

Agenda

Health and Adult Social Care Scrutiny Board

Tuesday, 21 November 2023 at 6.00 pm
In the Council Chamber - Sandwell Council House, Oldbury

1 Apologies for Absence

To receive any apologies for absence.

2 Declarations of Interest and Party Whip

Members to declare any interests and party whips in relation to matters to be discussed at the meeting.

3 Minutes

7 - 10

To confirm the minutes of the meeting held on 4 September 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 Sandwell Safeguarding Adults Board Annual Report 2022/ 23

11 - 64

To consider and comment upon the Sandwell Safeguarding Adults Board Annual Report 2022/ 23.



6	Primary Care Access	65 - 88
	To consider and comment upon the Primary Care Assess report.	
7	Patient Involvement in Primary Care	89 - 96
	To consider and comment upon Patient Involvement in Primary care.	
8	Department of Health and Social Care Consultation: Creating a Smoke-free generation	97 - 108
	To consider and comment on the proposed measures related to the Department of Health and Social Care Consultation: Creating a Smoke-free generation.	
9	Scrutiny Board Action Tracker	109 - 112
	To note the tracking and monitoring of the Health and Adult Social Care Scrutiny Board.	
10	Cabinet Forward Plan and Work Programme	113 - 124
	To note and review the Cabinet Forward Plan and the Board's Work Programme 2023/ 24.	

Shokat Lal

Chief Executive

Sandwell Council House

Freeth Street

Oldbury

West Midlands

Distribution

Councillor E M Giles (Chair)

Councillors Tipper, M Allcock, Dunn, S Gill, Johnston, Kalebe-Nyamongo,
Millar, Muflihi, Uppal and Williams

Contact: democratic_services@sandwell.gov.uk

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Minutes of Health and Adult Social Care Scrutiny Board

4 September 2023 at 5.05pm
Council Chamber, Sandwell Council House

Present: Councillor Tipper (Vice- Chair in the Chair);
Councillors M Allcock, Johnston, Kalebe- Nyamongo, S Gill
Millar, Muflihi and Uppal.

Also Present: Phil Griffin (Chair of Sandwell Healthwatch) and Alexia
Farmer (Sandwell Healthwatch Manager); Liann Brookes-
Smith (Interim Director of Public Health), Stephnie Hancock
(Deputy Democratic Services Manager) and John Swann
(Democratic Services Officer).

21/23 **Apologies for Absence**

Apologies for absence were received by Councillors Dunn and E
Giles (Chair).

22/23 **Declarations of Interest**

There were no declarations of interest.

23/23 **Minutes**

Resolved that the minutes of the meeting held on 17 July
2023 are approved as a correct record.



24/23 Urgent Additional Items of Business

There were no urgent additional items of business.

25/23 Sandwell Winter Booklet

The Interim Director of Public Health presented a draft of the Sandwell Winter Booklet for 2023. The Booklet aimed to provide residents with information on health and social care and what was on offer within the borough.

Following the success of the 2022 Winter Booklet, which had focused on the cost of living crisis and promotion of the Warm Spaces, the 2023 booklet had been designed with NHS partners and focused on the NHS by providing residents with information to assist them to navigate the healthcare system and access care. The ambition was to enable residents to have a directory of services and had been curated following feedback that some residents lacked knowledge of how to access appropriate medical services and support.

The booklet would be sent in October 2023 to all households in Sandwell, via post and would be available at warm spaces, community centres, places of worship and online in multiple languages.

Following questions from members, the following responses were provided:-

- The final version would incorporate graphics, and would be presented in a magazine format with an index at the beginning which would make it more user friendly.
- There had not been a formal, structured, evaluation of the 2022 Winter Booklet, however, anecdotal feedback suggested that it had been a success. There would however be a formal evaluation of the impact of the 2023 Booklet.
- The booklet would contain information about mental health and wellbeing services in addition to physical health needs.
- Whilst the environmental impacts of printing a booklet for every household in Sandwell were acknowledged, it was



more accessible than an online-only alternative, particularly for those with low levels of computer literacy. In addition, it would reach all residents, whereas the website did not typically generate high volumes of traffic.

- It was proposed that the Sandwell Herald could publicise the resources to ensure the Winter Booklet had the biggest possible reach.
- The booklet would contain information on winter ailments and flu vaccinations if the vaccination programme details were available before the print deadline.

Members were asked to submit any further feedback on the Booklet to Public Health by 14 September 2023.

26/23 **Public Health Towns Plan**

The Interim Director of Public Health outlined efforts to ensure that elected members, were aware of the vast array of health services and offers within the community provided by Public Health in Sandwell to enable them to better inform their constituents.

The Board received the Public Health Town Plans for comment, which contained details of the public health offer for each of the six towns, including information on the sexual health, asylum seeker, substance use, mental health and alcohol service offers.

This was the first stage in a piece of work to increase impacts from Public Health services, review when needs were not being met by the services available, review whether the offer was equitable and whether those that needed the services most were receiving them.

Members endorsed the efforts to create a document to better enable them to support members of the public. It was felt that a condensed version of the document to include a full directory of services for the Borough would prove the most useful.



27/23 **Tracking and Monitoring of Scrutiny Actions and Recommendations**

The Board noted the status of actions and recommendations it had made. Further updates would be reported to future meetings of the Board.

28/23 **Work Programme and Cabinet Forward Plan**

The Board received the Cabinet Forward Plan and noted its work programme for 2023/24.

Meeting ended at 5.56pm

Contact: democratic_services@sandwell.gov.uk



Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Sandwell Safeguarding Adults Board Annual Report 2022-2023
Director:	Director of Adult Social Care – Rashpal Bishop
Contact Officer:	Deb Ward Sandwell Safeguarding Adults Board Manager deb_ward@sandwell.gov.uk



1 Recommendations

- 1.1 That the Board considers and comments upon the Safeguarding Adults Board annual report 2022-2023.

2 Reasons for Recommendations

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

3 How does this deliver objectives of the Corporate Plan?

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



4 Context and Key Issues

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

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

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

4.3 Over the reporting period, the data tells us that 58% of people are abused in their own home. This is in line with the national picture and central government plan to undertake a review which will be reported on in more detail next year.

Learning from Safeguarding Adult Reviews (SARs):

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

4.5 During this reporting period, SSAB have considered

- 1 new referral



Some of the key learning includes:

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

4.6 SSAB Priorities for 2023-2024:

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

4.7 Consultation carried out:

The SSAB Annual Report is co-produced with all partners. A shorter, one-page visual report is also available.

5 Implications

Resources:	No financial implications.
Legal and Governance:	The report tabled is a statutory function of the Safeguarding Adults Board.
Risk:	Understanding the Safeguarding picture helps better manage the risk to individuals, families and members of the public as well as organisational reputation.
Equality:	The SSAB Annual Report is the responsibility of the SSAB and is a summary and assessment of the work of all partners in meeting the safeguarding agenda. This Board undertakes Equality Impact Assessments as required.
Health and Wellbeing:	Accepting the report and the priorities identified for SSAB will further safeguard communities and promote system wide health and wellbeing for the people of Sandwell.
Social Value:	Supporting the activity of SSAB supports safer lives safer communities, building on strengths and enabling communities and all its members regardless of the complexity of their needs to make positive contributions and lead more fulfilled lives.



Climate Change:	No implications identified.
Corporate Parenting:	No implications identified within the report, however, SSAB acknowledges that responsibility.

6 Appendices

Appendix 1 - Annual Report 2022-2023

Appendix 2 - Visual Report

Appendix 3 – Presentation

7. Background Papers

None.





Annual Report

How the Board has overseen and led on safeguarding in Sandwell, preparing for the challenge.

2022-2023

Sandwell Safeguarding Adults Board

ANNUAL REPORT

2022 - 2023

Contents

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Appendices

- 1) Board Structure**
- 2) Board Membership**
- 3) Finance and Budget Information**



- 4) protocol**
- 5) Glossary of Terms**
- 6) BC ICB key achievements**
- 7) Feedback Form**

1. FOREWORD FROM THE INDEPENDENT CHAIR

The most important role in the community is ensuring adults are safe from abuse, exploitation and harm. This Annual Report looks at the work of the Sandwell Safeguarding Adults Board (SSAB) from March 2022 to March 2023, a year of mixed challenges including hybrid working and a move back to some face to face Board meetings which all have really appreciated.

Within this report, details of the work of the sub groups and task and finish groups who do much of the work on the Board's behalf will be evidenced, in addition, some of the Board's achievements over the last year will also be highlighted.

I continue to welcome the closer working relationships that have been developed with all partners enabled by using Microsoft Teams, and the reintroduction of some face to face Board meetings. The Partnership continues to work together to ensure people in Sandwell are safe and challenge each other to support the development of quality assurance information, sub groups with strong chairs and clear direction and a robust relationship with the other statutory boards in the borough.

