

Agenda

Health and Wellbeing Board

Wednesday, 13 September 2023 at 5.30 pm
In the Council Chamber, Sandwell Council House, Freeth Street at
Oldbury, B69 3DB

1 Apologies for Absence

To receive any apologies for absence.

2 Declarations of Interest

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

3 Minutes

7 - 12

To confirm the minutes of the meeting held on 21 June 2023 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 Midland Metropolitan University Hospital Update

13 - 38

To consider and note the progress of the development of Midland Metropolitan University Hospital.



6	Right Care, Right Person	39 - 48
	To consider and note the Right Care, Right Person Approach.	
7	Sandwell Better Mental Health Strategy 2023-2026	49 - 84
	To note and comment upon the draft Sandwell Better Mental Health Strategy 2023- 2026 and the proposed public consultation.	
8	Sandwell Language Network	85 - 116
	To comment and note the Sandwell Language Network Programme 2023- 2025.	
9	ASEND Inspection Outcome and Next Steps	117 - 128
	To consider and note the ASEND Inspection Outcome and Next Steps.	
10	Work Programme	129 - 132
	Standing Item to note the Health and Wellbeing Board's Work Programme 2023/ 24.	

Shokat Lal
Chief Executive
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution

Councillor Hartwell (Chair)
Councillors E Giles, Hackett, Hinchliff, Khatun, Rollins and Trumpeter.
Rashpal Bishop, Michael Jarratt, Liann Brookes- Smith, Michelle Carolan, Dr
Sommiya Aslam, Phil Griffin, Alexia Farmer, Rev. David Gould, Matt Young,
Tammy Davies, Marsha Foster, Mark Davis and Emma Taylor.

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Sandwell Health and Wellbeing Board

**21 June 2023 at 5.11pm
at 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 Simon Hackett	Cabinet Member for Children and Education
Liann Brookes-Smith	Interim Director of Public Health
Rashpal Bishop	Director of Adult Social Care
Michael Jarrett	Director of Children and Education
Councillor Elaine Giles	Chair of the Health and Adult Social Care Scrutiny Board
Councillor Hinchliff	Chair of the Children's Services and Education Scrutiny Board

Black Country Integrated Care Board

Michelle Carolan	Sandwell Managing Director
Dr Sommiya Aslam	Sandwell Locality Commissioning Board Representative

Multi-Faith Sector Representative

David Gould	Chair of Public Health Faith Sector Working Group
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Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell Manager
Mark Davies	Chief Executive – Sandwell Council of Voluntary Organisations

In attendance

Cathren Armstrong	Health Protection Specialist, Public Health
Dr Anna Blennerhassett	Consultant in Public Health
Nicky Taylor	Public Health Development Officer
Nick Shough	Public Health Drug and Alcohol Partnership Officer
Anthony Lloyd	Democratic Services Officer
Stephnie Hancock	Deputy Democratic Services Manager
Councillor Ragih Muflihi	

9/23 **Apologies for Absence.**
Apologies were received from Councillors Rollins and Piper.

10/23 **Declarations of Interest**

There were no declarations of interest made.

11/23 **Minutes**

Resolved that the minutes of the meeting held on the 15 March 2023 are approved as a correct record.

12/23 **Urgent Additional Items of Business**

There were no urgent additional items of business.

13/23 **Keeping Active is Fun Story Book**

The Board received a presentation on the “Keeping Active is Fun” book. The book was based around a variety of diverse characters, and sought to encourage young children to get involved in sports, embrace diversity, keep healthy, eat well, take part in recycling and drink plenty of water. The book also explored themes around bereavement and road safety.

Accompanying the book was a journal to encourage children to write about their day, highlighting positive experiences to help improve mental health.

The book had been created by a student at St Michael's CE High School, who had won a Young Active Citizen's Award for his work. The book had been positively received and supported by the Council, Sandwell and West Birmingham Hospitals Trust, St John's Ambulance, Sandwell primary schools and care homes. Four launch events had taken place in Sandwell libraries.

Members of the Board welcomed the book and undertook to ensure that it was shared across the Borough.

Resolved:-

- (1) that the Director of Public Health, in consultation with the Director of Children and Education, make the "Keeping Active is Fun" book available to as many children in Sandwell as possible;
- (2) that in relation to (1) (above), the Director of Public Health and Director of Children and Education explore the feasibility of sponsoring language interpretation and distribution of the book;
- (3) that the Director of Children and Education consider the distribution of the book via Sandwell Council's Holiday Actives and Food (HAF) programme.

14/23 OxWell School Survey Research Project and Eton College Partnership

The Board noted that three Sandwell schools were participating in the Oxwell Student Survey, a research project with Oxford University's Department of Psychiatry designed to measure the wellbeing (health and happiness) of children and young people aged 9–18 years old. The survey had run since 2019 and in 2021 more than 30,000 students from 180 schools had participated.

The Council, the NHS and the University would have access to the survey results, which would be used to ensure that the resources available could be targeted at areas of most need and the impact of interventions monitored.

The Board was also informed that Eton College had submitted an application to build a free sixth form school in Dudley. Places would be available to Sandwell students with priority given to disadvantaged young people, care leavers and those from challenging backgrounds. Additionally, there was a wider partnership offer, giving students the chance to visit Eton college and participate in residential. Furthermore, teachers would receive open access to resources for teachers and students including information around PSHE, GCSEs and A-levels as well as professional development opportunities.

The Board also noted that :-

- the Children's Services Directorate had been nominated as one of 55 Priority Education Investment Areas, which would provide funding over a period of three years to target schools that would benefit from additional support to raise attainment;
- there was a push to improve attendance, which linked to attainment;
- a SEND area inspection had been announced and was due to take place from 26th June

15/23

Sandwell LGBTQ+ Health Needs Report

The Board was informed that in September 2022 Public Health had commissioned a quantitative engagement and consultation exercise to gather insight and understand the needs and experiences of LGBTQ+ adults and young people in Sandwell. This had led to the publication of the LGBTQ+ Health Needs Report in March 2023.

The 2021 census highlighted that around 2000 people did not identify with the sex registered to them at birth. 6000 residents in Sandwell identified with an LGBT+ orientation.

National evidence showed that people who identified as LGBTQ+ faced health inequalities and worse health outcomes and experiences of healthcare than the rest of the population. The engagement and consultation exercise had provided the opportunity to gain insight into health experiences and develop opportunities to develop work to improve these outcomes.

Four key theme areas were investigated: Physical Health and Health behaviours, Mental health and wellbeing, Health Services and Access to Health Services, and Social capital. The majority of those participating were in the age range of 35-44. 54% of those participating identified as male and 46% identified as female. 65% of those who responded identified as gay or lesbian, 35% as bisexual and 6% as other. Nine LGBTQ+ community groups based within Sandwell had distributed the survey to their members. 40 survey responses had been received.

The key recommendations from the report were around establishing and promoting health and wellbeing initiatives that tailored to the LGBTQ+ community. As a result, training around awareness of the issues faced by LGBTQ community would be considered by the Public Health team.

The LGBTQ community challenge fund, which was supported by partners at SCVO, was a small grants programme that would be delivered by the Council to encourage voluntary community sector organisations to apply for small grants to deliver projects in relation to the four themes discussed in the LGBTQ Health Needs Report.

A task and finish group had been established to work with LGBTQ+ young people to look at opportunities to ensure that appropriate support was available. Members agreed that the area required continuous growth and learning to ensure that the services and support offered was what communities wanted. Additionally, work was underway with the commissioners from the ICB to develop plans with Primary Care as a result of the report.

16/23

NHS Black Country ICB Joint Forward Plan

The Board noted an update on the development of the NHS Black Country Joint Forward Plan, which was nearing finalisation.


The Plan's vision would be delivered by a team of people working together in partnership with local citizens. Through this partnership there would be engagement with communities to enable people and families to lead their best possible lives, regardless of health status, age, background, or ethnicity.

Meeting ended at 6.28pm.

democratic_services@sandwell.gov.uk



13 September 2023

Subject:	Midland Metropolitan University Hospitals Update
Presenting Officer and Organisation	Richard Beeken, Chief Executive Officer Sandwell and West Birmingham NHS Trust (inc. Midland Metropolitan Programme Company)  r.beeken@nhs.net
Purpose of Report	An provide a presentation as an update on the progress for the new Midland Metropolitan University Hospital (MMUH).

1 Recommendations

To comment upon and note the progress of the development of Midland Metropolitan University Hospital and support its continued delivery.

2 Links to the following Board Priorities

Midland Metropolitan University Hospital supports the following board priorities:

Priority 1	We will help keep people healthier for longer
Priority 2	We will help keep people safe and support communities
Priority 3	We will work together to join up services
Priority 4	We will work closely with local people, partners and providers of services

4 Context and Key Issues

4.1 To inform the HWBB of the progress with the development of Midland Metropolitan University Hospital

4.2 To provide a virtual update of recent progress of the build of the new hospital.

- 4.3 To share next 6 months critical milestones for MMUH.
- 4.4 To provide an update on, workforce, local employment opportunities, service transformation, regeneration, local transport, stakeholder engagement.

5 Engagement

Midland Metropolitan University Hospital is working with stakeholders across Sandwell and West Birmingham including Sandwell Council, Black Country ICB, GPs and Voluntary Organisations. The local community have been pivotal in providing suggestions and questions about MMUH following several engagement sessions with residents.

MMUH also offers opportunities for local employment and has been working alongside local colleges to support this and maximise opportunities for the local populations to be employed in this exciting new development.

6 Implications

The implication of this report is to highlight the progress of the Midland Metropolitan University Hospital and gain support from partners in Sandwell to work together towards a successful opening and beyond. In addition, supporting Sandwell General Hospital retained estate and commitment to work together to provide care in community settings.

7 Appendices

Appendix 1 – Midland Metropolitan University Hospital Presentation

8 Background Papers

None

Midland Metropolitan University Hospital

An update on progress –

Richard Beeken- CEO

13th September 2023

Getting to know Midland Met - a recap

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Midland Metropolitan University Hospital will be our acute centre for care and includes:

- A purpose-built emergency department with co-located imaging and diagnostic services.
- A dedicated children's emergency department and assessment unit.
- Operating theatres for both emergency and major planned surgery.
- A midwife led birth unit next to a delivery suite, two maternity wards and an antenatal clinic, plus a neonatal unit.
- Same day emergency care for adults.
- Sickle cell and thalassemia centre.

Patients can expect to receive all of this as a standard part of our care model:

- The same high standards any day of the week with senior doctors leading expert clinical teams.
- Diagnostic tests including x-ray, MRI and CT scans, plus other tests for urgent care.
- Our Winter Garden and outdoor spaces are designed to help patients stay active.



Our latest progress video highlights some of our main achievements...

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The benefits of our new hospital

The hospital will house state-of-the-art equipment to support faster diagnosis and improve patient outcomes.

- It will be home to 11 emergency, trauma and elective inpatient operating theatres, maternity theatres and 15 birthing rooms for maternity services.
- The wards and rooms centre on patient wellbeing. All bedrooms have an external view onto one of the courtyards or surrounding areas of the hospital.
- The design includes 50 per cent single rooms with en-suite shower rooms in the main ward areas which will reduce the risk of spreading infections.
- The hospital provides a dementia friendly environment. Colours and clear bed numbers will help patients identify where they are. Layouts of wards will be the same, with each group of four beds within a ward having a different colour theme.



Our future service model

Whilst Midland Met will care for patients that need emergency care or a stay in hospital, most outpatient care, day-case surgery and routine diagnostics remain at the Sandwell and City Hospital sites. This includes

- A 24/7 urgent treatment centre in Sandwell.
- Birmingham Treatment Centre and Birmingham and Midland Eye Centre (BMEC) at City Hospital.
- Provision for step down / rehab facilities.

Significant changes are continuing to take place in our community and primary care services so that even more care can be provided in people's own homes.



Aims of the acute clinical services model at MMUH and PLACE



...and to ensure...



Clinical services transformation

In preparation for the opening of Midland Met, crucial work is being undertaken across 12 areas to transform our services, focusing on our acute care model. It comprises of these services.

Emergency Department 2 site to 1	Senior decision making supported by rapid diagnostics to support right care right place.	Acute therapies 2 sites to 3	Extended working hours will enable patient therapy provision to support earlier discharge.
Same Day Emergency Care 2 site to 1	Expansion of same day emergency care (SDEC) pathways to optimise ambulatory care, reducing admissions and assessment unit demands.	Imaging 2 sites to 3	Improved turnaround times will support rapid decision making at the front door. Demand management and artificial intelligence will improve efficiency.
Assessment Units 2 site to 1	Rapid diagnostics and decision making over seven days to reduce length of stay (LOS) in assessment units.	Endoscopy 2 sites to 3	Separation of inpatient and outpatient endoscopy to the treatment centres and Midland Metropolitan University Hospital to support patient flow and productivity.
Older peoples Care & Frailty 2 site to 1	End to end acute and community care will prevent patients being admitted unnecessarily or reduce LOS if admitted.	Place Partnership	Community beds and home-based services right sized to enable increased supported discharge from acute settings.
Stroke Decoupling	Rehabilitation to be provided in a community setting to improve patient care, end of life experience and release acute beds.	Theatres 2 sites to 3	Increased use of day case pathways with day case activity split from elective and emergency activity will improve.
Cardiology	Increased use of ambulatory pathways and day case procedures will prevent patients being in hospital unnecessarily.	Enhanced Care	Provision of a post anaesthetic care unit (PACU) and ward based enhanced care to support care pathways.

OUR FUTURE SERVICE MODEL BY SITE

(Plans as of January 2023)

DUDLEY ROAD SITE (City Hospital)

BIRMINGHAM TREATMENT CENTRE

OUTPATIENT SERVICES

Including:

- General clinics for multi-speciality use.

Bespoke OP services

- ENT and SLT
- Breast services
- Gynaecology & Colposcopy
- Hearing Services
- Orthopaedic & Fracture Clinic
- Oral Surgery (TBC)

DIAGNOSTIC

- Endoscopy Unit
- Imaging (PE, US, MRI, CT)
- Phlebotomy
- Cardiac Diagnostics Respiratory Physiology (main dept)

DAY TREATMENT

Day Surgery Unit (6 theatres) & minor ops

OTHER

- Pharmacy
- Research

SHELDON

OUTPATIENT SERVICES

Including:

- Dermatology
- Cardiac Rehabilitation
- Pain Management Clinics Therapy Services (Rehab, OT, Neurology, SLT, MSK)
- Dietetics

DGM Building

- Clinical Admin
- National Poisons Information Service (NPIS)

BIRMINGHAM MIDLAND EYE CENTRE (BMEC)

OUTPATIENT & DIAGNOSTIC SERVICES

- Ophthalmology clinics (adults & children)
- Glaucoma clinics
- Visual Function dept Orthoptics
- Optometry
- Other specialist eye diagnostics
- Behcet's Service
- Medical Illustration

OPHTHALMOLOGY A&E

DAY TREATMENT

Ophthalmology Day Surgery (adults & children)

OTHER

- Clinical Admin
- Training facilities

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

URGENT TREATMENT CENTRE

ACUTE INPATIENT BEDS: 732

- 13 Adult wards (32 beds each) including coronary care (14) beds, hyper acute stroke (6) beds & level 1 beds (16 distributed within wards)
- 2 Maternity wards (56 beds)
- 30 Critical Care beds
- 36 Neonatal cots
- 50 Paediatric beds (& 6 day case spaces)
- 108 AMU beds & 24 Same Day Emergency Care trolleys

EMERGENCY / ELECTIVE SURGERY / DAY CASE

- Emergency Department
- 2 Trauma theatres
- 2 Emergency theatres
- 7 Elective theatres
- 2 Maternity theatres
- 15 Delivery Suites
- 6 Birthing centre
- Medical Infusion/Procedure Suite & SCaT

DIAGNOSTIC

- Endoscopy Unit
- Cardiac Interventional Suite (2 cardiac labs) Imaging (Plain x-ray, US, Ante Natal US, MRI (1), CT (2), Physics & Nuclear Medicine, IR) Medical Illustration (inpatient support) Essential Service Laboratory Medical intervention unit
- Cardiac Diagnostics (main dept)
- Respiratory Physiology (inpatient support)
- Neurophysiology (inpatient support)

OUTPATIENT SERVICES (Bespoke)

- Antenatal Care and phlebotomy
- Paediatrics (including audiology test room, orthoptic consulting rooms)
- Urodynamics

OTHER

- Research
- Pharmacy
- Clinical and Corporate Administration
- Education Centre
- Multi faith Centre
- Mortuary
- Integrated discharge hub

