Sandwell
Metropolitan Borough Council

Agenda
Health and Wellbeing Board

Wednesday, 7 December 2022 at 5.30 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** 7 - 16

To confirm the minutes of the meeting held on 21 September 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 **Sandwell Better Care Fund Plan 2022-23** 17 - 94

To approve the delegation of authority to the Director of Adult Social Services to sign-off future BCF-related documents, including the annual BCF Plans and S75 Agreements, where due to timing factors it is not possible to seek approval from the HWBB prior to submission.



6	**A Multi-Agency Social Emotional Mental Health Competency Framework for Staff Working with Children and Young People in Sandwell** To receive and endorse the Social Emotional Mental Health Competency Framework for Staff working with Children and Young People in Sandwell.	95 - 180
7	**Sandwell Parents For Disabled Children Presentation** To receive and comment on the Sandwell Parents For Disabled Children Presentation.	181 - 184
8	**Sandwell Drug and Alcohol Strategy** To consider and comment on the Sandwell Drug and Alcohol Strategy.	185 - 230
9	**Harvest View - New Integrated Social Care and Health Centre** To consider and comment on the progress of the development of Harvest View.	231 - 234
10	**Joint Strategic Needs Assessment (JSNA) - Approach** To approve Sandwell's Joint Strategic Needs Assessment (JSNA) approach.	235 - 246

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

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Sandwell Health and Wellbeing Board

21 September 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 Simon Hackett	Cabinet Member for Children and Education
Councillor Bob Piper	Deputy Leader and Cabinet Member for Finance and Resources
Councillor Elaine Giles	Chair of Health and Adult Social Care Scrutiny Board
Dr Lisa McNally	Director of Public Health
Michael Jarrett	Director of Children's Services and Education

Black Country Integrated Care Board

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

Healthwatch Sandwell

Phil Griffin	Chair of Healthwatch Sandwell
Alexia Farmer	Healthwatch Sandwell Manager

Sandwell Council of Voluntary Organisations (SCVO)

Mark Davis	Chief Executive

Sandwell and West Birmingham NHS Trust

Richard Beeken	Chief Executive

Officers and Invitees in attendance

Tammy Davies	Sandwell and West Birmingham NHS Trust
Chris Masikane	Black Country Partnership NHS Foundation Trust
Dr Lina Martino	Consultant in Public Health
Jason Copp	Senior Research Officer, Public Health
Cathren Armstrong	Health Protection Specialist, Public Health
Donna Roberts	Holiday Activity Food Marketing and Engagement Co-ordinator
Samantha Harman	Holiday Activity and Food Programme Manager
Sue Clark	Sandwell Safeguarding Adults Board
Deb Ward (remote attendee)	Sandwell Safeguarding Adults Board

31/22 Apologies for Absence

Apologies were received from Councillor Shackleton (Chair Children's Services and Education Scrutiny Board); Dr S Aslam (Sandwell Locality Commissioning Board); R Mulihi (Faith Sector Representative); Rashpal Bishop (Director Adult Social Care); and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

32/22 Declarations of Interest

There were no declarations of interest made.

33/22 Minutes

Resolved that the minutes of the meeting held on 29 June 2022 are approved as a correct record.

34/22 Urgent Additional Items of Business

There were no urgent additional items of business.

35/22 Health and Wellbeing Strategy Update

The Board received the final draft of the revised Joint Health and Wellbeing Strategy.

The previous Health and Wellbeing strategy (2016 – 2020) was now out of date, and the development of a new Strategy had been hindered due to the covid-19 pandemic. The new Strategy reflected system changes and reflected the new Sandwell Health and Social Care Partnership (which had replaced the Clinical Commissioning Group from July 2022) and the place-based approach to improving population health and wellbeing. There was also a focus on community involvement and putting Sandwell residents at the heart of it.

The revised Strategy would be a live document to ensure that quick adaptions could be made to keep in line with the ever-changing health landscape. The version presented to the Board was text only, with the graphics and design still to be finalised. Several design ideas were presented for consideration and officers noted the Board's preference.

The Health and Adult Social Care Scrutiny Board had received and endorsed the draft Strategy at its meeting on 5 September 2022 (Minute No. 42/22 refers).

The Board thanked officers for their hard work in developing the Strategy, in particular, the Board's Project Officer, Nicole Robins.

Resolved:-

(1) that the content of the Health and Wellbeing Strategy, as now presented, is approved, subject to approval of the graphic design by the Director of Public Health;

(2) that the final Health and Wellbeing Board Strategy is published on the Council website and other partner organisation's websites;

(3) that the Director of Public Health is authorised to approve updates to the Strategy, and update the Board on the updates, as required.

35/22 Social Prescribing

The Board received a detailed presentation from Cape Hill Medical Centre on its social prescribing model, which had been introduced in response to the growing pressures in general practice.

The Centre was based in a culturally diverse area with a patient list of over 12,000. Services at the Centre had expanded since 2003 to include an all faith chaplaincy service, a multi-lingual link worker service, personalised care link workers, a wellbeing hub, a social isolation and proactive outreach service, and health coaching lifestyle clinics.

The Board noted a number of case studies, highlighting the impact that the service had had on individual patients with a variety of different backgrounds and needs. A pilot project evaluating frequent attendees who were identified as being at risk of social isolation had identified a group of 19 patients to target for a social prescribing. The personalised interventions had resulted in an improvement in their wellbeing score and a sustained reduction in GP appointments.

Staff were working with a lifestyle coach to ensure that the model was adaptable for under 18s.

Whilst the numbers in the project were too small to be statistically viable, there were a number of positive trends in the results, including a reduction in demand for GP appointments.

Future work in co-operation with “Complete Care in the Community”, a national programme supporting primary care networks to identify and narrow health inequalities in their local are, was underway to identify what initiatives helped make the most impact on residents. The programme had received funding from the National Healthcare Inequalities Improvement Programme at NHS England and NHS Improvement. Several projects were progressing including work on social isolation,

maternity well-being services and blood pressure review initiatives. Social isolation in particular was of great concern to the Board. It was noted that the Health and Adult Social Care Scrutiny Board had identified social isolation as an area for review and would be investigating further.

Members of the Board praised the model and the positive impact it had had on patients. The importance of supporting capacity building in the voluntary and community sector to provide referral points was emphasised, along with a multi-agency approach. It was also emphasised that social prescribers did not need to be based in GP surgeries and that a shift in public perception was needed to move away from the approach that GPs were the first port of call for people.

A number of GP practices now had social prescribers and it was important to ensure that they were connected so that best practice could be shared to improve outcomes. The Director of Public Health undertook to ensure that that an effective infrastructure was developed through the Sandwell Health and Care Partnership.

The Board supported the recommendation that a social prescribing strategy be developed for Sandwell. The Director of Children's Services suggested that the Young Health Champions Programme be explored as part of this work.

Resolved that a Social Prescribing Strategy is developed for Sandwell.

37/22 Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022

The Board received the Sandwell Safeguarding Adults Board Bi-Annual Report for the period 2020-2022. The report was accompanied by a short film.

The Sandwell Safeguarding Adults Board (SSAB) had continued to oversee and lead on safeguarding in Sandwell during the pandemic, utilising technology to meet frequently despite the restrictions imposed. Representation of the Council still continued both regionally and nationally ensuring that Sandwell

had every opportunity to showcase and lead on best practice. The SSAB business team had employed a Safeguarding Adult Reviews (SAR) Co-ordinator to ensure that decision making panels continued to be robust. A new Vulnerable Adult Risk Management (VARM) process had been introduced from November 2021 as a direct consequence of learning from SARs, to manage risks that could arise when working with adults deemed to have capacity to make decisions but were still as risk of serious harm or death for a variety of reasons.

Several key data points were highlighted:-

- The number of safeguarding referrals made during 2020-21 had increased, with over half of those referrals going onto becoming full safeguarding enquiries.
- The number of safeguarding referrals made during 2021-22 had decreased, with fewer referrals going onto becoming full safeguarding enquiries.
- Over the 2-year reporting period the breakdown of completed enquiries showed that over half of all enquiries were female and the majority of those were older people.
- Over the 2 year period, on average, 48% of all abuse had happened in a person's home. 40% of this abuse was committed by someone the person knew.
- 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.

In addition to the data provided, the following emerging themes obtained from seven Safeguarding Adult Reviews (SAR's) that had been commissioned were highlighted:-

- Failure to appropriate identify risk and record it.
- Lack of clarity about how to escalate concerns regarding risk.
- Absence of multiagency working.
- Absence of evidence supporting assumptions or decisions. that individuals have capacity
- Challenge in building relations where individuals were seen as difficult to engage.
- Use of language that does not support engagement.

- Information sharing.
- Not recognising self-neglect.

Key practice changes had been introduced in response, including the VARM process. The SSAB had also supported national and place-based work on effective engagement and how to build positive relationships supporting people in a person-centred way. The SSAB also participated in learning events that had taken place across the system.

Listening to the voices of users, developing inclusive performance data, embedding learning from SARs and Board Governance were all key strategic priorities for the future. The SSAB would continue to involve and engage with citizens, using existing systems to facilitate workstreams. The Board reiterated the importance of learning from not from mistakes, but also from cases that went well.

Board members welcomed the report, however, emphasised the need to earn from what had gone well, as well as what had not gone so well.

38/22 Pharmaceutical Needs Assessment

Further to Minutes Nos. 37/21 (15 December 2021) and 17/22 (13 April 2022) the Board received the final draft of the Pharmaceutical Needs Assessment 2022 for approval.

The following recommendations aimed to strengthen the provision of pharmaceutical services in Sandwell:-

- Pharmacies should be knowledgeable of which advanced and enhanced services were offered by pharmacies in neighbouring wards/localities in order to sign-post patients to appropriate service providers when needed.
- Where a service had been stopped due to COVID-19, it was important that pharmacies sign-posted residents to another service provider.
- Pharmacies should support young people in accessing emergency contraception by ensuring they were aware of where they could access the 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 covid-19 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 was recommended to ensure needs were currently being met.

Resolved that the Health & Wellbeing Board approve the final Pharmaceutical Needs Assessment draft for publication.

39/22 Holiday Activity and Food

The Board received a presentation on the holiday activity and food programme and the impact that it had had on children, young people and their families. The programme provided support to families with children aged 4-16 that were in receipt of free school meals.

It was reported that 18,903 children in Sandwell were receiving free school meals and this number was notably increasing, especially with the cost of living crisis.

Many families living within Sandwell, although not in entitled to free school meals, were now struggling to keep up with the costs of food and fuel and this presented a major concern. £220 million had been invested by the Department of Education to help assist in the delivery of free meals, of which, Sandwell had received £1.954 million to provide meals and activities to Sandwell children during the Winter, Easter and Summer holidays until 2025.

Sandwell provided a universal and blended approach, delivered by a broad range of over 60 partners, which aimed to remove the stigma around free school meals and help those in need by providing something for every child, regardless of circumstances. A summary was provided of some of the activities that had taken place over the recent summer holidays, including cooking, athletics and music events. Appreciation was shown to local faith groups for their assistance in these programmes.

The following key figures were noted:-

- 8,996 children were registered during the summer holiday; 27% of which were in secondary school and 73% in primary school. 11% of those children had a special educational need or disability (SEND) children;
- 42 of the 60 organisations that had assisted in the delivery of the programme, were voluntary;
- 76 clubs were delivered in total;
- 25 schools were engaged (5 secondary and 20 primary);
- children and young people received a combined total of 76845 contact hours;
- 23087 meals were provided.

The Director of Children's Services expressed sincere thanks and appreciation to everyone involved in the management and delivery of the programme for the provision of an excellent services, in light of the current financial crisis. An independent evaluation of the programme would be carried out in 2023, using a family's journey through the programme. The Department for Education was also evaluation the programme, however, this was a more data-based review and it was recognised that not all of benefits could be measured.

The Board welcomed the invitation to undertake a visit to see the programme in action during the winter school holidays.

39/22 Primary Care Update (Standing Item)

An update on primary care access was presented to the Board.

A new enhanced access service would be in place from 1 October 2022, offering access to appointments outside of traditional hours. Surgeries were now working together under their primary care networks to provide GP appointments. COVID-19 and flu vaccinations were still being delivered.

90% of contact with the NHS was still through primary care. Public perception that the GP was the first port of call needed to change to reduce demand. Better communication and engagement was key to this. Whilst there was a digital offer in place for patients, e.g. booking and holding appointments online, the level of digital deprivation in Sandwell needed to be taken into account.

It was noted that the Health and Adult Social Care Scrutiny Board would be receiving a more comprehensive report at its meeting on 3 October 2022.

Meeting ended at 7.15pm.

democratic_services@sandwell.gov.uk

Sandwell Health & Wellbeing Board

Sandwell Health and Wellbeing Board
7 December, 2022

Report Topic:	**Sandwell Better Care Fund Plan 2022-23**
Contact Officer:	Christine Guest, ASC Assistant Director Paul Moseley, BCF Programme Manager
Link to board priorities	Please include in your report how your work links to one or more of our board priorities: 1. **We will help keep people healthier for longer** 2. **We will help keep people safe and support communities** 3. **We will work together to join up services** 4. **We will work closely with local people, partners and providers of services**
Purpose of Report:	• To inform the Board of the annual requirement to produce a jointly agreed Better Care Fund plan • To request retrospective approval of the Plan by the Health and Wellbeing Board • To inform the Board of the recent addendum to the BCF Policy Framework for 2022/23 • To request that the Director of Adult Social Services is permitted to sign off formal BCF-related documents on occasions when it is not possible to seek approval from the HWBB prior to submission
Recommendations	• That the Board notes the content of the report • That the Board supports the plan • That the Board delegates authority to the Director of Adult Social Services to sign-off future BCF-related documents, including the annual BCF Plans and S75 Agreements, where due to timing factors it is not possible to seek approval from the HWBB prior to submission
Key Discussion points:	• The Sandwell BCF programme provides vital funding and protection for Adult Social Care and Community Health services, enabling us to support our most vulnerable individuals and communities as our local health and care system continues to manage the impacts of the COVID-19

	pandemic alongside the growing pressures resulting from increased demand and demographic challenges. • The BCF programme directly contributes to each of the HWBB's four priorities. • Three plans comprising a narrative plan, financial and performance planning template and an Intermediate Care demand and capacity plan were submitted to the national Better Care Fund team on 26 September. Whilst the outcome of the assurance process is still awaited, the Sandwell plans were recommended for approval following a regional moderation process. • On 18 November 2022 the government published an addendum to the BCF Policy Framework for 2022/23 to incorporate within the BCF Pooled Budget a further allocation of funding to support adult social care hospital discharges through this winter. • The addendum requires a joint social care and health plan for utilising this funding to be developed which will further support the ambitions we have set out in this year's BCF Plan to enable people to stay well, safe, and independent at home for longer and to provide the right care in the right place at the right time.

Implications (e.g. Financial, Statutory etc)

Financial

The total BCF Pooled Budget allocation for 2022/23 is confirmed as £59,990,533; an increase of £3,121,554 compared to the 2021/22 total of £56,868,979.

This year's allocation is comprised of the following income streams:

Minimum ICB Contribution	£29,976,220
iBCF	£23,021,429
DFG	£4,728,713
Additional LA Contribution	£2,264,171

The additional allocation for the ASC Hospital Discharges Funding announced on 18 November 2022 will be distributed to Sandwell through two routes. The first is an allocation to Sandwell Council of £1,539,040 via a S31 grant and the second is a share of the £5,974,142 allocated to the Black Country Integrated Care Board. At the time of writing this report Sandwell's share of the ICB allocation has not been established.

Legal

The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires integrated care boards (ICBs) and local government to agree a joint plan, owned by the health and wellbeing board. These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).	
What engagement has or will take place with people, partners and providers?	The BCF Plan for 2022/23 has been developed in collaboration with partners from Sandwell Council, Black Country ICB, Sandwell and West Birmingham Hospitals Trust and Sandwell Council for Voluntary Organisations.

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BCF narrative plan template

This is a template for local areas to use to submit narrative plans for the Better Care Fund (BCF). All local areas are expected to submit narrative BCF plans but use of this template for doing so is optional. Although the template is optional, we encourage BCF planning leads to ensure that narrative plans cover all headings and topics from this narrative template.

These plans should complement the agreed spending plans and ambitions for BCF national metrics in your area's BCF Planning Template (excel).

There are no word limits for narrative plans, but you should expect your local narrative plans to be no longer than 15-20 pages in length.

Although each Health and Wellbeing Board (HWB) will need to agree a separate excel planning template, a narrative plan covering more than one HWB can be submitted, where this reflects local arrangements for integrated working. Each HWB covered by the plan will need to agree the narrative as well as the excel planning template.

Cover

Health and Wellbeing Board(s)

Sandwell

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

Sandwell Metropolitan Borough Council (SMBC); Black Country Integrated Care Board (BCICB); Sandwell and West Birmingham Hospitals NHS Trust (SWBHT); Sandwell Council for Voluntary Services (SCVO)

How have you gone about involving these stakeholders?

Most stakeholders have been engaged in the BCF plan development through the established BCF governance (the Sandwell Joint Partnership Board is a partnership of SMBC, BCICB and SWBHT and leads on the development of the BCF plan). The BCF Programme Manager has engaged separately with the Chief Executive of the Sandwell Council for Voluntary Organisations who is also a member of the Sandwell Health and Wellbeing Board. Whilst there are effective links between health, social care and housing at the operational level, work is underway at the Sandwell Placed-Based Partnership Board how best to integrate housing at a strategic level.

Executive summary

This should include:

- Priorities for 2022-23
- Key changes since previous BCF plan

The priorities for the Sandwell BCF programme for the last three years has focused on progressing our local ambitions for integration across the three key themes of integrating the commissioning of health and social care, integrating the delivery of health and social care, and integrating the provision of health and social care. Throughout 2022/23 we will continue to strengthen our collaborative commissioning arrangements across our partnerships to further develop our integrated, person-centred care pathways whilst shifting the balance of provision for out of hospital care away from community bedded approaches to more innovative, home based models founded on the Home First ethos and aligned to the Discharge To Assess operating model.

From 1 April 2022 commissioners have repurposed £3m of recurrent annual investment in Community Intermediate Care beds in partnership with the existing provider to deliver a more cost-effective and contemporary model of delivering care, reablement and therapy support to people in their own homes following a stay in hospital or as an intervention to prevent a hospital admission. This model of support is delivered through a multi-disciplinary partnership of clinical professionals, reablement specialists and the voluntary and community sector to help support with safe and timely discharges and to help vulnerable people remain connected to their communities, reducing the risk of social isolation.

Further repurposing of BCF investment in traditional, more costly, and less effective models of care will be achieved during 2022/23 to achieve an optimal mix of community beds and home-based care and support capable of meeting the current and future needs of our local population.

In November 2022 we look forward to opening our 80-bedded integrated health and social care centre. The centre is funded through the Sandwell BCF programme and will be operated in partnership between Sandwell Council and Sandwell and West Birmingham Hospitals Trust through an innovative Co-operative Working Agreement.

The purpose-built facility will deliver time-limited person-centred care, physical therapy and reablement support for people leaving hospital or for people who live in the community who need some extra support to help them avoid an unnecessary hospital admission. The centre will adopt a recovery model that is sharply focused on supporting people to reach their reablement goals in as short a time as possible to maximise their opportunity to lead independent lives.

The increased investment in more home-based models of care and the integrated care centre align well with the policy objectives of National Condition 4.

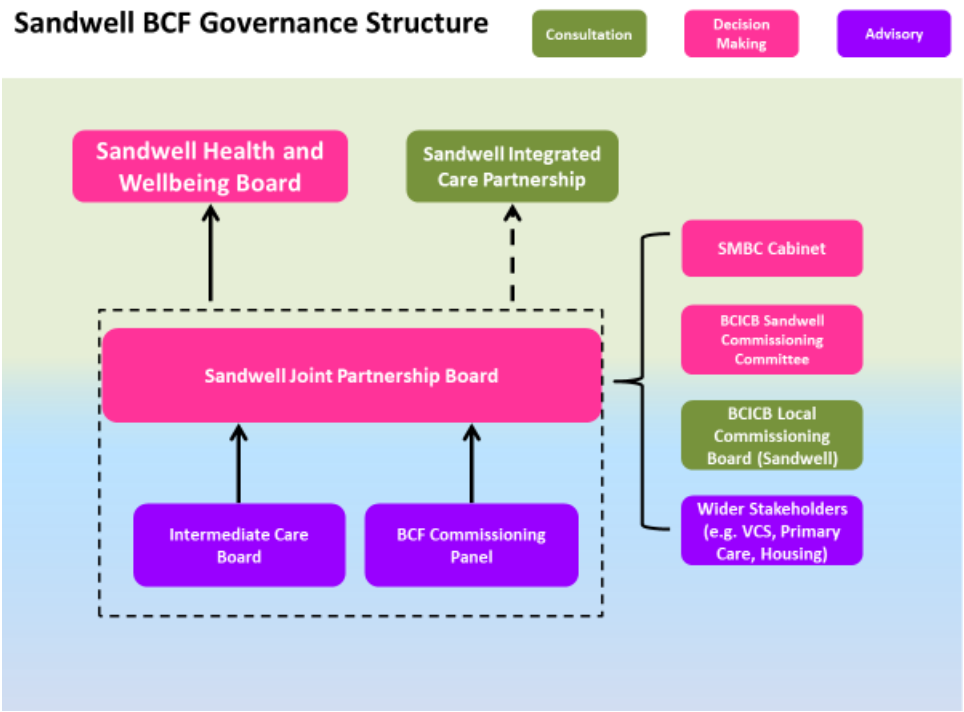
Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The development of the plan has been led by the Sandwell Joint Partnership Board (JPB), an executive group of the Sandwell Health and Wellbeing Board (HWBB), where senior partners from our statutory health and care services meet monthly to provide leadership and governance in relation to the ongoing delivery of the Sandwell Better Care Fund programme.

The Board has a standing agenda item for national BCF updates and has been engaged regarding the BCF planning requirements and reporting timeline for 2022/23. The Programme Manager has also engaged with senior stakeholders from the voluntary sector, primary care and housing in the development of this plan, which will be approved provisionally by the Director for Adult Social Services in line with delegations from the HWBB, which will be asked to formally approve the plan at the next available meeting in December 2022. Additionally, this year the plan will also be approved by the Chief Executive of the Local Authority prior to the plan submission date.

The image below is a diagrammatic representation of the current governance structure for the Sandwell BCF Programme:



Wider local system governance developments are underway following the statutory changes to the NHS structures on 1 July and work is ongoing to establish collaborative relationships between the Joint Partnership Board and the new local structures. The Sandwell BCF Programme Manager has also presented the requirements and reporting timelines for the 2022/23 BCF Plan to the Sandwell Local Commissioning Board (a committee of the ICB), with a commitment to provide quarterly updates thereafter.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person centred health, social care and housing services including:

- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration.
- Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

The Black Country ICS has three current priorities:

1) Building healthier, happier communities
2) Making the Black Country the best place to work
3) Creating a system that is fit for the future

Building healthier, happier communities is about improving the quality of services and placing local people at the centre of their care. It will ensure that:

- People will live healthier for longer
- People who are most vulnerable will get what they need to stay healthy
- There will be more opportunities for healthy life choices
- There will be more investment in mental, primary and community healthcare
- Care will be personalised
- There will be more digital options available
- There will be better access to affordable housing, greater employment and training opportunities, better air quality and safer green spaces

Making the Black Country the best place to work focuses on developing the health and care workforce and making the Black Country capable of attracting the staff we need to deliver the high-quality services our populations deserve.

Creating a system that is fit for the future is about how we create a system that supports the integration of health and care services, whilst making the best use of the money we have. It will ensure:

- Localised health and care teams will work together to support peoples' social, physical, and mental health
- People will be supported to self-care, including exploring options for digital technology
- Local hospitals will work together to deliver accessible and safe care
- Buildings will be fit-for-purpose
- More investment in local front-line services

The Sandwell BCF programme will support the ICS priorities of building healthier, happier communities and creating a system that is fit for the future. We have already achieved some success in redesigning our community services, with significant ongoing investment already committed to providing more capacity to ensure that where possible people receive the care and support they need in their own homes rather than in hospital or community wards.

We also recognise that strong communities are essential to good health and wellbeing and building individual resilience and independence. By strengthening our communities we will improve physical, emotional and mental wellbeing, and by refreshing our Community Offer during 2022/23 we will continue to promote healthier lifestyles whilst providing effective signposting and referrals to community asset-based services and support that enables people to take control of their health and wellbeing.

A Sandwell Integrated Delivery Hub has been established, bringing community health and social care professionals together from the ICB, Sandwell Council and Sandwell and West Birmingham Hospitals Trust to offer integrated, person-centred care and support. The Hub provides a single point for hospital discharge coordination and enables joined-up care planning and assessments that are crucial to improving the experience of care and outcomes for our population.

The primary focus of the Hub is to support timely and effective hospital discharges and hospital avoidance, building on Sandwell's legacy of strong performance against delayed transfers of care (DToC). Sandwell's health and care leaders are committed to extending this multi-speciality collaborative approach across the Borough through the creation of integrated town-based teams dedicated to helping people avoid hospital where possible and supporting people back home after a hospital stay.

We recognise and understand the real contribution that digital technology and the voluntary and community sector can make to supporting people's independence and improving care outcomes so we are commissioning two dedicated posts within the Sandwell Better Care Fund team to devise and implement our ambitions in

these areas and explore further opportunities to integrate grass roots services into our wider out of hospital care and support offer.

Shared commissioning arrangements and effective joint working are well established in Sandwell and whilst the new governance arrangements created by the Health and Social Care Act 2022 will help to ensure that the expansion of integration beyond the BCF programmes is a key focus for the local system, our joint commissioning commitments through the BCF programme will continue to focus on integrating services to improve peoples' experience, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospitals and long-term care.

Commissioning services jointly also enables the whole system to commission services collectively, which helps to reduce waste and variation in service quality and access. Cost efficiencies are also achieved by eliminating variation in prices where commissioners from health and social care have historically paid different prices for similar services commissioned from the independent sector. Our local approach to joint commissioning for better outcomes is explained further on pages 10-11 of the following section.

The Sandwell BCF programme also maintains important links with Housing, not only in respect of aids and adaptations funded through the Disabled Facilities Grant but also contributing significant BCF funding towards the council's Floating Support service, Extra Care, reablement flats for people with learning disabilities and community flats to support timely hospital discharges, hospital avoidance and the local implementation of Discharge to Assess (D2A). The BCF also funds a Welfare Rights post, hosted by the Housing directorate of Sandwell Council to support people to maximise access to the benefits to which they are entitled.

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe, and independent at home for longer
- Provide the right care in the right place at the right time

Please use this section to outline, for each objective:

- The approach to integrating care to deliver better outcomes, including how collaborative commissioning will support this and how primary, community and social care services are being delivered to support people to remain at home, or return home following an episode of inpatient hospital care
- How BCF funded services will support delivery of the objective

Plans for supporting people to remain independent at home for longer should reference

- steps to personalise care and deliver asset-based approaches
- implementing joined-up approaches to population health management, and preparing for delivery of anticipatory care, and how the schemes commissioned through the BCF will support these approaches
- multidisciplinary teams at place or neighbourhood level

Plans for improving discharge and ensuring that people get the right care in the right place, should set out how ICB and social care commissioners will continue to:

- Support safe and timely discharge, including ongoing arrangements to embed a home first approach and ensure that more people are discharged to their usual place of residence with appropriate support.
- Carry out collaborative commissioning of discharge services to support this.

Discharge plans should include confirmation that your area has carried out a self-assessment of implementation of the High Impact Change Model for managing transfers of care and any agreed actions for improving future performance.

Implementing the BCF Policy Objectives: How we will enable people to stay well, safe, and independent at home for longer

Sandwell place leaders understand that there is more work to do to scale up our response in community and primary care to keep people as well as possible at home and reduce or delay the need for people to access acute hospital and long-term care services. The actions we are taking in partnership to shift activity away from acute and community beds towards the provision of more integrated care, therapy and reablement to people in their own homes are already supporting the shift in the balance of investment across the system to deliver a better experience of care and improved outcomes for local people.

In Sandwell all Primary Care Networks (PCN) are actively working on the delivery of the Primary Care Direct Enhanced Service (DES) which will offer a range of approaches to support people to remain at home, or return home following a stay in hospital, that will complement and support our other services and initiatives that have a shared purpose of enabling people to stay well, safe and independent at home for longer .