Members continued to be committed to ensuring that learning from Safeguarding Adult Reviews was a priority. A learning event with authors and workers was undertaken in March 23, and this event will be referenced in more detail in this report. The Safeguarding Adults Board sponsors a task and finish group looking at how to better take forward learning from all statutory reviews, including Safeguarding Adult Reviews. The membership of this group reflects all key partners across the system and the third sector.


With the other Boards in Sandwell, work was undertaken to look at all the reviews that had taken place across the partnerships into deaths and serious incidents to understand any common themes and to start to work together to embed the learning into all organisations. This work continues and remains the highest priority.

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

The Board benefits from involvement with regional and national colleagues and the SSAB Board Manager's role as Co-Chair of the Board Managers Network.

As this reporting year ends, the impact of the pandemic can still be felt, though restrictions have ceased. I would like to thank all partners for their commitment to the Board, the Chairs and members of the sub groups. Final thanks to the Board Manager and the Business unit, whose work enables the Board to function, and to everyone for the valuable work you do together, in supporting people and helping them to keep and feel safe in Sandwell.

Sue Redmond, Independent Chair



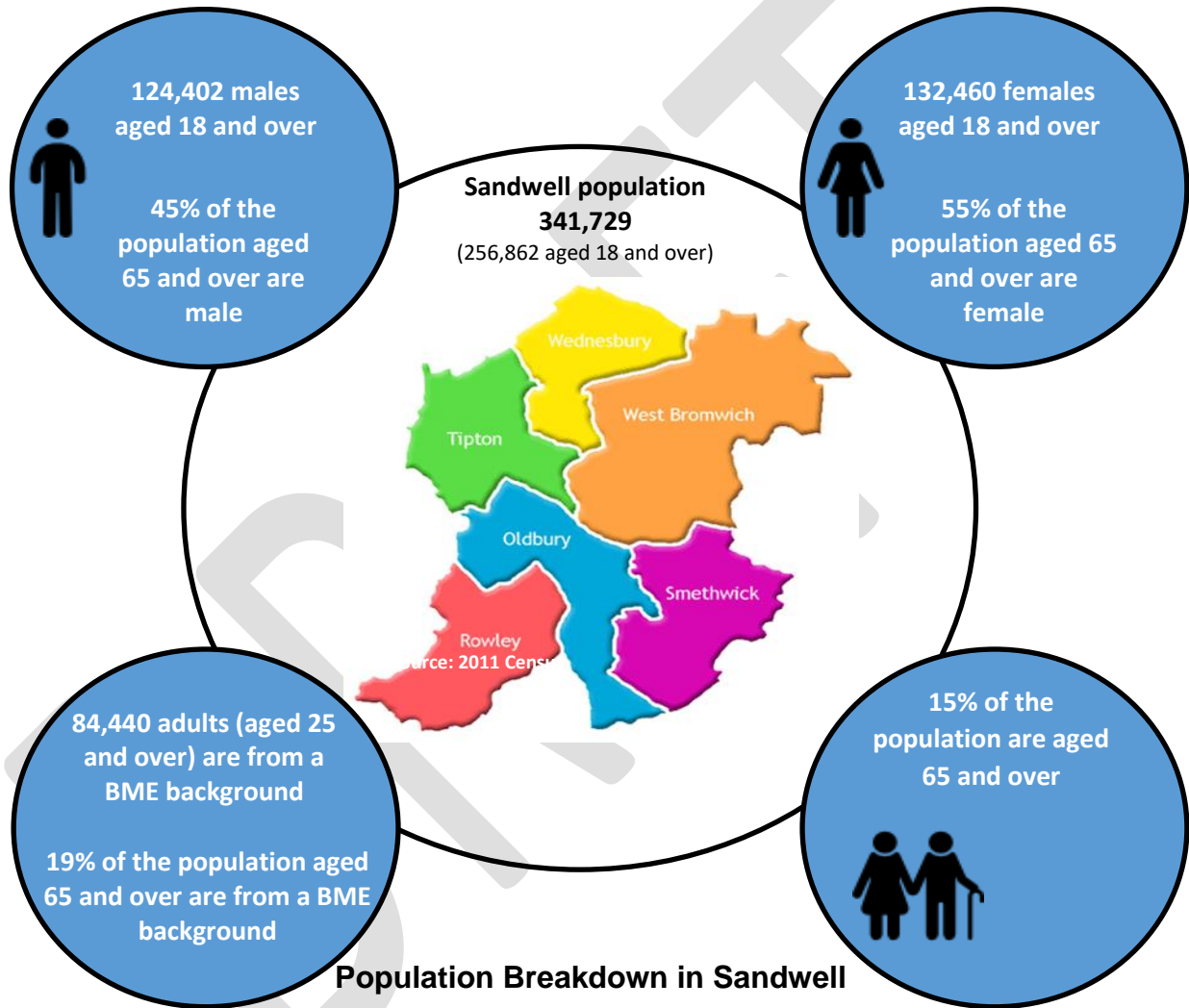
2. SANDWELL AT A GLANCE

Sandwell covers 33 square miles

Sandwell is made up of six towns (see below)

Sandwell has 24 Electoral wards

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



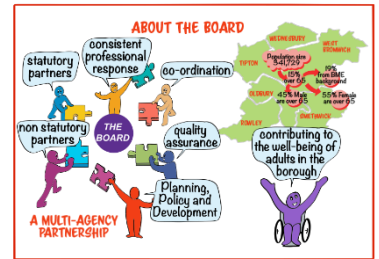
Data Source: Office for National Statistics – Mid-2021 Estimates of the population / Census 2021, Dataset ID: RM032 - Ethnic group by sex by age

Sandwell Residents by Ethnic Group

White British 52% White Other 5%
Mixed/Multiple 4%
Asian 26% Black 9%
Other Ethnic Groups 4%

Data Source: Office for National Statistics – Census 2021 - Population by ethnic group, 2021, local authorities in England and Wales.

3. ABOUT THE BOARD



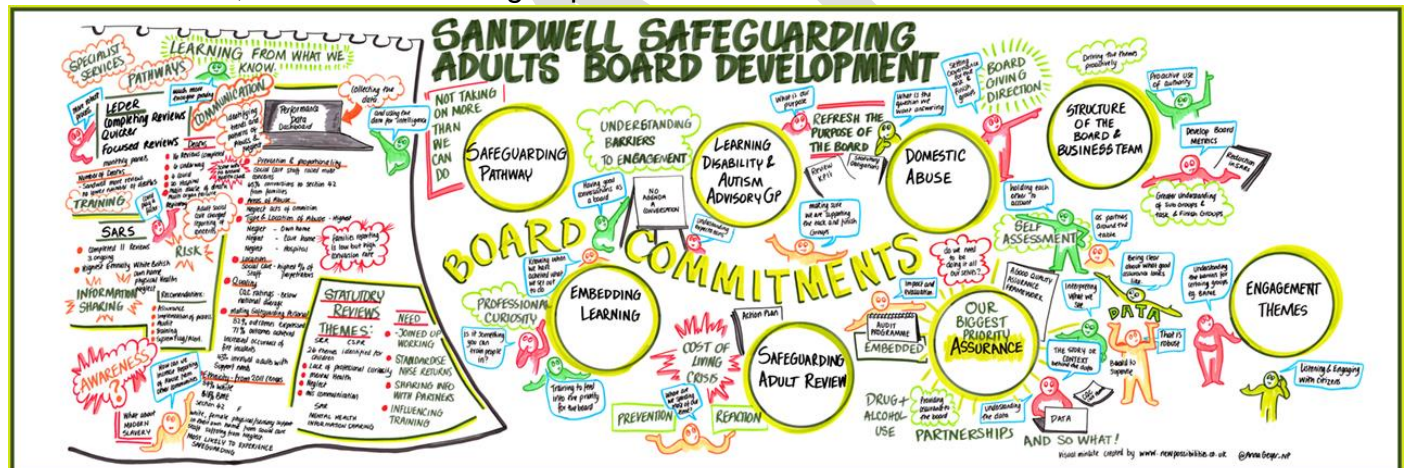
The Board is a multi-agency partnership made up of statutory sector member organisations and other non-statutory partner agencies providing strategic leadership for adult safeguarding work and ensuring there is a consistent, professional response to actual or suspected abuse. The remit of the Board is not operational but one of co-ordination, quality assurance, planning, policy and development. During this reporting period, the Board have met virtually approximately every 8 weeks to ensure a robust working together response to safeguarding.