Community Intermediate Care Beds

SANDWELL TREATMENT CENTRE

OUTPATIENT SERVICES

General clinics for multi speciality use
Bespoke OP Services including:

- LNT
- Gynaecology + Colposcopy
- Paediatrics
- Orthotics (main dept)
- Orthopaedics & Fracture Clinic
- Midwifery led Antenatal Care
- Dietetics
- Dental
- Therapy Services - (MSK, Hand Therapy, SLT, OT, Foot health)
- Cardiac Rehabilitation Clinical Research facility

DIAGNOSTIC

- Endoscopy Unit
- Imaging (Plain x-ray, US, Ante natal US, MRI, CT)
- Medical Illustration
- Phlebotomy
- Cardiac Diagnostics
- Neurophysiology Service (main dept)
- Respiratory Physiology
- Pathology (specialist labs)
- Integrated discharge hub

SANDWELL URGENT TREATMENT CENTRE

PRIMARY CARE GP practice

OTHER

- Trust Headquarters
- Occupational Health Department Pharmacy
- Mortuary (main dept inc. PM)
- Clinical and Corporate Admin Academic & Research (main dept)
- Education Centre

DAY TREATMENT

- Chemotherapy Services
- Medical Infusion Suite
- Day Surgery Unit (4 theatres)

Community Intermediate Care Beds

ROWLEY REGIS HOSPITAL

OUTPATIENT SERVICES

General clinics for multi-speciality use including:

- Community Clinics
- Ophthalmology
- Dental
- Urology
- Gynaecology (community)
- ISHUS
- Dietetics
- Children's services
- Therapy Services - (MSK, Rehab, SLT, OT, Foot health)

DIAGNOSTIC

- Imaging (Plain x-ray, US)
- Phlebotomy
- ECG

PRIMARY CARE COMMUNITY

Admission Avoidance Service

URGENT COMMUNITY RESPONSE

ADMISSION AVOIDANCE

VIRTUAL WARDS

OTHER

- Clinical and Corporate Admin
- Main Catering Unit

DAY TREATMENT

- Heart of Sandwell Day Hospice

Community Intermediate Care Beds

LEASOWES

COMMUNITY SERVICES

ICARES, District Nursing, ESD Stroke Team, School Nursing, Health Visiting, Specialist Nursing Teams (Continence, Heart Failure, Diabetes, Falls), ISHUS, Community Rehabilitation Teams, Case Management Team, Foot Health, Admissions Avoidance Team, HAPO, MSK Clinics, Hand Therapy Service, Specialist Diabetes Service, Community Paediatric Nursing, Specialist Nursing & Therapy Teams, Respiratory Team, HIV Clinic, GP practices & other primary care services.

Patients



**Patient Objective Benefit Total
£796m**

- Enable outstanding health outcomes for patients with equality of service provision no matter where you live.
- Provide a safe and welcoming environment for care.
- Provide integrated care services that are seamless for patients.

Patients – top 3 benefits	£M
Reducing the acute bed base	448
Split of Elective and ED	244
Agency Savings	39
TOTAL PATIENT RELATED BENEFITS	796

People



**People Objective Benefit Total
£982m**

- Develop career pathways for local people
- Provide an inspiring an inclusive place to work
- Provide comfortable and productive spaces that make people feel valued

People – Top 3 benefits	£M
Consultant Journeys	356
Employment GVA	217
Staff Satisfaction Increase	172
TOTAL PEOPLE BENEFITS	982

Population



**Population Objective Benefit Total
£241m**

- Develop career pathways for local people
- Provide an inspiring an inclusive place to work
- Provide comfortable and productive spaces that make people feel valued

Population – Top 3 benefits	£M
MMUH Construction GVA	142
Homes England GVA	41
Homes England Council Tax	23
TOTAL POPULATION BENEFITS	241

The MMUH programme of service transformation , workforce redesign, and building construction , is the biggest such development on-going in the English NHS at the this.

To ensure that we can fit effectively in the new hospital we have a plan to reduce the number of occupied inpatient beds ‘on year.

We have successfully progressed the 62 bed-closure plan with a total of 32 beds now closed and a further 30 due for closure by October 2023. To ensure that we can safely close unfunded beds and mitigate against any risks , our teams are achieving this through multiple schemes aimed at admission and attendance avoidance.

These include Urgent Community response, frailty same day emergency care (FSDEC), medical and surgical SDEC, virtual wards and care homes admission avoidance. All these schemes are starting to meet or even exceed the expectations that we have of them

Would not be possible without our partners at ‘Place level – SMBC; Adult Social Care, Integrated Care Board, local GPs and colleagues in the voluntary and 3rd sector.



Are we recruiting more roles at Midland Met?

- The Trust board have agreed to 484 more staff at Midland Met and there are a number of active recruitment campaigns underway to support us in being fully staffed.
- We hosted a dedicated consultant open day on 7 July at Midland Met to support our objective to recruit to some of these roles.
- We are also focusing heavily on local employment for local people with a target of over 35% of jobs for local residents,



CONSULTANT OPEN DAY
Friday, 7 July
09:30 - 15:30

CONSULTANT OPEN DAY
Friday, 7 July 2023 | 09:30-15:30
Midland Metropolitan University Hospital | Canal Street, B66 2BT

The new Midland Metropolitan University Hospital opens in Birmingham in 2024. It brings together acute and emergency care onto a single site, in a new state of the art clinical facility.

Sandwell and West Birmingham NHS Trust, that is responsible for the new hospital, is seeking excellent clinical candidates for consultant posts that will work in the new facility and across the wider Trust.

ABOUT THE OPEN DAY
At our open day you can:
• Find out about consultant roles and opportunities at the Trust.
• Take a tour of the new hospital and the Trust's other sites.
• Meet senior clinicians and Trust executives.
• Find out about innovative services, research and development and teaching opportunities.
• Join Trust staff for an evening in Birmingham.

Scan the QR code below to register or contact michelle.jarrold@nhs.uk to find out about roles available.

ABOUT MIDLAND METROPOLITAN UNIVERSITY HOSPITAL
Our new hospital will offer outstanding clinical facilities, operating theatres, rapid diagnostics, same day emergency care services, assessment units, maternity services, acute medical and surgical wards. Half of the beds are in single en-suite rooms. The unique design of the building protects patient privacy and dignity with dedicated routes for visitors, patients and staff. The public areas include an indoor winter garden with an art gallery, green spaces, retail outlets and community facilities. The Trust will maintain its existing three hospital sites that will predominantly run outpatient clinics, routine diagnosis and day case surgery.

ROLES AVAILABLE
As we near opening we are designing new ways of working and have a range of consultant and other clinical roles on offer. In particular we are looking for consultants in:
• Acute medicine
• Elderly care
• Stroke
• Critical care
• Diabetes and endocrinology
• Paediatrics
• Emergency medicine
• Radiology
• Rheumatology

Booking is essential to reserve your place.
bit.ly/SWBConsultant23

Supporting local employment

- The MMUH programme set ambitious targets for ensuring over 35% of residents work in or supporting the new hospital
- The SWAP Programme involves us working with Sandwell College to develop course to upskill local people and help them gain employment
- The recruitment teams working closely with widening participation teams has been successful in offering 14 ward service officer roles through this scheme
- We are also working on developing this further to bring in health care support workers .
- This is critical to us doing our bit to improve not just health, but the life chances for local people.



We are fortunate across Sandwell and West Birmingham to have strong relationships across health, social care and the voluntary, community and faith-based sector including those grass routes organisations who live and work in our communities, supporting local people



We are recruiting Members for our first Hospital Young People's Forum

Are you aged 13-21? Interested in Health? Want to know more about our hospitals & community services?

Sandwell and West Birmingham Hospitals NHS Trust is excited to announce that we are recruiting for our first ever Young People's Forum and we are looking for young people across Sandwell and West Birmingham to be part of it.

What is it?

- The purpose of our forum is to give young people a voice, to work with us and tell us about the good stuff and help us make the others things better
- It's an opportunity to help shape future services
- A great way to meet other young people interested in health
- All expenses are covered - travel, food, drinks

Interested? Join us on Thursday 25th August at 6.00pm in the Education Centre, Sandwell Hospital, Hollam Street, West Bromwich, B70 4HJ. Please drop an email at subh.engagement@nhs.uk or visit our website for more information www.swbth.nhs.uk



Public & community engagement

We are completing public engagement across the 12 core transformation areas. So far, we've:

- Completed our day case surgery conversation.
- Our stroke services conversation is in progress.

We have undertaken near neighbours' events in early 2023 and planned again early 2024. Speaking to over 900 local residents and listening to their concerns and ideas.

During 22/23 we have talked to residents of Sandwell at Town Teams led by HealthWatch and more to come .





MIDLAND
METROPOLITAN
UNIVERSITY HOSPITAL

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And we are on the move.....

Our **Midland Met Mobile** is hitting the road! We've transformed a disused patient transport van into a rolling billboard for the brand-new hospital, all part of an effort to connect with our communities.

Our goal? To make sure that every resident of Sandwell and West Birmingham knows that Midland Met is on the horizon and here to transform their healthcare for years to come.

You'll see our van at libraries, shopping centres, and the heart of the community, sparking conversations about our upcoming hospital and how it will affect everyone around us.

We'll be taking our messages out into the community, driving into each one of our neighbourhoods. We know that we have strong communities around us, but we must engage and enable them to feel a belonging to our new hospital. (locations available on website from Sept 23)

Talking to our communities



System and stakeholder visits

We have hosted several visits over the past year with key stakeholders including John Spellar, MP for Warley who visited in May

He was encouraged to see the pace encouraged by which construction was moving and the finished rooms are very impressive. He said that ‘The Trust management team is focused on completion, and it is reassuring to see that both the community’s wealth and health are big factors in this development. The regeneration of the area has already helped create jobs and new career opportunities and is impressive’.

During stakeholder visits we have articulated the radical changes we need to make to how we deliver community and acute services, to deliver the benefits (clinical, environmental, financial) that we know that MMUH can bring.



Transport and Connectivity

What will the transport links to Midland Met be?

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Whilst Midland Met has been designed to accommodate plenty of covered parking within the building for staff and patients, there are several programmes to support sustainable travel.

Bike lanes from Sandwell and Birmingham will converge on Midland Met, the canals are being redeveloped to offer a scenic route to site and buses will be regularly scheduled, arriving and departing from the front of Midland Met.

We are working with Transport for West Midlands on the public transport routes with potential for on site bus stops and a new bus route.

And plans to help support routes for local residents of the Sandwell Borough



Key elements of regeneration

Economic

- Increasing skills, employment and wages, attracting new businesses and investment, redevelopment of brownfield land.
- Encouraging new housing and infrastructure investment.

Social and cultural

- Interventions which promote health and wellbeing, strong and engaged communities, arts and culture.

Environmental

- Sustainability and net zero carbon.
- Active travel initiatives, accessible green space and measures to reduce air pollution.

Effective delivery requires:

- Leadership and vision.
- Collaborative working and partnerships.
- Aligning resources.



Midland Met learning campus

- Partnership with the Sandwell College, Aston and Wolverhampton universities, incorporates The Learning Works.
- Focus on skill shortages across additional clinical services, allied health professionals and nursing and midwifery.
- Provides pathways into long term employment for residents and will accelerate the delivery of transformational regeneration in the area.



- 1280 learners will be assisted every year across a range of short and longer term courses.
- Includes community space; the design will encourage the community to engage, explore and seek out opportunities.
- Circa £15.7m capital requirement - £12.9m already secured from the Towns Fund government programme.
- Gateway location on our own land at the front of Midland Met – students will be able to connect training to real life experience.

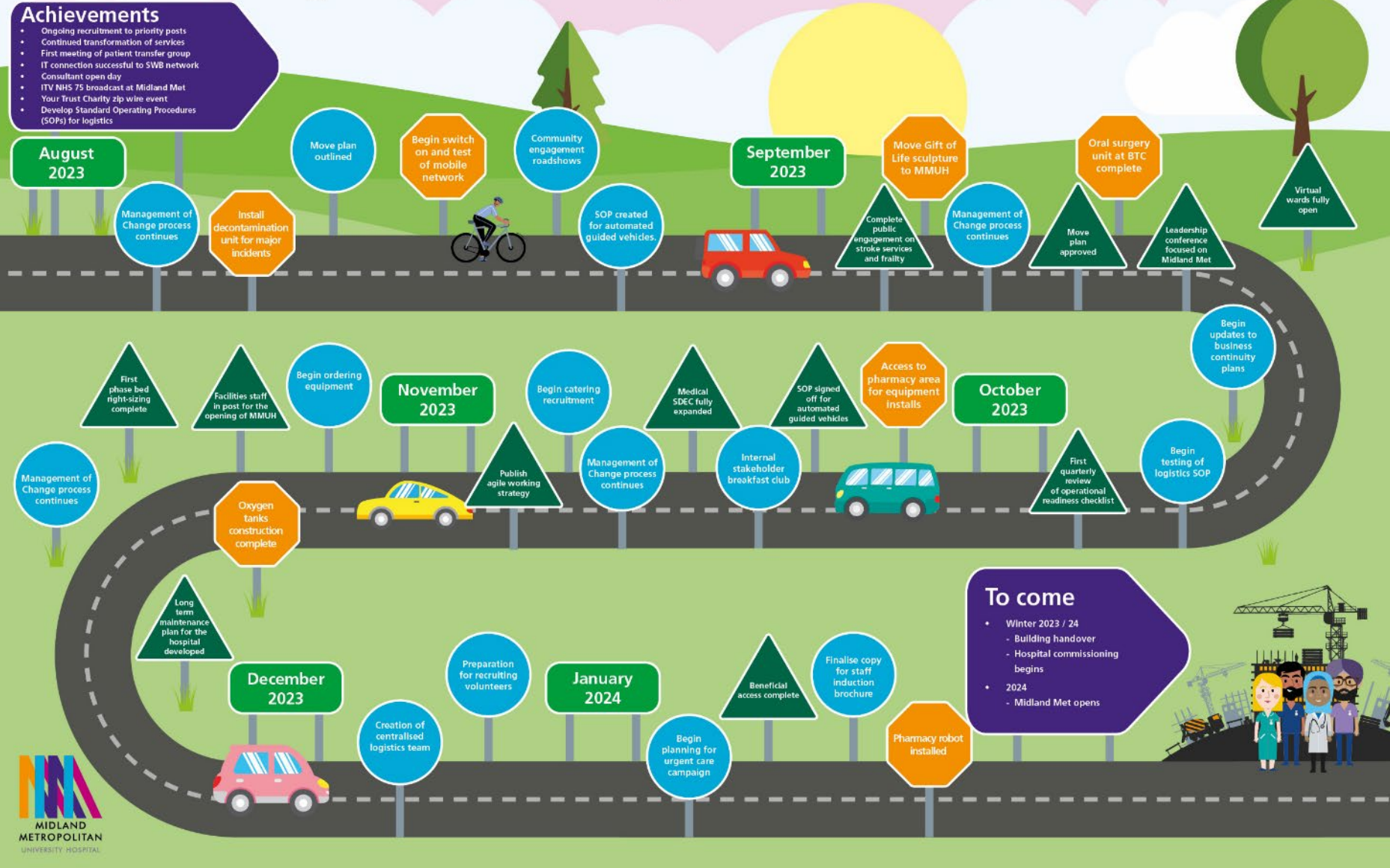


Opportunities at or close to Midland Met

- Midland Met learning campus.
- Community garden.
- New housing – mixed modes, apartments and houses.
- Employment opportunities, commercial and retail.
- Education from 16+ through to university level.
- Improved connectivity between canal tow path and hospital site.
- Active travel opportunities – bike lanes connecting Sandwell and Birmingham.

