our progress.

Joint Outcome Framework - Outcomes	
Organisation	Outcome
Adult Social Care	Further promotion of 'Home First' to support people to promote independent living at home
Adult Social Care	Workforce strategy
Adult Social Care	Asset/ strength- based practice
Adult Social Care	Having a strong community offer that improves and supports prevention
Adult Social Care	Improve the digital tools to allow for greater choice and independence for residents to remain in their own homes longer
Adult Social Care	Managing the market to ensure customers have a choice of quality and affordable providers to meet their care and support needs
Black Country Partnership	Estimated diagnosis rate for people with dementia
Black Country Partnership	Dementia care plan reviews
Black Country Partnership	People with severe mental illness (SMI) receiving a full annual physical health check (PHC)
Black Country Partnership	Learning disability registers and annual health checks delivered by GPs
Children's Services	Domestic abuse- children, victims and perpetrators
Children's Services	CYP SEND, Mental Health and Wellbeing
Children's Services	Early help- early intervention and prevention aligned to family hubs model
Children's Services	CYP Educational attainment inc. a focus on NEET for care leavers (19+) and Early Years, language development a step on from EYTA work
Children's Services	The youth offer aligned with wider regeneration opportunities to include employment and skills alongside apprenticeships
Primary Care Network	Improve the diagnosis of patients with hypertension by 1.2% from current baseline
Primary Care Network	80% of all women have had screening for cervical cancer within the last 3 years if aged between 25-49 years and last 5 years if aged between 50-64 years
Primary Care Network	All care home residents will have personalised care and support plans agreed or reviewed at least annually at a MDT.
Primary Care Network	90% patient eligible for influenza and pneumococcal immunisations will have received their vaccinations
Primary Care Network	95% of all children will have received vaccinations as per the National childhood immunisation schedule as appropriate to their age
Public Health	Reduce Smoking Related Harm
Public Health	Reduce Alcohol Related Harm
Public Health	Reduce Drug Related Harm
Public Health	Reduce Obesity Related Harm
Public Health	Public Health Support to the Voluntary Sector
Public Health	Public Health Support to Infants
Sandwell and West Birmingham Hospital Trust	Reduce the total number of hospital bed days for people aged 65 and over
Sandwell and West Birmingham Hospital Trust	% of people achieving their preferred place of death
Sandwell and West Birmingham Hospital Trust	Improve the survival rates for people with a cancer diagnosis
Sandwell and West Birmingham Hospital Trust	Number of urgent (unplanned) readmissions to hospital within 30 days of discharge and benchmark against regional and national data
Sandwell and West Birmingham Hospital Trust	Improve the outcomes for children and young people - best start

*“Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it.”*

Sir Michael Marmot

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## Foreword

Include foreword here.

*“The power of community to create health is far greater than any physician, clinic or hospital.”*

Mark Hyman MD

## Section 1

### About Sandwell

#### Who are our people?

Sandwell is located within the heart of the West Midlands, comprising the six towns: Oldbury, Rowley Regis, Smethwick, Tipton, West Bromwich and Wednesbury. According to the latest population estimates from the Office of National Statistics, Sandwell has a population of around 341,900. Approximately 27% (93,200) of these are children and young people aged under 19, and 15% (49,700) are 65 and over.

Sandwell’s population size has increased by 11.0% over the last decade, from around 308,100 in 2011 to 341,900 in 2021. This is higher than the overall increase for England (6.6%) and reflects more rapid growth among children and working age adults, meaning that our population is ageing less quickly than in other parts of the country. Sandwell is also ethnically diverse, with 34% of residents from black and minority ethnic communities, the same as that of the West Midlands and higher than the regional England average of 20%.

#### Our place

As part of the Black Country, the borough has a proud industrial heritage. The local area’s economy was historically based on its rich coal and ironstone reserves, experiencing major industrial growth following the development of the canal network during the 18th century.

Sandwell has a unique position within the region of being ‘landlocked’ by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall. Despite the industrial environment and the challenges this brings, the borough has a wealth of parks and green spaces and has achieved 14 prestigious Green Flag awards.

Sandwell’s rich industrial heritage and cultural diversity are key strengths and community assets which can be developed through place-based approaches to improving the wider determinants of health. The six towns each have their own distinct cultures, identities and demographics despite common factors across the borough.



## Health inequalities

Sandwell is characterised by rich cultural diversity and vibrant communities but faces considerable socioeconomic challenges and health inequalities too.

Sandwell was ranked as the 8<sup>th</sup> most deprived Local Authority out of 317 in England (ONS Indices of Deprivation 2019). Life expectancy at birth in Sandwell is 76.1 years for males and 80.7 years for females compared to 79.4 for males and 83.1 for females in England. Our residents also spend more years in poor health. Healthy life expectancy at birth is 61.6 years for males and 60.5 for females (63.1 and 63.9 years in England respectively).<sup>1</sup> A high proportion of Sandwell residents work in healthcare, manufacturing or retail, and the borough has the poorest air quality outside London.

Overall levels of socioeconomic deprivation and inequalities in physical and mental health have meant that the area has been among those hit hardest by the COVID-19 pandemic, austerity and climate change. It is therefore even more important that agencies work together to provide **the right care, to the right people, at the right time and in the right place.**

## Partnership working

Collaboration is key to achieving better health and wellbeing in Sandwell and will be facilitated by the Sandwell Health & Wellbeing Board and the Sandwell Health and Social Care Partnership. This means collaborating with professional organisations such as the NHS as well as collaborating with people in our communities.

The **Sandwell Health & Wellbeing Board** is a statutory committee made up of councillors, local GPs, council officers and members from the faith and voluntary community sector. The board has been transforming into a place that welcomes local community groups to share their stories and experiences. Hearing the real voices of local people brought the meetings to life and inspired board members to take action. By showcasing the work being done on the ground alongside the strategies behind it, the board has generated new ideas and in-depth discussions for plans in the future, knowing that local people can genuinely benefit.

The **Sandwell Health & Social Care Partnership** brings professional agencies and the voluntary & community sector together in a slightly different way. This is a space where they can design new ways of working and new approaches to address system wide problems. As a subgroup of the wider Black Country Integrated Care Board, the main focus is on reducing health inequalities. The Partnership brings together Public Health and Adult Social Care partners with those from Primary Care, Secondary Care, Mental Health, Learning Disability and the Voluntary & Community sector.

This Partnership brings together the strengths of each of the two boards, with the Sandwell Health & Social Care Partnership looking into the system to innovate, and the Sandwell Health & Wellbeing Board looking out to engage communities. We also link with the Sandwell Children's Safeguarding

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<sup>1</sup> Source: Public Health Outcomes Framework



Board, Sandwell Safeguarding Adults Board, and the Safer Sandwell Partnership to achieve our strategic objectives.

Picture from Sandwell Health and Wellbeing Board, Holly's Race and SDCA logo

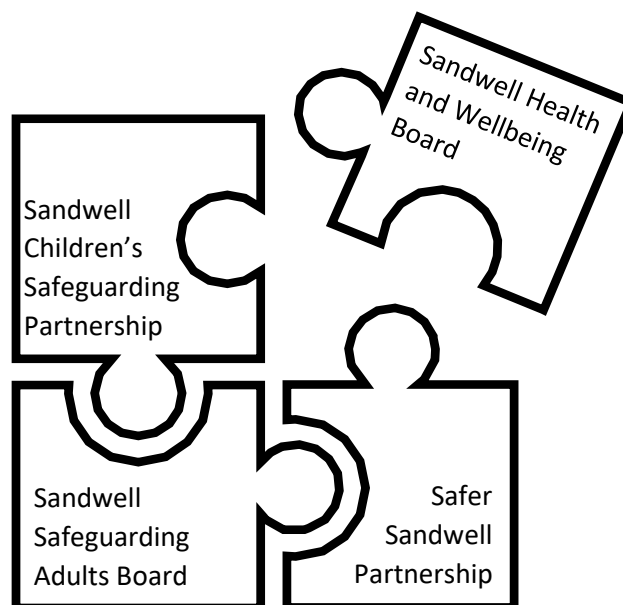
## The Health and Wellbeing Strategy

This Strategy is jointly owned by both boards. The next section will look back at some of our recent work, showing how we work together and what we have achieved, and some of the challenges we have faced.

Section 3 will look forward, describing our shared outcomes and joint workstreams across the system. Here we will explain how we will measure and monitor what we achieve.

The Strategy is not an exhaustive account of our work, but an illustration of how partnership working can help to improve the health and wellbeing of people in Sandwell.

The purpose of this strategy is not to overlap with other strategies from key boards and partnerships but to demonstrate where the pieces fit together. We recognise that there will be some crossover in interest in the work done by other boards and that not everything can be included in this strategy. Rather than duplicating that work, our aim is to look at how we can link together to improve the health and wellbeing of people in Sandwell.



## Section 2

### How we work

In Sandwell we seek to improve health and wellbeing by doing our work *with* our residents and not to them. At the core of our work is our community, those with gifts and skills and local knowledge. We recognise that the people in Sandwell are its asset and the experts on what they need. By working with our residents, we can build on our existing community strengths, and develop solutions where there are gaps. By investing time and money into our communities we can create environments where Sandwell residents can thrive and help each other, which will reduce demand on some services and in turn improve health outcomes. We take this approach across a wide range of public health priorities and outcomes including during the Covid19 pandemic, our drugs and alcohol work, physical activity and more.

#### COVID-19

The COVID-19 pandemic has brought challenges for physical and mental health, both from the direct effects of the virus and indirectly through social and economic impacts on people's lives. It has changed the way traditionally close communities interact, and how residents access help and support. Existing inequalities in Sandwell, and in the West Midlands and England overall, have been deepened. The lifestyles of people in Sandwell were more susceptible to the virus, as an area that has many people working in sectors where social distancing wasn't possible, so it had the potential to spread fast and wide.

Sandwell was one of the first Councils to establish a local Contact Tracing team alongside the national Test and Trace function. Our innovative model was cited as an example of best practice by the Local Government Association and was replicated by almost every Council in the country. We developed a supportive offer in partnership with the voluntary and community sector whilst also recruiting internal staff across departments to assist with the emergency response.

By understanding the Black Country culture and offering a familiar voice or language over the phone, we were able to increase engagement and reach more local people. In the last week prior to the launch of this service in July 2020, the national contact tracing service was failing to reach over 35% of COVID-19 contacts in Sandwell. This was the second worst performing local authority in the West Midlands region. One year after the launch of the Sandwell service the failure rate had reduced to less than 4% of contacts. Compared to the rest of the West Midlands, this was the best performance in the region of any upper tier local authority.

In addition, Sandwell ranked 80<sup>th</sup> out of 149 upper tier local authorities for infection rates and had the 3<sup>rd</sup> lowest case rates in the Black Country, just after Dudley. This in stark contrast to what would be expected given the levels of deprivation in the borough and can be largely attributed to putting our community at the heart of the response and adapting support where it was needed. There is nevertheless no doubt that the pandemic has been devastating for many individuals, families and communities, and has left a legacy of health needs and economic impacts.

Graph from Facebook

We know that Sandwell is rich in community assets, and this was brought to the forefront during the COVID-19 pandemic. Our community and faith leaders continued to support residents with key information to help them keep safe during unprecedented times - often working with groups who were more vulnerable to COVID-19 and less able to access this information themselves. Despite having to completely change the way they interacted, from face-to-face to virtual and over the phone, they maintained contact with those who needed support. As the pandemic developed, our local community groups continued to adapt to ensure continued access and provide information around vaccinations.

In 2021 we won the Local Government Chronical Award for our work to increase vaccination uptake in the borough, with a particular focus on black, Asian and minority ethnic groups, which traditionally have lower vaccination uptake rates. We worked in partnership with NHS and voluntary and faith organisations to provide vaccination clinics in mosques, gurdwaras, community centres and other venues, and with the Sandwell 'Vaccination Bus' at The Hawthorns Stadium. The public health team also trained influential people in the community to support people to get vaccinated. The 'Community Vaccination Leaders' course trained around 180 local people including faith leaders, community organisers and voluntary sector workers. The course proved so popular that other council teams in the UK came to Sandwell to learn how to deliver the course in their areas.

The Vision 2030 COVID-19 grants enabled groups to identify what was needed in their communities and put the right support in place. With over £250,000 grant funded to more than 25 community groups a huge range of tasks were completed, and support was given; proactive writing and calling to service users, social media coverage, 1 on 1 and group conversations and support, translation of guidance and culturally appropriate messaging, practical support to access vaccinations, vaccination champions and promotion of vaccination clinics.

*"Feedback from parent carers was very positive. Many said they were anxious about the vaccine but that the information we were able to provide was factual and timely and allowed them to make informed decisions. We were also able to provide information on vaccine clinics, pop ups and opportunities through pharmacies etc that families were not aware of. Parent carers were also able to register with their GP as a carer which will have longer term benefits for them and their healthcare."*

*"Focus groups created some change in understanding and attitude towards the vaccinations. The involvement of our 2 vaccine champions, Kurdish medical professionals and the Romanian health professional in RUDA's Facebook live session was extremely helpful in addressing some of the myths around vaccines."*

## Drugs and Alcohol

The young person's substance misuse service (DECCA) is commissioned by Sandwell Public Health and based in Sandwell Children's Trust. The service consists of three elements – universal prevention, early intervention and specialist treatment. Interventions that contribute to reducing admissions include work with education services to ensure young people are aware of the risks of substances, training for professionals to be confident when having conversations and providing accessible, non-time limited specialist treatments.

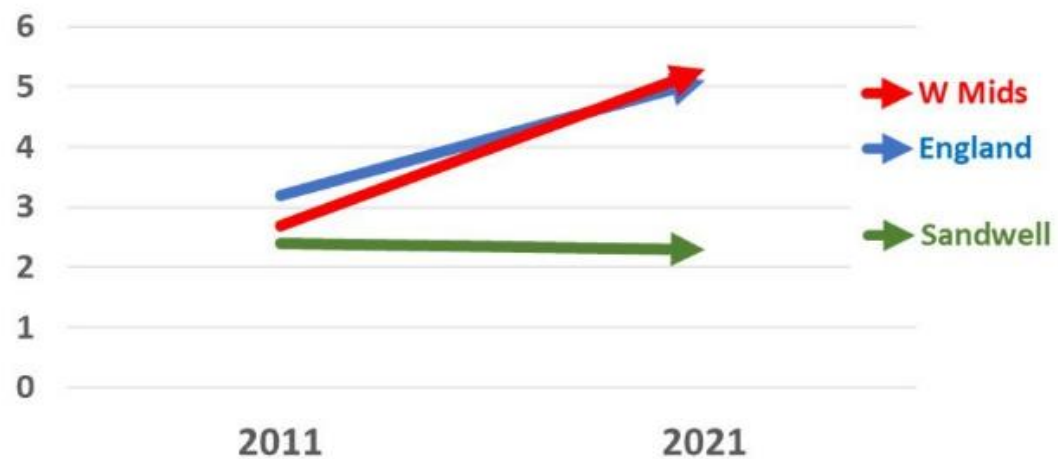
Continuity of care between prison and community substance misuse services is vital for improving offender health, reducing drug and alcohol related harm and reducing reoffending. Rates of continuity

of care in Sandwell are higher than both the regional and national averages. Effective partnership working and communication between probation services, prison healthcare, Sandwell’s substance misuse services and wraparound support such as housing plays a key role in successful outcomes for this group. Timely access to services is also vital and in Sandwell Cranstoun are able to offer appointments on the day of release where required.

In Sandwell we stick to the five principals on drug harm reduction. These include a holistic approach of wrap around support with housing, finance, legal problems, physical and mental health and social relationships. We also ensure we maintain our partnerships, as without a strong link between prison staff and the drug treatment teams there are gaps our residents could fall through. Cranstoun, as previously mentioned, are the third part of our principals, their first-class treatment using expertise and commitment through every level of staff from commissioner to the provider ensures that everyone’s needs are met. By taking the work to the people who need it rather than waiting for them to come to us we make sure life-saving naloxone and other interventions are provided in the place and at the right time. Finally, maintaining investment in these resources over the years has ensured a continued level of support and the ongoing support from stakeholders from seeing the cost-effective treatment reduce demand on other systems and services. Thanks to this approach we have achieved the lowest drug related deaths in the West Midlands and are within the lowest ten in the country.

## Drug Related Deaths

Rate per 100k population (ONS, 2022)



Graph showing change in drug related deaths over last 10 years



## Most prisoners who need drug treatment on release don't get it - but one council bucks the trend

A local authority has one of the best rates of engagement in the country, with 62% of prison leavers who need drug treatment receiving vital help. But how is Sandwell, a place with high rates of poverty offering people a lifeline?



**Inzamam Rashid**  
News correspondent @inzyrashid

Friday 22 July 2022 01:25, UK



### Screenshot from sky news article

#### Better Mental Health Programme

Last year Sandwell Council successfully secured £391,272 of funding for the Better Mental Health Programme. The Better Mental Health Programme works alongside community partners to develop exciting and innovative projects to improve mental wellbeing for the whole community. These projects recognise the importance that good mental health has to our overall wellbeing. Strong established relationships between Sandwell Council and the voluntary & community sector have been key to the success of the programme, providing the ideal opportunity to build on our unique assets and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme is informed by what our communities have told us they need and what is important to them.

Ten diverse and unique projects to improve mental wellbeing were rolled out to the community as part of the programme. These were:

1. **Changes** – offers support for parents, helping them to navigate on their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.
2. **Activities for New and Expectant Parents** – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns.

3. **Sandwell Libraries and Archives** – libraries provide a safe and inclusive community hub. This project aims at providing parents and carers of under 5's with a range of social activities such as Play Talk Read and the Sandy Bear Scheme.

4. **Anti-bullying** - Children and young people in Sandwell have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackling this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for children and young people, teachers, parents and wider communities.

5. **The Voluntary and Community Sector Well-being Charter Mark** - Having successfully embedded the Schools' Wellbeing Charter Mark to adopt a whole school approach to mental health improvement across Sandwell, we aim to extend this throughout the community and voluntary sector in the hope to build emotional resilience by engaging in hobbies, interests and communities.

6. **Team Talk Albion** - The project aims to engage men (aged 18+) living in Sandwell with weekly 5 a side football matches located at the Portway Lifestyle Centre aiming to improve health and wellbeing through football.

7. **Tough Enough to Care** – These sessions include a 45-minute interactive presentation covering mental health basics and dispelling common myths about mental illness. The project also includes peer support groups which are open to all men aged 18+ from the Sandwell area.

8. **Ideal for All** - Supporting minority ethnic communities through targeted peer support, information and activity sessions. This project offers befriending and improved mental wellbeing through gardening and companionship.

9. **Mental Health Literacy** - This project has 3 elements, the first being i-act Understanding & Promoting Positive Mental Health & Wellbeing training courses. The next is the development of Community Mental Health Champions who can help raise awareness of mental health and challenge stigma within their respective communities. The last is through the charity Kaleidoscope Plus Group who have been delivering accredited courses such as the popular Mental Health First Aid course.

10. **Community Mental Health Grant Programme** - A grant programme focusing on promoting positive community mental health with funding being available to support activities that are run by local people for local people.

By the end of March 2022, a total of 1,402 unique beneficiaries had been reached, with a significant improvement in self-rated wellbeing among those participating in the programme. Projects have been very well received in our communities, and feedback from participants and service users highlighted social connection, improved confidence and wider wellbeing as key benefits. The success of Sandwell's Better Mental Health Programme to date gives us strong foundations to build on sustain its legacy, both through increased capacity in the voluntary & community sector and additional funding to continue and expand the programme.

“Sandwell Council has a strong track record of working closely with the voluntary and community sector, and their Better Mental Health programme is a clear example of asset-based community development in action. Feedback to date has been very positive and not only demonstrates immediate benefits of support for clients and community groups, but also a longer-term legacy for mental wellbeing promotion and reducing inequalities in mental health”.

- *Paul Sanderson, Health & Wellbeing Programme Lead, OHID West Midlands*

“I am getting my confidence back as a mother because I am able to stay calm and talk to my kids instead of shouting at them and telling them off. We now discuss problems instead.”

“I loved learning new things. I've had the confidence to attend other courses and the library.”

- *Feedback from parents, Changes Antenatal and Library Project*

“The project has helped us to reach a much wider and more diverse audience that we may not have really crossed paths with if we weren't involved in this project. The links we have established throughout Sandwell have not only helped us to grow as a charity but we are now in a much stronger position to support others and it has confirmed our thoughts that people do want to talk about mental health in Sandwell, but they never really had an outlet, this project has allowed us to become a route for these discussions and has helped 100 s of local residents”.

- *Stu Bratt, CEO, Tough Enough to Care*

### Commonwealth Games

Sandwell was proud to host the swimming and diving events for the Birmingham 2022 Commonwealth Games in Sandwell. The Sandwell Aquatics Centre is a world-class sporting facility that will benefit Sandwell people for decades to come when it becomes a public leisure centre in spring 2023 following the Games.

We have welcomed thousands of athletes and spectators over the summer, giving us the perfect opportunity to show what a friendly and diverse place Sandwell is on the world's stage. It has been a great time to celebrate our rich diversity, culture and heritage.

The new leisure centre is bringing to Sandwell a 50m Olympic-sized swimming pool, 25m diving pool, community swimming pool, activity studios, sports halls, gyms, cycling studio, dry diving centre, sauna, football pitch, urban park, children's play area and café. This will be a place where local people will gain immeasurable health, fitness and social benefits and where everyone is welcome and able to access activities that are suitable for them.

We now have a task to build and create a legacy from the Commonwealth Games with our residents to get people, especially young people into physical activity. We have already started to invest more into free swimming, now over £300,000 per year will be spent on free access to swimming as well as swimming lessons in Sandwell.

### Pictures of Aquatic Centre and local athlete's success

### Physical Activity

The latest Sport England survey shows that children in Sandwell are on average the most active in the West Midlands and fourth most active in England. The Active Lives Children and Young People Survey by Sport England looked at what proportion of children aged 5 to 16 are meeting the national physical activity guidelines of an average of at least 60 minutes moderate-vigorous intensity exercise per day. The percentage of Sandwell's children meeting physical activity guidelines has risen significantly over the last four years, to the current high position in 2020/21 with 59.7% of children meeting the target despite the disruption of the pandemic.

We are currently working with activity groups across all six towns, covering a range of activities such as; dance, football, martial arts, basketball, cricket, swimming, gymnastics, athletics and many more! It is important to maintain these activity levels throughout the life course to help reduce the risk of some major illnesses and as we know physical activity can help improve our mood, sleep quality and reduce risks of stress. We have ongoing work with adults to help them increase their physical activity levels and maintain them. From the Covid19 pandemic many people became more familiar and reliant on parks and green spaces, because of this we will have new activities happening across all of the towns for adults to engage with their local spaces and ensure they get the most out of it. In addition, we are working to increase cycling opportunities across the borough, so people not only feel more confident on a bike but are also able to access bikes locally to them.

There are already some great projects happening in Sandwell allowing children, young people and families to get involved with different activities such as cycling. The Sandwell Valley Explorer, a short family friendly guided bike ride for all abilities is just the beginning of our cycling work. Benson Community Project is also offering family bike rides and learn to ride sessions in Smethwick. This is providing a great way to learn new skills, help others and get more active. Led rides are also already running at Lightwoods Park, but we are also exploring opportunities to train more volunteers to help run similar activities across other areas of Sandwell. Cradley Community Link are one such group looking to train young people as some cycle champions to not only lead rides but also share skills on how to look after a bike.

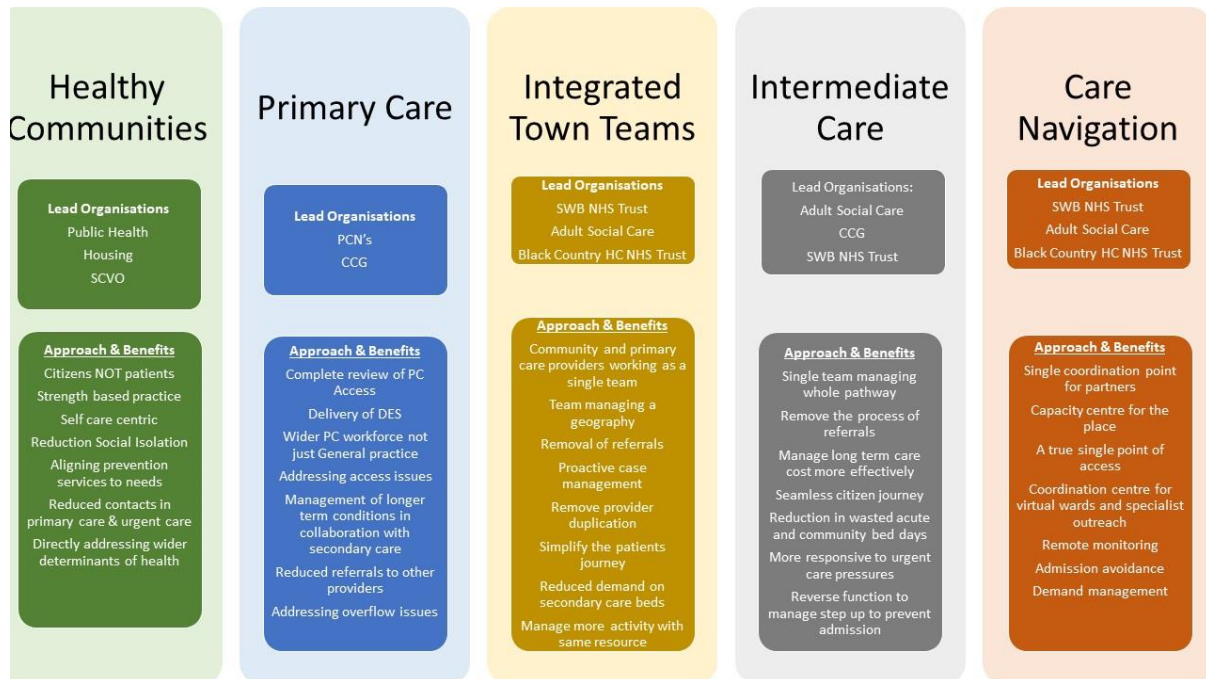
Picture from cycling groups



## Section 3

This section is about looking forward and setting out our shared outcomes and joint workstreams across the system.

The figure below shows how each workstream contributes to our place-based approach to improving population health and wellbeing, and the lead organisations within each workstream.



The Joint Outcomes Framework sets out the priority outcomes for each organisation which will support the delivery of these workstreams and enable us to monitor our progress.

Joint Outcome Framework - Outcomes	
Organisation	Outcome
Adult Social Care	Further promotion of 'Home First' to support people to promote independent living at home
Adult Social Care	Workforce strategy
Adult Social Care	Asset/ strength- based practice
Adult Social Care	Having a strong community offer that improves and supports prevention
Adult Social Care	Improve the digital tools to allow for greater choice and independence for residents to remain in their own homes longer
Adult Social Care	Managing the market to ensure customers have a choice of quality and affordable providers to meet their care and support needs
Black Country Partnership	Estimated diagnosis rate for people with dementia
Black Country Partnership	Dementia care plan reviews
Black Country Partnership	People with severe mental illness (SMI) receiving a full annual physical health check (PHC)
Black Country Partnership	Learning disability registers and annual health checks delivered by GPs
Children's Services	Domestic abuse- children, victims and perpetrators
Children's Services	CYP SEND, Mental Health and Wellbeing
Children's Services	Early help- early intervention and prevention aligned to family hubs model
Children's Services	CYP Educational attainment inc. a focus on NEET for care leavers (19+) and Early Years, language development a step on from EYTA work
Children's Services	The youth offer aligned with wider regeneration opportunities to include employment and skills alongside apprenticeships
Children's Services	Preparation for adulthood - supporting the transitions between children and adults
Primary Care Network	Improve the diagnosis of patients with hypertension by 1.2% from current baseline
Primary Care Network	80% of all women have had screening for cervical cancer within the last 3 years if aged between 25-49 years and last 5 years if aged between 50-64 years
Primary Care Network	All care home residents will have personalised care and support plans agreed or reviewed at least annually at a MDT.
Primary Care Network	90% patient eligible for influenza and pneumococcal immunisations will have received their vaccinations
Primary Care Network	95% of all children will have received vaccinations as per the National childhood immunisation schedule as appropriate to their age
Public Health	Reduce Smoking Related Harm
Public Health	Reduce Alcohol Related Harm
Public Health	Reduce Drug Related Harm
Public Health	Reduce Obesity Related Harm
Public Health	Public Health Support to the Voluntary Sector
Public Health	Public Health Support to Infants
Sandwell Council of Voluntary Organisations	Strong and responsive voluntary and community sector
Sandwell Council of Voluntary Organisations	Making a difference where it's needed by making the most of what Sandwell has
Sandwell Council of Voluntary Organisations	Enabling access to support for all Sandwell Residents

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Sandwell and West Birmingham Hospital Trust	Reduce the total number of hospital bed days for people aged 65 and over
Sandwell and West Birmingham Hospital Trust	% of people achieving their preferred place of death
Sandwell and West Birmingham Hospital Trust	Improve the survival rates for people with a cancer diagnosis
Sandwell and West Birmingham Hospital Trust	Number of urgent (unplanned) readmissions to hospital within 30 days of discharge and benchmark against regional and national data
Sandwell and West Birmingham Hospital Trust	Improve the outcomes for children and young people - best start

*“Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it.”*

Sir Michael Marmot

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*Sandwell*

# HEALTH AND WELLBEING BOARD STRATEGY

2022



# Sandwell Health and Wellbeing Board Strategy

**2022**



# HEALTH AND WELLBEING BOARD STRATEGY

Included in this strategy:

- lorem ipsum
- lorem ipsum
- lorem ipsum
- lorem ipsum



# Sandwell Health and Wellbeing Board Strategy 2022





# SANDWELL HEALTH AND WELLBEING BOARD STRATEGY 2022



# SANDWELL HEALTH AND WELLBEING BOARD STRATEGY 2022



<b>Agenda Item</b>
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**Sandwell Health and Wellbeing Board  
21<sup>st</sup> September 2022**

<b>Report Topic:</b>	<b>Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022</b>
<b>Contact Officer:</b>	<b>Deb Ward</b>
<b>Link to board priorities</b>	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> <li>1. <b>We will help keep people healthier for longer</b></li> <li>2. <b>We will help keep people safe and support communities</b></li> <li>3. <b>We will work together to join up services</b></li> <li>4. <b>We will work closely with local people, partners and providers of services</b></li> </ol>
<b>Purpose of Report:</b>	<ul style="list-style-type: none"> <li>• The Sandwell’s Safeguarding Adults Board’s Bi-Annual Report for consideration and comment.</li> <li>• The Board’s 2020-2022 Bi-Annual Report is presented to Health &amp; Wellbeing Board by Sandwell Safeguarding Independent Chair and Sandwell Safeguarding Adult’s Board Manager.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• The Board is invited to consider and comment upon the Bi-Annual Report.</li> </ul>
<b>Key Discussion points:</b>	<p>(please include links to our board priorities as shown above)</p> <p><b><i>How we keep people healthier for longer</i></b></p> <p>Sandwell Safeguarding Adult Board (SSAB) has a mandate to work with partners and people with care and support needs to create and maintain effective</p>

Safeguarding arrangements this involves prioritising and understanding of what is abuse and when to report it.

***How we help keep people safe and support communities***

Adopt a campaign focus in Safeguarding, engaging with local people.

SSAB actively participate in Safer Sandwell Six Campaign and promote the See Something, Do Something campaign.

Gathering data and analysis that identifies the current Safeguarding picture in Sandwell helping to identifying trends and themes that then inform Safeguarding practice and strategic direction.  
Consider the impact of COVID-19 on Safeguarding.

This year we have received data from SMBC from individuals and/or their representatives on if they feel they are safer because of the help they received from people responding to the safeguarding concern. 91% of people reported that they felt safer because of the care and support services they received, this is good news. We continue to monitor as part of safeguarding practice whether because of intervention the risk posed to the individual was reduced or removed. Risk enablement is a fundamental approach to making safeguarding personal.

The priorities below will inform the work of the Board, Sub Groups and any specific project groups. Examples of work undertaken to date include a review of Board membership ensuring Board members are appropriately senior and can make

decisions on behalf of their organisations. The appointment of a development worker within the Board Business team with a focus on effective engagement. A commitment to proactively work with the third sector with a view to developing an early help partnership for adults. Supporting safeguarding in its broadest sense being the business of everyone, contributing to communities and neighbourhoods in Sandwell being a place where people feel respected cared for and safe.

For 2020-22 SSAB has five key priorities, agreed in consultation with partners these are:

1. Listen to the voice of service user and frontline staff
2. Develop more inclusive Performance Data
3. Specific Projects to be discussed with the four Statutory Boards which all focus on Prevention
4. Board Governance

***We will work together to join up services***

SSAB works in partnership with other Statutory Boards in Sandwell supporting the Prevention of Violence and Exploitation Agenda and focusing on place-based solutions ensuring Safeguarding is a priority.

SSAB is committed to working in partnership with all and is imbedding work with people who use services and looking at effective engagement.

***How we work closely with local people Partners and providers of Services.***

SSAB works closely with the other Statutory Boards and has taken the lead on developing both internal



	and external communication strategies and campaigns.
<b>Implications (e.g. Financial, Statutory etc)</b>	
<p>SSAB performs a statutory function ensuring robust strategic partnerships in respect of safeguarding adults with care and support needs. There are no financial implications.</p>	
<b>What engagement has or will take place with people, partners and providers?</b>	SSAB is a multi-agency forum and the Bi-Annual Report has been co-produced with the engagement of key partners.

**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**
- 11. Partner Contributions**
- 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**



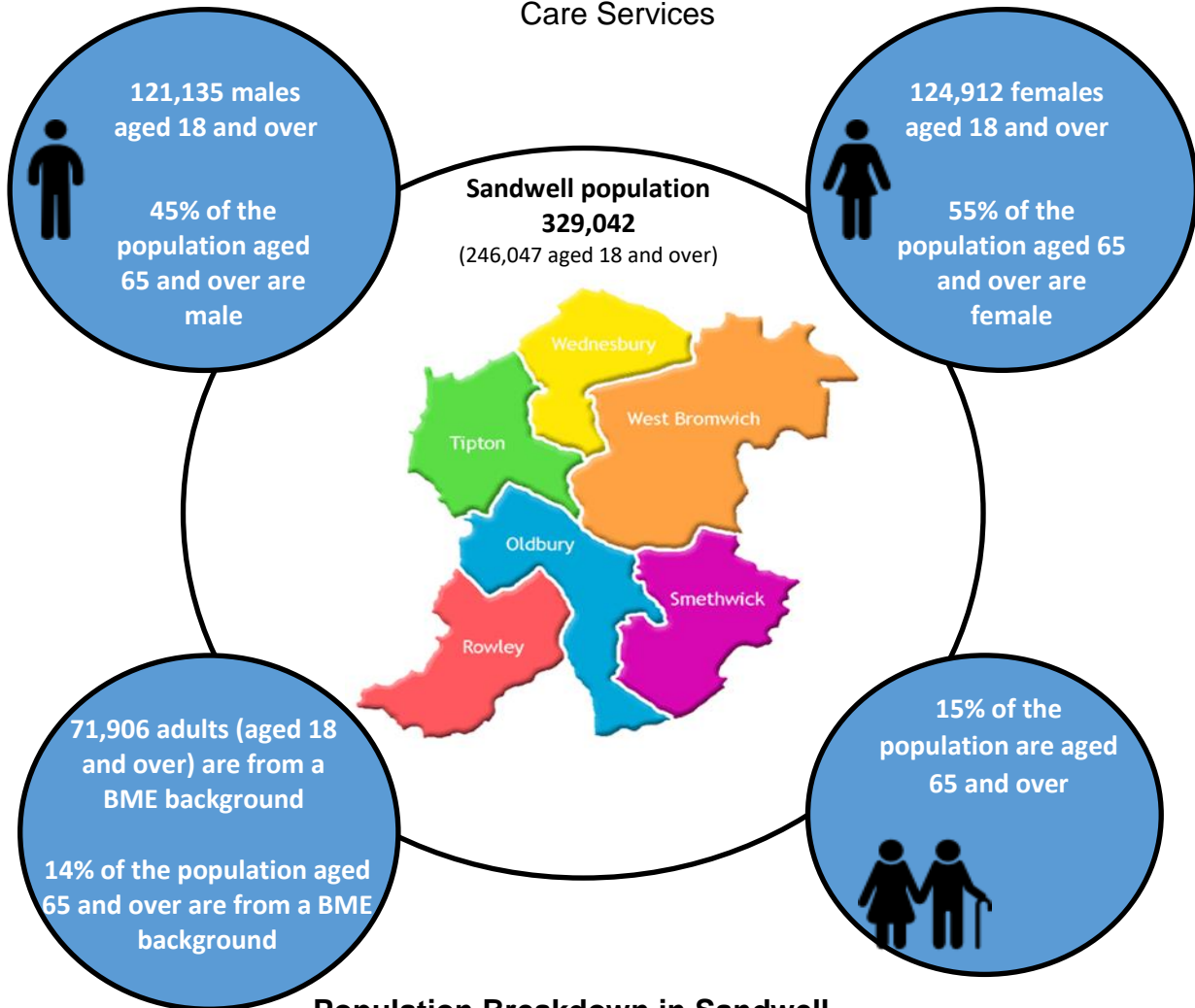
## 2. SANDWELL AT A GLANCE

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



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](http://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

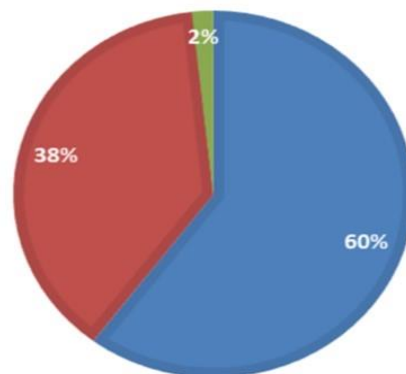


42%  
own home



71%  
older people

■ Service provider  
■ Known to individual  
■ Unknown to individual



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

94% Outcome fully or partially achieved

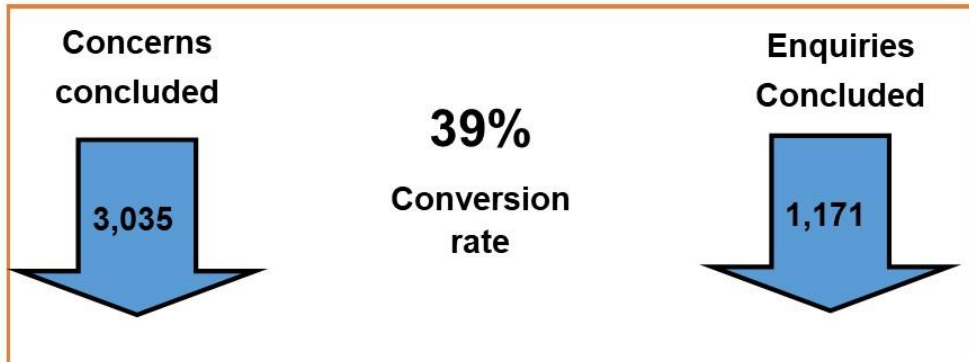
94% Risk reduced or removed

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





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



## Concluded enquiries



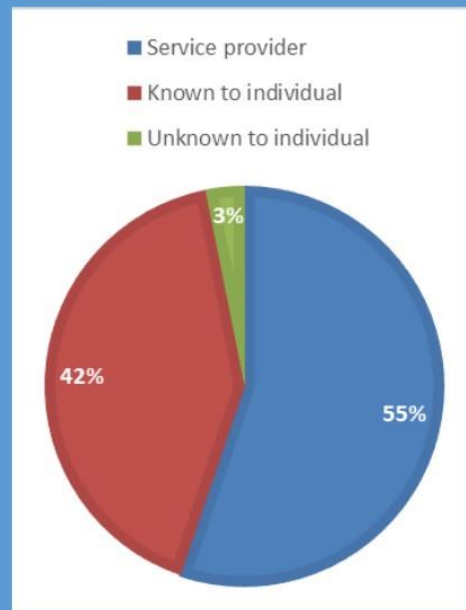
57% female



53% own home



61% older people



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

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...
<b>To develop a specific issue campaign.</b>	<ul style="list-style-type: none"> <li>• SSAB developed a range of resources in recognition of the pandemic. We produced resources for volunteers, to enable recognition of abuse.</li> <li>• 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.</li> <li>• Regularly updated the SSAB website to ensure all information was current and updated including COVID-19 guidance.</li> <li>• Participated in national Safeguarding Week on a virtual basis and continued to promote 'See Something Do Something'.</li> </ul>
<b>Specific Projects to be identified with a focus on Prevention</b>	<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>
<b>Listen to the voice of service user and frontline staff</b>	<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 3<sup>rd</sup> 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.
<b>Develop a mandatory training offer</b>	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...
<b>Continue to support the development of the Q&amp;E Sub Group</b>	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.
<b>Develop more inclusive Performance Data</b>  <b>Continue to build on the performance framework and data set</b>	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.
<b>Develop a multi-agency self-assessment tool</b>	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><b>Continue to understand the implementation of making safeguarding personal and the impact for service users</b></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><b>Continue to work with all colleagues under the auspices of the 5 Boards arrangement as outlined in the partnership protocol.</b></p>	<p>SSAB continues to work in partnership with the other key statutory boards within the Borough;</p> <p><b>Sandwell Safeguarding Adults Board Health &amp; Wellbeing Board Sandwell Safeguarding Children's Partnership Safer Sandwell Partnership Domestic Abuse Strategic Partnership Children and Young People Strategic Commissioning Partnership</b></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><b>Board Governance</b></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><b>Arrange for Safeguarding Adult Reviews to be undertaken as required, produce report and action plans and identify learning</b></p>	<ul style="list-style-type: none"> <li>• 17 SAR considerations during the reporting period</li> <li>• 2020 - Four SARs commissioned. One ongoing police investigation (so not able to progress). Five criteria not met</li> <li>• 2021 – Three SAR commissioned. Three criteria not met.</li> <li>• 2022 - One new SAR to date. Authors still to be commissioned.</li> </ul> <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 3<sup>rd</sup> 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 a 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 3<sup>rd</sup> 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.