The PCNs support these aims by:

1) Improving access to Primary Care – all PCN's have extended hours access which increases the number of appointments offered in primary care as well as expand the core hours of General Practice so that appointments and access are available until 8pm on week days and available all day on Saturday

2) Medicines Review & Optimisation – the PCNs use risk-stratification tools to identify and prioritise patients who would benefit from a structured medication review, with a focus on patients in care homes, patients with complex and problematic polypharmacy, patients with severe frailty, and those who are particularly isolated or housebound, or who have experienced recent hospital admissions and/or falls

3) Enhanced Health in Care Homes – all Care Homes are aligned to a single PCN who works with community health and care services and other partners to establish and coordinate a multidisciplinary team approach to deliver the Enhanced Health in Care Homes service requirements which enable the development of personalised care and support plans for people living in the PCN's Aligned Care Homes

4) Social Prescribing – all PCN's provide patients with access to a social prescribing service and further work will be undertaken during 2022 and beyond to develop the relationships between the social prescribing services and the voluntary and community sector services funded through the Sandwell BCF programme

5) Anticipatory Care – PCNs will be required to agree a plan for delivery of Anticipatory Care with their ICS and local partners with whom the service will be jointly delivered. This will include an agreed plan covering the following key elements:

    a. How to identify the population cohort which will benefit most from proactive care in the community
    b. How to assess patient need
    c. How care planning will be carried out and updated when needed
    d. How interventions will be decided upon
    e. How anticipatory care will be coordinated across partners

Through the BCF we also invest over £1m a year in our partnership with the community and voluntary sector to give people access to local services that can give support tailored to individual needs, empowering people to be in control of their own lives and strengthening the resilience of our communities:

The Community Offer is a partnership of local organisations who deliver wellbeing support services to residents across Sandwell through a community asset-based approach. The services are culturally appropriate and inclusive of people with protected characteristics, including those with disabilities and long-term conditions, mental health, learning disability and dementia, as well as carers. The Community Navigators support people to

- Access specialist and mainstream support services
- Provide personalised advice, information, and guidance

- Manage their finances and maximise benefits
- Access their local community and play an active role in it
- Connect to others and build social networks
- Build peoples' confidence to help them manage their own needs

The Sapphire Service provides a range of practical support, information, and advice to vulnerable people on discharge from hospital. The service continues to have a demonstrable impact on reducing hospital delays, lengths of stay and readmissions for users, which are mainly vulnerable older people living at home, typically with multiple complex conditions that, in the absence of the right support delivered at the right time, are at a high risk of hospital admission or readmission. Services and interventions provided by Sapphire include:

- Pre and post discharge support to include a discharge checklist and helping patients to settle back at home immediately after discharge and ensure their immediate needs are met (including food and sundries, and a home risk assessment to guard against slips, trips and falls)
- Up to six weeks of practical and emotional support post-discharge, helping people to maintain their independence at home and reduce readmissions. The period of support may be extended where patients are at high risk of hospital admission or readmission
- Advice and guidance on keeping fit and healthy, including referrals to falls prevention services. This will be particularly important as we come out of lockdown and find that many vulnerable people need support to combat the chronic physical deconditioning resulting from the impact of social restrictions
- Care navigation and support with communication between patients and professionals, including GPs, hospital clinicians, community nurses, therapists, and social workers.
- Signposting to the Community Offer and other services as required on exit from the Sapphire Service.

Implementing the BCF Policy Objectives: How we will provide the right care in the right place at the right time

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

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

We understand too that implementing a D2A approach where going home is the default pathway is the right thing to do for patients and that supporting people to continue their lives at home is vital for their long-term wellbeing outcomes. We know that staying in hospital for longer than necessary has a negative impact on patient outcomes and we are committed to ensuring that patients achieve a timely and safe discharge home and are supported to live full and independent lives.

Our multi-agency, joined-up approach to the commissioning and delivery of reablement and rehabilitation support and hospital avoidance across Sandwell ensures that more people are supported to maintain their independence by providing them with the care they need in the right setting at the time they need it. System partners are working hard to increase the pace of change to deliver preventative, outcomes-focused, and cost-effective community health and care services for Sandwell.

We have taken positive steps to integrate our services where appropriate and where possible. For example, the council's Short Term Assessment and Reablement, Occupational Therapy services and Intermediate Care Team (scheme no.s 9, 69, 30 and 33 from the Planning Template) work collaboratively with the community health services (scheme no.s 24, 52, 58, 74 and 75) to manage the reablement and therapy needs of people living in the community. We have also integrated the Sapphire (Voluntary and Community Sector) service into Pathway 1 to support community health services to deliver timely and effective hospital discharges and help to keep people well at home following discharge.

The community health teams are also integrated with the independent sector care home providers and community social work teams via multi-disciplinary team working to support joint care planning for users of the council-commissioned Enhanced Assessment Beds (EAB). We have brought health and social care teams together to work collaboratively in the Integrated Care Delivery Hub and we look forward to opening the Integrated Health and Social Care Centre in November, which will bring front-line health and social care professionals together to jointly deliver person-centred reablement and rehabilitation services to manage flow whilst supporting the shift in the burden of care activity from hospitals to the community.

However, we recognise that success in delivering true person-centred care demands effective collaboration across all of the agencies and services that support our people and communities to achieve their health and wellbeing goals, including Public Health, Housing and the Voluntary and Community Sector.

Providing high quality, joined-up services that deliver the right care in the right place at the right time is only possible through joined-up commissioning and to achieve this the Sandwell BCF Programme supports a joint commissioning team that brings together experienced commissioners, project managers and performance specialists from the ICB and social services. The team works in a matrix way with our partners in housing, primary care, public health, mental health, acute and community care, as well as the voluntary and community sector.

The Joint Commissioning Team commissions a range of schemes that are central to the successful implementation of the D2A operating model and achievement of 'Home First' principles. Whilst these schemes are set out in detail in the planning template, they include the Own Bed Instead scheme that promotes the Home First ethos by providing time-limited intermediate care and reablement support to people in their own homes following a stay in hospital or to help people avoid a hospital admission.

For residents of care homes where the rate of emergency call-outs is high we also commission wrap-around therapy, social care, pharmacy and clinical support to those homes at highest risk to enable them to manage the care and support needs of their residents more effectively and reduce unnecessary hospital admissions.

To provide better year-round support for people living in the community who are experiencing crises, or who are at high risk of hospital admission, we have committed additional recurrent investments in 'Admission Avoidance' capacity from our local community healthcare provider and a rapid-response domiciliary care service from the independent sector to help people whose own care and support arrangements have broken down, to avoid a hospital admission where possible. The BCF investments in these 'step-up' services and our new Integrated Health and Social Care Centre will support the delivery of our Avoidable Admissions targets set out in the Planning Template.

For people with care and support needs who no longer meet the criteria to reside in hospital and who can return home, it is imperative that they are supported to return home quickly and safely to minimise delays. To support this aim, the BCF programme invests in a range of services to support timely and effective discharges. The Short Term Assessment and Reablement (STAR) service is an in-house reablement service operated by Sandwell Council that provides time-limit reablement support to vulnerable people returning home from a stay in hospital and who require additional support to regain their daily living skills or some aspect of their functionality.

An Early Supported Discharge service is also funded by the BCF programme. Commissioned from the independent sector, the service provides responsive domiciliary care support to enable individuals with care needs to leave hospital once they are clinically ready to do so, and is an important mechanism for ensuring that people with care needs do not spend longer than they need to in hospital whilst a care package is arranged. People using the service are usually transferred

to a longer-term package of care within a few days to ensure that the rapid-response nature of the service is maintained. Our investments in these services, as well as significant increases in the capacity of home-based intermediate care and continued investment in our Voluntary and Community Sector services will help to deliver our ambitions to ensure that 95% of Sandwell residents leaving hospital during 2022/23 return to their normal place of residence and meet our reablement target of 68% of people discharged from hospital remaining at home 91 days after discharge.

Whilst the two new BCF policy objectives of enabling people to stay well, safe, and independent at home for longer and providing the right care in the right place at the right time are presented separately, they are inextricably linked. We want to support people to stay well and independent at home because we know that with few exceptions, home is always the right place for people to receive the care they need. However, there are times when it is not possible or appropriate to care for people in their homes where they have care and support needs but who no longer require hospital treatment.

We currently commission several block contracts with the local care home market for the provision of Enhanced Assessment Beds to support this cohort of patients. Unfortunately, the quality of care is variable, and outcomes for people are generally poor.

However, from 1 November 2022, local people for whom the 'home first' approach is not appropriate and who have reablement goals will be offered access to our new and nationally ground-breaking integrated care centre following a stay in hospital, or for a few days to avoid a hospital admission. The centre was developed to respond to four main strategic challenges:

i) To help deliver sustainable progress on hospital delays

ii) To provide more effective hospital avoidance (step-up) services

iii) To commission high quality but time-limited, bed-based reablement care and support that is accessible all year round to avoid the need to commission reactively to seasonal changes in demand

iv) To remove variation in care quality for people discharged from hospital on a home-based pathway who require a short stay in a community bed for assessment of their ongoing care needs.

The centre will support people in the following ways:

- Improving health, well-being, and confidence, helping people to live longer with a good quality of life and able to participate in their local community

- Supporting people to maintain their independence at home

- Avoidance of unnecessary hospital admissions
- Avoidance or delay of preventable or premature admission to long term residential or nursing care
- Maximising health and care outcomes by supporting people to maintain their functionality and skills through rehabilitation and reablement
- Support for the transition from hospital to home as soon as people are medically ready for discharge
- The new centre will also build strong links with the local community and work effectively with the NHS and voluntary and community sector organisations, promoting best practice in out of hospital care

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

The risk of NHS workforce recruitment challenges for the community services right-sizing programme and integrated health and social care centre is being mitigated through two main approaches:

- Comprehensive recruitment campaign led by the NHS provider
- Phased redeployment of health staff into community services in line with the planned reduction of Community Beds (Social Care Ward and Intermediate Care Wards)

Though there are challenges in recruiting staff with the right skills and experience to deliver the new care approaches required in the community and the integrated health and care centre, we are confident of delivering on the recruitment timescales that have been presented to, and approved by, the Sandwell Joint Partnership Board.

Whilst we have not experienced significant issues in recruiting to the social care workforce for the integrated health and social care centre, it is acknowledged that implementing a true D2A operating model across 7 days for some aspects of social services will present some challenges and require a comprehensive programme of consultation with staff and unions to implement new working patterns.

The BCF programme manager, senior community commissioner, lead for Intermediate Care and other healthcare professionals from the local acute and community provider have met under the authority of the Intermediate Care Board to assess Sandwell's current maturity level against the High Impact Change Model

and to establish an improvement plan. There is a commitment to undertake the assessment every six months going forward and for the HICM improvement plan to play a key role in influencing local priorities.

Supporting unpaid carers.

Please describe how BCF plans and BCF funded services are supporting unpaid carers, including how funding for carers breaks and implementation of Care Act duties in the NHS minimum contribution is being used to improve outcomes for unpaid carers.

There are currently 35,084 carers in Sandwell, almost one third of whom are caring for over 50 hours per week: an increase of 6.8% since the 2011 Census. This figure may exceed 49,000 by 2037 owing in part to an ageing population and legacy impacts of the COVID-19 pandemic.

We recognise that providing support to unpaid carers is one of the most effective ways to improve their wellbeing and support them to continue caring, keep their families and friendships together and thriving, and to help prevent a breakdown in care which can otherwise result in an emergency admission or need for domiciliary, nursing or residential care for the cared-for person.

The Council has a duty under the Care Act 2014 to put carer wellbeing at the heart of delivery and to identify carers on appearance of need. Accordingly, carers are often identified by the statutory services and offered advice, signposting and assessment, support planning and review of carers' needs as part of hospital discharge planning or while the needs of the cared-for person are being assessed.

GPs and Primary Care staff are also trained to identify and register carers as part of their agreements in the Primary Care Commissioning Framework, and our Voluntary and Community Sector partners also identify carers and promote services to support them.

The Sandwell BCF programme invests £460,000 a year supporting unpaid carers. The types of support offered includes:

- listening to experiences over the phone, online, or in person
- offering advice and information on support available
- social activities, like quizzes and outings with or without the loved one
- training courses– such as training in mental health or using a hoist
- providing groups to make friends and share caring experiences
- advice on asking Sandwell Council Enquiry Service for a formal assessment of carer needs.

Support is delivered through a range of approaches including funding to voluntary sector-based carers organisations that provide practical support to carers and through carers direct payments which are used to meet needs identified as part of a carers assessment, and can be used to support breaks for carers.

Care Management provides information and advice, signposting and assessment, support planning and reviews of carers' needs in compliance with the Care Act 2014. Carers are offered a direct payment to meet eligible needs around health and wellbeing.

Formal replacement care is usually funded through a care package for the cared for person, but the Sandwell BCF programme also contributes over £110,000 each year to the funding of Direct Payments (schemes 21 and 38), which are accessible by eligible individuals, including unpaid carers, who can use Direct Payments to fund short breaks, or pursue hobbies or social activities that are important to them. The BCF programme also contributes £2.4m per year to the social work teams (schemes 12, 32, 33) to deliver the necessary assessment capacity, including carer's assessments.

Disabled Facilities Grant (DFG) and wider services

What is your approach to bringing together health, social care, and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The Sandwell BCF Programme Team understands the importance of housing quality as a wider determinant of health and wellbeing. Strong relationships exist between the adult social care, therapy, and housing teams to help ensure that we are supporting people to create living environments which enable them to manage their health and care needs effectively and improve their wellbeing. Our DFG investments for 2022/23 are set out in the following table:

Purpose	**Budget Allocation**	**Description**
Minor Adaptations	£0.36m	Funding for minor adaptations to all non-council housing
Lift & Hoist Servicing and Maintenance	£0.25m	Funding to service and maintain all lifts and hoists installed via a DFG
ASC Directorate – Revenue Costs	£0.35m	Contribution towards the revenue costs of the Therapy Services Team

Housing Directorate – Revenue Costs	£0.45m	Contribution towards the revenue costs of the Home Improvement Agency
Handyperson Service	£0.1m	A service to provide minor housing interventions in private housing
ASC – Moving with Dignity Project	£0.4m	A timebound project to review and improve the manual handling of vulnerable residents
Disabled Facilities Grants	£2.84m	Assuming an average grant value of £15,000 then this equates to funding for 190 grants
Total	£4.75m	

In addition to our DFG programme we offer a range of housing-related services, including a handyperson to carry out small jobs to maintain safety in and around the home where the householder is no longer able to, including cleaning guttering and drainpipes, changing washers on leaking taps and pipes, and securing cables to prevent slips, trips and falls.

We also fund minor adaptations to the value of £1,000, which include installing grab-rails and over-bath showers, and major adaptations costing over £1,000 where significant changes are required to a property, to enable people to occupy their home safely and independently for as long as possible. Such work may include lift installation, Bath Out Shower In (BOSI), level access showers, ramps and extensions.

We are planning to improve our housing-related offer in line with the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO) and are currently considering several options including:

- Offering a simpler non-means tested grant to fund typical adaptions such as shower and ramp installations where the cost of adaptations is less than £15,000.
- Making the property clean and safe with deep clean, property clearance and urgent falls prevention measures.
- Relocation allowances of up to £10,000 for homeowners and £2,000 for private tenants to move to a more appropriate house where making appropriate adaptations is not possible. The grant helps with the costs and fees associated with moving, such as solicitor's fees, valuation survey and estate agents' fees.

- DFG top-up grants of up to £30,000 to homeowners where the costs of work are expected to exceed the DFG maximum threshold of £30,000.
- Hazard Removal Grant offered to homeowners aged 60 plus who are in receipt of Guaranteed Pension Credit. Up to £5,000 for removal of hazards that may present a serious and immediate risk to health and safety.
- Adapting a second home: shared custody of a child. Available to all Sandwell residents where the courts have granted shared custody of a child. Usually only the child's main home would be adapted but the council believe this approach may affect shared custody arrangements and may consider funding adaptations at a child's second home subject to eligibility criteria and available funding.
- Lifts (currently a major adaptation) will become part of the equipment pathway so they can be fast-tracked through the process.

In addition, the Prevention Stores (scheme 3) is funded through the BCF programme and plays an important role in supporting people to stay independent, supplying a range of digital and equipment technologies to enable people to live at home and avoid or delay the need for admission to long term care. Prevention Stores is also a key enabler for Sandwell's excellent performance on hospital discharges, offering a rapid-response service to support timely discharges and helping to prevent readmissions. Prevention Stores also stores and maintains specialist health equipment on behalf of the ICB at no extra cost, often going beyond its formal responsibilities by delivering and installing equipment for ICB patients that reside in neighbouring Boroughs.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

Sandwell is a vibrant, multi-cultural region with 40% of the Sandwell population coming from black, Asian and minority ethnic communities compared to the national average of 14%. However, the Black Country ICS is the second most deprived system in the country and whilst nationally 20% of the population lives in an area of the highest deprivation indices, for Sandwell this figure is 60%, with the remaining Black Country places also significantly above the national average. For males and females in Sandwell both life expectancy (76.1yrs and 80.7yrs) and healthy life expectancy (61.6yrs and 60.6yrs) are significantly lower than the national average (79.4yrs and 83.1yrs, 63.1yrs and 63.9yrs respectively).

Sandwell's population falls behind the national average across a range of measures and indices, including mortality from all preventable causes (224.1 per 100,000 for Sandwell compared to 140.5 per 100,000 for England) and the Sandwell rate for mortality from all causes is the second highest in the West Midlands region at 1403 per 100,000 and 35% higher than the England average of 1042 per 100,000. The Sandwell rate is also significantly higher than England for other diseases considered preventable amongst under 75-year-olds, such as cardiovascular, liver, and respiratory diseases, as well as cancer. Sandwell has the fourth-highest rate of childhood obesity in the country, whilst 70.8% of adults in Sandwell are overweight or obese compared to 64% nationally.

Sandwell residents also experience significantly higher levels of hospital admissions due to hip fractures than the England average and it is also well documented that Sandwell has been impacted disproportionately by the COVID-19 pandemic compared to its neighbours, with 245 deaths per 100,000 in 2020 compared to the England average of 140.1.

Despite these challenges, Sandwell has a strong record of improving peoples' outcomes and experience of care through collaborative working across system partners and agencies, and targeted investment from the Better Care Fund that focuses on delivering more of the right types of care in the right place at the right time and supporting more people to maintain their independence. Health and care partners worked in collaboration to design and deliver new integrated out of

hospital care pathways that are now supporting the shift in the locus of post-acute care and support activity from hospitals to the community and peoples' own homes, and we will continue to develop our out of hospital offer to improve outcomes for our population.

People with protected characteristics and particularly older and disabled people, are at higher risk of hospital admission and tend to experience longer lengths of stay. Many people with protected characteristics also suffer particularly from social isolation and loneliness compared to people without those characteristics.

The BCF plan supports all people, including those with protected characteristics, to avoid unnecessary visits to hospital and where admission is necessary our community health and care services will ensure that people spend no longer in hospital than they need to and are well supported following discharge to lower the risk of readmission or crisis.

We are confident that the Sandwell BCF Programme for 2022/23 will deliver high quality integrated and person-centred services that will help to reduce inequalities and health inequalities for the local population and for those with characteristics protected under the Equality Act 2010. Commissioning proposals for services funded from the BCF programme are required to demonstrate that an Equalities Impact Assessment has been carried out prior to them being considered for formal approval.

We have considered whether the BCF plan activities could constitute conduct prohibited by the Equality Act 2010. In general, the services funded through the BCF will apply to all persons irrespective of protected characteristics though some services are specifically commissioned for individuals or groups who possess protected characteristics and will therefore not constitute direct or indirect discrimination on that basis. We believe that the services and activities funded through the Sandwell BCF programme will have a positive impact on people with protected characteristics and will help to reduce the health inequalities and other inequalities experienced by people who share protected characteristics compared with not having those services available.

The BCF plan funds services that help to connect people to their communities to reduce the impact of loneliness and isolation, which is especially important as many people with protected characteristics continue to restrict their social contacts in the wake of the COVID-19 pandemic. The Community Offer schemes funded through the BCF programme support people to connect with their communities and neighbours and have focused additionally on providing practical support such as shopping and prescription collections during the pandemic. In addition, we found that people living with dementia and their families were disproportionately impacted by the social restrictions and so we commissioned a scheme that provided tablet devices loaded with specialist apps to stimulate and occupy people living with dementia and to enable them and their families to connect with others and maintain social support networks during the period when

face to face contacts were restricted. The scheme was a proven success and the ICB has continued to invest in it. Although our dementia specialists are now back in the community providing face to face support, we remain vigilant for opportunities to support those who are at highest risk of social isolation.

The services funded through the Sandwell BCF programme are aligned to the BCF Policy Framework which promotes equality of opportunity between people who share a protected characteristic and people who do not share it – for example our services support disabled and older people to enjoy the same level of independence as people who do not share these protected characteristics as far as this is possible based on individuals' personal circumstances and health needs.

Across our NHS partners, the Core20Plus5 approach is being used across Sandwell to drive targeted action to reduce health inequalities. As part of the Dartmouth Programme and PCN DES work, PCNs have identified specific elements for action that are linked to the Core 20+5 (Which is actually +6 within Sandwell as Diabetes has also been added) within their local populations and across the Sandwell place there is commitment to improve Early Cancer Diagnosis and CVD prevention and diagnosis.

The Healthy Communities workstream within the Sandwell Health and Care Partnership is responsible for the development and delivery of the Sandwell Health Inequalities Strategy and ensuring there is an increased focus in terms of prevention. Key priorities have been identified as: Drug harm reduction, alcohol harm reduction, smoking cessation, weight management and physical activity, children's' health and education, housing and environment and social isolation. The work on social prescribing and health coaching will also be linked to this workstream.

The Sandwell Health and Care Partnership has committed to:

- Increase our understanding around health inequalities and our local population
- Work collaboratively across all parts of the health and care system to join-up, promote and embed action to reduce health inequalities
- Work in partnership with local people, groups, and forums to ensure health and care pathways are informed and co-produced by people with lived experience, and under-represented and protected groups.

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BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where ‘Social Care’ is selected and the source of funding is “NHS minimum” then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:

- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select ‘Yes’ or ‘No’ to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is ‘No’, please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

HM Government

Version 1.0.0

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications c such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per th in the BCF Planning Requirements for 2022-23.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be require

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Sandwell
Completed by:	Paul Moseley
E-mail:	paul_moseley@sandwell.gov.uk
Contact number:	07770 728186

Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes	
If no please indicate when the HWB is expected to sign off the plan:	Wed 07/12/2022	
If using a delegated authority, please state who is signing off the BCF plan:	Rashpal Bishop	

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adult Social Services
Name:	Rashpal Bishop

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Suzanne
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off		Mark
	Additional ICB(s) contacts if relevant		Michelle
	Local Authority Chief Executive		Kim
	Local Authority Director of Adult Social Services (or equivalent)		Rashpal
	Better Care Fund Lead Official		Paul
	LA Section 151 Officer		Simone
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->			

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

e public domain. It is not

purposes for which it is
of the content, including

ne due process outlined

d if this is breached.

Surname:	E-mail:
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Bishop	Rashpal_Bishop@sandwell.gov.uk
Moseley	paul_moseley@sandwell.gov.uk
Hines	simone_hines@sandwell.gov.uk

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Sandwell

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,728,713	£4,728,713	£0
Minimum NHS Contribution	£29,976,220	£29,976,220	£0
iBCF	£23,021,429	£23,021,429	£0
Additional LA Contribution	£2,264,171	£2,264,171	£0
Additional ICB Contribution	£0	£0	£0
Total	**£59,990,533**	**£59,990,533**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£8,435,492
Planned spend	£12,167,220

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£18,357,092
Planned spend	£19,621,866

Scheme Types

Assistive Technologies and Equipment	£2,618,000	(4.4%)
Care Act Implementation Related Duties	£550,000	(0.9%)
Carers Services	£0	(0.0%)
Community Based Schemes	£5,058,733	(8.4%)
DFG Related Schemes	£4,728,713	(7.9%)
Enablers for Integration	£1,542,541	(2.6%)
High Impact Change Model for Managing Transfer of	£3,825,485	(6.4%)
Home Care or Domiciliary Care	£1,804,850	(3.0%)
Housing Related Schemes	£53,000	(0.1%)
Integrated Care Planning and Navigation	£5,916,000	(9.9%)
Bed based intermediate Care Services	£7,804,142	(13.0%)
Reablement in a persons own home	£12,555,115	(20.9%)
Personalised Budgeting and Commissioning	£110,700	(0.2%)
Personalised Care at Home	£1,185,000	(2.0%)
Prevention / Early Intervention	£2,440,000	(4.1%)
Residential Placements	£9,798,254	(16.3%)
Other	£0	(0.0%)
Total	**£59,990,533**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	95.0%	95.0%	95.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	710	699

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	68.0%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Sandwell

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Sandwell	£4,728,713
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,728,713**

iBCF Contribution	Contribution
Sandwell	£23,021,429
Total iBCF Contribution	**£23,021,429**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Sandwell	£566,000	Additional investment in emergency community
Sandwell	£198,171	Additional investment in 7 day working model
Sandwell	£1,500,000	Funding for LD care navigation schemes
Total Additional Local Authority Contribution	**£2,264,171**	

NHS Minimum Contribution	Contribution
NHS Black Country ICB	£29,976,220
Total NHS Minimum Contribution	**£29,976,220**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£29,976,220**	

	2021-22
Total BCF Pooled Budget	**£59,990,533**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Sandwell

<< Link to summary sheet

Running Balances	Income
DFG	£4,728,713
Minimum NHS Contribution	£29,976,220
iBCF	£23,021,429
Additional LA Contribution	£2,264,171
Additional NHS Contribution	£0
Total	**£59,990,533**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the t

	Minimun
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	
Adult Social Care services spend from the minimum ICB allocations	

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes

Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'
1	Stroke Support	To provide advice, guidance and support to enable stroke survivors	Community Based Schemes	Integrated neighbourhood services	
18	Programme Management	BCF Programme Manager Costs	Enablers for Integration	Programme management	
24	Community Therapy & Hospital	Helping vulnerable and frail people stay independent at home to	Reablement in a persons own home	Reablement service accepting community and	
29	D2A Staffing - NHS	Hub clinical lead	High Impact Change Model for Managing	Home First/Discharge to Assess - process	
43	Continuing Healthcare Assessors	Timely & Effective Discharge - CHC assessors (nurses)	Integrated Care Planning and Navigation	Assessment teams/joint assessment	
44	GP support to EAB units	Timely & Effective Discharge - GP support to step-up/step-down	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	Enhancing Health in Care Homes
49	Blue Light Project	Early intervention service targeting street drinkers to help avoid	Community Based Schemes	Multidisciplinary teams that are supporting	
51	Better discharge co-ordination for EOL patients	Rapid response to step down fast-track CHC patients	High Impact Change Model for Managing	Improved discharge to Care Homes	
52	Additional Admission Avoidance	Additional capacity for Admission Avoidance	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)	
53	48 hours post discharge follow-up	Post discharge welfare checks	Personalised Care at Home	Physical health/wellbeing	
54	Frailty in A&E post	Specialist support for frail elderly in A&E	Integrated Care Planning and Navigation	Care navigation and planning	
55	iCARES attendance at EAB MDTs	Provider attendance at community bed MDTs	High Impact Change Model for Managing	Multi-Disciplinary/Multi-Agency Discharge	
56	Care Home Admission Avoidance (Virtual	Wrap-around clinical support to care homes to reduce emergency	Bed based intermediate Care Services	Rapid/Crisis Response	

58	Pathway 1 and 2 transformation	Additional community capacity to support Home First and D2A	Community Based Schemes	Multidisciplinary teams that are supporting	
59	ICP Programme Support	Project team for community transformation	Enablers for Integration	Programme management	
60	IDH Admin Posts	Administration support to integrated discharge hub	High Impact Change Model for Managing	Home First/Discharge to Assess - process	
67	Integrated Health and Social Care Centre	Short term community beds providing reablement and therapy	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)	
70	Discharge co-ordinators	Discharge co-ordinators for acute wards (3 months)	High Impact Change Model for Managing	Home First/Discharge to Assess - process	
73	Covid-19 community beds (GP support)	Contingency provision to support Covid-19 discharges	Residential Placements	Discharge from hospital (with reablement) to	
74	Pathway 1 and 2 transformation - 90 placements	Additional community capacity to support Home First and D2A	Community Based Schemes	Multidisciplinary teams that are supporting	
75	Pathway 1 and 2 transformation 90 placements (iBCF	Additional community capacity to support Home First and D2A	Community Based Schemes	Multidisciplinary teams that are supporting	
76	7 day working	Additional staffing to support 7 day working model (SWBHT)	High Impact Change Model for Managing	Flexible working patterns (including 7 day	
78	7 day working	Additional staffing to support 7 day working model (ICB)	High Impact Change Model for Managing	Flexible working patterns (including 7 day	
79	7 day working	Additional staffing to support 7 day working model (SWBHT)	High Impact Change Model for Managing	Flexible working patterns (including 7 day	

Expenditure	Balance
£4,728,713	£0
£29,976,220	£0
£23,021,429	£0
£2,264,171	£0
£0	£0
£59,990,533	**£0**

:otal Minimum CCG Contribution (on row 31 above).

n Required Spend	Planned Spend	Under Spend
£8,435,492	£12,167,220	£0
£18,357,092	£19,621,866	£0

>> Link to further guidance

Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Planned Expenditure

Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£85,017	Existing
Other	Joint health and social care	CCG			CCG	Minimum NHS Contribution	£83,055	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£4,504,115	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£34,000	New
Community Health		CCG			CCG	Minimum NHS Contribution	£457,000	Existing
Primary Care		CCG			NHS Community Provider	Minimum NHS Contribution	£310,000	Existing
Other	Public Health	LA			Local Authority	iBCF	£91,000	Existing
Community Health		CCG			NHS Acute Provider	Minimum NHS Contribution	£172,000	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£678,000	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£59,000	Existing
Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£83,000	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£17,000	Existing
Social Care		CCG			NHS Community Provider	iBCF	£580,000	Existing

Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£3,094,716	Existing
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£410,884	New
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£111,000	New
Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£2,000,000	New
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£50,000	New
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£13,500	New
Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£192,067	New
Community Health		CCG			NHS Community Provider	iBCF	£1,107,933	New
Community Health		CCG			NHS Community Provider	iBCF	£4,894	New
Community Health		CCG			CCG	Additional LA Contribution	£8,910	New
Community Health		CCG			NHS Community Provider	Additional LA Contribution	£68,546	New

Further guidance for completing Expe

National Conditions 2 & 3

Schemes tagged with the following will count towards t
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contrib

Schemes tagged with the below will count towards the
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, c
- **Source of funding** selected as 'Minimum NHS Contrib

2022-23 Revised Scheme types

Number	Scheme type/ services
1	Assistive Technologies and Equipment
2	Care Act Implementation Related Duties
3	Carers Services
4	Community Based Schemes
5	DFG Related Schemes
6	Enablers for Integration

7	High Impact Change Model for Managing Transfer of Care
8	Home Care or Domiciliary Care
9	Housing Related Schemes
10	Integrated Care Planning and Navigation
11	Bed based intermediate Care Services
12	Reablement in a persons own home
13	Personalised Budgeting and Commissioning
14	Personalised Care at Home
15	Prevention / Early Intervention

16	Residential Placements
18	Other

enditure sheet

:he planned **Adult Social Care services spend** from the NHS min:

ɔution'

planned **Out of Hospital spend** from the NHS min:

only the NHS % will contribute)
ɔution'

Sub type
1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other
1. Respite Services 2. Other
1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other
1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other
1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other

1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other
1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other
1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other

1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.