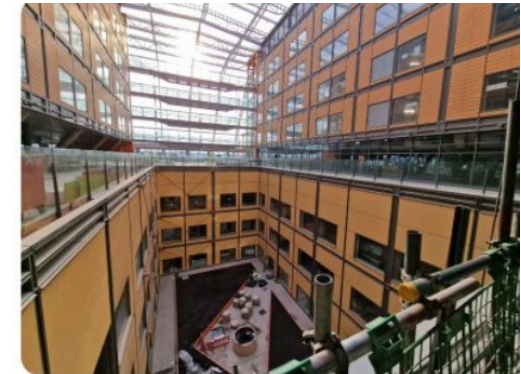
Midland Met Critical Milestones: August 2023 – January 2024

- Achievements**
- Ongoing recruitment to priority posts
 - Continued transformation of services
 - First meeting of patient transfer group
 - IT connection successful to SWB network
 - Consultant open day
 - ITV NHS 75 broadcast at Midland Met
 - Your Trust Charity zip wire event
 - Develop Standard Operating Procedures (SOPs) for logistics



• To summarise

- We continue to drive excellent work on community engagement for the new hospital
- Have developed our work hosting strategic planning workshops with councils and ICB leaders, on how to regenerate and improve the corridor of land between MMUH and Birmingham City Centre
- City Hospital site long term redevelopment plans
- Made considerable progress on building the MMUH Learning Campus, in partnership with further education institutions
- Successfully progressing employing local people to work at the Trust and targeting those currently on benefits, to work in the wide variety of roles a Trust of our size can offer
- Continue to progress the redesign for acute medicine, stroke, and community admission avoidance services, to continue to reduce bed occupancy and length of stay
- Work with colleagues to ensure they are ready and able to undertake their role should they be asked to relocate to the MMUH as part of their job



Thank you for listening
Any Questions?





13 September 2023

Subject:	Right Care Right Person
Presenting Officer and Organisation	Chief Superintendent Kim Madill West Midlands Police
Purpose of Report	Information

1 Recommendations

To consider and note the Right care, Right Person approach.

Right Care, Right Person (RCRP) is a national approach agreed between the Home Office and Health partners to ensure that the right person and agency, with the right skills, training, and experience responds to calls relating to mental health or other concerns for welfare.

Our local analysis shows that West Midlands Police (WMP) currently receive and respond to thousands of calls each year, which include non-crime incidents such as concerns about someone’s welfare, vulnerabilities or mental health, when the police are not always the best agency to support the person in need.

The purpose of this document is to share the details of the national approach with local partners to support the journey towards implementation.

2 Links to the following Board Priorities

Priority 2	We will help keep people safe and support communities
Priority 3	We will work together to join up services
Priority 4	We will work closely with local people, partners and providers of services

4 Context and Key Issues

WMP are working towards implementing the Right Care, Right Person model and recommend a joint approach with key local partners to introduce the model and consider the impacts, opportunities and risks to ensure we are aligned and can collectively deliver the best public service to our communities.

Right Care, Right Person is about getting the right resources to a vulnerable person in need. This includes some Mental Health calls, other health-related requests, missing persons reports, walk out of healthcare facilities and concern for safety calls.

It is important people are seen by the right healthcare professional to get the appropriate assessment or treatment in the right environment.

Pointing vulnerable persons in need to the right service with the appropriate resources and training to help, not only ensures they are seen by the right person who can deliver the right care, but ensures that police resources are able to deliver on the policing purpose – that of preventing and investigation of Crime, Keeping the Kings Peace and using our Common Law Policing Powers. The responsibility on policing in relation to the *European Convention on Human Rights Article 2 Right to Life* and *Article 3 Real and Immediate Risk of a person being subject to serious harm or other inhuman treatment* also remains.

RCRP is a national initiative following the successful implementation of the model in Humberside Police in 2020. It involves the police, local authorities, mental health providers, acute hospital trusts, ICBs, third sector charities and organisations and ambulance trusts whose aim is to ensure those in mental health crisis or other vulnerabilities are directed to the right person/agency that can assist them.

More details can be found in this link [National Partnership Agreement: Right Care, Right Person - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91222/national-partnership-agreement-right-care-right-person.pdf)

5 Engagement

WMP are currently briefing Health and Wellbeing Boards in more detail and are engaging with ICBs across the region to develop a joint plan to allow the region to implement the Right Care, Right Person model.

6 Implications

Resources:	Policing will be able to concentrate on core principles of Preventing and Detecting Crime, Keeping the Kings Peace and Protecting Life and Property
Legal and Governance:	Legal advice has been provided by Kings Council to WMP and Nationally to inform the agreement signed via the Government.
Risk:	Approach will ensure that the most vulnerable are afforded the right care and treatment through the most appropriate agency. Requires joint service level agreements to ensure vulnerable people in communities are not impacted.
Equality:	Address potential inequalities for vulnerable people. Equality Impact Assessment from a policing perspective assesses this will have a positive impact on trust and confidence as it has the opposite impact when police attend when they have no role.
Health and Wellbeing:	Widen the network of resource network for vulnerable people to ensure appropriate care through the appropriate agency, which could influence individual and community health outcomes
Social Value:	Greater support to most vulnerable in our communities, move away from potential criminalisation of the most vulnerable
Climate Change:	N/A
Corporate Parenting:	N/A

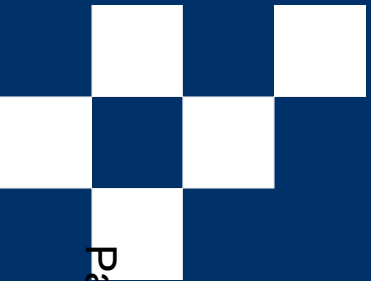
6 Appendices

[Right Care Right Person – Humberside Police | College of Policing](#)

7. Background Papers



Right Care Right
Person SW HWB 18.9.



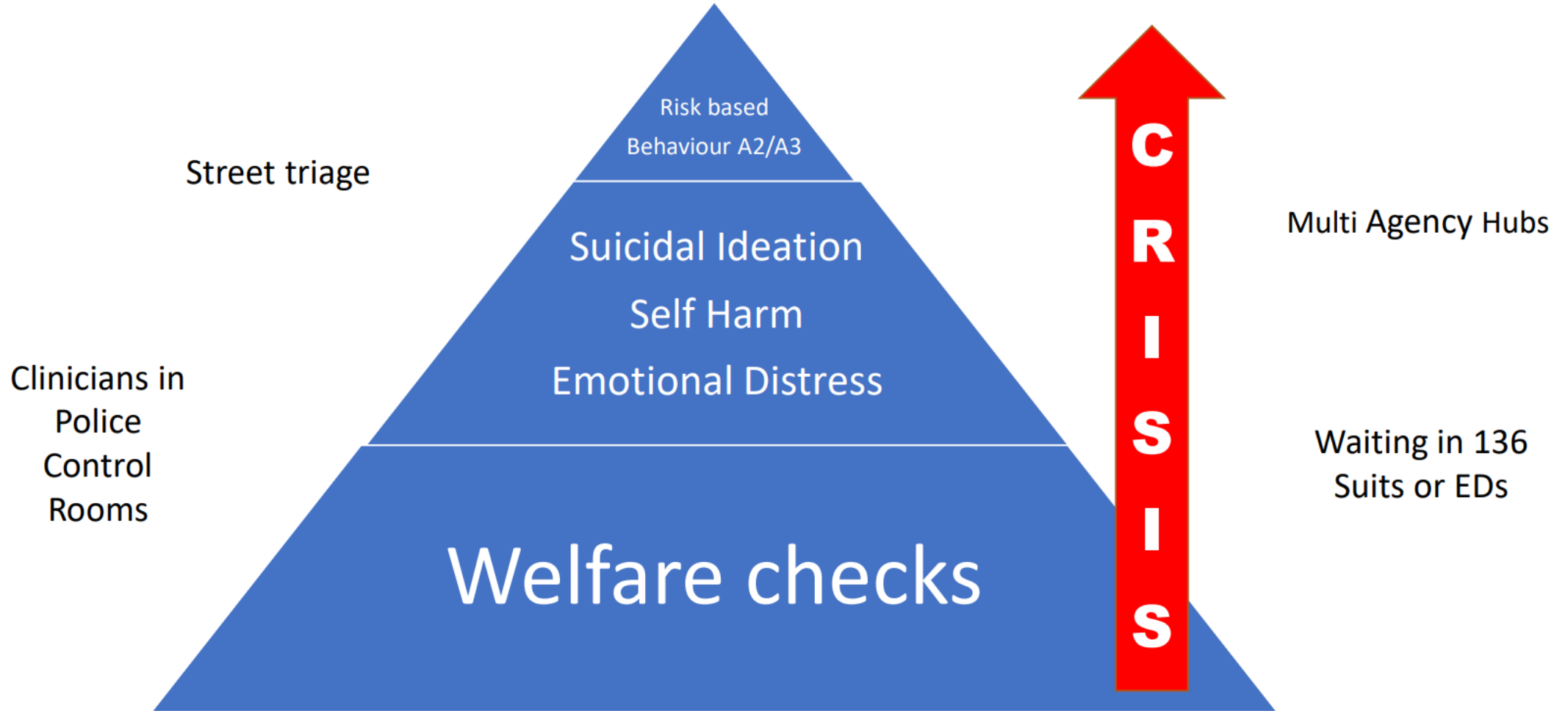
Right Care, Right Person Sandwell Health & Wellbeing Board

18th September 2023

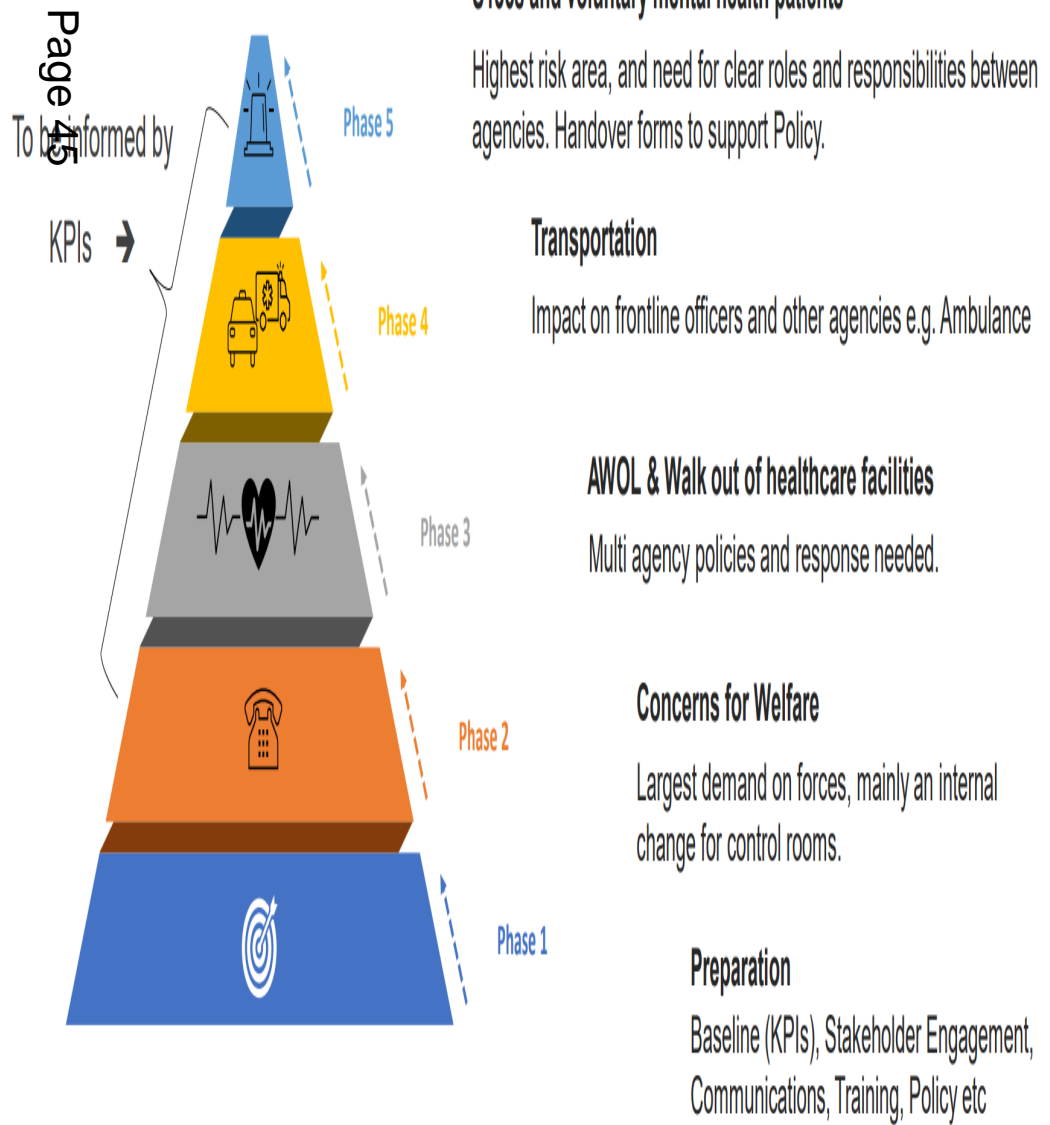
West Midlands
POLICE



What currently happens in Policing & WMP Analysis



Journey to RCRP



- Phase 5**
- Section 136 of the Mental Health Act used to detain someone in crisis. Police attend the 136 suite but couldn't handover to clinicians as no one free to accept. Police remained for 12 hours.
 - Voluntary patient taken by police to emergency department of an acute hospital after a minor self-harm episode as no ambulances free. Police were asked to remain as the individual was assessed as potentially suicidal.
- Phase 4**
- Police asked to convey patients (from acute hospital to mental health facilities)
 - Police conveying s136 or voluntary mental health patients to places of safety
- Phase 3**
- Hospital requesting police do a safe and well check on a patient with capacity who left A&E but requires follow-up treatment (no immediate threat to life).
 - Sectioned patient had gone AWOL after s17 escorted leave with staff, last seen in the pub. Later located at home address by officers and returned to mental health unit.
- Phase 2 – Public & Partner call for services**
- Mental health services reporting that an individual hadn't attended their appointment the previous day and they had concerns about them.
 - Caller is stranded in Birmingham, he does not have any way of getting home or anyway to call for help
 - 17 year old sister has self harmed at care home and staff did not call ambo. Have not allowed her out today even though is permitted. Victim is 17 year old female with mental health issues.
 - Ambulance service seeking support to gain entry where there is no threat to themselves – Ambulance service also have powers of entry
- Phase 1 WMP Police Project Board in place all activity in train. Suggest partners consider similar approach?**



RCRP Project Board & Workstream Owners

Page 46

- **Policy & Project Lead** Chief Superintendent Kim Madill
- **Legal Advice** Sabrina Robinson – Principal Lawyer
- **Referral Pathways** DCI Allan Green – PPU
- **Process Mapping** – Insp Simon Guilfoyle
- **System/Vulnerability Hub** Supt Erica Field - Force Contact
- **Training Development** Natalie Stokes – L&D
- **Mental Health Response** Supt Chris Mallet/Insp Stephen Taylor
- **Equality Analysis** Sgt Greg Richards — D&I Team

Key Concern – Prevention of Vulnerability Vacuum

Vulnerability Vacuum
Vulnerabilities driver for public service interventions due to unmet need = potential escalation
Potential to increase individual risks

Referral pathway options – Partnership Vulnerability Officer

Social Prescribing model – costs and responsibility

DY Model CVS - NHS funded and referrals (6 key workers, £440k/year support 1000 people, 2 key workers for high risk £144k/year support 50 people)

WV Model CVS – NHS Funded. Options to refer police demand already being developed

Following RCRP implementation

Right skills, training, expertise and experience





13th September 2023

Subject:	Sandwell Better Mental Health Strategy 2023-2026 - Draft for public consultation
Presenting Officer and Organisation	Dr Lina Martino, Consultant in Public Health lina_martino@sandwell.gov.uk
Purpose of Report	<ul style="list-style-type: none"> • Update Health & Wellbeing Board on the development of the Sandwell Better Mental Health Strategy 2023-2026 • Outline our intentions to conduct public consultation

1. Recommendations

To note and comment upon the draft Sandwell Better Mental Health Strategy 2023- 2026 and the proposed public consultation.

2. Links to the following Board Priorities

Priority 1	<p>We will help keep people healthier for longer Good mental health is integral to overall health. Therefore, our vision is for every resident of Sandwell to have the best mental health that they possibly can, at every stage of their life.</p>
Priority 2	<p>We will help keep people safe and support communities While it is vital to ensure that anyone experiencing mental health problems can access timely, appropriate, and high-quality care, the focus of this strategy will be on improving population wellbeing and the prevention of mental health issues. By achieving this ambition, we will keep people safe in their communities with access to a wide variety of support so they can live well, participate in, and enjoy everyday life.</p>

<p>Priority 3</p>	<p>We will work together to join up services One of the key priorities of the strategy is to ensure that people experiencing mental health problems receive the right care at the right time in the right place. We can only achieve this by working in partnership to ensure that services are joined up, barriers to access are reduced and that Sandwell is a mental health aware borough.</p>
<p>Priority 4</p>	<p>We will work closely with local people, partners and providers of services This strategy has been developed collaboratively with our partners and stakeholders, including community groups and people with lived experience. With governance for the strategy sitting with the Sandwell Better Mental Health Partnership, we are committed to work collaboratively with all stakeholders, including local people, to achieve the strategy priorities and actions.</p>

3. Context and Key Issues

- In February 2022, the HWBB approved the development of the Sandwell Better Mental Health Strategy based on the findings from the State of Sandwell report and its 9 priorities and principles (Appendix A).
- Over the last 12 months, we have conducted further co-development workshops with stakeholders to identify current good practice and areas for improvement. Feedback from the workshops was incorporated into a rapid needs assessment to understand the current context and impacts of COVID-19, and current issues, informing the strategy and action plan.
- Following this period of co-development, we have a final draft of the Sandwell Better Mental Health Strategy ready for public consultation.
- We propose to hold a 60-day public consultation period allowing stakeholders, including Sandwell residents, to share their views on the draft strategy.
- The public consultation will be launched at a stakeholder event on 26th September.
- To ensure a wide reach for the public consultation, we will:
 - Publish consultation surveys (1 x residents and 1 x professionals/organisations) and promote widely across networks, partnerships and communication channels.