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

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

SSAB BOARD DEVELOPMENT

Summary and Update - In June 2022 SSAB held a Board Development afternoon including Board Members, Partners and sub group members. Please see an illustration of the event below:



An outcome of this day was a commitment to the board priorities and activity identified above; Safeguarding Pathway, Embedding Learning, Learning Disability & Autism Advisory Group, Domestic Abuse, Safeguarding Adult Reviews, Structure of the board and business team and Engagement Themes, with our biggest priority being assurance. The commitments identified above inform the development of the Sandwell Safeguarding Adults Board (SSAB) strategic plan.

Partners gave a further commitment to;

An ambition to influence practice through learning from Safeguarding Adult Reviews (SARs)

Agreement of Board Priorities 2022-24:

1. Listen to the voices of service users and front-line staff
2. Develop more inclusive performance data
3. Work with all partners to look at Sandwell’s “Front Door” including pathway, referrals and thresholds
4. Specific projects to be discussed with the Five + Statutory Boards which all focus on prevention
5. Board Governance

STRATEGIC PLAN

Our role is to help and safeguard adults with care and support needs by:

- Seeking assurance that local safeguarding arrangements are in place as defined in the Care Act.
- Assuring that safeguarding practice is person-centred and outcome focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring that agencies and individuals work in a timely and proportionate manner where abuse or neglect has occurred.
- Seeking assurance that safeguarding practice is continually improving.
- Concerning ourselves with a range of issues which may impact on people with care and support needs.

Our Structure:

- Board with an Independent Chair
- Safeguarding Adult Reviews Standing Panel
- Quality & Excellence Sub-Group/Prevention Sub Group
- Themed Task & Finish Groups

Our Responsibilities:

- Publish Strategic Plan: our 1-year ambition.
- Publish Bi-Annual/Annual Report which includes what we have achieved.
- Complete Safeguarding Adults Reviews when adults die or are seriously injured as a result of abuse/neglect.

Strategic Priority 1 **Listening to the voices of people who use services and front-line practitioners**

Ambition: That we promote co-produced solutions and work in partnership with adults with care and support need and their families and support, enable and promote what good looks like in Safeguarding.

Strategic Priority 2 **Develop more inclusive Performance Data**

Ambition: To develop an assurance framework, audit programme and narrative that provides robust assurance to the partnership that adults with care and support needs in Sandwell are safe. Use key information and activity to identify future priorities.

Strategic Priority 3 **Embedding learning from Safeguarding Adult Reviews**

Ambition: recommendations from Safeguarding Adult Reviews commissioned are meaningful and achievable and are a lever for positive change.

Strategic Priority 4 **Board Governance**

Ambition: SSAB membership continues to be made up of senior members who can make decisions on behalf of their organisations and the partnership. Board governance continues to be managed by key and statutory partners and the SSAB Independent Chair and a revised governance document has been written (Board Members Handbook) to reflect this.

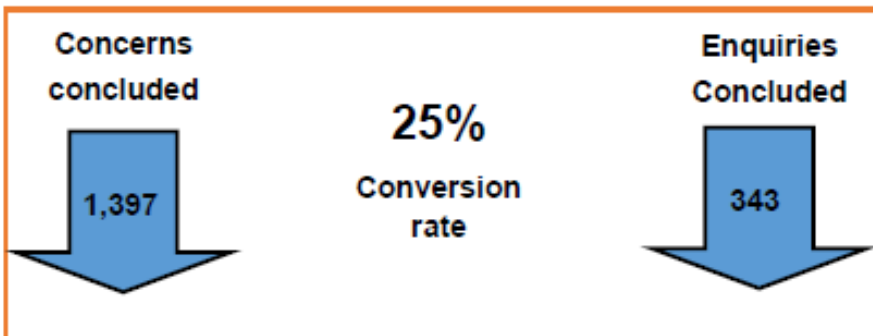
Our Strategic Plan 2022—2024: What we will do

We will continue to work on our website to ensure it is accessible and contains the information people want.	Understand what is happening in care homes provision in Sandwell as a priority those homes that have no CQC rating. Hear about peoples experience who live there and hear from employees who work there. Project plan to be developed.	Safeguarding Adult Review action plans will be developed in partnership using a task and finish approach and agencies will be held to account for their actions.	Seek assurance around the Health and Social Care—Integrated Care systems and how we are working together effectively to minimise duplication and maximise opportunity.
Continue to involve and engage with citizens and partners maximising opportunities using existing systems and link to specific workstreams.	Undertake a baseline audit with partners using the care act compliance audit tool in September 2022. Update SSAB on progress and establish a challenge event in the spring of 2023.	The embedding learning multi-agency task and finish group (this is an across the system group) will undertake audit activity to ensure learning and changes are being made.	SSAB will work with other statutory boards to agree key priorities and who will lead on them.
Undertake work using a multi-agency Task & Finish approach exploring the effectiveness of the current Safeguarding Pathway in Sandwell outlining areas for improvement and recommending alternative models.		Progress and difference made will be reported to SSAB as a standing item.	Set clear project plans for all activity and ensure outcomes of domestic abuse and adults with needs for care and support task & finish group and the learning disability and autism advisory group are appropriately reported.

4. WHAT IS OUR PERFORMANCE INFORMATION TELLING US?

2022 – 2023

WHAT IS OUR PERFORMANCE INFORMATION TELLING US FOR 2022-23?



Concluded enquiries

- 52% female
- 58% own home
- 55% older people

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

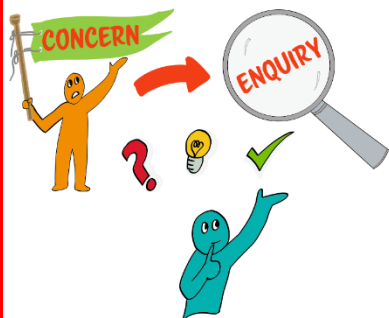
94% Outcome fully or partially achieved

95% Risk reduced or removed

87% Care and support services that they received helped them to feel safe

Category	Percentage
Service provider	54%
Known to individual	42%
Unknown to individual	4%

We have looked at our data taking into account the previous year's data, regional data and national data for 2022-23 which will enable comparisons.



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

In the working age population (18-64), 26% of people have long term care and support needs and have formal support funded by Adult Social Care (ASC) and 11% of individuals from within this age range are from a Black and Minority Ethnic (BME) background.

In the population 75-84 age, 18% of people have long term care and support needs and have formal support funded by Adult Social Care (ASC) and 4% of individuals from within this age range are from a BME background.

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

During the reporting period, the number of people who expressed an outcome, on average 94%, felt their outcome at the end of the safeguarding process was fully or partly met.

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

Most concerns were raised by Social Care staff (from within the Council or care agencies and care home settings), the amount of concerns raised that then went on to become safeguarding enquiries were also raised by Social Care staff. For this reporting period, of the 46% reported concerns from Social Care staff, 33% of those concerns became active safeguarding investigations. The work around identifying what is and what is not a concern is having an impact, linked to the 'See Something, Do Something' campaign and staff are feeling empowered to report concerns. VARM Awareness sessions and the VARM multi agency meetings will have informed people's understanding of when to report a safeguarding concern. SSAB continues to work with partners to support an active conversation around risk management and the link to safeguarding.

Over the reporting period, the data tells us that 58% of people are abused in their own home. This is in line with the national picture and central government plan to undertake a review which will be reported on in more detail next year. Understanding the nature of the abuse and the factors contributing to it, remains a priority for SSAB and the Quality & Excellence sub group and informs our assurance framework. SSAB remain committed to hearing the experiences of citizens with needs for care and support in Sandwell, this is also reflected in the Safeguarding Pathway work which we can expand on for future plans. SSAB, along with other statutory boards, remain concerned about the impact of the cost of living crisis and the impact that will have on individuals in respect of exploitation, financial abuse and self neglect.

In addition, work has been undertaken with colleagues from the Domestic Abuse Strategic Partnership (DASP) to better support and enable professionals to consider domestic abuse when

financial abuse has been identified. SSAB have sponsored a task and finish group with a focus on the prevalence of domestic abuse in the population of adults with needs for care and support living in Sandwell. Comprehensive training has been developed and delivered in partnership with the Safeguarding team and Black Country Women's Aid (BCWA) have employed a specialist IDVA whose focus is to support professionals working with adults with needs for care and support and raise awareness and understanding of domestic abuse within this population. BCWA are active participants in the task and finish group and are supporting a mapping exercise looking at suitable and appropriate resources (for adults with needs for care and support) building on the recent needs assessment undertaken in Sandwell. SSAB plan to develop resources to support a specific campaign with a focus on domestic abuse and adults with needs for care and support under the broader campaign heading of 'See Something, Do Something'. This resource should be available by the end of 2023.