The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.

Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Sandwell

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	1,016	1,082	1,165	989	The 2021-22 actuals are inco have been superceded. The is the actual. New 2022/23 p reflect quarter on quarter gr compared to 2021/22 with th
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan	
(See Guidance)	Indicator value	237	283	304	300	

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	93.3%	94.6%	93.9%	93.8%	Ambition taken from Hospita Service Requirements which 95% of patients leaving hosp mean that (where it is neede assessment and organising o care will take place when the own home.
	Numerator	6,978	7,175	6,963	6,821	
	Denominator	7,477	7,585	7,413	7,269	
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan	
(SUS data - available on the Better Care Exchange)	Quarter (%)	95.0%	95.0%	95.0%	95.0%	
	Numerator	7,298	7,388	7,234	7,092	
	Denominator	7,682	7,776	7,615	7,465	

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	710.0	715.6	725.5	698.7	Sandwell has a relatively hig of over 65's living with comp term conditions compared t neighbouring Local Authoriti stretch targets for reducing admissions is a challenge for
	Numerator	350	360	365	355	
	Denominator	49,298	50,307	50,307	50,810	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	60.3%	66.9%	65.6%	68.0%	Sandwell has a relatively hig of over 65's living with comp term conditions compared t neighbouring Local Authoriti stretch targets for reducing admissions is a challenge for
	Numerator	176	222	246	255	
	Denominator	292	332	375	375	

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptons
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-2

was set	Local plan to meet ambition
rrect and 2022-23 Q1 plan values owth of 4.5% he exception	Transformation of community services and opening of new integrated care centre will see a stronger focus on step-up interventions from 2022/23, supporting more people to avoid

was set	Local plan to meet ambition
al Discharge state that for ital this will ed), the f ongoing ey are in their	Plans are underway to repurpose investment in traditional community beds and into more home-based packages of support to enable more people to be discharged to their normal place of residence.

was set	Local plan to meet ambition
h proportion lex or long o es so setting care home Sandwell.	The new integrated care centre and investments in home-based care placements in 2022/23 will help to reduce the rate of permanent admissions to care homes for Sandwell residents

population projections are based on a calendar year

was set	Local plan to meet ambition
h proportion lex or long o es so setting care home Sandwell. A	Increased investment in the Home First approach together with ongoing investments in the Voluntary and Community Sector and community services providing follow-up telephone calls and interventions 48 hours following

hire combined figure;
21 estimates.

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Theme	Code	Planning Requirement
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to
	PR2	A clear narrative for the integration of health and social care
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?

Agreed expenditure plan for all elements of the BCF	**PR7**	**Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?**
Metrics	**PR8**	**Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?**

Sandwell

Key considerations for meeting the planning requirement **T**hese are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	**Confirmed through**
Has a plan; jointly developed and agreed between ICB(s) and LA; been submitted? Has the HWB approved the plan/delegated approval? Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?	Cover sheet Cover sheet Narrative plan Validation of submitted plans
Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes: • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.	Narrative plan
Is there confirmation that use of DFG has been agreed with housing authorities? • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	 Narrative plan Confirmation sheet
Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template
Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template
Does the plan include an agreed approach for meeting the two BCF policy objectives: - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? •Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM?	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template

• Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement?	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet
• Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: - the rationale for the ambition set, and - the local plan to meet this ambition?	Metrics tab

Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
Yes	Narrative plan page 2 (cover sheet) and page 4 (governance)		
Yes	Narrative plan pages 6- 7 and pages 10-11 Narrative plan pages 19-21		
Yes	P16-18 of narrative plan		
Yes			
Yes			
Yes	P7-14 of narrative plan. P14 of narrative plan		

Yes	Narrative plan pages 14-16		
Yes			

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:
- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Sandwell
Completed by:	Paul Moseley
E-mail:	paul_moseley@sandwell.gov.uk
Contact number:	07770 728186

Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adult Social Services
Name:	Rashpal Bishop

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Sandwell

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of ex each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	60	60	60	60
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	165	167	169	170
2: Step down beds (D2A pathway 2)	100	97	98	99
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	6	6	6	6

Any assumptions made:	We utilise Sapphire Service for low level support and is offered to all leaving on Pathway 0 as well as OBI support in Pathway 1. demand below is tha

!!Click on the filter box below to select Trust first!!

	Demand - Discharge				
Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TF	0: Low level support for simple hospital discharges - e.g. Voluntary or Community				

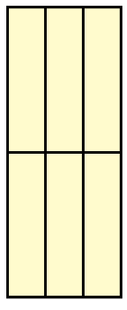
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TF	1: Reablement in a persons own home to support discharge (D2A Pathway 1)				
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TF	2: Step down beds (D2A pathway 2)				
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TF	3: Discharge from hospital (with reablement) to long term residential care (Discharge				

pected discharges from

Feb-23	Mar-23
60	60
172	174
89	98
5	6

at of the uptake of the service. A Partnership workstream is

Feb-23	Mar-23



Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Sandwell

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	Demand based on last year's figures

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	54	76	56	60	62	75
Urgent community response	120	120	120	125	130	140
Reablement/support someone to remain at home	408	409	410	415	420	425
Bed based intermediate care (Step up)	5	5	5	5	5	5

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Sandwell

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	We have three wards commissioned across Bed Based Intermediate Care alongside our Harvest View provision, t

Capacity - Hospital Discharge

Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.	80	80	80	80	80	80
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	42	42	42	68	68	68

Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	195	195	195	195	195	195
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	126	126	126	126	126	126
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	10	10	10	10	10	10

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Sandwell

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	We recognise that there is a gap in capacity v demand around reablement in a persons home, this is being addre

Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	65	65	65	65	65	65
Urgent Community Response	Monthly capacity. Number of new clients.	300	300	300	346	346	346

Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	368	368	368	488	488	488
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	26	26	26	26	26	26

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Sandwell

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£11,500,000
BCF related spend	£10,200,000
Comments if applicable	Would be helpful if future Planning Return templates could include a separate category for Intermediate Care and provide a definition of what services should fall under the scope of Intermediate Care as areas are likely to adopt different

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Sandwell Health and Wellbeing Board
7th December 2022

Report Topic:	A Multi-Agency Social Emotional Mental Health Competency Framework for Staff Working with Children and Young People in Sandwell
Contact Officer:	Kathryn (Kate) Hickman, Vulnerable Children and Young People Project Manager, Public Health Kathryn_Hickman@sandwell.gov.uk
Link to board priorities	Please include in your report how your work links to one or more of our board priorities: **1. We will help keep people healthier for longer** Providing the best start in life for children and young people and enabling them to achieve their potential is integral for them to become emotionally strong and resilient adults. Having good health throughout life increases life chances, life expectancy and the number of years lived in good health. By equipping the children and young people (CYP) workforce with the skills and knowledge of social, emotional mental health will enable them to provide preventative and early intervention support for CYP to have the best start in life. **2. We will help keep people safe and support communities** Developing the skills and knowledge of the multi-agency CYP workforce in Sandwell is key to reducing the impact of poor mental health on individuals, families and communities. The Framework will enable professionals to provide preventative and nurturing environments, identify early signs of poor mental health as well as ensuring that those children and young people experiencing mental health difficulties are able to access timely and appropriate care and support. **3. We will work together to join up services** The Framework draws on several key services and strategies to support the social, emotional and mental health of children and young people in Sandwell. It connects professionals with local mental health services and other relevant services/support such as the Sandwell Wellbeing Charter Mark; it supports actions from local strategies including the Suicide Prevention Strategy, Better Mental Health Strategy and Early Help Strategy; and links professionals with local training opportunities including from the Sandwell Children's Safeguarding Partnership.

	1. We will work closely with local people, partners and providers of services Local partners and service providers have been consulted and have informed the development of the Framework. Local partners and service providers will also be integral to succeed in the dissemination of the Framework.
Purpose of Report:	• Update Health & Wellbeing Board on the development of The Framework; • Outline our intentions for the dissemination of The Framework across the CYP workforce.
Recommendations	• That the Health & Wellbeing Board note and endorse these plans. • That the Health & Wellbeing Board endorse dissemination through their Organisation, and wider CYP workforce, as appropriate.
Key Discussion points:	<u>Aims of the Framework</u> Mental health should be everybody's business; therefore, *A Multi-Agency Social Emotional Mental Health Competency Framework for Staff Working with Children and Young People in Sandwell* is aimed at all staff, from caretakers to teachers, community transport drivers to youth workers, by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff to work together to support the children and young people of Sandwell, and each other, knowing their limitations and how to escalate concerns. <u>Evidence of Need</u> The Sandwell Well-Being Charter Mark has been supporting schools to adopt a whole-school approach to mental health and wellbeing since 2018. The Sandwell Wellbeing Charter Mark has been extended to support Early Years Settings and Community Voluntary Sector Organisations to adopt a whole-organisation approach to mental health and wellbeing. Through this work, along with other engagement activity, such as the facilitation of the Anna Freud Link Programme and the progression of the local CAMHS Transformation Plan, we have identified a need to improve learning and development opportunities for the whole place-based workforce, not just those in education settings, to support the emotional health and wellbeing of our children and young people in Sandwell. Now more than ever in the recovery phase of the COVID-19 pandemic, working with children and young people with social emotional mental health problems is inevitable, so by adopting the Framework we are ensuring that children and young people are receiving evidence-based support from a skilled workforce.

Sandwell Health & Wellbeing Board

Scope of the Framework

The framework has separate competencies for those working with children and young people at different ages; early years, primary school, secondary school and college with clear enhancements included where necessary for children and young people with additional needs.

The framework is a *workforce development tool* yet it is not intended to overburden staff or turn all of the workforce into therapists.

Implementing the framework follows three overarching steps for members of staff:

1. Align to a competency group
2. Complete the self-assessment
3. Undertake the training

Framework Dissemination

Subject to endorsement from Board Members, it is our intention to work collaboratively with relevant Directorates, Senior Managers, Partnerships and Commissioners to disseminate the Framework as below:

Target Audience	**Timescale**
Employees of Sandwell Council and Sandwell Children's Trust.	Jan – Feb 2023
Employees of Sandwell Education Providers	Jan – Mar 2023
Employees of Sandwell Council Commissioned Services/Grant Recipients	Jan – Mar 2023
Employees of Sandwell Children's Safeguarding Partnership members	By March 2023 (Meeting Date TBC)
Employees of Thrive Board members	By Mar 2023 (Meeting date TBC)
Employees of Early Help Partnership members	By March 2023 (Meeting Date TBC)
Employees of Sandwell Suicide Prevention Partnership members	21st March 2023
Employees within wider CYP workforce in Sandwell incl. public, private and voluntary sector in Sandwell	Apr – Sept 2023
Foster Carers and Adoption Services	Apr – Sept 2023
Employees within Black Country ICS who work within Sandwell	Jul – Sept 2023
Dissemination analysis to determine gaps	Sept 2023

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<tr><td></td><td>
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<tr><td>Dissemination within any identified gaps</td><td>Oct – Dec 2023</td></tr>
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The Framework will be reviewed by Public Health on an annual basis to ensure it remains relevant and appropriate to the CYP workforce within Sandwell.
</td></tr>
<tr><td colspan="2">Implications (e.g. Financial, Statutory etc)</td></tr>
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The Care Act (2014) set out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing.
The Framework feeds in to our statutory duty to safeguard children and young people (Working Together to Safeguard Children, 2018).
In 2015 the Department of Health and NHS England published Future in Mind: promoting, protecting and improving our children and young people’s mental health and wellbeing. It urges whole systems to work together to promote good mental wellbeing and identify problems early. It identifies the opportunities that multi-agency settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole setting approach to promoting mental health and wellbeing.
The Framework makes use of existing resources including staff and training opportunities.

</td></tr>
<tr><td>What engagement has or will take place with people, partners and providers?</td><td>The Framework has been adapted from the ‘In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education’ developed by Yorkshire and The Humber Clinical Networks in 2017 and updated in 2019. To make the Framework relevant and appropriate for a Sandwell workforce several local partners have provided been consulted with and have offered their feedback and insight on the ambitions. Partners include Sandwell Children’s Safeguarding Partnership (incl. Learning & Development), Black Country Healthcare Foundation Trust (incl. CAMHS Commissioner, Specialist CAMHS, All Age Eating Disorder Service, Reflexions Service, Lead for CAMHS Psychology and Suicide Prevention Transformation Manager), Early Help Partnership, Thrive Operational Group, Public Health Consultants, Education Psychology/Inclusion Support and Council Officers within Children’s Directorate. Endorsement will also be sought at Thrive Board on 15th December.
Future engagement with relevant partners and providers will be fundamental during the initial dissemination of the Framework through 2023. Continued engagement will ensure the Framework persists beyond 2023.</td></tr>
</table>

A Multi-Agency Social Emotional Mental Health Competency Framework

for Staff Working with Children and Young People in Sandwell

Version 1.8

November 2022

Contents

Acknowledgements

This framework has been adapted from the 'In It Together; A Social Emotional Mental Health Competency Framework for Staff Working in Education' developed by Yorkshire and The Humber Clinical Networks in 2017 and updated in 2019.

http://www.yhscn.nhs.uk/children-network/Childrens-SEMH-Competency-Framework.php

Authors

Kathryn Hickman Sandwell Council Public Health

Introduction

In 2015 the Department of Health and NHS England published Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing. This strategy outlined a national ambition to dramatically improve children and young people's social emotional mental health by 2020. It urges whole systems to work together to promote good mental wellbeing and identify problems early. It identifies the opportunities that multi-agency settings provide for achieving this ambition, including the recommendation that those who work with children and young people are trained in child development and mental health, understand what can be done to provide help and support for those in need and develop a whole setting approach to promoting mental health and wellbeing. This framework is designed to support this recommendation become a reality.

In line with our Vision 2030 ambitions, we want children and young people to get the best start in life and achieve their potential, growing into emotionally strong and resilient adults.

The Sandwell Well-Being Charter Mark has been supporting schools to adopt a whole-school approach to mental health and wellbeing since 2018. The Charter Mark is based on the 8 principles of a whole school approach to promoting mental health and wellbeing (PHE, 2015) and as such includes a thorough review into staff development (to support their own wellbeing and that of their students). The Sandwell Wellbeing Charter Mark has been extended to support Early Years Settings and Community Voluntary Sector Organisations to adopt a whole-organisation approach to mental health and wellbeing. Through this work, along with other engagement activity, such as the facilitation of the Anna Freud Link Programme and the progression of the local CAMHS Transformation Plan, we have identified a need to improve learning and development opportunities for the whole place-based workforce, not just those in education settings, to support the emotional health and wellbeing of our children and young people in Sandwell.

Now more than ever in the recovery phase of the COVID-19 pandemic, working with children and young people with social emotional mental health problems is inevitable, so why not ensure they receive evidence-based support from a skilled workforce. This comprehensive framework can deliver real benefits to the workforce and children and young people, not only outlining the skills needed, but evidence-based training options to then gain these skills.

Scope of the Framework

Mental health should be everybody's business; therefore, A Multi-Agency Social Emotional Mental Health Competency Framework for Staff Working with Children and Young People in Sandwell is aimed at all staff, from caretakers to teachers, community transport drivers to youth workers, by outlining role appropriate levels of skill, knowledge and training. It aims to encourage all staff to work together to support the children and young people of Sandwell, and each other, knowing their limitations and how to escalate concerns.

Furthermore, this framework aims to complement but not duplicate existing practice, for example, around safeguarding or special education needs and national guidance such as Public Health England's Whole School and College Approach and the joint publication by the Department for Education and Department of Health; Transforming Children and Young People's Mental Health Provision: a Green Paper and the implementation of Mental Health Support Teams. This framework will also complement the work undertaken by schools, early years settings and community and voluntary sector organisations through the Sandwell Well-Being Charter Mark.

The framework has separate competencies for those working with children and young people at different ages; early years, primary school, secondary school and college with clear enhancements included where necessary for children and young people with additional needs.

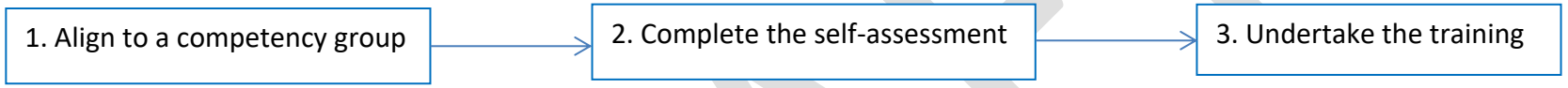
The framework is a *workforce development tool* yet it is not intended to overburden staff or turn all of the workforce into therapists. Nor is it a mental health strategy development tool or PSHE curriculum tool. As the framework was developed a number of useful documents and resources for settings came to light and whilst they were not directly to be included in the framework we didn't want to lose them so they are included as an appendix.

How to Use the Framework

The framework itself is comprised of four components:

- Groups of competencies: core, enhanced and targeted
- Suggestions of staff roles for whom each group of competencies is most likely to be relevant
- A self-assessment tool
- Suggested training options to gain the needed skills and knowledge

Implementing the framework follows three overarching steps for members of staff:



Competency Groups

Members of staff will align with one of three groups of competencies:

1. **Core competencies**: these are intended for *everyone*, irrespective of their role to have as a minimum. They focus on being aware of mental health and contributing to a supportive culture. For some staff these core competencies will be all that they need to have. Anything that is in the core level which needs to be duplicated in other levels has been included in them.
2. **Enhanced competencies**: these are intended for members of staff who have more interaction with children and young people and their role allows them increased opportunity, and responsibility, to make adjustments in their practice and/or environment. These competencies incorporate and build upon the core competencies by focussing more on specific mental health issues, how resilience can be developed, vulnerable groups and having enhanced communication skills.
3. **Targeted competencies**: these are intended for members of staff who need a greater depth of knowledge of how to support individual children/young people with particular mental health or emotional wellbeing difficulties. They may also advise and support other members of staff within the setting on social emotional mental health support. These targeted competencies incorporate and build upon the core level and some elements of the enhanced group.

All categories include knowing how to escalate concerns. Many competencies are broken down into outcomes which provide further detail on what knowledge and skill are required.

Staff Groups

The table at the end of this section is a guide to help agencies determine which members of staff require which level of competency. It is stressed that these are flexible and are only there as a guide. Agencies may wish to develop particular roles and following discussion between relevant parties it may be, for example, that a member of staff aligned to the core competencies may also require one or two skills from the enhanced level. The key message is that agencies should use the framework in a way that meets their unique need; it is not intended to be rigid or prescriptive.

Self-Assessment Tool

Having determined which group of competencies are relevant to an individual's role, they are to complete the self-assessment tool. This will highlight gaps in knowledge or skill and subsequently where resources are to be directed to enable the member of staff to achieve the full range of abilities they require.

Suggested Training Options

Having undertaken the self-assessment and identified areas for development this framework maps competencies against suggested training options. The competencies are numbered and training options are provided against each number. A range of training options are often provided and in some cases more than one option should be undertaken to fulfil the competency (such as MindEd modules). Suggestions have also been made for when staff who work with children and young people with additional needs may require additional training or if staff work with Looked After Children. The training options are only suggestions and agencies may wish to use other providers, but care should be taken to ensure they have a solid evidence base and meet the competency. We have mapped the competencies with local training opportunities including those available through the Sandwell Children's Safeguarding Partnership - https://training.sandwelllscb.org.uk/.

Particularly for the enhanced and targeted levels a coordinated approach to training would ensure the best use of valuable resources and time, such as when face–to–face or group training is required. In some cases undertaking a brief MindEd session or some overview reading initially would be beneficial whilst group training is coordinated. Agencies may also wish to consider "buddying-up" with other agencies when purchasing

training which will share the cost. A coordinated approach will help agencies identify themes for staff development and opportunities for individuals to share their learning or existing expertise with colleagues.

The training suggestions come in a range of formats from e-learning, face-to-face, webpages to factsheets. We appreciate that individuals have different learning style preferences, but the options given focus on providing the correct content to meet the competency.

Finally, as mental health can be a very emotive topic, members of staff should be aware of their own emotional wellbeing needs and circumstances and be supported through the process. Support may also need to be given to ensure access to online training.

Table of suggested staff per level of competency

Core	Enhanced	Targeted
Caretakers/Cleaners/Facilities Staff	Probation Officers	Family Support Workers
Back office and administration staff	Leisure/Sport Coaches	Targeted Youth Workers
Catering Staff i.e. school lunch supervisors	Neighbourhood Officers	Health Visitors
Contact Centre Staff	Sessional Youth Workers	School Health Nurses
Transport drivers i.e. school transport service	Attendance Officers	Youth Justice Workers
Librarians	Community Group Workers	GPs
Street Wardens/Environmental Protection Officers/Community Safety Officers (with ASB reduction responsibilities or who may come across CYP on patrols)	Dentists/Pharmacists	Staff working in Refuges
Receptionists	Early Years Assistants	Speech & Language Therapists
School Governors	Childminders	Staff working with looked after children
Senior Managers/Boards/Trustees with little direct contact with CYP	Teachers/Lecturers	Pastoral/ Student Support Services
Chaplaincy/Faith Leaders	Social Work Assistants	Safeguarding Leads/Welfare Officers
Security Workers i.e. at colleges, youth clubs, supported housing etc.	Foster Carers	Early Years Practitioners and Managers (Level 3 and above)
Connexions staff/Job Centre Plus staff	CYP Forum Workers	Targeted Support Services i.e. substance abuse, sexual health, mentoring,

	Police Officers	Social Workers
	Head/Deputy Head (if not DSL)	Staff working with CYP with disabilities/additional needs incl. SENCO
	Learning Support Assistants/Teaching Assistants	Care Leavers Team

These levels are suggestions only. To find the appropriate level for your role consider the amount and degree of interaction you have with children/young people and your designated responsibilities.

These levels are NOT incremental. Anything that is in the core level which needs to be duplicated in other levels has been included in them. Therefore, you only need to complete the training provided in each competency training directory, unless it has been assessed that you require certain skills from the other competency areas relevant to your role.

Competencies & Self-Assessment Tool: Core Competencies

Please ensure you have read the How to Use the Framework section before proceeding.

Name:

Date:

Competency	Outcomes		Yes	No	Partially
I have an awareness of the key milestones for child and adolescent development.	**Staff working with Early Years Aged Children**				
	C1	I understand the key physical, social, emotional, cognitive and language milestones for young children.			
	Staff working with Primary School Aged Children				
	C1	I understand the key physical, social, emotional, cognitive and language milestones for children.			
	Staff working with Secondary School Aged Children				
	C1	I understand the key changes that adolescents experience.			
	Staff working with College Aged Children				
	C1	I understand the key changes that adolescents experience.			
	All staff irrespective of age group				
	C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural conditions and neurodiversity such as ADHD and Autism. I recognise that development and behaviour may be different for these children/young people and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between children/young people of the same chronological age.			
I have a basic awareness of what social emotional mental health is, including the importance of prevention and early intervention and can recognise changes in behaviour.	**All staff irrespective of age group**				
	C3	I understand the concept of mental health, mental wellbeing and mental ill-health.			
	C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.			
	C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.			

I can communicate effectively with children/young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child/young person. I know how to escalate concerns regarding a children's/young person's social emotional mental health.	**All staff irrespective of age group**				
	C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child/young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's/young person's preferences, opinions and wishes.			
	C7	I can adapt my communication style to be able to converse with an autistic child/young person.			
	C8	I can adapt my communication style to be able to be able to converse with a child/young person who has a learning disability.			
	C9	I am aware of my organisation's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's/young person's social emotional mental health.			
	C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.			
I am aware of my organisation's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	**All staff irrespective of age group**				
	C11	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new children/young people • Special Educational Needs (SEND) • Mental health strategy (if available) • Trauma-Informed Practice			

I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	**All staff irrespective of age group**				
	C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.			
	C13	If I have an existing mental health condition I know how to care for this and access services if necessary.			
I have the ability to effectively promote an open and honest culture within the whole organisation around social emotional mental health.	**All staff irrespective of age group**				
	C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.			
	C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children/young people.			
	C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.			

Having completed your self-assessment please work your way through the training directory below.

Training Directory: Core Competencies

Outcomes		Training Options
Staff working with Early Years Aged Children		
C1	I understand the key physical, social, emotional, cognitive and language milestones for young children.	Developmental Milestones age 3-5. 7 minute video.
Staff working with Primary School Aged Children		
C1	I understand the key physical, social, emotional, cognitive and language milestones for children.	Developmental Milestones School Age (5-11yrs) Video

Staff working with Secondary School Aged Children		
C1	I understand the key changes that adolescents experience.	Adolescent development. The art of growing up: MindMatters video.
Staff working with College Aged Children		
C1	I understand the key changes that adolescents experience.	Adolescent development. The art of growing up: MindMatters video.
All staff irrespective of age group		
C2	I have a basic understanding of general learning difficulties plus Special Educational Needs (SEN), including behavioural conditions and neurodiversity such as ADHD and Autism. I recognise that development and behaviour may be different for these young people and behaviour may be a form of communication. I appreciate that the level of emotional development may vary between young people of the same chronological age.	Learning Difficulties. Mencap. Website. Attention-deficit hyperactivity disorder and hyperkinetic disorder: RCPSYCH factsheet. Autism and Asperger's syndrome: RCPSYCH factsheet. *All three* options to be read to meet the competency.
All staff irrespective of age group		
C3	I understand the concept of mental health, mental wellbeing and mental ill-health.	Children and Young People's Mental Health: Centre for Mental Health Factsheet
C4	I can recognise changes in behaviour and warning signs that something may be wrong and do not ignore these.	What Goes Wrong? MindEd: Free online e-learning. 30 mins. Mental Health Problems – An Introduction. Mind. Downloads a PDF. Suicide Awareness Training. Zero Suicide Alliance. 20 minute video Spot the warning signs. Beat Eating Disorders. Downloads a PDF. I'm worried about someone with an eating disorder. Beat Eating Disorders. Downloads a PDF. *All options* to be competed to achieve the competency.
C5	I am aware of the key risk and protective factors to emotional wellbeing and mental health.	Risk and Protective Factors: Anna Freud Centre, Mentally Health Schools Adverse Childhood Experiences. NHS Health Scotland. Video

Staff working with Early Years Aged Children		
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child/young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's/young person's preferences, opinions and wishes.	Is Everybody Listening? Teach Early Years Factsheet
Staff working with Primary School Aged Children		
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child/young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's/young person's preferences, opinions and wishes.	Simple guide to active listening: Action for Children. This is parent focussed but the same principles apply.
Staff working with Secondary School Aged Children		
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child/young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's/young person's preferences, opinions and wishes.	Simple guide to active listening: Action for Children. This is parent focussed but the same principles apply.
Staff working with College Aged Children		
C6	I can use simple techniques to non-judgementally listen to and converse with children. I can offer basic support by actively listening to a child/young person, not jumping in with solutions, showing empathy and acknowledging emotions. I take into account a child's/young person's preferences, opinions and wishes.	The 10 Principles of Listening: Skills You Need Webpage to read
All staff irrespective of age group		
C7	I can adapt my communication style to be able to converse with an autistic child/young person.	Communicating and interacting. The National Autistic Society webpage.
C8	I can adapt my communication style to be able to be able to converse with a child/young person who has a learning disability.	Communication Basics. Disability Matters. Online Learning. 20mins.