- Produce an accessible video explaining the priorities and key drivers of the strategy.
 - Grant fund community organisations to host consultation focus groups to reach as diverse a range of communities as possible.
- The opinions and comments from the consultation will be analysed, with any final amendments made to officially publish the Sandwell Better Mental Health Strategy in January 2024.

4. Engagement

- The Better Mental Health Strategy priorities, recommendations and action plan were shaped by the consultation with Sandwell residents which was undertaken through the State of Sandwell project and resulting report throughout 2019 to 2021.
- Over the course of the last 12 months, workshops with different partners and service providers have been organised to identify current good practice and areas for improvement to better understand the impact of COVID-19 and the cost of living crisis on mental health and wellbeing in Sandwell.
- The 60-day public consultation will also provide another way for residents, partners and organisations to share their views and experiences to shape the final strategy and action plan.

5. Implications

Resources:	No Resources Implications directly arising from this report.
Legal and Governance:	<ul style="list-style-type: none"> ● Care Act (2014) sets out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing. ● NHS Long Term Plan sets out an ambitious programme of transformation for mental health services and several strategic priorities, with a programme of funding to support their delivery. A 10-year plan for mental health is being developed to complement and extend the work of the NHS Long Term Plan to better address how local services can work together, to prevent those at risk from falling into mental ill-health through earlier, targeted help. ● Five Year Forward View for Mental Health (2016) emphasises the need for a shift towards prevention and better integration of care to improve outcomes and

	<p>experiences for people with mental health problems and their carers; and reduce health inequalities.</p> <ul style="list-style-type: none"> • Prevention Concordat for Better Mental Health (2016) advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems. • Suicide Prevention Strategy for England (2012) sets out plans for reducing suicide rates and supporting people affected by suicide.
Risk:	No Risk Implications directly arising from this report.
Equality:	No Equality Implications directly arising from this report.
Health and Wellbeing:	<p>Sandwell Council is a key strategic partner for both the Black Country Integrated Care System (ICS) and the West Midlands Combined Authority. The establishment of the ICS, known locally as Healthier Futures, ensures that health services and their commissioning are now aligned across the Black Country This includes mental health services provided by Black Country Healthcare NHS Foundation Trust. The Sandwell Better Mental Health Strategy will ensure that Sandwell retains a stake in the delivery of these priorities by holding commissioners and providers to account and linking large strategic programmes to local corporate plans (Sandwell 2030). Good mental health as an outcome is key to the delivery of an effective suicide prevention plan, better parity of esteem for people of all ages, reasonably adjusted services for people with autism, workforce wellbeing and support for carers.</p>
Social Value:	No Social Value Implications directly arising from this report.
Climate Change:	No Climate Change Implications directly arising from this report.
Corporate Parenting:	No Corporate Parenting Implications directly arising from this report.

MENTAL HEALTH IS EVERYONE'S BUSINESS

- Good mental health is everyone's right and a collective responsibility
- We will work together to reduce systemic inequalities in mental health and in the physical health of people with severe and enduring mental health problems
- Focus on prevention, early intervention and mental health promotion
- Commitment to mental health and wellbeing as being a strategic priority

Think ALL AGE

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

Available when you NEED it

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

RECOVERY

Everyone's needs will be considered based on what a meaningful recovery means to them and support will always look to help achieve this.

ZERO SUICIDE

The **SANDWELL SUICIDE PREVENTION STRATEGY** sets out the ambition that by 2030, no-one will die by suicide in Sandwell.

Tackle the CAUSES of poor mental health

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

SAFE PLACES

We will create spaces where people can go to feel safe and get access to the range of **support** they may need to give them back control.

We will work to tackle systemic discrimination in services, and access to services

EXPERT RESPONSE

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

SANDWELL WILL BE A MENTAL HEALTH AWARE COMMUNITY

- Communities will be supported to access the means to look out for each other
- Increase Mental Health literacy through training opportunities for non-professionals (e.g. MH First Aid)
- Services will be developed in partnership with communities

6. Appendices

- Appendix 1 – Sandwell Better Mental Health Strategy 2023- 2026
- Appendix 2 – Sandwell Better Mental Health Strategy Presentation

7. Background Papers

None

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Sandwell Better Mental Health Strategy 2023-2026

DRAFT

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Background

Good mental health is integral to overall health, and to promoting wellbeing in individuals, families, and communities.

Since the publication of the cross-Government strategy *No Health Without Mental Health* in 2011,¹ there has been considerable progress in both national and local approaches to public mental health. The narrative has shifted away from a traditionally deficit-focused approach focusing solely on mental ill health, and towards a more social, asset-based model that recognises the importance of the social determinants of health and wellbeing – the conditions in which we are born, live, grow, work and age.²

In 2019 the *State of Sandwell* report was produced by Changing Our Lives, working with the Mental Health Parliament, and overseen by the Health and Wellbeing Board. The report was developed through working with local residents of all ages and backgrounds, giving a voice to people to tell their stories of their experiences of mental health services in Sandwell and how they thought things could be made better. The report highlighted the need to work together to address the gap that still exists between physical and mental health, and the role of communities and wider public services in promoting wellbeing.

A strong message from people's descriptions was that mental health is a 'normal and part of our everyday life' and that people with mental health problems can live well, participate in, and enjoy normal, everyday life. This strategy has been developed collaboratively with our partners and stakeholders, including community groups and people with lived experience, to take forward the recommendations of the State of Sandwell report.

Recent years have brought new challenges for physical and mental health, with the COVID-19 pandemic having a lasting impact on the way we work, interact within our communities, and engage with services as well as the effects of illness and bereavement. The ongoing cost of living crisis threatens to exacerbate these impacts and widen existing inequalities further.

While it is vital to ensure that anyone experiencing mental health problems can access timely, appropriate, and high-quality care, the main focus of this strategy will be on improving population wellbeing and the prevention of mental health issues. This includes reducing inequalities in the determinants of mental wellbeing and access to support, as well as improving the general health and wellbeing of people with severe and enduring mental health problems.

Partnership working will be key to delivering this strategy and building on what is already being done to improve mental health and wellbeing in Sandwell, supporting the vision of a thriving, optimistic and resilient community.

¹ HM Government (2011). *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*.

² Institute of Health Equity (2014). *Social Determinants of Mental Health*. World Health Organisation and the Gulbenkian Foundation.

Our vision and strategy for Sandwell

Our vision is for **every resident of Sandwell to have the best mental health that they possibly can, at every stage of their life**. This will be achieved through the following strategic objectives, working collaboratively across the Council, NHS and partner organisations, including the voluntary & community sector:

- Supporting people to **feel good and function well across the life course**
- Recognising the **community assets that help promote resilience and wellbeing** in individuals, families, and communities
- Ensuring that people experiencing mental health problems receive the **right care at the right time in the right place**
- **Reducing inequalities in mental health and wellbeing** and access to care and support
- **Improving people's experiences** of mental health services and the care they receive
- Taking a **person-centred approach** to mental health promotion, mental illness prevention and recovery

This strategy will contribute to achieving the Sandwell 2030 vision of a thriving, optimistic, and resilient community. Mental health is one of our priority areas for strategic development at the Sandwell Health and Wellbeing Board; our Health & Wellbeing Strategy vision is for Sandwell to be a place where everyone is supported to thrive, and to have the best physical and mental health that they can.

Strategy development

Findings from the State of Sandwell report were used to identify 9 priorities and principles for building on and improving current provision (page 6). These principles were the starting point for workshops with stakeholders to identify current good practice and areas for improvement.

Feedback from the workshops was incorporated into a rapid needs assessment to understand the current context and impacts of COVID-19, and current issues, informing the accompanying action plan.

Strategy priorities and principles

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- Good mental health is everyone's right and a collective responsibility
- We will work together to reduce systemic inequalities in mental health and in the physical health of people with severe and enduring mental health problems
- Focus on prevention, early intervention and mental health promotion
- Commitment to mental health and wellbeing as being a strategic priority

Think ALL AGE

- Remove structural barriers to support because of a person's age
- Ensure children approaching adulthood are supported through those transitions, especially the most vulnerable and in our care
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People needing help can expect that whoever they look to for support will be equipped to provide them with the best possible response. People in all sectors, including volunteers, will have access to high quality training and supervision to do their job to the best of their ability. Ensure the workforce is supported to maintain their own good mental health

SANDWELL WILL BE A MENTAL HEALTH AWARE COMMUNITY

- Communities will be supported to access the means to look out for each other
- Increase Mental Health literacy through training opportunities for non-professionals (e.g. MH First Aid)
- Services will be developed in partnership with communities

Strategic and policy drivers

No Health Without Mental Health (2011) is a cross-government outcomes strategy that sets out ambitions for mental health to be given equal priority to physical health ('parity of esteem'), and to become 'everyone's business' – that is, for health services, local authorities, education, employers, third sector organisations and communities to work in partnership to address the causes and consequences of poor mental health and promote mental wellbeing in populations.

Care Act (2014) sets out a statutory duty for Local Authorities to promote wellbeing, including mental and emotional wellbeing.

NHS Long Term Plan sets out an ambitious programme of transformation for mental health services and several strategic priorities, with a programme of funding to support their delivery. The new **NHS Major Conditions Strategy** will include mental health in taking a whole person, asset-based approach to improving health and preventing illness, recognising the complex interactions between mental and physical health.

Five Year Forward View for Mental Health (2016) emphasises the need for a shift towards prevention and better integration of care to improve outcomes and experiences for people with mental health problems and their carers; and reduce health inequalities.

Prevention Concordat for Better Mental Health (2016) advocates a prevention-focused approach to mental health improvement in populations through evidence-based planning and commissioning. It also acknowledges the active role played by people with lived experience of mental health problems.

Suicide Prevention Strategy for England (2012) sets out plans for reducing suicide rates and supporting people affected by suicide.

Sandwell Council is a key strategic partner for both the Black Country Integrated Care System (ICS) and the West Midlands Combined Authority. The establishment of the ICS, known locally as Healthier Futures, ensures that health services and their commissioning are now aligned across the Black Country. This includes mental health services provided by Black Country Healthcare NHS Foundation Trust. The Sandwell Better Mental Health Strategy will ensure that Sandwell retains a stake in the delivery of these priorities by holding commissioners and providers to account and linking large strategic programmes to local corporate plans (Sandwell 2030). Good mental health as an outcome is key to the delivery of an effective suicide prevention plan, better parity of esteem for people of all ages, reasonably adjusted services for people with autism, workforce wellbeing and support for carers.

Local and national context

A needs assessment was carried out to understand mental health and wellbeing in the Sandwell population, and the impacts of the COVID-19 pandemic and cost of living crisis. This included the findings of a children & young people's needs assessment from 2022 in response to reports from providers of unprecedented numbers of children requiring support. A series of stakeholder workshops was held to discuss the strategy priorities and explore people's experiences of accessing services and support.

Overview of rates and trends

Approximately 1 in 5 working age adults in Sandwell (21.5%) are estimated to have a common mental problem, which is higher than both the West Midlands region (17.7%) and England as a whole (16.9%). Common mental health problems are less prevalent among older people aged 65+, but this is still higher in Sandwell (13.4%) compared to the regional and national averages (10.7% and 10.2% respectively).³ Rates of GP-recorded severe mental health conditions are similar to the West Midlands and England at just under 1% of the population.⁴

Data from local NHS providers reveals some key insights into mental health in Sandwell and surrounding areas compared to England. Sandwell was reported to have slightly lower prevalence of long-term mental health problems in a GP survey, but lower rates of early follow-up for patients with newly diagnosed depression. There were found to be higher rates of psychosis and mental health admissions in Sandwell and the Black Country, along with a higher proportion of people subject to the Mental Health Act. Patient satisfaction with GP-led mental health care in Sandwell was lower compared to the region and national averages, and in fact was the lowest in all of England: just 54.6% of people in Sandwell reported having a positive experience by their GP practice looking after their mental health compared with 62.3% for the Black Country and 72.4% for England overall.⁵

It is important to note that the prevalence of diagnosed mental health conditions and service utilisation can be influenced by various factors, including demographics, socio-economic conditions, and healthcare.

Suicide and self-harm

Sandwell's average suicide rate for the last reported period (2017/19) is 10.8 per 100,000. This is statistically similar to the West Midlands (10.2) and England (10.1) averages and has remained fairly constant over the past 20 years, illustrating that suicide continues to be an issue at local, regional and national levels.⁶

³ Source: OHID Public Health Profiles. Estimates are based on national survey estimates (Adult Psychiatric Morbidity Survey) applied to local demography (ONS). 2017.

⁴ Source: OHID Public Health Profiles. Defined as psychoses, schizophrenia and bipolar affective disorder and other psychoses. Quality and Outcomes Framework (QOF), NHS Digital. 2021/22.

⁵ Sandwell data from NHS Sandwell and West Birmingham CCG. Black Country data from NHS Black Country ICB.

⁶ Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide> (Accessed: 18/02/2021). This uses the Office of National Statistics' (ONS) definition of suicide, which is "deaths with an underlying cause of intentional self-harm (ages 10 years and over) and deaths with an underlying cause of event of undetermined intent (ages 15 and over)": Office of National Statistics, <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/suicideratesintheukqmi> (Accessed: 23/02/2021)

There also continues to be a much higher rate of suicide in males (17.6 per 100,000) than in females (4.5), again in line with national trends. The most at-risk group for suicide continues to be males aged between 40 and 60.

However, in line with national statistics, a higher proportion of females than males are admitted to hospital for intentional self-harm. Between 2015/16 and 2019/20 there were 3,209 admissions to Sandwell & West Birmingham Hospitals Trust for intentional self-harm, with females aged 15-29 accounting for 39% of those admissions.⁷ Compared to population statistics for the borough,⁸ there was an over-representation of those who identify as White (British/Irish/Other) and an under-representation of those who identify as Black/Black British, Asian/Asian British or Mixed Ethnicity in those admitted to hospital for intentional self-harm during the same 5-year period.

Children and young people

NHS England have been monitoring the mental health of children and young people in a multi-cycle study using questionnaires covering a wide range of topics relating to mental health.⁹

- Projected numbers of children in Sandwell aged 7 to 16 with probable diagnosable mental health conditions increased from 5,247 in 2017 to 8,366 in 2022. For 17 to 19-year olds, this increased from 1,152 in 2017 to 2,942 in 2022.
- In the second wave of the study (2021), they found that 39.2% of 6 to 16-year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 to 23-year olds, 52.5% experienced deterioration, and 15.2% experienced improvement.
- The proportion of children and young people who were screened as more likely to have problems with eating has increased since 2017; from 6.7% to 12.9% in 11 to 16-year olds, and from 44.6% to 60.3% in 17 to 19-year olds.
- There is no apparent correlation between the amount of provision of mental health support in schools and factors such as deprivation, number of children, non-English as a first language, or geographical ward.
- In February 2022, there were 331 children referred to CAHMS and 3,165 children were referred in the preceding 11 months. The top 5 reasons were Anxiety, Neurodevelopmental Conditions excluding Autism, Awaiting Triage, Conduct Disorders, and Self-harm Behaviours. The highest rates of referrals were in the 12-16years age group, and the highest number of crises occurred in ages 13-17years. The main referrers were Primary Care and Local Authority (other) services.
- While schools have an array of sessions they provide internally to support children, they do not always have capacity or resources to meet need.

⁷ Source: Hospital Episode Statistics, Sandwell & West Birmingham Hospitals NHS Trust. ICD 10 codes X64 - X80 (intentional self-harm).