In partnership with the Ann Craft Trust, SSAB ran two events in September and October 2022 with a focus on relationships and what good looks like for young people and adults with needs for care and support. We plan to run a program of these events as they were well attended and valued by all partners.

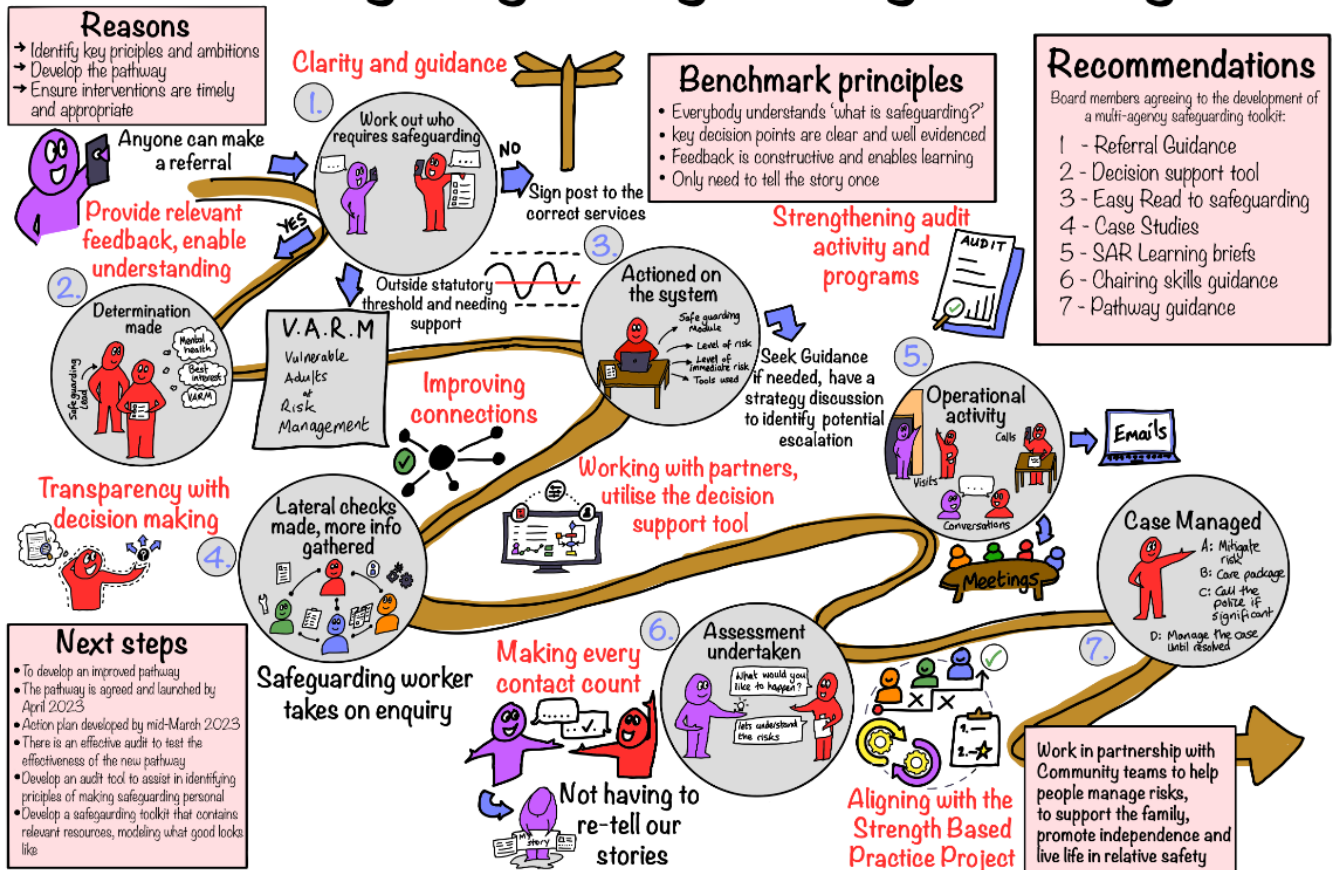


The Board receives data from SMBC about whether individuals and/or their representatives feel they are safer because of the help they received from people responding to the safeguarding concern. For this reporting period, on average 95% of people said they felt safe and risk was removed, 87% said care and support services helped them feel safer.

We continue to monitor as part of safeguarding practice whether, as a consequence of intervention, the risk posed to the individual was reduced or removed. Risk enablement is fundamental to making safeguarding personal. SSAB are sponsoring work looking at a Safeguarding pathway using a task and finish methodology that includes all key partners. Pro-active work with risk is key in the VARM work outlined below and links to risk management tools and safeguarding toolkit being developed.

(Please see draft pathway on next page).

Multi-agency Safeguarding Pathway



www.newpossibilities.co.uk @CarrieLewis NP

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

Vulnerable Adults Risk Management (VARM) Data

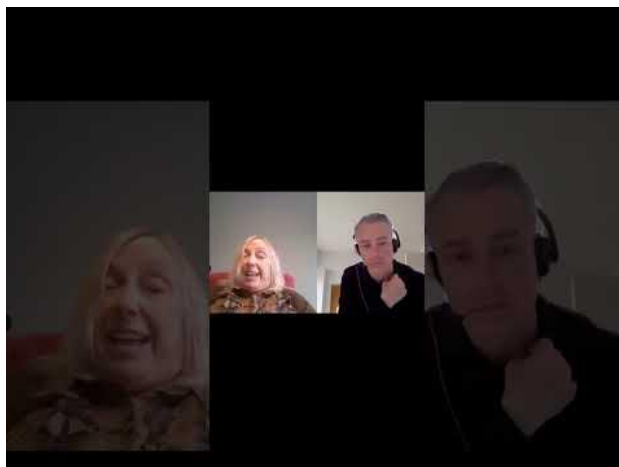
Below is a table identifying a breakdown of VARM meetings including who called them, the themes and the reasons for concerns being raised. At the time of writing, there are 16 live VARM meetings at various stages of the process. 24 VARM meetings have been closed because the risks have been reduced or alternative pathways were pursued.

In addition, there have been 9 VARM awareness sessions with 97 attendees in March 2022 – March 2023. We are offering regular VARM awareness sessions on a monthly basis. Charing multi-agency meetings training sessions were launched in October 2022 and at the time of writing this report, there have been 28 attendees across 4 sessions March 2022 – March 2023. More sessions were scheduled however, some were cancelled due to low attendance. This training is now mandatory within Adult Social Care.

Finally, there have been representatives from the Safeguarding team, housing officers, professionals working in domestic abuse, West Midlands Fire Service and colleagues at Cranstoun at VARM meetings and Learning and Development opportunities. VARM briefings have also been delivered at Town Task Meetings, the Blue Light Strategic Group and to a GP's forum. The VARM champions scheme continues to be developed and a six weekly newsletter is also published.

The VARM process supports the embedding of multi agency working, enabling all professionals to raise concerns regardless of the organisation they work for, providing the VARM criteria are met. Key to this work are strength based approaches, working directly with families and individuals to

reach an agreed understanding of the identified risks and a plan (again with agreement from individuals and/or family members) on how to manage and mitigate those risks.



Agency Calling VARM Meeting	Lead Agency	Main reason for VARM	Second reason for VARM	Third reason for VARM	Key Themes
Sandwell Adult Safeguarding Team	Safeguarding Adults Team	Self-neglect	Hoarding	Mental Health	Self-neglect, hoarding, mental health
Adult Social Care Community Team		Self-neglect	Alcohol misuse		Self-neglect, alcohol misuse
Rowley Regis Neighbourhood Office	SMBC Local Rowley Regis	Alcohol	Self-neglect	Risk to others	Alcohol, self-neglect, inappropriate behaviour
Sandwell Hospital Team		Self-neglect			Self-neglect
Custom Care		Self-neglect	Drugs dependence	Alcohol dependence	Drugs and alcohol dependence, self-neglect
Regis Medical Centre		Possible Neglect	Coercive control		Neglect and coercive control
Anti-Social Behaviour Town Lead Wednesbury		Referral received and toolkit sent			
Cranstoun	Cranstoun	Mental Health Issues	Substance Misuse		Mental health and substance misuse
Sandwell Adult Safeguarding Team		Destitution / malnutrition	loss of income	risk of losing his home	Destitution / malnutrition, loss of income, risk of losing home
Young Adults Team		Criminal Exploitation			Criminal Exploitation, Physical Impairment
Cranstoun	Cranstoun	Housing Issues	Health Issues		Housing and health issues
CSWT West Bromwich		Risk of Coercive control	Drug dependence		Risk of coercive control and drug dependence
Cranstoun / Blue Light Project	Cranstoun	Dependent Drinker	Homelessness, financial issues	Health problems	Dependent drinking, homelessness, financial issues and health problems
Black Country Healthcare NHS Foundation Trust	BCHNHS Trust	Excessive Alcohol use	Self -neglect	Physical health needs	Excessive alcohol use, self-neglect, physical health needs
SMBC Hospital Trust	SMBC Hospital Trust	Unintentional self-neglect	Health deterioration	Medical errors	Unintentional self neglect, health deterioration and medical errors
Young Adults Team		Criminal exploitation	Risk of harm		Criminal exploitation and risk of harm
Neighbourhoods / Rowley Regis	SMBC Local Rowley Regis	Hoarding	Health Issues	Risk of fire	Hoarding, fire risk to self and others and health issues