C9	I am aware of my organisation's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's/young person's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the organisation (this may be the same person who is the Designated Safeguarding Lead) and how to contact them. *Please also refer to the Sandwell Children's Safeguarding Partnership Training and Expectations Guidance to understand the minimum statutory safeguarding training you should hold suitable to your role.*
C10	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites.	External training is not suggested for this competency, but time should be taken to familiarise yourself with the following websites: Just Youth Sandwell Family Life Sandwell Targeted Early Help
All staff irrespective of age group		
C11	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available) • Trauma-Informed Practice	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.

All staff irrespective of age group		
C12	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course. Headspace. App. Every Mind Matters. NHS website with tools and resources. 5 Steps to Improve Mental Health & Wellbeing. YouTube Video Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more. Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing
C13	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing

All staff irrespective of age group		
C14	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.	No external training is suggested for this competency, but personal reflection is suggested with line manager discussion if necessary.
C15	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children/young people.	Positive Language in the Classroom. We Are Teachers. Website – transferable tips across different settings. Want Positive Behaviour? Use Positive Language: Responsive Classroom Webpage
C16	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	It's time to change the way we think and act about mental health. Time to Change video What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video *Both options* to be looked at to achieve the competency.

Competencies & Self-Assessment Tool: Enhanced Competencies

Please ensure you have read the How to Use the Framework section before proceeding.

Name:

Date:

Competency	Outcomes		Yes	No	Partially
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children/young people.	**All staff irrespective of age group**				
	E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child/adolescent to enable observation and judgement of changes to 'normal' behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people. **Appropriate for staff working with adolescent children/young people** I understand that puberty coincides with certain freedoms from parents/carers, internal conflicts and risk taking. I understand that adolescence presents opportunities for a young person to make their own choices in meeting their emotional wellbeing needs.			
	E2	I have a clear understanding of behaviours associated with ADHD and autism and can develop strategies to work with children/young people who have these.			
Prevention: I am aware of the importance of resilience and can work to support and develop this within remit of my role.	**All staff irrespective of age group**				
	E3	I have a solid understanding of resilience, the role it plays and how it can be developed within my setting.			
	E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child/young person.			

Prevention: I am aware of vulnerable groups, their risk factors to social emotional mental health and can adapt my ways of working to support these children/young people.	**All staff irrespective of age group**				
	E5	I am aware of factors that can contribute to a children/young person being vulnerable to developing social emotional mental health difficulties. I can support children/young people to establish and maintain positive friendships. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the child's/young person's situation and subsequent emotional wellbeing needs. **Appropriate for staff working with older children/young people** I am aware that alcohol and substance misuse are common amongst young people with mental health problems.			
Early Intervention: I am able to recognise the signs and symptoms of common social emotional mental health conditions and can adapt my ways of working to support these. I am <u>not</u> expected to diagnose or treat mental health problems, but I know when and how to escalate concerns and seek additional help.	**All staff irrespective of age group**				
	E6	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)			
	E7	I am aware of my organisation's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's/ young person's social emotional mental health.			
	E8	I understand the concept of mental health, mental wellbeing and mental ill-health.			
	E9	<u>Anxiety</u>: I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children/young people with anxiety.			
	E10	<u>Depression</u>: I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children/young people with depression and low mood.			
	E11	<u>Eating Disorders</u>: I understand what an eating disorder is and can identify signs and symptoms. I can support a child/young person with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.			

	E12	Self-harm: I understand why children/young people may self-harm, can recognise the warning signs and physical signs. I know how to support a child/young person who self-harms.			
	E13	Suicide: I understand why children/young people may have suicidal thoughts. I know how to support a child/young person who has suicidal thoughts or has attempted suicide.			
	E14	Crisis: I know how to support a child/young person in a mental health crisis.			
	E15	I can recognise potential signs of sexualised behaviour in children/young people. I understand the potential impact that violence against women and girls has on mental wellbeing.			
	E16	I understand the potential impact that racism and other forms of discrimination has on mental wellbeing.			
	Additional Outcomes for staff working with Primary, Secondary and College Aged Children				
	E17	I can support children/young people to identify 'fake news'.			
	E18	I can support a child/young person to cope with academic/exam stress and results day stress.			
I have enhanced communication skills which enable me to have effective, confident conversations with children/young people about their social emotional mental health which are relevant to their age, circumstance, culture and ability. I can use my communication skills to offer basic support and to calm a distressed child/young person.	**All staff irrespective of age group**				
	E19	I can engage with a child/young person about their emotional wellbeing needs. I ensure the child's/young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing.			
	E20	I can adapt my communication style to be able to converse with an autistic child/young person.			
	E21	I can adapt my communication style to be able to be able to converse with a child/young person who has a learning disability.			
	E22	I know how to react when a child/young person confides in me about their social emotional mental health and not to panic.			

I am aware of my organisation's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	**All staff irrespective of age group**				
	E23	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new children/young people • Special Educational Needs (SEND) • Mental health strategy (if available) • Trauma-Informed Practice			
I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	**All staff irrespective of age group**				
	E24	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.			
	E25	If I have an existing mental health condition I know how to care for this and access services if necessary.			
I have the ability to effectively promote an open and honest culture within the whole organisation around social emotional mental health.	**All staff irrespective of age group**				
	E26	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.			
	E27	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children/young people.			

	E28	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.			

Having completed your self-assessment please work your way through the training directory below.

Training Directory: Enhanced Competencies

Outcomes		Training Options
All staff irrespective of age group		
E1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child/adolescent to enable observation and judgement of changes to 'normal' behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people. **Appropriate for staff working with adolescent children/young people** I understand that puberty coincides with certain freedoms from parents/carers, internal conflicts and risk taking. I understand that adolescence presents opportunities for a young person to make their own choices in meeting their emotional wellbeing needs.	Introducing Child Development. MindEd free e-learning. 30 mins. Emotional Development. MindEd free e-learning. 30mins. Complex Neurodevelopmental Problems. MindEd free e-learning. 30 mins. *All three* of the above modules should be completed to achieve the competency). **Staff working with adolescent children/young people may also want to consider:** Introduction to Adolescent Mental Health Training. Young Minds: £135+VAT or Understanding Adolescents. Place2be. £1,000 for up to 20 participants (group bookings only) Youth Mental Health First Aid training includes an overview of protective factors to good mental health.

		Youth Mental Health First Aid training includes an overview of the relationship between mental health problems and adolescent development and an appendix discussing the adolescent brain.
E2	I have a clear understanding of behaviours associated with ADHD and autism and can develop strategies to work with children/young people who have these.	Examples of Autism Spectrum Behaviours. Child Autism UK Webpage Autism and Related Problems. MindEd free e-learning. 25 mins. Poor Concentration and Overactivity 1. MindEd free e-learning. 20 mins.
Staff working with Early Years Aged Children		
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within my setting.	How Environment Affects Children's Mental Health. MindEd free e-learning. 30 mins. How to Build Resilience and Perseverance in Young Children. Family Blog Webpage Resilience Guide for Parents & Teachers: American Psychological Association Webpage (content can be used for a wider application across different job roles). What is Resilience? BoingBoing.org webpage for reading with lots of practical links including the Resilience Framework. Suggest *all four* training options taken in a phased approach.
Staff working with Primary, Secondary and College Aged Children		
E3	I have a solid understanding of resilience, the role it plays and how it can be developed within my setting.	How Environment Affects Children's Mental Health. MindEd free e-learning. 30 mins. Resilience Guide for Parents & Teachers: American Psychological Association Webpage (content can be used for a wider application across different job roles). What is Resilience? BoingBoing.org webpage for reading with lots of practical links including the Resilience Framework. Building Resilience training course. Young Minds: from £135+VAT Suggest *all four* training options taken in a phased approach.

Staff working with Early Years Aged Children		
E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child/young person.	Attachment and Human Development. MindEd free e-learning. 30 mins. Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet Death in the family - helping children to cope. RCPSYCH factsheet Death Through Suicide. Winston's Wish Website Reactive Attachment Disorder and Other Attachment Issues: HelpGuide Website Transitions. Mentally Healthy Schools. Anna Freud Centre Website.

Staff working with Primary and Secondary School Aged Children		
E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child/young person.	Attachment and Human Development. MindEd free e-learning. 30 mins. Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet Death in the family - helping children to cope. RCPSYCH factsheet Death Through Suicide. Winston's Wish Website Transitions. Mentally Healthy Schools. Anna Freud Centre Website. **Additional option:** Inside I'm Hurting. Adoption Plus UK (suitable for school staff, social workers, adoptive and foster parents) £180pp incl. VAT. (professionals working with higher numbers of Looked After Children in particular may want to consider this training as an addition to the MindEd session)
Staff working with College Aged Children		
E4	I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am aware of the impact that loss, trauma, bereavement, separation & transition can have on a child/young person.	Attachment and Human Development. MindEd free e-learning. 30 mins. Divorce or separation of parents - the impact on children and adolescents. RCPSYCH factsheet Death in the family - helping children to cope. RCPSYCH factsheet Death Through Suicide. Winston's Wish Website Transitions. Mentally Healthy Schools. Anna Freud Centre Website.
Staff working with Early Years Aged Children		
E5	I am aware of factors that can contribute to a children/young person being vulnerable to developing social emotional mental	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins.

	health difficulties. I can support children/young people to establish and maintain positive friendships. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the child's/young person's situation and subsequent emotional wellbeing needs.	Children Adopted or In Care. MindEd: Free online e-learning. 30 mins. Risk and Protective Factors chart Trauma in the Early Years. West Midlands Violence Reduction Partnership. 2hr Virtual Course. An Introduction to Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account. Suggest *all* options are undertaken to meet the competency.
Staff working with Primary, Secondary and College School Aged Children		
E5	I am aware of factors that can contribute to a children/young person being vulnerable to developing social emotional mental health difficulties. I can support children/young people to establish and maintain positive friendships. I understand the links with Safeguarding responsibilities and ways of working. I show respect and understanding of the child's/young person's situation and subsequent emotional wellbeing needs. **Appropriate for staff working with older children/young people** I am aware that alcohol and substance misuse are common amongst young people with mental health problems.	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins. Children Adopted or In Care. MindEd: Free online e-learning. 30 mins. Risk and Protective Factors chart The Circle of Friends Approach: pdf to download Drugs and Alcohol. Anna Freud; Mentally Healthy Schools. An Introduction to Adverse Childhood Experiences (ACEs) and Trauma Informed Practice. Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account. Suggest *all* options are undertaken to meet the competency.

All staff irrespective of age group		
E6	I have a basic knowledge of what the local offer for social emotional mental health support is, including websites. (Note: Sign posting is an early intervention. This can include websites or leaflets. RCPSYCH factsheets include early intervention strategies.)	External training is not suggested for this competency, but time should be taken to familiarise yourself with the following websites: Just Youth Sandwell Family Life Sandwell Targeted Early Help
E7	I am aware of my organisation's social emotional mental health champion or lead, their role and how to contact them. I know how to escalate concerns about a child's/ young person's social emotional mental health.	External training is not suggested for this competency, but time should be taken to find out who leads on mental health within the organisation (this may be the same person who is the Designated Safeguarding Lead) and how to contact them.
E8	I understand the concept of mental health, mental wellbeing and mental ill-health.	Children and Young People's Mental Health: Centre for Mental Health Factsheet
E9	Anxiety: I understand what anxiety is, can identify signs and symptoms, understand why anxiety may develop and can implement basic strategies for working with children/young people with anxiety.	The Worried Child. MindEd: Free online e-learning. 20 mins. Anxiety in children. NHS Choices website with advice Worries and anxieties - helping children to cope. RCPSYCH factsheet Suggest *all three* above options are undertaken to meet the competency. Additional options: Anxiety Disorders. MindEd: Free online e-learning. 20 mins. Responding to Anxiety in Children and Young People training. Young Minds from £135 +VAT Also covered in Youth Mental Health First Aid training.
Staff working with Early Years Aged Children		
E10	Depression: I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies	Sad, Bored or Isolated. MindEd free e-learning. 30mins. Depression and Your Child. Young Minds booklet providing an overview

	for working with children/young people with depression and low mood.	Signs of depression in children. NHS Webpage
Staff working with Primary, Secondary and College School Aged Children		
E10	Depression: I understand what depression and low mood are, can identify signs and symptoms and can implement basic strategies for working with children/young people with depression and low mood.	Sad, Bored or Isolated. MindEd free e-learning. 30mins. Depression and Your Child. Young Minds booklet providing an overview Signs of depression in children. NHS Webpage Depression in young people. Action Mental Health webpage Teachers – How to Support Young People with Depression. Blurt webpage with useful tips that can be applied to wider professionals. Also covered in Youth Mental Health First Aid training.
Staff working with Early Years Aged Children		
E11	Eating Disorders: I understand what an eating disorder is and can identify signs and symptoms. I can support a child/young person with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.	*Local training offer coming soon. In the meantime, please utilise the below resources.* Eating disorders in early childhood: "the child who doesn't eat". Institute for Infant Nutrition Webpage 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (although applied to an education setting, the tips can be applied to the wider workforce) I'm worried about someone with an eating disorder. Beat Eating Disorders. Downloads a PDF.
Staff working with Primary, Secondary and College Aged Children		
E11	Eating Disorders: I understand what an eating disorder is and can identify signs and symptoms. I can support a child/young person with his/her eating disorder or worrying attitude to food. I can promote positive self-esteem.	*Local training offer coming soon. In the meantime, please utilise the below resources.* Eating disorders in young people. RCPSYCH factsheet

		7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (although applied to an education setting, the tips can be applied to the wider workforce) I'm worried about someone with an eating disorder. Beat Eating Disorders. Downloads a PDF. Suggest *all of the above* training options are undertaken to meet the competency.
Staff working with Early Years and Primary School Aged Children		
E12	Self-harm: I understand why children/young people may self-harm, can recognise the warning signs and physical signs. I know how to support a child/young person who self-harms.	Self-Harm. NSPCC webpage.
E13	Suicide: I understand why children/young people may have suicidal thoughts. I know how to support a child/young person who has suicidal thoughts or has attempted suicide.	Suicide in Children & Young People. NCMD Report. Suicidal Thoughts. Young Minds. Webpage. *Suicide Prevention Local training offer coming soon.*
Staff working with Secondary School and College Aged Children		
E12	Self-harm: I understand why children/young people may self-harm, can recognise the warning signs and physical signs. I know how to support a child/young person who self-harms.	Self-Harm. NSPCC webpage. Self-harm and Risky Behaviour. MindEd free e-learning. 40 mins. Responding to Self-Harm in Young People. Young Minds: downloads a PDF guide
E13	Suicide: I understand why children/young people may have suicidal thoughts. I know how to support a child/young person who has suicidal thoughts or has attempted suicide.	Suicide in Children & Young People. NCMD Report. Suicidal Thoughts. Young Minds. Webpage. *Suicide Prevention Local training offer coming soon.*
All staff irrespective of age group		
E14	Crisis: I know how to support a child/young person in a mental health crisis.	A young person may be known to services and already have a 'crisis plan' so liaison with the local CAMHS service is suggested.

		If the emergency is related to a young person's mental health then the CAMHS Crisis team can be contacted 08:00-20:00 hours on 07900226390. Black Country Healthcare Foundation Trust offer a 24/7 mental health telephone support line where children, young people and families/carers can access advice and support from a CAMHS healthcare professional. This can be accessed by calling 0800 008 6516.
E15	I can recognise potential signs of sexualised behaviour in children/young people. I understand the potential impact that violence against women and girls has on mental wellbeing.	Healthy sexual behaviour: Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NSPCC. Factsheets and advice. Sexual Behaviours Traffic Light Tool Training. Brook. Link takes you to the Eventbrite page for upcoming training dates. The lasting impact of violence against women and girls. ONS. Webpage with further references and links. Ending Male Violence Against Women and Girls. Violence Reduction Partnership. 1hr webinar.
E16	I understand the potential impact that racism and other forms of discrimination has on mental wellbeing.	Impact of sexism on young women's mental health. Young Women's Trust. Link to download PDF report. Racism and mental health; a guide for parents. Young Minds webpage.
Staff working with Primary, Secondary and College Aged Children		
E17	I can support children/young people to identify 'fake news'.	Fake news: What is it? And how to spot it. BBC webpage
E18	I can support a child/young person to cope with academic/exam stress and results day stress.	Help your child beat exam stress. NHS Choices: aimed at parents but includes signs of exam stress and useful tips. Exam Stress and Pressure. Childline webpage with advice and resources. Stairways: Positive Messages to Help With Exam Results Stress: YouTube Video

Staff working with Early Years Aged Children		
E19	I can engage with a child/young person about their emotional wellbeing needs. I ensure the child's/young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing.	Listening Skills. MindEd free e-learning. 30 mins. Engaging Children and Young People. MindEd free e-learning. 30mins The Me First Communication Model Free online model. Communicating with children. UNICEF free toolkit Teaching Your Child to Identify and Express Emotions: The Center on the Social and Emotional Foundations for Early Learning. Document to download Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 3 hour workshop. £1000 for up to 20 delegates Supporting the Communication of Children in Preschool. Virtual Lab School: Webpage to read with useful tips Suggest all training options are undertaken over time to achieve a range of communication skills.

Staff working with Primary School Aged Children		
E19	I can engage with a child/young person about their emotional wellbeing needs. I ensure the child's/young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing.	Listening Skills. MindEd free e-learning. 30 mins. Engaging Children and Young People. MindEd free e-learning. 30mins The Me First Communication Model Free online model. Communicating with children. UNICEF free toolkit Adapting the environment: Talking Point webpage with basic tips Teaching Your Child to Identify and Express Emotions: The Center on the Social and Emotional Foundations for Early Learning. Document to download Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 3 hour workshop. £1000 for up to 20 delegates Suggest all training options are undertaken over time to achieve a range of communication skills.

Staff working with Secondary School Aged Children		
E19	I can engage with a child/young person about their emotional wellbeing needs. I ensure the child's/young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing.	Listening Skills. MindEd free e-learning. 30 mins. Engaging Children and Young People. MindEd free e-learning. 30mins The Me First Communication Model Free online model. Communicating with children. UNICEF free toolkit Adapting the environment: Talking Point webpage with basic tips Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 3 hour workshop. £1000 for up to 20 delegates Youth Mental Health First Aid training has an appendix covering non-judgemental listening. Suggest all training options are undertaken over time to achieve a range of communication skills.

Staff working with College Aged Children		
E19	I can engage with a child/young person about their emotional wellbeing needs. I ensure the child's/young person's voice is heard, such as through active listening, coaching conversations, questioning, not making assumptions and emotionally literate responses. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing.	Listening Skills. MindEd free e-learning. 30 mins. Engaging Children and Young People. MindEd free e-learning. 30mins The Me First Communication Model Free online model. Active Listening. Skills you need: Webpage with top tips Resilience: Wellbeing without Words. Place2Be: 3 hour workshop. £1000 for up to 20 delegates Suggest all training options are undertaken over time to achieve a range of communication skills.
E20	I can adapt my communication style to be able to converse with an autistic child/young person.	Communicating and interacting. The National Autistic Society webpage
E21	I can adapt my communication style to be able to be able to converse with a child/young person who has a learning disability.	Understanding Matters for Effective Communication. Disability Matters. Online learning. 20 mins
E22	I know how to react when a child/young person confides in me about their social emotional mental health and not to panic.	Dealing with Disclosures: City of York. This applies to a range of disclosures. Webpage. *Please also refer to the Sandwell Children's Safeguarding Partnership Training and Expectations Guidance to understand the minimum statutory safeguarding training you should hold suitable to your role.*

All staff irrespective of age group		
E23	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new children/young people • Special Educational Needs (SEND) • Mental health strategy (if available) • Trauma-Informed Practice	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
All staff irrespective of age group		
E24	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course. Headspace. App. Every Mind Matters. NHS website with tools and resources. 5 Steps to Improve Mental Health & Wellbeing. YouTube Video

		Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more. Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing
E25	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing
All staff irrespective of age group		
E26	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.	No external training is suggested for this competency, but personal reflection is suggested with line manager discussion if necessary.
E27	I have a basic understanding of positive language and can use this to develop a supportive environment for staff and children/young people.	Positive Language in the Classroom. We Are Teachers. Website – transferable tips across different settings. Want Positive Behaviour? Use Positive Language: Responsive Classroom Webpage
E28	I have a basic understanding of what stigma is and can support the reduction of this through my words and actions. I view mental health as important as physical health and treat this with equal respect and understanding. I am aware of the importance of promoting positive mental health.	It's time to change the way we think and act about mental health. Time to Change video What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? Video *Both options* to be looked at to achieve the competency.

Competencies & Self-Assessment Tool: Targeted Competencies

Please ensure you have read the How to Use the Framework section before proceeding.

Name:

Date:

Competency	Outcomes		Yes	No	Partially
I have a clear understanding of child and adolescent development, including Special Educational Needs (SEN) and protective factors for emotional wellbeing, and can use this understanding to underpin behaviour and interactions with children/young people.	**All staff irrespective of age group**				
	T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child/young person to enable observation and judgement of changes to 'normal' behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.			
	T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children/young people who have these.			
I understand what CAMHS does and does not provide and am able to engage with emotional wellbeing and mental health services.	**All staff irrespective of age group**				
	T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.			
	T4	I understand how to access services (including the role and function of a Single Point of Access (SPA)).			
	T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements including Mental Health Support Teams in Education Settings).			
	T6	I am able to coordinate and/or undertake an assessment of a child's/young person's social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ). **(Not applicable to staff working with Early Years Aged Children)**			
	T7	I am aware of and involved in local networks to an appropriate level to ensure the organisation does not manage mental health and emotional wellbeing in isolation and options for social prescribing.			

	T8	I am aware of national agencies that can offer support and guidance to my organisation on social emotional mental health, such as: • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's			
I am aware of my organisation's strategies and policies that link to social emotional mental health and have a clear understanding of individual roles and responsibilities in relation to these.	**All staff irrespective of age group**				
	T9	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new children/young people • Special Educational Needs (SEND) • Mental health strategy (if available) • Trauma-Informed Practice			
I have an in depth understanding of the signs and symptoms of common mental health	**All staff irrespective of age group**				
	T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them (Health Visiting Service and School Health Nursing Service).			

conditions and poor emotional wellbeing. I am then able to formulate targeted interventions and appropriate self-help strategies for a child/young person. In all situations I know when and how to escalate concerns.	T11	I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a child/young person so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing. I can communicate effectively with children/young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child/young person.			
	T12	I can recognise sexualised behaviour and understand what steps to take. I understand the potential impact that violence against women and girls has on mental wellbeing. I am aware of how to escalate concerns where necessary.			
	T13	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the organisation is determining what action to take. I act in concordance with the organisation's anti-bullying policy.			
	T14	I understand the potential impact that racism and other forms of discrimination has on mental wellbeing and can use this knowledge when the organisation is determining what action to take. I act in concordance with the organisation's equality/discrimination policy.			
	T15	Self-harm: I have a solid understanding of self-harm. I can actively listen to a child/young person who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.			
	T16	Suicide Prevention: I am aware of national and local suicide prevention strategies.			
	T17	Eating Disorders: I understand the different types of eating disorders and steps to support a child/young person with their management and care. I am aware of ways to promote positive body image and self-esteem.			
	T18	Eating Disorders: I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).			
	T19	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a child/young person with strategies to manage anxiety.			

	T20	Anxiety: I can use my supportive communication skills to be able to support a young person who has experienced a traumatic event/major incident/terror attack.			
	T21	Depression: I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children/young people suffering from low mood and depression.			
	T22	I understand the difficulties faced by children/young people during times of transition i.e. moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.			
	Additional Outcomes for Staff working with Early Years Aged Children				
	T23	Suicide Prevention: I understand the early-life risks factors that may increase risk of suicidal thoughts or suicide attempts (adverse childhood experiences) later in life. I can recognise the warning signs and physical signs and know how to support a child who self-harms or has attempted suicide.			
	Additional Outcomes for Staff working with Primary School Aged Children				
	T23	Suicide Prevention: I understand the early-life risks factors that may increase risk of suicidal thoughts or suicide attempts (adverse childhood experiences) later in life. I can recognise the warning signs and physical signs and know how to support a child who self-harms or has attempted suicide.			
	T24	Anxiety: I understand the negative impact of assessment/exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.			
	T25	I understand the potential negative effect of social media on emotional wellbeing and mental health but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child/young person in difficulty.			
	Additional Outcomes for Staff working with Secondary School and College Aged Children				
	T24	Anxiety: I understand the negative impact of assessment/exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.			
	T25	I understand the potential negative effect of social media on emotional wellbeing and mental health but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child/young person in difficulty.			

	T26	I can empower a child/young person to care for their own social emotional mental health.			
	T27	Suicide Prevention: I am able to engage with children/young people who have with suicidal thoughts or have escalating levels of self-harm and apply a prevention model.			
	T28	Crisis: I know how to support a young person in a mental health crisis.			
	T29	Depression: I understand the impact of relationship difficulties in adolescents.			
	T30	Psychosis: I understand what psychosis is, common signs and symptoms when a psychotic disorder is developing and the role of the local Early Intervention in Psychosis teams (provided by CAMHS/AMHS/CMHT).			
I am able to effectively collaborate with other members of staff, and child's/young person's peers if appropriate, to enable them to support the child/young person and implement targeted support.	**All staff irrespective of age group**				
	T31	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS or HMYOI are involved. I can engage in collaborative working with the team around the child/young person (applying many of the principles found in Safeguarding ways of working).			
I have a basic knowledge of the Mental Health Act 2007.	**All staff irrespective of age group**				
	T32				
I have basic knowledge of the Mental Health Capacity Act 2005	**Staff working with Secondary School and College Aged Children (Act cover 16 years plus)**				
	T33				
I understand how to engage and work with vulnerable children/young people around their mental health and emotional wellbeing.	**All staff irrespective of age group**				
	T34	I am aware of factors that can contribute to a child/young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children/young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support children/young people to establish and maintain positive friendships.			
	T35	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in my organisation and in the community).			

	T36	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in my organisation and in the community).			
	T37	I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am able to identify strategies to empower staff to appropriately support children/young people with attachment difficulties. I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.			
	T38	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children/young people who have experienced this.			
	T39	I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child/young person and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child/young person facing these difficulties.			
I can have difficult conversations with parents/carers regarding a child's/young person's mental health needs and collaborate with them to co-develop action plans.	**All staff irrespective of age group**				
	T40	Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families. I recognise the impact a child's/young person's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person. **Only applicable to staff working with College Aged Children** I can manage parents' expectations of keeping a student in education when this may not be best option for them and can undertake a Fitness to Study Assessment.			
	T41	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.			

I can support the organisation's management team to identify themes and trends relating to areas for concern around children's/young people's mental health and emotional wellbeing. I can support the management team to work with colleagues and agencies through a collaborative approach when developing strategies to address these.	**All staff irrespective of age group**				
	T42	I am able to undertake a mental health audit of the organisation, pulling together the child's voice as well as other sources of information. I can involve children/young people in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.			
	T43	I have a solid understanding of resilience and can participate in whole organisation approach to building resilience. Included in this I understand that having a sense of connectedness or belonging is a protective factor for mental health.			
	T44	I understand my organisation's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the organisation so children/young people know how to raise mental health and emotional wellbeing needs.			
	T45	I can take an active role in driving a whole organisation ethos of openness and empathy, challenge stigma and normalise talk about mental health.			
	T46	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.			
	T47	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the setting.			
I can lead or contribute to the quality assurance of external mental health and wellbeing support offers, interventions and organisations that are brought into the organisation, ensuring that resources are effectively and efficiently used.	**All staff irrespective of age group**				
	T48	I can use my knowledge of social emotional mental health to support the identification of suitable materials and resources relating to social emotional mental health. Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.			

I have self-awareness of my own mental health needs and take personal responsibility to positively care for these.	**All staff irrespective of age group**				
	T49	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.			
	T50	If I have an existing mental health condition I know how to care for this and access services if necessary.			
I am able to recognise when members of staff may be struggling with their own emotional wellbeing and mental health, am able to offer basic help, signpost to appropriate information and encourage access to additional interventions/help if needed.	**All staff irrespective of age group**				
	T51	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.			

Having completed your self-assessment please work your way through the training directory below.