⁸ Sandwell Trends, <https://www.sandwelltrends.info/2011-census/2011-census-ethnicity-hub/> (Accessed: 09/02/2021)

⁹ Projected numbers are based on results from the NHSE survey used alongside relevant census data.

Sandwell's Shape survey has been conducted annually since 2014 to give a voice to children and young people concerning their health, wellbeing, and safety concerns. In the 2022 survey, a number of themes emerged relating to mental health and general wellbeing.

- An increase in stress due to the educational impacts of coronavirus and remote learning was a key theme. Young people felt that there were gaps in their knowledge, with some feeling that they had become 'lazier' due to remote learning. Some students reported that since the pandemic they had felt isolated and had an increase in social anxiety.
- Since coronavirus restrictions have ended, there has been a rise in concern about gang and youth violence, and knife crime, so these were the 1st and 2nd most common concern respectively in the most recent 2022 survey.
- What secondary students were most happy with was consistent with 2020, being home, family, and hobbies, However, what they were least happy about, has changed with this year including their confidence, appearance, caring for the environment and how to communicate with people, compared to 2020 where they were least happy with their community, other relationships and local area. Primary school aged children answered similarly; however, they were least happy with their schoolwork.
- A large proportion of primary school children (75%) felt happy with their life at that point. This is a significant increase from 2020, where 40.2% felt happy, the low number mostly due to the pandemic.
- Bullying was a common concern among respondents and has been a recurring theme throughout most Shape surveys to date. The increased usage of social media during the pandemic increased cyberbullying incidents with young people. 18.4% of primary age children and 25.8% of secondary age children who responded to the survey had been bullied in the last four weeks. 69.1% of primary school children and 53.6% of secondary school children expressed confidence in their school's approach to addressing bullying. However, more than a quarter of secondary school pupils felt their school did not deal with bullying very well or not at all.
- When asked what would improve their mental health and wellbeing, both primary and secondary students wanted someone to talk to about problems, and to be able to voice views and opinions freely. Primary students also wanted an easier transition to secondary school, support for families having money issues, and to tackle bullying. Secondary students wanted more support with exams and future planning, as well as more places to socialise with friends.

Mental health inequalities

Poor mental health is both a cause and consequence of poor health in general across the life course, with most first presentations of mental health problems occurring in childhood or early adolescence.¹⁰ People with severe mental illness (SMI) die 10-20 years earlier on average compared with the general population and two thirds of these deaths are from preventable physical illnesses, including cancer and heart disease.¹¹ Sandwell residents with severe mental illnesses

¹⁰ Kessler RC, Amminger GP, Aguilar-Gaxiola S, et al. (2007). Age of onset of mental disorders: A review of recent literature. *Curr Opin Psychiatry*, 20(4), 359–364.

¹¹ World Health Organization (2022). *World mental health report: transforming mental health for all*. Geneva, WHO.

are more likely to die prematurely from any cause than the rest of the West Midlands, and the England average, with higher rates of premature mortality for cancer, heart disease, liver disease and respiratory disease (Table 1).

The determinants of physical and mental health problems often overlap; mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination.² Just 15% of people in Sandwell who are in contact with secondary mental health services live in stable and appropriate accommodation, and just 1% are in paid employment.¹²

Poor mental health also has a detrimental effect on health behaviours, including smoking: 26.3% of adults with a long-term mental health condition in England are current smokers compared with 13.0% of the general population. In Sandwell these figures are 28.8% and 18.1% respectively. This further re-iterates the need to address population inequalities in physical health to improve outcomes in mental health.

Table 1: Premature mortality in individuals with severe mental illness in Sandwell compared to regional and England averages

	Period	Sandwell	West Midlands	England
Premature mortality in adults with Severe mental illness (SMI) (per 100,000 population)	2018 - 20	152.0	110.7	103.6
Premature mortality in adults with SMI due to cancer (per 100,000 population)	2018 - 20	30.7	22.6	20.2
Premature mortality in adults with SMI due to cardiovascular disease (per 100,000 population)	2018 - 20	31.1	19.8	18.9
Premature mortality in adults with SMI due to liver disease (per 100,000 population)	2018 - 20	10.5	8.1	7.6
Premature mortality in adults with SMI due to respiratory disease (per 100,000 population)	2018 - 20	18.5	12.6	12.2

Source: OHID Public Health Profiles

Ethnicity

People from ethnic minority communities are significantly more likely to suffer poorer mental health outcomes.

- 21% of Black or Black British people will experience a common mental health problem in any given week, compared with 17% of White British people.¹³

¹² Source: OHID Public Health Profiles. Adult Social Care Outcomes Framework (ASCOF), 2021/2022.

¹³ McManus S, Bebbington P, Jenkins R, et al. (2014). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. NHS Digital, Leeds.

- In the year to March 2022, black people were almost 5 times as likely as white people to be detained under the Mental Health Act – 342 detentions per 100,000 people, compared with 72 per 100,000 people.¹⁴
- During the COVID-19 pandemic, the mental health of individuals from ethnic minority communities was found to deteriorate significantly more than White British individuals.¹⁵

There are several reasons that are thought to cause poorer mental health outcomes in these communities, such as facing more barriers to accessing treatment and poorer experiences of services. In some communities there is also stigma around mental health issues, which can make individuals reluctant to seek help. Furthermore, people from ethnic minority groups are more likely to be living in poverty than white people, and people living in poverty are more likely to develop and experience mental health issues.¹⁶

LGBTQ+

People who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and more (LGBTQ+) have been reported to be 2-3 times more likely to experience mental health problems than heterosexual individuals,¹⁷ again linked to social disadvantage and barriers to accessing support. An engagement exercise was carried out between September and November 2022, in which the Sandwell LGBTQ+ community provided details of their lived experience with healthcare using surveys, interviews and informal events.

- 20% of individuals described their mental health as poor, with 50% being diagnosed/experiencing depression and anxiety.
- 14% of individuals have hurt themselves over the past 12 months, with 50% having considered taking their own lives at some point.
- 29% of respondents described being mistreated by healthcare staff regarding their LGBTQ+ identity. This was more prevalent in young people, with 50% describing being unjustly treated. Furthermore, 80% of LGBT people across Sandwell had rated their GP as poor.

Learning disability and autism

While learning disabilities are mental health problems, evidence suggest that mental health problems may be higher in people with a learning disability than in those without a learning disability.¹⁸

¹⁴ Gov.uk. Ethnicity facts and figures: Detentions under the Mental Health Act. Gov.uk, 26th May 2023. [Online]. Available: <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/latest> [Accessed 26/06/2023].

¹⁵ Proto E, Quintana-Domeque C. (2021). COVID-19 and Mental Health Deterioration among BAME Groups in the UK. *PLoS One*, 16(1), e0244419.

¹⁶ Mental Health UK. Black, Asian and Minority Ethnic mental health. Mental health UK [Online]. Available: <https://mentalhealth-uk.org/black-asian-and-minority-ethnic-bame-mental-health/> [Accessed 26/06/2023].

¹⁷ Kanouse DE, Elliot MN, Burkhart Q, et al. (2015). Sexual minorities in England have poorer health and worse health care experiences: a national survey. *J Gen Intern Med*, 30(1), 9-16.

¹⁸ Mencap. Mental health [Online]. Available: <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/mental-health> [accessed 30/08/2023].

- People with a learning disability may be more likely to experience stress due to deprivation, poverty, abuse and other negative life events earlier on in life.¹⁹ Mental health impacts may be exacerbated by lack of social support and reduced coping skills.²⁰
- Pain, physical ill health and taking multiple types of medication can all contribute to poor mental health,¹⁹ as well as some genetic syndromes (e.g. Prader Willi syndrome).²¹ (Joint Commissioning Panel for Mental Health 2013; NICE, 2016). Some genetic syndromes are associated with specific mental health problems (e.g. Prader Willi syndrome) (Joint Commissioning Panel for Mental Health, 2013).
- Stigma and discrimination can become internalised, leading to psychological distress.²²

Similarly, autism is not a mental health problem, but autistic individuals may be more likely to experience mental health problems due to stigma, discrimination, trauma and loneliness. Differences in interacting with the world can be stressful when sensory, processing or communication needs are not met. Some experiences of autism may also overlap with experiences of mental health problems, making it more difficult to get the right help and support.²³

Loneliness and social isolation

Loneliness and social isolation can have significant impact on someone's life, including increasing the risk of early mortality, increasing the risk of poor mental health and depression, and can increase stress and blood pressure.²⁴ Mental health conditions and loneliness often coexist and can cause a cycle where loneliness worsens mental health conditions, which in turn makes someone more likely to be lonely.²⁵ This has been compounded by the effect of the pandemic, with social isolation, social anxiety and loneliness raising since the lockdowns.

In May 2022 the Council commissioned a market research agency to conduct a resident's survey to inform strategy and service management. Approximately a third (31%) of Sandwell residents said they had experienced loneliness at least 'on occasion', with 6% saying they experienced it 'often' or 'always'. 11% said they had some social contact with people, but not enough, and a further 6% have little social contact and feel socially isolated. Tipton and Wednesbury had the highest proportions of residents who reported feeling lonely; whereas Wednesbury, West Bromwich and Smethwick had the highest proportion of residents experiencing social isolation (Figure 1).

¹⁹ NICE (2016). Mental health problems in people with learning disabilities: prevention, assessment and management. NICE guideline [NG54].

²⁰ Bond L, Carroll R, Mulryan N, et al. (2019). The association of life events and mental ill health in older adults with intellectual disability: results of the wave 3 Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing. *J Intellect Disabil Res*, 63(5), 454-465. doi: 10.1111/jir.12595.

²¹ Joint Commissioning Panel for Mental Health, 2013.

²² Pelleboer-Gunnink, Hannah & van Weeghel, Jaap & Embregts, P. (2019). Public stigmatisation of people with intellectual disabilities: a mixed-method population survey into stereotypes and their relationship with familiarity and discrimination. *Disability and Rehabilitation*, 43, 1-9. 10.1080/09638288.2019.1630678.

²³ Mind. *Autism and mental health* [Online]. Available: <https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/autism-and-mental-health/> [accessed 30.08.2023].

²⁴ Campaign to end loneliness. *Facts and statistics about loneliness* [Online]. Available: <https://www.campaigntoendloneliness.org/facts-and-statistics/> [Accessed 26/06/2023].

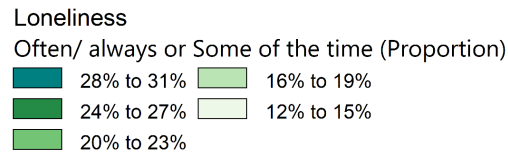
²⁵ Mind. *Loneliness*. Mind [Online]. Available: <https://www.mind.org.uk/information-support/tips-for-everyday-living/loneliness/about-loneliness/> [Accessed 26/06/2023].

Figure 1: Loneliness and social isolation by town (Sandwell Residents and Wellbeing Survey, Aug 2022)

Loneliness by Town

Question: How often do you feel lonely or isolated?

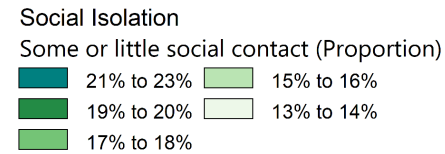
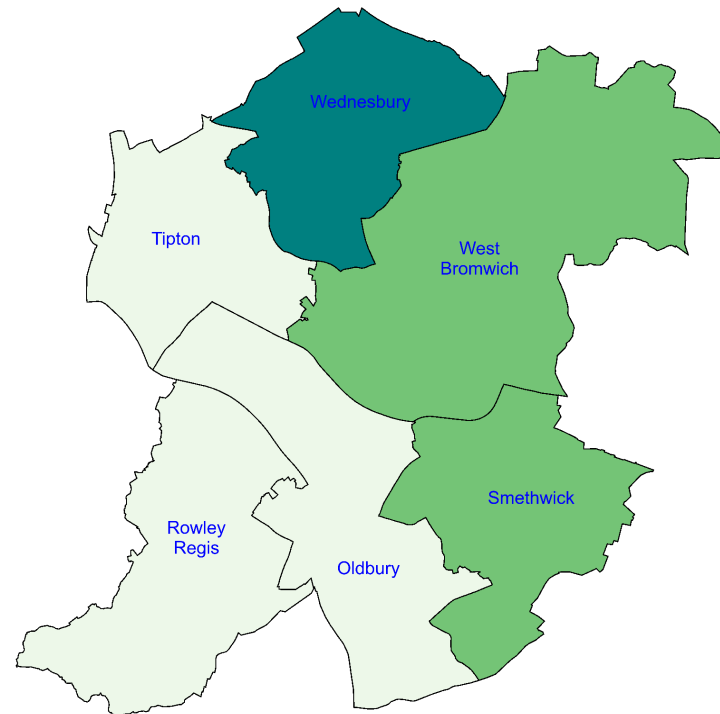
Proportion of Residents with Response: Often/ always or Some of the time



Social Isolation by Town

Question: Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?

Proportion of Residents with Response: Some or Little Social Contact



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Stakeholder engagement

A series of workshops was held throughout April and May 2022 with representatives from a range of partner organisations, including Education, Adult Social Care, NHS, CAMHS and the voluntary & community sector. These included targeted sessions with Sandwell Carer's Service and the Sandwell African Caribbean Mental Health Foundation, which were attended by people with lived experience of mental health problems and their carers. The following themes were identified:

1. Issues affecting young people

- Limited CAMHS capacity to meet demand and insufficient counselling support options for children, parents and carers.
- Effects of child exploitation and violence on mental health and wellbeing, and a need for trauma-informed support.
- Gaps in care and support, with needs overlooked in a number of situations and groups (e.g. autism or Asperger's syndrome, and those exhibiting 'difficult' or disruptive behaviours).

2. Inequalities

- It was strongly felt that in order to reduce mental health inequalities, action was needed to tackle socioeconomic inequalities and systemic discrimination including racism – including early on in the education system.
- A lack of culturally appropriate services and care, particularly in inpatient settings, was seen as a major barrier to engagement and recovery in ethnic minority groups.

3. Awareness and knowledge

- Despite progress being made in recent years, it was still felt that awareness and knowledge of mental health and wellbeing were limited – both among professionals and the general public, and particularly around underlying causes and wider determinants.
- Improving communication for citizens, non-mental health staff (voluntary and statutory) and across specialist services on available support was seen as a fundamental action to improve access to services.

4. Services and support

- Prevention and early intervention - Interventions to prevent mental health problems from developing or escalating were considered to be extremely important, but with limited availability.
- Many expressed dissatisfaction with care pathways into, or out, of services. The main issues raised were long waiting lists for services and support, and inadequate care planning to support discharge and appropriate support in the community for people with severe mental health problems.

- While GPs were identified as the main source of help for those experiencing mental health difficulties, voluntary and community organisations were also identified as known places where individuals could seek help – and are often the first point of contact for people less likely to access mainstream services.

5. Bereavement and loss

- Children and young people often come to mental health services through experiencing bereavement, yet much of the available support is focused on adults. Those with learning disabilities, autism and/or existing mental health and wellbeing problems were also disproportionately impacted by bereavement.
- Support for people bereaved by suicide were found to be often limited to those who were family members or carers. Similarly, statutory organisations' bereavement policies often focus on family relationships, rather than the quality of relationships.
- Other types of loss, such as relationship breakdown or loss of employment, could also have a profound impact on mental health and wellbeing.

6. Workforce and culture

- People with lived experience and their carers had differential experiences of care within clinical services. Some felt that there was a lack of care and compassion, or that there was variation depending on individual staff members.
- Strengthening links between NHS and local authority social care teams was seen as key to providing more co-ordinated, person-centred care for people with mental health problems.
- Workforce wellbeing was seen as essential to being able to deliver quality services and care.

7. Wider determinants of mental health and wellbeing

- In addition to high quality mental health services, there is a need for good universal services that can support individuals around the wider determinants of health (e.g. housing, unemployment/finances).
- Rising costs of housing, fuel and household basics are an increasing concern for people with existing mental health problems and the general population. Welfare rights services were identified as key to ensuring that our most vulnerable residents are able to get the support they need.
- Reducing inequalities in access to employment was seen as important in promoting recovery and wellbeing, although it was emphasised that employment was not a health outcome in itself.

8. Supporting vulnerable groups

- Carers reported mixed experiences of care and support, with many expressing dissatisfaction with services and pathways. It was felt that the role of carers was not fully recognised or valued, and that related trauma was often overlooked.