Neighbourhoods / Rowley Regis	SMBC Local Rowley Regis	Hoarding	Risk of fire	Risk to others	Hoarding, fire risk to self and others
Adult Social Care/ Wednesbury	ASC / Wednesbury	Financial coercion / abuse	Physical threats of violence		Financial coercion and financial abuse, threats of violence
NHS – LD Service OT		Hoarding	Risk of fire	Poor living conditions	Hoarding, fire risk, poor living conditions
Cranstoun / Blue Light Project	Cranstoun	Unsuitable housing	Health Issues		Unsuitable housing, health issues
CSWT West Bromwich	SMBC	Risk of Coercive control	Drug dependence		Risk of coercive control, drug dependence
Cranstoun / Blue Light Project	Cranstoun	Rough sleeper	Drug dependence		Rough sleeper, drug dependence
Black Country Health Foundation Trust	BCHFT	Self-neglect, poor diet, physical health needs	Excessive alcohol consumption	Risk of fire / harm to others	Self-neglect, poor diet, physical health needs, excessive alcohol consumption, risk to others
CSWT West Bromwich	West Bromwich Social Work Team	Risk of homelessness			Risk of homelessness
SMBC Hospital Team		Unintentional self-neglect	Medical errors	Health deterioration	Unintentional self-neglect, medical errors, health deterioration
Neighbourhoods / Rowley Local	Neighbourhoods	Hoarding	Risk of fire		Hoarding, fire risk to others
Neighbourhoods / Rowley Local	Neighbourhoods	Hoarding	Risk of fire		Hoarding, fire risk to others In block
ASC / Wednesbury		Financial coercion / financial abuse	Criminal exploitation	Threats of violence from others	Financial coercion / financial abuse, criminal exploitation, threats of violence from others
ASC / Smethwick		Homelessness			Homelessness
ASC / Wednesbury		Health issues	Risk of fire to others	Risk of eviction	Health issues, risk of fire to others, risk of eviction
CSWT / West Bromwich		Risk of harm or death due to alcohol abuse	Relationship issues		Risk of harm or death due to alcohol abuse, relationship issues
CSWT / Wednesbury		Domestic abuse	Alcohol abuse	Health issues	Domestic abuse, alcohol abuse, health issues
CSWT / Rowley Local		Excessive alcohol consumption	Health issues	Risk of fire to others	Alcohol dependence, health issues, risk of fire to others
Hospital 2 Town Team		Alcohol abuse	Self-neglect	Medication issues	Alcohol abuse, self neglect, medication issues

5. SUB GROUP CONTRIBUTIONS AND PROGRESS 2022-2023

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

PREVENTION, PROTECTION AND LEARNING & DEVELOPMENT:

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

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

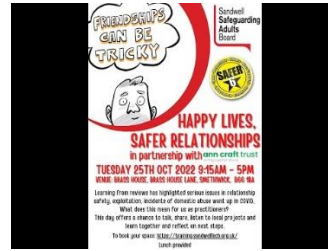
- VARM awareness training
- Hate Crime
- Recognising Safeguarding as a volunteer
- Safeguarding in a range of settings

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

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

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

What did we want to achieve	What did we achieve...
<p>To develop a specific issue campaign.</p>	<ul style="list-style-type: none"> • Participated in National Safeguarding Week on a virtual basis and continued to promote 'See Something, Do Something'. • SSAB developed a range of resources and questionnaires supporting the work of task and finish groups and actively participated in Sandwell Safer 6 campaign, where we worked in partnership with West Midlands Fire Service to raise awareness of fire related risks. • SSAB worked with the Ann Craft Trust to deliver two face to face learning opportunities looking at the impact of domestic abuse on women with needs for care and support and exploring what a good relationship looks like.



- The prevention sub group also ensured that all VARM information was reported and available on the SSAB website.
- This sub group was relaunched in 2023.

Specific projects to be identified with a focus on Prevention

SSAB continues to develop a strong Prevention offer, promoting an inclusive understanding of safeguarding and what it means to all and everybody’s responsibilities. As a partnership, we have continued to explore how to better strengthen our links with the third sector and smaller organisations as they work in community settings and safeguard people every day. SSAB and the Prevention sub group also considered different models of operating, ensuring that systems were able to be responsive during the really challenging times, offering timely support and information as required. The Prevention sub group supported the activity of a range of task and finish groups including the learning disability and autism task and finish group (this went on to become an advisory group to SSAB) and the VARM task and finish group.

The Sub group also has oversight of the Safeguarding Pathway task and finish group. All projects identified in the strategic plan will be reported to Board on an ongoing basis and outcomes reported as part of the development day in November 2023.

Listen to the voices of service users and front-line staff

The Engagement Officer continues to work on projects where hearing the voice of citizens and front-line staff is key. In some of the projects highlighted in this report, we have seen direct feedback from citizens, particularly with reference to the relationship event and in the impact statement provided, in response to Safeguarding Adult Reviews.

Develop a mandatory training offer

Using a competency-based framework, adult safeguarding training is now mandatory for staff in a range of job roles and settings which can be used across the partnership. All training during this reporting period was either offered as e-learning or via a virtual platform. SSAB launched a VARM process in November 2021 and continues to support this with awareness raising training using a virtual platform, and virtual training on Chairing multi agency meetings which is now mandatory for Adult Social Care managers. During the reporting period, there were also several learning from SARs events led by authors using a virtual platform. These were well attended and identified key learning.

QUALITY & EXCELLENCE:

Continue to focus on effective delivery and high-quality processes

The Quality & Excellence sub group continues to monitor performance, receiving assurance reports and data from some partners. Using the data, the group reports on themes and trends to SSAB and key lines of enquiry are then agreed and established. In addition, the sub group supports the monitoring of, and learning from, SAR action plans and plans to develop an audit programme using the assurance framework.

- Q&E have developed key lines of enquiry including:
 - Training
 - Location of abuse (a person's own home) and factors that contribute to that
 - Conversion Rate

There is a plan to look at the experience of older carers supporting adults with care and support needs linked directly to a SAR recommendation.

The Quality and Excellence sub group works hard to ensure its membership is robust and reflective of the partnership and that they develop a context to the data. Members are committed to showing both qualitative and quantitative data, enabling better understanding of a citizen's journey and ensuring voices are heard.

What did we want to achieve	What did we achieve...
Continue to support the development of the Q&E Sub Group	<p>The Q&E Sub Group continues to work with board members to develop good quality assurance and data sets. Throughout this reporting period, the sub group has supported the development of a quality assurance framework identifying priority areas for audit and has undertaken with board partners a Care Act compliance self-assessment audit. Most responses were received in September 2022 and analysis has been completed re self-assessment ratings submitted by partners. A peer challenge event is still to be organised to enable further exploration of what good looks like and areas for development as identified in the self-assessment.</p> <p>The sub group now has key lines of enquiry and a new chair and deputy chair, senior officers in the Integrated Care Service and Black Country Healthcare Foundation Trust.</p>
Develop more inclusive Performance Data	<p>The data set continues to be reflective of the assurance required by Board members and key assurance information is provided in response to specific requests of Board members and/or the independent chair of SSAB. SSAB works closely with the other statutory boards in the borough and supports a collective response to assurance and data.</p>
Continue to build on the performance framework and data set	<p>Partners contribute to the discussion about meaningful data and the dashboard continues to grow in line with the key lines of enquiry.</p> <p>The Q&E sub group reported the work of a number of task and finish groups particularly the learning disability and</p>