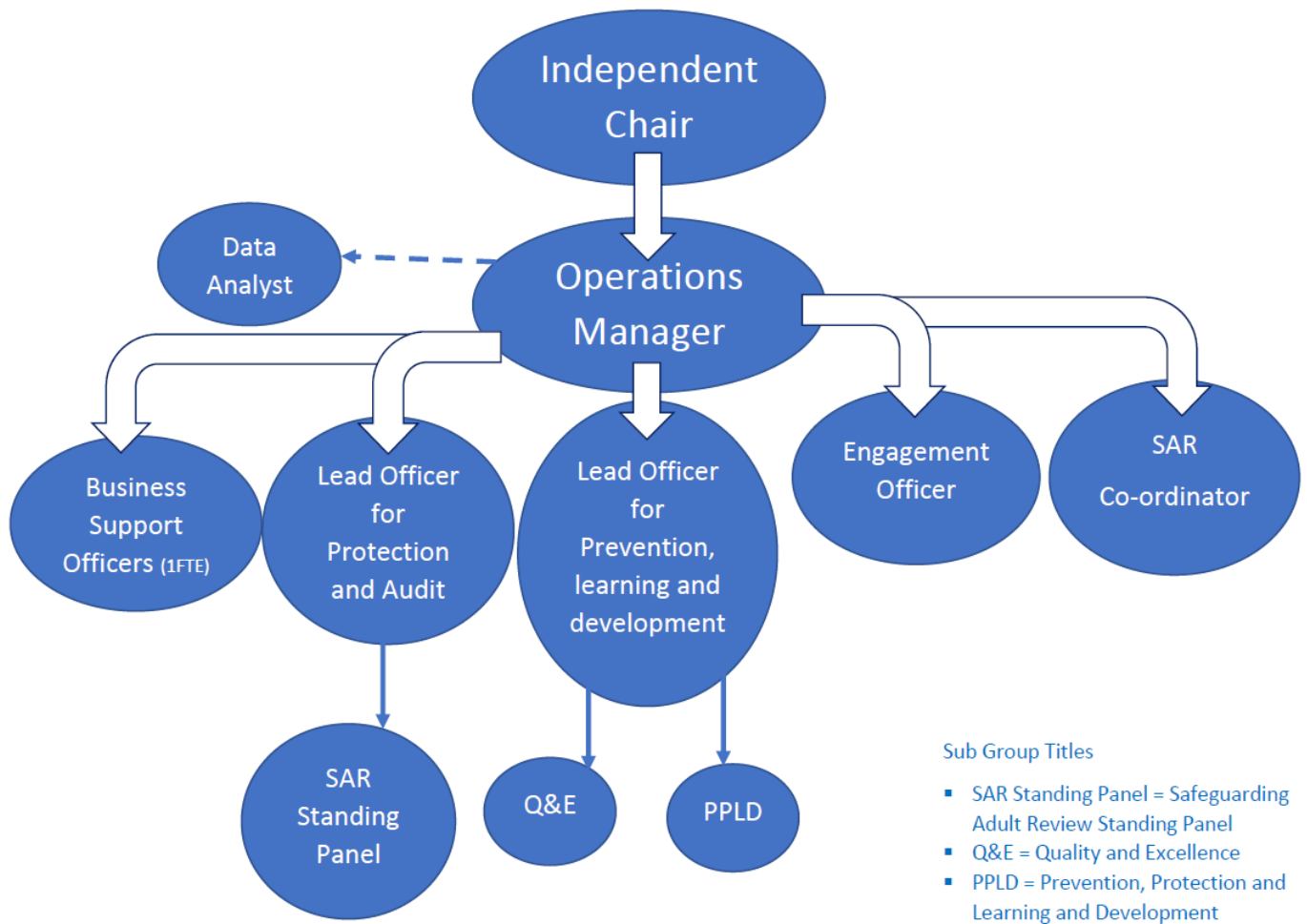


## 12. PLANNING FOR THE FUTURE

- 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 3<sup>rd</sup> 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
<b><u>Expenditure</u></b>				
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	-		-
<b>Total Expenditure</b>	<b>425,100</b>	-	<b>380,900</b>	-
<b><u>Funding</u></b>				
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%
<b>Total Funding</b>	<b>(425,100)</b>	<b>100%</b>	<b>(380,900)</b>	<b>100%</b>

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

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

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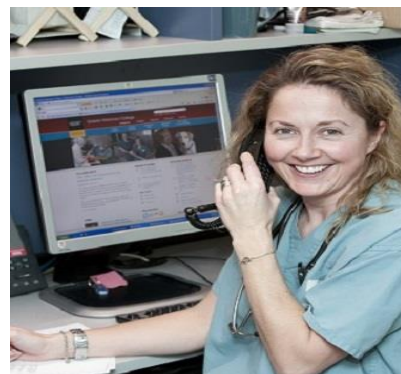
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### WHO CAN I TELL MY CONCERNS TO?

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

In an emergency ring 999





# **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](http://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 13

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

Page 13

(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

Page 13

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 13

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

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## 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

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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.





## Sandwell Health and Wellbeing Board 21<sup>st</sup> September 2022

<b>Report Topic:</b>	Sandwell Pharmaceutical Needs Assessment 2022
<b>Contact Officer:</b>	<b>Dr Lina Martino, Consultant in Public Health</b>
<b>Link to board priorities</b>	<p>Please include in your report how your work links to one or more of our board priorities:</p> <ol style="list-style-type: none"> <li> <p><b>1. We will help keep people healthier for longer</b></p> <p>Poorly managed chronic illnesses can lead to increased morbidity and premature mortality. Pharmacy services play a key role in supporting people with long-term health conditions and in detecting long-term health conditions such as hypertension and diabetes. For pharmacies to support Sandwell residents, pharmacies need to be accessible and provide the right services to support the pharmaceutical needs of the population. The Sandwell PNA 2022 provides an update to the prior PNA published in 2018 to ensure that services are meeting the needs of local people.</p> </li> <li> <p><b>2. We will help keep people safe and support communities</b></p> <p>Health services can be difficult to navigate, and sometimes there are gaps or duplication of services by different providers. It is therefore important to know what services are currently provided by pharmacies and where these services are located to support commissioners with service planning. The Sandwell PNA 2022 will support commissioners and other stakeholders by informing decisions regarding the award of new pharmacy contracts and developing pharmaceutical services for patients.</p> </li> <li> <p><b>3. We will work together to join up services</b></p> <p>The public need to be involved in the design and monitoring of services to ensure they are appropriate and deliver what people need. The views of Sandwell residents on the accessibility and provision of pharmacy services have been sought and used to inform recommendations in the PNA report.</p> </li> <li> <p><b>4. We will work closely with local people, partners and providers of services</b></p> <p>The PNA has been produced in partnership with NHS partners, Sandwell LPC and Healthwatch Sandwell, and through consultation with wider partners and stakeholders, including the public.</p> </li> </ol>

<p><b>Purpose of Report:</b></p>	<ul style="list-style-type: none"> <li>• To present the final draft of the Pharmaceutical Needs Assessment 2022 to Health &amp; Wellbeing Board. This is due for publication in October 2022.</li> </ul>
<p><b>Recommendations</b></p>	<ul style="list-style-type: none"> <li>• For Health &amp; Wellbeing Board to approve the final draft for publication.</li> </ul>
<p><b>Key Discussion points:</b></p>	<ul style="list-style-type: none"> <li>• The PNA is a document which describes the current provision and location of pharmacy services across Sandwell</li> <li>• The purpose of the report is to ensure that there are enough pharmacies, in the right locations, providing the right services to support the pharmaceutical needs of Sandwell residents</li> </ul> <p>The report is also used by commissioners and other stakeholders to inform decisions regarding new pharmacy contract applications and developing pharmaceutical services for patients.</p> <p>A draft PNA went out for public consultation from Thursday 5<sup>th</sup> May 2022 to Friday 8<sup>th</sup> July 2022. Feedback received was used to refine the draft to produce the final version.</p> <p>This report makes the following recommendations to strengthen the provision of pharmaceutical services in Sandwell:</p> <ul style="list-style-type: none"> <li>• Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed.</li> <li>• Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider.</li> <li>• Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without a prescription.</li> <li>• Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options</li> <li>• The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents.</li> </ul>



	<ul style="list-style-type: none"> <li>• Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services.</li> <li>• Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met.</li> </ul>
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**Implications (e.g. Financial, Statutory etc)**

It is a statutory requirement for HWBBs to update their pharmaceutical needs assessments once every three years. The last PNA was published in June 2018, due to the increased demand on pharmacies during the COVID-19 pandemic, the deadline for updating PNAs has been extended nationally until October 2022.

<p><b>What engagement has or will take place with people, partners and providers?</b></p>	<ul style="list-style-type: none"> <li>• A draft PNA for consultation was approved by HWBB in April 2022. This was produced in partnership with Sandwell's Local Pharmaceutical Committee (LPC), NHS Black Country &amp; West Birmingham CCG, and Healthwatch Sandwell. The draft PNA was informed by a questionnaire sent to Sandwell pharmacy contractors about the services they provided, and by resident feedback via a public survey.</li> <li>• Sandwell residents were asked to provide feedback on pharmacy services across several channels:             <ul style="list-style-type: none"> <li>○ Patient Participation Groups via Healthwatch Sandwell</li> <li>○ Sandwell Council twitter and Facebook accounts</li> <li>○ Via networks available to the PHDO's and Covid-19 Vaccine Leaders.</li> </ul> </li> <li>• A 60-day consultation period from Thursday 5<sup>th</sup> May 2022 to Friday 8<sup>th</sup> July 2022 sought feedback on the draft PNA report from key stakeholders such as NHSE, Sandwell LPC, neighbouring HWBB's and LPC's, Sandwell pharmacy contractors and SWB CCG. Feedback received has been used to shape the final version.</li> </ul>
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# **Sandwell Pharmaceutical Needs Assessment 2022**

**[Draft for HWBB ]**

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

**Produced by:****Public Health Sandwell MBC****Approved by:****Sandwell Health and Wellbeing Board****60-day consultation period:****5<sup>th</sup> May 2022 – 8<sup>th</sup> July 2022****Authors:****Stephanie Lacey**

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## Executive Summary

The pharmaceutical needs assessment (PNA) is a report that assesses the pharmaceutical needs of the local population as well as the location and provision of pharmaceutical services. The report identifies whether there are any unmet pharmaceutical needs or gaps in service provision and produces recommendations to strengthen service provision. The report is primarily used by NHS England (NHSE) to facilitate decision-making regarding applications for new pharmacies however it is also used to:

- Understand the current and future pharmaceutical needs for the population of Sandwell
- Understand the current provision of pharmaceutical services
- Identify and address gaps in pharmaceutical services
- Understand the impacts of coronavirus (COVID-19) on the provision and accessibility of pharmaceutical services
- Inform commissioning decisions for pharmaceutical services by local authorities, NHS England and NHS Improvement (NHSE&I), and clinical commissioning groups (CCGs).

The PNA is a statutory document that must be updated once every three years. The last PNA was published in June 2018 and due to the additional demands on pharmacies nationwide in response to the COVID-19 pandemic the next PNA is due to be published by October 2022. Local health and wellbeing boards (HWBBs) are responsible for the PNA.

This report includes a summary of the demographics of the Sandwell population and local health needs, geographic accessibility of local pharmacies, an overview of pharmaceutical service provision by locality, views from Sandwell residents on the provision of pharmaceutical services and views from pharmacy contractors and Sandwell residents on the impacts of COVID-19 on accessibility and provision of pharmaceutical services.

Currently there are 82 pharmacies in Sandwell serving a population of 329,042 residents, of which three are distance selling pharmacies and ten are 100-hour

pharmacies. This equates to one pharmacy per 4013 residents which is greater than the England average of one pharmacy per 5086 residents. The population of Sandwell is predicted to increase by 12.7% from 2018 to 2043 which is higher than the England average. With the current pharmaceutical provision, this projected population increase would equate to one pharmacy per 4435 residents. It is anticipated that the current distribution of pharmacies will be able to meet the demands from an increasing population. Most residents live within a 15-minute walking distance of a pharmacy and all residents live within a 20-minute travel via public transport to a local pharmacy. There are numerous pharmacies within each locality with extended opening hours covering weekday early mornings and evenings, Saturdays and Sundays. No geographic gaps in service provision have been identified in this PNA.

Three different levels of pharmaceutical services are provided by pharmacies:

- **Essential services and clinical governance:** provided by all pharmacy contractors and are commissioned by NHSE
- **Advanced services:** which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHSE
- **Locally commissioned (enhanced) services:** commissioned by Local Authorities, CCGs and NHSE in response to the needs of the local population

There are ten advanced services commissioned by a range of pharmacies in Sandwell. The information below is based on the 73 pharmacies that responded to the pharmacy contractor questionnaire.

- There is excellent provision of the community pharmacist consultation service (CSPS), COVID-19 lateral flow device (LFD) test distribution service, flu vaccination service and new medicines service (NMS) across all localities
- Provision of the Hepatitis C point of care testing is low however this service is due to be recommissioned at the end of March 2022
- The pandemic delivery service is
- to be decommissioned at the end of March 2022, before the publication of this PNA

- The appliance under review (AUR) service is currently offered in all localities except Rowley Regis, however two pharmacies in Rowley Regis intend to provide this service within the next 12 months
- At least one pharmacy in each locality offers the stoma appliance customisation (SAC) service
- The hypertension case finding service is available in each locality. Less than half of pharmacies across the borough currently offer the hypertension case finding service however an additional 38.0% intend to provide this service in the next 12 months
- At present 14.3% of pharmacies provide a stop smoking service with an additional 42.9% intending to provide this by the end of 2022. A goal of the NHS Long Term Plan is to offer all smokers admitted to hospital an NHS-funded tobacco treatment service by 2023/24 with the continuity of these smoking cessation programmes on discharge. There is likely to be an increased demand for smoking cessation support placed on pharmacies however it is anticipated that the current and intended provision of smoking cessation services will be capable of meeting this increase in demand

Sandwell is the 8<sup>th</sup> most deprived local authority in England. Sandwell residents experience poorer health than people living in other areas of England. The male and female life expectancy is lower in Sandwell than the England average, and the prevalence of risk factors such as smoking, alcohol-related mortality, obesity, and physical inactivity are higher in Sandwell than regional and national averages. Addressing these risk factors will be fundamental for closing the gap in life expectancy. This PNA has found that the provision of enhanced services such as diabetes screening, blood pressure and cholesterol checks, diabetes management and smoking cessation service is low across the borough, however willingness to provide these services if commissioned is high. Pharmacies have a key front-line role in supporting patients with chronic illness and providing healthy lifestyle advice. The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists to residents.

Sandwell has a larger proportion of under 16-year olds compared with the England average and also has a higher rate of teenage conceptions compared with the national average. Few responses were received from the public survey from adults aged <25 years and therefore the views of this demographic on accessibility of pharmacy services cannot be commented on. Only 25 pharmacies responded stating they are commissioned to provide emergency contraception for free without prescription to under 18-year olds, and none of these were in Tipton. Whilst emergency contraception can either be purchased from other pharmacies or obtained for free with a prescription for those under 18 years old, the lack of free emergency contraception without prescription for under 18-year olds in all localities highlights a gap in the provision of this service. Ensuring young people are aware of where they can access emergency hormonal contraception for free without prescription and appropriate sign posting of those requesting emergency contraception to their GP to access non-emergency contraception is vital for supporting young women. Future PNA's should consider different channels for engaging with young people to gain their opinions about pharmacy services.

Pharmacy contractors and Sandwell residents were asked about the impacts of COVID-19 on accessibility and provision of pharmaceuticals services. Many pharmacy contractors have responded to the pandemic by offering additional services and by moving some face-to-face services to online or over the phone. Pharmacies reported that patients are relying on pharmacies more than before the pandemic and this is reflected in the reported increased waiting times for dispensing and other services. The need for workforce capacity building should be considered to ensure pharmacies can continue to meet the additional demands placed upon them.

Overall, the results from the residents' survey indicate that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care. A small proportion of respondents reported services they use have been stopped since the pandemic which is in keeping with the pharmacy contractor responses. It is essential that pharmacies that have stopped services are able to sign post patients to another service provider.

Resident responses regarding general pharmacy accessibility and service provision show that whilst most felt they could find an open pharmacy at a location that suits them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of suggesting a need to promote the wider roles of pharmacists in supporting Sandwell residents. It is important to note that these conclusions are drawn from a small sample of Sandwell residents which are not representative of the demographics of Sandwell's population. In particular, young adults, males, and Black and Minority Ethnic (BME) communities are underrepresented in the responses. Thus, this report recommends that further targeted engagement of underrepresented groups is undertaken to ensure needs are currently being met.

This PNA concludes that there are sufficient pharmacies serving the Sandwell population with good accessibility via walking or public transport. Whilst there are pharmacies in each locality open on the weekends, the results suggest a possible demand for greater access to pharmacies at the weekends. There is good availability of advanced services across the borough. In general, the wider services offered by pharmacists such as offering lifestyle advice should be promoted to raise awareness of the wider roles of pharmacists in supporting residents' health needs. The results suggest that residents' pharmaceutical needs can be met by the existing network of community pharmacies however further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are being met.

This report makes the following recommendations to strengthen the provision of pharmaceutical services in Sandwell:

- Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed
- Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider

- Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without a prescription. Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options
- The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents
- Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services
- Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met

## Regulatory Statements

It is a legislative requirement that PNAs are developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.<sup>1</sup> Regulation 4 Schedule 1 of the 2013 regulations set out the minimum information to be contained in a PNA. Detailed below are the seven statements included in schedule 1.

### Statement 1: current provision of necessary services

A statement of the pharmaceutical services that the health and wellbeing board (HWBB) has identified as services that are provided:

- in the area of the HWBB and which are necessary to meet the need for pharmaceutical services in its area; and
- outside the area of the HWBB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWBB has identified such services)

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*There is currently sufficient provision of pharmacies in Sandwell borough delivering essential pharmaceutical services. Currently there are 82 pharmacies in Sandwell serving a population of 329,042 residents, of which three are distance selling pharmacies and ten are 100-hour pharmacies. This equates to one pharmacy per 4013 residents which is greater than the England average of one pharmacy per 5086 residents.*

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### Statement 2: gaps in provision of necessary services

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied:

- need to be provided (whether or not they are located in the area of the HWBB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- will in specified future circumstances, need to be provided (whether or not they are located in the area of the HWBB) in order to meet a future need for

pharmaceutical services, or pharmaceutical services of a specified type, in its area

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*No gaps in the provision of essential pharmaceutical services across the borough were identified in this PNA. Based on the responses to the pharmacy contractor questionnaire, the AUR is not currently offered in Rowley Regis however two pharmacies intend to offer this service by the end of 2022 which will close the gap in provision of this service. An additional 42.9% of pharmacies intend to offer a smoking cessation service by the end of this year, this will help meet the anticipated increased demand for smoking cessation support generated from hospital discharge referrals.*

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### **Statement 3: current provision of other relevant services**

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are provided:

- in the area of the HWBB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- outside the area of the HWBB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- in or outside the area of the HWBB and, whilst not being services of the types described above, they nevertheless affect the assessment by the HWBB of the need for pharmaceutical services in its area

---

*A plethora of enhanced services are provided across the borough however access to these services is low given that for some services e.g. the anticoagulant monitoring service only a couple of pharmacies are currently providing the service. However, this is because some local services are not commissioned as enhanced services by NHSE. Many pharmacies demonstrated willingness to provide these services if they were commissioned. It should also be noted that some services are provided by other organisations, e.g. smoking cessation is commissioned by Public*

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*Health Sandwell and therefore pharmacy involvement is limited to signposting. Others such as healthchecks are commissioned through other agencies or through surgeries and fall outside the scope of pharmacies.*

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#### **Statement 4: improvements and better access, gaps in provision**

A statement of the pharmaceutical services that the HWBB has identified (if it has) as services that are not provided in the area of the HWBB but which the HWBB is satisfied:

- would, if they were provided (whether or not they were located in the area of the HWBB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type in its area
- would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWBB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area

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*Pharmacies that responded to the questionnaire contributed towards the full list of enhanced services offered to Sandwell residents. As most pharmacies are not currently commissioned to provide many of these enhanced services, the provision across the borough of some of these services is low. For extended care services that depend on third party referral, low provision is due to low volume of referrals. Other services commissioned (e.g. flu vaccination and Covid-19 vaccination) have been provided to a high level. Wider commissioning of enhanced services in future would likely lead to further health improvements for residents.*

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#### **Statement 5: other NHS services**

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWBB has had regard in its assessment, which affect:

- the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or

- whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area

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*As part of the PNA process, local authority commissioners, Sandwell West Birmingham CCG and local NHS England & Improvement were consulted to produce an up to date list of additional pharmaceutical services provided across the borough.*

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### **Statement 6: how the assessment was carried out**

An explanation of how the assessment has been carried out, and in particular:

- how it has determined what are the localities in its area;
- how it has taken into account (where applicable)
  - the different needs of different localities in its area, and
  - the different needs of people in its area who share a protected characteristic; and
- a report on the consultation that it has undertaken.

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The scope of this PNA was to assess the pharmaceutical needs and service provision within Sandwell borough and thus the geographic boundaries of Sandwell were used to determine which localities to include in the assessment. All six of Sandwell's towns were included in this PNA. Data in the PNA are presented at locality and/or ward level.

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### **Statement 7: map of provision**

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWBB

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A map is provided in chapter 3 which details the location of each pharmacy at a locality level and whether the pharmacy is a community pharmacy, distancing selling or 100-hour pharmacy.

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## Chapter 1

### Introduction to Pharmaceutical Needs Assessments

#### ***What is a Pharmaceutical Needs Assessment?***

The PNA is a statutory document that states the pharmaceutical needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It should identify where there are gaps in service provision and help in the commissioning of pharmaceutical services in the context of local priorities. The PNA is primarily used by NHSE when making decisions on applications to open new pharmacies.

The Health and Social Care Act 2012 transferred responsibility for public health from the NHS to Local Authorities. This act also transferred responsibility for the PNA from primary care trusts to HWBBs with effect from the 1<sup>st</sup> April 2013. Sandwell Metropolitan Borough Council (MBC) is responsible for Sandwell's HWBB, which brings together influential people from across the council to make sure that services work together with the same aims, so that resources (time, money and people) are used where they can make the biggest impact.<sup>2</sup>

The previous PNA was published by Sandwell MBC in June 2018. It is a statutory requirement for the PNA to be updated every three years. However, due to the COVID-19 pandemic, an extension on the requirement to publish an updated PNA was granted until October 2022.

#### ***Objectives***

The purpose of a PNA is to help Sandwell MBC, Sandwell HWBB, Sandwell and West Birmingham CCG, Sandwell Local Pharmacy Committee (LPC), pharmacy contractors, NHSE&I, and other stakeholders to:

- Understand the current and future pharmaceutical needs for the population of Sandwell
- Understand the current provision of pharmaceutical services
- Identify and address gaps in pharmaceutical services

- Understand the impacts of coronavirus (COVID-19) on the provision and accessibility of pharmaceutical services
- Inform commissioning decisions for pharmaceutical services by local authorities, NHSE&I, and CCGs.
- Inform decisions regarding the award of new NHS pharmacy contracts

### ***Mitigating the impacts of coronavirus (COVID-19)***

National, regional and local evidence on the impacts of COVID-19 shows that inequalities in physical and mental health have widened as a consequence of the pandemic. This is a result of both the direct effects of the virus, and the indirect effects through the control measures taken. While COVID-19 is not the primary focus of this PNA, it is recognised that its impacts on health and wellbeing inequalities, and on how people interact with services, are likely to influence what people need from community pharmacy services and how they access them.

To make an assessment of the impact of COVID-19 on both pharmacy contractors and service users, an additional set of questions has been added to both the public and pharmacy contractor surveys to capture the following:

- How has public access to pharmacy services has been affected?
- How has the pandemic has changed what people use pharmacy services for?
- How has the pandemic changed the way pharmacies deliver services and the types of services they deliver?

This information will help us to understand and address any new barriers to accessing services, as well as highlighting opportunities to improve the local offer.

### ***What is excluded from the scope of the assessment?***

The PNA is primarily for the assessment of accessibility and service provision at community pharmacies, and therefore pharmacists working in other areas e.g. distance selling pharmacies, GP practices, prisons, secondary and tertiary care centres and the services they provide are outside the scope of this assessment.

***Process followed in the development of the PNA***

This PNA was undertaken by Sandwell PNA Steering Group, in accordance with the requirements set out in regulations 3–9 of Schedule 1 of the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013. The PNA process consisted of the following three key stages:

- Review of the current provision of pharmaceutical services in Sandwell (including the impacts of COVID-19)
- Assessment of the need for pharmaceutical services in the local population (including the impacts of COVID-19 on accessibility and use of services)
- A consultation period to gather feedback from the public and other stakeholders

Information was gathered from community pharmacies in Sandwell to determine the provision of pharmaceutical services via an online or postal survey.

A public survey (available online or by post, in English, Bengali, Panjabi, Polish, Urdu, and British Sign Language) was promoted and distributed between December 2021–January 2022 by the following groups:

- Patient Participation Groups via Healthwatch Sandwell
- Sandwell Council and ‘Healthy Sandwell’ Twitter and Facebook accounts
- Promotion via Sandwell Deaf Community Association
- Sandwell Council Press release statement
- Promotion in Sandwell Residents Newsletter and Weekly Staff Roundup
- Promotion and distribution supported by members of Sandwell Council including the Public Health Development Officers, Volunteer Sector Support Team, and Councillors

A statutory 60-day public consultation period is planned from the 5th May 2022 to the 8th July 2022 to enable the public and other stakeholders to review the draft PNA. Any comments or feedback gathered will be presented in the final report.

### ***PNA review process***

Should significant changes regarding the provision of pharmaceutical services in Sandwell arise during the lifespan of this PNA (Oct 2022–Sept 2025), the PNA document will be refreshed or supplementary statements added. This action will be overseen by Sandwell HWBB. Changes affecting pharmaceutical service provision which may warrant a refresh to this current PNA include but are not limited to:

- New pharmacy contracts
- Pharmacy closures
- Pharmacies merge or consolidate
- Changes to pharmacy locations
- Changes to pharmacy opening hours
- Local intelligence and significant issues relating to pharmacy enhanced service provision
- Appliance provision changes
- Significant changes in public health intelligence or primary care service developments that may impact either beneficially or adversely on pharmacy-based services

### ***Steering group***

A PNA Steering Group was established in October 2021 and included representatives from the following organisations:

- Healthwatch Sandwell
- Sandwell and West Birmingham CCG
- Sandwell LPC
- Sandwell MBC Public Health

The Terms of Reference document including full membership list can be found in **Appendix 1**.

## Chapter 2

### Public Health Needs and Demography

#### ***Identification of Local Health Needs***

The aim of this document is to assess the pharmaceutical needs of Sandwell residents and review the provision of pharmaceutical services within Sandwell. More comprehensive and detailed information on the health needs of Sandwell can be found in Sandwell's Joint Strategic Needs Assessments (JSNAs). The most recent Sandwell JSNA published in September 2020 covers early years (children aged 0–5). Sandwell JSNA work over the past decade includes the following:

- Children and young people 5 to 19 years – 2017
- Adult mental health and wellbeing – 2017
- Children and young people – emotional wellbeing and mental health – 2016
- Children and young people 0 to 19 years – 2014
- Alcohol – needs across the life course – 2013
- Long term conditions -2014
- Learning disabilities – 2014
- Environment and health 2013
- Frail older people – 2012
- Obesity - 2011

Prior JSNAs can be accessed via Sandwell Trends <https://www.sandwelltrends.info/jsna-2/>. It is recommended that this PNA is read alongside the Sandwell JSNAs as the PNA does not replicate detailed descriptions of health needs.

Sandwell Public Health's future JSNA Programme will be integrated with the council's 2030 Vision for Sandwell to be a thriving, optimistic and resilient community. Sandwell's Vision 2030 includes 10 ambitions which will drive change in the borough:

1. Sandwell is a community where families have high aspirations and where we pride ourselves on equality of opportunity, adaptability and resilience
2. Sandwell is a place where we live healthy lives and live them for longer
3. Our workforce and young people are skilled, talented and have rewarding jobs

4. Our children benefit from the best start in life and a high-quality education
5. Our communities are built on mutual respect and taking care of each other
6. We have excellent and affordable public transport that connects the borough to the wider West Midlands
7. We have new homes to meet the housing needs in attractive neighbourhoods
8. Our distinctive towns and neighbourhoods are successful centres of community life
9. Sandwell has become a location of choice for industries of the future
10. Sandwell has a national reputation for getting things done

The findings and recommendations presented in this PNA will support Ambition 2 of Sandwell's Vision 2030 by ensuring the whole population has access to the pharmaceutical services they need.

Data and intelligence for this PNA was obtained from a variety of sources and includes:

- Office for National Statistics
- NHS England and NHS Improvement
- NHS England Business Services Authority
- Office for Health Improvement & Disparities – Public Health Profiles
- SHAPE Atlas
- Public questionnaire
- Pharmacy contractor questionnaire



### Sandwell Borough Geography

Sandwell borough is a densely populated urban area located in the West Midlands, it covers an area of 85.56 km<sup>2</sup>, including 1,200 hectares of green space and over 30 miles of canals. Sandwell is bordered by the neighbouring local authorities of Wolverhampton, Walsall, Birmingham and Dudley.

The total population of Sandwell is 329,042 according to ONS estimates (2020). The population estimates for the six localities within Sandwell has been shown in **Table 1** below. The population of Sandwell has increased from 322,712 as recorded in the 2018 PNA (using ONS 2016 data). In comparison with 2016 data, there is an increase in population across all towns in Sandwell.



Table 1. Ward count and population by locality

Locality name	Number of wards in each locality	Population
Oldbury	4	53,707
Rowley Regis	4	51,243
Smethwick	4	61,586
Tipton	3	41,662
Wednesbury	3	39,491
West Bromwich	6	81,353
<b>Sandwell Population</b>	<b>24</b>	<b>329,042</b>

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Based on available data, this PNA describes the health needs and current provision of pharmaceutical services at the borough, locality, ward or lower super output area

(LSOA) level. Electoral wards are political geographic units whose boundaries may change over time, whereas LSOAs are designed to report information on small areas and are less likely to change, thereby providing a consistent basis for tracking population changes over time. **Table 2** below shows the population of Sandwell by ward.

*Table 2. Sandwell population by ward*

Localities and the wards within them	Population
<b>Oldbury</b>	<b>53,707</b>
Bristnall	12,266
Langley	13,957
Old Warley	12,256
Oldbury	15,228
<b>Rowley Regis</b>	<b>51,243</b>
Blackheath	12,192
Cradley Heath and Old Hill	13,934
Rowley	12,149
Tividale	12,968
<b>Smethwick</b>	<b>61,586</b>
Abbey	12,640
Smethwick	15,302
Soho and Victoria	17,764
St Pauls	15,880
<b>Tipton</b>	<b>41,662</b>
Great Bridge	13,533
Princes End	13,548
Tipton Green	14,581
<b>Wednesbury</b>	<b>39,491</b>
Friar Park	12,735
Wednesbury North	13,175
Wednesbury South	13,581
<b>West Bromwich</b>	<b>81,353</b>
Charlemont with Grove Vale	12,281
Great Barr with Yew Tree	12,890
Greets Green and Lyng	13,939
Hateley Heath	15,250
Newton	12,455
West Bromwich Central	14,538
<b>Sandwell Population</b>	<b>329,042</b>

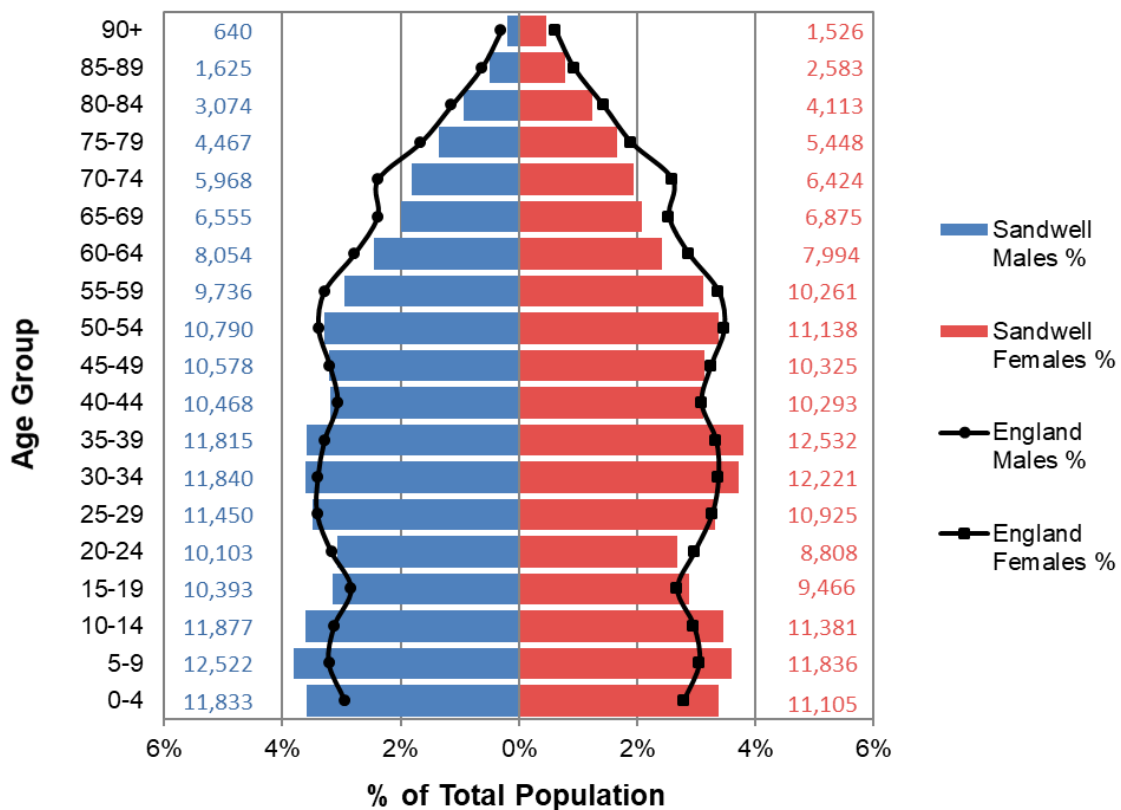
Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

## Sandwell Demographics

### Age Profile

Sandwell has higher proportion of young people compared with England as shown in **Figure 1**. The proportion of males and females aged 0–19 years is higher than the England average. Similarly, there are proportionally more 30–39 year olds in Sandwell than in England. There are less older adults ( $\geq 55$  years old) in Sandwell compared with England.

Figure 1. Mid-2020 estimated Sandwell population in each group



Source: Office for National Statistics (ONS) - Mid-Year Population Estimates, UK, June 2020

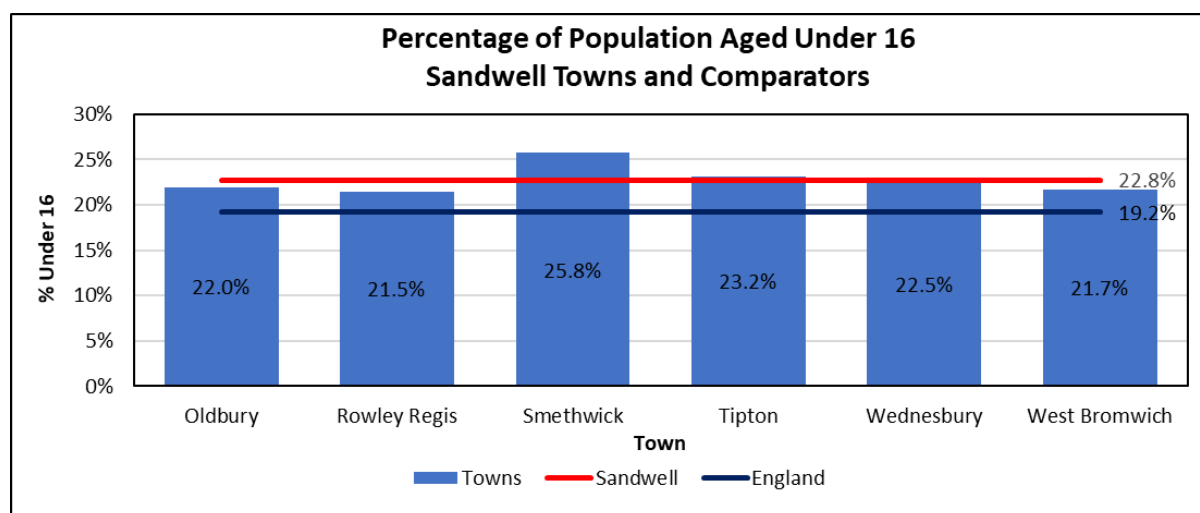
The age structure of Sandwell varies by ward and locality. Of the five wards with the highest proportion of under 16-year olds, three of these wards are located in Smethwick, one in West Bromwich and one in Tipton (**Table 3**). Sandwell has a higher proportion of under 16-year olds compared with the England average. Within Sandwell, when ward level data is aggregated to locality level data, Smethwick and Tipton have the highest proportion of young people (**Figure 2**).

Table 3. Five wards in Sandwell with the highest under 16-year old population

Ward	Locality	Percentage under 16-years olds
<b>Soho and Victoria</b>	Smethwick	29.1%
<b>St Pauls</b>	Smethwick	26.4%
<b>Greets Green and Lyng</b>	West Bromwich	25.2%
<b>Smethwick</b>	Smethwick	25.1%
<b>Princes End</b>	Tipton	24.9%

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Figure 2. Percentage of population under 16 years in Sandwell compared with national average



Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

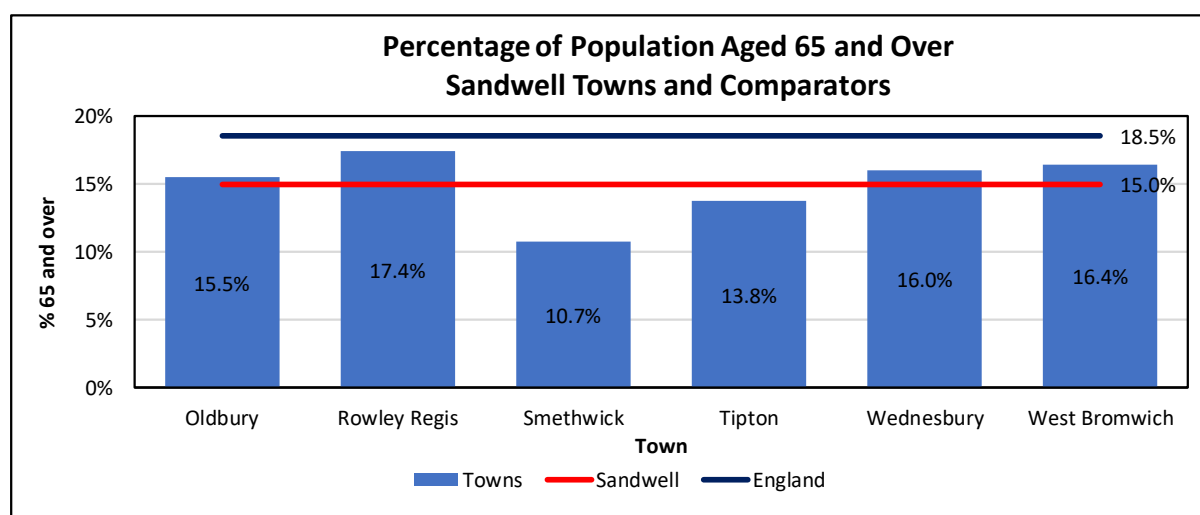
The wards with the highest proportion of older adults (≥65 years) are located in the West Bromwich, Oldbury, and Rowley Regis localities (**Table 4**). When this data is aggregated to locality level data, Rowley Regis and West Bromwich have the highest proportion of older adults. There are less older adults in Sandwell compared with the national average (**Figure 3**).

Table 4. Five wards in Sandwell with the highest over 65-year old population

Ward	Locality	Percentage aged 65 and older
<b>Charlemont with Grove Vale</b>	West Bromwich	20.2%
<b>Newton</b>	West Bromwich	19.8%
<b>Old Warley</b>	Oldbury	18.8%
<b>Blackheath</b>	Rowley Regis	18.5%
<b>Rowley</b>	Rowley Regis	17.9%

Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

Figure 3. Percentage of population aged 65 and over in Sandwell compared with England



Source: Office for National Statistics (ONS) - Table SAPE23DT8a: Mid-2020 Population Estimates for 2020 Wards and 2021 LAs in England and Wales by Single Year of Age and Sex - Experimental Statistics

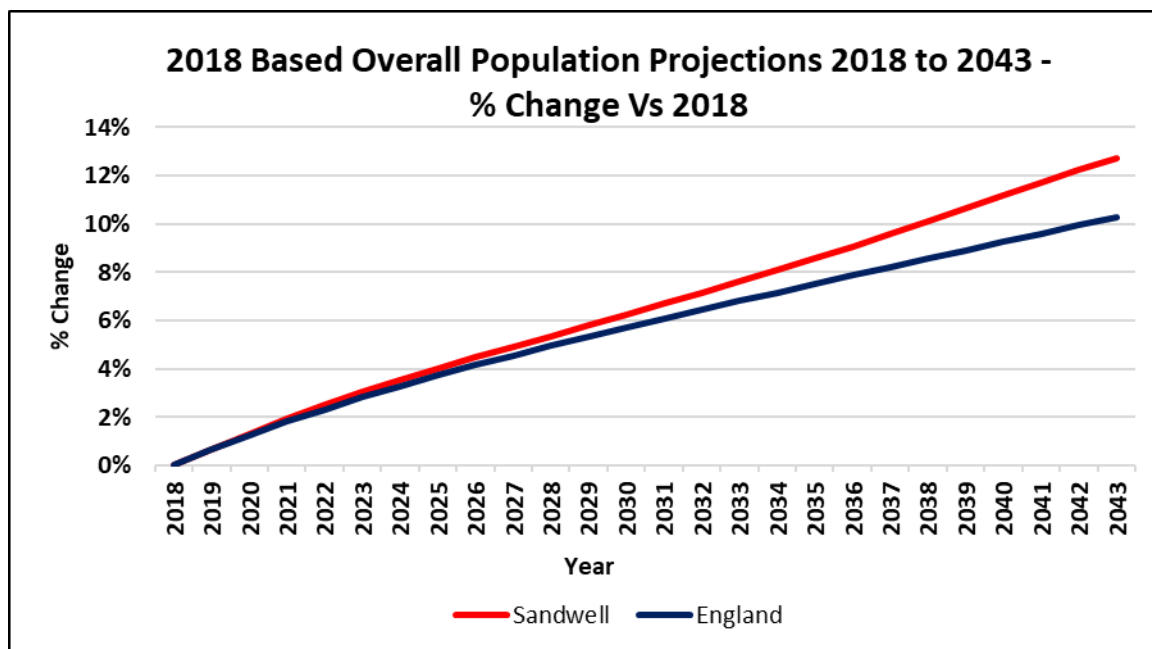
**What this means for our PNA?**

Smethwick and Tipton have the highest proportion on young people compared with Sandwell’s other towns and this may represent a proportionally greater need for pharmaceutical services tailored towards young people in these areas. Whereas, in the other four towns, there is likely to be a proportionally greater demand for pharmaceutical services from older adults.