- A number of groups were identified as being disproportionately impacted by the causes and consequences of mental health problems, and also facing additional barriers to accessing support. These included minority ethnic groups and new communities (Black African & Caribbean community; Eastern European community; and Gypsy, Roma & Traveller community; asylum seekers and refugees); disabled people (including hearing/sight impaired people, and people with a learning disability or autism); the LGBTQ+ community; and older adults.
- Domestic abuse and childhood trauma were recognised as having major impacts on mental health and wellbeing – directly and immediately, and also longer term. Linking to the community safety agenda was seen as a crucial element of promoting mental wellbeing.

9. Physical health

- Supporting people with severe and enduring mental health problems to have good physical health was seen as important in promoting recovery and reducing health inequalities overall, but the same barriers to access were often present in services and activities to improve physical health. Similarly, there was a need to strengthen support to improve mental wellbeing for people with long-term physical health conditions.
- Universal approaches to improving physical wellbeing, particularly promoting and facilitating participation in physical activity, were recognised as having a range of benefits for mental wellbeing, including through making social connections and reducing isolation.

Governance

The Sandwell Better Mental Health Strategy and Action Plan have been developed by the multi-agency Sandwell Mental Health Strategy Group, informed by public consultation and engagement. Following publication of the Strategy, this group will become a Steering Group that will oversee delivery of the Action Plan and maintain a risk register.

The Steering Group will continue to report to Sandwell Health & Wellbeing Board. A Mental Health Stakeholder Forum will also be established to enable continued communication with partners and stakeholders, and ongoing review of the Strategy priorities.

Overview of strategies, boards, and partnerships involved



Sandwell Health and Wellbeing Board

<https://www.healthysandwell.co.uk/health-and-wellbeing-board/>

The Sandwell Health & Wellbeing Board is a committee made up of councillors, local GPs, council officers and members from the faith and voluntary community sector. We want everyone in Sandwell to have an equal opportunity to live a healthy, happy and fulfilling life by making sure that the services we provide or arrange help improve the lives of all our citizens.

We do this by working with local people to:

- Agree on what is most important
- Plan out what we need to do to make the biggest impact
- Be clear about how this will happen, who will do it and when
- Set measurable aims and objectives, so we can report on the progress made.

Community mental health transformation

<https://www.blackcountryhealthcare.nhs.uk/about-us/community-mental-health-transformation>

Mental health services that are available in the community to support people with severe mental illness are improving.

We are developing a new way of working and modernising community mental health services for adults and older adults, taking into account the particular needs of our four places (Dudley, Sandwell, Walsall and Wolverhampton).

Would you like to share your experience and ideas to help transform community mental health services in the Black Country?

We want service users, patients, carers, staff, partners and the community to help us make positive change. Get in touch to learn more:

Email: bchft.mhtransformation@nhs.net



Black Country Healthcare
NHS Foundation Trust

LOCAL BOARDS & PARTNERSHIPS

Regional and Local and committees and partnerships aimed at improving population health in a variety of areas, including mental health

Healthier Futures

Black Country Integrated Care System

The Black Country Integrated Care Partnership (ICP)

<https://blackcountryics.org.uk/about-us/integrated-care-partnership-icp>

The Black Country ICP is a committee jointly formed between the NHS Integrated Care Board and the four councils in the Black Country who have been meeting regularly and have brought together a broad alliance of partners concerned with improving the care, health, and wellbeing of the population.

The ICP has produced an integrated care strategy on how to meet the health and wellbeing needs of the population in the Black Country.

These strategy aims include:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

Sandwell Place Partnership

<https://blackcountryics.org.uk/about-us/our-places/sandwell>

Sandwell Health and Care Partnership is a partnership of health, social care, voluntary and community organisations who are working together to improve people's life chances and health outcomes.

They aim to work more closely together to support communities in Sandwell and reduce the widening gaps in health inequalities by focusing on not just health but the wider determinants such as employment, education, lifestyle, mental health, housing and the local environment.

Models of mental health provision in Sandwell

Children & young people (0-18)

The I-THRIVE framework (Figure 2) is the model is being embedded across the Black Country to support young people aged 0-18yrs and their families/carers within their Locality.

It utilises any professionals who support children whether in education, social care, voluntary or health sectors.

Figure 2: The I-Thrive model of levels of need.

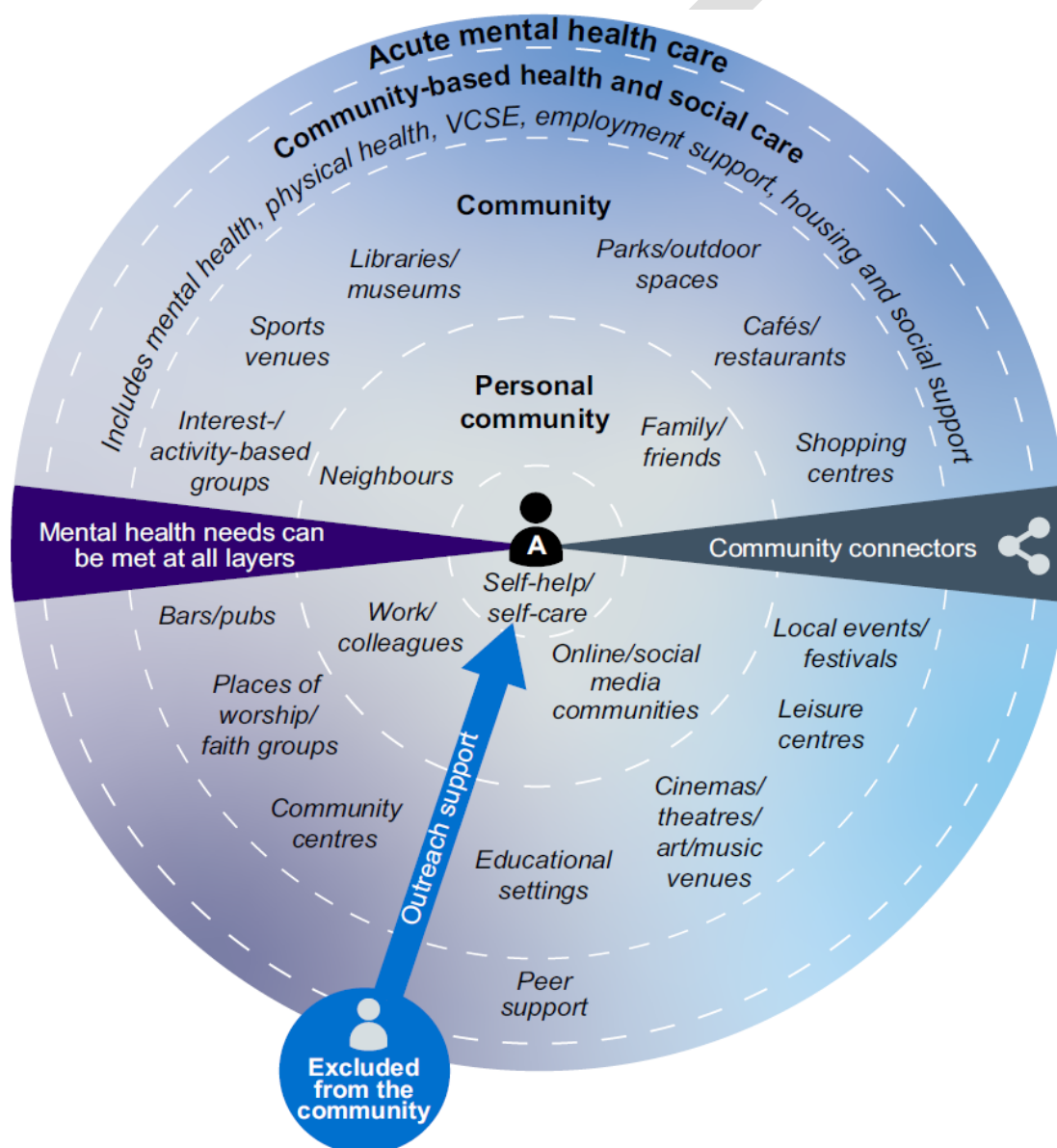


Adults over 18

The Community Mental Health Framework by NHS England²⁶ (Figure 3) outlines a long-term plan for a community mental health model, and describes how mental health needs should be addressed through many different avenues. The Community Mental Health Transformation Plan from the NHS realises that people with mental health problems do not usually require solely treatment for their diagnosed condition, and other complex needs are often overarching.

We aim to work on these factors to improve prevention of mental health issues and to support those who require from a multi directional approach.

Figure 3: Community mental health framework



²⁶ <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

Service Mapping



Sandwell Better Mental Health Programme

In 2021, Sandwell Council successfully secured £391,272 of funding from OHID for the Better Mental Health Programme. We worked alongside community partners to develop an array of exciting and innovative projects to improve mental wellbeing for the whole community, many of which have continued with further funding.

These projects recognise the importance that good mental health has to our overall wellbeing. A key to the success of the programme was the strong relationships between Sandwell Council and the voluntary and community sector which provided the ideal opportunity to build on our unique community strengths and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme is informed by what our communities have told us they need and what is important to them.

1. Changes – offers support for parents, helping them to navigate on their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.

2. Activities for New and Expectant Parents – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns. Sessions take place throughout the day, evenings and weekends so that they meet the needs of parents and parents to be.

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

4. Anti-bullying - One of the projects within the SHAPE Programme is the annual anti-bullying roadshow which takes place during anti-bullying week in November. Children and young people have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackling this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for CYP, teachers, parents and wider communities.

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

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

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

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

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

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

Better Mental Health Programme legacy

In addition to sustainable benefits realised through the Programme, several projects have continued delivery into 2022/2023 through current and additional funding identified. The Programme is being expanded over the next 3 years to focus on additional target groups, informed by the stakeholder and resident engagement undertaken to inform the development of this Strategy.

We will also be signing up to the Prevention Concordat for Better Mental Health, supported by this Strategy and the accompanying Action Plan.

Recommendations

The following recommendations have been informed by the updated needs assessment, aligning to our strategic objectives and national priorities around promoting mental wellbeing and preventing mental health problems. The accompanying Action Plan will be developed against these recommendations, shaped through the Sandwell Better Mental Health Strategy Group.

1. Improve awareness and understanding of mental health and wellbeing in communities, and the range of support available.
2. Develop inclusive and culturally appropriate services that address the needs of Sandwell's diverse communities.
3. Work with the voluntary and community sector to strengthen early help, promote wellbeing and support recovery.
4. Work with schools and children's services to build confidence in supporting children and young people experiencing mental health issues.
5. Establish clear and inclusive pathways for accessing services and support, both initially and following discharge from care.
6. Strengthen links between clinical and statutory services to facilitate a person-centred approach to recovery and wellbeing.
7. Ensure an accessible and inclusive bereavement support offer.
8. Improve routine data collection and intelligence gathering to identify and prioritise key groups.
9. Work with families and carers to ensure their own wellbeing needs are met.
10. Promote mental wellbeing among the health and social care workforce and wider statutory services.
11. Increase opportunities to improve the physical health of people with severe and enduring mental health problems.
12. Develop targeted approaches to reducing loneliness and social isolation.

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

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

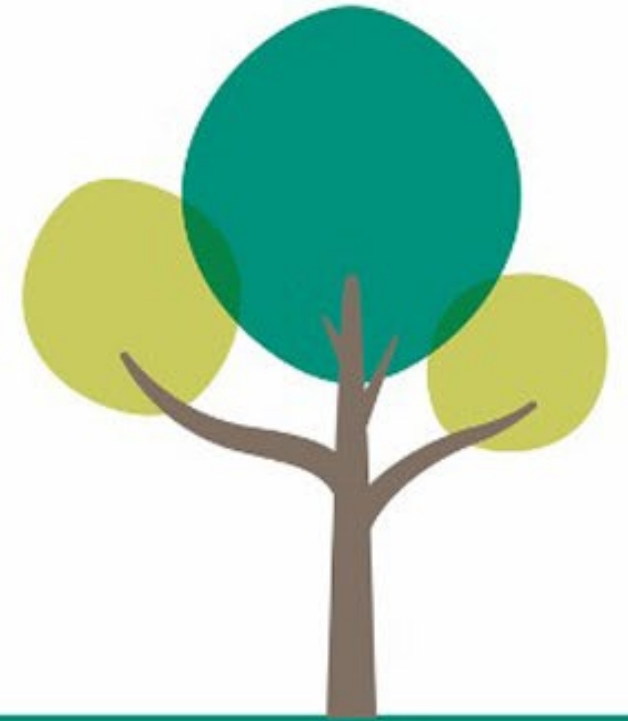
Another focus will continue to be prevention of mental health problems by looking the overall improvement of Sandwell's health and wellbeing, aiming to improve the wider determinants of mental health.

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Sandwell Better Mental Health Strategy

2023-2026





Context

- February 2022 - HWBB approved the development of the Sandwell Better Mental Health Strategy
 - Strategy is based on the findings from the State of Sandwell report
 - Has 9 priorities and principles
- Over the last 12 month, we have:
 - Hosted several coproduction workshops with stakeholders
 - Conducted a rapid needs assessment
 - We now understand current issues and impacts of COVID-19.





Draft Strategy

- Feedback collated from co-production activities and needs assessment
- Ready for public consultation
- We propose to hold a 60-day public consultation period allowing stakeholders, including Sandwell residents, to share their views on the draft strategy.





Public Consultation Plans

- The public consultation will be launched at a stakeholder event on 26th September.
- To ensure a wide reach for the public consultation, we will:
 - Publish consultation surveys (1 x residents and 1 x professionals/organisations) and promote widely across networks, partnerships and communication channels.
 - Produce an accessible video explaining the priorities and key drivers of the strategy
 - Grant fund community organisations to host consultation focus groups to reach as diverse a range of communities as possible.





Next Steps

- The opinions and comments from the consultation will be analysed by Public Health, with any final amendments made to officially publish the Sandwell Better Mental Health Strategy in January 2024.
- The Better Mental Health Partnership will be accountable for the Strategy ensuring that the action plan is delivered, and the 9 priorities and principles achieved.






Thank you for listening

Any Questions?





13 September 2023

Subject:	Sandwell Language Network (SLN)
Presenting Officer and organisation	<p>Diane Millichamp and Louise Kilbride Sandwell Public Health & Sandwell Consortium CIC Diane_millichamp@sandwell.gov.uk and louise@sandwellconsortium.co.uk</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>SANDWELL LANGUAGE NETWORK</p> </div> <div style="text-align: center;">  <p>HEALTHY SANDWELL We find the support you need</p> </div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  <p>SANDWELL Consortium</p> </div> <div style="text-align: center;">  <p>Black Country Integrated Care Board</p> </div> </div>
Purpose of Report	For Information

1 Recommendations

- 1.1 To comment and note the Sandwell Language Network Programme 2023-2025.
- 1.2 To showcase the work going on within our communities to tackle health inequalities and make sure that no one is left behind and contributes to achieving the Board's priorities 1- 4 below.

2 Links to the following Board

Priority 1	<p>We will help keep people healthier for longer SLN works with local people to improve health and wellbeing and make sure that everyone who lives and works in Sandwell is treated fairly, with the same chances in life as everyone else.</p> <p>In a 2021 survey of 239 people who used the SLN programme, approximately 9 out of 10 said that it had helped them make NHS appointments and better explain their health</p>
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	<p>concerns to their healthcare professional. In the same survey, over 90% also said that SLN had helped them get to know people in their local area, which in turn reduces social isolation and promotes better mental health and wellbeing.</p> <p>SLN contributes to achieving the council's strategic outcomes, building resilient communities in which people live well and children have the best start to life.</p>
Priority 2	<p>We will help keep people safe and support communities Sandwell Language Network (SLN) aims to tackle health and economic inequalities, reduce isolation, and promote community cohesion through language learning.</p> <p>Sandwell has always offered a place of welcome to new migrants. SLN supports new migrants to settle well in Sandwell by offering language learning across the borough, making them feel safer in their new surroundings and providing the confidence and skills to seek support within our communities.</p> <p>Providing language learning to established ethnic communities with little English ensures that they are better connected to the support available in Sandwell.</p>
Priority 3	<p>We will work together to join up services SLN is a partnership of community organisation operating in a 'hub & spoke' model. Sandwell Consortium coordinate the programme with 16 local community organisations delivering language learning right across the borough. This means that language services in Sandwell are joined up ensuring that service users have a seamless journey through their language learning.</p> <p>Furthermore, the SLN programme works collaboratively with other services, including the additional services that the community organisations provide themselves, to ensure that pathways into services that support the wider determinants of health are established.</p>
Priority 4	<p>We will work closely with local people, partners and providers of services SLN works in partnership with our community and wider health system to build resilience in our ethnic minority communities and deliver a positive impact on health outcomes.</p>

At its beginning in 2019, the SLN service model was co-produced with feedback from local people, local community organisations and existing language learning providers. SLN continues to gather feedback from its service users, delivery partners and wider partnership to ensure it continues to meet the language needs in Sandwell.
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3 Context and Key Issues

- 3.1 Sandwell is home to vibrant, diverse communities and offers a place of welcome for new migrants. In the 2021 Census, almost 1 in 4 (23.6%) Sandwell residents were born outside the UK, compared with 1 in 6 nationally.
- 3.2 The 2021 Census identified the challenges facing our new migrant communities and established ethnic communities with 88% of Sandwell residents who speak English as their main language compared to 92.3% nationally. Of those residents who do not have English as their main language, 24.8% cannot speak English well and 5.5% cannot speak English at all. In 5 wards of Sandwell less than 80% of residents speak English as their main language.
- 3.3 Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands with 25.7% requiring essential skills support. It is important to improve health literacy within our ethnic minority communities to tackle and reduce health inequalities.
- 3.4 To achieve a reduction in health inequalities within our communities we recognise learning English as a priority for migrants and ethnic communities in Sandwell. The 2011 Census asked people to rate their general health as 'very good', 'good', 'fair', 'bad' or 'very bad'. Only 65% of people who could not speak English well or at all ('non-proficient') rated in good health, compared with 88% who could speak English very well or well ('proficient'). There was also a more rapid decline of good health by age among people who were less proficient in English.
- 3.5 Sandwell Council was a finalist in this year's Local Government Chronicle (LGC) Awards for SLN as an outstanding Public Health and community project.