	<p>autism task and finish group, and the domestic abuse and adults with needs for care and support task and finish group. Both areas were high priority during the reporting period and all professionals involved achieved successes including; a supported vaccination programme for adults with learning disabilities, the distribution of accessible information and raising awareness of the impact of domestic abuse in respect of adults with care and support needs and the increased risk of hidden harm during the pandemic. SSAB has agreed in principle to commission some specific domestic abuse resources for Sandwell including a short 2-minute film and information about what good support looks like.</p>
<p>Develop a multi-agency self-assessment tool</p>	<p>A Care Act Compliance Self Audit Tool was developed and sent to partners for completion in September 2022. The compliance audit tool continues to be reviewed and a peer review will be planned for late 2023.</p>
<p>Continue to understand the implementation of making safeguarding personal and the impact for service users</p>	<p>Effective engagement means that we will continue to collect data and information that reflects citizens' views.</p>
<p>Continue to work with all colleagues under the auspices of the 5 + Boards arrangement as outlined in the partnership protocol.</p>	<p>SSAB continues to work in partnership with the other key statutory boards within the borough;</p> <ul style="list-style-type: none"> Sandwell Safeguarding Adults Board Health & Wellbeing Board Sandwell Safeguarding Children's Partnership Safer Sandwell Partnership Domestic Abuse Strategic Partnership Sandwell Children and Families Strategic Partnership <p>We will work together to consider and develop cross cutting solutions for example, training and cross cutting priorities and who will lead on them. The revised protocol was agreed in March 2023 and can be found as appendix 4 to this report.</p>
<p>Board Governance</p>	<p>This remains a strategic priority. SSAB has been refreshed and now reflects a senior and smaller membership. Board governance continues to be managed by key and statutory partners and the SSAB Independent Chair and a revised governance document has been written (Board Members Handbook) to reflect this.</p>

SAFEGUARDING ADULT REVIEW STANDING PANEL

To focus on the statutory function of SSAB, to apply rigour to the criteria application, work together to identify and embed learning.

The Safeguarding Adult Review Standing Panel is a sub group convened to consider SAR referrals. This group is chaired by a representative of Sandwell & West Birmingham Hospitals NHS Trust. Group members consider referrals against the SAR criteria. All key agencies are represented on this group.

Arrange for Safeguarding Adult Reviews to be undertaken as required, produce reports and action plans and identify learning

- 1 SAR referral submitted, still to be considered

SARs previously reported on were progressed throughout the reporting period with 3 final reports being approved by Board Members including 1 SAR being published. [Christine SAR](#)

There is a program of future publications throughout 2023 and SAR action plans are being developed to ensure recommendations from all SARs are taken forward and embedded in practice changes.

6. Task and Finish Groups

Local Task and Finish groups have looked at:

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

National groups in which Sandwell SSAB have led include:

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

7. WHAT ENGAGEMENT HAS LOOKED LIKE

April 2022 was the start of face to face engagement following the lockdowns and restrictions of the Covid 19 pandemic. Therefore, our first piece of engagement was to listen to individuals' experiences of this time and their hopes for the future.



During Covid what was important to you?



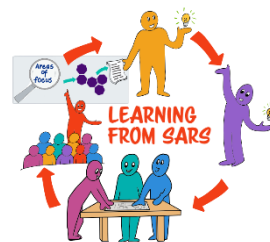
Work Undertaken March 2022 – March 2023

- Increased use of Social Media through our networks with front facing services to reach out to individuals
- Engagement has taken the form of outreach events, visiting established groups, telephone calls, drop in sessions, Microsoft Teams meetings and surveys.
- Targeted engagement to support Task and Finish groups.
- Engagement Practitioner Guidance produced.
- The groundwork for a large piece of engagement work regarding care homes due to commence April 2023.
- A new monthly drop in session in the Smethwick area.
- Key themes identified, examples include
 - The long-term impact of Covid 19 particularly on mental health, long term medical conditions, and primary health services
 - People feeling relief that restrictions ended with enjoyment and appreciation of face to face support groups
 - The feeling that lots of support and services have disappeared following Covid 19
 - The pressures of recruiting care staff
 - Support for informal carers
 - The importance of face to face contact to build trusted relationships
 - The value of feedback
- Throughout the year we have listened to over;
 - 50 individuals with care and support needs and carers
 - 25 organisations and council departments individually
 - 60 organisations through multi agency meetings.

Future Engagement

The majority of engagement activity will largely be face to face going forward, however the positives of digital engagement, particularly for professionals, means it is important we continue to explore and develop online opportunities. SSAB remains committed to effective engagement and wishes to use a variety of methods to suit as many individuals as possible. SSAB have also supported the development of resources that support engagement including short films. These will be reflected in our on-going work for 2023.

8. OUR LEARNING FROM SAFEGUARDING ADULT REVIEWS (SARS)



WHAT ARE SAFEGUARDING ADULT REVIEWS?

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

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

In 2022-2023 we have had 1 SAR referral. At the time of writing this report (April 2023), there are 2 SARs awaiting publication, 1 ongoing SAR, 1 awaiting a criteria decision and 1 SAR referral currently with the police awaiting charging decision. [Christine SAR](#) has been published during the reporting period.

LEARNING FROM ALL SARS UNDERTAKEN IN SANDWELL (Some of which fall outside of this reporting period)

- 1 SAR in progress has identified issues relating to mental capacity and effective risk management, particularly in relation to a shared and common understanding of the risk both to an individual and others
- 1 SAR in progress involved numerous agencies and high risk, however, it is yet to be understood if the level of risk was appreciated by all agencies involved and whether that understanding could have prevented a tragic death
- **SAR learning event** 13.3.23 identified the need to:
 - Work together
 - Apply the six principles of safeguarding to safeguarding practice
 - Understand the impact of unconscious bias and barriers to effective decision making
 - Appropriately apply the Mental Capacity Act

IDENTIFYING SOLUTIONS
THAT RESPECT THE SIX
PRINCIPLES OF
SAFEGUARDING

Empowerment
Prevention
Proportionality
Protection
Partnership
Accountability



Risk management and risk
enablement

Escalation of concerns and self-
determination- the challenge

What does good look like?

PIESS, sharing information,
understanding adult and carer
perspectives

Hard to engage/change resistant
adults (alcohol, drugs, self-neglect,
chronic health conditions)

Key Themes Identified

- **Absence of effective communication between all parties** - leading to confusion about who was taking things forward and who was responsible for what, impacting negatively on the citizen who was then perceived as not working well with agencies
- **Nature and seriousness of risk not identified and/or effectively communicated to relevant parties** – there is evidence in one SAR currently being progressed that there was a significant risk posed to self and others by the citizen's behaviour on an ongoing basis. However, when the immediate risk was managed, there were no ongoing management strategies and one agency was left to manage the entire risk. In other SARs, there is evidence that the risk was not identified and therefore not shared appropriately with partners.
- **Evidence supporting inadequate consideration of mental capacity that was decision specific and timely** – evidence of generalised statements that a person lacks capacity with limited evidence of the thinking rationale or process to support that statement.
- **Missed opportunities** – evidence in ongoing SARs are potential missed opportunities to engage more effectively with the citizen. Despite numerous people demonstrating best efforts to support individuals, there is evidence that this support either lacked coordination, was not timely or was not presented in a way that promoted effective engagement with and for the citizen.
- **A lack of understanding about the impact of drugs and alcohol on someone's capacity to make key decisions** – resulting in a lack of understanding of executive capacity and function, the impact of a cocktail of drugs and alcohol on capacity, an assumption that this is a lifestyle choice and a lack of consideration as to the components of self-neglect and what that looks like.

Impact Statements

In 2021, the SSAB business team and safeguarding adult review authors started to co-produce impact statements in partnership with families who had lost a loved one. These have been a really powerful tool when using learning, reminding us all that safeguarding adult reviews are about real people who had families, loved ones and lives that were valued. Please note the selection of powerful comments and quotes below:

Kim was a great kid; so loving... a mommy's girl. She grew up to have three children and was a good mom. I was so proud of her.

"It's very hard to read about the events leading up to your own mother's/sister's death. We are struggling emotionally with the whole thing. You get stuck in a loop of "if I'd done x at y point, then things would've been better."

She started using drugs around the age of 26 and her life would never be the same again. She lost her home, her children and herself.

"I wish I could've kept Jeff at home, but I was struggling to cope, needed help."

"I remember saying, very shortly after my mother died and we were having discussions in the family about complaints and inquiries, "I can tell you right now what the response will be; lack of information sharing, and the phrase 'lessons will be learned' will appear somewhere in the official response". And we're here, just under ten months later, and that's basically what's happened."

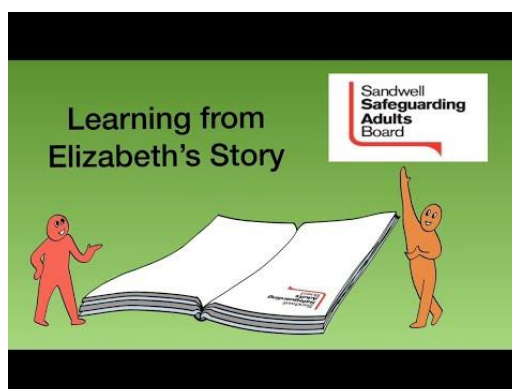
My only hope is that those who continue to serve their community and 'choose' to carry on with their careers take heed and provide the best level of care and support possible. One day it may be their relative lying in that bed needing help and compassion.