### Population projections

The predicted population growth projection for Sandwell in all age groups from 2018 to 2043 is 12.7%. This is above the predicted rise for England which is 10.3% (**Figure 4**).

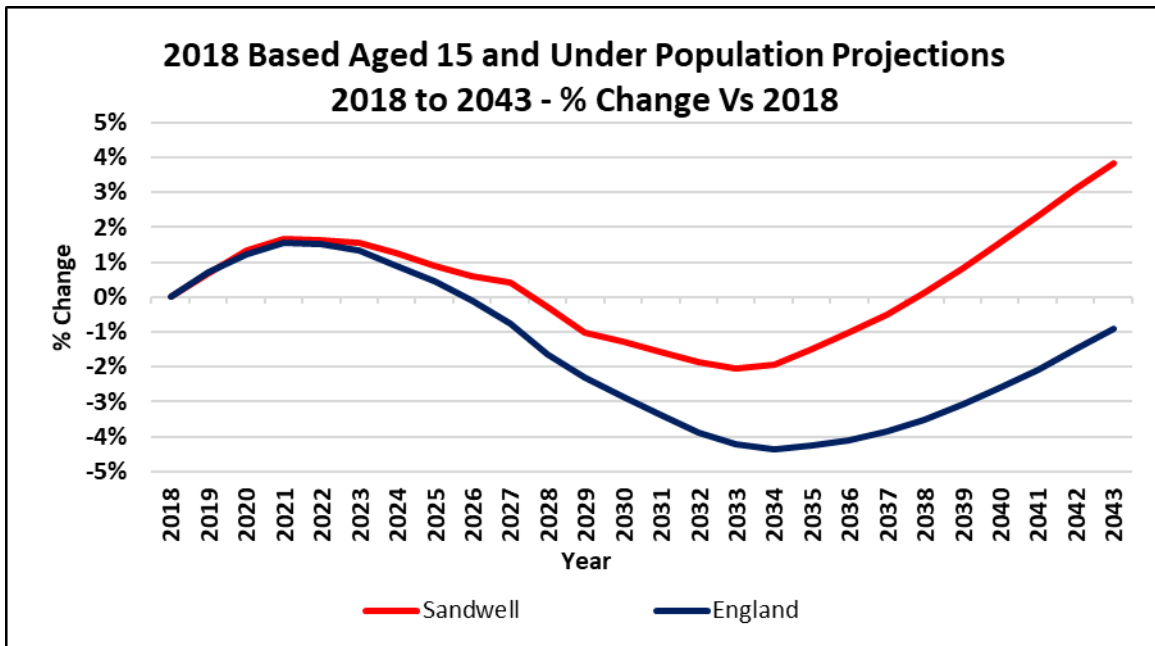
Figure 4. Population growth projection 2018-2043



Source: Office for National Statistics (ONS) - 2018 Based Population Projections

The 15 and under age group population is expected to rise during 2021–2022, followed by a gradual decline to reach its lowest point in 2033–35. It is then expected to rise steeply until 2043. Overall, the Sandwell under 16 population is expected to increase by 3.8% from 2018–2043 whereas the England population is predicted to decrease by 0.9% during the same period as shown in **Figure 5**. However, the ONS model used to make population projections may under-estimate the population growth rate that will result from higher birth rates in BME communities. This is notable given the high proportion of BME residents in Sandwell. Further, the long projection period exceeds the scope of this PNA which is expected to be updated in 2025.

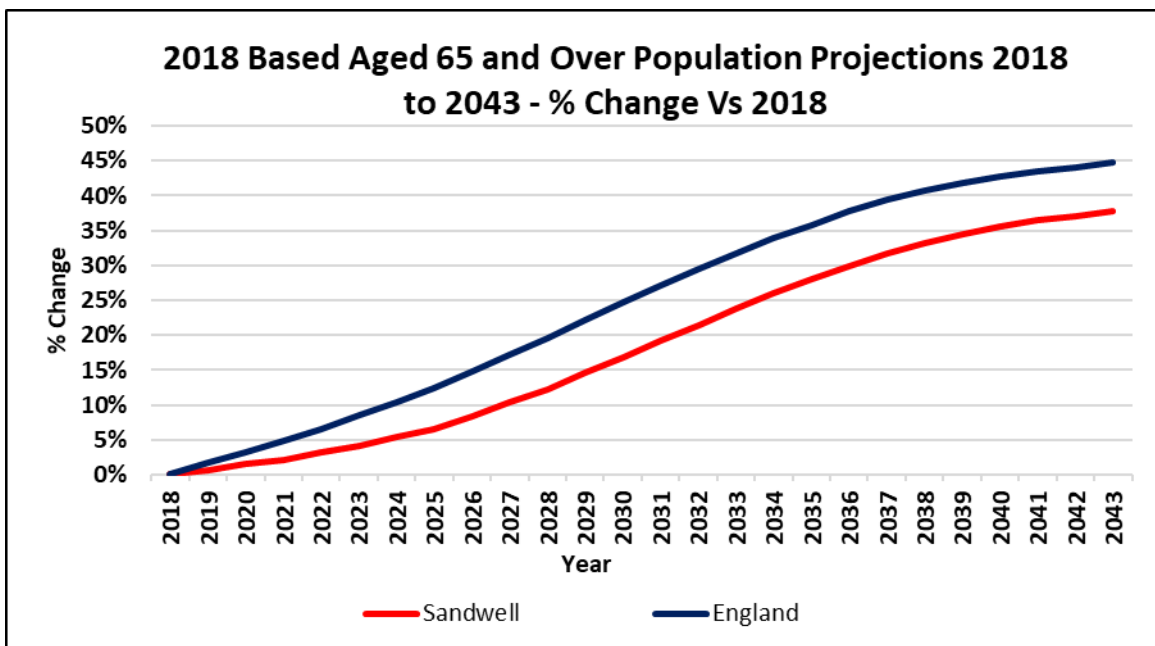
Figure 5. Population Projections from 2018–2043 in 15 and under age group



Source: Office for National Statistics (ONS) – 2018 Based Population Projections

The growth in population for the over 65 age group is expected to increase steadily by 37.9% in 2043, and population growth is expected to be less than for England (**Figure 6**).

Figure 6. Population Projections from 2018-2043 in 65 and above age group



Source: Office for National Statistics (ONS) – 2018 Based Population Projections

### ***Housing growth***

There is planned housing in the adjoining areas of Greater Icknield (Birmingham) and Smethwick (Sandwell) which has the potential for 4000 new homes. The 2 areas that fall under Sandwell are Grove Lane (800 new homes) and part of Brindley Canalside (400 new homes). Analysis of this housing data did not indicate that in the next three years there will be population increases of a sufficient size to impact on need for new pharmaceutical providers.

### ***What this means for our PNA?***

The projected increase in population during the lifespan of the PNA is not anticipated to affect the delivery of pharmaceutical services. The existing pharmacies should be able to meet the needs of the population.

### ***Ethnicity***

Sandwell is an ethnically diverse borough with 34.2% of the population from BME communities. As identified in the previous PNA, Smethwick has the highest proportion of BME residents in the under 16 and over 65 years age groups. Rowley Regis has the lowest proportion of BME residents in these age groups (**Table 5**).



*Table 5. Proportion of residents from BME communities by age group*

Area	% BME residents under 16 Years of age	% BME residents aged 65+
Sandwell	45.6%	14.3%
England	26.1%	8.4%
<b>Locality</b>		
Oldbury	44.7%	13.4%
Rowley		
Regis	21.4%	4.0%
Smethwick	74.2%	35.8%
Tipton	30.8%	7.2%
Wednesbury	29.9%	7.7%
West Bromwich	53.9%	17.0%

Source: Office for National Statistics (ONS) -2011 Census Table DC2101EW - Ethnic group by sex by age

### ***What this means for our PNA?***

Pharmacy services are frequently accessed by families with young children and older adults. Having a large number of residents within these categories may increase the demand for pharmacy services in these areas. There is a correlation between ethnic diversity and health inequalities, whereby BME communities experience a higher levels of health inequalities throughout the life course which leads to a higher prevalence of chronic diseases such as diabetes and cardiovascular disease. Therefore, it's likely that there will be an increased demand for pharmacy services in localities with a high proportion of older BME residents. There may also be additional needs, such as the need for pharmacists to speak additional languages in these localities to overcome barriers to accessing services.

### **Life expectancy**

Life expectancy is a measure of how long a person born in an area would be expected to live using current observed rates of mortality. The gap in life expectancy between the best and worst areas can help us understand the extent of health inequalities present across the borough.

The life expectancy at birth for men in Sandwell is 76.1 years and women is 80.7 years, these are both lower than the average life expectancy for West Midlands (males, 78.5 years; females, 82.5 years) and England (males, 79.4 years; females, 83.1 years). Inequalities in life expectancy also exist within the borough for both men and women. The ward of Old Warley (Oldbury) has the highest male life expectancy of 80.5 years, whereas the ward of Princes End (Tipton) has the lowest male life expectancy of 73.7 years (6.8 years difference in life expectancy; **Table 6**). The ward of Rowley (Rowley Regis) has the highest female life expectancy of 85.6 years, whereas the ward of Great Bridge (Tipton) has the lowest female life expectancy of 76.5 years (9.1 years difference in life expectancy; **Table 7**).

*Table 6. Male Life Expectancy (Years) By Ward - 2016-20*

Sandwell Town	Ward Name	Quintile	Male LE at Birth
Tipton	Princes End	Worst	73.7
Smethwick	Smethwick		74.2
Tipton	Great Bridge		74.4
West Bromwich	Greets Green and Lyng		74.5
Tipton	Tipton Green		74.7
Sandwell Town	Ward Name	Quintile	Male LE at Birth
West Bromwich	Newton	Best	78.7
West Bromwich	Great Barr with Yew Tree		78.8
Smethwick	Abbey		78.9
West Bromwich	Charlemont with Grove Vale		79.9
Oldbury	Old Warley		80.5

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates via Local Health website - Life expectancy at birth, 2016 to 2020

\*best fit wards

*Table 7. Female Life Expectancy (Years) By Ward – 2016-20*

Sandwell Town	Ward Name	Quintile	Female LE at Birth
Tipton	Great Bridge	Worst	76.5
Smethwick	Smethwick		78.8
West Bromwich	Hateley Heath		79.0
Wednesbury	Wednesbury North		79.2
Smethwick	Soho and Victoria		79.3
Sandwell Town	Ward Name	Quintile	Female LE at Birth
West Bromwich	Newton	Best	83.7
Oldbury	Old Warley		83.9
Smethwick	Abbey		84.5
West Bromwich	Great Barr with Yew Tree		84.7
Rowley Regis	Rowley		85.6

Source: The Office for Health Improvement and Disparities analysis of ONS death registration data and mid-year population estimates via Local Health website - Life expectancy at birth, 2016 to 2020

\*best fit wards

### ***What this means for our PNA?***

Closing the gap in life expectancy observed across the borough is one of the key priorities of the HWBB. Pharmacy services such as smoking cessation, vascular risk assessment, alcohol interventions and healthy living advice are all activities which can impact on life expectancy.

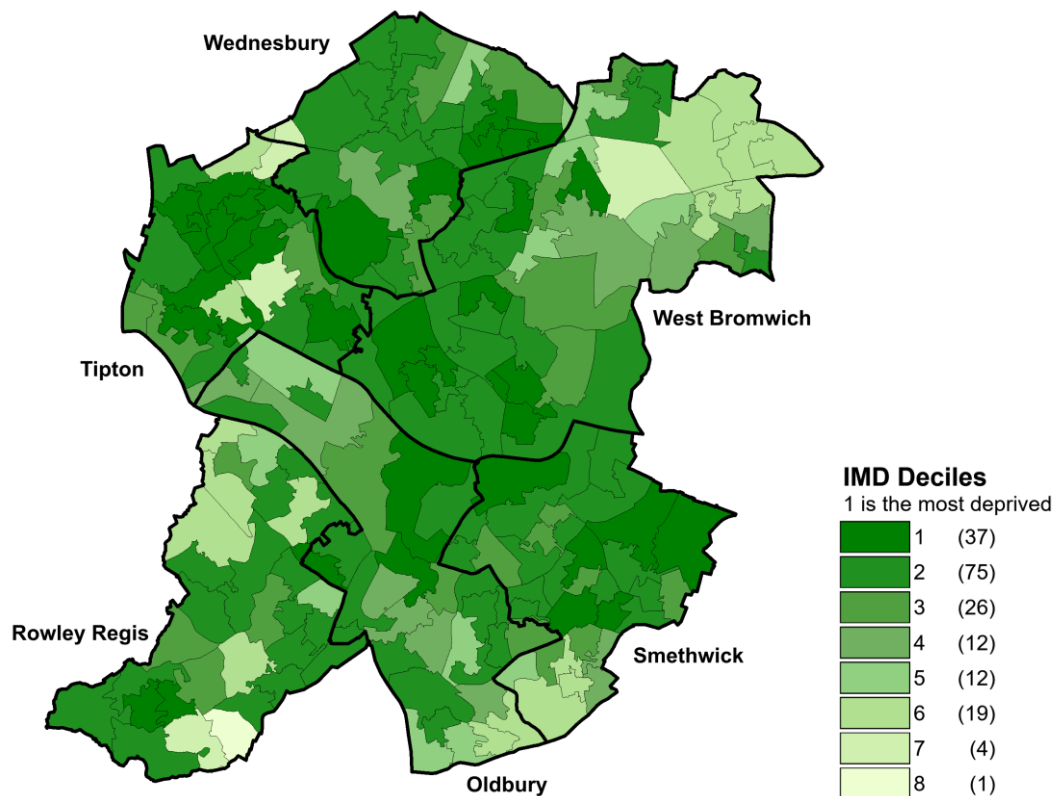
### ***Deprivation in localities***

Deprivation to many means poverty and is not an easy term to measure. Poverty impacts on individuals, families, communities and society, and its consequences are far-reaching (including social isolation, low educational attainment, unemployment, and impacts on mental and physical health). One of the most common measures of deprivation is the England Indices of Multiple Deprivation (IMD) which is a measure of relative deprivation for LSOAs in England. The IMD applies weightings to different themes such as housing, health and well-being, education and skills, income deprivation, and crime to generate a score for each LSOA which are ranked relative to each other. The relative level of deprivation experienced by a population has a direct correlation with health outcomes for that population. Sandwell is the 8<sup>th</sup> most deprived

local authority in England and deprivation is spread throughout the borough rather than being concentrated in hotspots (**Figure 7**).

Overall Sandwell has a high level of deprivation compared with England. All of the Sandwell LSOAs are in the 80 percent most deprived LSOAs in England. Analysis of the IMD for the LSOAs in Sandwell shows that each of the localities has significant levels of deprivation with no locality having a LSOA in the least deprived 20% nationally, and very few areas in Sandwell fall into the 40% of least deprived areas in England (Oldbury, Smethwick and Wednesbury have no LSOAs in the 40% of least deprived areas in England).

*Figure 7. Sandwell LSOAs and Town IMD 2019 National Deciles*



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\*Lower Layer Super Output Areas (LSOAs) are small areas with an average population of approximately 1,500 people or 650 households

Source: [Ministry of Housing, Communities & Local Government](#)

Note: Deciles rank the LSOA in England into ten bands and so any LSOA in decile 1 is in the ten percent most deprived LSOA in England and any in decile 10 is in the ten percent least deprived LSOA in England.

***What this means for our PNA?***

People in more deprived areas generally live with poorer health. Increased deprivation is also associated with a higher prevalence of smoking, harmful drinking, poor diet and poor mental health. Community pharmacies have an extended role to play in educating and supporting communities to adopt healthier lifestyles.

***Local health needs and priorities******Smoking***

Smoking is the largest avoidable cause of death and of social inequalities in life expectancy in the UK.<sup>3</sup> Whilst prevalence rates of smoking in Sandwell have fallen in recent years; smoking rates remain higher than the regional and national prevalence rates (**Table 8**). Reducing smoking rates further is a key focus for health services, particularly for “harder to reach groups”, such as for routine and manual workers who are known to have higher smoking prevalence rates.

*Table 8. Smoking Prevalence, 2020*

Area	Smoking Prevalence in Adults (18+)
Sandwell	13.7%
West Midlands Region	12.8%
England	12.1%

Source: PHE Local Tobacco Control Profiles, Office of National Statistics (ONS) Annual Population Survey (APS)

Note: APS was formerly conducted via face-to-face interview. Due to COVID-19 The mode has changed for this indicator to telephone only. This means the current indicator has a different methodology and should not be compared to the previously published indicator. The final prevalence figures as published are lower than would have been expected if data collection had stayed the same for 2020. Data for 2020 is based on Q2-Q4 survey collection only, resulting in less precise estimates than observed for a typical year of APS.

***What this means for our PNA?***

Pharmacies have an important role in providing support for smoking cessation by providing access to nicotine replacement therapy (NRT) and providing advice from pharmacists and trained staff. Pharmacies are a unique provider in that they provide

access to NRT at the point of care and provide a “walk in” service across extended opening hours which is particularly important for improving accessibility of care for harder to reach groups.

### **Alcohol**

Male alcohol-related mortality is a significant problem in Sandwell. Male deaths from alcohol-related diseases and conditions are considerably more than for the West Midlands and England (**Table 9**). The rate for women is statistically similar to the regional and national rates. Over time Sandwell’s alcohol-related hospital admission rates have been improving in males, and at 608.8 per 100,000 this is statistically similar to the national (England) rate of 603.2 per 100,000 (**Table 10**). Alcohol-related admission rates for females are lower in Sandwell than the regional and national averages.

*Table 9. Alcohol-related mortality, all ages, directly age-standardised rate per 100,000 population, 2020*

Area	Alcohol-Related Mortality Rate - Males	Alcohol-Related Mortality Rate - Females
Sandwell	103.7	26.4
West Midlands Region	65.2	23.4
England	57.3	20.9

Source: Local Alcohol Profiles for England - calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates.

Note: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

*Table 10. Admission episodes for alcohol-related conditions (Narrow), all ages, directly age-standardised rate per 100,000 population, 2020/2021*

Area	Admission Episodes for Alcohol-Related Conditions (Narrow), Males	Admission Episodes for Alcohol-Related Conditions (Narrow), Females
Sandwell	608.8	237.9
West Midlands Region	684.5	359.5
England	603.2	321.9

Source: Local Alcohol Profiles for England - calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

Note: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

### ***What this means for our PNA?***

Pharmacies have a potential role in providing structured brief interventions in alcohol use, as well as providing opportunistic lifestyle advice and signposting patients to other healthcare services.

### ***Physical activity***

Physical inactivity is linked to conditions such as obesity, diabetes, cancer, dementia, stroke, heart disease, and hypertension. Regular physical activity helps to prevent and alleviate these conditions and is essential for physical and mental health and wellbeing. The Active Lives Survey collects data on the engagement in, and attitudes to, sport and physical activity in England and Wales. The 2019/20 survey shows that in Sandwell only 59.9% of adults undertook the recommended levels of 150 minutes of physical activity per week. This was lower than the rates for adults in the West Midlands Region at 63.0% and England at 65.9% (**Table 11**).

*Table 11. Percentage of adults aged 19 and over doing at least 150 moderate intensity equivalent (MIE) minutes of physical activity per week, 2020/2021*

Area	% of Adults Physically Active
Sandwell	59.9%
West Midlands Region	63.0%
England	65.9%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

### **Obesity**

Obesity in adults is also estimated from the Active Lives Survey. **Table 12** shows that the percentage of adults who are overweight or obese in Sandwell is higher than the West Midlands and England averages.

*Table 12. Percentage of adults aged 18 and over classified as overweight or obese, 2020/2021*

Area	Percentage of adults (aged 18+) classified as overweight or obese
Sandwell	70.8%
West Midlands Region	66.8%
England	63.5%

Source: Office for Health Improvement and Disparities (based on the Active Lives Adult Survey, Sport England)

Obesity in children is measured through the National Child Measurement Programme (NCMP). In Sandwell 24.6% of reception class children (4–5 year olds) are overweight or obese and 42.9% of year 6 children (10-11-year olds) are overweight or obese. The figures for Sandwell wards and localities can be seen below, for reception year and year 6 (**Table 13**).



Table 13. Childhood obesity (overweight including obesity) by ward and locality

Locality	Ward	Reception: Prevalence of overweight (including obesity)	Year 6: Prevalence of overweight (including obesity)
<b>Oldbury</b>	Bristnall	26.0%	41.8%
	Langley	26.4%	41.4%
	Old Warley	21.1%	39.1%
	Oldbury	22.7%	43.0%
	<b>Total</b>	<b>24.1%</b>	<b>41.4%</b>
<b>Rowley Regis</b>	Blackheath	26.1%	41.5%
	Cradley Heath and Old Hill	25.9%	45.1%
	Rowley	25.5%	39.6%
	Tividale	20.2%	44.7%
	<b>Total</b>	<b>24.4%</b>	<b>42.8%</b>
<b>Smethwick</b>	Abbey	20.2%	40.7%
	St Pauls	22.8%	45.5%
	Smethwick	22.5%	42.9%
	Soho and Victoria	23.2%	45.9%
	<b>Total</b>	<b>22.4%</b>	<b>44.2%</b>
<b>Tipton</b>	Great Bridge	24.3%	38.3%
	Princes End	31.5%	42.5%
	Tipton Green	24.8%	40.8%
	<b>Total</b>	<b>26.8%</b>	<b>40.6%</b>
<b>Wednesbury</b>	Friar Park	31.3%	48.2%
	Wednesbury North	24.3%	41.9%
	Wednesbury South	25.0%	47.3%
	<b>Total</b>	<b>27.3%</b>	<b>46.0%</b>

<b>West Bromwich</b>	Charlemont with Grove Vale	22.9%	41.6%
	Great Barr with Yew Tree	23.4%	40.2%
	Greets Green and Lyng	26.0%	42.5%
	Hateley Heath	26.5%	42.5%
	Newton	24.4%	42.3%
	West Bromwich Central	22.7%	45.7%
	<b>Total</b>	<b>24.5%</b>	<b>42.6%</b>
<b>Sandwell</b>	<b>Grand Total</b>	<b>24.6%</b>	<b>42.9%</b>

The data presented above only includes children participating in the NCMP in state-maintained schools.

Source: NHS Digital, National Child Measurement Programme via Local Health website

Note: The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% of all eligible children, however in 2019/20 the number of children measured was around 75% of previous years.

### ***What this means for our PNA?***

Pharmacies provide advice and support for healthy lifestyles as part of their core contract. However, examples of enhanced services are evolving whereby pharmacies play an increasing role in actively supporting adults and children to increase level of exercise, chose healthier food options and maintain a healthy weight.

### ***Teenage conceptions***

The rate of teenage conceptions in Sandwell is higher than the West Midlands and England rate at 16.3 conceptions per 1000 women under 18 years old (**Table 14**). However, the rate of teenage conceptions in Sandwell has fallen dramatically over the past 10 years (reduced by almost half since 31.6 per 1,000 in 2015).

*Table 14. Under 18 conception rates per 1,000, 2020*

Area	Rate of teenage (under 18) conceptions
Sandwell	16.3
West Midlands Region	15.1
England	13.0

Source: Office for National Statistics (ONS) via Public Health Outcomes Framework (PHOF)

### ***What this means for our PNA?***

Pharmacies in Sandwell provide access to Emergency Hormonal Contraception (EHC) through a Patient Group Direction (PGD). The service is free of charge to women using the service. Pharmacies are a safe, accessible and non-judgemental provider of EHC services.

### ***Disease prevalence***

Disease prevalence can be measured using data recorded for the Quality and Outcomes Framework (QoF) used by GPs. This data is helpful but has its limitations; there can be under recording which is not apparent meaning that prevalence looks lower than in practice. In addition, the start of COVID-19 pandemic in the last quarter of 2019-20 has led to unprecedented changes to the work of GP practices and consequently data may have been impacted. However, as a comparative tool it can help to demonstrate variation across CCG areas. Generally, Black Country and West Birmingham CCG area shows a similar prevalence across disease types with England (**Table 15**).

*Table 15. Disease Prevalence*

Disease	Black Country & West Birmingham CCG %	England %
Atrial fibrillation	1.8%	2.1%
Asthma	6.5%	6.4%
Cancer	2.6%	3.2%
Secondary prevention of coronary heart disease	3.4%	3.1%
Chronic kidney disease	4.5%	4.0%
Chronic obstructive pulmonary disease	1.9%	1.9%
Dementia	0.6%	0.7%
Depression	12.0%	12.3%
Diabetes mellitus	9.0%	7.1%
Epilepsy	0.9%	0.8%
Heart failure	0.9%	0.9%
Hypertension	14.7%	13.9%
Learning disability	0.6%	0.5%
Mental health	1.0%	1.0%
Non-diabetic hyperglycaemia	4.4%	5.3%
Obesity	8.4%	6.9%
Osteoporosis: secondary prevention of fragility fractures	0.6%	0.8%
Peripheral arterial disease	0.5%	0.6%
Palliative care	0.5%	0.5%
Rheumatoid arthritis	0.9%	0.8%
Stroke and transient ischaemic attack	1.7%	1.8%

Source: Quality and Outcomes Framework (QoF) 2020-21

***What this means for our PNA?***

Pharmacies provide essential services and support for patients with long-term conditions. Ensuring that medicines taken to manage long-term conditions are used safely and effectively improves outcomes for patients and reduces the risk of drug-related hospital admissions. Pharmacies have a role in ensuring patients, clinicians and carers can obtain the maximum benefit from medicines whilst reducing risks associated with treatment. In addition, pharmacies can provide healthy lifestyle advice which will support the prevention and management of long-term conditions.

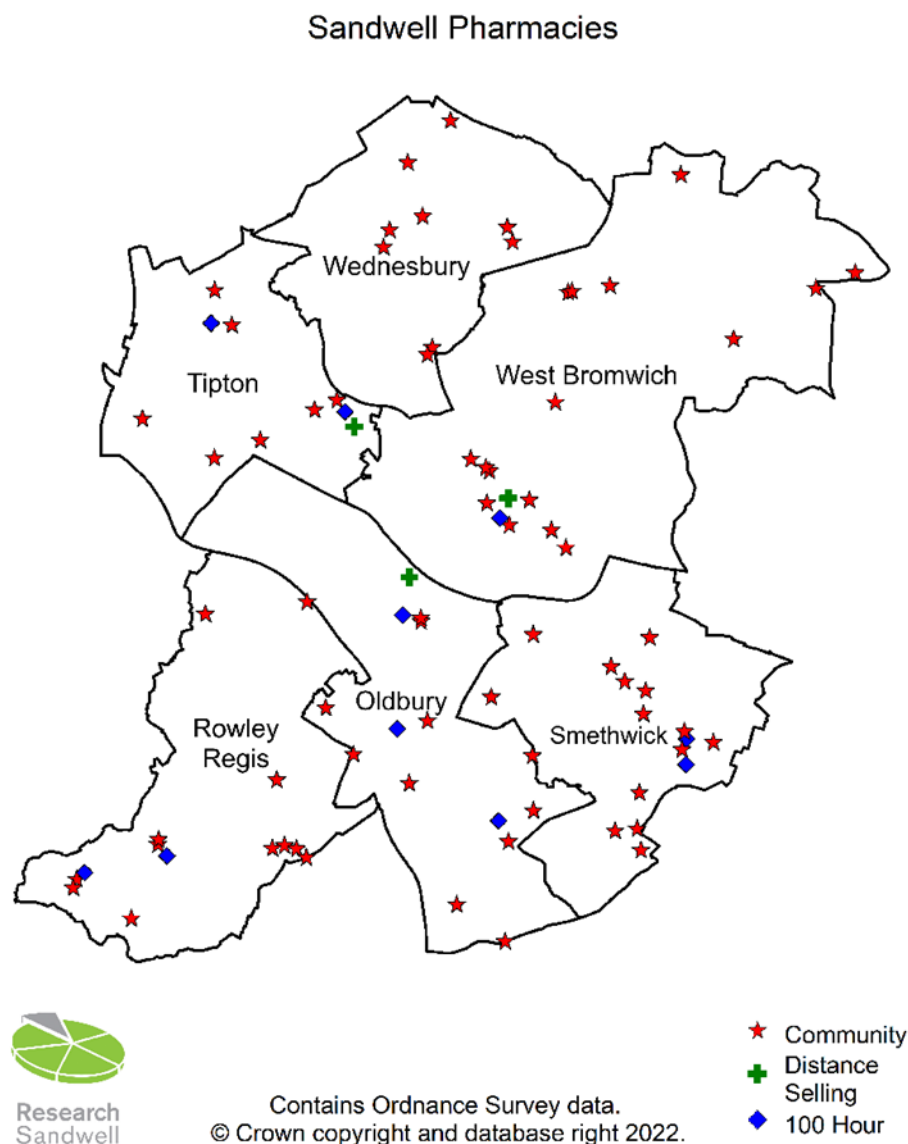
### Chapter 3

## Community Pharmacy Provision in Sandwell MBC

### **Location of pharmacies**

The map below (**Figure 8**) shows the distribution and type of pharmacies available in Sandwell. In Sandwell there are community, distance selling, and 100-hour pharmacies. Wednesbury is the only town that does not have access to a 100-hour pharmacy. Rowley Regis, Smethwick and Wednesbury do not have access to a distance selling pharmacy.

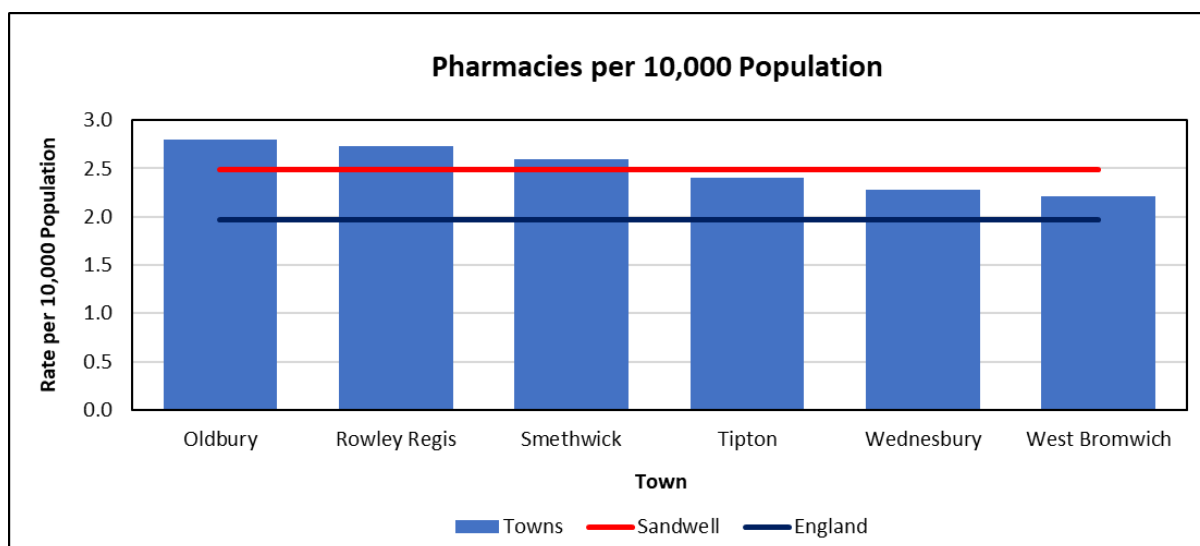
Figure 8. Map of pharmacy locations in Sandwell



In total, there are 82 pharmacies in Sandwell (including three distance selling pharmacies and ten 100-hour pharmacies) serving a population of 329,042 residents. This equates to one pharmacy per 4013 residents, which is greater than the England average of one pharmacy per 5086 residents.

There is a good distribution of community pharmacies across the borough. With all towns having more than the England average rate of community pharmacies per 10,000 population. Oldbury, Rowley Regis, and Smethwick have the highest rate of community pharmacies per 10,000 population (**Figure 9**).

Figure 9. Community pharmacies per 10,000 population



Pharmacy Data Sources: NHS England and NHS Digital  
 Population Data Source: Office for National Statistics

Pharmacies in Sandwell are spread evenly compared with the population of each town. West Bromwich has the most pharmacies and the largest population of all Sandwell towns. Wednesbury has the least number of pharmacies and also the smallest population of all Sandwell towns (**Table 16**).

Table 16. Number of pharmacies by locality

Locality	Ward	All Pharmacies	100 Hour Pharmacies	Mid-2020 Population
<b>Oldbury</b>	Bristnall	4	1	12,266
	Langley	5	1	13,957
	Old Warley	2	0	12,256
	Oldbury	4	1	15,228
	<b>Total</b>	<b>15</b>	<b>3</b>	<b>53,707</b>
<b>Rowley Regis</b>	Blackheath	4	0	12,192
	Cradley Heath and Old Hill	7	2	13,934
	Rowley	1	0	12,149
	Tividale	2	0	12,968
	<b>Total</b>	<b>14</b>	<b>2</b>	<b>51,243</b>
<b>Smethwick</b>	Abbey	4	0	12,640
	Smethwick	2	0	15,302
	Soho and Victoria	7	2	17,764
	St Pauls	3	0	15,880
	<b>Total</b>	<b>16</b>	<b>2</b>	<b>61,586</b>
<b>Tipton</b>	Great Bridge	5	1	13,533
	Princes End	3	1	13,548
	Tipton Green	2	0	14,581
	<b>Total</b>	<b>10</b>	<b>2</b>	<b>41,662</b>
<b>Wednesbury</b>	Friar Park	2	0	12,735
	Wednesbury North	4	0	13,175
	Wednesbury South	3	0	13,581
	<b>Total</b>	<b>9</b>	<b>0</b>	<b>39,491</b>
<b>West Bromwich</b>	Charlemont with Grove Vale	3	0	12,281
	Great Barr with Yew Tree	2	0	12,890
	Greets Green and Lyng	3	1	13,939
	Hateley Heath	0	0	15,250
	Newton	2	0	12,455
	West Bromwich Central	8	0	14,538
	<b>Total</b>	<b>18</b>	<b>1</b>	<b>81,353</b>
	<b>Sandwell</b>	<b>Grand Total</b>	<b>82</b>	<b>10</b>

Pharmacy Data Source: NHS England

Population Data Source: Office for National Statistics



### **Pharmacy Access Scheme**

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected.<sup>4</sup> The PhAS is an additional monthly payment made to all eligible pharmacies in areas where there are fewer pharmacies. The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

The objective of the 2022 PhAS is to create a scheme that is more targeted and representative of the pharmacy market as it is now, and that better targets support to pharmacies that are deemed essential for local provision of physical NHS pharmaceutical services. To best protect access, the scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy. The 2022 PhAS will apply from 1 January 2022. The pharmacies in Sandwell that qualify for this scheme are listed in **Table 17** below.

*Table 17. Sandwell pharmacies eligible for the 2022 Pharmacy Access Scheme at June 2022*

Fcode	Pharmacy Name	Address	Postcode	Sandwell Town
FKE95	Boots UK Ltd	Unit D Gallagher Retail Park, Axletree Way, Wednesbury	WS10 9QY	Wednesbury
FL134	Portway Healthcare Limited	51a New Birmingham Road, Tividale	B69 2JQ	Rowley Regis
FYL65	Forrest DP Ltd	145 Hamstead Road, Great Barr, Birmingham	B43 5BB	West Bromwich
FYV46	Chempharm Ltd	85 Church Vale, West Bromwich	B71 4DH	West Bromwich

Contractors had to be registered on the Manage Your Service (MYS) platform to provide the Community Pharmacist Consultation Service (CPCS) by 31 December 2021 in order to receive the first PhAS payment. To continue to receive PhAS payments, they must continue to be registered for CPCS for greater than or equal to half of the number of full days in the relevant month.

Source: GOV.UK

### **Identification of Pharmaceutical Service Provision**

NHSE provided a list of pharmacy contractors including their locations and opening hours. A contractor questionnaire was also sent to Sandwell community pharmacies via an email link to Snap Surveys and via post.

### **Access to Community Pharmacy and Pharmaceutical Services**

The maps in this PNA illustrate that the geographical location of Sandwell community pharmacies is well spread across the populated areas, covering deprived areas and those with a higher proportion of BME residents.

Patients are not registered with individual pharmacies and so have choices about where to have their prescriptions dispensed and where to access essential, advanced, enhanced and local pharmacy services.

### **Opening Hours**

For a full list of pharmacies and their opening hours please see **Appendix 2**. In total there are 64 pharmacies that open Saturdays and 17 pharmacies that are open on a Sunday (**Table 18**).

*Table 18. Pharmacies by locality and number open on the weekends*

Locality	Ward	All Pharmacies	Open Saturdays	Open Sundays
<b>Oldbury</b>	Bristnall	4	4	1
	Langley	5	5	2
	Old Warley	2	1	1
	Oldbury	4	3	1
	<b>Total</b>	<b>15</b>	<b>13</b>	<b>5</b>
<b>Rowley Regis</b>	Blackheath	4	3	1
	Cradley Heath and Old Hill	7	4	2
	Rowley	1	0	0
	Tividale	2	1	0
	<b>Total</b>	<b>14</b>	<b>8</b>	<b>3</b>
<b>Smethwick</b>	Abbey	4	4	0
	Smethwick	2	2	0
	Soho and Victoria	7	5	3
	St Pauls	3	2	0
	<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>

<b>Tipton</b>	Great Bridge	5	4	2
	Princes End	3	3	2
	Tipton Green	2	2	0
	<b>Total</b>	<b>10</b>	<b>9</b>	<b>4</b>
<b>Wednesbury</b>	Friar Park	2	2	0
	Wednesbury North	4	3	1
	Wednesbury South	3	2	0
	<b>Total</b>	<b>9</b>	<b>7</b>	<b>1</b>
<b>West Bromwich</b>	Charlemont with Grove Vale	3	2	0
	Great Barr with Yew Tree	2	1	0
	Greets Green and Lyng	3	2	1
	Hateley Heath	0	0	0
	Newton	2	2	0
	West Bromwich Central	8	7	0
	<b>Total</b>	<b>18</b>	<b>14</b>	<b>1</b>
<b>Sandwell</b>	<b>Grand Total</b>	<b>82</b>	<b>64</b>	<b>17</b>

Pharmacy Data Source: NHS England

There are 30 pharmacies that are open after 6.30pm and 29 pharmacies that are open before 9am which demonstrates good access to pharmaceutical services throughout the Borough, out of normal office hours (**Table 19**).

*Table 19. Pharmacies by locality and number with extended hours*

Locality	Ward	All Pharmacies	Open Before 9am	Open After 6:30pm
<b>Oldbury</b>	Bristnall	4	1	3
	Langley	5	1	2
	Old Warley	2	1	1
	Oldbury	4	1	1
	<b>Total</b>	<b>15</b>	<b>4</b>	<b>7</b>
<b>Rowley Regis</b>	Blackheath	4	2	1
	Cradley Heath and Old Hill	7	4	2
	Rowley	1	0	0
	Tividale	2	2	0
	<b>Total</b>	<b>14</b>	<b>8</b>	<b>3</b>
<b>Smethwick</b>	Abbey	4	0	1
	Smethwick	2	0	2

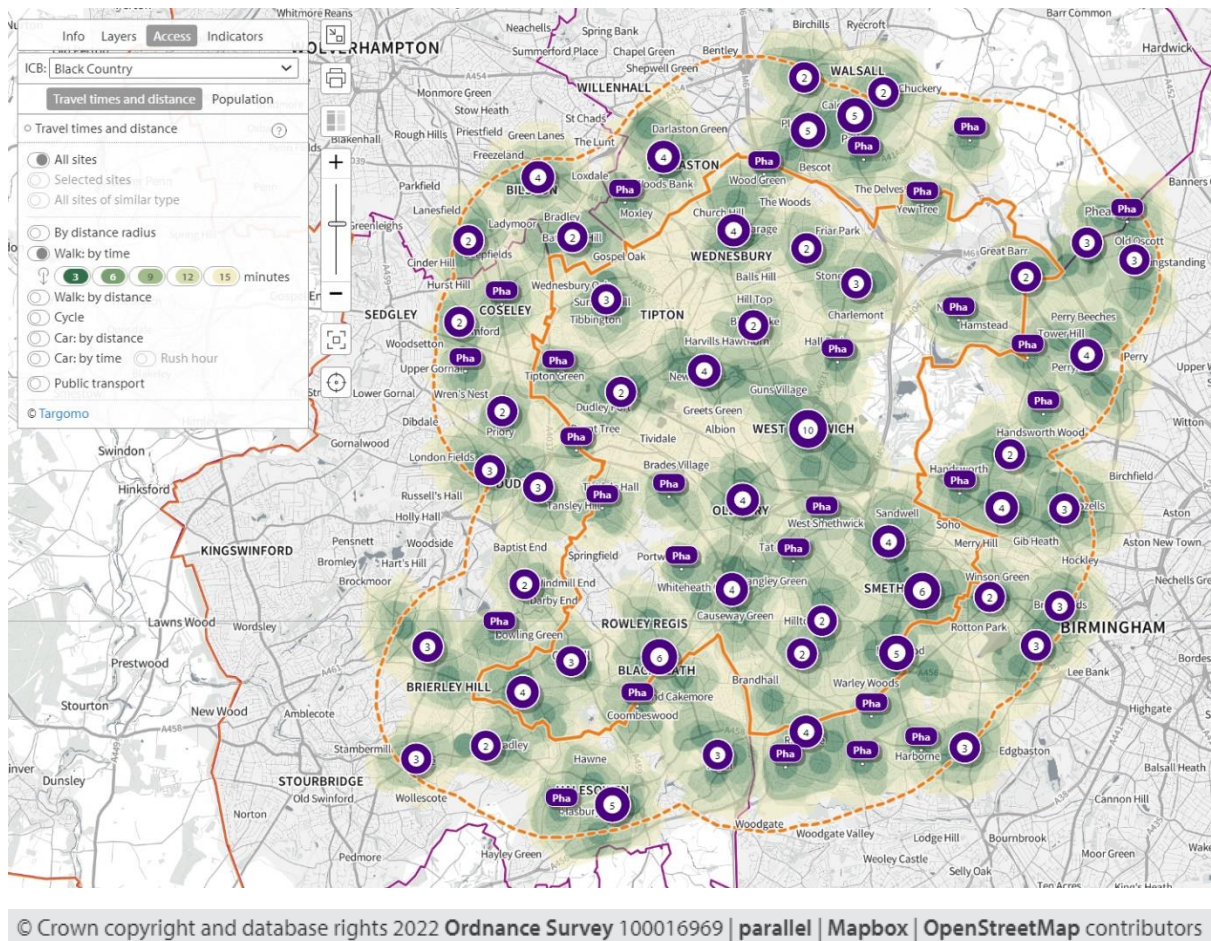
	Soho and Victoria	7	3	3
	St Pauls	3	0	2
	<b>Total</b>	<b>16</b>	<b>3</b>	<b>8</b>
<b>Tipton</b>	Great Bridge	5	3	3
	Princes End	3	1	2
	Tipton Green	2	1	0
	<b>Total</b>	<b>10</b>	<b>5</b>	<b>5</b>
<b>Wednesbury</b>	Friar Park	2	0	0
	Wednesbury North	4	1	2
	Wednesbury South	3	1	1
	<b>Total</b>	<b>9</b>	<b>2</b>	<b>3</b>
<b>West Bromwich</b>	Charlemont with Grove Vale	3	0	1
	Great Barr with Yew Tree	2	0	0
	Greets Green and Lyng	3	2	1
	Hateley Heath	0	0	0
	Newton	2	1	1
	West Bromwich Central	8	4	1
	<b>Total</b>	<b>18</b>	<b>7</b>	<b>4</b>
<b>Sandwell</b>	<b>Grand Total</b>	<b>82</b>	<b>29</b>	<b>30</b>

Pharmacy Data Source: NHS England

### ***Walking and Public Transport Distance to Pharmacies***

The map below shows areas within a 15-minute walking distance of a pharmacy for Sandwell residents (**Figure 10**). This includes pharmacies within a 2km boundary of Sandwell which may also be accessed by Sandwell residents. Most residents can access a pharmacy within a reasonable walking time.