Training Directory: Targeted Competencies

Outcomes		Training Options
All staff irrespective of age group		
T1	I understand what is included in the key stages of physical, intellectual, linguistic, social and emotional growth and development of a child/young person to enable observation and judgement of changes to 'normal' behaviour. I know when developmental and transitional milestones are coming up. I understand the contribution that family and social networks make to the development of children and young people.	Introducing Child Development. MindEd free e-learning. 30 mins. Emotional Development. MindEd free e-learning. 30mins. Complex Neurodevelopmental Problems. MindEd free e-learning. 30 mins. *All three* of the above modules should be completed to achieve the competency. **Staff working with adolescent children/young people may also want to consider:** Introduction to Adolescent Mental Health Training. Young Minds: £135+VAT Or Understanding Adolescents. Place2be. £1,000 for up to 20 participants (group bookings only) Youth Mental Health First Aid training includes an overview of protective factors to good mental health. Youth Mental Health First Aid training includes an overview of the relationship between mental health problems and adolescent development and an appendix discussing the adolescent brain.

Staff working with Early Years Aged Children		
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children/young people who have these.	Supporting children on the autism spectrum: Guidance for practitioners in the Early Years Foundation Stage – Comprehensive online guide from Inclusion Development Programme And ADHD in the Early Years. Teach Early Years Autism and Related Problems. MindEd free e-learning. 25mins. Poor Concentration and Overactivity 1. MindEd free e-learning. 20mins.
Staff working with Primary, Secondary and College Aged Children		
T2	I understand behaviours associated with ADHD and autism and can develop strategies to work with children/young people who have these.	Autism and Related Problems. MindEd free e-learning. 25mins. Poor Concentration and Overactivity 1. MindEd free e-learning. 20mins.
All staff irrespective of age group		
T3	I understand the various service provisions, thresholds and referral criteria of CAMHS and other local services (including health, the voluntary sector and social care). I understand the role of Forensic CAMHS.	Black Country Minds – CAMHS – How to refer? Youth First is the specialist Forensic CAMHS Service for the West Midlands – webpage signposts to a downloadable service leaflet for further information.
T4	I understand how to access services (including the role and function of a Single Point of Access (SPA)).	No external training is suggested for this but professionals should familiarise themselves with the referral route into the SPA: Black Country Minds – CAMHS – How to refer?
Staff working with Early Years Aged Children		
T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements including Mental Health Support Teams in Education Settings).	Designing School and Hospital Interventions. MindEd: Free online e-learning. 25mins. Although learning is aimed at interventions within a school or hospital setting, multi-agency professionals will be able to apply the skills in other settings as necessary. Putting Information Together. MindEd: Free online e-learning. 30mins. Preschool Presentations. MindEd: Free online e-learning. 30mins.

		Measuring mental wellbeing to improve the lives of children and young people. CORC free online e-learning
Staff working with Primary, Secondary and College Aged Children		
T5	I am able to assess a situation, gather information and know when to make an external referral or engage CAMHS in systemic work (depending on local referral arrangements including Mental Health Support Teams in Education Settings).	Designing School and Hospital Interventions. MindEd: Free online e-learning. 25mins. Although learning is aimed at interventions within a school or hospital setting, multi-agency professionals will be able to apply the skills in other settings as necessary. Putting Information Together. MindEd: Free online e-learning. 30mins. Suggest both sessions are undertaken to meet the competency alongside liaising with CAMHS.
Staff working with Primary, Secondary and College Aged Children		
T6	I am able to coordinate and/or undertake an assessment of a child's/young person's social emotional mental health (such as a Strengths and Difficulties Questionnaire – SDQ).	Measuring mental wellbeing to improve the lives of children and young people. CORC free online e-learning What is the SDQ? Youth in Mind SDQ website including questionnaires and scoring.
All staff irrespective of age group		
T7	I am aware of and involved in local networks to an appropriate level to ensure the organisation does not manage mental health and emotional wellbeing in isolation and options for social prescribing.	No external training is suggested for this competency, but time should be taken to research local networks and how you and your organisation can link to them.
T8	I am aware of national agencies that can offer support and guidance to my organisation on social emotional mental health, such as: • ChildLine • Young Minds • Samaritan's • NSPCC • Beat • selfharm UK • The National Autistic Society • Barnardo's	No external training is suggested for this competency, but time should be taken to review their websites to discover how they can support children and young people.

All staff irrespective of age group		
T9	Policies may include: • Anti-bullying • Safeguarding (including limits of confidentiality) • Inclusion • Behaviour management • Tackling stigma • Crisis management • Substance misuse • Self-harm & suicide prevention • Harassment • Physical disability • Induction of new pupils • Special Educational Needs (SEND) • Mental health strategy (if available)	External training is not suggested for this competency, but time should be taken to familiarise oneself with the relevant policies.
All staff irrespective of age group		
T10	I am aware of the local 0 – 19 Public Health Nursing services and how to access them (Health Visiting Service and School Health Nursing Service).	Health Visiting Service. Sandwell and West Birmingham NHS Trust. Webpage School Nursing Service. Sandwell and West Birmingham NHS Trust. Webpage
Staff working with Early Years Aged Children		
T11	I have a range of supportive communication skills. I am able to creatively challenge a child so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child, e.g. by using different materials such as writing or drawing. I can communicate effectively with children relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child.	Active Listening. Skills you need: webpage with top tips 5 Ways to Help Children Identify and Express their Emotions: MindChamps Website Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company. Positive Language in the Classroom. We Are Teachers. Website – transferable tips across different settings. *Consideration should be given to which option(s) are best suited to need of the individual as many skills should have already been learnt during training.*

Staff working with Primary School Aged Children		
T11	I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a child/young person so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing. I can communicate effectively with children/young people relevant to their age, circumstance, culture and ability and can use communication skills to offer basic support and calm a distressed child/young person.	Active Listening. Skills you need: webpage with top tips Want Positive Behaviour? Use Positive Language: Responsive Classroom Webpage Introduction to Counselling Skills. Place2Be 3 hour- workshop. £1000 for up to 20 people Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company. *Consideration should be given to which option(s) are best suited to need of the individual as many skills should have already been learnt during training.*
Staff working with Secondary School and College Aged Children		
T11	I have a range of supportive communication skills (such as therapeutic communication skills, motivational interviewing, coaching and counselling micro-skills) I understand the difference between these and when to use each approach. I am able to creatively challenge a child/young person so they can achieve their goals. I can recognise barriers to communication and when a communication method is proving ineffective. I can then adapt my communication method according to the needs of the child/young person, e.g. by using different materials such as writing or drawing. I can communicate effectively with children/young people relevant to their age, circumstance, culture and ability and can use	Introduction to Counselling Skills. Place2Be 3 hour- workshop. £1000 for up to 20 people Self-belief: Helping Children Thrive. Place2Be 3 hour- workshop. £1000 for up to 20 people Certificate in Therapeutic Communication. Institute of Counselling £299 online learning Active Listening. Skills you need: webpage with top tips Developing motivational interviewing techniques in work with children and young people. O'Neill Training: Cost and need to discuss with company. Want Positive Behaviour? Use Positive Language: Responsive Classroom Webpage *Consideration should be given to which option(s) are best suited to need of the individual as many skills should have already been learnt during training.*

	communication skills to offer basic support and calm a distressed child/young person.	Youth Mental Health First Aid training has an appendix covering non-judgemental listening.
All staff irrespective of age group		
T12	I can recognise sexualised behaviour and understand what steps to take. I understand the potential impact that violence against women and girls has on mental wellbeing. I am aware of how to escalate concerns where necessary.	Healthy sexual behaviour: Your guide to keeping children safe, spotting warning signs and what to do if you're worried. NSPCC. Factsheets and advice. Sexual Behaviours Traffic Light Tool Training. Brook. Link takes you to the Eventbrite page for upcoming training dates. The lasting impact of violence against women and girls. ONS. Webpage with further references and links. Black Country Women's Aid Support Services
Staff working with Early Years Aged Children		
T13	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the organisation is determining what action to take. I act in concordance with the organisation's anti-bullying policy.	Preventing Bullying In Early Childhood. Webpage
Staff working with Primary, Secondary and College Aged Children		
T13	I understand the potential underlying mental health links and causes to bullying from the perspective of the bully and bullied and can use this knowledge when the organisation is determining what action to take. I act in concordance with the organisation's anti-bullying policy.	SHAPE Anti-Bullying Training for Professionals. Youth Mental Health First Aid training includes an appendix on cyberbullying.
All staff irrespective of age group		
T14	I understand the potential impact that racism and other forms of discrimination has on mental wellbeing and can use this knowledge when the organisation is determining what action to take. I act in concordance with the organisation's equality/discrimination policy.	Impact of sexism on young women's mental health. Young Women's Trust. Link to download PDF report. Racism and mental health; a guide for parents. Young Minds webpage. Hate Crime. Sandwell Council. Webpage.

Staff working with Early Years and Primary School Aged Children		
T15	Self-harm: I have a solid understanding of self-harm. I can actively listen to a child/young person who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.	Self-Harm. NSPCC webpage
Staff working with Secondary School and College Aged Children		
T15	Self-harm: I have a solid understanding of self-harm. I can actively listen to a child/young person who has self-harmed and identify helpful attitudes and strategies, including distraction techniques.	Talking about self-harm – NHS Video outlining distraction techniques Self-Harm. NSPCC webpage. Responding to Self-Harm in Young People. Young Minds: downloads a PDF guide Self-harm: how to respond. Project Air: Factsheet Also covered in Youth Mental Health First Aid training.
All staff irrespective of age group		
T16	Suicide Prevention: I am aware of national and local suicide prevention strategies.	National Strategy - Preventing suicide in England HM Government Sandwell Suicide Prevention. Healthy Sandwell, Sandwell Council. Webpage Sandwell Suicide Prevention Strategy & Acton Plan. Downloads a PDF.
Staff working with Early Years Aged Children		
T17	Eating Disorders: I understand the different types of eating disorders and steps to support a child/young person with their management and care. I am aware of ways to promote positive body image and self-esteem.	*Local training offer coming soon. In the meantime, please utilise the below resources.* Eating disorders in early childhood: "the child who doesn't eat". Institute for Infant Nutrition Webpage Eating Disorders and Children. Eating Disorders Victoria: Webpage with useful tips (Suggest both options are undertaken.) Promoting healthy body image in the early years – PACEY Webpage

		7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (although applied to an education setting, the tips can be applied to the wider workforce)
Staff working with Primary School Aged Children		
T17	Eating Disorders: I understand the different types of eating disorders and steps to support a child/young person with their management and care. I am aware of ways to promote positive body image and self-esteem.	*Local training offer coming soon. In the meantime, please utilise the below resources.* Eating Disorders - Heads Together Mentally Healthy Schools Body Image. Heads Together – Mentally Healthy Schools Webpage 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (although applied to an education setting, the tips can be applied to the wider workforce) *Further reading can be gained through the School Nursing Toolkit - SAPHNA. Although aimed at school nurses, there are skills and learning that can be used by schools, parents/carers and other professionals who offer targeted support and have access to supervision.*
Staff working with Secondary School and College Aged Children		
T17	Eating Disorders: I understand the different types of eating disorders and steps to support a child/young person with their management and care. I am aware of ways to promote positive body image and self-esteem.	*Local training offer coming soon. In the meantime, please utilise the below resources.* Eating disorders in young people. RCPSYCH factsheet Eating Disorders - Heads Together Mentally Healthy Schools 7 Ways to Foster Self-Esteem and Resilience in All Learners – Blog by Brookes (although applied to an education setting, the tips can be applied to the wider workforce) Also covered in Youth Mental Health First Aid training. *Further reading can be gained through the School Nursing Toolkit - SAPHNA. Although aimed at school nurses, there are skills and learning that can be used by schools, parents/carers and other professionals who offer targeted support and have access to supervision.*

All staff irrespective of age group		
T18	Eating Disorders: I am aware of the local Community Eating Disorder Service for Children and Young People and how to contact them (provided by local CAMHS).	No external training is suggested for this but professionals should familiarise themselves with the Black Country All Age Eating Disorder Service.
Staff working with Early Years and Primary Aged Children		
T19	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a child/young person with strategies to manage anxiety.	Aside from using supportive communication skills practitioners should undertake The Worried Child. MindEd: Free online e-learning. 20 mins. Supporting your child in managing anxiety. Health for Kids. Sandwell School Nursing Service webpage. Moodcafe Relaxation Techniques for Children – Moodcafe OCD Factsheet - RCPSYCH Healthy Sleep Tips for Children: The Sleep Charity. Anxiety Disorders in Children. NHS website. Understanding Anxiety. Human Givens College online course £159. Professionals may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds.

Staff working with Secondary School and College Aged Children		
T19	Anxiety: I understand what anxiety is, potential causes and can recognise signs and symptoms, including OCD. I can support a child/young person with strategies to manage anxiety.	Aside from using supportive communication skills practitioners should undertake The Worried Child. MindEd: Free online e-learning. 20 mins. Supporting your child in managing anxiety. Health for Kids. Sandwell School Nursing Service webpage. Moodcafe Relaxation Techniques for Children – Moodcafe OCD Factsheet - RCPSYCH Sleep tips for teenagers: NHS Webpage Anxiety Disorders in Children. NHS website. Understanding Anxiety. Human Givens College online course £159. Professionals may also want to consider the Coping Cat approach for anxiety in 7 – 13 years olds. Also covered in Youth Mental Health First Aid training.
All staff irrespective of age group		
T20	Anxiety: I can use my supportive communication skills to be able to support a young person who has experienced a traumatic event/major incident/terror attack.	Traumatic stress in children. RCPSYCH factsheet
All staff irrespective of age group		
T21	Depression: I understand the difference between low mood and depression and can recognise signs and symptoms. I can use my supportive communication skills and positive language to support children/young people suffering from low mood and depression.	Sad, Bored or Isolated. MindEd free e-learning. 30mins. Signs of depression in children. NHS Webpage Also covered in Youth Mental Health First Aid training.

Staff working with Early Years Aged Children		
T22	I understand the difficulties faced by children/young people during times of transition i.e. moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.	Transitions. Heads Together Mentally Healthy Schools School Transition Planning. PACEY chart How to Settle Your Child into Childcare: YouTube Video School Ready – Practitioners. PACEY Video
Staff working with Primary School Aged Children		
T22	I understand the difficulties faced by children/young people during times of transition i.e. moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.	Transitions. Heads Together Mentally Healthy Schools School Transition Planning. PACEY chart Coping with Transition. Place2Be 3hour workshop. £1000 for 20 delegates (specific for those working with 10/11 year olds transitioning to secondary school) Children who are moving from primary to secondary school. Heads Together, Mentally Healthy Schools. Webpage
Staff working with Secondary and College Aged Children		
T22	I understand the difficulties faced by children/young people during times of transition i.e. moving from primary school to secondary school and then from secondary school to college and can suggest strategies to alleviate this.	Transitions. Heads Together Mentally Healthy Schools Coping with Transition. Place2Be 3hour workshop. £1000 for 20 delegates (specific for those working with 10/11 year olds transitioning to secondary school) Supporting young people with autism to move from school to college Free guide (specific to college and further education providers)
Staff working with Early Years Aged Children		
T23	Suicide Prevention: I understand the early-life risks factors that may increase risk of suicidal thoughts or suicide attempts (adverse childhood experiences) later in life. I can recognise the warning signs and physical signs and know how to support a child who self-harms or has attempted suicide.	Suicide in Children & Young People. NCMD Report. Suicidal Thoughts. Young Minds. Webpage. *Suicide Prevention Local training offer coming soon.* Linked to competency T15.

Staff working with Primary School Aged Children		
T23	Suicide Prevention: I understand the early-life risks factors that may increase risk of suicidal thoughts or suicide attempts (adverse childhood experiences) later in life. I can recognise the warning signs and physical signs and know how to support a child who self-harms or has attempted suicide.	Suicide in Children & Young People. NCMD Report. Suicidal Thoughts. Young Minds. Webpage. *Suicide Prevention Local training offer coming soon.* Linked to competency T15.
T24	Anxiety: I understand the negative impact of assessment/exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.	Help your child beat exam stress. NHS Choices: aimed at parents but includes signs of exam stress and useful tips. Exam Stress and Pressure. Childline webpage with advice and resources.
T25	I understand the potential negative effect of social media on emotional wellbeing and mental health but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child/young person in difficulty.	#StatusOfMind. Royal Society for Public Health: Webpage plus report to download and read. Linked to competencies T17 & T19.
Staff working with Secondary and College Aged Children		
T24	Anxiety: I understand the negative impact of assessment/exam stress on social emotional mental health and suggest age appropriate strategies to reduce this.	Help your child beat exam stress. NHS Choices: aimed at parents but includes signs of exam stress and useful tips. Exam Stress and Pressure. Childline webpage with advice and resources. Stairways: Positive Messages to Help With Exam Results Stress: YouTube Video
T25	I understand the potential negative effect of social media on emotional wellbeing and mental health but am also aware of the importance of social capital as a preventative measure. I can put in place intervention strategies around anxiety and eating disorders/body image etc. to support a child/young person in difficulty.	#StatusOfMind. Royal Society for Public Health: Webpage plus report to download and read. Professionals working with children/young people over the age of 13, might also want to go on to complete the Be Internet Citizens from SHAPE. *Linked to competencies T17 & T19.*
T26	I can empower a child/young person to care for their own social emotional mental health.	WRAP® (Wellness Recovery Action Planning) WRAP® Webinars often available.

		Youth Mental Health First Aid training includes an appendix on WRAP® and a model of personal empowerment.
T27	Suicide Prevention: I am able to engage with children/young people who have with suicidal thoughts or have escalating levels of self-harm and apply a prevention model.	Suicidal Thoughts. Young Minds. Webpage. Suicide Safety Plans: Hopelink. Papyrus. Online safety plan tool. Or StayingSafe.net. Online and printable safety plan tool with supporting videos of how to create a safety plan. *Suicide Prevention Local training offer coming soon.* Linked to competencies T15 & T23.
T28	Crisis: I know how to support a young person in a mental health crisis.	A young person may be known to services and already have a 'crisis plan' so liaison with the local CAMHS service is suggested. If the emergency is related to a young person's mental health then the CAMHS Crisis team can be contacted 08:00-20:00 hours on 07900226390. Black Country Healthcare Foundation Trust offer a 24/7 mental health telephone support line where children, young people and families/carers can access advice and support from a CAMHS healthcare professional. This can be accessed by calling 0800 008 6516.
T29	Depression: I understand the impact of relationship difficulties in adolescents.	Working With Adolescents: Keeping romantic relationships in mind. Orygen free download
T30	Psychosis: I understand what psychosis is, common signs and symptoms when a psychotic disorder is developing and the role of the local Early Intervention in Psychosis teams (provided by CAMHS/AMHS/CMHT).	Psychosis. Rethink website Also covered in Youth Mental Health First Aid training.

All staff irrespective of age group		
T31	This may include supporting the implementation of recommendations from when external agencies, such as CAMHS or HMYOI are involved. I can engage in collaborative working with the team around the child/young person (applying many of the principles found in Safeguarding ways of working).	No external training is suggested for this; however the organisation may consider training on collaborative/team working as part of its general development. The principles learnt at safeguarding training would be applicable: Core Working Together Level 3 -SCSP. 1 day training, virtual and face-to-face options available. Introduction to Early Help. SCSP ½ day virtual training. Lead Professional. SCSP ½ day virtual training. Integrated Working – Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account.
All staff irrespective of age group		
T32	I have a basic knowledge of the Mental Health Act 2007.	Mental Health Act: your rights: NHS
Staff working with Secondary School and College Aged Children (Act cover 16 years plus)		
T33	I have basic knowledge of the Mental Health Capacity Act 2005	What is the Mental Capacity Act? NHS Choices webpage
Staff working with Early Years Aged Children		
T34	I am aware of factors that can contribute to a child/young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children/young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support children/young people to establish and maintain positive friendships.	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins. Understanding Cultural Diversity in the Early Years. Teach Early Years Webpage Trauma Informed Practice. West Midlands Violence Reduction Partnership. Online training Trauma in the Early Years. Violence Reduction Partnership. 2hr Course. (Suggest all options are undertaken.)
Staff working with Primary School Aged Children		
T34	I am aware of factors that can contribute to a child/young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins.

	may present in children/young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support children/young people to establish and maintain positive friendships.	Refugee and Asylum Seeker Children. Heads Together – Mentally Healthy Schools Webpage The Circle of Friends Approach: pdf to download Trauma Informed Practice. West Midlands Violence Reduction Partnership. Online training
Staff working with Secondary School Aged Children		
T34	I am aware of factors that can contribute to a child/young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children/young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support children/young people to establish and maintain positive friendships.	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins. Refugee and Asylum Seeker Children. Heads Together – Mentally Healthy Schools Webpage The Circle of Friends Approach: pdf to download Trauma Informed Practice. West Midlands Violence Reduction Partnership. Online training
Staff working with College Aged Children		
T34	I am aware of factors that can contribute to a child/young person being vulnerable to developing social emotional mental health difficulties. I understand how different mental health conditions may present in children/young people with different vulnerabilities and can recommend/implement strategies to support these ones. I can support children/young people to establish and maintain positive friendships.	Vulnerable Groups - An Overview. MindEd free e-learning. 30 mins. Refugee and Asylum Seeker Children. Heads Together – Mentally Healthy Schools Webpage Trauma Informed Practice. West Midlands Violence Reduction Partnership. Online training
All staff irrespective of age group		
T35	Young carers: I understand the emotional needs of young carers and what support that can be offered to them (both in my organisation and in the community).	Young Carers: Heads Together – Mentally Healthy Schools Webpage Young Carers Resources. The Children's Society. Webpage and resources for professionals working with young carers. *Link to competency T7*

Staff working with Early Years and Primary School Aged Children		
T36	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in my organisation and in the community).	Gender Identity Training. SCSP. ½ day virtual training. Or LGBTQ+ Awareness: £30 +VAT online course Or Supporting LGBTQ+ children and young people (appropriate for wider CYP workforce). Stonewall. Online e-learning. £35 + VAT per person. Supporting LGBTQ+ children and young people (appropriate for school and college staff). Stonewall. Online e-learning. £35 + VAT per person. *Plus link to competency T7.*

Staff working with Secondary and College Aged Children		
T36	LGBTQ+: I understand the emotional needs of young LGBTQ+ individuals and support that can be offered to them (both in my organisation and in the community).	Gender Identity Training. SCSP. ½ day virtual training. Or LGBTQ+ Awareness: £30 +VAT online course Or Supporting LGBTQ+ children and young people (appropriate for wider CYP workforce). Stonewall. Online e-learning. £35 + VAT per person. Supporting LGBTQ+ children and young people (appropriate for school and college staff). Stonewall. Online e-learning. £35 + VAT per person. Or Supporting Gender Diverse Children and Young People. Gires, online e-learning. £10. Supporting Gender Diverse People in Post 16 Education. Gires, online e-learning. £10. *Plus link to competency T7.*
Staff working with Early Years Aged Children		
T37	I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am able to identify strategies to empower staff to appropriately support children/young people with attachment difficulties.	Children Adopted or In Care. MindEd: Free online e-learning. 30 mins. Attachment and Human Development. MindEd free e-learning. 30 mins. Understanding Child Attachment. Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account. Reactive Attachment Disorder and Other Attachment Issues: HelpGuide Website Positive Separations. Kids Matter. Basic understanding website

	I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.	See also Children in care Emotional wellbeing and mental health. NSPCC: website for more information An Introduction to Adverse Childhood Experiences (ACEs). Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account. Adverse Childhood Experience ACE - a short guide video
Staff working with Primary, Secondary and College Aged Children		
T37	I understand the mental health needs of Looked After Children and Care Leavers and insecure attachment. I understand the basics of attachment theory and behavioural characteristics of different attachment styles. I am able to identify strategies to empower staff to appropriately support children/young people with attachment difficulties.	Children Adopted or In Care. MindEd: Free online e-learning. 30 mins. Attachment and Human Development. MindEd free e-learning. 30 mins. *Depending upon circumstances you may initially want to undertake the above MindEd sessions followed by additional training below, or immediately jump to one of the training options below:* *Understanding Attachment Place2Be 1 day workshop* *Understanding Child Attachment. Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account.* *Supporting Adopted & Fostered Children in School: Inside I'm Hurting. Adoption Plus UK £180 pp inc VAT, one day training. Inside I'm Hurting is also a practical book by Louise Bomber that is recommended and can be purchased.*
	I am aware of Adverse Childhood Experiences (ACE) and the impact upon social emotional development.	An Introduction to Adverse Childhood Experiences (ACEs). Sandwell Learn. Free online e-learning. Please email Sandwell_Learn@sandwell.gov.uk to request a Sandwell Learn account. Adverse Childhood Experience ACE - a short guide video

All staff irrespective of age group		
T38	I understand the impact of separation, loss, bereavement & transition along with effective interventions to support children/young people who have experienced this.	A Whole School Approach to Supporting Loss and Bereavement (includes Early Years): NHS Glasgow pdf to download. Information provided in this PDF can be used across different agencies.
T39	I have a basic awareness of the impact of parental mental health, domestic abuse and substance misuse (toxic trio) on a child/young person and am able to identify when this may be present. I understand the links this has to Safeguarding and what actions to take to support a child/young person facing these difficulties.	1. Parental mental illness: the impact on children and adolescents. RCPSYCH factsheet Or Poor parental mental health. Heads Together – Mentally Healthy Schools Webpage 2. Parental Substance Misuse. Heads Together – Mentally Healthy Schools Webpage Or Parental Substance Misuse. NSPCC webpage 3. Domestic Violence. Heads Together – Mentally Healthy Schools Webpage *Complete 1 to 3 then progress to if appropriate to your role:* Domestic Abuse 2 Day Multi-Agency Training. SCSP

All staff irrespective of age group		
T40	Through respectful partnership working, active listening and questioning and involvement in decision making I can build a relationship with parents/carers and effectively communicate with and engage with families. I recognise the impact a child's/young person's poor emotional wellbeing or mental health can have on a family and am able to de-escalate a situation and calm a distressed person. **Only applicable to staff working with College Aged Children** I can manage parents' expectations of keeping a student in education when this may not be best option for them and can undertake a Fitness to Study Assessment.	Communicating With Families. MindEd: Free e-learning. 30mins Parents. Young Minds. Webpage with useful links and resources. Changes Parenting Programme. Sandwell Council. Webpage, courses available for parents of Early Years, Primary and Secondary aged children across Sandwell. Sandwell Healthy Minds. Adult Mental Health Services.
T41	I am aware of how different cultures may perceive and respond to mental health problems. I understand that many families are complex and diverse. I therefore avoid stereotyping or making assumptions and instead listen to family members to elicit their individual perspectives.	Black, Asian and Minority Ethnic (BAME) communities: Mental Health Foundation Webpage
All staff irrespective of age group		
T42	I am able to undertake a mental health audit of the organisation, pulling together the child's voice as well as other sources of information. I can involve children/young people in the design of mental health initiatives when appropriate and can support strengthening relationships with CAMHS.	Please consider using the Sandwell Well-Being Charter Mark within your organisation. The Charter Mark has been adapted to suit voluntary sector organisations as well as schools and early years settings.
Staff working with Early Years Aged Children		
T43	I have a solid understanding of resilience and can participate in whole organisation approach to building resilience. Included in this I understand that having a sense of connectedness or belonging is a protective factor for mental health.	Play and Resilience: World Organisation for Early Childhood Education. Document to Download Resilience. Kids Matter. Basic understanding website Please consider using the Sandwell Well-Being Charter Mark within your organisation.

		The Charter Mark has been adapted to suit voluntary sector organisations as well as schools and early years settings.
Staff working with Primary, Secondary and College Aged Children		
T43	I have a solid understanding of resilience and can participate in whole organisation approach to building resilience. Included in this I understand that having a sense of connectedness or belonging is a protective factor for mental health.	Relationships and belonging. Heads Together: Mentally Healthy Schools. Webpage Please consider using the Sandwell Well-Being Charter Mark within your organisation. The Charter Mark has been adapted to suit voluntary sector organisations as well as schools and early years settings.
All staff irrespective of age group		
T44	I understand my organisation's communication routes to disseminate information and good practice. I can ensure there are clear pathways within the organisation so children/young people know how to raise mental health and emotional wellbeing needs.	No external training is recommended for this, but time should be taken to review and familiarise communication routes.
T45	I can take an active role in driving a whole organisation ethos of openness and empathy, challenge stigma and normalise talk about mental health.	How to start a conversation with children and young people about mental health. Heads Together: Mentally Healthy Schools Video about tackling stigma. Time to Change: Get Involved in Schools. Free resources and tools. What If We Talked About Physical Health the Absurd Way We Talk About Mental Health? video
T46	I model the core attributes of respect, patience, honesty, reliability, empathy and integrity at all times to create a culture of supportive relationships between members of staff, with children/young people and parents/carers.	No external training is suggested for this competency, but personal reflection is suggested with line manager discussion if necessary.
T47	I understand what actions my role is expected to take in response to critical events, e.g. when there has been a suicide/sudden death within the setting.	No external training is suggested but time should be taken to review and ensure clarity of roles.