I am the one left feeling that I 'failed' to protect Richard, 'failed' to ensure he got the treatment and help he deserved to enable him to carry on with his life. It should not be that way.

"The learning event which was held recently clearly highlighted the fact that Richard was an individual in his own right and deserved to be treated the same as anyone else. It identified what worked well between the agencies (in my opinion – not a great deal, but I'm biased), what could have been done better and what the failings were."

"It hasn't been the same since Jeff has gone and I haven't been right since. I haven't felt right since he died, and I believe Jeff's death is my fault. I don't want anyone to go through what Jeff went through. I want the SAR to make sure this doesn't happen to anyone else!"

Elizabeth's Story is an animated short film where the circumstances of the young woman's death met the SAR criteria. This resource is being used as a learning tool, enabling learning from this SAR to be easily understood, embedded and used to influence change. Further resources are currently being developed to support this learning.



Practice Changes in Sandwell

- Clear and transparent risk assessment tools
- The introduction of risk management surgeries by Adult Social Care
- The introduction of screening tools and risk assessments to better enable appropriate support to be provided to adults who may use drugs and alcohol

REGIONAL SAR LEARNING

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

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

Key themes identified;

- Understanding around mental capacity and its application
- Understanding risk and effective information sharing
- Considering the relationship between capacity and drug and alcohol use and ultimately self-neglect
- The impact of exploitation and modern slavery

National SAR Research Findings

A further review has been commissioned. This will be reported on in next year's annual report.

9. KEY ACHIEVEMENTS

- Board members continued to meet on a more frequent basis using Teams platforms, hybrid working and some face to face events
- Supported on-going priorities of listening to the voices of citizens and front-line staff
- Engaged the Department of Work and Pensions in Safeguarding
- Reviewed and contributed to the Regional West Midlands Safeguarding Procedures
- Contributed to and co-chaired the Regional Uniformed Services Group
- Reviewing SSAB's publicity materials and continuing to develop accessible resources.
- The Learning Disability and Autism Advisory Group have informed SAR learning outcomes where the SAR relates to an adult with a learning disability and support the development of best practice in the borough.
- Developed a key communication strategy with partners and all other statutory Boards within the borough
- Added to SSAB e-Learning offer
- Developed, launched and monitored the VARM process, ensuring it is embedded in practice
- Developed key learning resources for learning from SARs
- Contributed to robust working arrangements across all statutory partnerships in Sandwell
- Supported a range of face to face engagement activity, with reference to specific projects for example, people's experience and understanding of living in a care home, which will be referenced in more detail in next year's annual report 2023-24.
- Contributed to and led on the West Midlands Association of Directors of Adult Social Services (ADASS) group
- Developed and contributed to a West Midlands Regional SAR Group
- Developed and contributed to training for SAR authors
- Led on SAR learning events
- Actively contributed to the National Board Managers Network including taking on chairing responsibilities and leading on a range of task and finish groups
- Developed a robust relationship with the Domestic Abuse Strategic Partnership ensuring the development of a relevant training offer to front-line social work staff
- Contributed to developing a core training offer to be made available across the partnership



10. PARTNER CONTRIBUTIONS



Learning Disability and Autism Advisory Group

This is a multi-agency group including user led organisations and the focus is on promoting and developing best practice as it relates to adults with a learning disability and/or autism. Group members offer advice and guidance to other professionals, examples of this over the last year include shaping recommendations for safeguarding adult reviews, supporting the provision of topic specific accessible information, exploring the effective use of communication passports. The advisory group also advises SSAB and has contributed to Safeguarding Adult Reviews where appropriate.

Black Country Health Care NHS Foundation Trust

Agreement of Board Priorities 2020-22:

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

The Chief Nurse Officer continues to act as the Executive Lead for Safeguarding, supported by the Associate Director of Safeguarding acting as the strategic lead for safeguarding providing oversight, leadership to the BCHFT Safeguarding Team. The operational management of the Team is led by the Interim Head of Safeguarding supported by Specialist Lead Nurses.

The Associate Director for Safeguarding is a core member of the SSAB and is also the Chair of the Quality & Excellence sub group. BCHFT safeguarding team continues to be well represented and has continued to engage with all sub-groups at both operational and strategic levels, contributing to the key priorities of Sandwell Safeguarding Adults Board. The offer of the safeguarding bulletins, newsletters, 7-minute briefings, and publications of Domestic Homicide Reviews (DHRs) and Safeguarding Adult Reviews (SARs) have also been included within the Trust Learning Lessons library and shared widely with staff across the Trust.

With the development of the new BCHFT safeguarding service, as of December 2022, the visibility of the safeguarding team across clinical areas within the Trust has increased to support clinical staff with daily safeguarding practice. BCHFT has also continued to comply with the Care Act (2014) by having in place Lead Named Nurse for Adults working with the Trust Mental Capacity Act Lead to ensure the Trust fulfils its legal duty to safeguard adults at risk from harm or abuse, also supported by an Associate Named Nurse. The BCHFT safeguarding team has continued to provide advice and practical support for a wide range of safeguarding issues relating to adults and children who may be at risk of abuse either deliberately or by acts of omission.

BCHFT have achieved the following:

1. Ensured safeguarding is embedded within the new reporting and serious incident management systems, as well as patient records, safeguarding alerts, tracking and monitoring of statutory reviews and learning. Work has started to implement the safeguarding statutory review tracker onto Ulysses.
2. The Associate Director for Safeguarding and BCHFT Team has continued to improve partnership working with the SSAB Partners to support the progression of SSAB priorities.
3. Built up a positive learning culture refraining from a blame culture within the Trust and to support learning and ensuring lessons learnt,
4. pertinent to safeguarding are cascaded effectively throughout the Trust
5. Developed a Single Agency Audit planner to support and identify quality improvement within safeguarding practice and outcomes for Adults at risk of abuse.
6. Developed a robust internal Safeguarding Committee to oversee and provide governance and assurance to demonstrate how we are discharging our safeguarding duties.
7. Within 2022-2023 there will be more of a focus on the inclusion within the Trust Ulysses function as a way to ensure the Trust is capturing Making Safeguarding Personal, encompassing having meaningful discussions with patients and service users which are person led, about how best to respond to individual safeguarding concerns. All of this information will be used to provide assurance and we will continue to work positively as a SSAB partner.

Sandwell Metropolitan Borough Council (SMBC)

There has been a significant change in the Safeguarding team in recent months; as part of that change we are reviewing safeguarding policy and procedures alongside pathways with partners.

We continue to monitor the improvement plan that was enacted in December 2021. Several recommendations were made, and progress has been evidenced particularly in relation to team culture, safe caseloads and risk management.

Looking forward

A paper was presented to SSAB in June 2023 presenting the findings of the report and the improvements we are striving to achieve.

Due to the changes support was initially provided via community team managers, however the impact and risk to continuity for the whole service meant that an interim re-design was required to reduce backlogs and provide consistency to permanent and agency staff members.

As of July 2023 a re-design was agreed at DMT with the introduction of 4 Advance Practitioners (AP's) this has proved to be a successful plan, having reduced the backlog of contacts and duty so that the team is now positioned to effectively manage all daily contacts and duty situations. Urgent/high risk cases are allocated on the day.

We are working closely with the team, performance colleagues and community teams to address the demand and capacity. Progress is being made to reduce the demand, including changes to frontline practice that has comprised of an interim re-design with the introduction of an advance practitioner role. Procedures have been reviewed to align with community and hospital ensuring that Making Safeguarding Personal and Section 42 enquiry is embedded within all social work teams. We have noted improvements in timely Section 42 decision making and increased numbers.

We are in the process of working with learning and development to develop and up to date training programme for all frontline practitioners; surgeries are also available with the Safeguarding management should managers and practitioners have any queries.

Ongoing internal audits of adult safeguarding contacts, concerns and enquiries commenced in April 2023. There is elements of good practice and overall learning to take forward; particularly in relation to case recordings and copy/pasting of emails. A new case recording policy was launched, with training sessions led by the practice educators, we are looking to deliver a second round of training over the next 12 months.