*Figure 10. Areas within a 15-minute walk to a pharmacy*



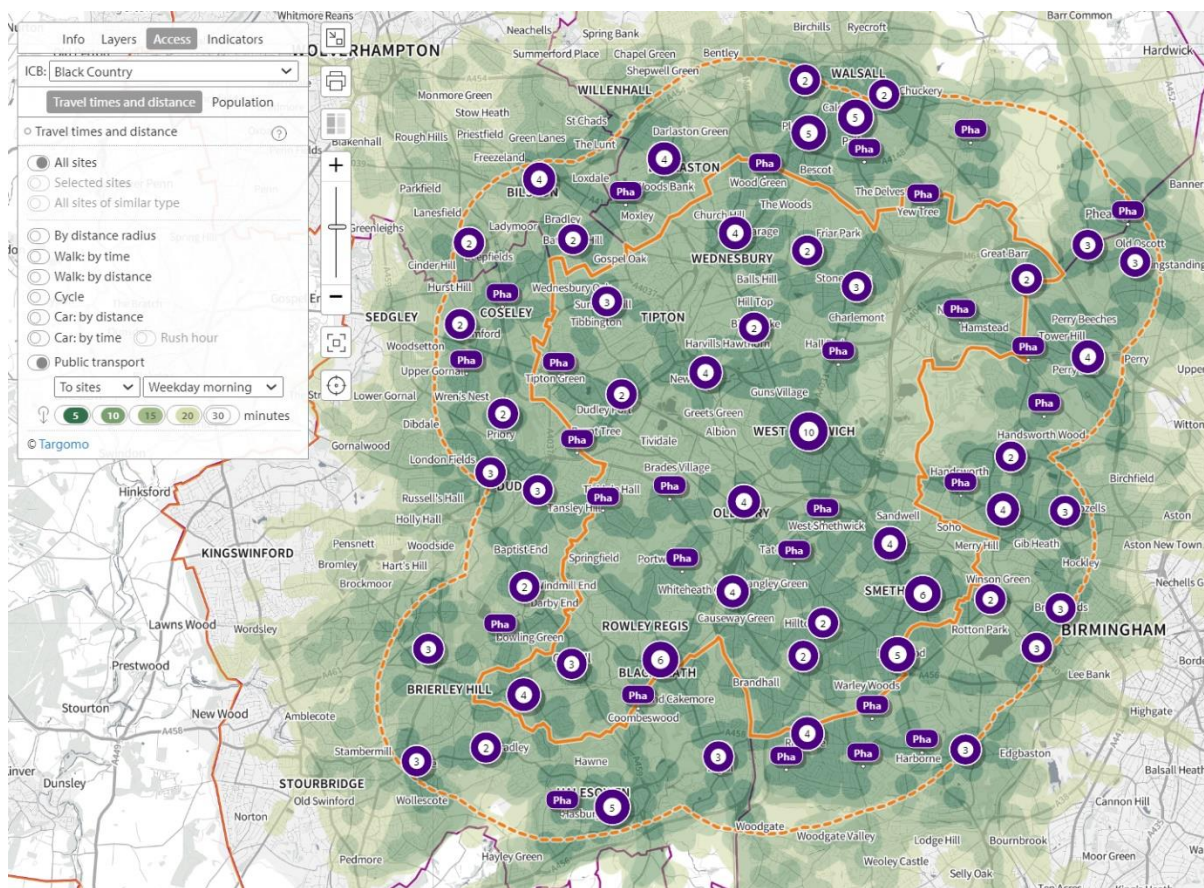
Source: SHAPE Place Atlas 2022

The map was exported from the SHAPE Place Atlas on 17/08/2022

The public transport map below demonstrates that all Sandwell residents can get to a pharmacy within 20 minutes by travelling on public transport on a weekday morning (**Figure 11**). All Sandwell residents can also access a pharmacy within 20 minutes on public transport on weekday afternoons and evenings (maps available in **Appendix 3** and **Appendix 4**)

*Figure 11. 20 minutes travel to a pharmacy by public transport (weekday mornings)*





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Source SHAPE Atlas 2022

The map was exported from the SHAPE Place Atlas on 17/08/2022

### ***What does this mean for this PNA?***

From our evaluation of the geographical location and number of pharmacies per head of population, we conclude that there are sufficient pharmacies in Sandwell and the surrounding area to provide essential pharmaceutical services to its residents.

No gaps in geographical provision of pharmaceutical services have been identified in Sandwell.

## **Chapter 4**

## Pharmaceutical Services

### **Definition of Pharmaceutical Services**

The Community Pharmacy Contractual Framework (CPCF)<sup>5</sup> consists of three different types of services provided by pharmacies:

- **Essential services and clinical governance:** provided by all pharmacy contractors and are commissioned by NHS England
- **Advanced services:** which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS England
- **Locally commissioned (enhanced) services:** commissioned by Local Authorities, CCGs and NHS England in response to the needs of the local population

### **Essential Services**

In total, 82 pharmacies currently provide Essential Services to the people of Sandwell.

A description of all the Essential Services provided by pharmacy contractors is available in **Table 20** below. This includes the Discharge Medicines Service (DMS) which became a new essential service within the CPCF on 15<sup>th</sup> February 2021.

*Table 20. A description of all Essential Services<sup>6</sup>*

Service	Description
<b>Dispensing medicines</b>	Pharmacies are required to maintain a record of all medicines dispensed and keep records of any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is also being implemented as part of the dispensing service.
<b>Dispensing appliances</b>	Whilst the Terms of Service requires a pharmacist to dispense any non-blacklisted medicine “with reasonable promptness”, for appliances the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”. Therefore, contractors may choose to dispense appliances as part of their usual business, or they may choose to do so on an ad-hoc basis or not at all.

<b>Repeat dispensing</b>	At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines. Pharmacists will ensure repeat prescriptions are issued by the GP, ensure each repeat supply is needed, and ascertain that there is no need for the patient to be referred back to their GP. The majority of repeat dispensing is now carried out by EPS which is more efficient.
<b>Clinical governance</b>	Adherence with the clinical governance requirements is part of the Terms of Service set out in Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The clinical governance requirements of the CPCF cover a range of quality related issues including: audit, patient satisfaction surveys, complaints procedures, practice leaflet requirements, patient safety incident reporting, whistle-blowing, and emergency planning.
<b>Promotion of healthy lifestyles</b>	Pharmacies are required to take part in up to six health campaigns per year on topics identified by NHSE&I. All community pharmacy contractors participate in the same campaigns, thus having a greater exposure to the target groups. Wherever possible, the campaigns should support NHSE&I's operational and public health priorities, such as smoking, obesity, and alcohol. In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.
<b>Disposal of unwanted medicines</b>	Pharmacies accept and dispose of in a safe manner, all unused and unwanted medicines from individual patients. This does not include medicines from Care Homes.
<b>Signposting</b>	Pharmacies are often the most accessible health care professional and may, at times, need to refer a patient to another health care provider. NHS England will provide pharmacies with lists of sources of care and support in the area. Pharmacists and their staff have an obligation to always signpost whenever it is appropriate to do so.
<b>Support for self-care</b>	This is the provision of advice to help people manage minor ailments, common and self-limiting conditions. The service also covers providing support to those who have long term conditions, to help them derive maximum benefit from caring for themselves. This may also include dealing with referrals from NHS 111.



<b>Discharge Medicines Service</b>	NHS Trusts can refer patients who would benefit from extra guidance around newly prescribed medicines to the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients during transition of care, by reducing readmissions to hospital.
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### ***Pharmacy contractor questionnaire responses***

Overall, 73 (89.0%) out of 82 pharmacy contractors in Sandwell responded to the pharmacy contractor questionnaire. The following data are based on these responses. Note not all pharmacy contractors provided a response to each question, therefore the base number for percentages is based on the number that responded. The pharmacy contractor questionnaire and questionnaire responses can be found in **Appendix 5** and **Appendix 6**, respectively.

### ***Pharmacy accessibility and facilities***

- In total, 93.1% of pharmacies are accessible via wheelchair
  - Three pharmacies in Oldbury, one pharmacy in Rowley Regis and one pharmacy in West Bromwich responded no/unsure to wheelchair accessibility
- All pharmacies reported access to parking close to the pharmacy
- 97.3% of pharmacies have a patient consultation room with a consultation room planned for the remaining two pharmacies before April 2023
  - 79.5% of pharmacies have wheelchair accessible consultation rooms
- 91.8% of pharmacies have hand washing facilities within or in close proximity to the consultation room
- Patients have access to toilets at 35.6% of pharmacies
- Panjabi (76.7%), Hindi (58.9%), Urdu (53.4%) and Gujarati (34.2%) are the most frequently reported additional languages spoken by pharmacy staff
- All pharmacies are electronic prescription service (EPS) release 2 enabled, allowing prescriptions to be sent from the GP directly to the pharmacy
- All pharmacies have an active NHS email address enabling sharing of patient identifiable data with other healthcare providers which may be necessary for continuity of care

- 97.3% of pharmacies have access to summary care records which enhances safe prescribing practice

### ***What does this mean for our PNA?***

Physical accessibility to pharmacies in Sandwell is high across the borough. All pharmacies in Sandwell should aim to be wheelchair accessible and thus pharmacies currently without wheelchair accessibility to the building itself or within the consultation areas should consider measures to enhance accessibility for wheelchair users. Access to a private consultation room with handwashing facilities will likely become increasingly important as the role of community pharmacists expands to support the growing demand for primary care. Similarly, pharmacies with customer toilets could support additional diagnostic testing such as urinalysis. More than half of pharmacies have staff members that speak Panjabi or Urdu, two of the most frequently spoken languages in Sandwell after English. Whilst this may indicate improved accessibility for non-English speaking residents, the availability of staff members speaking these languages on the day of a visit to a pharmacy may be unpredictable. IT enablement is high across pharmacies in Sandwell, and this is important for improving patient safety and improving continuity of care across the health service.

### ***Advanced Services***

There are ten Advances Services within the NHS CPCF which pharmacy contractors can choose to provide if they meet the requirements set out in the Secretary of State Directions. A description of each of these services can be found in **Table 21** below.

At the time of conducting the 2018 PNA, there were only six Advanced Services: Medicines Use Review (MUR), New Medicine Service (NMS), NHS Urgent Medicine Supply Service (NUMSAS), Flu vaccination service, Stoma Appliance Customisation (SAC), and Appliance Use Review (AUR). The MUR service was decommissioned on the 31<sup>st</sup> March 2021, and NUMSAS has been replaced by the Community Pharmacist Consultation Service (CPCS).

Table 21. A description of all Advanced Services within the NHS CPCF<sup>7</sup>

Service	Description
<b>Appliance Use Review (AUR) service</b>	AUR aims to improve patient knowledge and use of any specified appliance by assessing how the patient uses the appliance, resolving issues of poor usage, advising on safe storage and disposal. AUR can be undertaken by a pharmacist or specialist nurse in the pharmacy, in the patients' home, by telephone or video consultation.
<b>Community Pharmacist Consultation Service (CPCS)</b>	Since the 1 <sup>st</sup> November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. In addition, the service takes referrals to community pharmacy from NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs.
<b>COVID-19 LFD distribution</b>	This service aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies to identify COVID-positive cases in the community and break the chain of transmission. The service works alongside NHS Test and Trace's other COVID-19 testing routes.
<b>Flu vaccination service</b>	Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. To participate, pharmacies must register their details with NHS England, have a consultation room and appropriately trained staff.
<b>Hepatitis C testing service</b> (Until 31 <sup>st</sup> Mar 2022)	The service is focused on provision of point of care testing for Hepatitis C antibodies for people who inject drugs but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

<b>Hypertension case finding service</b>	This service will identify people aged 40 and above who have not previously been diagnosed with hypertension and refer those with suspected hypertension to general practice for ongoing management. The service will also promote healthy behaviours to service users.
<b>New Medicine Service (NMS)</b>	This service ensures that patients with a long-term condition have a good understanding of the reason for being prescribed new medicines and how to get the best from them. This in turn will increase adherence. It has been reported that when prescribed a new medicine, two thirds of patients have problems or would like additional information within 10 days, this service is designed to support that need. At first dispensing, the pharmacist has a conversation explaining the new medicine to the patient. They then agree to a follow up conversation by phone or face-to-face around two weeks later to discuss how the patient is getting on with the medicine and to identify any problems. A final consultation is agreed for about a month after initial dispensing to have another check-in. Pharmacies have to provide a quarterly report to NHS England of NMSs conducted.
<b>Pandemic Delivery Service</b> (Until 31 <sup>st</sup> Mar 2022)	Most community pharmacies already offer a prescription delivery service to some or all patients, either as a free of charge or paid for service. From 16th March 2021 until the 31st March 2022, people who have been notified of the need to self-isolate by NHS Test and Trace are able to access support for the delivery of their prescriptions from contractors.
<b>Stoma Appliance Customisation (SAC) service</b>	This service aims to ensure the proper fitting and comfortable customisation of more than one stoma appliance at any time. This is to improve the duration of use of stoma appliances and reduce waste.
<b>Smoking cessation service</b> (from Jan 2022)	The NHS Long Term Plan set a goal that by 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This service will ensure that patients starting a programme of smoking cessation in hospital are referred for completion in a community pharmacy.

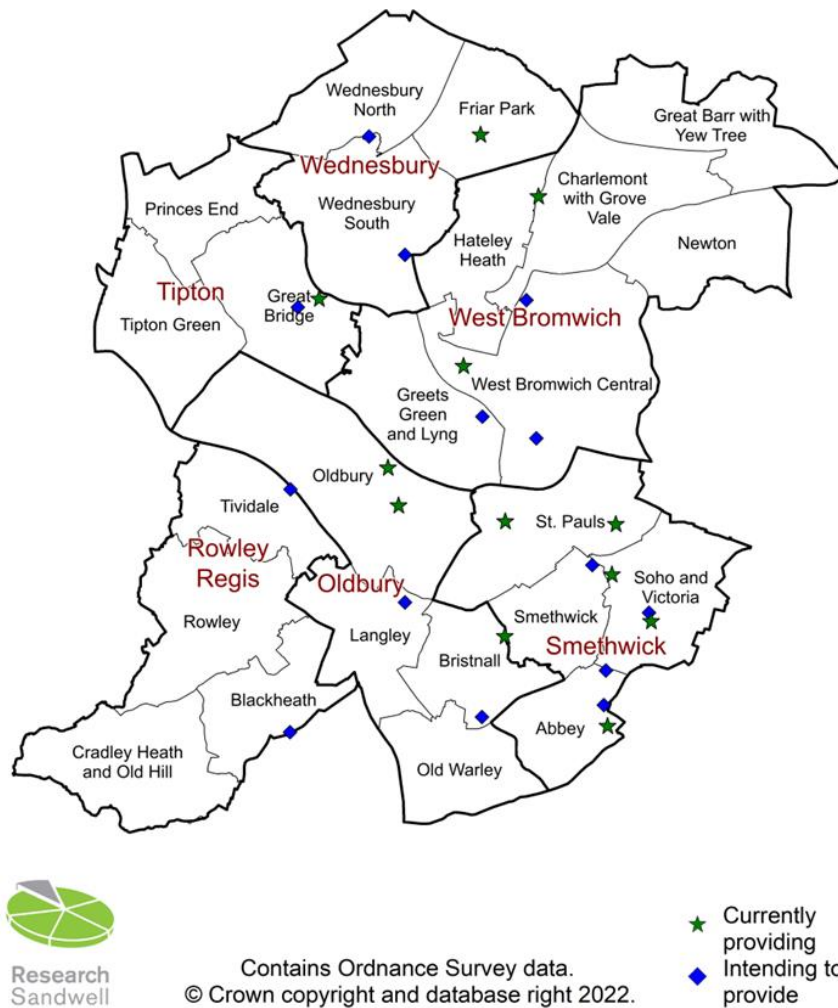
**Appliance Use Review (AUR) service**

Of the 69 pharmacy contractors that provided a response, 12 (17.4%) pharmacies offer the AUR service, with a further 14 (20.3%) intending to offer the service within the next 12 months. The AUR service is currently available in all localities except Rowley Regis. However, 2 pharmacies in Rowley Regis intend to offer the service in the next year (**Table 22; Figure 12**).

*Table 22. Appliance Under Review service provision by locality*

		Appliance Use Review service			
		Base	Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>69</b>	<b>12</b>	<b>14</b>	<b>43</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>3</b>	<b>2</b>	<b>8</b>
	<b>Rowley Regis</b>	<b>12</b>	<b>-</b>	<b>2</b>	<b>10</b>
	<b>Smethwick</b>	<b>14</b>	<b>5</b>	<b>4</b>	<b>5</b>
	<b>Tipton</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>7</b>
	<b>Wednesbury</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>5</b>
	<b>West Bromwich</b>	<b>13</b>	<b>2</b>	<b>3</b>	<b>8</b>

Figure 12. Provision and intention to provide the Appliance Use Review service by locality and ward



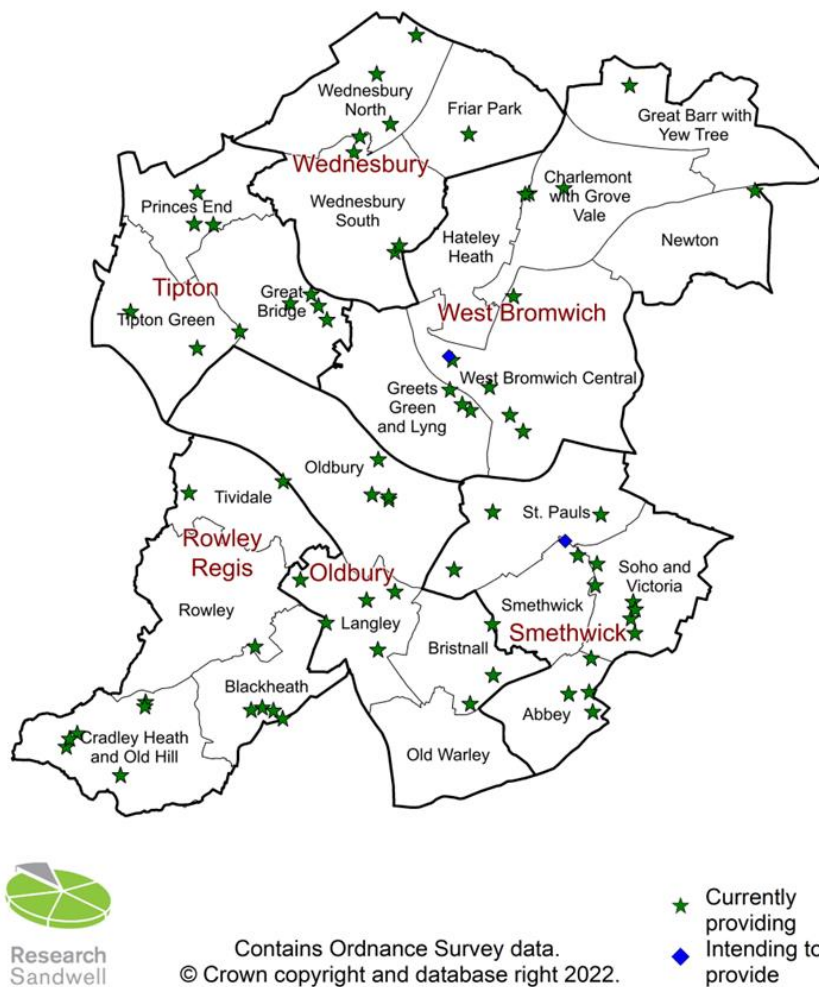
### **Community Pharmacist Consultation Service (CPCS)**

In Sandwell, 70 (95.9%) pharmacies offer the CPCS which accepts referrals to manage minor illness and urgent supply of medicines from general practice and NHS 111. There is excellent coverage of pharmacies in Sandwell supporting and alleviating pressure in the wider NHS (**Table 23; Figure 13**).

Table 23. Community Pharmacist Consultation Service by locality

		Base	Community Pharmacist Consultation Service (CPCS)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>70</b>	<b>2</b>	<b>1</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>12</b>	<b>-</b>	<b>1</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	<b>-</b>	<b>-</b>
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b>	<b>-</b>
	<b>Tipton</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	<b>-</b>	<b>-</b>
	<b>West Bromwich</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>-</b>

Figure 13. Provision and intention to provide the CPCS service by locality and ward



### COVID-19 LFD distribution

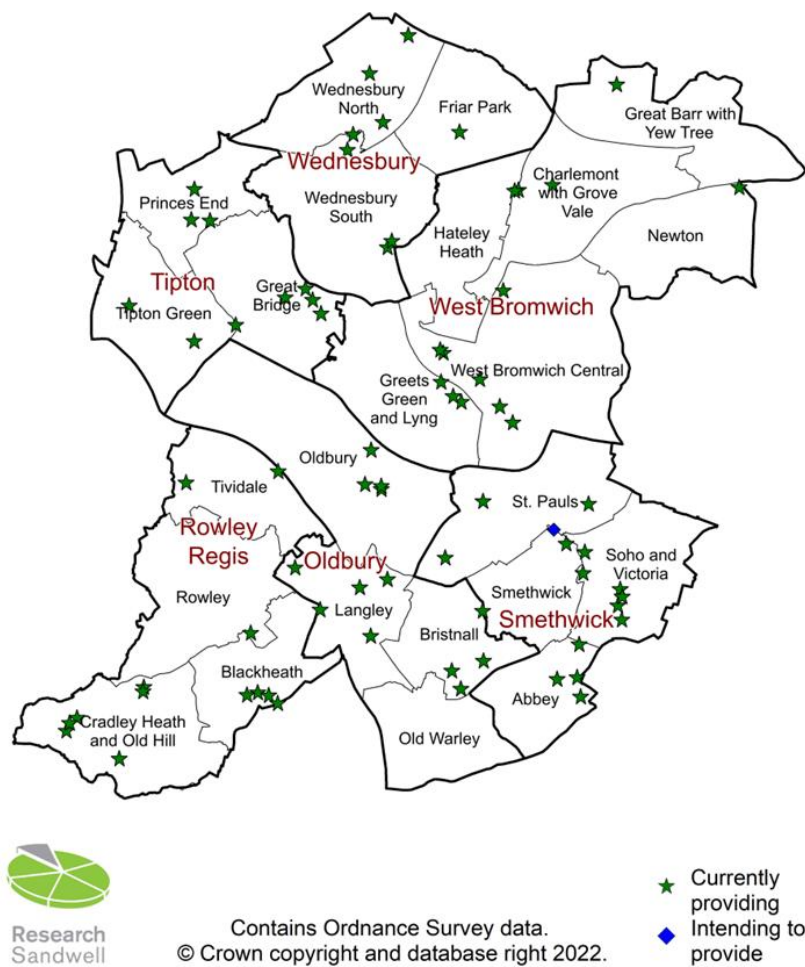
Overall, 98.6% of pharmacies that responded to the questionnaire are community distributors of COVID-19 LFD test kits which highlights one of the roles pharmacies have played in supporting the pandemic response (**Table 24; Figure 14**).



Table 24. COVID-19 LFD test distribution by locality

		Base	C-19 LFD distribution		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>72</b>	<b>1</b>	<b>-</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>13</b>	<b>-</b>	<b>-</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	<b>-</b>	<b>-</b>
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b>	<b>-</b>
	<b>Tipton</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	<b>-</b>	<b>-</b>
	<b>West Bromwich</b>	<b>14</b>	<b>14</b>	<b>-</b>	<b>-</b>

Figure 14. Provision and intention to provide the COVID-19 LFD distribution service by locality and ward



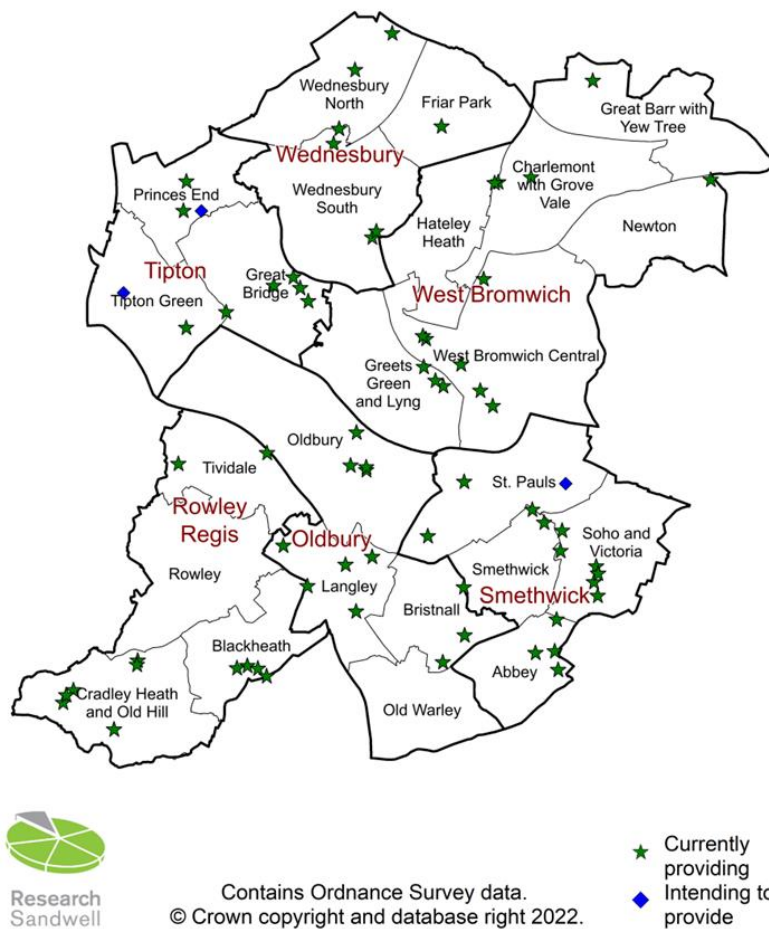
### Flu Vaccination Service

In total, 67 (91.8%) of Sandwell pharmacies provide the flu vaccination service with excellent coverage across each locality. Flu vaccination of vulnerable adults and young children is important in reducing the severity of illness and mortality from flu. In the COVID-19 era, this is even more important due to the increased risk of severe illness if COVID-19 and flu are contracted simultaneously. Pharmacies have a key role in the front-line response to communicable disease and accessibility to flu vaccinations is high across the borough (Table 25; Figure 15).

Table 25. Flu vaccination Service provision by locality and ward

		Base	Flu Vaccination Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>67</b>	<b>3</b>	<b>3</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>12</b>	<b>-</b>	<b>1</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>12</b>	<b>-</b>	<b>1</b>
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b>	<b>-</b>
	<b>Tipton</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>7</b>	<b>-</b>	<b>1</b>
	<b>West Bromwich</b>	<b>14</b>	<b>14</b>	<b>-</b>	<b>-</b>

Figure 15. Provision and intention to provide the flu vaccination service by locality and ward



### **Hepatitis C testing service**

The UK Government is a signatory to the World Health Assembly resolution and World Health Organization (WHO) goal of eliminating Hepatitis C as a major public health threat by 2030. This service is part of NHSE&I's national programme to eliminate Hepatitis C virus by 2025. As the national Hepatitis C Programme is an elimination exercise, the current service will run until the 31<sup>st</sup> March 2022. There are however plans to recommission the Hepatitis C testing service.

In total, 7 (10.4%) of pharmacies in Sandwell currently provide point of care antibody testing for Hepatitis C. Point of care testing is not currently available in Oldbury or Wednesbury. Provision of point of care testing for Hepatitis C is low in Sandwell and may not be very accessible to those most at risk of Hepatitis C if there is inadequate

sign posting to pharmacies that offer the service, inadequate promotion at pharmacies that do offer the service or if travel costs present an additional barrier. However, Hepatitis C screening is also available to at-risk individuals upon request via a GP or local sexual health service (**Table 26; Figure 16**).

*Table 26. Hepatitis C testing service provision by locality*

		Base	Hepatitis C testing service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>67</b>	<b>7</b>	<b>15</b>	<b>45</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>-</b>	<b>1</b>	<b>12</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>9</b>
	<b>Smethwick</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>
	<b>Tipton</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>
	<b>Wednesbury</b>	<b>7</b>	<b>-</b>	<b>2</b>	<b>5</b>
	<b>West Bromwich</b>	<b>13</b>	<b>3</b>	<b>1</b>	<b>9</b>

Figure 16. Provision and intention to provide the hepatitis C testing service by locality and ward (until 31<sup>st</sup> March 2022)



### **Hypertension case finding**

Cardiovascular disease (CVD) is one of the leading causes of premature death in England, affecting seven million people and accounting for 1.6 million disability adjusted life years. In England, hypertension is the biggest risk factor for CVD and a key driver of health inequalities, accounting for a 27% gap in life expectancy for men and 24% gap in life expectancy for women between rich and poor population.<sup>8</sup>

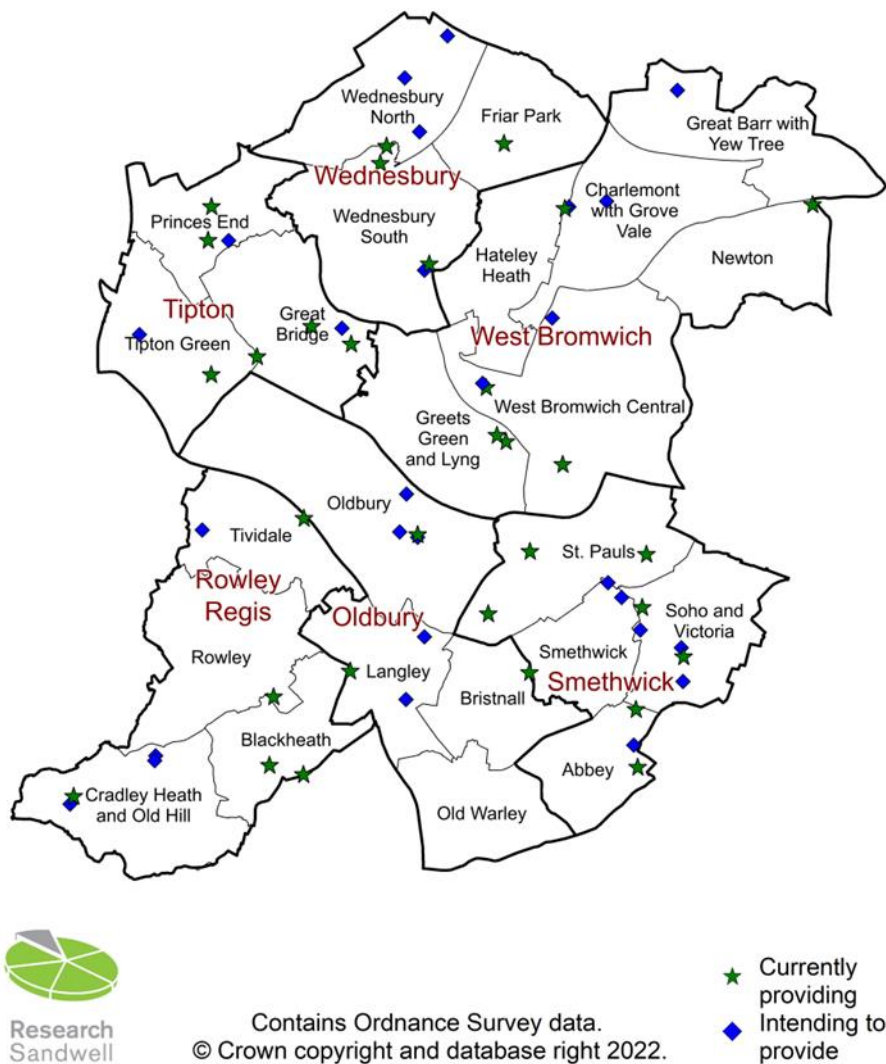
In Sandwell, 31 (43.7%) patient-facing pharmacies offer the hypertension case finding service. With an additional 27 (38.0%) pharmacies intending to offer the service within

the next 12 months. The hypertension case finding service is available in all localities (Table 27; Figure 17).

Table 27. Hypertension case finding by locality

		Base	Hypertension case finding		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>71</b>	<b>31</b>	<b>27</b>	<b>13</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>3</b>	<b>5</b>	<b>5</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>5</b>	<b>4</b>	<b>4</b>
	<b>Smethwick</b>	<b>15</b>	<b>7</b>	<b>6</b>	<b>2</b>
	<b>Tipton</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>-</b>
	<b>West Bromwich</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>2</b>

Figure 17. Provision and intention to provide the hypertension case finding service by locality and ward



### ***New Medicines Service (NMS)***

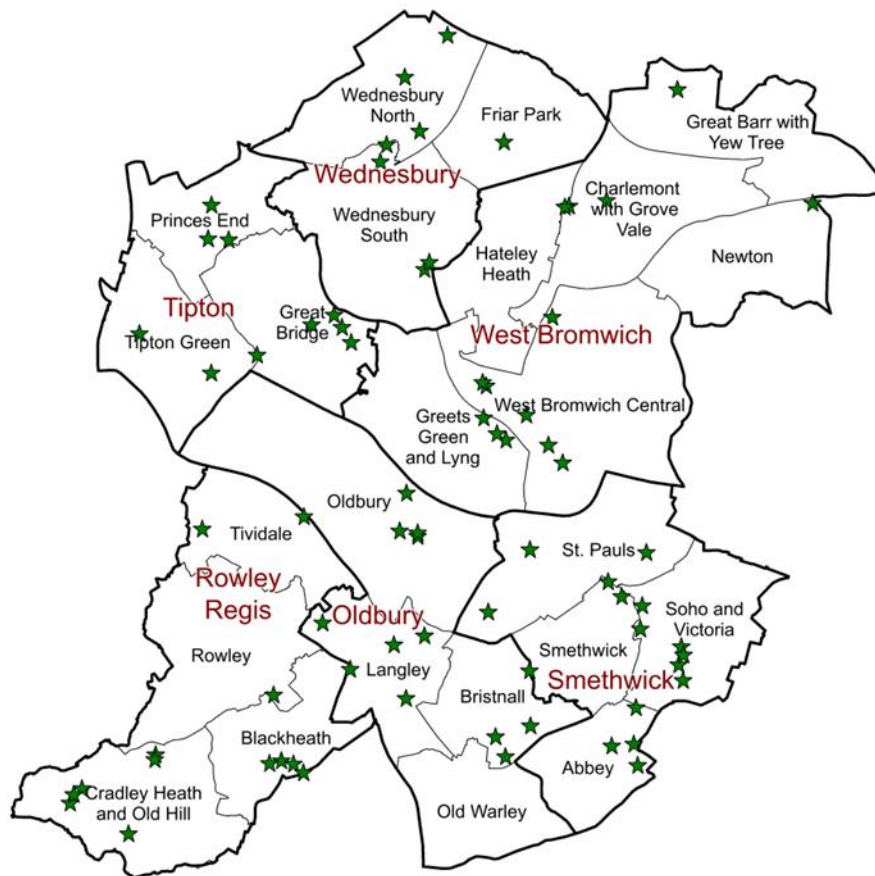
All patient-facing pharmacies in Sandwell that responded to the questionnaire provide the NMS. The NMS is one of the ways pharmacists can support people with long-term conditions by ensuring they understand why they are on a particular medication and how to take it, thereby enhancing medication adherence (**Table 28; Figure 18**).



Table 28. New Medicines Service provision by locality

		Base	New Medicine Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>73</b>	-	-
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>13</b>	-	-
	<b>Rowley</b>	<b>13</b>	<b>13</b>	-	-
	<b>Regis</b>				
	<b>Smethwick</b>	<b>15</b>	<b>15</b>	-	-
	<b>Tipton</b>	<b>10</b>	<b>10</b>	-	-
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	-	-
	<b>West Bromwich</b>	<b>14</b>	<b>14</b>	-	-

Figure 18. Provision and intention to provide the NMS by ward



Research  
Sandwell

Contains Ordnance Survey data.  
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★ Currently  
providing

### ***Pandemic Delivery Service***

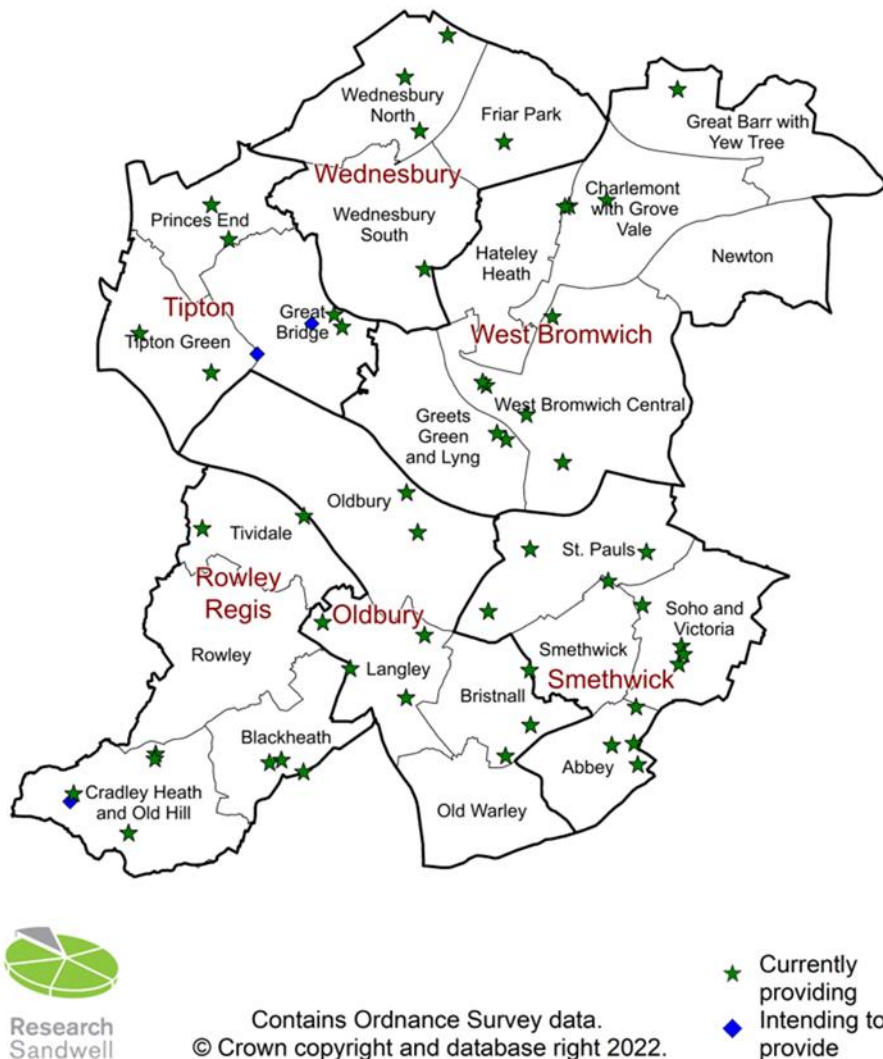
From the 16<sup>th</sup> March 2021, people who have been notified of the need to self-isolate by NHS Test and Trace are able to seek support from community pharmacies under the Pandemic Delivery Service. This is part of a package of measures which the Government put in place to support people to self-isolate effectively and reduce the spread of COVID-19. All patient-facing community pharmacies (excludes distance selling pharmacies) are required to ensure that people who have been notified by NHS Test and Trace to self-isolate can receive their prescription medicines and appliances by home delivery during the ten-day self-isolation period, if they are unable to arrange for medicines to be picked up.

In Sandwell, 52 (74.3%) of pharmacies have been able to provide this service to patients who are self-isolating (**Table 29; Figure 19**). However, this service has only been commissioned until the 31<sup>st</sup> March 2022 and thus may not be a service offered during the lifespan of this PNA.