All staff irrespective of age group		
T48	I can use my knowledge of social emotional mental health to support the identification of suitable materials and resources relating to social emotional mental health. Note: The assurance process can include checking websites, testimonials, preferred list of providers and using your knowledge of social emotional mental health to ensure organisations/guest speakers are fit for purpose. This can include examining the evidence base, qualifications, recent training, knowledge of their professional body and who to contact if concerns are raised.	No external training is suggested but time should be taken to review this competency.
All staff irrespective of age group		
T49	I understand some basic techniques to look after my own emotional wellbeing and appreciate the potential effect my own state of emotional wellbeing may have on my behaviour and interactions with children/young people and others.	Looking after your own emotional wellbeing is unique to you, some suggestions however are: Top 10 tips on 'How to look after your mental health'. Mental Health Foundation website. Audio guides to boost your mood. NHS Choices: How to look after your mental health using mindfulness. Mental Health Foundation: Free booklet to download and free online course. Headspace. App. Every Mind Matters. NHS website with tools and resources. 5 Steps to Improve Mental Health & Wellbeing. YouTube Video Living Life to the Full: Free online e-therapy courses for how to tackle problems, build confidence, get going again, feel happier, stay calm, tackle upsetting thinking and more.

		Start 2. This site shows how to use your natural creative skills to maintain and improve your wellbeing. Pick from dozens of creative activities designed by experts in the field of arts and health. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing
T50	If I have an existing mental health condition I know how to care for this and access services if necessary.	Welcome to the Moodzone. NHS Choices webpage including search function for local services. Getting Help. Mental Health Foundation webpage. Healthy Sandwell and Route2Wellbeing– Information about local services that can support your own wellbeing
All staff irrespective of age group		
T51	I can recognise the signs of burnout and secondary trauma. I can encourage reflective practice to boost staff resilience and reduce burnout or withdrawal.	How to support staff who are experiencing a mental health problem. Mind free online toolkit Caring For The Wellbeing Of Teachers And School Staff. Young Minds online toolkit Please consider using the Sandwell Well-Being Charter Mark within your organisation. The Charter Mark has been adapted to suit voluntary sector organisations as well as schools and early years settings. The Charter Mark includes a section on exploring staff wellbeing.

Appendix A – Useful Resources

Topics:

Anti-Bullying

Title	Format	Details
Anti-Bullying Alliance	Online Training	6 modules to better understand bullying
E-Safety Hub	Online Training & Resources	Sandwell Adult & Family Learning (SAFL) have created the E-Safety Hub for parents and carers around online safety including cyberbullying. Professionals will find this information useful too.

Anti-Stigma & Anti-Stereotyping

Title	Format	Details
A Smile a Day	Poster	Young person designed encouraging talking about problems
Dealing With It	Video	"This short animated resource was developed and designed solely by young people with the aim of being a 'young person friendly' educational resource that promotes discussion around anti-social behaviour, substance use and stereotyping."

I Am Whole	PDF Booklet	YMCA and NHS produced report investigating stigma – lots of useful messages and information.
It's Okay Not to be Okay	Video	By fixers – why it's okay not be okay
Mental Health Song	Video/Song	Mental health awareness song produced by a school in North East Lincolnshire
Mental Health Stigma	Video	By fixers – young people talk about their experiences and challenges of talking
Time to Change	Website with lots of resources to download and use in schools – could be adapted to suit other settings	National anti-stigma campaign

CSE

Title	Format	Details
Working with children who are victims or at risk of sexual exploitation: Barnardo's model of practice	Downloadable booklet	"This paper first sets out the issue of child sexual exploitation and the models and processes used to exploit children and young people, and then explains the '4 As' from a practitioner perspective. It has been developed for a broad audience, including those who wish to learn about effective and evidence-based engagement with children at risk of, and those who have been victims of, sexual exploitation."

Eating Disorders

Title	Format	Details
Beat	Website and National Charity	

Self-Harm

Title	Format	Details
Alumina	Online learning	Alumina is an online course started by selfharm.co.uk for young people aged between 14 & 18.
Supporting Your Child Who Is Self-Harming	Website	Young Minds website.

Self-Help

Title	Format	Details
10 Keys to Happier Living	Website with advice and resources	Produced by Action for Happiness
Mental Health First Aid Toolkit	PDF	From Chilypep
Sleep Toolkit	PDF	From Chilypep

Other

Title	Format	Details
Aye Mind Toolkit	Website with lots of resources and information	This toolkit was developed to assist you, youth workers, when using digital approaches to youth mental health. It includes practical information, case studies, online resources and reflection material for anyone interested in learning more about new technology, health and wellbeing.
Charlie Waller Memorial Trust	Mixed	Lots of free resources on children and young people's mental health.
Fixers	Website with lots of resources developed by young people	Homepage
How do help a bereaved child to understand grief	Website with useful resources	Winston's Wish – they also offer free 20 minute training to professionals working with CY.
Looking after a child or young person's mental health	Website with useful links	Every Mind Matters
Mentally Healthy Schools	Website with lots of resources and information	Anna Freud Centre and Heads Together initiative – resources and information can be applied to wider settings Including the Classroom Wellbeing Toolkit which is appropriate for application in wider settings.
NASEN Special Educational Needs	Online learning.	"Focus on SEND training for educational practitioners working across Early Years, Primary, Secondary and Post 16. Focus on SEND training is a free course aiming to help teachers and educational practitioners working across the 0 – 25 years age range to develop high quality practice in order to better meet the needs of their learners with SEND. It is based on the evidence of what constitutes good continuing professional development (CPD) and so takes a practice- led, enquiry-based and collaborative approach."

Safe Hands Thinking Minds	Website with resources and podcasts	Dr Karen Treisman, MBE, is an award winning Highly Specialist Clinical Psychologist, organizational consultant, and trauma specialist who has worked in the National Health System and children's social services for several years. Karen has extensive experience in the areas of trauma, parenting, adversity, child protection, fostering, and attachment, and works clinically using a range of therapeutic approaches with families, systems, and children in or on the edge of care, unaccompanied asylum-seeking young people, and adopted children.
School nurse and health visitor E-learning	e-learning	"The Children's Emotional and Additional Health Needs programme provides Continuing Professional Development (CPD) content comprising six e-learning sessions, as both a resource pack for face-to-face training and as a learning resource, for Health Visitors and School Nurses."
SCIE	Charity & website	SCIE is a charity committed to helping young people, including care leavers.
Short Films About Mental Health	Videos	Series of Videos covering anxiety, psychosis and personality disorders by Oxford Health NHS Foundation Trust
Skin Deep	Video	By Fixers – young person sharing their story - Harriet, from Lancaster, is challenging stereotypes about eating disorders after suffering from anorexia.

National Guidance

Organisation & Title
Department for Education (2018) Mental health and behaviour in schools
Department for Education (2022) Transforming children and young people's mental health provision
Department of Health (2016) Mental Health Core Skills Education and Training Framework
Sandwell Council Sandwell Wellbeing Charter Mark for Schools, Early Years Settings and Voluntary Sector Organisations.
NHS England & Department for Health (2015) Future in Mind
Public Health England & Anna Freud National Centre for Children and Families (2016) Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges
Public Health England & UCL Institute of Health Equity (2014) Building children and young people's resilience in schools

Teaching Children and Young People About Emotional Wellbeing and Mental Health

Organisation & Title	Description
ChildLine Exam Stress	Lots of resources and information for young people on how to cope with exam stress
Education not Segregation	Lots of resources for settings to establish an open and inclusive culture amongst its pupils.
Friends Resilience	Endorsed by the World Health Organisation training to deliver age appropriate resilience is available.
Ollie and His Superpowers ®	The Ollie model is founded on the belief that every individual is unique and so requires a solution that allows and encourages that uniqueness through its simplicity and flexibility - "one size does **not** fit all". It doesn't shoe-horn people into boxes and treat them by a label, it treats the individual, giving them tools to be able to continue to help themselves in the future.
Samaritan's DEAL	DEAL (Developing Emotional Awareness and Listening) is a free teaching resource aimed at students aged approximately 14 and over. Themes covered include Emotional Health, Coping Strategies, Dealing with Feelings and Connecting with Others.

A Multi-Agency Social Emotional Mental Health Competency Framework for Staff Working with Children and Young People in Sandwell

Kate Hickman

December 2022

Context

- Why has it been developed?
  - The Wellbeing Charter Mark
  - The Link Programme
  - CAMHS Transformation Plan/Thrive Board Action Plan
  - COVID-19

- Aims:
  - Mental health is everyone's business
  - Skilled multi-agency workforce who can support CYP and each other
  - Improves early identification

Scope of the framework

- The framework is a workforce development tool
  - It is not intended to over-burden staff
  - It is not intended to make everyone a therapist

- Three competency areas based on job role and responsibilities
  - Core
  - Enhanced
  - Targeted
- The framework has separate competencies based on age groups; Early years, primary school, secondary school, college aged children/young people

How it works

- The framework itself is comprised of four components:
  - Groups of competencies: core, enhanced and targeted
  - Suggestions of staff roles for whom each group of competencies is most likely to be relevant
  - A self-assessment tool
  - Suggested training options to gain the needed skills and knowledge
- Implementing the framework follows three overarching steps for members of staff:

Let’s take a look

Microsoft Word Document

Dissemination

Target Audience	Timescale
Employees of Sandwell Council and Sandwell Children's Trust	Jan – Feb 2023
Employees of Sandwell Education Providers	Jan – Mar 2023
Employees of Sandwell Council Commissioned Services/Grant Recipients	Jan – Mar 2023
Employees of Sandwell Children's Safeguarding Partnership members	By March 2023 (Date TBC)
Employees of Thrive Board members	By Mar 2023 (Date TBC)
Employees of Early Help Partnership members	By March 2023 (Date TBC)
Employees of Sandwell Suicide Prevention Partnership members	21st March 2023
Employees within wider CYP workforce in Sandwell incl. public, private and voluntary sector in Sandwell	Apr – Sept 2023
Foster Carers and Adoption Services	Apr – Sept 2023
Employees within Black Country ICS who work within Sandwell	Jul – Sept 2023
Dissemination analysis to determine gaps	Sept 2023
Dissemination within any identified gaps	Oct – Dec 2023

Thank you

Any questions?

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Sandwell Health & Wellbeing Board

Sandwell Health and Wellbeing Board
07 December Month 2022

Report Topic:	Sandwell Parents For Disabled Children Presentation
Contact Officer:	**Jayne Ford Parent Carer Engagement Co-Ordinator**
Link to board priorities	**1. We will help keep people healthier for longer** Our service provides support sessions and activites for parent carers and the whole family to improve health and wellbeing. **2. We will help keep people safe and support communities** We ensure our parent carer community are able to engage in all of our help and support activities, this enables our service to identify carers in need of extra help or support mitigating a crisis. **3. We will work together to join up services** SPDC work with a wide range of Sandwell support, education and health organizations in partnership and collaboration, identifying need, and utilizing shared resources to prevent gaps in provision. **4. We will work closely with local people, partners and providers of services** As previously stated, we broker relationships with our partners to aid our community and use a strength-based approach to create assets that our community can utilize. Our service works across Sandwell with parents that care for disabled children.
Purpose of Report:	• Short Film to demonstrate the challenges faced by parent carers in Sandwell and the work that Sandwell Parents for Disabled Children has

	engaged in with the parent carer community to provide help and support. The short film also shows the achievements that have been made by our community in creating an art piece that clearly illustrates the challenges and joys of the role of a parent carer, and what support is needed from the wider community to ensure that they and cared for thrive and flourish not just survive. https://youtu.be/Cy_GL97a_QM
Recommendations	• That the Board receives and comments on the Sandwell Parents for Disabled Children Presentation
Key Discussion points:	As Shown in Short Film presentation; Challenges faced by parent carers and what help and support is needed to aid them in their challenging role. How focused individualized support can aid parent carers and mitigate crisis by identifying need. How SPDC has been able to support the parent carer community by utilizing a coordinated approach ensuring that the whole family is supported and thrive.
Implications (e.g. Financial, Statutory etc)	
N/A	
What engagement has or will take place with people, partners and providers?	Our short film presentation will be presented by two parent carers who have used the SPDC service and will give their observations of being part of the SPDC parent carer community. Both parents have been part of the short film Polly Somervell is a parent carer and presents the film Alex Ferguson has written the poem that is featured in the film.

Sandwell
Health & Wellbeing Board

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Sandwell Health and Wellbeing Board
7th December 2022

Report Topic:	Sandwell Drug & Alcohol Strategy
Contact Officer:	Mary Bailey
Link to board priorities	**1. We will help keep people healthier for longer** Problematic substance misuse can cause ill health and impact on mortality rates. Preventing misuse and ensuring engagement with treatment will help individuals live longer and enjoy a better quality of life – adding years to life and life to years. **2. We will help keep people safe and support communities** It is estimated that around 45% of acquisitive crime is committed by heroin and/or crack cocaine users. Evidence suggests treatment helps prevent 4.4 million crimes annually. Crime can have a significant impact on communities; people may feel less safe, home insurance can increase, property prices can be affected and businesses may avoid the area. Preventing use and ensuring engagement with treatment is likely to reduce crime. **3. We will work together to join up services** Successful delivery of the government's drugs strategy, 'From harm to hope', relies on coordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. The Sandwell Drug & Alcohol Strategy will ensure local delivery towards commitments and ambitions of the 10-year national drugs strategy **4. We will work closely with local people, partners and providers of services** Sandwell Drug & Alcohol Partnership, together with the West Midlands regional Combatting Drugs Partnership

	brings together the different individuals and organisations who represent and deliver the strategy goals, and co-ordinate activity to reduce substance misuse harm at a local level
Purpose of Report:	• To appraise partners of the impact of substance misuse in the borough and plans to prevent and reduce such harms • To inform Sandwell Health & Well Being Board of Sandwell's Drug & Alcohol Strategy
Recommendations	• That Sandwell Health & Well Being Board acknowledge the Strategy and its associated action plan • That Sandwell Health & Well Being Board support delivery of the local Strategy ambitions including system-wide partnership working
Key Discussion points:	<u>Sandwell Drug & Alcohol Strategy 2022</u>: The overall aim of the new strategy is to reduce drug and alcohol-related harms and overall use in Sandwell. It was informed by the 2022 Sandwell Drug and Alcohol Needs Assessment which reviewed local drug and alcohol needs and the current response to them. The Strategy was created in conjunction with the Sandwell Drug & Alcohol Partnership (SDAP). The strategy aligns to the national Governments 10-year drugs plan 'From Harm to Hope' and additionally includes a focus on alcohol given needs assessment findings which show Sandwell is disproportionately impacted by alcohol. The three priorities for this all-age strategy are: • Addressing Supply • Delivering a World-Class Treatment and Recovery System • Achieving a Generational Shift in the Demand for Alcohol and Drugs

	The strategy also highlights the role that all partners have in improving an individual's treatment and recovery outcomes. The Strategy includes a set of partnership principles given its ambitions can only be delivered by the right players working together in partnership. <u>Governance</u>: The Sandwell Drug & Alcohol Partnership (SDAP) is the key local mechanism which brings together partners around the agenda and is governed by the Safer Sandwell Partnership. Sandwell is also one of 7 local authorities linked into the West Midlands Combatting Drugs Partnership led by the Office of the Police Crime Commissioner -this allows for more joined up action at a regional level especially in relation to supply and criminal justice elements. The Strategy also contributes to many Sandwell Health & Well Being Board priorities as outlined in section 1. We would therefore welcome oversight and support of the Strategy from Sandwell HWBB given the numerous health impacts due to drug and alcohol use. <u>Progress/ reporting</u>: Under each of the Strategy's three priorities sits a number of commitments which will be monitored through an accompanying action plan to enable progress feedback at timely intervals to a range of stakeholders. Progress reports will align to the National Combatting Drugs Outcomes Framework as well as additional local data and alcohol related indicators A copy of the Strategy is attached for further information  Sandwell_Dru

Implications (e.g. Financial, Statutory etc)	
The production of the Strategy is led by the Addictive Behaviors Team within Sandwell Public Health, with much of the focus on improving partnership working across the system. There are no budget or land/building implications associated with this proposal. Individuals at harm from drug or alcohol use are often marginalised, therefore it is anticipated that this work will have a positive impact on reducing inequalities. In addition the Strategy will also contribute to the wider wellbeing of individuals, families and communities. Drug or alcohol related harm has wide-reaching social and economic impacts. Preventing and treating such harms will therefore have a range of beneficial impacts on Sandwell's residents and communities.	
What engagement has or will take place with people, partners and providers?	The local Strategy has been created in conjunction with the Sandwell Drug and Alcohol Partnership (SDAP). Alongside this report to HWBB, the Strategy has also been presented to the Safer Sandwell Partnership (the governance body for SDAP). Several audiences were consulted as part of the Needs Assessment and Strategy development including: • 420 responses received from community members to our online survey– this shows that drug and alcohol use is a key concern for the local community • A series of focus groups and interviews with young people and adults currently accessing local drug and alcohol treatment services • Over 30 responses from frontline practitioners working across the system who in some way deliver to/ experience issues related to drugs or alcohol

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Sandwell Drug & Alcohol Strategy

2022-2032

The above photographs show before and after images of the outdoor space at the Cranstoun drug and alcohol treatment hub in Sandwell. The garden was landscaped and replanted by volunteers from Cranstoun and those in recovery from drug and alcohol.

Images include pictures of memorial stones for individuals who were part of the Cranstoun community and who passed away.

Contents

DIRECTOR OF PUBLIC HEALTH:

The development of the Sandwell Drug & Alcohol Strategy represents an important step for all partners. The Strategy reflects the complexity of our challenges and our collective resolve to meet these challenges with a considered, resolute and integrated response.

The Strategy reinforces how we must continue to work closely with partners across the criminal justice and health care system, the wider community, and the voluntary sector, to respond to locally identified needs.

The Sandwell Drug & Alcohol Partnership (SDAP) is the key forum that will ensure continued focus and energy on implementing the Strategy. In addition to our local partnership, SDAP, we are working closely with the West Midlands Police & Crime Commissioner through the regional Combatting Drugs & Alcohol Partnership. This will help ensure a cohesive response to the harms present at a regional level, particularly tackling supply chains and preventing young people & their families from being criminally exploited through county lines.

As one of the more deprived areas in the country, we face higher levels of drug and alcohol-driven crime and health harm. Despite this, much excellent and effective work has been undertaken by partners to date. Our track record includes one of the country's lowest drug-related death rates and an award-winning Blue Light outreach project that delivers for our most vulnerable clients. However, it is vital that we continue and further develop our programme of work.

I look forward to seeing many more examples of local energy and innovation in the months and years to come and seeing the measurable impact it will have on individuals, families and the wider community of Sandwell.

Lisa McNally, Director of Public Health

COUNCILLOR HARTWELL:

Drug and alcohol use is an issue that concerns the health and wellbeing of our residents, the safety of our communities, and the future success of our borough.

Sandwell has made good progress in addressing the impact of drugs and alcohol on individuals, families and communities. It is particularly pleasing to see a reduction in the number of young people admitted to hospital due to drug or alcohol misuse. However, some indicators of harm have increased over the same period, such as a higher number of alcohol-related deaths. We must take action to reverse the trend in such instances because drug and alcohol-related harm are largely preventable. The social, economic and health impacts are far-reaching and limit the potential of individuals directly and indirectly affected by drugs or alcohol.

This Strategy has been produced in partnership with the many organisations directly involved with addressing the effects of drugs and alcohol across Sandwell and, very importantly, produced jointly with those who have lived or living experience of drug and alcohol-related harms. It is a key means through which we can enhance our well-established partnership approach and ensure that we continue to challenge ourselves to do the very best for the people of Sandwell.

I wholeheartedly recommend this Strategy to the public of Sandwell, elected members, all public-sector agencies, and our voluntary and community sector partners. I am confident that the Strategy can provide a supportive framework for collaboration and enhance all our efforts in this area over the next ten years.

Councillor Suzanne Hartwell, Cabinet Member for Adult Social Care and Public Health

Introduction

DRUG AND ALCOHOL NEED

This document describes the local drug and alcohol partnership's plans for addressing drug and alcohol misuse in Sandwell. The Strategy has been created in conjunction with the Sandwell Drug and Alcohol Partnership (SDAP).

Drug and alcohol misuse affects a cross-section of the population, not just those who misuse drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses. In Sandwell, we are taking a holistic view of drug and alcohol abuse from prevention, through treatment, to recovery.

Following the publication of the Government's new 10-year plan to combat the harm caused by illegal drugs, the SDAP has taken the opportunity to create a new Drug and Alcohol Strategy for the borough.

This Strategy is a unique opportunity for partners to state their shared ambitions to address drug and alcohol-related crime, death, harm and overall use in Sandwell. The Strategy will act as a vehicle to allow local partners to jointly identify how they will address the priorities in this document.

This Strategy is informed by the Sandwell Drug and Alcohol Needs Assessment which reviewed the local drug and alcohol needs and the current response to them. The Strategy also aligns with From Harm to Hope, the Government's 10-year drugs plan.

IMPROVING HEALTH AND WELLBEING

The vision for this Drug and Alcohol Strategy supports the wider health and wellbeing vision for Sandwell and links with Sandwell's new Health and Social Care Partnership and existing Health and Wellbeing Board. This Strategy also aligns with the Sandwell Community Safety Strategy 2022, which works toward the safety and protection of Sandwell residents.

This Strategy will cover the period from publication until 2032 and will be reviewed three years after publication.

National Strategic Direction

FROM HARM TO HOPE

'From Harm to Hope' is the Government's 10-year plan to combat illegal drugs. The plan sets out how the supply of drugs by criminal gangs will be targeted and how those with a drug addiction will be given a route to a drug-free life.

The Government pledges over £3 billion of investment over the next three years to reduce drug-related crime, death, harm and overall drug use.

National and local partners will focus on delivering three strategic priorities:

1. **Break drug supply chains** – Home Office and Ministry of Justice
2. **Deliver a world-class treatment and recovery system** – Department of Health and Social Care, Ministry of Justice, Department for Levelling Up, Housing and Communities, and the Department for Work and Pensions
3. **Achieve a generational shift in demand for drugs** – Home Office, Department for Education, Department of Health and Social Care, Ministry of Justice, Department for Culture, Media and Sport, Department for Levelling Up Housing and Communities

ALCOHOL STRATEGY

The Government's Alcohol Strategy, published in 2012, sets out proposals to crack down on our' binge drinking' culture, cut the alcohol-fuelled violence and disorder that blights too many of our communities, and slash the number of people drinking to damaging levels.

The Sandwell Drug and Alcohol Strategy strongly focuses on alcohol-related needs. Sandwell has a high rate of alcohol use, and we will use this Strategy to reduce alcohol dependence and wider alcohol-related harms.

LOCAL STRATEGY ARRANGEMENT

The Strategy will be owned and taken forward via the local Sandwell Drug & Alcohol Partnership (SDAP) however we recognize the need to ensure its ownership across other relevant partnership meetings including Safer Sandwell Partnership, the local Health & WellBeing Board amongst many others.

Picture in Sandwell

DRUG AND ALCOHOL NEEDS ASSESSMENT

This Strategy is informed by the recently completed Drug and Alcohol Needs Assessment. Some key findings from the Needs Assessment are included below.

OVERVIEW OF SANDWELL

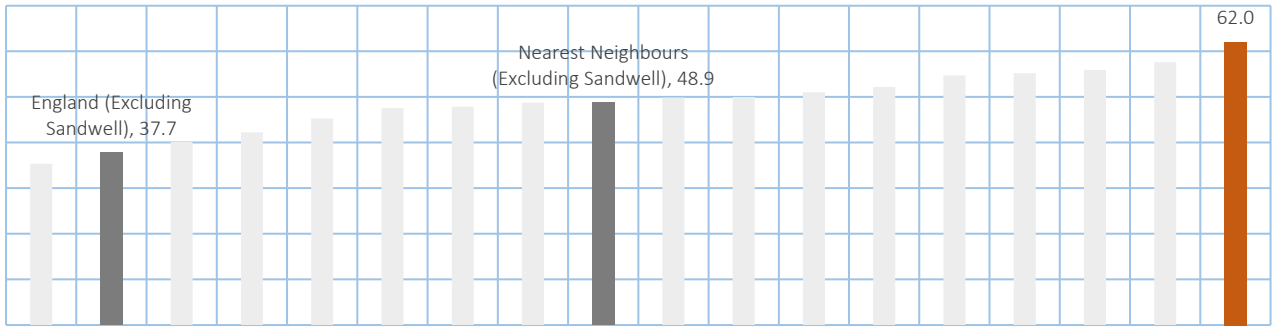
POPULATION

- The latest population projection estimates an increase of 18,849 (+6%) to 347,891 by 2030. An increase in the overall population will likely impact the demand for services.
- The median age across Sandwell has remained stable between 2011 to 2020. Sandwell's median age of 37 is lower than that across England and Wales (40).
- There are variances between the wards. For example, 46% of the population in Newton is over 45 compared to 27% in Soho and Victoria. The age profile of the wards will have a bearing on the prevalence of substance misuse.
- The 2011 census data shows that 34% of the population in Sandwell are from a BAME background; however, the rate is likely higher.
- The average deprivation score for Sandwell makes it the 12th most deprived local authority in England. There is a significant link between deprivation and substance misuse.

DRUG AND ALCOHOL-RELATED HEALTH NEEDS

- Sandwell has one of the lowest drug-related death rates in England. It is statistically significantly lower than the national average and the average of its nearest statistical neighbours.
- Sandwell has the second worst alcohol-related mortality rate in England, with 173 alcohol-related deaths in 2020, a 39% increase from 2019. The 62 deaths per 100,000 are the highest of all Nearest Neighbours[1] and are higher than the rate for England (38 per 100,000).

Figure 1: Rates of alcohol-related deaths in Sandwell and its Nearest Neighbours

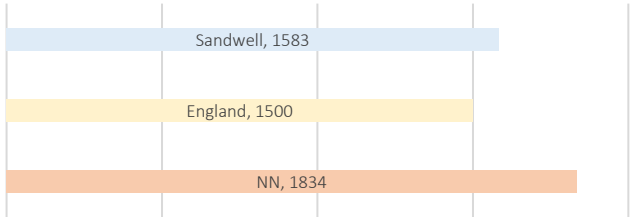


[1] The CIPFA Nearest Neighbour model uses 40 socio-economic metrics to define a local authorities best comparator areas.

ALCOHOL-RELATED HOSPITAL ADMISSIONS

- Although the rates are higher than in England, they are lower than the Nearest Neighbours.
- The rate for females is lower than the England average and is the lowest out of all the Nearest Neighbours.

Figure 2: Rates (per 100,000) of alcohol-related hospital admissions in Sandwell and its Nearest Neighbours

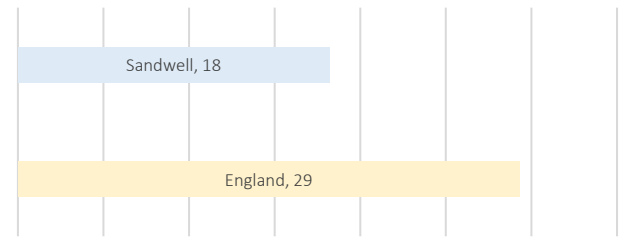


- There were 4,461 alcohol-related admissions in 2020-21, an 18% decrease from the 5424 admissions in 2019-20. National rates have also reduced in this period.

YOUNG PEOPLE

- Sandwell has lower rates for hospital admissions due to substance misuse for 15-24 year-olds (51.9 per 100,000 compared to 81.2 in England).
- Sandwell has lower rates of alcohol-related admissions for those under 18 than the England average (18.2 per 100,000 compared to 29.3 in England). The Sandwell rates have seen a decreasing trend over the previous ten years.

Figure 3: Rates (per 100,000) of alcohol-related hospital admissions for under 18s (persons) in Sandwell and England



DRUG AND ALCOHOL-RELATED CRIME

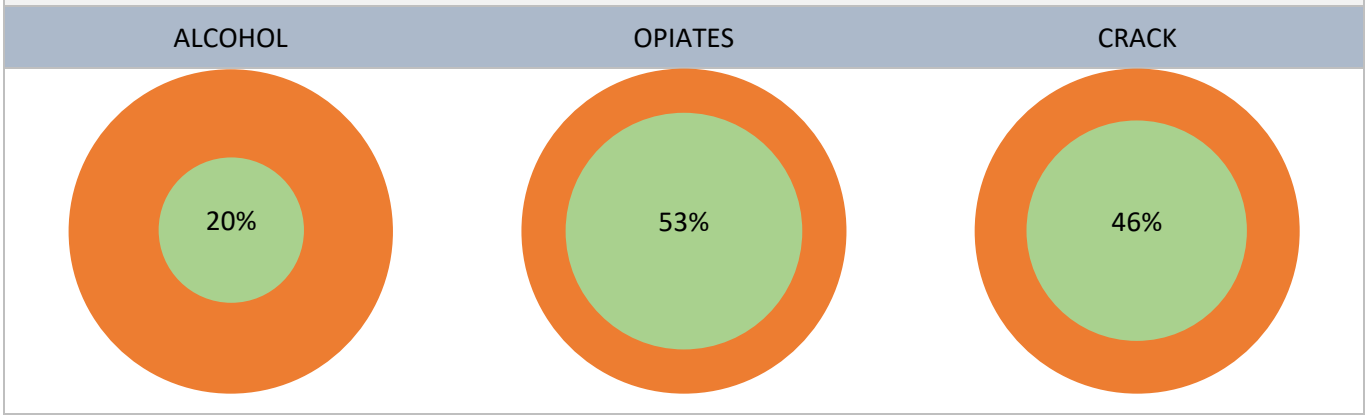
- The link between substance misuse and crime is serious. In the 2018 British Crime Survey, victims believed perpetrators to be under the influence of alcohol in 39% of violent incidents and under the influence of drugs in 21%.[2]
- From 2017-2019, in England & Wales, 31% of homicide victims and 31% of homicide suspects were under the influence of alcohol or drugs when the offence was committed. [3]
- In Sandwell, the most recent data shows 62% of Sandwell residents released from prison with substance misuse needs successfully engaged in community-based structured treatment upon release.
- In Sandwell, drug-related offences increased by 70% when comparing 2021-22 to previous years. It should be noted that some of the increases can be attributed to changes in data collection and the impact of COVID-19.
- In Sandwell, alcohol-related offences increased by 91% when comparing 2021-22 to previous years. It should be noted that some of the increases can be attributed to changes in data collection and the impact of COVID-19.