4 Engagement

- 4.1** In 2019, Sandwell's Strategic New Arrivals Partnership (SNAP) hosted a community stakeholder event to identify priorities for the strategic partnership to reduce inequalities for ethnic minority communities. A wide range of community voluntary sector and statutory partners and residents identified language barriers and communication as a priority for action. In response to this the council secured Government Controlling Migration Fund to deliver a bespoke community language programme.
- 4.2** Since this initial consultation, SLN has continued to be a fantastic example of co-production with partners designing, delivering, and evaluating the programme. The programme collates quantitative and qualitative feedback from participants, wider community, and community delivery partners on an ongoing basis to inform the project deliverables to ensure it continually meets the changing needs of its service users.
- 4.3** Additionally, in 2022 a comprehensive evaluation of the programme was conducted by Wolverhampton University which included the voice of service users. The findings from this evaluation has been shared with Sandwell's Health and Care Partnership Board.
- 4.4** The SLN programme continues to gather information from stakeholders and SLN participants to review performance and better understand the impact of the programme through case studies and testimonials, health impact surveys and these are presented in the quarterly performance reports.

5 Implications

Resources:	<p>5.1 The Sandwell Language Network (SLN) provides a programme of free, community-based English language learning support across the borough for migrant and our ethnic minority communities.</p> <p>5.2 The current programme builds on the success and legacy of the previous SLN programme and aims to tackle health inequalities.</p> <p>5.3 SLN was designed to fill a gap of limited provision of ESOL (English for Speakers of Other Languages) for people who cannot speak English or cannot speak English well. SLN delivers informal pre-entry level and community-based English classes using a hub and spoke model co-ordinated by Sandwell Consortium CIC (hub) and 16 local delivery partners (spokes).</p>
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	<p>5.4 Sandwell Consortium is a reputable voluntary sector consortium of established ethnic minority community organisations, based at the heart of the neighbourhoods they serve. Sandwell Consortium has a proven track record in successfully delivering the SLN programme. They have increased the reach into marginalised communities with an increase from 9 to 16 community delivery partners.</p> <p>5.5 Sandwell Consortium are currently funded to deliver the SLN Programme from 1st September 2023 to 31st August 2025. This programme is funded from the ‘Health Inequalities Funding’ from the Sandwell Health and Care Partnership Board and the Public Health ring-fenced budget.</p>
Legal and Governance:	5.6 In September 2023 the Council entered into a two-year grant funding agreement with Sandwell Consortium CIC to support its SLN programme to reduce health inequalities in Sandwell. The SLN programme contributes to achieving the Council’s 2030 vision and the Sandwell Health and Wellbeing Board’s priorities.
Risk:	5.7 A risk assessment has approved in accordance with the council’s governance requirements. The SLN Partnership review the SLN programme’s Risk Assessment, including any mitigating measures planned/taken, in the quarterly partnership meetings.
Equality:	5.8 An equality impact assessment has been undertaken and only neutral and positive impacts on protected groups have been identified. SLN aims to engage within communities to reduce the health inequalities experienced by our ethnic minority communities in Sandwell.
Health and Wellbeing:	<p>5.9 This is a health and wellbeing service that contributes to a wide range of outcomes including:</p> <ul style="list-style-type: none"> • Improve health literacy and access to healthcare services • Reduce social isolation and promote better mental health • Reduce health inequalities for migrant and ethnic minority communities • Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by ethnic minority communities • Accelerate culturally competent health promotion and disease prevention programmes

	<ul style="list-style-type: none"> • Increase availability and quality of ESOL provision in Sandwell • Improve social connectedness and integration • Build self-reliance and resilient communities • Embed early help, preventing people from needing services, helping residents to help themselves • Improve employability • Increase volunteering opportunities • Builds capacity and sustainability of language learning within the Community voluntary sector <p>5.10 In addition, SLN community delivery partners offer advice and advocacy supporting people to early intervention and prevention by reducing escalation of the wider determinants of health, such as housing issues/homelessness, Welfare Rights and tackling poverty and other issues such as immigration support.</p> <p>5.11 SLN contributes to whole population wellbeing by improving peoples' health awareness and giving them the skills to be more self-reliant and confidence to maintain healthier lifestyles across the whole life course.</p>
Social Value:	<p>5.12 SLN has demonstratable social value with a growing network of SLN peer mentors and volunteers. It continues to build capacity within our local community organisations and voluntary sector. It creates opportunities for employment with learners training to become ESOL tutors and access to employment opportunities working closely with the council's employment and skills team and the Department for Work and Pensions.</p> <p>5.13 SLN also offers social value by educating and raising awareness of health and wellbeing linking to our Sandwell Health Improvement Programme (SHIP) and Sandwell's Consortium's Reach and Reconnect Programme for health literacy and digital inclusion, supporting our ambition to create a healthier Sandwell and make sure that no one is left out.</p>
Climate Change:	<p>5.14 The climate change guidance screening assessment has been completed and there are no implications for climate change outcomes and any potential impact on the environment.</p>
Corporate Parenting:	<p>5.15 The SLN programme is an adult provision and there are no negative impacts on Corporate Parenting. SLN will</p>

have a positive impact on emotional and physical health for parents and carers as SLN offers social value by educating and raising awareness of health and wellbeing. Parents and carers will have increased awareness of how to access and understand health systems creating self-reliance to look after their own and their family's health and wellbeing.

5.16 Language barriers stop people from entering in to and progressing in employment. By addressing this SLN positively supports families with low incomes to access free community language learning, progression into vocational courses and improved employability.

5.17 SLN is delivered in local community organisations within some of our most deprived neighbourhoods. In the previous programme 64% of participants were in receipt of benefits, unemployed, or from low socio-economic backgrounds. This evidences that SLN has a positive impact on education, employment and training opportunities for parents and carers which indirectly has a positive impact on children and young people.

5.18 By providing free community language support parents will be able to better support their children through education and engage in their child's education leading to improved future financial outcomes supporting children to gain better qualifications and employability.

5.19 SLN has a proven positive impact on families as parents and carers have improved social connectedness and sense of belonging within their communities.

6 Appendices

Appendix 1 – Sandwell Language Network Presentation

7 Background Papers

- Sandwell Trends – [2021 Census data](#)
- SLN External Evaluation Report 2022 – Wolverhampton University



- SLN video  Sandwell Council -
1100 - video.m4

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SANDWELL LANGUAGE NETWORK





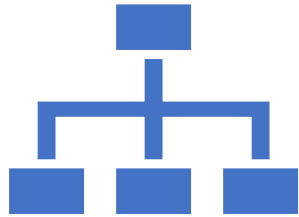
- Language learning in informal but structured community settings
- Supports residents to realise potential
- Builds capacity in the voluntary sector
- Supports 2030 Vision of Sandwell as a thriving, optimistic and resilient borough



Partnership Group

- ❖ Sandwell MBC and Black Country ICB
- ❖ Sandwell Consortium CIC
- ❖ Sandwell College
- ❖ Sandwell Family & Adult Learning
- ❖ Sandwell Council for Voluntary Organisations
- ❖ Reps from two VCOs



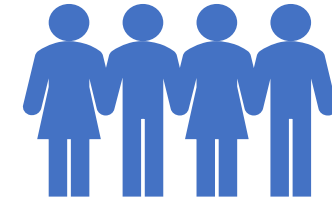


**Coordinated and managed
by Sandwell Consortium CIC**

P/t SLN Coordinator



**Delivered by 15
community partners**



**Supported by local tutors
and volunteers**

SLN delivery partners



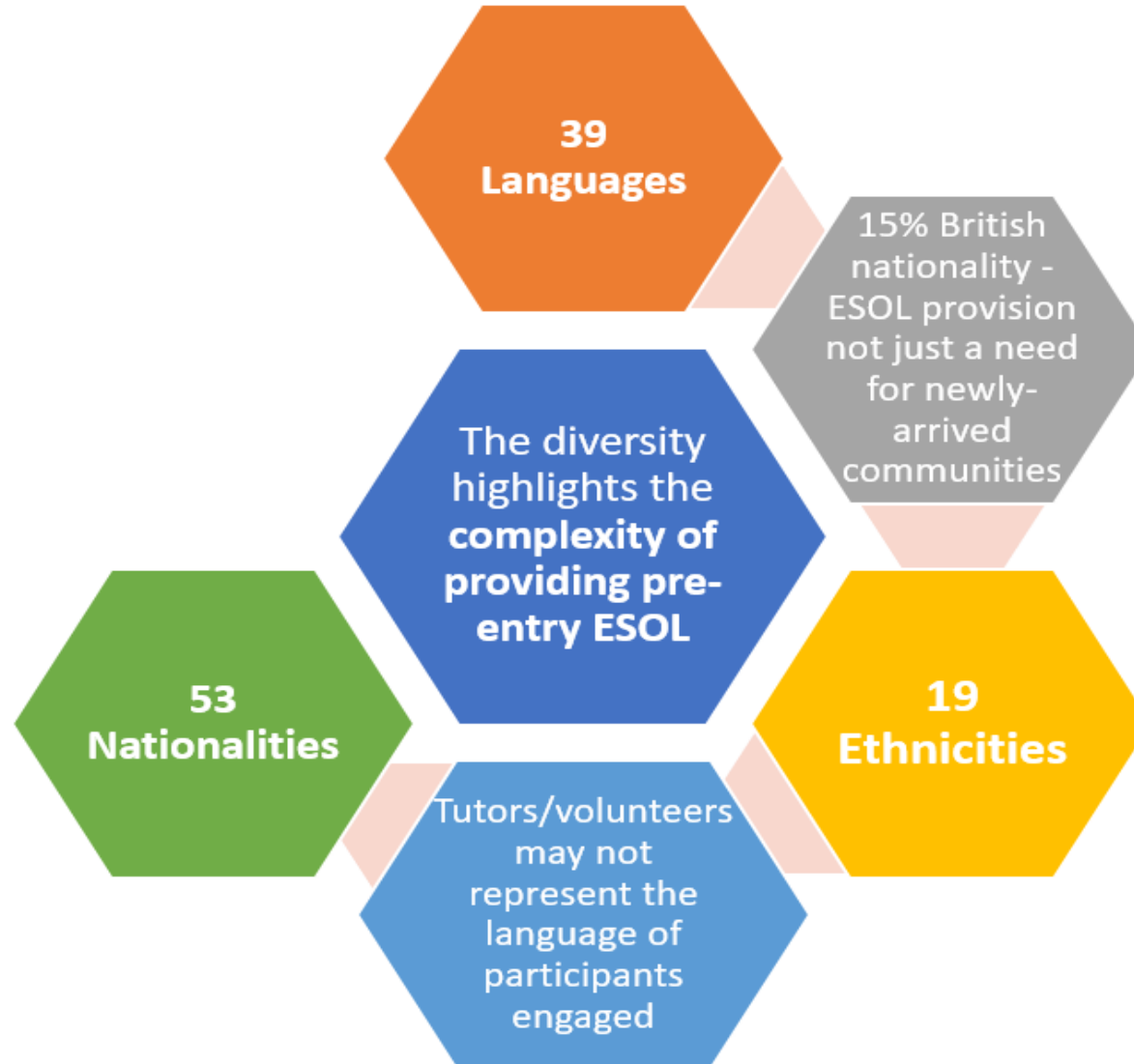


- ESOL and IELTS (International English Language Testing System)
- 350+ learners per year
- 20+ courses per year + progression routes
- *English for health* modules
- Employability and IT skills booster sessions
- 2023-24 – ‘health literacy’ sessions



Sandwell Language Network

Diversity and reach



Sandwell Language Network





Sandwell Language Network

Learner outcomes, health outcomes

68% progressed to education, training or employment

88.5% accessed additional services through SLN

2022 Survey of 239 learners

90% said SLN had helped them make NHS appointments and better explain their health concerns to healthcare professionals.

90% said SLN had helped them get to know people in their area – which in turn reduces social isolation and improves health and wellbeing

Case study: Rifa, Pre-Entry level Learner

Background

Rifa, now aged 41, came to the UK from Bangladesh, at the age of 20. Her first language is Bengali.

Rifa couldn't speak English and for many years relied on family members to access health services - GP/Nurse appointments, explaining symptoms, outpatient appointments, and understanding health conditions; and other services, such as liaising with her son's school.

Once her son was in secondary school, and family circumstances changed, she joined the local ESOL course at SWEDA in West Bromwich. She needed to improve her English to claim Universal Credit, look for work and support her son.

Rifa was happy to find a beginner's ESOL class, in a local, culturally sensitive setting.

Rifa's class at SWEDA



Rifa...

Interventions

- Learner needs assessment, identified Rifa's wider support needs
- Referred to employment support & IT training at SWEDA, now a trusted place.
- Working from Pre-Entry to Entry level the tutor identified barriers to her progress –confidence and feeling judged when speaking English.
- The tutor asked Rifa to volunteer in a class to support new Pre-entry level learners.

Rifa...

Outcomes for Rifa

- Overcame shyness. Built confidence in English and IT.
- Achieved Entry Level 2. Able to apply for a course at Sandwell College and able to look for/apply for jobs
- Built good relationships with peers, made lasting friends and a local support network.
- Can attend health appointments independently
- Attends parent's evening at school

Rifa:

“Thank you so much for helping me. I can do so much more for myself and have more chances now. My son has seen me learn too – this is good!”

Case study, Funom: IELTS Learner



Case study, Funom

Learner background

Funom, aged 37, came to the UK from Nigeria with his wife and children. He was a qualified doctor in Nigeria and wanted to continue as a doctor in the UK. He needed to achieve a score of 7.5 in IELTS before working towards General Medical Council (GMC) registration.

Interventions

Funom started SLN online IELTS course in September 2020, with a weekly tutorial and guided self-study. We helped him register for the IELTS test and provided identity verification for the test centre.

Outcomes/Achievement

In 2021, Funom passed IELTS and achieved 7.5, the standard required by GMC. He volunteered and became a Champion with the Sandwell Covid vaccination programme throughout 2021. He registered with the HOP (Healthcare Overseas Professionals) programme and in 2022 went on to complete his PLAB (Professional and Linguistic Assessments Board) tests.

Next Steps

During 2022-23 Funom has been studying for his medical exams and once completed will be able to practice as a doctor in the UK.

“SLN IELTS was amazing. The tutor guided me and others, not just on improving our spoken and written English but also on strategies to apply when writing this exam. I had interesting tasks that helped me coordinate and harness my mental ability to maintain that complex relationship between my brain and hands while writing the examination.

It has been an amazing journey for me, and I can now confidently move to the next level of the main medical examinations so that I get my license to practice as a medical doctor in the UK.”

Funom:

SLN IELTS was amazing. The tutor was able to guide me and others, not just on improving our English but also on good strategies to apply when writing this exam. I had interesting tasks that helped me coordinate and harness my mental ability to maintain that complex relationship between my brain and hands while writing the examination.

It has been an amazing journey for me, and I can now confidently move to the next level of writing the main medical examinations so that I get my license to practice as a medical doctor in the UK.