*Table 29. Pandemic Delivery Service provision by locality*

		Base	Pandemic Delivery Service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>70</b>	<b>52</b>	<b>3</b>	<b>15</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>9</b>	<b>-</b>	<b>4</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>9</b>	<b>1</b>	<b>3</b>
	<b>Smethwick</b>	<b>15</b>	<b>12</b>	<b>-</b>	<b>3</b>
	<b>Tipton</b>	<b>9</b>	<b>6</b>	<b>2</b>	<b>1</b>
	<b>Wednesbury</b>	<b>8</b>	<b>5</b>	<b>-</b>	<b>3</b>
	<b>West Bromwich</b>	<b>12</b>	<b>11</b>	<b>-</b>	<b>1</b>

Figure 19. Provision and intention to provide the pandemic service by locality and ward (until 31<sup>st</sup> March 2022)



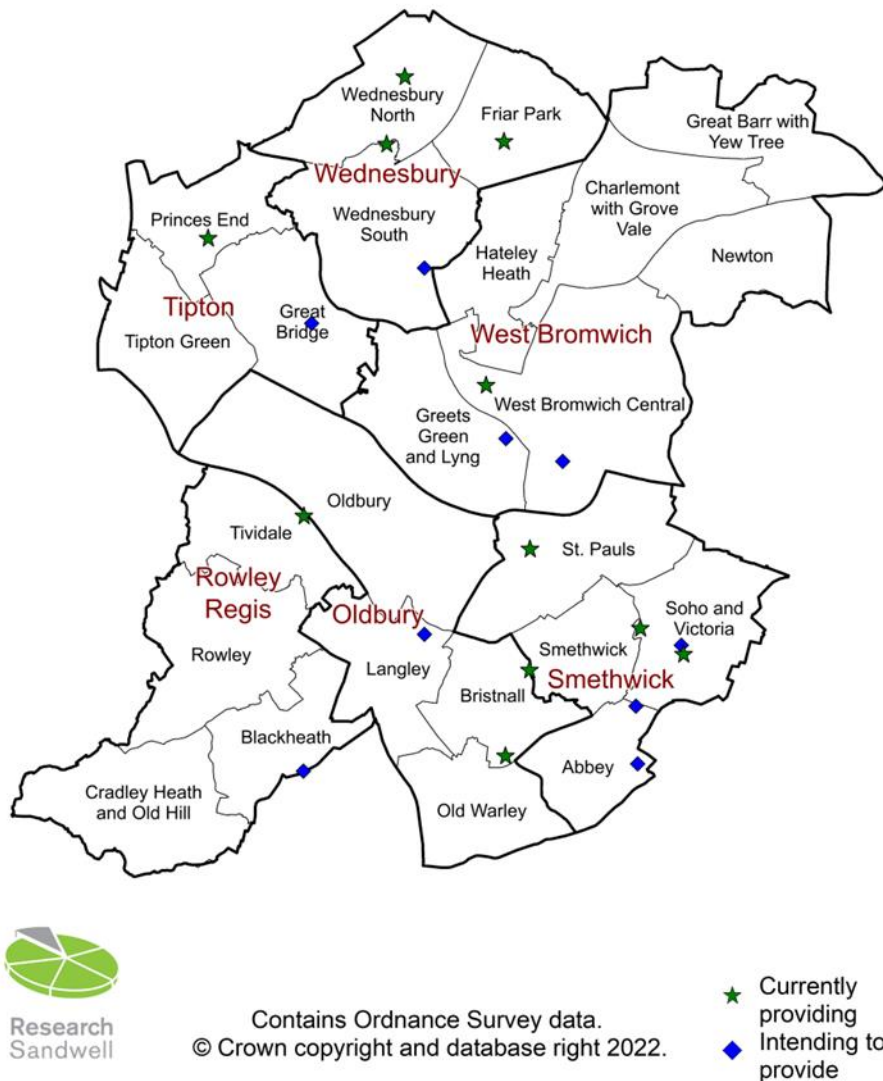
### **Stoma Appliance Customisation (SAC) service**

This service can be provided by pharmacies that normally provide stoma appliances in the normal course of their business. At present, 20 (29.4%) pharmacies either provide or intend to provide the SAC service. At least one pharmacy in each locality currently provides the SAC service (**Table 30; Figure 20**).

Table 30. Stoma Appliance Customisation service provision by locality

		Base	Stoma Appliance Customisation service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>68</b>	<b>11</b>	<b>9</b>	<b>48</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>2</b>	<b>1</b>	<b>10</b>
	<b>Rowley</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>11</b>
	<b>Regis</b>				
	<b>Smethwick</b>	<b>13</b>	<b>3</b>	<b>3</b>	<b>7</b>
	<b>Tipton</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>6</b>
	<b>Wednesbury</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>4</b>
	<b>West Bromwich</b>	<b>13</b>	<b>1</b>	<b>2</b>	<b>10</b>

Figure 20. Provision and intention to provide the SAC service by locality and ward



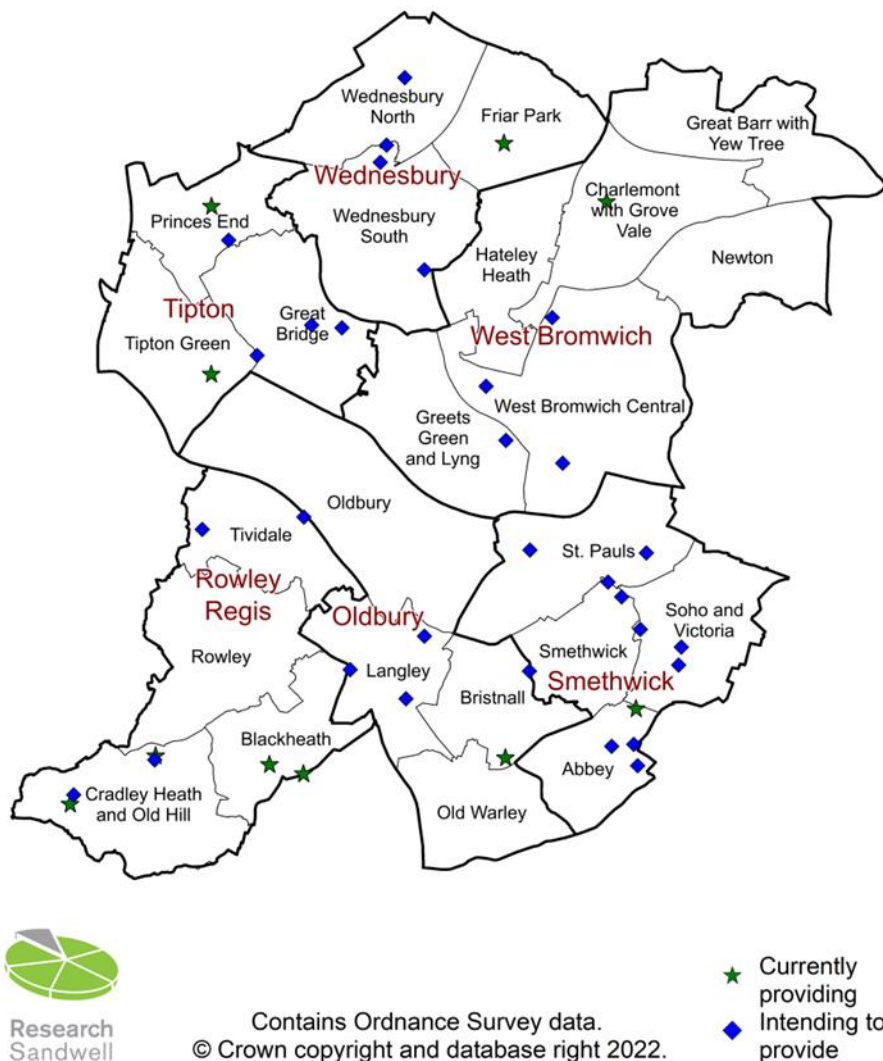
### Smoking cessation service

In Sandwell, smoking cessation services are commissioned by Sandwell MBC Public Health and provided by a community provider. Pharmacies play a key role in access to nicotine replacement therapy and opportunistic lifestyle advice. Pharmacies are set to play an integral role in supporting smokers who have recently been discharged from hospital and have been commenced on a smoking cessation pathway during admission and need to complete a programme of smoking cessation in the community. At present only 14.3% of pharmacies in Sandwell are able to provide a stop smoking service, however an additional 42.9% of pharmacies are intending to provide this service in the next 12 months (**Table 31; Figure 21**).

Table 31. Smoking cessation service provision by locality

		Base	Stop smoking service (from January 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>70</b>	<b>10</b>	<b>30</b>	<b>30</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>4</b>	<b>4</b>	<b>5</b>
	<b>Smethwick</b>	<b>15</b>	<b>1</b>	<b>10</b>	<b>4</b>
	<b>Tipton</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>
	<b>Wednesbury</b>	<b>8</b>	<b>1</b>	<b>4</b>	<b>3</b>
	<b>West Bromwich</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>

Figure 21. Provision and intention to provide the smoking cessation service by locality and ward



### What does this mean for this PNA?

Pharmacies in Sandwell provide an array of advanced services for residents. There is excellent provision of the CSPS, COVID-19 LFD test distribution service, flu vaccination service and NMS across the borough. Provision of the Hepatitis C point of care testing is low however this service is due to be recommissioned at the end of March 2022. The pandemic delivery service is also to be decommissioned at the end of March 2022, before the publication of this PNA. The AUR service is not currently available in Rowley Regis, however two pharmacies are intending to implement it in the next 12 months so there will be at least one pharmacy in each locality offering this service. At present, at least one pharmacy in each locality offers the SAC service.



Adequate promotion by pharmacies offering this service and signposting of patients with stomas to these pharmacies for enhanced support is recommendable. At present, less than half of pharmacies across the borough offer a hypertension case finding service. However, an additional 38.0% intend to offer the service which will hugely increase coverage. This service is currently available in all localities. The NHS LTP's goal to offer all smokers admitted to hospital an NHS-funded tobacco treatment service and the need for continuity of these smoking cessation programmes on discharge is likely to place an increased demand for smoking cessation support on pharmacies. However, it is anticipated that the current and intended provision of smoking cessation services will be capable of meeting this increase in demand.

### ***Enhanced services***

Enhanced services commissioned locally by NHSE in response to the needs of the local population include:

- Extended Care Service
- Specialist Palliative Care Drugs (commissioned jointly with CCG)

### ***Other enhanced services (provided under contract with NHSE&I)***

Pharmacies can provide a plethora of enhanced services. At present there is low provision of these services across the borough. However, willingness to provide these services if commissioned is high.

The most frequently provided enhanced services include:

- COVID-19 vaccinations
- Emergency contraceptive service
- Emergency supply services
- Non-emergency contraceptive service
- Home delivery service
- Hypertension
- Medications review service
- Minor ailment scheme
- Needle and syringe exchange service
- Seasonal influenza vaccination service

- Supervised administration service

### ***Locally Commissioned Services***

Services may be commissioned at a local level by the CCG and Local Authority Public Health, or indirectly via service providers. These, however fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. However, the PNA should take account of any pharmaceutical services provided to its population (regardless of the commissioning body) which may affect the need for pharmaceutical services in Sandwell.

The following services are commissioned locally by Sandwell and West Birmingham CCG and provided by pharmacy contractors:

- Pharmacy Minor Ailments Scheme
- Specialist Palliative Care Drugs
- COVID-19 Urgent Eyecare Services
- Intravenous Antibiotics Supply Service

The following pharmaceutical services are commissioned by Sandwell MBC Public Health:

- Supervised Consumption of Methadone
- Needle Exchange

### ***Pharmacy Quality Scheme***

The Pharmacy Quality Scheme (PQS) forms part of the five-year CPCF for 2019/20–2023/24 and supports the delivery of the NHS Long Term Plan. It rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience.

In response to the COVID-19 pandemic changes had to be made to the PQS 2020/21. The scheme consisted of two parts, the first of which was announced on 13<sup>th</sup> July 2020. The focus of the Part 1 scheme was to ensure community pharmacy contractors and their teams had put in place all reasonable measures to respond to the COVID-19 pandemic, protecting both themselves and the people using their services.<sup>9</sup> The

Part 1 scheme consisted of 14 requirements (e.g. display of COVID-19 posters, and completion of a COVID-19 infection control risk assessment) that must be completed in order for a pharmacy to claim a payment and be able to access the Part 2 scheme.

The Part 2 scheme commenced on the 1<sup>st</sup> October 2020 and was also focused on the response to and recovery from the pandemic. The PQS 2020/21 was developed to incentivise quality improvement in five domains that supported the COVID-19 response.

The five domains were as follows:

- Domain 1 - Infection Prevention & Control and Antimicrobial Stewardship (AMS)
- Domain 2 - Prevention
- Domain 3 - Risk Management
- Domain 4 - Primary Care Network (PCN) – Prevention
- Domain 5 - PCN - Business continuity

The PQS payment was dependent on how many of the domains the pharmacy met, and in which band the pharmacy was placed (based on its total prescription volume in 2019/20).

The PQS 2020/21 declaration data included 78 Sandwell pharmacies, of which 74 pharmacies were still active as of the 9<sup>th</sup> March 2022.

- Overall, 69 pharmacies (88.5%) achieved the maximum amount of points available to them across all five domains
- 77 pharmacies (98.7%) achieved the maximum points available to them in the domains of Infection Prevention & Control and AMS, Prevention, and Risk Management
- 70 pharmacies (89.7%) achieved the maximum points available to them in the PCN Prevention domain
- 76 pharmacies (97.4%) achieved maximum points available to them in the PCN Business Continuity domain

On 12<sup>th</sup> August 2021, a new PQS was announced for the remainder of 2021/22. The new scheme incentivises quality improvement in areas that support the

COVID-19 response by including criteria that improve patient safety and health outcomes whilst addressing health inequalities. This scheme officially began on 1<sup>st</sup> September 2021 and focuses on NHS priorities supporting recovery from COVID-19.

The PQS 2021/22 has 7 domains and they are:

- Domain 1 - Medicines safety and optimisation
- Domain 2 – Respiratory
- Domain 3 – Digital
- Domain 4 - Primary Care Networks
- Domain 5 – Prevention
- Domain 6 - Addressing unwarranted variation in care
- Domain 7 - Healthy living support

The PQS 2021/22 declaration data included 73 Sandwell pharmacies and all 73 were still active at 27<sup>th</sup> July 2022.

- Overall, 49 pharmacies (67.1%) achieved the maximum amount of points available to them across all seven domains
- 73 pharmacies (100%) achieved the maximum amount of points available to them in the Medicines safety and optimisation domain.
- 72 pharmacies (98.6%) achieved the maximum amount of points available to them in the Respiratory domain.
- 73 pharmacies (100%) achieved the maximum amount of points available to them in the Digital domain.
- 60 pharmacies (82.2%) achieved the maximum amount of points available to them in the Primary Care Networks domain.
- 71 pharmacies (97.3%) achieved the maximum amount of points available to them in the Prevention domain.
- 73 pharmacies (100%) achieved the maximum amount of points available to them in the Addressing unwarranted variation in care domain.
- 60 pharmacies (82.2%) achieved the maximum amount of points available to them in the Healthy living support domain.

### **Healthy Living Pharmacy**

The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. In 2020–21 as agreed in the 5-year CPCF, it is now an Essential Service requirement for community pharmacy contractors to become a HLP.

Overall, 56 (78.9%) pharmacies that responded to the questionnaire have achieved HLP status and a further 16.9% are currently working towards HLP status (**Table 32**). There is good availability of pharmacies with HLP status at a locality level. The findings from the 2018 PNA indicate that 65 pharmacies were accredited HLPs. The lower proportion of accredited HLP pharmacies in the 2022 PNA is likely due to the lower questionnaire response rate.

*Table 32. Provision of Healthy Living Pharmacy status at locality and ward level*

	Base	Healthy Living Pharmacy		
		This pharmacy has achieved HLP status	This pharmacy is working towards HLP status	This pharmacy has no plans to implement HLP status
Bristnall	3	1	2	-
Langley	5	3	2	-
Old Warley	-	-	-	-
Oldbury	4	4	-	-
<b>Oldbury</b>	<b>12</b>	<b>8</b>	<b>4</b>	<b>-</b>
Blackheath	4	4	-	-
Cradley Heath and Old Hill	6	6	-	-
Rowley	-	-	-	-
Tividale	2	2	-	-
<b>Rowley Regis</b>	<b>12</b>	<b>12</b>	<b>-</b>	<b>-</b>

Abbey	4	3	1	-
Smethwick	2	2	-	-
Soho and Victoria	6	5	-	1
St Pauls	3	2	-	1
<b>Smethwick</b>	<b>15</b>	<b>12</b>	<b>1</b>	<b>2</b>
Great Bridge	5	4	1	-
Princes End	3	-	2	1
Tipton Green	2	1	1	-
<b>Tipton</b>	<b>10</b>	<b>5</b>	<b>4</b>	<b>1</b>
Friar Park	1	1	-	-
Wednesbury North	4	4	-	-
Wednesbury South	3	2	1	-
<b>Wednesbury</b>	<b>8</b>	<b>7</b>	<b>1</b>	<b>-</b>
Charlemont with Grove Vale	3	2	1	-
Great Barr with Yew Tree	1	-	1	-
Greets Green and Lyng	3	3	-	-
Hateley Heath	-	-	-	-
Newton	1	1	-	-
West Bromwich Central	6	6	-	-
<b>West Bromwich</b>	<b>14</b>	<b>12</b>	<b>2</b>	<b>-</b>
<b>Sandwell</b>	<b>71</b>	<b>56</b>	<b>12</b>	<b>3</b>

### ***Impacts of COVID-19***

In the 2022 PNA, pharmacy contractors were asked about the impacts of COVID-19 on the accessibility and provision of pharmaceutical services to understand how services have changed in response to COVID-19 and what the impact of this might be on Sandwell residents. Full results by locality are available in **Appendix 6**.

- Overall, 54.9% of pharmacies are offering more services to residents than before the pandemic and only 15.5% of pharmacies have reduced their service availability
- The pandemic has led to a change in how services are delivered with some services moved online or over the phone. 27.1% of responding pharmacies reported that some face-to-face services have been stopped without delivery by another route (**Table 33**)
- Some pharmacies responded to the pandemic by amending their opening hours. However, as of the 31<sup>st</sup> March 2022 all pharmacies will be required to return to their normal operating hours
- Over half (54.2%) of pharmacies reported that waiting times for medicine dispensing had increased and 49.3% of pharmacies reported that waiting times for other services had also increased
- Most pharmacies (95.8%) reported that patients are relying more on pharmacy services than before the pandemic and that demand for pharmacy services has increased

The above findings highlight how pharmacies have responded to the change in needs and demand due to COVID-19. Some of these changes, such as amended opening hours, have been transient and will be unlikely to impact service provision for the lifespan of this PNA. Some changes, such as delivery of services online or over the phone may impact accessibility to pharmacy services in the future. Should these changes become permanent, it is likely that some residents will find online and telephone options enhance accessibility whereas for others it reduces accessibility. Pharmacy self-reported increased waiting times correlates with the felt increase in demand being placed on pharmacy contractors. It will be important to consider future workforce capacity building and contingency planning to ensure pharmacies are able to continue to meet this increased demand.

Table 33. How COVID-19 has affected the delivery of services by locality

Counts	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Break %							
Respondents							
<b>Base</b>	<b>59</b>	<b>8</b>	<b>12</b>	<b>14</b>	<b>10</b>	<b>6</b>	<b>9</b>
<b>Some of our face-to-face services have moved online</b>	<b>12</b>	1	4	2	3	1	1
	<b>20.3%</b>	12.5%	33.3%	14.3%	30.0%	16.7%	11.1%
<b>Some of our face-to-face services have moved to over the phone</b>	<b>42</b>	7	7	12	5	5	6
	<b>71.2%</b>	87.5%	58.3%	85.7%	50.0%	83.3%	66.7%
<b>Some of our face-to-face services have been stopped (not delivered by another route)</b>	<b>16</b>	1	3	3	3	2	4
	<b>27.1%</b>	12.5%	25.0%	21.4%	30.0%	33.3%	44.4%
<b>For face-to-face services we have stopped we are always able to sign post the patient to another provider offering this service</b>	<b>10</b>	1	3	1	4	1	-
	<b>16.9%</b>	12.5%	25.0%	7.1%	40.0%	16.7%	-



## Chapter 5

### Public Experiences of Sandwell Pharmacies

#### ***The process***

The views of Sandwell residents on the accessibility and provision of local pharmacy services were sought through public engagement activities conducted from December 2021 to January 2022. Public opinion was sought via the following channels:

- Patient Participation Groups and community groups via Healthwatch Sandwell
- Promoted via the Healthwatch Sandwell website, Twitter and Facebook accounts
- Sandwell Council and 'Healthy Sandwell' Twitter and Facebook accounts
- Promotion via Sandwell Deaf Community Association
- Sandwell Council Press releases
- Promotion in Sandwell Residents weekly electronic Newsletter and Weekly Staff Roundup
- Promotion and distribution supported by members of Sandwell Council including the Public Health Development Officers, Volunteer Sector Support Team, and Councillors

#### ***Enhancing inclusivity***

Review of the public responses received for the 2018 PNA highlighted a lack of diversity in responses, with most responses coming from females, adults aged 35–54 years, and White British residents. Discussions with community leaders further emphasised the need to enhance inclusivity so that the responses received are more representative of the Sandwell population. Therefore, in response to community leader feedback, the survey was translated into the four other main languages spoken in Sandwell (Urdu, Bengali, Panjabi, and Polish), and a British Sign Language video was created to support the deaf community. An easy reader version of the online survey was also generated to support residents with visual impairments. Paper copies of the electronic survey were also made available for older residents or those without internet access.

### **The results**

In total, 168 public survey responses were received.

- 73.3% of respondents were female
- Most responses (30.9%) came from the 55–64 years age group; and 35.8% of respondents were aged  $\geq 65$  years. Responses were lowest for adults under 35 years (3.0%)
- 90.3% of respondents described themselves as White British, and 7.5% were from BME communities
- 47.6% of respondents were currently in work, 7.8% were full-time parents or carers, and 39.8% were retired
- 66.0% of respondents were married/cohabiting, 17.9% were single, and 16.1% were divorced/widowed
- 84.2% of responses were from adults that identify as heterosexual, and 3.9% of responses were from adults that identify as lesbian, gay or bisexual
- 60.2% of respondents reported having a long-term physical or mental health condition (lasting  $>12$  months), of which the majority reported their condition affected their ability to perform day-to-day activities either a little (44.9%), or a lot (33.7%)
- 99.4% of survey responses were completed in English, and one survey (0.6%) was completed in Bengali

The public survey is available in **Appendix 7** and the full results are available in **Appendix 8**. Here a summary of key findings is presented.

- Overall, 64.0% of respondents were satisfied or very satisfied with their local pharmacy services
- The most frequently reported reasons for choice of pharmacy used were location near home (59.4%), location near local GP surgery (53.9%), and availability of an electronic prescription service (45.5%)
- More than half of respondents travel by car (57.9%) to their local pharmacy, almost a third (32.3%) walk, and 7.9% take public transport
- Almost half (49.1%) of respondents visit their pharmacy monthly, 78.0% visit during normal working hours (weekdays 9am–6pm), 16.5% normally visit during extended

weekday hours (weekdays 6am–9am, and 6pm–11pm), and 5.5% normally visit on a Saturday

- Outside of normal working hours, respondents reported they would find it most useful to be able to access a pharmacy on a Saturday between 9am–6pm, or Sunday 10am–2pm
- Two thirds respondents (66.4%) felt they could find an open pharmacy when needed
- Most respondents (75.3%) felt they could find a pharmacy in a location that suited them
- Less than half of respondents (39.2%) felt they could find a pharmacy open on the evening after 6pm
- Whilst 74.5% of respondents were aware pharmacists can provide information and advice on medicines, only 34.8% were aware that pharmacists can provide lifestyle advice
- Only 27.1% of respondents were aware a pharmacist could sign post them to another health service if needed
- Awareness of the range of services offered by local pharmacies was generally low; more than half of participants were aware of or had previously used the minor ailments service, vaccinations, NHS repeat prescriptions, and disposal of unwanted medicines
- Pharmacy services respondents would most like to see available included: NHS phlebotomy services, cholesterol testing, blood pressure testing and NHS health checks

### ***Impact of COVID-19 on access to pharmacy services***

- Overall, 78.2% of respondents felt access to their local pharmacy has not changed
- For 25.9% of respondents, COVID-19 has changed how they collect their medication:
  - 54.8% reported their GP now sends prescriptions electronically to the pharmacy
  - 31.0% use the prescription delivery service, and
  - 21.4% have a friend or family member collect their medication for them

- Overall, 77.9% of respondents felt that changes to pharmacy opening hours during the pandemic did not affect their accessibility
    - 11.7% reported the move of face-to-face services they use to online/telephone which improved access
    - 9.7% felt that reduced opening hours made accessing the pharmacy more difficult
  - 9.4% of respondents have started using pharmacy services which they didn't use before the pandemic
  - 2.4% of respondents reported a service they previously used has been stopped due to COVID-19 (these services were the minor ailments service, NHS Health checks, smoking cessation services, and blood pressure monitoring)
- 

*It is important to note when interpreting the findings from the residents' survey that whilst there was a focus on increasing inclusivity in survey responses, the demographic characteristics of respondents are not representative of the Sandwell borough and the total number of responses, although over 50% greater than the previous PNA, is still a small sample size.*

*Whilst most respondents felt they could find an open pharmacy at a location that suits them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of. This suggests a need to promote the wider roles of pharmacists in supporting Sandwell residents.*

*The results show that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care.*

## Chapter 6

### Future Pharmaceutical Service Development

#### *The future*

Local pharmaceutical services should be assessed in the context of national and local healthcare strategies which may affect their implementation and delivery. The most relevant national and local policies and strategies which take effect during the lifespan of this PNA include:

- Community Pharmacy Contractual Framework 2019–24
- NHS Long Term Plan (LTP)

The most relevant local strategy to take effect during the lifespan of this PNA is The Sandwell Plan 2020–25 which aims to support the achievement of Sandwell’s Vision 2030. Sandwell’s Vision 2030 will also guide the new HWBB strategy and development of future joint strategic needs assessments (JSNA’s) for which the HWBB are responsible for.

#### *Community Pharmacy Contractual Framework 2019–24<sup>10</sup>*

The Department of Health and Social Care, NHSE&I, and the Pharmaceutical Services Negotiating Committee have agreed a new Community Pharmacy Contractual Framework. The joint document describes a vision for how community pharmacy will support delivery of the NHS LTP. The deal:

- Commits almost £13 billion to community pharmacy through its contractual framework recognising the contribution that community pharmacies make towards the delivery of the NHS LTP
- Is in line with the GP contract, providing 5-year stability and reassurance to community pharmacy
- Builds upon the reforms started in 2015 with the introduction of the Quality Payments Scheme to move pharmacies towards a much more clinically focused service
- Confirms community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks

- Describes new services which will be offered through community pharmacy including the new national NHS Community Pharmacist Consultation Service
- Underlines the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community
- Recognises that an expanded service role is dependent on optimising the use of pharmacist capacity, and will maximise the opportunities of automation and developments in information technology
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme; and
- Commits to reforms to reimbursement arrangements to deliver smoother cash flow, and fairer distribution of medicines margin and better value for money for the NHS

### *NHS LTP*

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years time we have a service fit for the future. The NHS LTP is a new plan for the NHS to improve the quality of patient care and health outcomes.<sup>11</sup> The plan focuses on building an NHS fit for the future by enabling everyone to get the best start in life, helping communities to live well, and helping people to age well. The NHS LTP covers the following areas:

1. A new service model for the 21<sup>st</sup> century
2. More NHS action on prevention and health inequalities
3. Further progress on care quality and outcomes
4. NHS staff will get the backing they need
5. Digitally-enabled care to go mainstream across the NHS
6. Taxpayers' investment to be used to maximum effect
7. Next steps

The ways in which local pharmaceutical services can support the implementation of the NHS LTP are shown in **Table 34** below.

*Table 34. The role of pharmaceutical services in the implementation of the NHS LTP<sup>11</sup>*

### Key areas of action for the NHS LTP

#### 1. A new service model for the 21<sup>st</sup> century

- Over the next five years, every patient will have the right to online 'digital' GP consultations
- New expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation
- The LTP sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es
- Building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds

***The clinical role of community pharmacists will be enhanced, and pharmacists will support the timely discharge of patients from hospital through the Discharge Medicines Service, freeing up bed capacity***

#### 2. More NHS action on prevention and health inequalities

- Wider action on prevention will help people stay healthy and also moderate demand on the NHS
- The LTP funds evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, to limit alcohol-related A&E admissions; and to lower air pollution
- NHSE will base its five-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years

***Local pharmacies actively promote healthy lifestyle initiatives on NHSE&I's public health priority areas e.g. smoking, obesity, and alcohol, as well as providing opportunistic prescription-linked support***

#### 3. Further progress on care quality and outcomes

- The LTP goes further than the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. It also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.
- By 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters

***Local pharmacies often serve as the first point of contact between a patient and the health service, and local pharmacists possess the clinical knowledge to be able to signpost patients to an appropriate service. Pharmacists can therefore support the early detection and***



***improved survival from serious conditions by signposting patients to the appropriate service perhaps earlier than they would have presented without speaking to a pharmacist***

#### **4. NHS staff will get the backing they need**

- The LTP sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now
- To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment

***Local pharmacies serve as training locations for pharmacy students and newly qualified pharmacists thus ensuring the resilience of the future workforce***

#### **5. Digitally-enabled care to go mainstream across the NHS**

- Over the next ten years investments in upgrading technology and digitally enabling care will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and artificial intelligence, and without the administrative hassle of today

***100% of pharmacies in Sandwell have access to the Electronic Prescription Service and 97.2% have Summary Care Record Access. Sandwell community pharmacies demonstrate high readiness for digitally enabled care included the continuity of care between primary care and community pharmacy***

#### **6. Taxpayers' investment to be used to maximum effect**

- In order to deliver for taxpayers, the NHS will continue to drive efficiencies – all of which are then available to local areas to reinvest in frontline care. The Plan lays out major reforms to the NHS' financial architecture, payment systems and incentives

***Community pharmacies support the NHS LTP to maximise efficient use of taxpayers' investment through repeat dispensing, most of which is carried out by the Electronic Prescription Service. This increasingly automated process helps ensure that repeat supplies are actually needed thus avoiding wastage***

#### **7. Next steps**

- Within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems (ICSs) everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and LTP implementation



***Community pharmacies will form part of the ICS and can support patients during transitions of care such as when discharged from hospital.***

### *Sandwell Vision 2030*

Sandwell has a clear vision for what the borough should look and feel like by 2030.<sup>12</sup> In 2030, Sandwell should be a thriving, optimistic and resilient community. A place that people are proud to call home and choose to bring up their families. A place where people feel safe, enjoy good health, feel connected and valued in Sandwell's neighbourhoods and communities. This vision will be achieved through ten ambitions:

1. Sandwell is a community where our families have high aspirations
2. Sandwell is a place where we live healthy lives and live them for longer
3. Our workforce and young people are skilled and talented
4. Our children benefit from the best start in life and high-quality education
5. Our communities are built on mutual respect and taking care of each other
6. We have excellent public transport that connect us to the wider region
7. We have new homes in attractive neighbourhoods to meet housing needs
8. Our distinctive towns are successful centres of community life
9. Sandwell has become a location of choice for industries of the future
10. Sandwell has a national reputation for getting things done

*Sandwell pharmacies will play a vital role in achieving ambition 2 'living healthy lives for longer'. Pharmacy teams are easily accessible, clinically knowledgeable and are often the first point of contact between residents and the health service. Pharmacy teams can support lifestyle changes and perform early screening activities to reduce the burden of disease caused by modifiable risk factors.*

### *The Sandwell Plan 2020–25 'Big plans for a Great Place'*

This Sandwell Plan 2020–25<sup>13</sup> is the council's 5-year business plan which is not intended to provide an exhaustive list of everything Sandwell does as a council but sets out those outcomes that are strategically important for delivering Vision 2030. Big

plans for a Great Place sets out six strategic outcomes which will provide the framework for delivery plans:

1. The best start in life for children and young people
2. People live well and age well
3. Strong, resilient communities
4. Quality homes in thriving neighbourhoods
5. A strong and Inclusive Economy
6. A connected and accessible Sandwell

*Again, local pharmacies will play a key role in achieving outcome 2, helping 'people live well and age well'. A priority for this outcome is to join up health and social care so that people don't fall through the cracks and don't stay in hospital longer than they need to. Local pharmacies have a key role in supporting patients at points of transition of care such as when discharged from hospital.*

### *Sandwell's HWBB strategy and JSNA's*

This year the HWBB is working on a refresh of its Joint Health and Wellbeing Strategy.<sup>2</sup> The board are thinking about what this could look like and will be asking local people, partners and providers of services to develop and review it with them later in the year. The current priorities set out in the Joint Health and Wellbeing Strategy 2016–20 are:

- To help keep people healthier for longer,
- To help keep people safe and support communities,
- To work together to join up services, and
- To work closely with local people, partners and providers of services

The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The Board is currently working on a refresh of its JSNA which will demonstrate what the current and future health and social care needs of people in Sandwell are. The board are refreshing the needs assessment to reflect the borough Vision for 2030 and its ambitions; focusing on what's strong not what's wrong.

*The PNA should take into consideration the local health priorities set out by the HWBB and local health needs as identified in local JSNAs. The new HWBB strategy and*

*future JSNA's will take effect during the lifespan of this PNA. Therefore, it is recommendable that this PNA is reviewed once the new strategy is in place to ensure local pharmaceutical needs will still be met.*

## **Conclusion**

Pharmacies play an integral role in supporting the health needs of Sandwell residents. There are more pharmacies in Sandwell per 10,000 population compared with the England average, with most residents within a 15-minute walking distance of a pharmacy and all residents within a 20-minute travel via public transport to a local pharmacy. There are numerous pharmacies within each locality with extended opening hours covering weekday early mornings and evenings, Saturdays and Sundays. No geographic gaps in service provision have been identified in this PNA.

There is good availability of advanced services across the borough and once pharmacies that are intending to offer services transition into pharmacies offering these services, this will further enhance the accessibility of these services. Pharmacies should be knowledgeable of which advanced services are provided by other pharmacies within the borough in order to sign post patients to service providers when needed.

This PNA has found that the provision of enhanced services such as diabetes screening, blood pressure and cholesterol checks, diabetes management and smoking cessation service is low across the borough, however willingness to provide these services if commissioned is high. Pharmacies have a key front-line role in supporting patients with chronic illness and providing healthy lifestyle advice. Yet the results from the residents' survey indicate that only one third of respondents were aware that pharmacists could provide lifestyle advice. The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists to residents.

Sandwell has a larger proportion of under 16-year olds compared with the England average and also has a higher rate of teenage conceptions compared with the national average. Only 25 pharmacies responded stating they are commissioned to provide

emergency contraception for free without prescription to under 18-year olds; this included 14 under contract with NHSE&I, 8 under contract with Sandwell MBC, and 3 under contract with Sandwell & West Birmingham CCG. None of these services were in Tipton. However, a further 32 pharmacies said that they would provide this service if commissioned to do so. Whilst emergency contraception can either be purchased from other pharmacies or obtained for free with a prescription for those under 18 years old, the lack of free emergency contraception without prescription for under 18-year olds in all localities highlights a gap in the provision of this service. Ensuring young people are aware of where they can access emergency hormonal contraception for free without prescription and appropriate sign posting of those requesting emergency contraception to their GP to access non-emergency contraception is vital for supporting young women. Future PNAs should consider different channels for engaging with young people to gain their opinions about pharmacy services.

Pharmacy contractors and Sandwell residents were asked about the impacts of COVID-19 on accessibility and provision of pharmaceuticals services. Many pharmacy contractors have responded to the pandemic by offering additional services and by moving some face-to-face services to online or over the phone. Pharmacies reported that patients are relying on pharmacies more than before the pandemic and this is reflected in the reported increased waiting times for dispensing and other services. The need for workforce capacity building should be considered to ensure pharmacies can continue to meet the additional demands placed upon them.

Overall, the results from the residents' survey indicate that most respondents did not feel COVID-19 had negatively impacted accessibility to pharmacies or provision of pharmaceutical services. One in ten respondents reporting using pharmaceutical services during the pandemic that they hadn't previously used. This may represent the ongoing and future role of pharmacies in alleviating the pressures in primary care. A small proportion of respondents reported services they use have been stopped since the pandemic which is in keeping with the pharmacy contractor responses. It is essential that pharmacies that have stopped services are able to sign post patients to another service provider.

Resident responses regarding general pharmacy accessibility and service provision show that whilst most felt they could find an open pharmacy at a location that suits

them, the responses suggest a possible demand for more weekend opening hours. Pharmacies provide a whole host of services to support patients, many of which respondents were not aware of suggesting a need to promote the wider roles of pharmacists in supporting Sandwell residents. It is important to note that these conclusions are drawn from a small sample of Sandwell residents which are not representative of the demographics of Sandwell's population. In particular, young adults, males, and BME communities are underrepresented in the responses. Thus, this report recommends that further targeted engagement of underrepresented groups is undertaken to ensure needs are currently being met.

This PNA concludes that there are sufficient pharmacies serving the Sandwell population with good accessibility via walking or public transport. Whilst there are pharmacies in each locality open on the weekends, the results suggest a possible demand for greater access to pharmacies at the weekends. There is good availability of advanced services across the borough. In general, the wider services offered by pharmacists such as offering lifestyle advice should be promoted to raise awareness of the wider roles of pharmacists in supporting residents' health needs. The results suggest that residents' pharmaceutical needs can be met by the existing network of community pharmacies however further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are being met.

This report makes the following recommendations to strengthen the provision of pharmaceutical services in Sandwell:

- Pharmacies should be knowledgeable of which advanced and enhanced services are offered by pharmacies in neighbouring wards/localities in order to sign post patients to appropriate service providers when needed
- Where a service has been stopped due to COVID-19, it is important that pharmacies can sign post residents to another service provider
- Pharmacies should support young people in accessing emergency contraception by ensuring they are aware of where they can access this service for free without a prescription. Pharmacies should support young people seeking emergency

contraception by signposting them to their GP to discuss non-emergency contraceptive options

- The role of pharmacies in the management of CVD risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents
- Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services
- Further targeted engagement of groups underrepresented in the residents' survey is recommended to ensure needs are currently being met

## Chapter 7

### Consultation

A 60-day statutory consultation period was held between the 5th of May to the 8th July 2022 to enable stakeholders to review and comment on the draft PNA. The draft PNA was shared with the following stakeholders:

- Sandwell Local Pharmaceutical Committee
- Sandwell residents
- Neighbouring Local Pharmaceutical Committees of Dudley, Wolverhampton, Walsall, and Birmingham
- Sandwell and West Birmingham Clinical Commissioning Group
- Sandwell pharmacy contractors
- Sandwell Healthwatch and other patient groups
- NHS England
- Neighbouring Health and Wellbeing Boards of Dudley, Wolverhampton, Walsall, and Birmingham

Consultation questions were developed by the steering group to facilitate the receipt of structured feedback.

Upon closure of the consultation period, the comments received were reviewed by the steering group and incorporated into the final PNA prior to publication in October 2022. This version reflects those amendments.

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# **Sandwell Pharmaceutical Needs Assessment 2022**

## **Appendices**

**[Draft for HWBB]**

## Appendices

**Appendix 1:** Terms of Reference

**Appendix 2:** List of pharmacies and their opening hours

**Appendix 3:** 20-minute travel to pharmacy by public transport (weekday afternoons)

**Appendix 4:** 20-minute travel to pharmacy by public transport (weekday evenings)

**Appendix 5:** Pharmacy contractor questionnaire

**Appendix 6:** Pharmacy contractor questionnaire responses

**Appendix 7:** Public survey

**Appendix 8:** Results of the public survey

## Appendix 1: Terms of Reference

### **Sandwell Pharmaceutical Needs Assessment (PNA) Steering Group** **Terms of Reference**

#### **Background**

From 1st April 2013, the Health and Social Care Act 2012 established Health and Wellbeing Boards (HWBs). Every Health and Wellbeing Board in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'Pharmaceutical Needs Assessment' (PNA). The HWB's third revised PNA must be published by 1st April 2022.

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities and will be used by NHS England when making decisions on applications to open new pharmacies (referred to as the market entry test). As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date.

To comply with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, widespread consultation of the draft PNA is needed with a minimum period of 60 days for response.

#### **Membership**

**Chair: Stephanie Lacey** – Registrar in Public Health, Sandwell MBC

**Clair Norton (tbc)** - Health and Wellbeing Board

**Lina Martino** - Consultant in Public Health, Sandwell MBC

**Christine Wright** – Research & Intelligence Specialist, Sandwell MBC

**Nathan Lauder** – Information Officer, Sandwell MBC

**Ali Din** - Sandwell Local Pharmaceutical Committee

**Melissa Elders** - Healthwatch

**Jonathan Boyd** – Head of Medicines, Sandwell. Black Country and West Birmingham CCG

#### **Quoracy**

A meeting of the group shall be regarded as quorate provided that when a core member is unable to attend a representative shall be in attendance.

## **Key Responsibilities**

1. To revise the current PNA and to develop a new PNA for Sandwell HWB that fulfils the statutory requirements in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS Act 2009 (chapter 21, part 3).
2. To assure the HWB that all statutory requirements regarding the PNA and Supplementary Statements are met.
3. To ensure systems and processes are in place for assuring that the pharmaceutical needs of the local population are identified, optimised and provided for.
4. To ensure active engagement with key stakeholders throughout the process of revision including the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), Public Health, the NHS England Area Team (AT), the Clinical Commissioning Group (CCG), the Local Professional Network (LPN) and a range of other teams within Sandwell Council.
5. To ascertain and collate the core information needed from local needs data to support the process and to consider other sources of information where needed.
6. To ensure that the PNA reflects future needs of Sandwell's population.
7. To produce reports and briefing papers for the HWB.
8. To integrate with Sandwell's Joint Strategic Needs Assessments and to ensure that the outputs of the PNA are suitable to be utilised to influence commissioning.
9. To establish milestones for completion of the PNA and to oversee the progress of revision.
10. To establish arrangements to ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations.

## **Reports and Briefings for HWB Assurance**

Two HWB reports will be prepared, one prior to consultation and one prior to publication of the PNA.

### **Frequency of the Meetings**

It is envisaged that the group will communicate electronically as often as required to ensure successful completion of the PNA.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to fulfil its role in timely maintenance of the PNA.