[2] PCCs making a difference: Alcohol and drugs in focus
[3] PCCs making a difference: Alcohol and drugs in focus

UNMET DRUG AND ALCOHOL NEED

- Figure 4 uses the estimated number of alcohol, opiate, and crack users in the local area and compares that to the number currently accessing local treatment services in 2021/22 to give an idea of unmet needs.
- An estimated 20% of those with alcohol dependency needs were in treatment, similar to the national average.
- An estimated 53% of opiate users were in treatment; this is below the average rates for Sandwell's Nearest Neighbours[4] (58%) and similar to the national average (53%).
- An estimated 46% of crack users were in treatment.

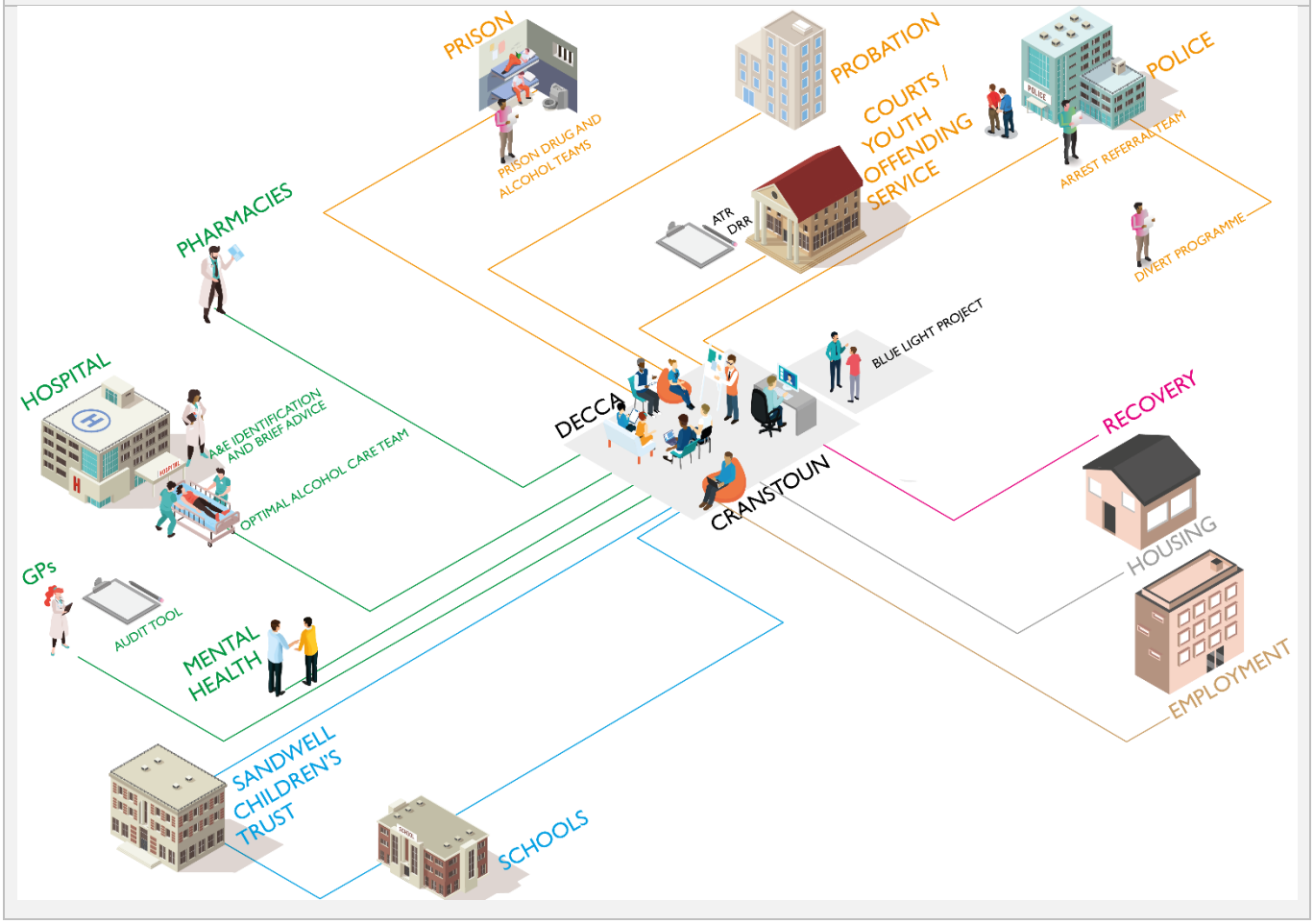
Figure 4: Unmet Need in Sandwell



[4]

Current Provision

Figure 5: Service Mapping Diagram



Strategic Response

The overall aim of this Strategy is to reduce drug and alcohol-related crime, death, harm and overall use in Sandwell.

To achieve this aim, we will align with the three priority areas identified in the Government's 10-year drugs plan, From Harm to Hope. Driven by the findings of the needs assessment, this Strategy also has a strong focus on alcohol. The three priorities for this Strategy are therefore as follows:

- Addressing Supply
- Delivering a World-Class Treatment and Recovery System
- Achieving a Generational Shift in the Demand for Alcohol and Drugs

Included under each priority are commitments demonstrating how the Sandwell Drug & Alcohol Partnership (SDAP) plans to meet this Strategy's overall aims. These commitments will be taken forward into a joint action plan owned and monitored by the local partnership board.

The priorities and their commitments are for all people affected by drugs or alcohol (whether directly or indirectly). Work to ensure accessibility of support -particularly in respect of those under-represented or with protected characteristics -shall be part of on-going quality assessment audit work.

Figure 6 below summarises the three key priorities and the overarching commitments of the partnership board.

Figure 6: Diagram of 3 key priorities and the overarching partnership commitments.

ADDRESSING SUPPLY	DELIVERING WORLD CLASS TREATMENT AND RECOVERY SYSTEM	ACHIEVING A GENERATIONAL SHIFT IN THE DEMAND FOR ALCOHOL AND DRUGS
• Working regionally and nationally to reduce the harm associated with illicit drugs. • Building the local evidence base regarding disrupting drugs, illicit alcohol, and illicit tobacco supply. • Address responsible retail.	• Rebuilding the professional workforce • Better integration of services to ensure we meet needs holistically across the health and criminal justice system. • Referrals via all partners. • Better use of Alcohol Identification and Brief Advice (IBAs). • Enabling delivery of a vibrant ROSC, led by and for those affected by alcohol and drugs.	• World-leading evidence base. • Reducing the demand for alcohol and other drugs. • Preventing drug and alcohol use among children and young people. • Change the acceptability and availability of legally available substances (alcohol and tobacco) in Sandwell.
ACCOUNTABILITY AND DELIVERY (Partnerships, outcome frameworks, and quality standards)		

PARTNERSHIP AND ACCOUNTABILITY

SANDWELL DRUG AND ALCOHOL PARTNERSHIP

Sandwell has a strong multi-agency drug & alcohol partnership, Sandwell Strategic Drug & Alcohol Partnership (SDAP). SDAP brings together a range of partners across both the health and criminal justice sectors to:

"prevent and reduce the harm, or potential harm, that misusing alcohol and drugs has on the individual, families and the wider community, and to enable individuals affected by drug and alcohol misuse to access support and reach their potential."

SDAP partners include:

- Chief Superintendent, West Midlands Police -CHAIR
- Sandwell MBC representatives:
    - Addictive Behaviours Programme Manager, Public Health
    - Adult Social Care Representative
    - Alcohol Project Manager, Public Health
    - Director of Prevention & Protection
    - Domestic Abuse Team Manager
    - Drug Project Manager, Public Health
    - Group Head, Children's Social Care
    - Housing Solutions Business Manager & Operations Manager
    - Neighbourhood Manager
    - Safeguarding Adults Board Operations Manager
- Criminal Justice representatives:
    - Community Safety Manager for the local Crime and Disorder Reduction Partnership
    - Partnership Inspector, West Midlands Police
    - Sandwell Probation Service – Head of Service or equivalent
    - Sandwell Offender Management Unit Supervisor West Midlands Police
    - Service Manager for Youth Offending Service
    - Substance Misuse Policy Lead, Police & Crime Commissioner Policy Unit
- Health representatives:
    - Alcohol Lead, Sandwell West Birmingham Hospital Trust
    - Commissioner: Public Health lead, Integrated Care Partnership
- Specialist services:
    - Service Manager, Adult Treatment provider, Cranstoun
    - Service Manager, Young People's Substance Misuse Provider, DECCA
- Other:
    - Chief Executive, Black Country Women's Aid
    - Chief Executive, Sandwell Community Voluntary Organisation (SCVO)
    - Regional Substance Misuse Lead, Office for Health Improvement and Disparities (OHID)
    - Victim Support
    - West Midlands Fire Service

Engagement will also be sought from:

- Service User/Carer Involvement
- Elected members
- Jobcentre Plus
- Local authority officials representing employment and education
- Mental health treatment providers
- Primary Care lead

PARTNERSHIP ROLES

In this Strategy, we would like to highlight all partners' roles in improving an individual's treatment and recovery outcomes. Below is summarising each partner's roles as described in the Carol Black Report.

LOCAL AUTHORITY

Local authorities should commission a full range of evidence-based harm reduction and treatment services to meet the needs of their local population. Access to high-cost but low-volume services, such as inpatient detoxification and residential rehabilitation, will be supported and supplemented by grant funding from the latest national Drug Strategy.

Locally, we will continue to systematically address how Adult and Children's Services identify and address the needs of the individual and those affected by that individual's use.

CRIMINAL JUSTICE SYSTEM

Too many people with addictions cycle in and out of prison without achieving rehabilitation or recovery. The recent sentencing white paper committed to greater use of police diversions and community sentences with treatment as an alternative to custody. Locally, we will also ensure that adequate treatment support is available to accommodate extra demand generated from greater use of diversionary and community sentences.

On release from prison, prisoners must have ID, a bank account, and the ability to claim benefits on the day of release.

Locally, we will continue to ensure those with drug dependence are helped to continue drug treatment in the community as soon as possible. Furthermore, we will explore the potential to strengthen the referral pathway via probation and to strengthen the identification of those with alcohol needs who come into contact with the criminal justice system.

EMPLOYMENT SERVICES

Employment is an essential part of recovery, both for financial stability and to offer something meaningful to do. Based on a recent trial of Individual Placement and Support (IPS) in 7 local authorities, intensive, employer-focused employment support inside treatment centres has shown promising results.

Locally, we will work with relevant partners to ensure the implementation of the IPS model, including the introduction of peer mentors in each Jobcentre Plus to help people with drug and alcohol needs receive appropriate support.

HOUSING SUPPORT

Drug dependence can be a cause and consequence of homelessness and rough sleeping. MHCLG has estimated that almost two-thirds of people who sleep rough have a current drug or alcohol problem. PHE's drug treatment data shows that one-fifth of adults starting treatment in 2019 to 2020 reported a housing problem, increasing to one-third of people in treatment for opiates.

Locally, we will maximise opportunities for more robust joined-up working between housing and treatment services

MENTAL HEALTH SUPPORT

For many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence. However, they are often excluded from mental health services until they resolve their drug problem. DHSC and NHSE should work together to set out a plan to solve this problem.

The workforce in both services should be trained to better respond to co-existing drug and mental health problems. Training should be a key component of HEE's competency and training requirements for the workforce.

Locally, there are some examples of joint working between treatment services and mental health teams. There is potential for a more robust strategic approach between the two areas to be developed.

PHYSICAL HEALTHCARE

Many drug users have poor overall health. The NHS is poor at engaging with the wider health needs of drug and alcohol users with medical co-morbidities (for example, hepatitis C, HIV, heart and lung disease), many of whom are ill-equipped to navigate complex pathways and feel stigmatised. DHSC and NHSE should work together to develop an action plan for improving access to physical healthcare.

Locally, healthcare services have a key role in supporting early intervention, including using tools such as Alcohol Identification and Brief Advice.

PARTNERSHIP PRINCIPLES

In addition to the commitments attached to the four priorities, we have included the following partnership principles that will inform all areas of our work as a partnership. These commitments cut across the four identified strategic priorities and are informed by the From Harm to Hope Guidance for Local Delivery Partners.

SHARED RESPONSIBILITY

All relevant organisations and professionals see reducing drug and alcohol harm in a local area as an essential part of their role.

PERSON-CENTRED SUPPORT

All plans and services are designed around the needs and preferences of residents rather than systems or processes. There is 'no wrong door' for someone seeking support for a drug or alcohol-related issue.

GENUINE CO-PRODUCTION

People who access treatment and recovery services and those who have been personally affected by drug or alcohol harm have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion.

EQUALITY OF ACCESS AND QUALITY

Everyone can access timely, appropriate support in a form that respects the full, interconnected nature of their needs, wishes and background. The partnership fosters good relations, tackling prejudice and promoting understanding between people from different groups.

JOINT PLANNING

Members share data and analysis and coordinate resource allocation to ensure service delivery is more effective and efficient.

COORDINATED DELIVERY

The wider context of people's lives – as part of relationships, families and neighbourhoods – is reflected in how services operate. People should not need to 'tell their story' multiple times, and there should be good communication, data sharing and coordination between different support services. Where there are multiple needs for a person or in a family, services should work together to assess their needs, develop a shared care plan and consider the role of the 'lead practitioner'. A lead practitioner is someone who acts as a single, consistent and trusted point of contact for different organisations and services.

LOCAL VISIBILITY

The partnership is recognised by residents as a key forum and decision-making body and works to increase public confidence related to drug and alcohol issues, reducing stigma and raising awareness of support. The partnership uses inclusive and accessible language in its discussions, products and publications.

FLEXIBILITY

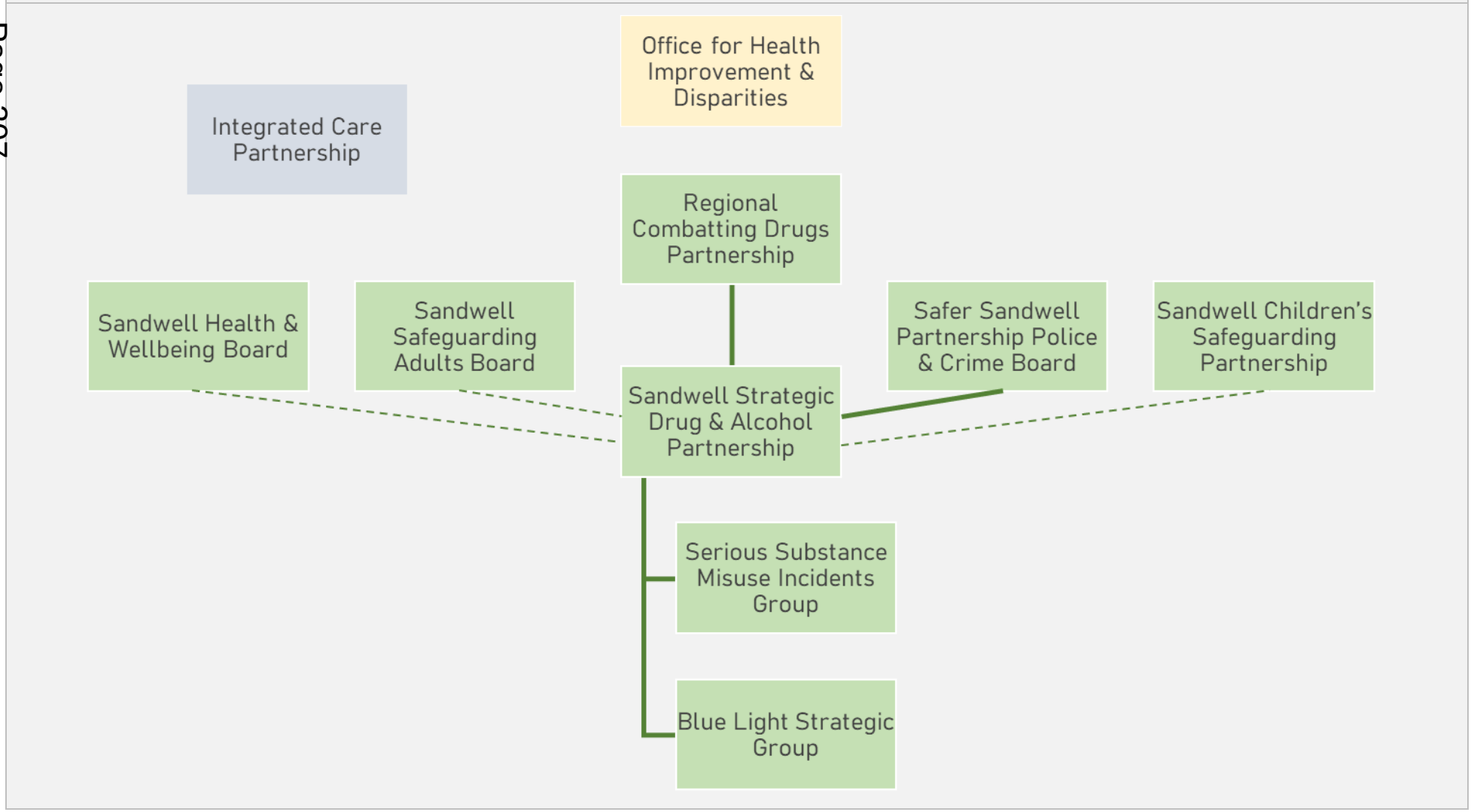
The local partnership responds to needs at the individual level or for a local area, tailoring the approach to different needs, resources and cultures.

LONG-TERM STRATEGIC VIEW

There is a long-term view with a careful, proactive, staged approach to delivering improvements to achieve system change in service design and delivery and a generational shift in patterns of substance use.

Governance Structure in Sandwell

Figure 7: Governance Structure



Note: there may be a need for further additional themed working groups under SDAP as part of the quality assurance and other themed areas of work as identified

Key Priority 1 – Addressing Supply

We will target all stages of the drug supply chain in Sandwell.

The aim of the partnership is that within the lifetime of this Strategy, Sandwell will be a significantly harder place for organised crime gangs to operate. Addressing supply is not something that can be tackled at a local level. In Sandwell, we will build on the national and regional initiatives attacking all stages of the drug supply chain, positively affecting the associated impacts of drug dealing – violence, exploitation, and imprisonment.

In pursuing this priority, the partnership will align itself with the West Midlands Combatting Drugs and Alcohol Partnership and related strategies (Sandwell Community Safety Strategy, West Midlands Reducing Reoffending plan, and the West Midlands Police Drugs Strategy 2022-2025). These strategies detail how the police and their partners – the National Crime Agency, the Regional Organised Crime Unit, British Transport Police, and Her Majesties Prison and Probation Service – will reduce the harms associated with the supply of illicit drugs. In Sandwell, illicit drugs and alcohol impact numerous vulnerable groups, including children and young people.

STAKEHOLDER VOICES

470 residents completed the Sandwell Community Survey, which was run as part of the Sandwell Drug and Alcohol Needs Assessment. Respondents were asked about the impact of various Anti-Social Behaviour types on their local area. The responses provide evidence of the concerns of residents.

"Sadly I try not leave my home during the evening as I do not feel safe."

Respondent to Sandwell Community Survey

"Drug dealing in several places in the area."

Respondent to Sandwell Community Survey

"There are people daily that gather round [my area] drinking alcohol. I don't think it's good for kids to see this."

Respondent to Sandwell Community Survey

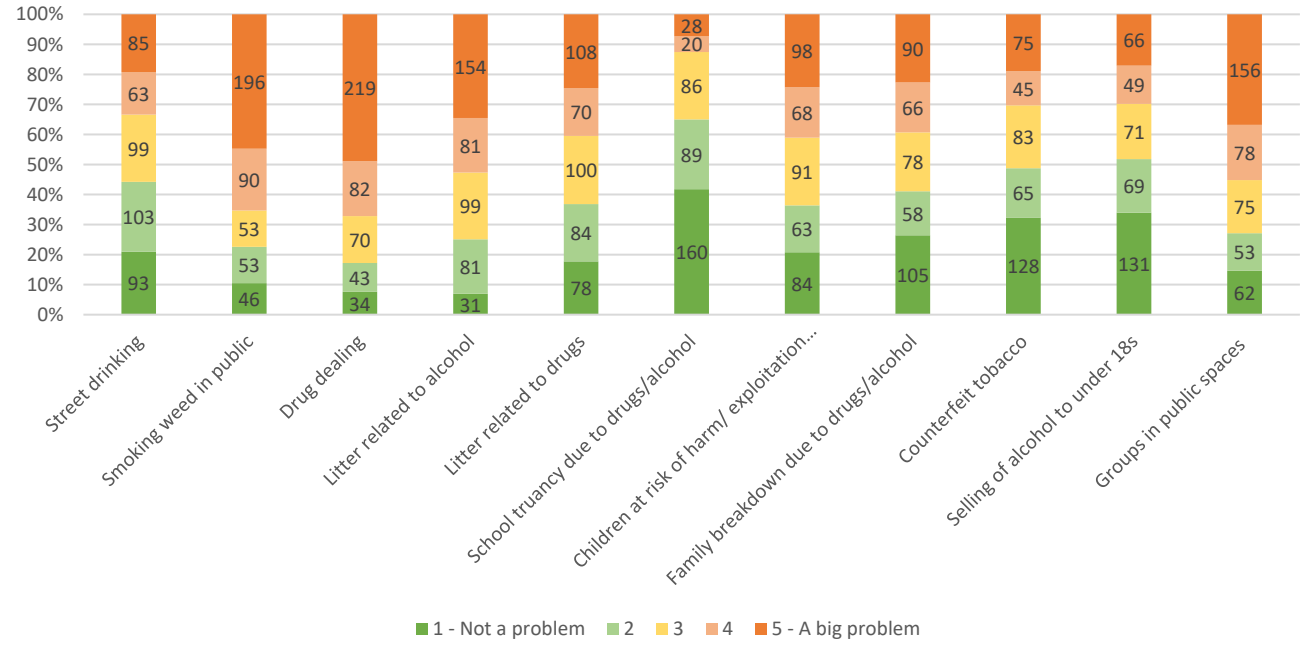
"Groups wait near our house for the car to bring the drugs, most disperse but some sit in the children's park to take the drugs. The smell is very strong and children can't play on the park. A lot of litter is left behind."

Respondent to Sandwell Community Survey

"As a Litterwatch volunteer, I have found on the local streets beer bottles, cans, drug needles."

Respondent to Sandwell Community Survey

Figure 8: Responses from the Sandwell Community Survey run as part of the Drug and Alcohol Needs Assessment



DRAFT COMMITMENTS

COMMITMENT 1

The partnership will work with key national and regional partners and groups to reduce the harm associated to the supply of illicit drugs in Sandwell.

COMMITMENT 2

Partners will help build the evidence base to determine what works best in disrupting the drug, illicit alcohol and illicit tobacco supply chain. We will trial innovative interventions where possible.

COMMITMENT 3

The partnership will work with local enforcement officers to ensure that those shops and establishments who engage in the sale of alcohol and tobacco to those who are underaged, face punitive measures.

Key Priority 2 – Delivering a World-Class Treatment and Recovery System

In Sandwell, we will build on our existing high-quality treatment options to ensure a full range of services that meet the needs of the local population.

As a partnership, we are committed to improving the quality of treatment services. We will increase the drug and alcohol service workforce within the borough and reduce the caseloads held by caseworkers. We will aim to increase the skills and professional mix of the workforce.

We will build on our existing services and ensure a full range of evidenced-based harm reduction and treatment services in place to meet the needs of the local population. These services will also include interventions to support individuals and families impacted by others' drug and alcohol use. The views of those with living or lived experience will be integral to developing specialist services in Sandwell.

We recognise that people get referred to services too late when many health harms have already occurred. There is a need for system-wide use of evidence-based tools to help identify those with a drug or alcohol need earlier. As a partnership, we must identify needs at the earliest possible opportunity to ensure timelier interventions to prevent and reduce any further escalation.

We will work to address the stigma attached to those who have a drug or alcohol problem. Stigma can have many negative impacts on those with a drug or alcohol need: it can limit their access to essential services, including healthcare, due to feelings of unwelcomeness; it can mean people are passed over for job opportunities by employers.

Regarding children and young people, we need to ensure that non-specialist drug and alcohol services can provide appropriate preventative measures to reduce the risk of harmful drug and alcohol use. This age group has broader needs than just drug or alcohol use, and there needs to be a system-wide approach to improving wider health and wellbeing outcomes. We will continue to work with parents, carers, Children's Services, and schools to achieve this.

STAKEHOLDER VOICES

"Always there to help me, especially when I am in a bad place. They help me feel better."

Blue Light Service User

"There is a stigma and shame associated with drug and alcohol problems."

Participant in focus group run as part of the needs assessment

"It is hard to ask for help, you feel guilty about it.

Participant in focus group run as part of the needs assessment

"For me to admit my drinking problem to my GP, took courage. I didn't get help straight away and did not return for 9 years."

Participant in focus group run as part of the needs assessment

DRAFT COMMITMENTS

TREATMENT OPTIONS

COMMITMENT 1

As a partnership, we will continue to provide a full range of evidenced based harm reduction and treatment services in place to meet the needs of the local population. We will address needs holistically through working with a range of relevant partners.

COMMITMENT 2

As a partnership, we will strive to improve the experience of treatment services for anyone who needs support. We will engage with people with living or lived experience as we develop and strengthen our pathways into treatment services and the services themselves.

COMMITMENT 3

We commit to reviewing our workforce plan, with a view to reduce caseloads of practitioners, increase our drug and alcohol workforce, and increase the skills and professional mix of our workforce.

COMMITMENT 4

We will support those with a safeguarding need to access the support they require and are entitled to. We will ensure that the profile of drug and alcohol is raised at the Sandwell Safeguarding Boards.

ACCESS

COMMITMENT 5

All partners will ensure that there are robust pathways into and out of drug and alcohol treatment. This will include a focus on early intervention provision, breaking barriers and stigma and encouraging individuals to access support.

COMMITMENT 6

We want all practitioners across the partnership to have the confidence and skills to identify at the earliest possible stage those with a drug or alcohol need. We will support this through our workforce training offer.

EXIT

COMMITMENT 7

We will continue to develop our aftercare provision for those who exit treatment.

YOUNG PEOPLE

COMMITMENT 8

We will ensure that there are appropriate services in place for young people with treatment requirements. This includes meeting multiple needs including poor mental health, self-harm, and sometimes criminal or sexual exploitation.

COMMITMENT 9

We will develop an appropriate response for children and young people affected by parents who misuse drugs or alcohol.

COMMITMENT 10

All partners will continue to ensure that the identification of children and young people affected by drug and alcohol use is part of their core business.

HARM REDUCTION

COMMITMENT 11

We will increase the availability and visibility of naloxone through providing more peer naloxone training and training for appropriate staff.

COMMITMENT 12

We will continue to investigate the reasons behind drug and alcohol-related deaths in the borough and work towards reducing them.

COMMITMENT 13

We will increase our harm reduction initiatives, including the Blue Light Initiative, and needle exchanges, and base them on evidence-based practice.

COMMITMENT 14

We will promote the use of a range of harm reduction initiatives in relation to alcohol. These include promoting the recommended drinking guidelines, reducing harmful drinking, and the use of Alcohol Identification and Brief Advice practices.

We will collaborate to ensure a borough-wide offer of recovery support.

The process of reaching recovery takes time to achieve and effort to maintain. In Sandwell, we will work towards achieving a Recovery-Orientated System of Care (ROSC). The UK government's Drug Recovery Champion stated that creating a ROSC offers the best chance to help people to move on from drug dependence. At its best, ROSC is built on person-centred services and supports multiple non-linear pathways to recovery.

In Sandwell, we will build on our current recovery services, which provide multiple recovery options to those seeking to rebuild their lives. We aim to ensure networks of peer-based recovery support, communities of recovery, and mutual aid groups are available in areas of need across the borough.