Volunteer progression



Building local capacity



Award in Education and Training: 15 volunteers are qualified tutors in Sandwell



Further Education



Employment



Support local community organisations



Showcase Video

[671 Sandwell Language Network.mp4 on Vimeo](#)

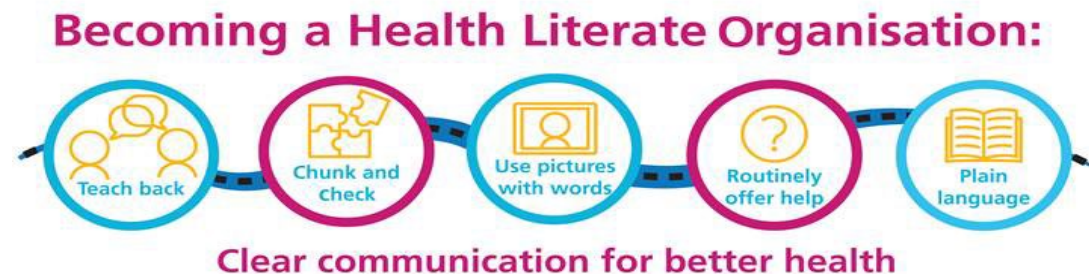


“Innovative scheme with very strong community engagement. Have worked with ICS to create strong language skills support for most deprived communities in Sandwell. Some good outcomes achieved including improved confidence with booking health appointments and discussing health issues. Have found sustainable funding sources through ICS. Good case studies of people achieving qualifications as a jumping off point to education and employment!”



2023-2025

- New sites to meet need e.g. Rowley Children's Centre
- Enhanced health literacy sessions linked to NHS partners
- Capacity building for community partners
- Learning and progression
- Connection and cohesion



SANDWELL LANGUAGE NETWORK





13 September 2023

Subject:	ASEND Inspection Outcome and Next Steps
Presenting Officer and Organisation	Michael Jarrett – Director of Children and Education (DCS) Michael_Jarrett@sandwell.gov.uk
Purpose of Report	To provide an update on the Local Area Inspection of SEND conducted by Ofsted / CQC between 19 th June and 7 th July 2023.

1. Recommendations

- That Sandwell Health and Wellbeing Board comment and note the ASEND Inspection Outcome and Next Steps
- That Sandwell Health and Wellbeing Board and provide support and governance for the improvements made by the Local Area Partnership in driving the necessary improvements leading up to a successfully next inspection in summer 2026.

2. Links to the following Board Priorities

Priority 1	We will help keep people healthier for longer
Priority 2	We will help keep people safe and support communities
Priority 3	We will work together to join up services
Priority 4	We will work closely with local people, partners and providers of services

3. Context and Key Issues

Area SEND Inspection

- Following the last inspection of the Sandwell local area partnership for SEND in 2019, the Sandwell local area partnership for SEND was inspected over a period of 3 weeks by Ofsted / CQC between 19th June and 7th July 2023, evaluated against a new Ofsted / CQC inspection framework which was launched in January 2023.
- The revised framework 'evaluated' the effectiveness and impact of local area partners and the extent to which children and young people with SEND, including those who attend Alternative Provision (AP) settings, were receiving consistently good experiences leading to consistently good outcomes.
- The inspection team found that children and young people with SEND, including those who attend AP settings, received inconsistent experiences leading to them achieving inconsistent outcomes in Sandwell. This is commonly referred to as a 'category 2' outcome for the local area partnership. A 'category 1' outcome is available to local area partnerships which can demonstrate consistent experiences leading to consistent outcomes for children and young people with SEND, including those attending AP settings. A 'category 3' outcome is given to a local area partnership where there are endemic weaknesses found in the partnership which leads to poor experiences and poor outcomes for children and young people with SEND.
- A category 2 outcomes means that the local area partnership will be submit to routine monitoring by Ofsted / CQC and supported by the DfE in making the necessary improvements and within agreed timeframes as published in the **local area inclusion plan** (action plan). Following inspection, all local areas are required to publish a local area inclusion plan by 2024. Sandwell will be publishing theirs ahead of the deadline set by the DfE.
- The inspectors were highly complementary about the renewed energy and vision shared across the partnership for children and young people with SEND, and the new SEND eco-system transformation programme launched by the local area partnership in June 2023. This gave the

inspectors a very clear understanding that the local area partners, through the self-evaluation, are accurate in their judgements and the actions they are taking to improve the experiences and outcomes of children and young people with SEND.

- The inspection report is due to be published in early September 2023, after which the local area partnership is required to submit a **local area inclusion plan** (action plan) for improvement within 10 days of publication, and to make this publicly available to all partners, parents and carers of children and young people with SEND in Sandwell.
 - Area leaders should **strengthen multi-agency working across the partnership between education, health and social care**, so that children and young people's needs are identified and assessed in a more efficient and timely manner.
 - Area leaders should **develop co-production with children and young people with SEND at a strategic level**, so that children and young people play a key role in developing improvement strategies and plans.
 - Area leaders **should increase the number and range of short-break opportunities** to support the needs of all children and young people with SEND, including those with complex needs and post-16 young people.
- The senior leaders of the Sandwell local area partnership for SEND were pleased the inspection was both developmental and helpful and confirmed the accurate self-evaluation of the partnership.
- Since the last inspection in 2019, when the previously issued written statement of action (2017) was lifted, using a different inspection framework, the local area partnership has been working through the SEND Strategic Board and the SEND Operations Board to oversee the necessary improvements required of the local area partnership. These improvements continue to be driven and will be included in the revised action plan to be submitted to Ofsted / CQC and for publishing to partners, parents and carers.
- This is because we are not complacent in our determination to ensure all children and young people with SEND, including those who attend AP settings, in Sandwell, only receive the very best experiences leading to them securing the very best outcomes and successful transition into adulthood.

- Sandwell local area partnership for inclusion (SEND and AP) will monitor the impact and effectiveness of the local area inclusion plan, via the 8 inclusion workstream groups of the Sandwell Inclusion Eco-System Transformation Programme. Each group reports monthly to the Sandwell Inclusion Board (Operations) and provides a half termly 'highlights report' to the Sandwell Inclusion Board (Strategic).
- Both boards are attended by senior officers from across the local area partnership, including representatives from Sandwell Parents Voices United (SPVU), our parent carer forum, and children and young people. All reports are available to the Sandwell Health and Wellbeing Board which has governance oversight of SEND at a system level across Sandwell.

4. Engagement

Sandwell Local Area Partnership for Inclusion (SEND and AP)

- Local area partners have met during July to review the draft inspection report and agreed its content ahead of publication in early September 2023.
- Local area partners will meet to agree the Sandwell Local Area Inclusion Plan to be submitted to Ofsted / CQC 10 days following publication of the report and to be published to partners, parents and carers.
- The Sandwell local area inclusion plan will be delivered by the actions of the Sandwell Inclusion Eco-system and transformation programme via 8 workstreams which are co-led by the local area partners, schools, agencies, parents and carers, with children and young people with SEND fully engaged through a model of embedded co-production in re-setting and re-engineering the way we provide services to them.
- The Sandwell Inclusion Plan will operate over 3 years, between 2023 and 2026, leading up to the next inspection which should take place during the summer of 2026, and will be monitored by Ofsted / CQC and DfE colleagues during this time period.

5. Implications

Resources:	No Resources Implications directly arising from this report.
Legal and Governance:	<ul style="list-style-type: none"> • The local area partnership is required to fulfil its statutory duties for all children and young people with SEND, including those who attend AP settings, so they receive consistently good experiences which lead to consistently good outcomes. • Any delays to statutory processes, whether this be early help, early identification and early assessment leading to statutory assessment of SEND and the issuing of an EHC plan, and ensuring such children and young people access and attend services and schools which meet their needs, allowing them to thrive in Sandwell. • The exponential rise in demand for early / diagnostic assessment of SEND needs is putting significant demand on service delivery and the meeting of statutory duties within statutory timescales, and is currently resulting in delays in the issuing of EHC plans and in completing annual reviews of current EHC plans. • The current number of children and young people with and EHC in Sandwell is 3,228 and this is predicted to rise to at least 3,500 by July 2025. This is following a 51% rise in EHCs since 2019. • Therefore, there is significant financial pressure on the high need budget and school budgets to meet the current needs of children and young people with SEND in Sandwell, and this is resulting in the local authority placing Sandwell children outside of the borough into independent and non-maintained private settings at significant cost in both SEND and AP settings until we have sufficient places within the Sandwell borough to meet the needs of our children and young people with SEND.
Risk:	No Risk Implications directly arising from this report.
Equality:	No Equality Implications directly arising from this report.
Health and Wellbeing:	No Health and Wellbeing Implications directly arising from this report.
Social Value:	No Social Value Implications directly arising from this report.
Climate Change:	No Climate Change Implications directly arising from this report.

Corporate Parenting:	No Corporate Parenting Implications directly arising from this report.
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6 Appendices

Appendix 1 – ASEND Inspection Presentation

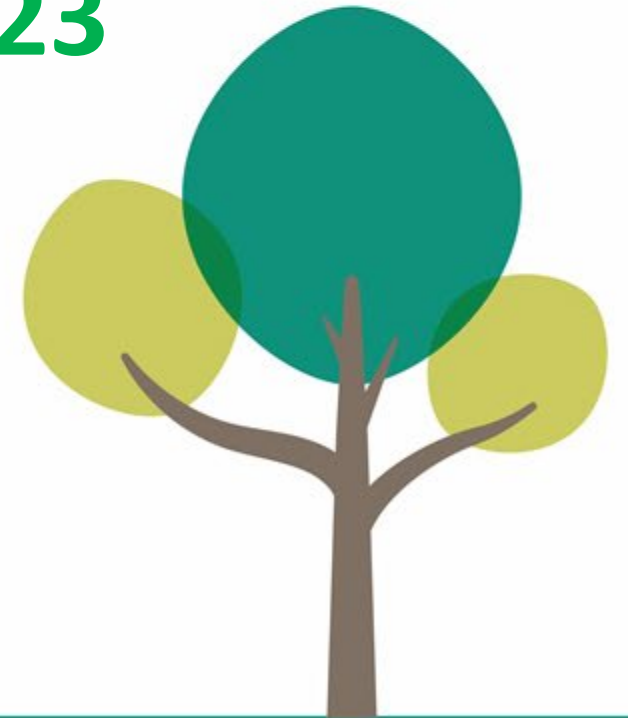
7. Background Papers

None

Health & Wellbeing Board
13.9.23
Michael Jarrett
Director of Children and Education



ASEND Inspection – July 2023



ASEND Inspection – Outcome and Next Steps

- Following the last inspection of the Sandwell local area partnership for SEND in 2019, the Sandwell local area partnership for SEND was inspected over a period of 3 weeks by Ofsted/CQC between 19th June and 7th July 2023, evaluated against a new Ofsted/CQC inspection framework which was launched in January 2023
- The revised framework ‘evaluated’ the effectiveness and impact of local area partners and the extent to which children and young people with SEND, including those who attend Alternative Provision (AP) settings, were receiving consistently good experiences leading to consistently good outcomes
- The inspection team found that children and young people with SEND, including those who attend AP settings, received inconsistent experiences leading to them achieving inconsistent outcomes in Sandwell. This is commonly referred to as a ‘category 2’ outcome for the local area partnership. A ‘category 1’ outcome is available to local area partnerships which can demonstrate consistent experiences leading to consistent outcomes for children and young people with SEND, including those attending AP settings. A ‘category 3’ outcome is given to a local area partnership where there are endemic weaknesses found in the partnership which leads to poor experiences and poor outcomes for children and young people with SEND



ASEND Inspection - Outcome and Next Steps

- A category 2 outcomes means that the local area partnership will be submit to routine monitoring by Ofsted / CQC and supported by the DfE in making the necessary improvements and within agreed timeframes as published in the **local area inclusion plan** (action plan). Following inspection, all local areas are required to publish a local area inclusion plan by 2024. Sandwell will be publishing theirs ahead of the deadline set by the DfE
- The inspectors were highly complementary about the renewed energy and vision shared across the partnership for children and young people with SEND, and the new SEND eco-system transformation programme launched by the local area partnership in June 2023. This gave the inspectors a very clear understanding that the local area partners, through the self-evaluation, are accurate in their judgements and the actions they are taking to improve the experiences and outcomes of children and young people with SEND



ASEND Inspection - Outcome and Next Steps

Local Area Inclusion Plan – to be submitted within 10 days of publication of Inspection Report

- Area leaders should **strengthen multi-agency working across the partnership between education, health and social care**, so that children and young people's needs are identified and assessed in a more efficient and timely manner
- Area leaders should **develop co-production with children and young people with SEND at a strategic level**, so that children and young people play a key role in developing improvement strategies and plans
- Area leaders **should increase the number and range of short-break opportunities** to support the needs of all children and young people with SEND, including those with complex needs and post-16 young people



ASEND Inspection - Outcome and Next Steps

Local Area Partnership for Inclusion (SEND and AP)

- Sandwell local area partnership for inclusion (SEND and AP) will monitor the impact and effectiveness of the local area inclusion plan, via the 8 inclusion workstream groups of the Sandwell Inclusion Eco-System Transformation Programme. Each group reports monthly to the Sandwell Inclusion Board (Operations) and provides a half termly 'highlights report' to the Sandwell Inclusion Board (Strategic)
- Both boards are attended by senior officers from across the local area partnership, including representatives from Sandwell Parents Voices United (SPVU), our parent carer forum, and children and young people. All reports are available to the Sandwell Health and Wellbeing Board which has governance oversight of SEND at a system level across Sandwell
- The Sandwell local area inclusion plan will be delivered by the actions of the Sandwell Inclusion Eco-system and transformation programme via 8 workstreams which are co-led by the local area partners, schools, agencies, parents and carers, with children and young people with SEND fully engaged through a model of embedded co-production in re-setting and re-engineering the way we provide services to them
- The Sandwell Inclusion Plan will operate over 3 years, between 2023 and 2026, leading up to the next inspection which should take place during the summer of 2026, and will be monitored by Ofsted / CQC and DfE colleagues during this time period



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Date of Meeting	Item	Responsible Officer	Contact Details
TBC 21st June 2023 (Reports due 7th June 2023)	Oxwell Survey	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk
	LGBTQ+ Health Needs Report	Anna Blennerhassett	anna_blennerhassett@sandwell.gov.uk
	Children's Services Update	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk
	5 Year Joint Plan Consultation	Michelle Carolan	mcarolan@nhs.net
	Harvey's Book	Pam and Harvey Kaur	pkaur03@gmail.com
TBC 13th September 2023 (Reports due 30th August 2023)	Update on Midland Met University Hospital	Richard Beeken	r.beeken@nhs.net
	Children Services Update	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk
	Partnership Approach to Mental Health	Mick Wilkinson and Ch Supt Kim Madill	michael.wilkinson@westmidlands.police.uk
	Sandwell Better Mental Health Strategy and Mental Health Concordat	Lina Martino	lina_martino@sandwell.gov.uk

	Sandwell Language Network Update	Diane Millichamp	Diane_millichamp@sandwell.gov.uk
TBC 18th October 2023 (Reports due 4th October 2023)	OATS – Older Adult Therapeutic Services	Fiona Jones	fiona.jones19@nhs.net
	Children Services Update	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk
	CDOP Annual Report	Liann BrookesSmith	Liann_BrookesSmith@sandwell.gov.uk
	FDAC	Gemma Hatfield	BlackCountryFDAC@cgl.org.uk
	Alcohol and Drugs Service Users	Nick Shough	Nick2_Shough@sandwell.gov.uk
	Healthwatch update	Alexia Farmer Philip Griffin	alexia.farmer@healthwatchesandwell.co.uk philip.griffin@healthwatchesandwell.co.uk
TBC 6th December 2023 (Reports due 22nd November 2023)	Children Services Update	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk
	Vaccinations	Cathren Armstrong	Cathren_Armstrong@sandwell.gov.uk
	Healthwatch update	Alexia Farmer Philip Griffin	alexia.farmer@healthwatchesandwell.co.uk philip.griffin@healthwatchesandwell.co.uk
	City of Sanctuary	Jennifer Collins	Jennifer_Collins@sandwell.gov.uk
	Town Teams	Jayne Ilic	jayne.ilic2@nhs.net
	Children Services Update	Michael Jarrett	Michael_Jarrett@sandwell.gov.uk

TBC 13th March 2024 (Reports due 28th February 2024)	Healthwatch update	Alexia Farmer Philip Griffin	alexia.farmer@healthwatchesandwell.co.uk philip.griffin@healthwatchesandwell.co.uk
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