## Appendix 2: List of pharmacies and their opening hours

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Trading name	Address	Postcode	Town	Opening hours Monday		Opening hours Tuesday		Opening hours Wednesday		Opening hours Thursday		Opening hours Friday		Opening hours Saturday		Opening hours Sunday	
Boots The Chemist	Unit 2 Windmill Shopping Park (Off Windmill Lane)	B66 3PR	Smethwick	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	10:00	14:00	11:00	15:00
Masters Pharmacy	182-184 Vicarage Road	B68 8JB	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
Ashworth Pharmacy	211A Queens Road	B67 6NX	Oldbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
Boots The Chemist	24 High Street	B65 0DR	Rowley Regis	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	14:00		
Murrays Healthcare	Glebefields Health Centre	DY4 0SN	Tipton	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Vishnu Pharmacy	57 Hurst Road	B67 6LY	Oldbury	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Al-Shafa Pharmacy	93 Shireland Road	B66 4QJ	Smethwick	09:00	23:59	09:00	23:59	09:00	23:59	09:00	23:59	09:00	23:59	09:00	23:59	10:30	20:30
Boots Pharmacy	27 The Sandwell Centre	B70 7NG	West Bromwich	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	10:00	17:00		
Rowley Pharmacy	352 Oldbury Road	B65 0QH	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Lyng Pharmacy	1 Lyng Lane	B70 7RW	West Bromwich	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	09:00	13:00		
Dunstones Chemist	62 Mallin Street	B66 1QZ	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00				
Hingley Pharmacy	Regis Medical Centre	B65 0BA	Rowley Regis	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00	08:45	18:00				
Hill Top Pharmacy Ltd	1 Pottery Road	B68 9EX	Oldbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	13:00		
Medipharma Chemist	279 Walsall Road	B71 3HR	West Bromwich	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30				
Lloydspharmacy	581 Bearwood Road	B66 4BH	Smethwick	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	13:00		
Pharmacy Xpress	Unit 32, Fountain Business Park	B69 3BH	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		

Duggals Chemist	75 Park Lane East	DY4 8RP	Tipton	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00	09:00	18:30	09:00	13:00		
Pharmacy 365	249 Halesowen Road	B64 6JD	Rowley Regis	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	09:00	23:00	12:00	23:00
Beaconview Pharmacy	314 Beaconview Road	B71 3NX	West Bromwich	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Lloyds Pharmacy	19 West Gate Plaza	B70 7AD	West Bromwich	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	08:00	23:00	10:00	22:00
R K Pharmacy	90 Lewisham Road	B66 2DD	Smethwick	09:00	18:30	09:00	18:30	09:00	13:00	09:00	18:30	09:00	18:30	09:00	12:00		
Asda Pharmacy	Off Windmill Lane	B66 3EN	Smethwick	08:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	11:00	17:00
Great Bridge Pharmacy	30 Great Bridge	DY4 7EN	Tipton	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	08:30	18:00	09:00	13:00		
Asda Pharmacy	Asda Superstore	DY4 0BP	Tipton	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	10:00	16:00
D R Dalvair Pharmacy	479 Bearwood Road	B66 4DH	Smethwick	09:00	18:00	09:00	18:00	09:00	14:00	09:00	18:00	09:00	18:00	09:00	13:00		
Lloydspharmacy	Unit 9-10 Tollgate Precinct	B67 7RA	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	17:30		
Hills Pharmacy	15 Hill Top Road	B68 9DU	Oldbury	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	07:00	22:00	08:00	22:00	11:00	22:00
Wednesbury Pharmacy	140 Crankhall Lane	WS10 0ED	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:30		
DH Pharmacy	8 St Michaels Court	B70 8ET	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Pharmassured Limited	Unit 2 Great Bridge Centre	B70 0BF	Tipton	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00				
Well Pharmacy	938-940 Walsall Road	B42 1TQ	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00		
Duggals Chemist	8 Mostyn Buildings	DY4 7PE	Tipton	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	09:00	13:00		
New Street Pharmacy	4 New Street	B70 0HN	Wednesbury	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	12:30		
Carters Chemist	30 Carters Green	B70 9LW	West Bromwich	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	17:00	09:00	13:00		

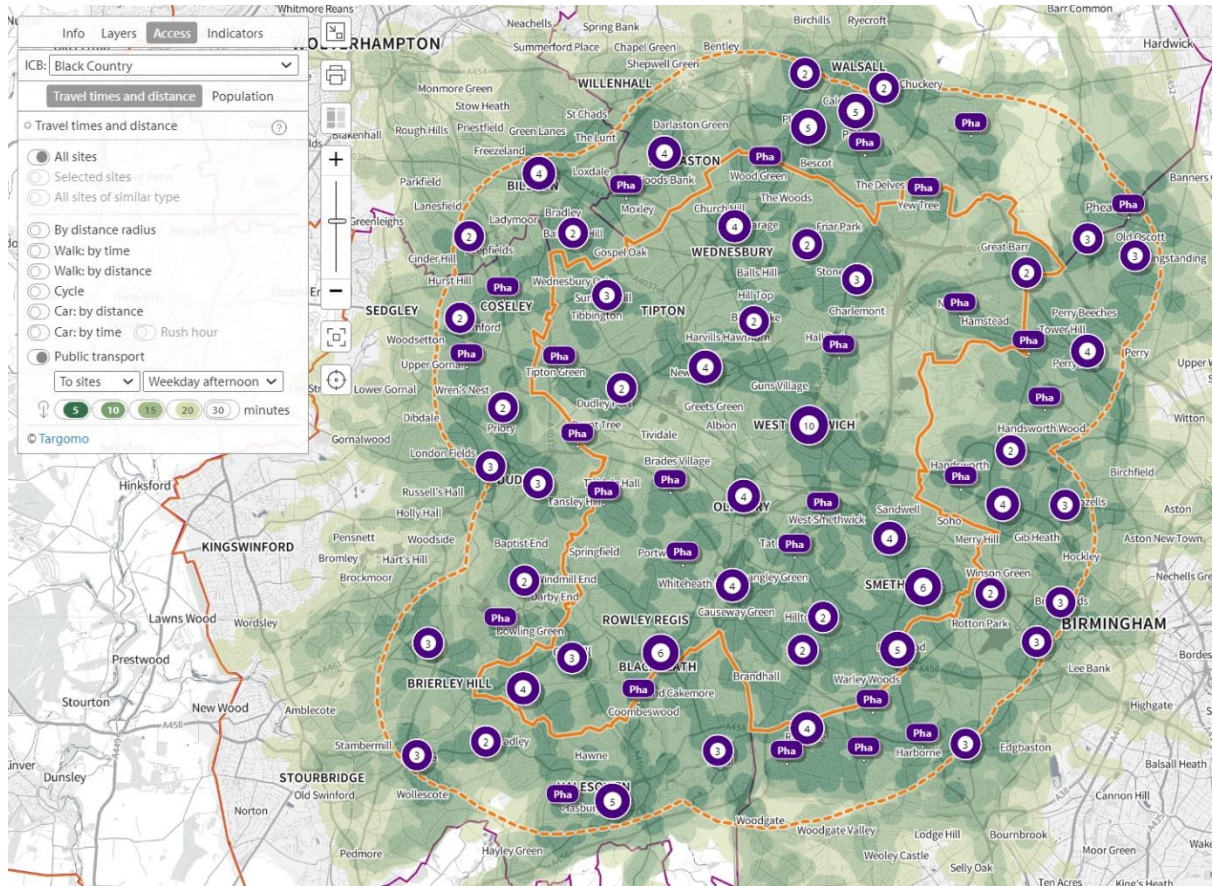


Lloydspharmacy	518 Hagley Road West	B68 0BZ	Oldbury	09:00	22:00	09:00	22:00	09:00	22:00	09:00	22:00	09:00	22:00	09:00	22:00	10:00	22:00
Boots Pharmacy	Unit 2 Gt Bridge Retail Park	B70 0EN	Tipton	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	08:00	22:00	10:00	16:00
Khaira Pharmacy	6A High Street	B70 6JX	West Bromwich	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	14:00		
Lloyds Pharmacy	152 Walsall Road	B71 3HP	West Bromwich	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	17:30		
Your Local Boots Pharmacy	1 Hartlebury Road	B69 1DF	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Lloydspharmacy	Oldbury Health Centre	B69 4DE	Oldbury	09:00	18:00	09:00	18:00	09:00	17:30	09:00	18:00	09:00	18:00				
C H White Pharmacy	Unity House, 6 Unity Place,	B69 4DB	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Boots Pharmacy	Unit D Gallagher Retail Park	WS10 9QY	Wednesbury	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	18:00	10:30	16:30
Boots Pharmacy	Oakeswell Hc	WS10 9HP	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Portway Pharmacy	51A New Birmingham Road	B69 2JQ	Rowley Regis	08:30	18:30	08:30	18:30	08:30	18:30	08:30	13:00	08:30	18:30	10:00	12:00		
Lloyds Pharmacy	Halesowen Street	B65 0HG	Rowley Regis	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	08:00	20:00	10:00	16:00
Swanpool Pharmacy	Swanpool Medical Centre	DY4 0SZ	Tipton	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	07:30	22:30	10:00	20:00
Murrays Healthcare	Neptune Health Park	DY4 8LY	Tipton	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	13:00		
Hingleys Chemist	95 High Street	B64 5HF	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Victoria Pharmacy	5A Suffrage Street	B66 3PZ	Smethwick	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	12:00		
Well Pharmacy	1 Union Street	WS10 7HD	Wednesbury	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	08:30	19:00	09:00	14:00		
Langley Pharmacy	21 Langley High Street	B69 4SN	Oldbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	14:00		
Lloydspharmacy	52 Lodge Road	B70 8PA	West Bromwich	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30	09:00	17:30				
Well Pharmacy	86 Hill Top	B70 0RT	Wednesbury	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:00	09:00	18:30				
Sidhu's Pharmacy	369 High Street	B70 9QL	West Bromwich	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	09:00	13:00		

Lloydspharmacy	Warley Medical Centre	B68 0RT	Oldbury	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30				
Oldbury Pharmacy	196 Causeway Green Road	B68 8LS	Oldbury	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	18:00	10:00	16:00
Bearwood Pharmacy	348A Bearwood Road	B66 4ES	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	14:00	09:00	19:00	10:00	13:00		
Hingleys Chemist	59 Cradley Road	B64 6AG	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Asda Pharmacy	Asda Superstore	DY4 7HW	Tipton	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	20:00	09:00	22:00	10:00	16:00
M W Phillips	396 Long Lane	B65 0JF	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Jubilee Pharmacy	2 Upper Russell Street	WS10 7DF	Wednesbury	08:30	18:30	08:30	18:30	08:30	18:30	08:30	17:00	08:30	18:30	09:00	13:00		
Tividale Pharmacy	213 Regent Road	B69 1RZ	Rowley Regis	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00	08:00	18:00				
Lloyds Pharmacy	Freeth Street	B69 3DB	Oldbury	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:00	16:00
Asda Pharmacy	Old Park Lane	B69 4PU	Oldbury	08:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	23:00	07:00	22:00	10:00	16:00
Lloyds Pharmacy	Cape Hill Medical Centre	B66 3NR	Smethwick	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30				
Jhoots Pharmacy	Scott Arms Medical Centre	B43 6EE	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Carters Green Clinic	185 Halesowen Road	B64 6HF	Rowley Regis	08:30	18:15	08:30	18:15	08:30	18:15	08:30	18:00	08:30	18:15	08:30	17:00		
Yew Tree Pharmacy	20 Redwood Road	WS5 4LB	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Michaels Chemist	262 High Street	B66 3NL	Smethwick	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	13:00		
Malchem Chemists	60 High Street	B66 1DT	Smethwick	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:00	19:00	09:30	17:30		
Park Lane Pharmacy	3 Park Lane	WS10 9PR	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Jhoots Pharmacy	Rowley Village	B65 9HJ	Rowley Regis	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00				
Ingrams Chemist	351 High Street	B70 9QG	West Bromwich	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	17:00		
Your Local Boots Pharmacy	48 Three Shires Oak Road	B67 5BS	Smethwick	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
Haden Vale Pharmacy	50 Barrs Road	B64 7HG	Rowley Regis	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30	09:00	18:30				

Tesco Instore Pharmacy	Foxoak Street	B64 5HJ	Rowley Regis	08:00	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:30	06:30	22:00	10:00	16:00
Regent Street Chemist	Smethwick Medical Centre	B66 3BQ	Smethwick	08:30	20:00	08:30	20:00	08:30	18:30	08:30	18:30	08:30	18:30				
Murrays Healthcare	232 Halesowen Road	B64 6HN	Rowley Regis	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	08:45	18:15	09:00	13:00		
Superdrug Pharmacy	Unit 36, Kings Square	B70 6NZ	West Bromwich	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	08:30	17:30	09:00	17:30		
Friar Park Pharmacy	158 Crankhall Lane	WS10 0EB	Wednesbury	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	18:00	09:00	13:00		
D P Forrest Ltd	145 Hamstead Road	B43 5BB	West Bromwich	08:30	19:00	08:30	19:00	08:30	19:00	08:30	18:00	08:30	19:00	09:00	13:00		
Sandwell Pharmacy	85 Church Vale	B71 4DH	West Bromwich	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	08:30	18:30	09:00	13:00		

### Appendix 3: 20-minute travel to pharmacy by public transport (weekday afternoons)



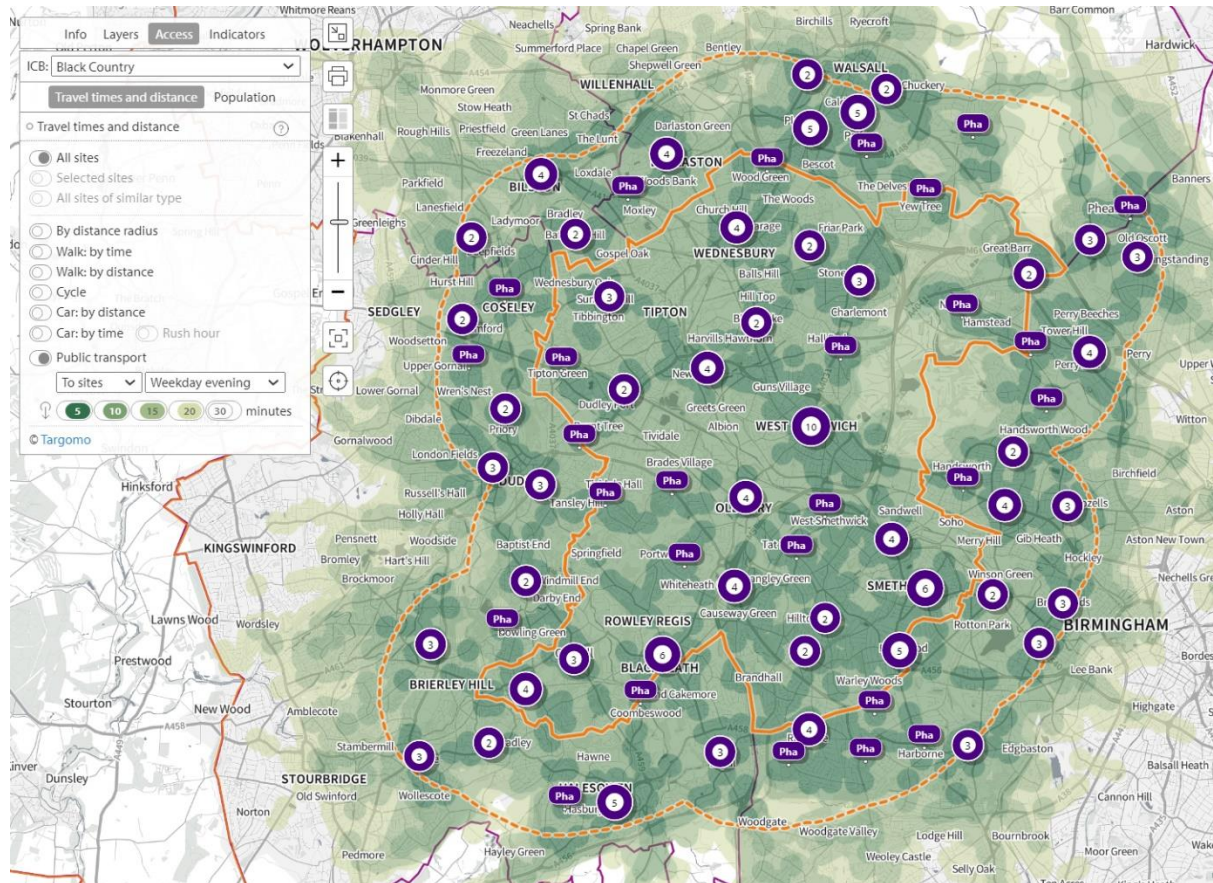
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Source: SHAPE Place Atlas

The map was exported from the SHAPE Place Atlas on 17/08/2022



## Appendix 4: 20-minute travel to pharmacy by public transport (weekday evenings)



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Source: SHAPE Place Atlas

The map was exported from the SHAPE Place Atlas on 17/08/2022

## Appendix 5: Pharmacy contractor questionnaire

## Pharmaceutical Needs Assessment Contractor Questionnaire 2022

Please complete this survey online if possible at  
<https://wh1.snapsurveys.com/s.asp?k=163653614047>

### Q1 Pharmacy details

Contractor Code (ODS Code)

Contractor Name

Contractor Trading Name (if  
different from above)

Address of contractor pharmacy

Q2 Is this pharmacy one which is entitled to  
Pharmacy Access Scheme payments?

Yes  No

Q3 Is this pharmacy a 100-hour pharmacy?

Yes  No

Q4 Does this pharmacy hold a Local  
Pharmaceutical Services (LPS) contract?

Yes  No

Q5 Is this pharmacy a distance selling  
pharmacy?

Yes  No

Q6 NHS Shared email address allocated to this  
pharmacy

Q7 Pharmacy Telephone Number

Q8 Pharmacy website address (if applicable)

Q9 Sandwell Metropolitan Borough Council will  
share your email information with NHS  
England and Sandwell LPC. Are you happy  
for us to do so?

Yes  No

Q10 We will be using NHS Choices to publish  
your opening hours. Are they up to date?

Yes  Don't know  
 No

Q11 Is parking available close to the pharmacy?

Yes  No

Q12 Does this pharmacy have wheelchair  
access?

Yes  Not sure  
 No

Q13 Information Technology.

*This pharmacy has the following:*

- Electronic Prescription Services Release 2 enabled
- An active NHS Mail address
- Summary Care Record Access
- An up to date NHS Choices Profile
- An up to date entry on the DOS (Directory of Services)

**Q14 Consultation facilities**

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)

- None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room
- None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room
- None (Distance Selling Pharmacy)
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned before 1st April 2023
- Other

If other, please specify

**Q14b** Where there is a consultation area, is it a closed room?

- Yes
- No

**Q14c** During consultations are there hand-washing facilities

- In the consultation area
- Close to the consultation area
- None

**Q14d** Patients attending for consultations have access to toilet facilities

- Yes
- No

**Q15** Languages and Communication.

Please indicate which of the following languages (in addition to English) members of your pharmacy team are able to speak for the majority of your working week to assist patients.

- Punjabi
- Gujarati
- Other
- Urdu
- Hindi

"Other" please specify

**Q16** Healthy Living Pharmacy.

Please mark which statement applies

- This pharmacy has achieved HLP status
- This pharmacy is working towards HLP status
- This pharmacy has no plans to implement HLP status

**Q17** Services

Does the pharmacy dispense appliances?

- Yes – All types
- Yes, excluding stoma appliances, or
- Yes, excluding incontinence appliances, or
- Yes, excluding stoma and incontinence appliances, or
- Yes, just dressings, or
- Other
- None

If "other", please specify

**Q18** Advanced Services. Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C testing service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension case finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31st March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking service (from January 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC)	<input type="checkbox"/>					
Disease Specific Medicines Management Service:						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Emergency Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?



Q20 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?

Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution of naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Group Direction Service (name the medicines)

Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please state)

Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q21 Which of the following other services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="text"/>					
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="text"/>					
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Non-commissioned services. Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices - with charge	<input type="checkbox"/>	<input type="checkbox"/>
Collection of prescriptions from GP practices – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
We deliver prescriptions to all patients	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	<input type="text"/>	
Delivery of dispensed medicines – Selected areas (list areas)	<input type="text"/>	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of dispensed medicines – With charge	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/>	<input type="checkbox"/>
Monitored Dosage Systems – With charge	<input type="checkbox"/>	<input type="checkbox"/>

Q23 Is there a particular need for a locally commissioned service in your area?  
 Yes  No

Q23a If yes, what is the service requirement and why?

Q24 May the LPC update its opening hours and related matters and services details for you with the above information?  
 Yes

Q25 Details of the person completing this form on behalf of the contractor if questions arise:

Contact name

Contact email

Contact telephone number

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### Impact of COVID-19 on pharmacy staff and services

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Q26 How has COVID-19 affected service provision?

- We are offering more services to patients than before the pandemic
- We are offering less services to patients than before the pandemic
- Service provision has not changed

Q27 How has COVID-19 affected the delivery of services? *Please tick all that apply*

- Some of our face-to-face services have moved online
- Some of our face-to-face services have moved to over the phone
- Some of our face-to-face services have been stopped (not delivered by another route)
- For face-to-face services we have stopped we are always able to sign post the patient to another provider offering this service

Q28 How has COVID-19 affected access to services?

- Our opening times have been extended
- Our opening times have been reduced
- Our opening times have remained the same

Q29 How has COVID-19 affected waiting times for medicine dispensing?

- Waiting times have increased
- Waiting times have decreased
- Waiting times have stayed the same

Q30 How has COVID-19 affected waiting times for other services e.g. flu vaccinations and health checks?

- Waiting times have increased
- Waiting times have decreased
- Waiting times have stayed the same

Q31 How has COVID-19 affected patient demand for pharmacy services? *e.g. medical advice, using pharmacy as first point of contact as opposed to GP*

- Overall, patients are relying more on pharmacy services
- Overall, patients are relying less on pharmacy services
- Patient demand for pharmacy services has remained the same

Thank you for taking the time to complete this survey



## Appendix 6: Pharmacy contractor questionnaire responses

Counts	Base	Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>72</b>	<b>10</b>	<b>62</b>
<b>Locality</b>			
Oldbury	13	2	11
Rowley Regis	12	3	9
Smethwick	15	4	11
Tipton	10	-	10
Wednesbury	8	-	8
West Bromwich	14	1	13
<b>Ward</b>			
Bristnall	4	-	4
Langley	5	1	4
Old Warley	-	-	-
Oldbury	4	1	3
Blackheath	4	-	4
Cradley Heath and Old Hill	6	2	4
Rowley	-	-	-
Tividale	2	1	1
Abbey	4	1	3
Smethwick	2	1	1
Soho and Victoria	6	2	4
St Pauls	3	-	3
Great Bridge	5	-	5
Princes End	3	-	3
Tipton Green	2	-	2
Friar Park	1	-	1
Wednesbury North	4	-	4
Wednesbury South	3	-	3
Charlemont with Grove Vale	3	1	2
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	-	6

Counts Respondents	Base	Is this pharmacy a 100-hour pharmacy?	
		Yes	No
<b>Total</b>	<b>72</b>	<b>10</b>	<b>62</b>
<b>Locality</b>			
Oldbury	13	3	10
Rowley Regis	12	1	11
Smethwick	15	3	12
Tipton	10	2	8
Wednesbury	8	-	8
West Bromwich	14	1	13
<b>Ward</b>			
Bristnall	4	1	3
Langley	5	1	4
Old Warley	-	-	-
Oldbury	4	1	3
Blackheath	4	-	4
Cradley Heath and Old Hill	6	1	5
Rowley	-	-	-
Tividale	2	-	2
Abbey	4	-	4
Smethwick	2	-	2
Soho and Victoria	6	3	3
St Pauls	3	-	3
Great Bridge	5	1	4
Princes End	3	1	2
Tipton Green	2	-	2
Friar Park	1	-	1
Wednesbury North	4	-	4
Wednesbury South	3	-	3
Charlemont with Grove Vale	3	-	3
Great Barr with Yew Tree	1	-	1
Greet Green and Lyng	3	1	2
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	-	6

Counts	Base	Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>71</b>	<b>28</b>	<b>43</b>
<b>Locality</b>			
Oldbury	13	4	9
Rowley Regis	12	6	6
Smethwick	14	6	8
Tipton	10	3	7
Wednesbury	8	3	5
West Bromwich	14	6	8
<b>Ward</b>			
Bristnall	4	2	2
Langley	5	2	3
Old Warley	-	-	-
Oldbury	4	-	4
Blackheath	4	1	3
Cradley Heath and Old Hill	6	4	2
Rowley	-	-	-
Tividale	2	1	1
Abbey	4	2	2
Smethwick	1	1	-
Soho and Victoria	6	2	4
St Pauls	3	1	2
Great Bridge	5	1	4
Princes End	3	1	2
Tipton Green	2	1	1
Friar Park	1	-	1
Wednesbury North	4	2	2
Wednesbury South	3	1	2
Charlemont with Grove Vale	3	2	1
Great Barr with Yew Tree	1	1	-
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	1	-
West Bromwich Central	6	2	4

Counts	Base	Is this pharmacy a distance selling pharmacy?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>71</b>	<b>2</b>	<b>69</b>
<b>Locality</b>			
<b>Oldbury</b>	<b>13</b>	<b>1</b>	<b>12</b>
<b>Rowley Regis</b>	<b>12</b>	<b>-</b>	<b>12</b>
<b>Smethwick</b>	<b>14</b>	<b>-</b>	<b>14</b>
<b>Tipton</b>	<b>10</b>	<b>1</b>	<b>9</b>
<b>Wednesbury</b>	<b>8</b>	<b>-</b>	<b>8</b>
<b>West Bromwich</b>	<b>14</b>	<b>-</b>	<b>14</b>
<b>Ward</b>			
<b>Bristnall</b>	<b>4</b>	<b>-</b>	<b>4</b>
<b>Langley</b>	<b>5</b>	<b>-</b>	<b>5</b>
<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Oldbury</b>	<b>4</b>	<b>1</b>	<b>3</b>
<b>Blackheath</b>	<b>4</b>	<b>-</b>	<b>4</b>
<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>-</b>	<b>6</b>
<b>Rowley</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Tividale</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>Abbey</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Smethwick</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>Soho and Victoria</b>	<b>6</b>	<b>-</b>	<b>6</b>
<b>St Pauls</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Great Bridge</b>	<b>5</b>	<b>1</b>	<b>4</b>
<b>Princes End</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Tipton Green</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>Friar Park</b>	<b>1</b>	<b>-</b>	<b>1</b>
<b>Wednesbury North</b>	<b>4</b>	<b>-</b>	<b>4</b>
<b>Wednesbury South</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>-</b>	<b>1</b>
<b>Greets Green and Lyng</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Newton</b>	<b>1</b>	<b>-</b>	<b>1</b>
<b>West Bromwich Central</b>	<b>6</b>	<b>-</b>	<b>6</b>

Counts	Base	Is parking available close to the pharmacy?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>72</b>	<b>72</b>	<b>-</b>
<b>Locality</b>			
<b>Oldbury</b>	<b>13</b>	<b>13</b>	<b>-</b>
<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	<b>-</b>
<b>Smethwick</b>	<b>15</b>	<b>15</b>	<b>-</b>
<b>Tipton</b>	<b>9</b>	<b>9</b>	<b>-</b>
<b>Wednesbury</b>	<b>8</b>	<b>8</b>	<b>-</b>
<b>West Bromwich</b>	<b>14</b>	<b>14</b>	<b>-</b>
<b>Ward</b>			
<b>Bristnall</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Langley</b>	<b>5</b>	<b>5</b>	<b>-</b>
<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Oldbury</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Blackheath</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>6</b>	<b>-</b>
<b>Rowley</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Tividale</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Abbey</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Smethwick</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Soho and Victoria</b>	<b>6</b>	<b>6</b>	<b>-</b>
<b>St Pauls</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Great Bridge</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Princes End</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Tipton Green</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Friar Park</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Wednesbury North</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Wednesbury South</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Greets Green and Lyng</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Newton</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>West Bromwich Central</b>	<b>6</b>	<b>6</b>	<b>-</b>



Counts Respondents	Base	Does this pharmacy have wheelchair access?		
		Yes	No	Not sure
<b>Total</b>	<b>72</b>	<b>67</b>	<b>2</b>	<b>3</b>
<b>Locality</b>				
Oldbury	13	10	1	2
Rowley Regis	13	12	1	-
Smethwick	15	15	-	-
Tipton	9	9	-	-
Wednesbury	8	8	-	-
West Bromwich	14	13	-	1
<b>Ward</b>				
Bristnall	4	2	1	1
Langley	5	5	-	-
Old Warley	-	-	-	-
Oldbury	4	3	-	1
Blackheath	4	4	-	-
Cradley Heath and Old Hill	6	5	1	-
Rowley	1	1	-	-
Tividale	2	2	-	-
Abbey	4	4	-	-
Smethwick	2	2	-	-
Soho and Victoria	6	6	-	-
St Pauls	3	3	-	-
Great Bridge	4	4	-	-
Princes End	3	3	-	-
Tipton Green	2	2	-	-
Friar Park	1	1	-	-
Wednesbury North	4	4	-	-
Wednesbury South	3	3	-	-
Charlemont with Grove Vale	3	3	-	-
Great Barr with Yew Tree	1	1	-	-
Greets Green and Lyng	3	3	-	-
Hateley Heath	-	-	-	-
Newton	1	-	-	1
West Bromwich Central	6	6	-	-

Counts	Information Technology. This pharmacy has the following:					
	Base	Electronic Prescription Services Release 2 enabled	An active NHS Mail address	Summary Care Record Access	An up to date NHS Choices Profile	An up to date entry on the DOS (Directory of Services)
<b>Respondents</b>						
<b>Total</b>	<b>73</b>	<b>73</b>	<b>73</b>	<b>71</b>	<b>71</b>	<b>69</b>
<b>Locality</b>						
Oldbury	13	13	13	13	12	13
Rowley Regis	13	13	13	12	12	12
Smethwick	15	15	15	14	15	15
Tipton	10	10	10	10	10	10
Wednesbury	8	8	8	8	8	7
West Bromwich	14	14	14	14	14	12
<b>Ward</b>						
Bristnall	4	4	4	4	4	4
Langley	5	5	5	5	4	5
Old Warley	-	-	-	-	-	-
Oldbury	4	4	4	4	4	4
Blackheath	4	4	4	4	4	4
Cradley Heath and Old Hill	6	6	6	6	6	6
Rowley	1	1	1	-	-	-
Tividale	2	2	2	2	2	2
Abbey	4	4	4	4	4	4
Smethwick	2	2	2	2	2	2
Soho and Victoria	6	6	6	6	6	6
St Pauls	3	3	3	2	3	3
Great Bridge	5	5	5	5	5	5
Princes End	3	3	3	3	3	3
Tipton Green	2	2	2	2	2	2
Friar Park	1	1	1	1	1	1
Wednesbury North	4	4	4	4	4	4
Wednesbury South	3	3	3	3	3	2
Charlemont with Grove Vale	3	3	3	3	3	2
Great Barr with Yew Tree	1	1	1	1	1	1
Greets Green and Lyng	3	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-
Newton	1	1	1	1	1	-
West Bromwich Central	6	6	6	6	6	6

Counts	There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially)							
	Base	None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	None (Distance Selling Pharmacy)	Available (including wheelchair access)	Available (without wheelchair access)	Planned before 1st April 2023	Other
<b>Total</b>	73	-	-	-	58	13	2	-
<b>Locality</b>								
Oldbury	13	-	-	-	9	3	1	-
Rowley Regis	13	-	-	-	8	5	-	-
Smethwick	15	-	-	-	12	3	-	-
Tipton	10	-	-	-	9	-	1	-
Wednesbury	8	-	-	-	7	1	-	-
West Bromwich	14	-	-	-	13	1	-	-
<b>Ward</b>								
Bristnall	4	-	-	-	2	2	-	-
Langley	5	-	-	-	4	-	1	-
Old Warley	-	-	-	-	-	-	-	-
Oldbury	4	-	-	-	3	1	-	-
Blackheath	4	-	-	-	4	-	-	-
Cradley Heath and Old Hill	6	-	-	-	3	3	-	-
Rowley	1	-	-	-	-	1	-	-
Tividale	2	-	-	-	1	1	-	-
Abbey	4	-	-	-	3	1	-	-
Smethwick	2	-	-	-	2	-	-	-
Soho and Victoria	6	-	-	-	5	1	-	-
St Pauls	3	-	-	-	2	1	-	-
Great Bridge	5	-	-	-	5	-	-	-
Princes End	3	-	-	-	2	-	1	-
Tipton Green	2	-	-	-	2	-	-	-
Friar Park	1	-	-	-	1	-	-	-
Wednesbury North	4	-	-	-	3	1	-	-
Wednesbury South	3	-	-	-	3	-	-	-
Charlemont with Grove Vale	3	-	-	-	3	-	-	-
Great Barr with Yew Tree	1	-	-	-	1	-	-	-
Greets Green and Lyng	3	-	-	-	3	-	-	-
Hateley Heath	-	-	-	-	-	-	-	-
Newton	1	-	-	-	1	-	-	-
West Bromwich Central	6	-	-	-	5	1	-	-

Counts	Base	Where there is a consultation area, is it a closed room?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>71</b>	<b>71</b>	<b>-</b>
<b>Locality</b>			
<b>Oldbury</b>	<b>13</b>	<b>13</b>	<b>-</b>
<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	<b>-</b>
<b>Smethwick</b>	<b>13</b>	<b>13</b>	<b>-</b>
<b>Tipton</b>	<b>10</b>	<b>10</b>	<b>-</b>
<b>Wednesbury</b>	<b>8</b>	<b>8</b>	<b>-</b>
<b>West Bromwich</b>	<b>14</b>	<b>14</b>	<b>-</b>
<b>Ward</b>			
<b>Bristnall</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Langley</b>	<b>5</b>	<b>5</b>	<b>-</b>
<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Oldbury</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Blackheath</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>6</b>	<b>-</b>
<b>Rowley</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Tividale</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Abbey</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Smethwick</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Soho and Victoria</b>	<b>5</b>	<b>5</b>	<b>-</b>
<b>St Pauls</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Great Bridge</b>	<b>5</b>	<b>5</b>	<b>-</b>
<b>Princes End</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Tipton Green</b>	<b>2</b>	<b>2</b>	<b>-</b>
<b>Friar Park</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Wednesbury North</b>	<b>4</b>	<b>4</b>	<b>-</b>
<b>Wednesbury South</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>Greets Green and Lyng</b>	<b>3</b>	<b>3</b>	<b>-</b>
<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Newton</b>	<b>1</b>	<b>1</b>	<b>-</b>
<b>West Bromwich Central</b>	<b>6</b>	<b>6</b>	<b>-</b>

Counts	Respondents	During consultations are there hand-washing facilities			
		Base	In the consultation area	Close to the consultation area	None
	<b>Total</b>	<b>73</b>	<b>45</b>	<b>22</b>	<b>6</b>
	<b>Locality</b>				
	Oldbury	13	9	3	1
	Rowley Regis	13	7	5	1
	Smethwick	15	9	5	1
	Tipton	10	7	3	-
	Wednesbury	8	4	2	2
	West Bromwich	14	9	4	1
	<b>Ward</b>				
	Bristnall	4	4	-	-
	Langley	5	3	2	-
	Old Warley	-	-	-	-
	Oldbury	4	2	1	1
	Blackheath	4	2	2	-
	Cradley Heath and Old Hill	6	3	2	1
	Rowley	1	1	-	-
	Tividale	2	1	1	-
	Abbey	4	4	-	-
	Smethwick	2	-	1	1
	Soho and Victoria	6	3	3	-
	St Pauls	3	2	1	-
	Great Bridge	5	4	1	-
	Princes End	3	2	1	-
	Tipton Green	2	1	1	-
	Friar Park	1	1	-	-
	Wednesbury North	4	2	1	1
	Wednesbury South	3	1	1	1
	Charlemont with Grove Vale	3	2	1	-
	Great Barr with Yew Tree	1	1	-	-
	Greets Green and Lyng	3	2	1	-
	Hateley Heath	-	-	-	-
	Newton	1	1	-	-
	West Bromwich Central	6	3	2	1

Counts	Base	Patients attending for consultations have access to toilet facilities	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>73</b>	<b>26</b>	<b>47</b>
<b>Locality</b>			
Oldbury	13	6	7
Rowley Regis	13	5	8
Smethwick	15	5	10
Tipton	10	5	5
Wednesbury	8	3	5
West Bromwich	14	2	12
<b>Ward</b>			
Bristnall	4	1	3
Langley	5	1	4
Old Warley	-	-	-
Oldbury	4	4	-
Blackheath	4	2	2
Cradley Heath and Old Hill	6	2	4
Rowley	1	-	1
Tividale	2	1	1
Abbey	4	1	3
Smethwick	2	-	2
Soho and Victoria	6	3	3
St Pauls	3	1	2
Great Bridge	5	3	2
Princes End	3	1	2
Tipton Green	2	1	1
Friar Park	1	1	-
Wednesbury North	4	-	4
Wednesbury South	3	2	1
Charlemont with Grove Vale	3	-	3
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	-	3
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	6	2	4

Counts Respondents	Base	Languages and Communication.				
		Punjabi	Urdu	Gujurati	Hindi	Other
<b>Total</b>	<b>64</b>	<b>56</b>	<b>39</b>	<b>25</b>	<b>43</b>	<b>15</b>
<b>Locality</b>						
Oldbury	13	11	7	3	8	2
Rowley Regis	7	4	6	5	6	2
Smethwick	15	15	10	6	12	4
Tipton	7	6	4	3	5	1
Wednesbury	8	7	4	3	5	1
West Bromwich	14	13	8	5	8	5
<b>Ward</b>						
Bristnall	4	3	3	2	2	-
Langley	5	5	1	-	4	1
Old Warley	-	-	-	-	-	-
Oldbury	4	3	3	1	2	1
Blackheath	1	1	1	1	1	-
Cradley Heath and Old Hill	3	1	3	2	2	-
Rowley	1	-	-	-	-	1
Tividale	2	2	2	2	2	1
Abbey	4	4	2	1	3	1
Smethwick	2	2	1	-	1	-
Soho and Victoria	6	6	4	2	5	1
St Pauls	3	3	3	3	3	2
Great Bridge	4	3	1	2	2	1
Princes End	2	2	2	-	2	-
Tipton Green	1	1	1	1	1	-
Friar Park	1	1	1	1	1	-
Wednesbury North	4	3	2	2	2	1
Wednesbury South	3	3	1	-	2	-
Charlemont with Grove Vale	3	3	1	-	2	-
Great Barr with Yew Tree	1	1	-	1	-	1
Greets Green and Lyng	3	2	2	1	2	2
Hateley Heath	-	-	-	-	-	-
Newton	1	1	1	-	-	-
West Bromwich Central	6	6	4	3	4	2

Counts		Healthy Living Pharmacy		
Respondents	Base	This pharmacy has achieved HLP status	This pharmacy is working towards HLP status	This pharmacy has no plans to implement HLP status
<b>Total</b>	<b>71</b>	<b>56</b>	<b>12</b>	<b>3</b>
<b>Locality</b>				
Oldbury	12	8	4	-
Rowley Regis	12	12	-	-
Smethwick	15	12	1	2
Tipton	10	5	4	1
Wednesbury	8	7	1	-
West Bromwich	14	12	2	-
<b>Ward</b>				
Bristnall	3	1	2	-
Langley	5	3	2	-
Old Warley	-	-	-	-
Oldbury	4	4	-	-
Blackheath	4	4	-	-
Cradley Heath and Old Hill	6	6	-	-
Rowley	-	-	-	-
Tividale	2	2	-	-
Abbey	4	3	1	-
Smethwick	2	2	-	-
Soho and Victoria	6	5	-	1
St Pauls	3	2	-	1
Great Bridge	5	4	1	-
Princes End	3	-	2	1
Tipton Green	2	1	1	-
Friar Park	1	1	-	-
Wednesbury North	4	4	-	-
Wednesbury South	3	2	1	-
Charlemont with Grove Vale	3	2	1	-
Great Barr with Yew Tree	1	-	1	-
Greets Green and Lyng	3	3	-	-
Hateley Heath	-	-	-	-
Newton	1	1	-	-
West Bromwich Central	6	6	-	-



Counts	Respondents	Services Does the pharmacy dispense appliances?							
		Base	Yes – All types	Yes, excluding stoma appliances, or	Yes, excluding incontinence appliances, or	Yes, excluding stoma and incontinence appliances, or	Yes, just dressings, or	Other	None
	<b>Total</b>	<b>72</b>	<b>58</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>1</b>	<b>3</b>
	<b>Locality</b>								
	Oldbury	13	8	-	-	-	5	-	-
	Rowley Regis	13	10	-	-	1	1	1	-
	Smethwick	14	13	-	-	-	-	-	1
	Tipton	10	8	-	-	-	-	-	2
	Wednesbury	8	6	-	1	-	1	-	-
	West Bromwich	14	13	-	-	-	1	-	-
	<b>Ward</b>								
	Bristnall	4	2	-	-	-	2	-	-
	Langley	5	4	-	-	-	1	-	-
	Old Warley	-	-	-	-	-	-	-	-
	Oldbury	4	2	-	-	-	2	-	-
	Blackheath	4	4	-	-	-	-	-	-
	Cradley Heath and Old Hill	6	4	-	-	1	1	-	-
	Rowley	1	-	-	-	-	-	1	-
	Tividale	2	2	-	-	-	-	-	-
	Abbey	3	3	-	-	-	-	-	-
	Smethwick	2	1	-	-	-	-	-	1
	Soho and Victoria	6	6	-	-	-	-	-	-
	St Pauls	3	3	-	-	-	-	-	-
	Great Bridge	5	4	-	-	-	-	-	1
	Princes End	3	3	-	-	-	-	-	-
	Tipton Green	2	1	-	-	-	-	-	1
	Friar Park	1	1	-	-	-	-	-	-
	Wednesbury North	4	3	-	1	-	-	-	-
	Wednesbury South	3	2	-	-	-	1	-	-
	Charlemont with Grove Vale	3	3	-	-	-	-	-	-
	Great Barr with Yew Tree	1	1	-	-	-	-	-	-
	Greets Green and Lyng	3	3	-	-	-	-	-	-
	Hateley Heath	-	-	-	-	-	-	-	-
	Newton	1	1	-	-	-	-	-	-
	West Bromwich Central	6	5	-	-	-	1	-	-