STAKEHOLDER VOICES

"People with lived experience of addiction help more than anyone."

Participant in focus group run as part of the needs assessment

"Talking to people who suffer the same thing helps."

Participant in focus group run as part of the needs assessment

"It is who you meet in the groups that really help you."

Participant in focus group run as part of the needs assessment

"Moving to acceptance is the hardest part."

Participant in focus group run as part of the needs assessment

COMMITMENTS - RECOVERY

HEALTH AND MENTAL HEALTH

COMMITMENT 1

We will work to ensure that the mental health needs of those with a drug or alcohol problem is addressed in a joined-up way.

COMMITMENT 2

We will work to ensure that those with a drug or alcohol need have appropriate access to physical healthcare.

JOBS & PURPOSEFUL ACTIVITY

COMMITMENT 3

Regarding employment and other purposeful activity, we will continue to improve the response of employment services and relevant community organisations to those with a drug or alcohol need.

HOUSING

COMMITMENT 4

We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation.

SOCIAL AND PEER SUPPORT

COMMITMENT 5

We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Sandwell's drug and alcohol treatment system.

COMMITMENT 6

We will engage with people with living or lived experience as we develop and strengthen our pathways into recovery services outside of treatment and the services themselves.

Key Priority 3 – Achieving a Generational Shift in Demand for Drugs and Alcohol

We will aim to increase our focus on all types of prevention to achieve a safer and healthier environment for all.

In Sandwell, we will take an evidence-informed approach to activities aimed at reducing the number of people drinking alcohol to harmful levels, taking drugs, or drawn towards drugs. This approach will ultimately create a safer and healthier environment for all.

In the borough, we will use the latest evidence-based practice to encourage people to change behaviours by ensuring that the risks and harms (to themselves and others) involved with drug and alcohol use are openly and honestly communicated. This includes promoting existing guidance regarding drinking guidelines.

We aim to increase preventative activity amongst children and young people to reduce the likelihood that they will start drinking alcohol or taking drugs. This will involve a response from the local partnership board and ensuring that universal initiatives addressing the risk factors associated with childhood drug and alcohol use are promoted.

Factors that increase childhood risk for drug and alcohol use are also related to poor academic performance, mental health problems and harm to self and others. As a partnership, we will promote and advocate for non-drug focussed prevention programmes and services. Non-drug focussed services should address risk factors such as chaotic, unrewarding environments, stress, social exclusion, and individual risk factors such as having difficulty managing emotions, coping with challenges, and exercising behavioural self-control.[5]

As a partnership, we recognise that improving drug and alcohol use outcomes does not sit within the partnership board alone. We will endeavour to actively represent the partnership board and its aims on the relevant boards within Sandwell.

[5] DHSC, (2021), Review of drugs part two: prevention, treatment, and recovery

STAKEHOLDER VOICES

"There is not enough substance misuse information out there."

Participant in focus group run as part of the needs assessment

"There is a large appetite from schools for more joint working with DECCA."

DECCA Practitioner

"We need continuing professional development for teachers [in relation to drug and alcohol information]

Assistant Head Teacher at a Sandwell Secondary School

"It is easy for students to access [vapes]."

Assistant Head Teacher at a Sandwell Secondary School

COMMITMENTS – ACHIEVING A GENERATIONAL SHIFT

OVERARCHING COMMITMENTS

COMMITMENT 1

We will use the latest evidence-based practice to encourage people to change behaviours.

COMMITMENT 2

As a partnership, we will work strategically to ensure that the aims and priorities of the partnership are represented at other partnership boards within Sandwell.

COMMITMENT 3

The partnership commits to all prevention work being monitored and evaluated in a way that promotes continuous improvement.

COMMITMENT 4

We will ensure that there is a coherent borough wide communications plan addressing the targeted promotion of the potential harms linked to drug and alcohol use.

PREVENTING PROBLEMS

COMMITMENT 5

We commit to a partnership approach to the drug and alcohol component of school's RSE policies and programmes. We continue to commit to meet the RSE requirements as part of the focused prevention programmes in schools.

COMMITMENT 6

To build resilience amongst young people, we will promote and advocate for non-drug focused programmes that address the risk factors associated with childhood drug, alcohol, and tobacco use.

COMMITMENT 7

We will support non-specialist drug and alcohol partners so that they can advise service users on drug and alcohol related concerns.

EARLY-INTERVENTIONS

COMMITMENT 8

As a partnership, we will increase our work with key vulnerable groups such as looked after children, and care leavers. We will use the latest data and guidance to develop our support for vulnerable groups.

COMMITMENT 9

We will work to expand our offer of targeted information and advice to key groups in the community. This includes developing the availability of our digital drug and alcohol offer.

COMMITMENT 10

We will continue to promote the usage of screening tools such as the Alcohol AUDIT Screen and initiatives such as Making Every Contact Count (MECC).

Achieving our Objectives

This Strategy is the overarching document demonstrating a collective understanding and commitment from local partnership members to address drug and alcohol use across Sandwell. Accountability for this Strategy sits with the Sandwell Drug and Alcohol Partnership (SDAP). This Strategy will be supported by a joint action plan agreed to and championed by each partner within the partnership. The action plan will be directly linked to our identified priorities and commitments.

The SDAP will oversee the action plans arising from this Strategy. Feedback from those who use interventions and services will form a vital part of service development, our commissioning, and our monitoring procedures. We will work to ensure that the voice of those with living or lived experience of drug and alcohol issues informs and continually improves our provision.

The SDAP will provide annual monitoring reports, setting progress against our priorities and identified outcomes. The SDAP will regularly review the Strategy and joint action plan. The monitoring report will align with the National Combating Drugs Outcomes Framework.

Key outcomes for the SDAP will be:

- Reducing drug and alcohol use
- Reducing drug and alcohol-related crime
- Reducing drug and alcohol-related health harms
- Reducing supply
- Increasing engagement in treatment
- Improving recovery outcomes

Delivery of this Strategy will require sustained commitment from all partners if we are to continue to make a measurable difference in the lives of those impacted by drug and alcohol use. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research, and continuing to develop and respond to the needs of our community.

For any queries or further information in relation to this strategy please contact: Mary_Bailey@sandwell.gov.uk

Partners

Partners involved in the creation of this Strategy:

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Sandwell Drug & Alcohol Strategy

Mary Bailey

Addictive Behaviours Programme Manager

Sandwell Metropolitan Borough Council

Overview

- National picture
- Local picture
- Strategy
- Governance and Accountability

Sandwell
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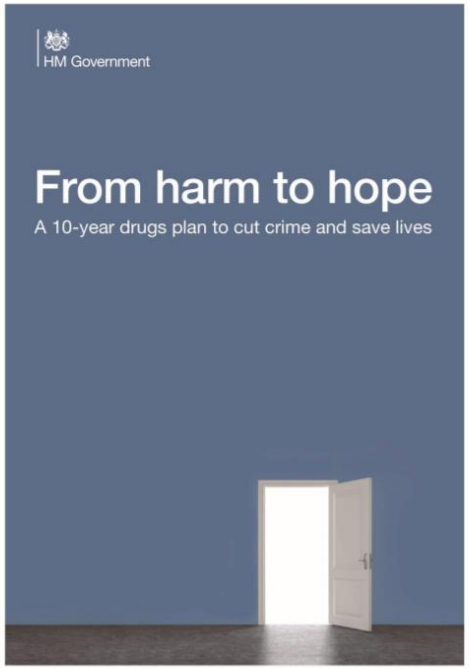
From Harm to Hope

- 2021 Dame Carol Black independent review
  - underfunded treatment services
  - increased drug use
  - increased harms from drug use
- 10-year Drugs Plan to cut crime and save lives



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National strategy on a page

10 year policy ambition

How

3 year resources

Headline targets

Break drug supply chains

Step up our response to the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons from being academies of crime

£300m

Close 2,000 more county lines
Disrupt 6,400 more OCGs

Deliver a world-class treatment and recovery system

Rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency

£780m

Prevent nearly 1,000 deaths;
Delivered around 54,500 new high-quality drug and alcohol treatment places

Reduce the demand for recreational drugs

Strengthen the evidence for how best to deter use of recreational drugs, ensuring adults driving change their behaviour or face consequence, and with universal and targeted activity to prevent young people starting to take drugs

£5m innovation fund

Reduce overall drug use to historic lows over the next decade

Partnerships and Accountability

Sandwell Metropolitan Borough Council

How?

- 3 years of additional funding for treatment and recovery
- Government require local areas to have a strong multi-agency partnership (footprint to be decided locally)
- Local partnership must have proactive oversight of the implementation of all three strategic priorities of the Drug Strategy.
- A key task to conduct a joint needs assessment, and use this to agree a local drug strategy and action plan.

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Sandwell

- Sandwell Strategic Drug & Alcohol Partnership
- West Midlands Combatting Drug & Alcohol Partnership
- Local Needs Assessment completed April-June 22
- Local Strategy aligned to national core strands –inclusive of alcohol

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Needs Assessment

- Continuity of Care
- Drug related deaths prevention
- Young people's hospital admissions

- Alcohol related deaths
- Unmet Drug & Alcohol need

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Sandwell Drug & Alcohol Strategy

3 key priorities and the overarching partnership commitments.		
ADDRESSING SUPPLY • Working regionally and nationally to reduce the harm associated with illicit drugs. • Building the local evidence base regarding disrupting drugs, illicit alcohol, and illicit tobacco supply. • Address responsible retail.	**DELIVERING WORLD CLASS TREATMENT AND RECOVERY SYSTEM** • Rebuilding the professional workforce • Better integration of services to ensure we meet needs holistically across the health and criminal justice system. • Referrals via all partners. • Better use of Alcohol Identification and Brief Advice (IBAs). • Enabling delivery of a vibrant ROSC, led by and for those affected by alcohol and drugs.	**ACHIEVING A GENERATIONAL SHIFT IN THE DEMAND FOR ALCOHOL AND DRUGS** • World-leading evidence base. • Reducing the demand for alcohol and other drugs. • Preventing drug and alcohol use among children and young people. • Change the acceptability and availability of legally available substances (alcohol and tobacco) in Sandwell.
ACCOUNTABILITY AND DELIVERY (Partnerships, outcome frameworks, and quality standards)		

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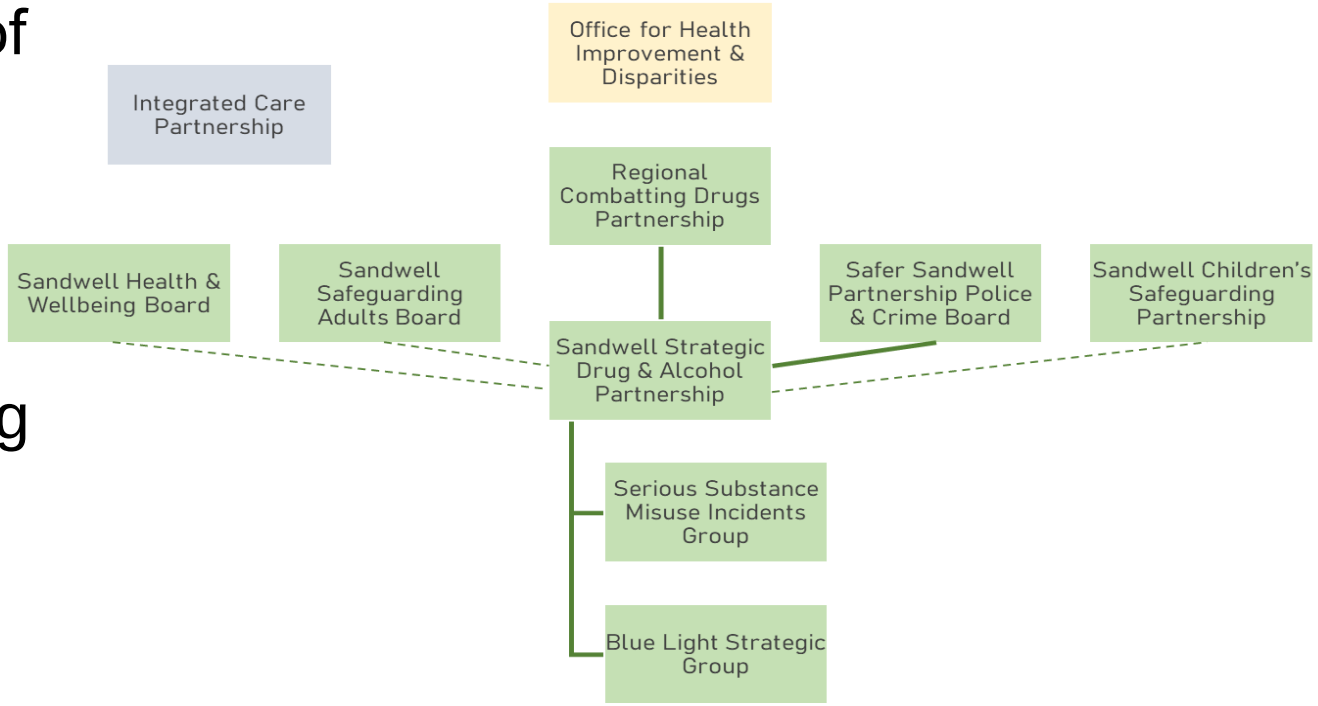
Governance & Accountability

- SDAP 'home' of the strategy
- Regional partnership
- Additional themed working groups under SDAP
- Targets and outcomes monitoring



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Sandwell Health and Wellbeing Board
7 December 2022

Report Topic:	Harvest View – new Integrated Social Care and Health Centre
Contact Officer:	**Colin Marsh, Chris Guest**
Link to board priorities	Harvest View supports the following board priorities: 1. **We will help keep people healthier for longer** 2. **We will help keep people safe and support communities** 3. **We will work together to join up services** 4. **We will work closely with local people, partners and providers of services**
Purpose of Report:	• To inform the HWBB of the progress with the development of Harvest View • To confirm that the service is up and running and to share initial feedback from people who are using the service and staff who are delivering care and support • To provide a virtual tour of the scheme and full explanation of facilities, approach and outcomes achieved
Recommendations	• That the HWBB note the report and presentation and support the continued delivery of this integrated new venture.
Key Discussion points:	**(please include links to our board priorities as shown above)** **Harvest View in Rowley Regis offers specialist support from both social care and health staff all under one roof, with 80 en-suite rooms and**

	friendly communal areas as well as lovely outdoor spaces. **The facility will help people get back home after a hospital visit and also those who need some structured support to avoid a hospital stay altogether.** **Harvest View replicates the home environment, where residents can be encouraged back to their normal health in familiar surroundings. The focus is on maintaining and improving independent living rather than specifically treating the medical condition.** **Harvest View directly contributes to each of the HWBB's four priorities.**
Implications (e.g. Financial, Statutory etc)	
Harvest View is fully funded by Sandwell's Better Care Fund (BCF). The initial capital provision was £14,084,000. **The spend to date is over spent by approximately £142,000 or 1%. We will recommend use of the BCF reserve to fund this one-off pressure.** **The revenue costing for Harvest View was based upon the original model of 64 nursing beds and 16 residential beds. This model has been amended**	

to include a further 32 residential beds to replace the initial nursing bed capacity so the revenue costs are likely to reduce.	
What engagement has or will take place with people, partners and providers?	Harvest View has been developed in collaboration with partners from Sandwell Council, Black Country ICB, Sandwell and West Birmingham Hospitals Trust and Sandwell Council for Voluntary Organisations. The local community were pivotal in naming this new unit following an engagement session with local residents. The extensive recruitment campaign has resulted in many local people being employed to work in the exciting new development.

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Sandwell Health & Wellbeing Board

Sandwell Health and Wellbeing Board
7 December 2022

Report Topic:	Joint Strategic Needs Assessment (JSNA) - Approach
Contact Officer:	**Jason Copp, Principal Research and Intelligence Specialist**
Link to board priorities	Please include in your report how your work links to one or more of our board priorities: 1. **We will help keep people healthier for longer** The purpose of a Joint Strategic Needs Assessment (JSNA) is to improve the health and wellbeing results of the local community and reduce inequalities for all ages. 2. **We will help keep people safe and support communities** JSNAs are intended to meet the health and social care needs, and to address the wider determinants that impact on health and wellbeing. The focus is on improving the health and wellbeing of local communities. **We will work together to join up services** A key aim of the JSNA process is to help develop evidence-based priorities that inform relevant local commissioning plans. **We will work closely with local people, partners and providers of services** The principle of JSNAs are for local authorities, Integrated Care Boards, NHS partners, the voluntary sector, the community and service users; to research and agree a comprehensive local picture of health and wellbeing needs, via the health and wellbeing board. Decisions about services should be made as locally as possible, involving people who use them and the wider local community.
Purpose of Report:	• To present Sandwell's intended JSNA approach to the Health and Wellbeing Board, for comments and approval.
Recommendations	• For the Health & Wellbeing Board to approve the presented approach.

Key Discussion points:	The production of a Joint Strategic Needs Assessment (JSNA) is a joint statutory duty for Local Authorities and Integrated Care Boards (ICB), discharged through the Health and Wellbeing Board. The key principle is for the Local Authority, NHS partners, the voluntary sector, the community and service users to work together to research and agree a comprehensive picture of local health and wellbeing needs in the local area. The aim is to develop local evidence-based priorities, which will improve the public's health and wellbeing, reduce inequalities, and address the wider determinants that impact on health and wellbeing. JSNAs should be a locally owned process, with local areas free to undertake JSNAs in a way best suited to their local circumstances. Decisions about services should be made as locally as possible, involving people who use them and the wider local community. The proposed approach for Sandwell follows two parallel activities: i. **Data/ analysis activity:** This will provide overarching data for key topic areas, following a life course approach. It is proposed that Sandwell Trends, Sandwell Council's local intelligence system, will to be the vehicle to present this data, through Power Bi embedded reports. ii. **Deep dive activity:** Deep dives will examine need in more detail for specific topic areas. This activity will prioritise two to three topic areas each year. These areas being agreed through liaison with the Sandwell Health and Care Board (Sandwell Place). Work within these topic areas will be organised through coordination groups, with the main engagement through workshops, involving; key partners, the voluntary sector, and community representation. The community voice will also be heard through; Sandwell Council's; Corporate Consultation and Engagement Group - Citizen Engagement Programme, and Health Watch.

Implications (e.g. Financial, Statutory etc)	
The production of a Joint Strategic Needs Assessment (JSNA) is a joint statutory duty for Local Authorities and Integrated Care Boards (ICB), discharged through the Health and Wellbeing Board.	
What engagement has or will take place with people, partners and providers?	The principle of JSNAs are for local authorities, Integrated Care Boards, NHS partners, the voluntary sector, the community and service users; to research and agree a comprehensive local picture of health and wellbeing needs via the health and wellbeing board. Community engagement will be through; Sandwell Council's; Corporate Consultation and Engagement Group - Citizen Engagement Programme, and Health Watch.

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Joint Strategic Needs Assessments: Overview

Overview:

- The production of a Joint Strategic Needs Assessment (JSNA) is a joint statutory duty for the Local Authority and the Integrated Care Board (ICB), discharged through the Health and Wellbeing Board.

- The Key Principle is for:
  - Local authorities, NHS partners, the voluntary sector, the community, and service users to work together;
  - to research and agree a comprehensive picture of local health and wellbeing needs in the local area.

- The aim is to develop local evidence-based priorities, which will improve the public's health and wellbeing, reduce inequalities, and address the wider determinants that impact on health and wellbeing.

Key Points:

- JSNAs should be a locally owned process.
- Local areas are free to undertake JSNAs in a way best suited to their local circumstances.
- There is no template or format that must be used and no mandatory data set to be included, although they must be fit for purpose.
- Decisions about services should be made as locally as possible, involving people who use them and the wider local community.
- Not an end in themselves, but a continuous process.
- JSNAs do not need to be undertaken from scratch every year.

JSNA Approach - Discussion

PH Sandwell JSNA - Principles

- Structured/ planned
- Manageable/ comprehensive
- Up-to-date
- Focused

- Guided by the Sandwell Health and Care Partnership (Sandwell Place), and the Health and Wellbeing Board
- Links to other priorities – Joint Outcome Framework/ Performance Management Framework
- Linking in with citizen engagement programmes

JSNA Approach - Discussion

PH Sandwell JSNA Approach

Two parallel activities; Data/ analysis, Needs in detail (Deep dives)

Data/ Analysis:
Regular updates, helps to drive Activity Two

Activity One

Data/ Analysis Activity

- Establish Key Chapters/ Topic Areas

- Providing an overarching evidence base:
  - Overarching Demographics, Health Profiles
  - Key Topic Areas: (Life Course Approach)
    - Establish key measures for topic areas
      - Regular, scheduled updates, continuous
      - Automation where possible, APIs, data warehouse
      - Links to Joint Outcome Framework/ PMF
    - Crosstabulation – smaller geographies, inequalities

Sandwell Trends – vehicle for JSNA, based on the Walsall model
- utilising the Microsoft application Power Bi

PH Sandwell JSNA Approach

Needs in detail:
Deep dives.
Selected topic areas, agreed workplan

Activity Two

Deep dives in specific areas

- Two/ three topic areas each year – Topic areas agreed through the Sandwell Health and Care Board (Sandwell Place)
  - Providing an evidence-base for priorities
  - Presenting: key research, key issues, gaps in provision, and links to key policy; establishing local need

- Key components: Organised through coordination groups, with the main engagement through Partner workshops
  - Workshops, involving; key partners, the voluntary sector, and community representation
  - Community voice heard through; Sandwell Council's; Corporate Consultation and Engagement Group – Citizen Engagement Programme, and Health Watch
  - Overviews from literature searches
  - Links to key knowledge; policy, strategy, Needs Assessments
  - Also engage though; working groups, surveys, liaison with key groups

- Wider Determinants:

JSNA Suggested Structure - Discussion

Chapter 1: Overview

Demographics
- 1.1 Population
- 1.2 Diversity
- 1.3 Deprivation

Health & Wellbeing
- 1.4 Life Expectancy
- 1.5 Healthy Life Expectancy

Chapter 2: Healthy Start

Pregnancy & Birth

Early Years

Vulnerable Children

Educational Attainment

Chapter 3: Healthy Living

Healthy Lifestyle
- 3.1 Weight Management
- 3.2 Physical Activity

Addictive Behaviours
- 3.3 Tobacco Control and Smoking Cessation
- 3.4 Drugs & Alcohol
- 3.5 Tobacco

Health & Wellbeing
- 3.6 Mental Wellbeing
- 3.7 Disease Prevalence

Chapter 4: Ageing Well

Health
- 4.1 NHS Health Checks
- 4.2 Diabetes
- 4.3 Falls
- 4.4 Premature Mortality

Care and Vulnerable Older People
- 4.5 Adult Social Care: Care
- 4.6 Adult Social Care: Safeguarding

Chapter 5: Place

Healthy Urban Environment
- 5.1 Air Quality
- 5.2 Safe & Sustainable Travel
- 5.3 Open Spaces

Crime and Community
- 5.4 Crime and Community Safety
- 5.5 Community

Joint Outcome Frame Indicators (Sandwell Place/ Sandwell Health and Care Partnership)

Links to Area Profiles – Town, Ward

Other areas:

- Links to Performance Management Frameworks etc
- Economy
- Housing

Sandwell
Metropolitan Borough Council

Sandwell JSNA

1. Demographics

1.1 Population

1.2 Ethnicity

Research Sandwell

Sandwell JSNA

1.1 Population

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Sandwell Metropolitan Borough Council

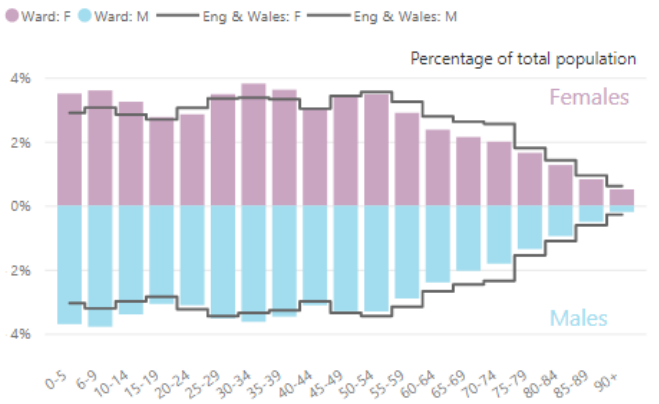
Population

The population of Sandwell...

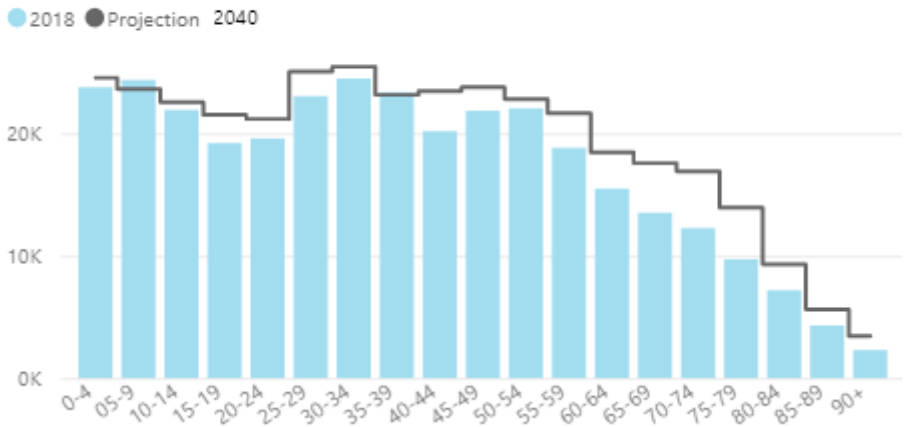
Population

The population of Sandwell...

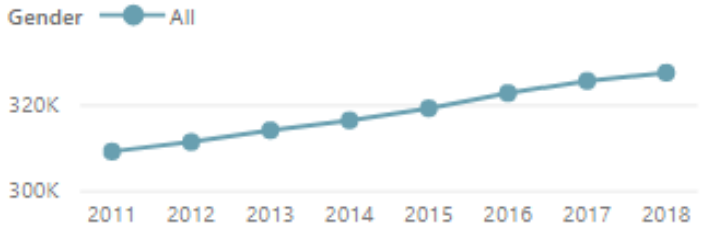
Population Pyramid: Sandwell Wards and England & Wales



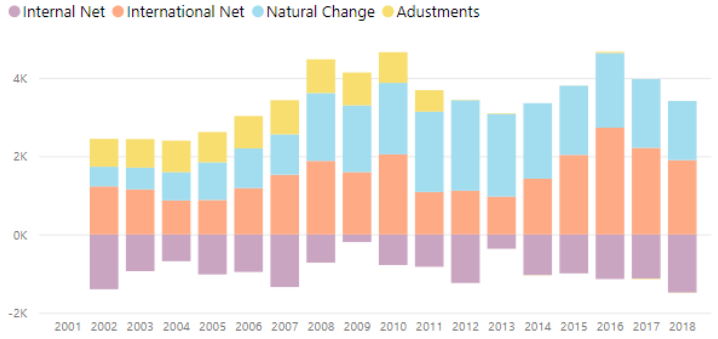
Sandwell Projected Population (2018 Based Figures)

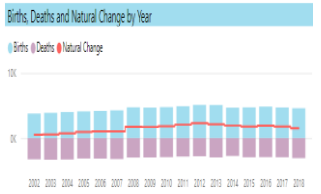


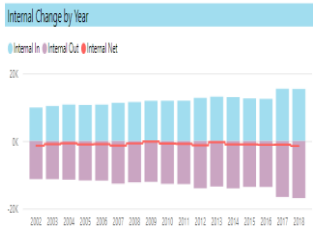
Population over time

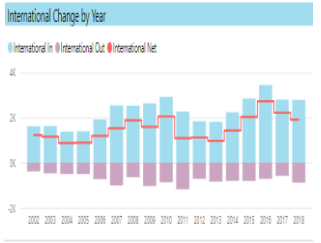


Net Change by Year

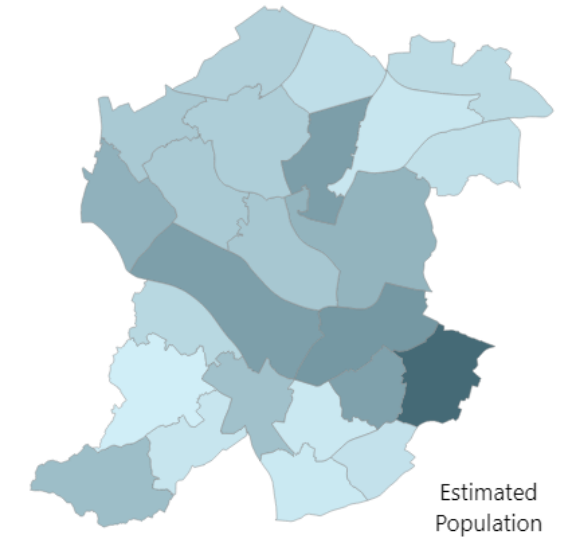








Sandwell Ward Population



Estimated Population

327,378