Counts											
	Respondents	Appliance Use Review service	Community Pharmacist Consultation Service (CPCS)	C-19 LFD distribution	Flu Vaccination Service	Hepatitis C testing service (Until 31st March 2022)	Hypertension case finding	New Medicine Service	Pandemic Delivery Service (Until 31st March 2022)	Stoma Appliance Customisation service	Stop smoking service (from January 2022)
<b>Total</b>	<b>707</b>	<b>69</b>	<b>73</b>	<b>73</b>	<b>73</b>	<b>67</b>	<b>71</b>	<b>73</b>	<b>70</b>	<b>68</b>	<b>70</b>
<b>Locality</b>											
Oldbury	130	13	13	13	13	13	13	13	13	13	13
Rowley Regis	129	12	13	13	13	13	13	13	13	13	13
Smethwick	145	14	15	15	15	13	15	15	15	13	15
Tipton	91	9	10	10	10	8	9	10	9	8	8
Wednesbury	79	8	8	8	8	7	8	8	8	8	8
West Bromwich	133	13	14	14	14	13	13	14	12	13	13
<b>Ward</b>											
Bristnall	40	4	4	4	4	4	4	4	4	4	4
Langley	50	5	5	5	5	5	5	5	5	5	5
Old Warley	-	-	-	-	-	-	-	-	-	-	-
Oldbury	40	4	4	4	4	4	4	4	4	4	4
Blackheath	40	4	4	4	4	4	4	4	4	4	4
Cradley Heath and Old Hill	60	6	6	6	6	6	6	6	6	6	6
Rowley	10	1	1	1	1	1	1	1	1	1	1
Tividale	19	1	2	2	2	2	2	2	2	2	2
Abbey	40	4	4	4	4	4	4	4	4	4	4
Smethwick	17	1	2	2	2	1	2	2	2	1	2
Soho and Victoria	59	6	6	6	6	5	6	6	6	6	6
St Pauls	29	3	3	3	3	3	3	3	3	2	3
Great Bridge	41	4	5	5	5	3	4	5	4	3	3
Princes End	30	3	3	3	3	3	3	3	3	3	3
Tipton Green	20	2	2	2	2	2	2	2	2	2	2
Friar Park	9	1	1	1	1	-	1	1	1	1	1
Wednesbury North	40	4	4	4	4	4	4	4	4	4	4
Wednesbury South	30	3	3	3	3	3	3	3	3	3	3
Charlemont with Grove Vale	30	3	3	3	3	3	3	3	3	3	3
Great Barr with Yew Tree	10	1	1	1	1	1	1	1	1	1	1
Greets Green and Lyng	29	3	3	3	3	3	3	3	2	3	3
Hateley Heath	-	-	-	-	-	-	-	-	-	-	-
Newton	10	1	1	1	1	1	1	1	1	1	1
West Bromwich Central	54	5	6	6	6	5	5	6	5	5	5

		Base	Appliance Use Review service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>69</b>	<b>12</b>	<b>14</b>	<b>43</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>3</b>	<b>2</b>	<b>8</b>
	<b>Rowley Regis</b>	<b>12</b>	<b>-</b>	<b>2</b>	<b>10</b>
	<b>Smethwick</b>	<b>14</b>	<b>5</b>	<b>4</b>	<b>5</b>
	<b>Tipton</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>7</b>
	<b>Wednesbury</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>5</b>
	<b>West Bromwich</b>	<b>13</b>	<b>2</b>	<b>3</b>	<b>8</b>
<b>Ward</b>	<b>Bristnall</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>
	<b>Langley</b>	<b>5</b>	<b>-</b>	<b>1</b>	<b>4</b>
	<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Oldbury</b>	<b>4</b>	<b>2</b>	<b>-</b>	<b>2</b>
	<b>Blackheath</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>3</b>
	<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>6</b>
	<b>Rowley</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Tividale</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>
	<b>Abbey</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>
	<b>Smethwick</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>-</b>
	<b>Soho and Victoria</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>3</b>
	<b>St Pauls</b>	<b>3</b>	<b>2</b>	<b>-</b>	<b>1</b>
	<b>Great Bridge</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>
	<b>Princes End</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>3</b>
	<b>Tipton Green</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>2</b>
	<b>Friar Park</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury North</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>3</b>
	<b>Wednesbury South</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>2</b>
	<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>2</b>
	<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Greets Green and Lyng</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>2</b>
	<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Newton</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>West Bromwich Central</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>2</b>

		Base	Community Pharmacist Consultation Service (CPCS)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>70</b>	<b>2</b>	<b>1</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>12</b>	-	<b>1</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	-	-
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b>	-
	<b>Tipton</b>	<b>10</b>	<b>10</b>	-	-
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	-	-
	<b>West Bromwich</b>	<b>14</b>	<b>13</b>	<b>1</b>	-
<b>Ward</b>	<b>Bristnall</b>	4	3	-	1
	<b>Langley</b>	5	5	-	-
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	4	-	-
	<b>Blackheath</b>	4	4	-	-
	<b>Cradley Heath and Old Hill</b>	6	6	-	-
	<b>Rowley</b>	1	1	-	-
	<b>Tividale</b>	2	2	-	-
	<b>Abbey</b>	4	4	-	-
	<b>Smethwick</b>	2	1	1	-
	<b>Soho and Victoria</b>	6	6	-	-
	<b>St Pauls</b>	3	3	-	-
	<b>Great Bridge</b>	5	5	-	-
	<b>Princes End</b>	3	3	-	-
	<b>Tipton Green</b>	2	2	-	-
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	4	-	-
	<b>Wednesbury South</b>	3	3	-	-
	<b>Charlemont with Grove</b>				
	<b>Vale</b>	3	3	-	-
	<b>Great Barr with Yew Tree</b>	1	1	-	-
	<b>Greets Green and Lyng</b>	3	3	-	-
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	1	-	-
	<b>West Bromwich Central</b>	6	5	1	-

		Base	C-19 LFD distribution		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>72</b>	<b>1</b>	<b>-</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>13</b>	<b>-</b>	<b>-</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	<b>-</b>	<b>-</b>
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b>	<b>-</b>
	<b>Tipton</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	<b>-</b>	<b>-</b>
	<b>West Bromwich</b>	<b>14</b>	<b>14</b>	<b>-</b>	<b>-</b>
<b>Ward</b>	<b>Bristnall</b>	4	4	-	-
	<b>Langley</b>	5	5	-	-
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	4	-	-
	<b>Blackheath</b>	4	4	-	-
	<b>Cradley Heath and Old Hill</b>	6	6	-	-
	<b>Rowley</b>	1	1	-	-
	<b>Tividale</b>	2	2	-	-
	<b>Abbey</b>	4	4	-	-
	<b>Smethwick</b>	2	1	1	-
	<b>Soho and Victoria</b>	6	6	-	-
	<b>St Pauls</b>	3	3	-	-
	<b>Great Bridge</b>	5	5	-	-
	<b>Princes End</b>	3	3	-	-
	<b>Tipton Green</b>	2	2	-	-
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	4	-	-
	<b>Wednesbury South</b>	3	3	-	-
	<b>Charlemont with Grove Vale</b>	3	3	-	-
	<b>Great Barr with Yew Tree</b>	1	1	-	-
	<b>Greets Green and Lyng</b>	3	3	-	-
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	1	-	-
	<b>West Bromwich Central</b>	6	6	-	-

		Base	Flu Vaccination Service		
			Intending to begin within next 12 months	No - not intending to provide	
		Yes			
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>67</b>	<b>3</b>	<b>3</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>12</b> -		<b>1</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>12</b> -		<b>1</b>
	<b>Smethwick</b>	<b>15</b>	<b>14</b>	<b>1</b> -	
	<b>Tipton</b>	<b>10</b>	<b>8</b>	<b>2</b> -	
	<b>Wednesbury</b>	<b>8</b>	<b>7</b> -		<b>1</b>
	<b>West Bromwich</b>	<b>14</b>	<b>14</b> -		
<b>Ward</b>	<b>Bristnall</b>	4	3 -		1
	<b>Langley</b>	5	5 -		
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	4 -		
	<b>Blackheath</b>	4	4 -		
	<b>Cradley Heath and Old Hill</b>	6	6 -		
	<b>Rowley</b>	1	-	-	1
	<b>Tividale</b>	2	2 -		
	<b>Abbey</b>	4	4 -		
	<b>Smethwick</b>	2	2 -		
	<b>Soho and Victoria</b>	6	6 -		
	<b>St Pauls</b>	3	2	1 -	
	<b>Great Bridge</b>	5	5 -		
	<b>Princes End</b>	3	2	1 -	
	<b>Tipton Green</b>	2	1	1 -	
	<b>Friar Park</b>	1	1 -		
	<b>Wednesbury North</b>	4	3 -		1
	<b>Wednesbury South</b>	3	3 -		
	<b>Charlemont with Grove Vale</b>	3	3 -		
	<b>Great Barr with Yew Tree</b>	1	1 -		
	<b>Greets Green and Lyng</b>	3	3 -		
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	1 -		
	<b>West Bromwich Central</b>	6	6 -		

		Base	Hepatitis C testing service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>67</b>	<b>7</b>	<b>15</b>	<b>45</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>-</b>	<b>1</b>	<b>12</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>1</b>	<b>3</b>	<b>9</b>
	<b>Smethwick</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>
	<b>Tipton</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>
	<b>Wednesbury</b>	<b>7</b>	<b>-</b>	<b>2</b>	<b>5</b>
	<b>West Bromwich</b>	<b>13</b>	<b>3</b>	<b>1</b>	<b>9</b>
<b>Ward</b>	<b>Bristnall</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>3</b>
	<b>Langley</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>5</b>
	<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Oldbury</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>4</b>
	<b>Blackheath</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>3</b>
	<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>-</b>	<b>1</b>	<b>5</b>
	<b>Rowley</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Tividale</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>-</b>
	<b>Abbey</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>
	<b>Smethwick</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Soho and Victoria</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>5</b>
	<b>St Pauls</b>	<b>3</b>	<b>-</b>	<b>2</b>	<b>1</b>
	<b>Great Bridge</b>	<b>3</b>	<b>-</b>	<b>2</b>	<b>1</b>
	<b>Princes End</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>
	<b>Tipton Green</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>-</b>
	<b>Friar Park</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury North</b>	<b>4</b>	<b>-</b>	<b>1</b>	<b>3</b>
	<b>Wednesbury South</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>2</b>
	<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>3</b>
	<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Greets Green and Lyng</b>	<b>3</b>	<b>2</b>	<b>-</b>	<b>1</b>
	<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Newton</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>West Bromwich Central</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>3</b>

		Base	Hypertension case finding		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>71</b>	<b>31</b>	<b>27</b>	<b>13</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>3</b>	<b>5</b>	<b>5</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>5</b>	<b>4</b>	<b>4</b>
	<b>Smethwick</b>	<b>15</b>	<b>7</b>	<b>6</b>	<b>2</b>
	<b>Tipton</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>-</b>
	<b>Wednesbury</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>-</b>
	<b>West Bromwich</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>2</b>
<b>Ward</b>	<b>Bristnall</b>	4	1	-	3
	<b>Langley</b>	5	1	2	2
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	1	3	-
	<b>Blackheath</b>	4	2	-	2
	<b>Cradley Heath and Old Hill</b>	6	1	3	2
	<b>Rowley</b>	1	1	-	-
	<b>Tividale</b>	2	1	1	-
	<b>Abbey</b>	4	2	1	1
	<b>Smethwick</b>	2	-	2	-
	<b>Soho and Victoria</b>	6	2	3	1
	<b>St Pauls</b>	3	3	-	-
	<b>Great Bridge</b>	4	3	1	-
	<b>Princes End</b>	3	2	1	-
	<b>Tipton Green</b>	2	1	1	-
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	1	3	-
	<b>Wednesbury South</b>	3	2	1	-
	<b>Charlemont with Grove Vale</b>	3	1	2	-
	<b>Great Barr with Yew Tree</b>	1	-	1	-
	<b>Greets Green and Lyng</b>	3	2	-	1
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	1	-	-
	<b>West Bromwich Central</b>	5	2	2	1



		Base	New Medicine Service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>73</b>	<b>73</b>	-	-
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>13</b>	-	-
	<b>Rowley Regis</b>	<b>13</b>	<b>13</b>	-	-
	<b>Smethwick</b>	<b>15</b>	<b>15</b>	-	-
	<b>Tipton</b>	<b>10</b>	<b>10</b>	-	-
	<b>Wednesbury</b>	<b>8</b>	<b>8</b>	-	-
	<b>West Bromwich</b>	<b>14</b>	<b>14</b>	-	-
<b>Ward</b>	<b>Bristnall</b>	4	4	-	-
	<b>Langley</b>	5	5	-	-
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	4	-	-
	<b>Blackheath</b>	4	4	-	-
	<b>Cradley Heath and Old Hill</b>	6	6	-	-
	<b>Rowley</b>	1	1	-	-
	<b>Tividale</b>	2	2	-	-
	<b>Abbey</b>	4	4	-	-
	<b>Smethwick</b>	2	2	-	-
	<b>Soho and Victoria</b>	6	6	-	-
	<b>St Pauls</b>	3	3	-	-
	<b>Great Bridge</b>	5	5	-	-
	<b>Princes End</b>	3	3	-	-
	<b>Tipton Green</b>	2	2	-	-
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	4	-	-
	<b>Wednesbury South</b>	3	3	-	-
	<b>Charlemont with Grove Vale</b>	3	3	-	-
	<b>Great Barr with Yew Tree</b>	1	1	-	-
	<b>Greets Green and Lyng</b>	3	3	-	-
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	1	-	-
<b>West Bromwich Central</b>	6	6	-	-	

		Base	Pandemic Delivery Service (Until 31st March 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>70</b>	<b>52</b>	<b>3</b>	<b>15</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>9</b>	<b>-</b>	<b>4</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>9</b>	<b>1</b>	<b>3</b>
	<b>Smethwick</b>	<b>15</b>	<b>12</b>	<b>-</b>	<b>3</b>
	<b>Tipton</b>	<b>9</b>	<b>6</b>	<b>2</b>	<b>1</b>
	<b>Wednesbury</b>	<b>8</b>	<b>5</b>	<b>-</b>	<b>3</b>
	<b>West Bromwich</b>	<b>12</b>	<b>11</b>	<b>-</b>	<b>1</b>
<b>Ward</b>	<b>Bristnall</b>	<b>4</b>	<b>3</b>	<b>-</b>	<b>1</b>
	<b>Langley</b>	<b>5</b>	<b>4</b>	<b>-</b>	<b>1</b>
	<b>Old Warley</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Oldbury</b>	<b>4</b>	<b>2</b>	<b>-</b>	<b>2</b>
	<b>Blackheath</b>	<b>4</b>	<b>3</b>	<b>-</b>	<b>1</b>
	<b>Cradley Heath and Old Hill</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>1</b>
	<b>Rowley</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
	<b>Tividale</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>-</b>
	<b>Abbey</b>	<b>4</b>	<b>4</b>	<b>-</b>	<b>-</b>
	<b>Smethwick</b>	<b>2</b>	<b>1</b>	<b>-</b>	<b>1</b>
	<b>Soho and Victoria</b>	<b>6</b>	<b>4</b>	<b>-</b>	<b>2</b>
	<b>St Pauls</b>	<b>3</b>	<b>3</b>	<b>-</b>	<b>-</b>
	<b>Great Bridge</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>-</b>
	<b>Princes End</b>	<b>3</b>	<b>2</b>	<b>-</b>	<b>1</b>
	<b>Tipton Green</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>-</b>
	<b>Friar Park</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
	<b>Wednesbury North</b>	<b>4</b>	<b>3</b>	<b>-</b>	<b>1</b>
	<b>Wednesbury South</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>2</b>
	<b>Charlemont with Grove Vale</b>	<b>3</b>	<b>3</b>	<b>-</b>	<b>-</b>
	<b>Great Barr with Yew Tree</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>
	<b>Greets Green and Lyng</b>	<b>2</b>	<b>2</b>	<b>-</b>	<b>-</b>
	<b>Hateley Heath</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>Newton</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>1</b>
<b>West Bromwich Central</b>	<b>5</b>	<b>5</b>	<b>-</b>	<b>-</b>	

		Base	Stoma Appliance Customisation service		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>68</b>	<b>11</b>	<b>9</b>	<b>48</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>2</b>	<b>1</b>	<b>10</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>11</b>
	<b>Smethwick</b>	<b>13</b>	<b>3</b>	<b>3</b>	<b>7</b>
	<b>Tipton</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>6</b>
	<b>Wednesbury</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>4</b>
	<b>West Bromwich</b>	<b>13</b>	<b>1</b>	<b>2</b>	<b>10</b>
<b>Ward</b>	<b>Bristnall</b>	4	2	-	2
	<b>Langley</b>	5	-	1	4
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	-	-	4
	<b>Blackheath</b>	4	-	1	3
	<b>Cradley Heath and Old Hill</b>	6	-	-	6
	<b>Rowley</b>	1	-	-	1
	<b>Tividale</b>	2	1	-	1
	<b>Abbey</b>	4	-	2	2
	<b>Smethwick</b>	1	-	-	1
	<b>Soho and Victoria</b>	6	2	1	3
	<b>St Pauls</b>	2	1	-	1
	<b>Great Bridge</b>	3	-	1	2
	<b>Princes End</b>	3	1	-	2
	<b>Tipton Green</b>	2	-	-	2
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	2	-	2
	<b>Wednesbury South</b>	3	-	1	2
	<b>Charlemont with Grove</b>				
	<b>Vale</b>	3	-	-	3
	<b>Great Barr with Yew Tree</b>	1	-	-	1
	<b>Greets Green and Lyng</b>	3	-	1	2
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	-	-	1
<b>West Bromwich Central</b>	5	1	1	3	

		Base	Stop smoking service (from January 2022)		
			Yes	Intending to begin within next 12 months	No - not intending to provide
<b>Total</b>	<b>Sandwell</b>	<b>70</b>	<b>10</b>	<b>30</b>	<b>30</b>
<b>Locality</b>	<b>Oldbury</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>
	<b>Rowley Regis</b>	<b>13</b>	<b>4</b>	<b>4</b>	<b>5</b>
	<b>Smethwick</b>	<b>15</b>	<b>1</b>	<b>10</b>	<b>4</b>
	<b>Tipton</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>
	<b>Wednesbury</b>	<b>8</b>	<b>1</b>	<b>4</b>	<b>3</b>
	<b>West Bromwich</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>8</b>
<b>Ward</b>	<b>Bristnall</b>	4	1	1	2
	<b>Langley</b>	5	-	3	2
	<b>Old Warley</b>	-	-	-	-
	<b>Oldbury</b>	4	-	-	4
	<b>Blackheath</b>	4	2	-	2
	<b>Cradley Heath and Old Hill</b>	6	2	2	2
	<b>Rowley</b>	1	-	-	1
	<b>Tividale</b>	2	-	2	-
	<b>Abbey</b>	4	1	3	-
	<b>Smethwick</b>	2	-	2	-
	<b>Soho and Victoria</b>	6	-	3	3
	<b>St Pauls</b>	3	-	2	1
	<b>Great Bridge</b>	3	-	3	-
	<b>Princes End</b>	3	1	1	1
	<b>Tipton Green</b>	2	1	-	1
	<b>Friar Park</b>	1	1	-	-
	<b>Wednesbury North</b>	4	-	2	2
	<b>Wednesbury South</b>	3	-	2	1
	<b>Charlemont with Grove</b>				
	<b>Vale</b>	3	1	-	2
	<b>Great Barr with Yew Tree</b>	1	-	-	1
	<b>Greets Green and Lyng</b>	3	-	1	2
	<b>Hateley Heath</b>	-	-	-	-
	<b>Newton</b>	1	-	-	1
	<b>West Bromwich Central</b>	5	-	3	2

	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
<b>Anticoagulant Monitoring Service</b>	<b>70</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>46</b>	<b>19</b>	<b>3</b>
<b>Anti-viral Distribution Service</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>48</b>	<b>16</b>	<b>3</b>
<b>Care Home Service</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>38</b>	<b>24</b>	<b>3</b>
<b>Chlamydia Testing Service</b>	<b>70</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>55</b>	<b>10</b>	<b>4</b>
<b>Chlamydia Treatment Service</b>	<b>69</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>55</b>	<b>9</b>	<b>4</b>
<b>Contraceptive service (not EC)</b>	<b>16</b>	<b>16</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Disease Specific Medicines Management Service:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Allergies</b>	<b>69</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>17</b>	<b>3</b>
<b>Alzheimer's/dementia</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>17</b>	<b>1</b>
<b>Asthma</b>	<b>70</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>55</b>	<b>10</b>	<b>2</b>
<b>CHD</b>	<b>68</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>52</b>	<b>12</b>	<b>2</b>
<b>COPD</b>	<b>68</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>54</b>	<b>10</b>	<b>2</b>
<b>Depression</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>49</b>	<b>14</b>	<b>2</b>
<b>Diabetes type I</b>	<b>68</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>50</b>	<b>12</b>	<b>3</b>

<b>Diabetes type II</b>	<b>67</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>50</b>	<b>11</b>	<b>3</b>
<b>Epilepsy</b>	<b>66</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>15</b>	<b>2</b>
<b>Heart Failure</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>50</b>	<b>13</b>	<b>2</b>
<b>Hypertension</b>	<b>70</b>	<b>16</b>	<b>-</b>	<b>-</b>	<b>45</b>	<b>8</b>	<b>1</b>
<b>Parkinson's disease</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>15</b>	<b>3</b>
<b>Palliative care service</b>	<b>65</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>46</b>	<b>12</b>	<b>2</b>
<b>Emergency Contraception Service</b>	<b>69</b>	<b>14</b>	<b>3</b>	<b>8</b>	<b>32</b>	<b>4</b>	<b>8</b>
<b>Emergency Supply Service</b>	<b>71</b>	<b>28</b>	<b>3</b>	<b>-</b>	<b>30</b>	<b>4</b>	<b>6</b>
<b>Gluten Free Food Supply Service (i.e. not via FP10)</b>	<b>67</b>	<b>5</b>	<b>1</b>	<b>-</b>	<b>41</b>	<b>16</b>	<b>4</b>
<b>Home Delivery Service (not appliances)</b>	<b>68</b>	<b>17</b>	<b>-</b>	<b>2</b>	<b>25</b>	<b>11</b>	<b>13</b>
<b>Independent Prescribing Service</b>	<b>67</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>39</b>	<b>19</b>	<b>7</b>
<b>Language Access Service</b>	<b>66</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>37</b>	<b>25</b>	<b>2</b>
<b>Medication Review Service</b>	<b>70</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>49</b>	<b>8</b>	<b>2</b>
<b>Medicines Assessment and Compliance Support Service</b>	<b>65</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>48</b>	<b>11</b>	<b>1</b>
<b>Minor Ailment Scheme</b>	<b>71</b>	<b>32</b>	<b>12</b>	<b>5</b>	<b>16</b>	<b>5</b>	<b>1</b>

<b>Medicines Optimisation Service</b>	<b>68</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>51</b>	<b>12</b>	<b>2</b>
<b>Needle and Syringe Exchange Service</b>	<b>69</b>	<b>14</b>	<b>-</b>	<b>2</b>	<b>28</b>	<b>25</b>	<b>-</b>
<b>Distribution of naloxone</b>	<b>67</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>42</b>	<b>21</b>	<b>1</b>
<b>Obesity management (adults and children)</b>	<b>70</b>	<b>5</b>	<b>-</b>	<b>1</b>	<b>47</b>	<b>13</b>	<b>4</b>
<b>Not Dispensed Scheme</b>	<b>66</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>45</b>	<b>17</b>	<b>1</b>
<b>On Demand Availability of Specialist Drugs Service</b>	<b>65</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>41</b>	<b>19</b>	<b>1</b>
<b>Out of Hours Services</b>	<b>67</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>37</b>	<b>26</b>	<b>1</b>
<b>Phlebotomy Service</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>38</b>	<b>27</b>	<b>2</b>
<b>Prescriber Support Service</b>	<b>66</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>43</b>	<b>20</b>	<b>2</b>
<b>Schools Service</b>	<b>66</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>41</b>	<b>22</b>	<b>2</b>
<b>Screening Service</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Alcohol</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>18</b>	<b>2</b>
<b>Cholesterol</b>	<b>68</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>51</b>	<b>11</b>	<b>2</b>
<b>Diabetes</b>	<b>68</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>52</b>	<b>10</b>	<b>2</b>
<b>Gonorrhoea</b>	<b>66</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>46</b>	<b>17</b>	<b>2</b>
<b>H. pylori</b>	<b>66</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>15</b>	<b>3</b>
<b>HbA1C</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>50</b>	<b>14</b>	<b>3</b>
<b>Hepatitis</b>	<b>67</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>43</b>	<b>18</b>	<b>3</b>
<b>HIV</b>	<b>65</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>39</b>	<b>23</b>	<b>2</b>

<b>Seasonal Influenza Vaccination Service</b>	<b>66</b>	<b>51</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>-</b>
<b>Childhood vaccinations</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>44</b>	<b>22</b>	<b>1</b>
<b>COVID-19 vaccinations</b>	<b>70</b>	<b>23</b>	<b>-</b>	<b>1</b>	<b>30</b>	<b>15</b>	<b>1</b>
<b>Hepatitis (at risk workers or patients) vaccinations</b>	<b>68</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>43</b>	<b>19</b>	<b>3</b>
<b>HPV vaccinations</b>	<b>69</b>	<b>2</b>	<b>1</b>	<b>-</b>	<b>47</b>	<b>16</b>	<b>3</b>
<b>Meningococcal vaccinations</b>	<b>71</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>49</b>	<b>14</b>	<b>5</b>
<b>Pneumococcal vaccinations</b>	<b>71</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>10</b>	<b>8</b>
<b>Travel vaccinations</b>	<b>71</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>41</b>	<b>15</b>	<b>12</b>
<b>Sharps Disposal Service</b>	<b>67</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>42</b>	<b>19</b>	<b>1</b>
<b>Stop Smoking Service</b>	<b>70</b>	<b>5</b>	<b>-</b>	<b>2</b>	<b>54</b>	<b>8</b>	<b>1</b>
<b>Supervised Administration Service</b>	<b>69</b>	<b>23</b>	<b>4</b>	<b>9</b>	<b>19</b>	<b>12</b>	<b>2</b>
<b>Vascular Risk Assessment Service (NHS Health Check)</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>18</b>	<b>2</b>





Counts						
	Respondents	Emergency Contraception Service	Emergency Supply Service	Gluten Free Food Supply Service (i.e. not via FP10)	Home Delivery Service (not appliances)	Independent Prescribing Service
<b>Total</b>	<b>342</b>	<b>69</b>	<b>71</b>	<b>67</b>	<b>68</b>	<b>67</b>
<b>Locality</b>						
Oldbury	65	13	13	13	13	13
Rowley Regis	57	11	12	11	12	11
Smethwick	70	14	15	14	14	13
Tipton	48	10	10	9	9	10
Wednesbury	40	8	8	8	8	8
West Bromwich	62	13	13	12	12	12
<b>Ward</b>						
Bristnall	20	4	4	4	4	4
Langley	25	5	5	5	5	5
Old Warley	-	-	-	-	-	-
Oldbury	20	4	4	4	4	4
Blackheath	20	4	4	4	4	4
Cradley Heath and Old Hill	30	6	6	6	6	6
Rowley	2	-	1	-	1	-
Tividale	5	1	1	1	1	1
Abbey	17	4	4	3	3	3
Smethwick	8	1	2	2	2	1
Soho and Victoria	30	6	6	6	6	6
St Pauls	15	3	3	3	3	3
Great Bridge	23	5	5	4	4	5
Princes End	15	3	3	3	3	3
Tipton Green	10	2	2	2	2	2
Friar Park	5	1	1	1	1	1
Wednesbury North	20	4	4	4	4	4
Wednesbury South	15	3	3	3	3	3
Charlemont with Grove Vale	9	2	2	2	1	2
Great Barr with Yew Tree	5	1	1	1	1	1
Greets Green and Lyng	15	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-
Newton	5	1	1	1	1	1
West Bromwich Central	28	6	6	5	6	5

Counts						
				Medicines Assessment and Compliance Support Service	Minor Ailment Scheme	Medicines Optimisation Service
Respondents	Base	Language Access Service	Medication Review Service			
<b>Total</b>	<b>340</b>	<b>66</b>	<b>70</b>	<b>65</b>	<b>711</b>	<b>68</b>
<b>Locality</b>						
Oldbury	62	12	13	12	12	13
Rowley Regis	61	12	12	12	13	12
Smethwick	68	13	14	13	15	13
Tipton	45	8	10	8	10	9
Wednesbury	39	8	8	7	8	8
West Bromwich	65	13	13	13	13	13
<b>Ward</b>						
Bristnall	19	4	4	3	4	4
Langley	23	4	5	5	4	5
Old Warley	-	-	-	-	-	-
Oldbury	20	4	4	4	4	4
Blackheath	20	4	4	4	4	4
Cradley Heath and Old Hill	30	6	6	6	6	6
Rowley	1	-	-	-	1	-
Tividale	10	2	2	2	2	2
Abbey	16	3	3	3	4	3
Smethwick	8	1	2	2	2	1
Soho and Victoria	29	6	6	5	6	6
St Pauls	15	3	3	3	3	3
Great Bridge	20	3	5	3	5	4
Princes End	15	3	3	3	3	3
Tipton Green	10	2	2	2	2	2
Friar Park	5	1	1	1	1	1
Wednesbury North	19	4	4	3	4	4
Wednesbury South	15	3	3	3	3	3
Charlemont with Grove Vale	15	3	3	3	3	3
Great Barr with Yew Tree	5	1	1	1	1	1
Greets Green and Lyng	15	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-
Newton	5	1	1	1	1	1
West Bromwich Central	25	5	5	5	5	5

Counts Respondents	Base	Needle and Syringe Exchange Service	Distribution of naloxone	Obesity management (adults and children)	Not Dispensed Scheme	On Demand Availability of Specialist Drugs Service	Out of Hours Services
		69	67	70	66	65	67
<b>Total</b>	<b>404</b>	<b>69</b>	<b>67</b>	<b>70</b>	<b>66</b>	<b>65</b>	<b>67</b>
<b>Locality</b>							
Oldbury	75	13	13	13	12	11	13
Rowley Regis	68	12	12	12	10	11	11
Smethwick	80	14	12	14	13	13	14
Tipton	55	9	9	10	10	9	8
Wednesbury	48	8	8	8	8	8	8
West Bromwich	78	13	13	13	13	13	13
<b>Ward</b>							
Bristnall	23	4	4	4	4	3	4
Langley	28	5	5	5	4	4	5
Old Warley	-	-	-	-	-	-	-
Oldbury	24	4	4	4	4	4	4
Blackheath	24	4	4	4	4	4	4
Cradley Heath and Old Hill	35	6	6	6	5	6	6
Rowley	-	-	-	-	-	-	-
Tividale	9	2	2	2	1	1	1
Abbey	22	4	3	4	4	3	4
Smethwick	4	1	-	1	-	1	1
Soho and Victoria	36	6	6	6	6	6	6
St Pauls	18	3	3	3	3	3	3
Great Bridge	25	4	4	5	5	4	3
Princes End	18	3	3	3	3	3	3
Tipton Green	12	2	2	2	2	2	2
Friar Park	6	1	1	1	1	1	1
Wednesbury North	24	4	4	4	4	4	4
Wednesbury South	18	3	3	3	3	3	3
Charlemont with Grove Vale	18	3	3	3	3	3	3
Great Barr with Yew Tree	6	1	1	1	1	1	1
Greets Green and Lyng	18	3	3	3	3	3	3
Hateley Heath	-	-	-	-	-	-	-
Newton	6	1	1	1	1	1	1
West Bromwich Central	30	5	5	5	5	5	5



Counts	Seasonal Influenza Vaccination Service						
	Respondents	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
<b>Total</b>	66	51	1	2	7	5	-
<b>Locality</b>							
Oldbury	12	9	1	-	1	1	-
Rowley Regis	11	8	-	-	2	1	-
Smethwick	14	12	-	1	1	-	-
Tipton	8	5	-	-	1	2	-
Wednesbury	8	6	-	1	-	1	-
West Bromwich	13	11	-	-	2	-	-
<b>Ward</b>							
Bristnall	3	2	-	-	-	1	-
Langley	5	5	-	-	-	-	-
Old Warley	-	-	-	-	-	-	-
Oldbury	4	2	1	-	1	-	-
Blackheath	4	3	-	-	-	1	-
Cradley Heath and Old Hill	5	3	-	-	2	-	-
Rowley	-	-	-	-	-	-	-
Tivdale	2	2	-	-	-	-	-
Abbey	3	3	-	-	-	-	-
Smethwick	2	2	-	-	-	-	-
Soho and Victoria	6	5	-	1	-	-	-
St Pauls	3	2	-	-	1	-	-
Great Bridge	5	4	-	-	1	-	-
Princes End	1	-	-	-	-	1	-
Tipton Green	2	1	-	-	-	1	-
Friar Park	1	1	-	-	-	-	-
Wednesbury North	4	3	-	-	-	1	-
Wednesbury South	3	2	-	1	-	-	-
Charlemont with Grove Vale	2	1	-	-	1	-	-
Great Barr with Yew Tree	1	1	-	-	-	-	-
Greets Green and Lyng	3	3	-	-	-	-	-
Hateley Heath	-	-	-	-	-	-	-
Newton	1	1	-	-	-	-	-
West Bromwich Central	6	5	-	-	1	-	-

Counts Respondents										
	Base	Childhood vaccinations	COVID-19 vaccinations	Hepatitis (at risk workers or patients) vaccinations	HPV vaccinations	Meningococcal vaccinations	Pneumococcal vaccinations	Travel vaccinations		
<b>Total</b>	<b>488</b>	<b>68</b>	<b>70</b>	<b>68</b>	<b>69</b>	<b>71</b>	<b>71</b>	<b>71</b>		
<b>Locality</b>										
Oldbury	91	13	13	13	13	13	13	13		
Rowley Regis	79	10	12	10	11	12	12	12		
Smethwick	105	15	15	15	15	15	15	15		
Tipton	66	9	9	9	9	10	10	10		
Wednesbury	56	8	8	8	8	8	8	8		
West Bromwich	91	13	13	13	13	13	13	13		
<b>Ward</b>										
Bristnall	28	4	4	4	4	4	4	4		
Langley	35	5	5	5	5	5	5	5		
Old Warley	-	-	-	-	-	-	-	-		
Oldbury	28	4	4	4	4	4	4	4		
Blackheath	28	4	4	4	4	4	4	4		
Cradley Heath and Old Hill	42	6	6	6	6	6	6	6		
Rowley	-	-	-	-	-	-	-	-		
Tividale	9	-	2	-	1	2	2	2		
Abbey	28	4	4	4	4	4	4	4		
Smethwick	14	2	2	2	2	2	2	2		
Soho and Victoria	42	6	6	6	6	6	6	6		
St Pauls	21	3	3	3	3	3	3	3		
Great Bridge	31	4	4	4	4	5	5	5		
Princes End	21	3	3	3	3	3	3	3		
Tipton Green	14	2	2	2	2	2	2	2		
Friar Park	7	1	1	1	1	1	1	1		
Wednesbury North	28	4	4	4	4	4	4	4		
Wednesbury South	21	3	3	3	3	3	3	3		
Charlemont with Grove Vale	21	3	3	3	3	3	3	3		
Great Barr with Yew Tree	7	1	1	1	1	1	1	1		
Greets Green and Lyng	21	3	3	3	3	3	3	3		
Hateley Heath	-	-	-	-	-	-	-	-		
Newton	7	1	1	1	1	1	1	1		
West Bromwich Central	35	5	5	5	5	5	5	5		

Counts				
Respondents	Base	Sharps Disposal Service	Stop Smoking Service	Supervised Administration Service
<b>Total</b>	<b>206</b>	<b>67</b>	<b>70</b>	<b>69</b>
<b>Locality</b>				
Oldbury	39	13	13	13
Rowley Regis	35	11	12	12
Smethwick	42	14	15	13
Tipton	28	9	9	10
Wednesbury	24	8	8	8
West Bromwich	38	12	13	13
<b>Ward</b>				
Bristnall	12	4	4	4
Langley	15	5	5	5
Old Warley	-	-	-	-
Oldbury	12	4	4	4
Blackheath	12	4	4	4
Cradley Heath and Old Hill	18	6	6	6
Rowley	-	-	-	-
Tividale	5	1	2	2
Abbey	11	3	4	4
Smethwick	5	2	2	1
Soho and Victoria	17	6	6	5
St Pauls	9	3	3	3
Great Bridge	13	4	4	5
Princes End	9	3	3	3
Tipton Green	6	2	2	2
Friar Park	3	1	1	1
Wednesbury North	12	4	4	4
Wednesbury South	9	3	3	3
Charlemont with Grove Vale	8	2	3	3
Great Barr with Yew Tree	3	1	1	1
Greets Green and Lyng	9	3	3	3
Hateley Heath	-	-	-	-
Newton	3	1	1	1
West Bromwich Central	15	5	5	5



Counts	Vascular Risk Assessment Service (NHS Health Check)							
	Respondents	Base	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
<b>Total</b>	<b>68</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>47</b>	<b>18</b>	<b>2</b>
<b>Locality</b>								
Oldbury	13	-	-	-	-	11	2	-
Rowley Regis	11	-	-	-	-	8	3	-
Smethwick	14	1	-	-	-	7	5	1
Tipton	9	-	-	-	-	5	3	1
Wednesbury	8	-	-	-	-	5	3	-
West Bromwich	13	-	-	-	-	11	2	-
<b>Ward</b>								
Bristnall	4	-	-	-	-	3	1	-
Langley	5	-	-	-	-	5	-	-
Old Warley	-	-	-	-	-	-	-	-
Oldbury	4	-	-	-	-	3	1	-
Blackheath	4	-	-	-	-	2	2	-
Cradley Heath and Old Hill	6	-	-	-	-	6	-	-
Rowley	-	-	-	-	-	-	-	-
Tividale	1	-	-	-	-	-	1	-
Abbey	4	1	-	-	-	2	1	-
Smethwick	1	-	-	-	-	-	-	1
Soho and Victoria	6	-	-	-	-	3	3	-
St Pauls	3	-	-	-	-	2	1	-
Great Bridge	4	-	-	-	-	2	1	1
Princes End	3	-	-	-	-	2	1	-
Tipton Green	2	-	-	-	-	1	1	-
Friar Park	1	-	-	-	-	1	-	-
Wednesbury North	4	-	-	-	-	2	2	-
Wednesbury South	3	-	-	-	-	2	1	-
Charlemont with Grove Vale	3	-	-	-	-	2	1	-
Great Barr with Yew Tree	1	-	-	-	-	1	-	-
Greets Green and Lyng	3	-	-	-	-	3	-	-
Hateley Heath	-	-	-	-	-	-	-	-
Newton	1	-	-	-	-	1	-	-
West Bromwich Central	5	-	-	-	-	4	1	-

Counts	Respondents	Base	Collection of prescriptions from GP practices - with charge	Collection of prescriptions from GP practices – Free of charge on request	We deliver prescriptions to all patients
<b>Total</b>		<b>209</b>	<b>69</b>	<b>71</b>	<b>69</b>
<b>Locality</b>					
	Oldbury	37	12	12	13
	Rowley Regis	35	12	12	11
	Smethwick	42	13	15	14
	Tipton	30	10	10	10
	Wednesbury	24	8	8	8
	West Bromwich	41	14	14	13
<b>Ward</b>					
	Bristnall	11	4	3	4
	Langley	15	5	5	5
	Old Warley	-	-	-	-
	Oldbury	11	3	4	4
	Blackheath	10	4	4	2
	Cradley Heath and Old Hill	18	6	6	6
	Rowley	3	1	1	1
	Tividale	4	1	1	2
	Abbey	12	4	4	4
	Smethwick	4	1	2	1
	Soho and Victoria	18	6	6	6
	St Pauls	8	2	3	3
	Great Bridge	15	5	5	5
	Princes End	9	3	3	3
	Tipton Green	6	2	2	2
	Friar Park	3	1	1	1
	Wednesbury North	12	4	4	4
	Wednesbury South	9	3	3	3
	Charlemont with Grove Vale	9	3	3	3
	Great Barr with Yew Tree	3	1	1	1
	Greets Green and Lyng	8	3	3	2
	Hateley Heath	-	-	-	-
	Newton	3	1	1	1
	West Bromwich Central	18	6	6	6

Counts	Respondents	Base	Delivery of dispensed medicines – Free of charge on request	Delivery of dispensed medicines – With charge	Monitored Dosage Systems – Free of charge on request	Monitored Dosage Systems – With charge
	<b>Total</b>	<b>267</b>	<b>71</b>	<b>63</b>	<b>71</b>	<b>62</b>
	<b>Locality</b>					
	Oldbury	48	12	12	12	12
	Rowley Regis	44	12	10	13	9
	Smethwick	52	15	11	14	12
	Tipton	37	10	9	10	8
	Wednesbury	32	8	8	8	8
	West Bromwich	54	14	13	14	13
	<b>Ward</b>					
	Bristnall	14	4	3	4	3
	Langley	20	5	5	5	5
	Old Warley	-	-	-	-	-
	Oldbury	14	3	4	3	4
	Blackheath	14	3	4	4	3
	Cradley Heath and Old Hill	22	6	5	6	5
	Rowley	4	1	1	1	1
	Tividale	4	2	-	2	-
	Abbey	16	4	4	4	4
	Smethwick	6	2	1	2	1
	Soho and Victoria	19	6	4	5	4
	St Pauls	11	3	2	3	3
	Great Bridge	20	5	5	5	5
	Princes End	10	3	2	3	2
	Tipton Green	7	2	2	2	1
	Friar Park	4	1	1	1	1
	Wednesbury North	16	4	4	4	4
	Wednesbury South	12	3	3	3	3
	Charlemont with Grove Vale	12	3	3	3	3
	Great Barr with Yew Tree	4	1	1	1	1
	Greets Green and Lyng	12	3	3	3	3
	Hateley Heath	-	-	-	-	-
	Newton	4	1	1	1	1
	West Bromwich Central	22	6	5	6	5

Counts	Base	Is there a particular need for a locally commissioned service in your area?	
		Yes	No
<b>Respondents</b>			
<b>Total</b>	<b>71</b>	<b>26</b>	<b>45</b>
<b>Locality</b>			
Oldbury	13	3	10
Rowley Regis	13	8	5
Smethwick	14	4	10
Tipton	10	4	6
Wednesbury	8	4	4
West Bromwich	13	3	10
<b>Ward</b>			
Bristnall	4	1	3
Langley	5	2	3
Old Warley	-	-	-
Oldbury	4	-	4
Blackheath	4	2	2
Cradley Heath and Old Hill	6	5	1
Rowley	1	-	1
Tividale	2	1	1
Abbey	4	2	2
Smethwick	1	1	-
Soho and Victoria	6	1	5
St Pauls	3	-	3
Great Bridge	5	-	5
Princes End	3	2	1
Tipton Green	2	2	-
Friar Park	1	1	-
Wednesbury North	4	1	3
Wednesbury South	3	2	1
Charlemont with Grove Vale	3	1	2
Great Barr with Yew Tree	1	-	1
Greets Green and Lyng	3	2	1
Hateley Heath	-	-	-
Newton	1	-	1
West Bromwich Central	5	-	5

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
<b>Base</b>	<b>71</b>	<b>13</b>	<b>13</b>	<b>14</b>	<b>10</b>	<b>7</b>	<b>14</b>
<b>How has COVID-19 affected service provision?</b>							
<b>We are offering more services to patients than before the pandemic</b>	<b>39</b> <b>54.90%</b>	6 46.20%	6 46.20%	10 71.40%	6 60.00%	3 42.90%	8 57.10%
<b>We are offering less services to patients than before the pandemic</b>	<b>11</b> <b>15.50%</b>	3 23.10%	3 23.10%	- -	3 30.00%	1 14.30%	1 7.10%
<b>Service provision has not changed</b>	<b>21</b> <b>29.60%</b>	4 30.80%	4 30.80%	4 28.60%	1 10.00%	3 42.90%	5 35.70%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
<b>Base</b>	<b>72</b>	<b>13</b>	<b>13</b>	<b>15</b>	<b>10</b>	<b>7</b>	<b>14</b>
<b>How has COVID-19 affected access to services?</b>							
<b>Our opening times have been extended</b>	<b>4</b> <b>5.60%</b>	1 7.70%	- -	1 6.70%	1 10.00%	- -	1 7.10%
<b>Our opening times have been reduced</b>	<b>6</b> <b>8.30%</b>	4 30.80%	- -	- -	- -	1 14.30%	1 7.10%
<b>Our opening times have remained the same</b>	<b>62</b> <b>86.10%</b>	8 61.50%	13 100.00%	14 93.30%	9 90.00%	6 85.70%	12 85.70%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	72	13	13	15	10	7	14
How has COVID-19 affected waiting times for medicine dispensing?							
Waiting times have increased	39 54.20%	5 38.50%	8 61.50%	3 20.00%	7 70.00%	6 85.70%	10 71.40%
Waiting times have decreased	1 1.40%	1 7.70%	- -	- -	- -	- -	- -
Waiting times have stayed the same	32 44.40%	7 53.80%	5 38.50%	12 80.00%	3 30.00%	1 14.30%	4 28.60%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	71	13	13	14	10	7	14
How has COVID-19 affected waiting times for other services e.g. flu vaccinations and health checks?							
Waiting times have increased	35 49.30%	5 38.50%	6 46.20%	5 35.70%	8 80.00%	3 42.90%	8 57.10%
Waiting times have decreased	1 1.40%	1 7.70%	- -	- -	- -	- -	- -
Waiting times have stayed the same	35 49.30%	7 53.80%	7 53.80%	9 64.30%	2 20.00%	4 57.10%	6 42.90%

Counts Break % Respondents	Total	Locality					
		Oldbury	Rowley Regis	Smethwick	Tipton	Wednesbury	West Bromwich
Base	72	13	13	15	10	7	14
How has COVID-19 affected patient demand for pharmacy services?							
Overall, patients are relying more on pharmacy services	69 95.80%	12 92.30%	13 100.00%	13 86.70%	10 100.00%	7 100.00%	14 100.00%
Overall, patients are relying less on pharmacy services	-	-	-	-	-	-	-
Patient demand for pharmacy services has remained the same	3 4.20%	1 7.70%	-	2 13.30%	-	-	-

## Appendix 7: Public survey

### Your views on Community Pharmacy (Chemists) Services in Sandwell

If you are able, please complete this survey online at:  
<https://www.sandwell.gov.uk/consultation>. The survey closes on 10th December

- Q1 Which pharmacy (chemist) do you most regularly use?  
Please enter name of pharmacy
- 
- Q2 Where is this pharmacy (Chemist) located, eg Bearwood Road Smethwick
- Name of Road
- (if known)
- Town
- Q3 Why do you normally use this pharmacy? *Please tick all that apply*
- It is near my home
- It is near my work
- It is near or at my local GP surgery
- It is easy to get to whilst shopping
- It has on-site parking
- It has the services I require
- It stocks the medicines that I need
- It has opening hours that suit me
- It operates the Electronic Prescription Service
- Q4 How do you normally travel to your regular pharmacy?
- Car
- Public Transport
- Bicycle
- Taxi
- Walk
- Q5 How often do you visit a pharmacy for Health reasons (health advice, prescriptions or over the counter medicines)?
- Daily
- Two or more times weekly
- Weekly
- Fortnightly
- Monthly
- Every 2-3 Months
- 6 Monthly
- Yearly
- Never
- Q6 How often do you visit a pharmacy for any other reason (eg shopping, toiletries, baby products)?
- Daily
- Two or more times weekly
- Weekly
- Fortnightly
- Monthly
- Every 2-3 Months
- 6 Monthly
- Yearly
- Never
- Q7 At what time of day to you normally use pharmacy services?
- Weekdays 6am-9am
- Weekdays 9am-6pm
- Weekdays 6pm-11pm
- Saturday
- Sunday



Q8 Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy? Please tick all that apply

- Weekdays 6am-9am  
 Weekdays 6pm-11pm  
 Saturday 9am-1pm  
 Saturday 1pm-6pm  
 Saturday 6pm-11pm  
 Sunday before 10am  
 Sunday 10am-2pm  
 Sunday after 4pm

Q9 Access to pharmacy services - Please rate how strongly you agree or disagree with the following statements.  
Please tick ONE box only for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I can easily find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy near where I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open in the evening (i.e after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily find a pharmacy open at lunchtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 Using Pharmacy services - Please rate how strongly you agree or disagree with the following statements.  
Please tick ONE box only for each statement

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My pharmacy is customer friendly and polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy is easy to get to by public transport or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my pharmacist helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy has a confidential and private area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 Does your pharmacy have any of the following?

	Yes	No	Not sure
Seating area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Prescription Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks of Living Aids to support Independent Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Aid Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Delivery Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice on medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice on healthy lifestyles (eg diet and nutrition, physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 Have you ever used a Prescription Delivery Service?

- Yes  
 No      Go to NEXT PAGE  
 Not Sure      Go to NEXT PAGE

I used a prescription delivery service because...

- I was unable to leave home  
 I could not get to a pharmacy during their opening times  
 I don't have a pharmacy near me  
 Other

If "other", please specify

How much do you agree or disagree that the Prescription Delivery Service is important enough to you that you would be prepared to pay for the service?

- Strongly Agree  
 Agree  
 Neither agree or disagree  
 Disagree  
 Strongly disagree

Q13 Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available? *Please tick all that apply*

	I am aware of	I have used	I am not aware of	I would like to see available
Minor Ailments Service <i>(advice and support to eligible people for the supply of appropriate medicines without the need for a prescription and without charge)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinations <i>(eg Flu vaccinations)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Healthchecks <i>(a free health MOT for patients aged 50 or over)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Screening Services <i>(eg diabetes, HIV, Hepatitis C, Chlamydia screening)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation Services <i>(services to help you quit smoking)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Hormonal Contraception <i>(the morning after pill)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Repeat prescription services <i>(a service where some patient groups are able to obtain supplies of their regular medicines without requesting a new prescription from their GP every time)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminal Illness support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use Awareness and treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Phlebotomy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti Coagulation Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Use Reviews <i>(private discussion with a pharmacist about how you use your existing medication)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicines Service <i>(three discussions with a pharmacist about your new medicine in the first month of the therapy) (ONLY APPLIES to CERTAIN GROUPS OF MEDICINES)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of Unwanted Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Services <i>(advice and support to patients in a language understood by them)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any other services available from your pharmacy that we have not described, that you would use (please state)

Q14 Are you aware that pharmacies can help to direct you to other services for health? eg Patients support groups like Diabetes UK

- Yes                       Not Sure  
 No

Q15 How have you previously found out about the services offered by your pharmacy?  
*Please tick all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> At the Pharmacy  | <input type="checkbox"/> GP or practice staff |
| <input type="checkbox"/> Website (NHS Choices)  | <input type="checkbox"/> Leaflets             |
| <input type="checkbox"/> Website (other)  | <input type="checkbox"/> Word of mouth        |
| <input type="checkbox"/> Poster   | <input type="checkbox"/> Local Press          |
| <input type="checkbox"/> Radio  | <input type="checkbox"/> Mail drop            |
| <input type="checkbox"/> Screen Advertising (TV, or moving screens in GP surgeries or post offices) |   |

Q16 Please enter the first 4 digits of your postcode

Q17 Where did you get your questionnaire from?

- |   |  |
|---|--|
| <input type="checkbox"/> At a pharmacy                              | <input type="checkbox"/> From work         |
| <input type="checkbox"/> At a GP surgery                            | <input type="checkbox"/> From Sandwell MBC |
| <input type="checkbox"/> From a patient group                       | <input type="checkbox"/> via Social Media  |
| <input type="checkbox"/> From a voluntary organisation              | <input type="checkbox"/> via email         |
| <input type="checkbox"/> From my local Healthwatch                  | <input type="checkbox"/> Website           |
| <input type="checkbox"/> From my local library                      | <input type="checkbox"/> Other             |
| <input type="checkbox"/> From my Clinical commissioning group (CCG) |  |

If "other", please specify

Q18 Overall - How satisfied are you with pharmacy services in Sandwell?

- Very Satisfied  
 Satisfied  
 Neither satisfied or dissatisfied  
 Dissatisfied  
 Very dissatisfied

Q19 Please use this comment box to tell us anything you may feel is important about your local pharmacy services

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 Impact of COVID-19 on my access to pharmacy services
 

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Q20 Has COVID-19 changed how you collect your medication?

Yes

No

Go to Q21

If yes, how has this changed? *Please tick all that apply*

I now get my medication delivered to my home

I used to collect my own medication, now friends or family collect it for me

I used to take a paper prescription to my local pharmacy, now the GP sends my prescription to the pharmacy electronically

Other

If "other", please specify

Q21 How has COVID-19 affected access to your local pharmacy? *Please tick all that apply*

It is easier for me to access my pharmacy due to extended opening times

It is harder for me to access my pharmacy due to reduced opening times

Services I use are now offered over the phone/online and this is easier for me

Services I use are now offered over the phone/online and this is harder for me

Services I would normally use are no longer being offered by my pharmacy

COVID-19 has not affected access to my local pharmacy

Q22 Have any of the services you access from your pharmacy been stopped due to COVID-19?

Yes

I don't use any pharmacy services

No

Q22a If yes, which services have not been available to you? *Please tick all that apply*

Minor Ailments Service

Weight Management Services

Vaccinations (eg Flu vaccinations)

Mental Health Support

NHS Healthchecks

NHS Phlebotomy Services

NHS Screening Services

Anti Coagulation Monitoring

Smoking Cessation Services

Medicines Use Reviews

Emergency Hormonal Contraception (the morning after pill)

New Medicines Service

Pregnancy Testing

Disposal of Unwanted Medicines

Blood Pressure Monitoring

Needle and Syringe Exchange scheme

Cholesterol Testing

Supervised consumption of medicines

NHS Repeat prescription services

Language Access Services

Alcohol Use Awareness and treatment services

Q23 Are there pharmacy services you wouldn't normally use that you have started using since the start of COVID-19?

Yes

No

Go to Q23b

If yes, which services? *Please tick all that apply*

Minor Ailments Service

Weight Management Services

Vaccinations (eg Flu vaccinations)

Mental Health Support

NHS Healthchecks

NHS Phlebotomy Services

NHS Screening Services

Anti Coagulation Monitoring

Smoking Cessation Services

Medicines Use Reviews

Emergency Hormonal

New Medicines Service

Contraception (the morning after pill)

Disposal of Unwanted Medicines

Pregnancy Testing

Needle and Syringe Exchange scheme

Blood Pressure Monitoring

Supervised consumption of medicines

Cholesterol Testing

Language Access Services

NHS Repeat prescription services

Alcohol Use Awareness and treatment services

Q23b Overall, how do you feel COVID-19 has impacted your access to pharmacy services?

It is easier for me to access my local pharmacy

It is harder for me to access my local pharmacy

Access to my local pharmacy has not changed

---

### About You...

---

The rest of this questionnaire is about you and we will not be able to identify you from the information you share with us.

Q24 Which of the following best describes your involvement in pharmacy services

Customer or patient

Pharmacy service provider

GP surgery staff

Other

*Please specify*

Q25 How would you best describe yourself?

Employed or self employed

Unemployed

Student

Retired

Full time parent

Carer

Q26 What is your marital status?

Single

Divorced / separated

Married / cohabiting / civil partnership

Widowed



Q27 How old are you?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 65-74             |
| <input type="checkbox"/> 16-24    | <input type="checkbox"/> 75-84             |
| <input type="checkbox"/> 25-34    | <input type="checkbox"/> 85 plus           |
| <input type="checkbox"/> 35-44    | <input type="checkbox"/> prefer not to say |
| <input type="checkbox"/> 45-54    |  |
| <input type="checkbox"/> 55-64    |  |

Q28 Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

- Yes  No

If yes, does your condition or illness reduce your ability to carry out day-to-day activities?

- Yes, a lot  Not at all  
 Yes, a little

Q29 What is your sex?

- Male  Female

Q32 Which of the following groups do you consider you belong to?

- |  |   |
|--|---|
| <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Sikh   |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> Pakistani  |
| <input type="checkbox"/> Gypsy or Irish Traveller                              | <input type="checkbox"/> Bangladeshi                                      |
| <input type="checkbox"/> Eastern European                                      | <input type="checkbox"/> Chinese  |
| <input type="checkbox"/> Any other White background                            | <input type="checkbox"/> Any other Asian background                       |
| <input type="checkbox"/> White and Black Caribbean                             | <input type="checkbox"/> African  |
| <input type="checkbox"/> White and Black African                               | <input type="checkbox"/> Caribbean  |
| <input type="checkbox"/> White and Asian                                       | <input type="checkbox"/> Any other Black / African / Caribbean background |
| <input type="checkbox"/> Any other Mixed / Multiple ethnic background          | <input type="checkbox"/> Arab   |
| <input type="checkbox"/> Indian  | <input type="checkbox"/> Any other ethnic group                           |
|  | <input type="checkbox"/> Prefer not to say                                |

If "other", please specify

Q33 What is your religion?

- |                                      |                                 |  |
|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Buddhist          |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Jewish      | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Prefer not to say |

Q30 Is your gender the same as the sex you were registered at birth?

- Yes  No

If no, please write in your gender identity

Q31 What is your sexual orientation?

- Heterosexual / straight  
 Bisexual  
 Gay man  
 Gay woman / lesbian  
 Prefer not to say  
 Other

If "other", please specify

Thank you for taking the time to complete this questionnaire

## Appendix 8: Results of the public survey

Which of the following best describes your involvement in pharmacy services	Count	%
Customer or patient	163	98.2%
Pharmacy service provider	-	-
GP surgery staff	3	1.8%
Other	-	-

How would you best describe yourself?	Count	%
Employed or self employed (working)	79	47.6%
Unemployed	8	4.8%
Student	-	-
Retired	66	39.8%
Full time parent	2	1.2%
Carer	11	6.6%

What is your marital status?	Count	%
Single	29	17.9%
Married / cohabiting / civil partnership	107	66.0%
Divorced / separated	15	9.3%
Widowed	11	6.8%

How old are you?	Total	What is your sex?	
		Male	Female
Under 16	-	-	-
16-24	1	-	1
25-34	4	1	3
35-44	15	1	14
45-54	34	2	32
55-64	51	7	44
65-74	36	22	14
75-84	21	10	11
85 plus	2	1	1
prefer not to say	1	-	1

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?	Count	%
Yes	100	60.2%
No	66	39.8%

If yes, does your condition or illness reduce your ability to carry-out day-to-day activities?	Count	%
Yes, a lot	33	33.7%
Yes, a little	44	44.9%
Not at all	21	21.4%

Is your gender the same as the sex you were registered at birth?	Count	%
Yes	159	99.4%
No	1	0.6%

What is your sexual orientation?	Count	%
Heterosexual / straight	133	84.2%
Bisexual	2	1.3%
Gay man	2	1.3%
Gay woman / lesbian	2	1.3%
Prefer not to say	18	11.4%
Other	1	0.6%



Which of the following groups do you consider you belong to?	Count	%
English / Welsh / Scottish / Northern Irish / British	140	90.3%
Irish	3	1.9%
Gypsy or Irish Traveller	-	-
Eastern European	-	-
Any other White background	1	0.6%
White and Black Caribbean	-	-
White and Black African	-	-
White and Asian	1	0.6%
Any other Mixed / Multiple ethnic background	1	0.6%
Indian	3	1.9%
Sikh	2	1.3%
Pakistani	1	0.6%
Bangladeshi	2	1.3%
Chinese	-	-
Any other Asian background	-	-
African	-	-
Caribbean	1	0.6%
Any other Black / African / Caribbean background	-	-
Arab	-	-
Any other ethnic group	-	-
Prefer not to say	-	-

What is your religion?	Count	%
No religion	33	20.4%
Christian	102	63.0%
Jewish	-	-
Hindu	3	1.9%
Muslim	6	3.7%
Sikh	2	1.2%
Buddhist	-	-
Other	3	1.9%
Prefer not to say	13	8.0%

Postcode Area/District	Count	%
B43	10	6.0%
B64	3	1.8%
B65	13	7.7%
B66	3	1.8%
B67	13	7.7%
B68	17	10.1%
B69	9	5.4%
B70	20	11.9%
B71	17	10.1%
DY4	33	19.6%
WS10	12	7.1%
WV14	4	2.4%
Outside Sandwell	1	0.6%
No response	10	6.0%
Grand Total	168	

## Which pharmacy do you most regularly use?

Pharmacy Code	Trading Name	Locality	Count
FC399	Murrays Healthcare	Tipton	11
FCX28	Lyng Pharmacy	West Bromwich	8
FQG53	Tividale Pharmacy	Rowley Regis	8
FL368	Swanpool Pharmacy	Tipton	6
FWA64	Your Local Boots Pharmacy	Smethwick	6
FGM75	Hills Pharmacy	Oldbury	5
FKF01	Boots Pharmacy	Wednesbury	5
FQF60	Jubilee Pharmacy	Wednesbury	5
FW507	Ingrams Chemist	West Bromwich	5
FC667	Vishnu Pharmacy	Oldbury	4
FD488	Hill Top Pharmacy Ltd	Oldbury	4
FDP14	Duggals Chemist	Tipton	4
FFJ61	Great Bridge Pharmacy	Tipton	4
FJG17	Khaira Pharmacy	West Bromwich	4
FK052	Your Local Boots Pharmacy	Oldbury	4
FYV46	Sandwell Pharmacy	West Bromwich	4
FED83	Lloyds Pharmacy	West Bromwich	3
FHJ26	Well Pharmacy	West Bromwich	3
FJ013	New Street Pharmacy	Wednesbury	3
FJF84	Boots Pharmacy	Tipton	3
FYD26	Murrays Pharmacy	Rowley Regis	3
FYH42	Friar Park Pharmacy	Wednesbury	3
FAY45	Boots The Chemist	Rowley Regis	2
FCR09	Boots Pharmacy	West Bromwich	2
FD816	Lloyds Pharmacy	Smethwick	2
FG606	Asda Pharmacy	Tipton	2
FJE11	Lloyds Pharmacy	Oldbury	2
FL253	Lloyds Pharmacy	Rowley Regis	2
FLE88	Murrays Pharmacy	Tipton	2
FM186	Hingleys Chemist	Rowley Regis	2
FML19	Well Pharmacy	Wednesbury	2
FN029	Lloyds Pharmacy	West Bromwich	2
FN086	Well Pharmacy	Wednesbury	2
FNG97	Lloyds Pharmacy	Oldbury	2
FRX65	Lloyds Pharmacy	Smethwick	2
FTC53	Jhoots Pharmacy	West Bromwich	2
FYL65	D P Forrest Ltd	West Bromwich	2
FAN84	Masters Pharmacy	Smethwick	1
FD120	Dunstones Chemist	Smethwick	1
FD801	Medipharma Chemist	West Bromwich	1
FD802	Medipharma Chemist	West Bromwich	1
FDR60	Pharmacy 365	Rowley Regis	1
FE629	Beaconview Pharmacy	West Bromwich	1
FF663	Asda Pharmacy	Smethwick	1

Pharmacy Code	Trading Name	Locality	Count
FGF57	D R Dalvair Pharmacy	Smethwick	1
FGG25	Lloyds Pharmacy	Smethwick	1
FGV35	Peaches Pharmacy	Rowley Regis	1
FJT71	Lloyds Pharmacy	West Bromwich	1
FK966	C H White Pharmacy	Oldbury	1
FMT97	Langley Pharmacy	Oldbury	1
FN497	Sidhu's Pharmacy	West Bromwich	1
FP892	Oldbury Pharmacy	Oldbury	1
FPA45	Bearwood Pharmacy	Smethwick	1
FQ140	Asda Pharmacy	Tipton	1
FQE91	M W Phillips	Rowley Regis	1
FQJ11	Lloyds Pharmacy	Oldbury	1
FV008	Yew Tree Pharmacy	West Bromwich	1
FV044	Michaels Chemist	Smethwick	1
FW075	Park Lane Pharmacy	Wednesbury	1
FW220	Jhoots Pharmacy	Rowley Regis	1
FWL41	Haden Vale Pharmacy	Rowley Regis	1
FXF63	Regent Street Chemist	Smethwick	1
Outside Sandwell			6
Total			166

Why do you normally use this pharmacy?	Count	%
It is near my home	98	59.4%
It is near my work	11	6.7%
It is near or at my local GP surgery	89	53.9%
It is easy to get to whilst shopping	37	22.4%
It has on-site parking	30	18.2%
It has the services I require	50	30.3%
It stocks the medicines that I need	58	35.2%
It has opening hours that suit me	54	32.7%
It operates the Electronic Prescription Service	75	45.5%

How do you normally travel to your regular pharmacy?	Count	%
Car	95	57.9%
Public Transport	13	7.9%
Bicycle	-	-
Taxi	3	1.8%
Walk	53	32.3%

How often do you visit a pharmacy for Health reasons?	Count	%
Daily	-	-
Two or more times weekly	3	1.8%
Weekly	3	1.8%
Fortnightly	14	8.5%
Monthly	81	49.1%
Every 2-3 Months	45	27.3%
6 Monthly	10	6.1%
Yearly	4	2.4%
Never	5	3.0%

How often do you visit a pharmacy for any other reason?	Count	%
Daily	-	-
Two or more times weekly	1	0.6%
Weekly	6	3.6%
Fortnightly	10	6.0%
Monthly	33	19.9%
Every 2-3 Months	31	18.7%
6 Monthly	5	3.0%
Yearly	5	3.0%
Never	75	45.2%

At what time of day to you normally use pharmacy services?	Count	%
Weekdays 6am-9am	11	6.7%
Weekdays 9am-6pm	128	78.0%
Weekdays 6pm-11pm	16	9.8%
Saturday	9	5.5%
Sunday	-	-

Other than normal opening hours (Weekdays 9am-6pm), what other times would you find it most useful to visit a pharmacy?	Count	%
Weekdays 6am-9am	21	14.1%
Weekdays 6pm-11pm	35	23.5%
Saturday 9am-1pm	63	42.3%
Saturday 1pm-6pm	66	44.3%
Saturday 6pm-11pm	27	18.1%
Sunday before 10am	16	10.7%
Sunday 10am-2pm	59	39.6%
Sunday after 4pm	41	27.5%

Access to pharmacy services	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%
I can easily find an open pharmacy when needed	44	27.3%	63	39.1%	31	19.3%	19	11.8%	4	2.5%
I can easily find a pharmacy near where I want it	52	32.9%	67	42.4%	31	19.6%	7	4.4%	1	0.6%
I can easily find a pharmacy open in the evening (i.e after 6pm)	22	13.9%	40	25.3%	40	25.3%	47	29.7%	9	5.7%
I can easily pharmacy open at weekends	28	17.6%	58	36.5%	35	22.0%	31	19.5%	7	4.4%
I can easily find a pharmacy open at lunchtime	45	29.0%	70	45.2%	24	15.5%	11	7.1%	5	3.2%

Using pharmacy services	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree	
	Count	%	Count	%	Count	%	Count	%	Count	%
My pharmacy is customer friendly and polite	79	47.9%	43	26.1%	22	13.3%	17	10.3%	4	2.4%
My pharmacy is easy to get to by public transport or car	78	47.9%	70	42.9%	10	6.1%	4	2.5%	1	0.6%
I find my pharmacist helpful	78	48.1%	38	23.5%	26	16.0%	17	10.5%	3	1.9%
My pharmacy has a confidential and private area	69	42.6%	46	28.4%	25	15.4%	17	10.5%	5	3.1%

Does your pharmacy have any of the following?	Yes		No		Not sure	
	Count	%	Count	%	Count	%
Seating area	116	71.6%	38	23.5%	8	4.9%
Electronic Prescription Service	135	83.3%	4	2.5%	23	14.2%
Wheelchair Accessibility	103	64.4%	17	10.6%	40	25.0%
Stocks of Living Aids to support Independent Living	32	19.9%	19	11.8%	110	68.3%
Hearing Aid Loop	18	11.4%	15	9.5%	125	79.1%
Prescription Delivery Service	110	67.5%	9	5.5%	44	27.0%
Information and advice on medicines	120	74.5%	8	5.0%	33	20.5%
Information and advice on healthy lifestyles (eg diet and nutrition, physical activity)	56	34.8%	12	7.5%	93	57.8%

Have you ever used a Prescription Delivery Service?	Count	%
Yes	57	34.3%
No	107	64.5%
Not Sure	2	1.2%

I used a prescription delivery service because...	Count	%
I was unable to leave home	25	44.6%
I could not get to a pharmacy during their opening times	5	8.9%
I don't have a pharmacy near me	1	1.8%
Other	25	44.6%

How much do you agree or disagree that the Prescription Delivery Service is important enough to you that you would be prepared to pay for the service?	Count	%
Strongly Agree	10	17.5%
Agree	8	14.0%
Neither agree or disagree	16	28.1%
Disagree	15	26.3%
Strongly disagree	8	14.0%

Thinking about your regular pharmacy: Which of the following services are you aware of, have used or would like to see available?	I am aware of		I have used		I am not aware of		I would like to see available	
	Count	%	Count	%	Count	%	Count	%
Minor Ailments Service	56	35.0%	31	19.4%	47	29.4%	30	18.8%
Vaccinations	63	40.9%	42	27.3%	36	23.4%	20	13.0%
NHS Healthchecks	31	19.5%	7	4.4%	90	56.6%	37	23.3%
NHS Screening Services	24	15.2%	1	0.6%	104	65.8%	33	20.9%
Smoking Cessation Services	44	28.0%	2	1.3%	97	61.8%	18	11.5%
Emergency Hormonal Contraception	49	31.6%	2	1.3%	91	58.7%	15	9.7%
Pregnancy Testing	49	31.6%	1	0.6%	94	60.6%	14	9.0%
Blood Pressure Monitoring	35	22.2%	3	1.9%	89	56.3%	37	23.4%
Cholesterol Testing	17	10.7%	3	1.9%	104	65.4%	42	26.4%
NHS Repeat prescription services	53	33.3%	66	41.5%	17	10.7%	29	18.2%
Terminal Illness support	6	3.8%	3	1.9%	123	78.8%	28	17.9%
Alcohol Use Awareness and treatment services	14	8.9%	-	-	120	76.4%	26	16.6%
Weight Management Services	18	11.5%	1	0.6%	114	72.6%	28	17.8%
Mental Health Support	5	3.2%	1	0.6%	118	76.1%	34	21.9%
NHS Phlebotomy Services	6	3.8%	2	1.3%	99	62.3%	59	37.1%
Anti Coagulation Monitoring	5	3.3%	-	-	127	83.0%	26	17.0%
Medicines Use Reviews	27	17.1%	27	17.1%	74	46.8%	32	20.3%
New Medicines Service	19	12.3%	9	5.8%	94	61.0%	34	22.1%
Disposal of Unwanted Medicines	62	39.2%	39	24.7%	38	24.1%	24	15.2%
Needle and Syringe Exchange scheme	27	17.4%	1	0.6%	112	72.3%	17	11.0%
Supervised consumption of medicines	26	16.9%	3	1.9%	117	76.0%	11	7.1%
Language Access Services	18	11.7%	1	0.6%	122	79.2%	17	11.0%

Are you aware that pharmacies can help to direct you to other services for health?	Count	%
Yes	45	27.1%
No	77	46.4%
Not Sure	44	26.5%

How have you previously found out about the services offered by your pharmacy?	Count	%
At the Pharmacy	122	79.2%
Website (NHS Choices)	23	14.9%
Website (other)	10	6.5%
Poster	19	12.3%
Radio	2	1.3%
Screen Advertising (TV, or moving screens in GP surgeries or post offices)	7	4.5%
GP or practice staff	33	21.4%
Leaflets	28	18.2%
Word of mouth	41	26.6%
Local Press	2	1.3%
Mail drop	2	1.3%

Where did you get your questionnaire from?	Count	%
At a pharmacy	1	0.6%
At a GP surgery	-	-
From a patient group	-	-
From a voluntary organisation	3	1.9%
From my local Healthwatch	4	2.5%
From my local library	-	-
From my Clinical commissioning group (CCG)	-	-
From work	3	1.9%
From Sandwell MBC	86	54.1%
via Social Media	21	13.2%
via email	32	20.1%
Website	6	3.8%
Other	3	1.9%

Overall - How satisfied are you with pharmacy services in Sandwell?	Count	%
Very Satisfied	55	33.5%
Satisfied	50	30.5%
Neither satisfied or dissatisfied	34	20.7%
Dissatisfied	18	11.0%
Very dissatisfied	7	4.3%

### Impacts of COVID-19

Has COVID-19 changed how you collect your medication?	Count	%
Yes	43	25.9%
No	123	74.1%

If yes, how has this changed?	Count	%
I now get my medication delivered to my home	13	31.0%
I used to collect my own medication, now friends or family collect it for me	9	21.4%
I used to take a paper prescription to my local pharmacy, now the GP sends my prescription to the pharmacy electronically	23	54.8%
Other	9	21.4%

How has COVID-19 affected access to your local pharmacy?	Count	%
It is easier for me to access my pharmacy due to extended opening times	6	3.9%
It is harder for me to access my pharmacy due to reduced opening times	15	9.7%
Services I use are now offered over the phone/online and this is easier for me	18	11.7%
Services I use are now offered over the phone/online and this is harder for me	4	2.6%
Services I would normally use are no longer being offered by my pharmacy	1	0.6%
COVID-19 has not affected access to my local pharmacy	120	77.9%

Have any of the services you access from your pharmacy been stopped due to COVID-19?	Count	%
Yes	4	2.4%
No	116	70.7%
I don't use any pharmacy services	44	26.8%

If yes, which services have not been available to you?	Count	%
Minor Ailments Service	1	33.3%
NHS Healthchecks	1	33.3%
Smoking Cessation Services	1	33.3%
Blood Pressure Monitoring	1	33.3%

Are there pharmacy services you wouldn't normally use that you have started using since the start of COVID-19?	Count	%
Yes	15	9.4%
No	144	90.6%

Overall, how do you feel COVID-19 has impacted your access to pharmacy services?	Count	%
It is easier for me to access my local pharmacy	10	6.1%
It is harder for me to access my local pharmacy	26	15.8%
Access to my local pharmacy has not changed	129	78.2%



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## Sandwell Health and Wellbeing Board 09 September 2022

<b>Report Topic:</b>	Sandwell Holiday Activities and food Programme
<b>Contact Officer:</b>	Samantha Harman
<b>Link to board priorities</b>	<p>Please include in your report how your work links to one or more of our board priorities:</p> <p><b>Aims of the programme</b></p> <p>As a result of this programme, the Department for Education (DfE) want children who attend this provision to:</p> <ul style="list-style-type: none"> <li>• eat healthily over the school holidays</li> <li>• be active during the school holidays</li> <li>• take part in engaging and enriching activities which support the development of resilience, character and wellbeing along with their wider educational attainment</li> <li>• be safe and not to be socially isolated</li> <li>• have a greater knowledge of health and nutrition</li> <li>• be more engaged with school and other local services</li> </ul> <p>They also want to ensure that the families who participate in this programme:</p> <ul style="list-style-type: none"> <li>• develop their understanding of nutrition and food budgeting</li> <li>• are signposted towards other information and support, for example, health, employment, and education</li> </ul> <p><b>1. We will help keep people healthier for longer</b> All activity must include at least one meal a day (breakfast, lunch or tea) and all food provided (including snacks) must meet school food standards and most of the food served by providers should be hot. (with some exceptions on occasion for a cold food offer)</p>

<p><b>Link to board priorities</b></p>	<p>Food provision in Sandwell is multi- faceted and tailored to the different delivery models to ensure choice, range and diversity.</p> <p>Sandwell funded HAF providers are expected to provide advice on how to source, prepare and cook nutritious and low-cost food as part of their activity schedules.</p> <p>Holiday provision must provide fun and enriching activities that meet the physical activity standards and that provide children with opportunities to:</p> <ul style="list-style-type: none"> <li>• develop new skills or knowledge</li> <li>• consolidate existing skills and knowledge</li> <li>• try out new experiences</li> <li>• have fun and socialize</li> </ul> <p>Sandwell HAF is delivered by a broad range of partners to ensure that there is something to inspire and excite children and young people and encourage participation across the ages.</p> <p><b>2 - We will help keep people safe and support communities</b> All HAF funded provision are expected to train all staff in safeguarding and child protection provided free of charge by the Sandwell’s Quality Early Years and Childcare Team (SQEYCCT) as part of the HAF training programme. Additional support is provided via a toolkit specifically detailing the referral routes and support services linked to Sandwell Safeguarding Board HAF funded providers are routinely monitored throughout the year, using a range of mechanisms and providers must submit their safeguarding policy and procedures; health and safety policy; equality and inclusion; insurances and staffing and recruitment with the grant application form to be considered for funding.</p> <p><b>3. We will work together to join up services</b> We are building relationships and growing connections across various services that help support families that may benefit from Holiday Activities such as Childrens Centres, Citizens Advice, Brushstrokes, Sandwell Parents Voice and SCVO. We are also working closely with schools and Public Health Development Offices who have strong relationships with families and the community.</p> <p><b>4. We will work closely with local people, partners and providers of services</b> Holiday Activities brings together a range of organisations and providers from different sectors who are passionate about doing their very best for children across Sandwell and who deliver the aims,</p>
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	<p>goals and ethos and co-ordinate activity to increase opportunities, tackle inequality and reduce isolation at a hyper local level</p>
<p><b>Purpose of Report:</b></p>	<ul style="list-style-type: none"> <li>• To raise awareness and celebrate the holiday activity programme and share the impact that it has on children, young people and their families.</li> </ul>
<p><b>Recommendations</b></p>	<ul style="list-style-type: none"> <li>• Sandwell Health &amp; Well Being Board are invited to join us during the Winter to see firsthand the difference holiday activities make to children, young people and their families and to see the quality of the provision on offer.</li> <li>• Sandwell Health &amp; Well Being Board support delivery of the holiday activities, celebrate what we are trying to achieve, and become an advocate for sharing this as widely as possible and encourage the opportunity for further partnership working.</li> </ul>
<p><b>Key Discussion points:</b></p>	<p>School holidays are a period of real concern for some families because of increased costs and reduced incomes. For some children this can lead to a holiday experience gap, with children from disadvantaged families less likely to access organised out-of-school activities and more likely to experience holiday hunger and social isolation.</p> <p>There are 54,163 children and young people aged 5-16 years living in Sandwell, with over 18,903 children receiving free school meals (June 2022) with a likely increase over the coming year. There is a need to ensure we are working with families to close the outcomes gap between more and less disadvantaged children.</p> <p>The Department for Education committed investment that delivered free healthy meals and fun activities to support children in low income families. The Holiday Activities and Food programme was expanded in 2021 with an investment of up to £220 million delivered through grants to all local authorities. This is to provide Holiday Activities and Food (HAF) to cover the Easter, summer and Christmas Holiday periods for 2022-25 for school aged children (reception to year 11) including SEND who are eligible for benefit related Free School Meals.</p> <p>Sandwell governance for the programme remains with the Children and Young People's Strategic Commissioning Partnership and is coordinated in- house to maximise the spend potential for direct activity whilst building on the lessons learnt from HAF2021 aiming:</p> <ul style="list-style-type: none"> <li>• To further strategically align a quality centred approach that encourages children, young people and their families, who</li> </ul>

meet risk criteria relating to FSM to participate in activities that stimulate growth and reduce inequalities.

- To continue to connect partners to people with accessible activities and food provision that improves physical health outcomes for children, young people and families.
- To continue the partnering with the VCS in Sandwell and support a quality localised offer providing a range of provision across Sandwell which is accessible and sustainable.
- To future proof Sandwell HAF to support sustainability, alignment with corporate priorities, resilience and business planning for post 2025.

In Sandwell we believe that every child across our borough should have the opportunity to take part in enriching holiday activity and we have a strong and robust existing universal offer the Go Play provision and the Play is Making a difference funding.

We are working with over 60 providers to offer HAF provision which is both free or has a subsidised cost attached. Promoting a blended offer that ensures there is something for every child no matter what their circumstance or situation. By taking this approach we are reducing stigmatisation, increasing inclusion and ensuring sustainability. Connecting families and children to hyper local organisations means they are supported in a holistic way all year round and often for many years.

#### Sandwell Holiday Activities

- Offer great value to everyone
- Are Fun! Fun is at the heart of all our activities, we want children to make memories that last a lifetime
- Offer opportunity for our children to choose and experience a wide range of new activities
- Can be trusted – all our activities are safe and monitored
- Are welcoming – we want everyone to feel accepted, happy and valued

Sandwell Holiday Activities offers a wide range of opportunities to help children make the most of their school holidays. Parents have shared with us the difference this programme makes to them and their children.

We need help to ensure the programme is recognised and promoted widely. We want as many families as possible to know about the programme and access activities which are right for them and their children. We want to celebrate widely the quality of our activities and the providers we have across Sandwell. We want to understand the difference this programme makes, the impact it has on families and the challenges it helps them overcome and feed this back into the wider system.

	<p>Families and children are at the heart of everything we do, we are building holiday activities with them, we are empowering them to be involved through our champion programme, children are having a voice and being heard, helping plan activities that they want to see happen next year. Sandwell Holiday Activities is about making life easier, its about choice, its about trying new things, learning new skills, making new friends, growing in confidence, getting active, having loads of fun and making those memories that will last a lifetime.</p>
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**Implications (e.g. Financial, Statutory etc)**

The Holiday Activities and Food Programme is a direct grant from the Department for Education for the sole purpose of delivering Easter, summer and winter holiday activities for families in receipt of benefit related free school meals or those with protective characteristics.

Go Play and Play is Making a Difference grant funding is ringfenced for grant awards to the voluntary and community sector for provision of free holiday activity but has no eligibility/ access criteria attached enabling a universal offer irrelevant of family circumstances.

<b>What engagement has or will take place with people, partners and providers?</b>	<p>We are constantly seeking opportunities to engaging with partners and families to raise awareness of Holiday Activities. We regularly engage through schools through attending partnership meetings and with parents through attending school events. We engaged directly with over 1000 families over the summer through attendance at Playday and the roadshows in local parks.</p>
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# Sandwell Holiday Activities

Little moments make big memories.



Do you remember the freedom and fun of school holidays?



**School  
Holidays  
=  
Pressure!**

School holidays are a period of real concern for some families

- Childcare Costs
- Extra Meal Costs
- Cost of activities



**18,903 children  
in Sandwell  
receive Benefit  
Related Free  
School Meals  
(FSM)**





## Holiday Activity and Food Funding Provides

- ✓ Holiday provision over Easter, summer and winter holidays for low income families
- ✓ A range of enriching activities and free healthy meal







Sandwell is  
doing  
things  
differently!





# The Sandwell Approach

- De-stigmatise HAF
- A universal blended approach
- Provision to suit all families





# We Guarantee

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A Warm Welcome

Trusted Spaces

Opportunity to try new things

Affordable

Fun, fun, fun!





# Summer 2022



# Sustainability

Go Play and Youth service  
– community play offer

Embedded with  
community, voluntary and  
faith sector





# The difference this makes...

It's "A lifeline"

Helps their children to visit new places and try new activities that they would not otherwise be able to afford to do

Helps their children make new friends, helps them to socialise and reduces isolation

Parents told us that their children have grown in confidence, fallen in love with new activities, have been pushed out of their comfort zone and are happier and full of life!

Children have become more active, they have put down their phones, moved away from their games consoles and tried all sorts of new activities.

A massive help for working families

Helps with the cost of providing activities and food especially over the 6 weeks holiday.

[Play Video](#)



# What next for us?

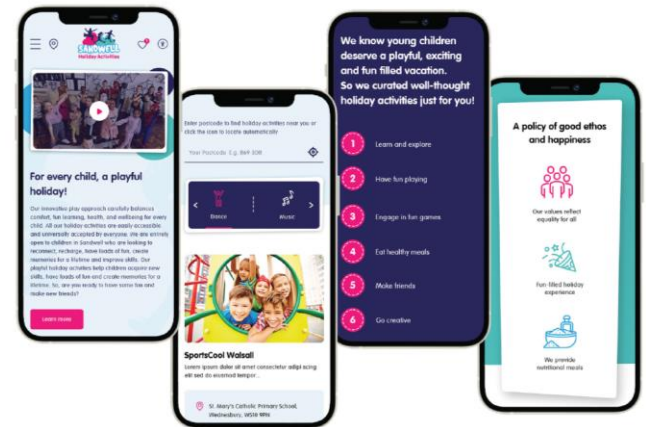
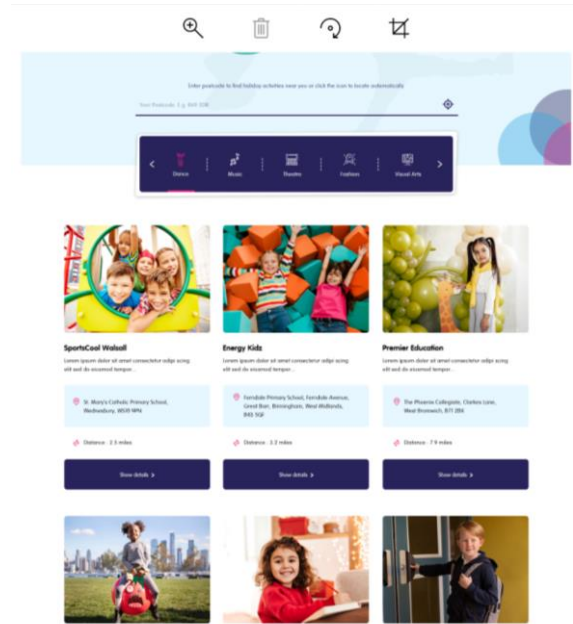
Engage more Families

An exciting new website

Parent Influencers

Hearing the voice of the child

Evaluating the programme





What next for you?

Champion

Promote

Get involved

Have Fun!

Thanks for  
listen

Any  
Questions?

WE DIDN'T REALISE WE WERE  
MAKING MEMORIES, WE JUST KNEW  
WE WERE HAVING FUN



Families and children are at the  
heart of everything we do

Thank you for your time today, please do get in touch if you want to know more

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## Sandwell Health and Wellbeing Board 21<sup>st</sup> September 2022

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



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