We continually work with learning and development colleagues to discuss learning requirements for frontline practitioners and managers, the audits do support those discussions. Further training opportunities will include:

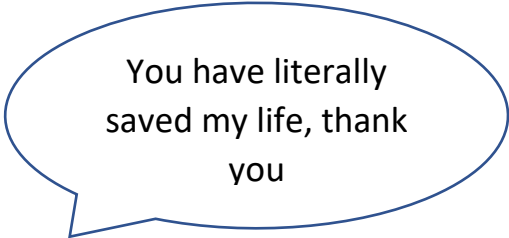
- Mental Capacity Act
- Forced Marriage
- Exploitation
- Case Recording
- Supervision
- Safeguarding

The Safeguarding overall review of safeguarding also aligns with the work that commenced as part of the safeguarding adults board in relation to safeguarding pathways; we will continue to work with partners to align the re-design of safeguarding team through effective communication not only internally but externally also.

NHS Black Country Integrated Care Board (BC ICB)

NHS reforms and the creation of ICBs in July 2022 required the transfer of statutory responsibilities/ due diligence around safeguarding processes and maintenance of business as usual and ensuring Partnerships were maintained and partners informed. In addition, the ICB have agreed internal governance for safeguarding and safeguarding training for new Board members. Achievements include:

- Contributing to the Joint Forward Plan and ensuring safeguarding was referenced throughout in terms of priorities and planned work and commissioned services.
- Continue to develop the work of Liberty Protection Safeguards and well as the development of work in line with the Serious Violence Duty, working with Sandwell LA partners and the West Midlands Violence Reduction Partnership.
- Continuation of level 3 safeguarding adult training for primary care clinicians as well as other ICB staff.
- Continued funding for the Identification & Referral to Improve Safety (IRIS) programme of domestic abuse, advocacy and support within primary care and ensuring that the ICB have a consistent approach to early identification of abuse across the Black Country.



You have literally
saved my life, thank
you

- Support the continuation of funding of the FGM clinic for non-pregnant women.
- The commissioning and development of the One Health Care Record and the implementation and roll out across health and LA partners.

Further achievements can be found in Appendix 6.

For the coming year we will continue to build on these priorities as well as Commissioning level 3 safeguarding adult training for nursing home staff across Sandwell and the wider Black Country.

The BC ICB regularly undertake public consultations to ensure the wishes and feelings of service users are considered when making decisions and designing services around their care. Adults with care and support needs are included in end-of-life arrangements and advanced care planning where possible/appropriate. Section 42 enquiries completed with the CHC/ICB team include making safeguarding personal to ensure that the adults voice is heard.

We also have a team who listen to concerns or complaints raised by all key stakeholders in confidence. They provide information and advice to help offer a resolution and signpost to the right department where necessary. The team can also pass on any compliments to the relevant team or person. This information enables the organisation to learn from patients' experiences and make improvements to local services.

SAR recommendations and learning from SARs is overseen by the Designated Nurse for Adult Safeguarding, who is a member of the SSAB. The action plan is regularly updated and monitored through the Sandwell SAR standing panel and internal ICB governance processes.

SAR learning has also been reflected in level 3 adult safeguarding training, contribution to local pathways and procedures as well as influencing internal policies and procedures. Learning is also shared through the GP Safeguarding Leads forum, 7-minute briefings and podcasts.

The ICB has undertaken a thematic analysis of statutory reviews across the Black Country, highlighting 3 key areas as priorities, including the implementation of shared care record to improve information sharing across health and social care. Review of safeguarding communications to complement the learning and development offer, as well a focus on supervision, implementing a new supervision policy and monitoring this through provider dashboards

As part of the SAR action plan for the ICB, various audits have been included within the audit plan. Evaluations and feedback is regularly sought from the GP Safeguarding Leads and following the delivery of level 3 and level 4 training for GP staff.

The ICB have also a schedule of audits to demonstrate learning from reviews.

The ICB will be able to contribute IRIS data, training data from primary care and nursing homes as well as other assurance data to the SSAB in future.

The ICB Sandwell safeguarding team provide quarterly safeguarding forums where GPs are provided with updates on areas such as the VARM process, mental capacity, rights of the nearest relative in respect of mental health assessments, as well as learning from SARs and DHRs. This also informs the Level 3 safeguarding adult training provided for primary care staff.

There is also a GP safeguarding toolkit which is being updated, this is a tool for self-assessment of general practice systems and processes to determine whether GP practices are currently up to date with safeguarding requirements. Safeguarding Adult Reviews undertaken in Sandwell and the UK have highlighted a number of recommendations regarding systems and procedures undertaken in general practice. This includes flagging vulnerability, adult at risk, child at risk/families at risk, families in which there is domestic abuse as well as other medically held information that could have informed multi-agency working if shared appropriately.

Black Country Integrated Care Board (BC ICB) are currently updating the ICB website, which will advise service users and the wider public about the various safeguarding processes across the Black Country. This will also include the details of the various Designated Safeguarding Professionals and their roles and responsibilities.

Safeguarding Partnerships' website links are included on the BC ICB Safeguarding page. We continue to engage with our local communities using resources that are flexible and inclusive. We

provide information on a range of platforms including our Facebook, Twitter, and Instagram accounts, @NHSinBlkCountry. These include written word, videos and images. The designated team ensure that Primary Care have all the up to date information leaflets and contact numbers for adult safeguarding during quality visits to GP practices and key lines of enquiry used as part of this visit, includes ensuring that safeguarding information is visible in the practice.

BC ICB is committed to ensuring that its staff are skilled and enabled to deliver on the priorities outlined. We offer a range of training including; Level 3 adult safeguarding training for primary care and continuing healthcare (CHC) staff which is aligned to the intercollegiate document. In addition, mental capacity training has been offered to all CHC staff. The ICB complete post training evaluations to demonstrate the effectiveness of the training.

Sandwell & West Birmingham NHS Trust (SWB)

- We attend, participate and chair SAR Standing Panel and support events
- Accident and Emergency have access to independent domestic violence advocates that are based in the department. The service provides Trust wide advise.
- We contribute to the SSAB Annual Report and offer assurance.
- We comply with the Care Act 2014
- We have a commitment to provide Adult Safeguarding training to all staff.
- We have attended VARM Awareness training.
- We provide Independent Medical Review (IMR) reports for SARs where the organisation has been involved.
- We completed the Care Act Self-Assessment Audit Tool and contributed to high level analysis.
- The Trust has a clear governance structure, with a vulnerable adult operation group that meets monthly, exception reporting to a Vulnerable Persons Strategic Group chaired by the Chief Nursing Officer, executive Lead for safeguarding.
- SWB will continue to attend multi agency steering groups, Board meetings and conferences.
- Learning will be reflected in policies and disseminated to the workforce via modalities including the 'WeLearn' programme and Quality Improvement half days.
- We have actively contributed to Board discussions and Board development sessions and are keen to promote and share good practice and what good looks like, when Safeguarding adults with needs for care and support.
- The Trust is developing a Safeguarding Strategy, content includes Safeguarding and Vulnerable Adults inclusive of Oliver McGowen training package.

West Midlands Police (WMP)

The Adult at Risk Team investigate the following:

- Position of Trust concerns involving a registered carer or an Adult with Care and Support needs.
- In ALL cases the victim needs to be an Adult with Care and Support needs.
- The offences team investigates matters of abuse: Physical, Sexual (excluding Domestic Abuse) and Financial abuse and all Suspicious deaths, unless identified as a Homicide.
- The team are dedicated Investigators, not Safeguarding officers, this is the responsibility of all staff.
- We actively participate in the West Midlands Uniform Services Group and work hard with partners to provide appropriate data and assurance across the metropolitan West Midlands footprint.
- We actively contributed to the development of the VARM process and have participated and led in a number of risk management meetings involving adults with needs for care and support. We are also a statutory partner on SSAB.

Third Sector Representation

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

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

Healthwatch Sandwell

Healthwatch Sandwell are committed members of the Sandwell Safeguarding Adult Board and have been involved in the development of the board's strategic plans. We are active members of SAR Standing Panel (originally the SAR Protection subgroup) working together with multi-disciplines to discuss findings of serious safeguarding cases, integral to improving learning and preventing incidents happening in the future through development of new policies.

We also work together with SSAB Development Officer with Community Chat coffee mornings. This initially started at Cape Hill Asda and has expanded to the South Staffs Water Community Hub with a plan to develop this work in other towns.

Our relationship with other partners of the board is valued, demonstrated by the level of discussion, scrutiny and learning that is fundamental to how the board functions. Feedback that Healthwatch Sandwell has provided on behalf of citizens has been taken seriously and acted upon. The board are focused on listening and getting better outcomes for vulnerable citizens, and advocates that the person is at the centre of the safeguarding process.

Healthwatch Sandwell continue to be a conduit in supporting the work of the board in promoting that "safeguarding is everyone's business – see something do something" - by sharing information, newsletters, training events and citizens stories through our web site and other social media platforms.

11. PLANNING FOR THE FUTURE

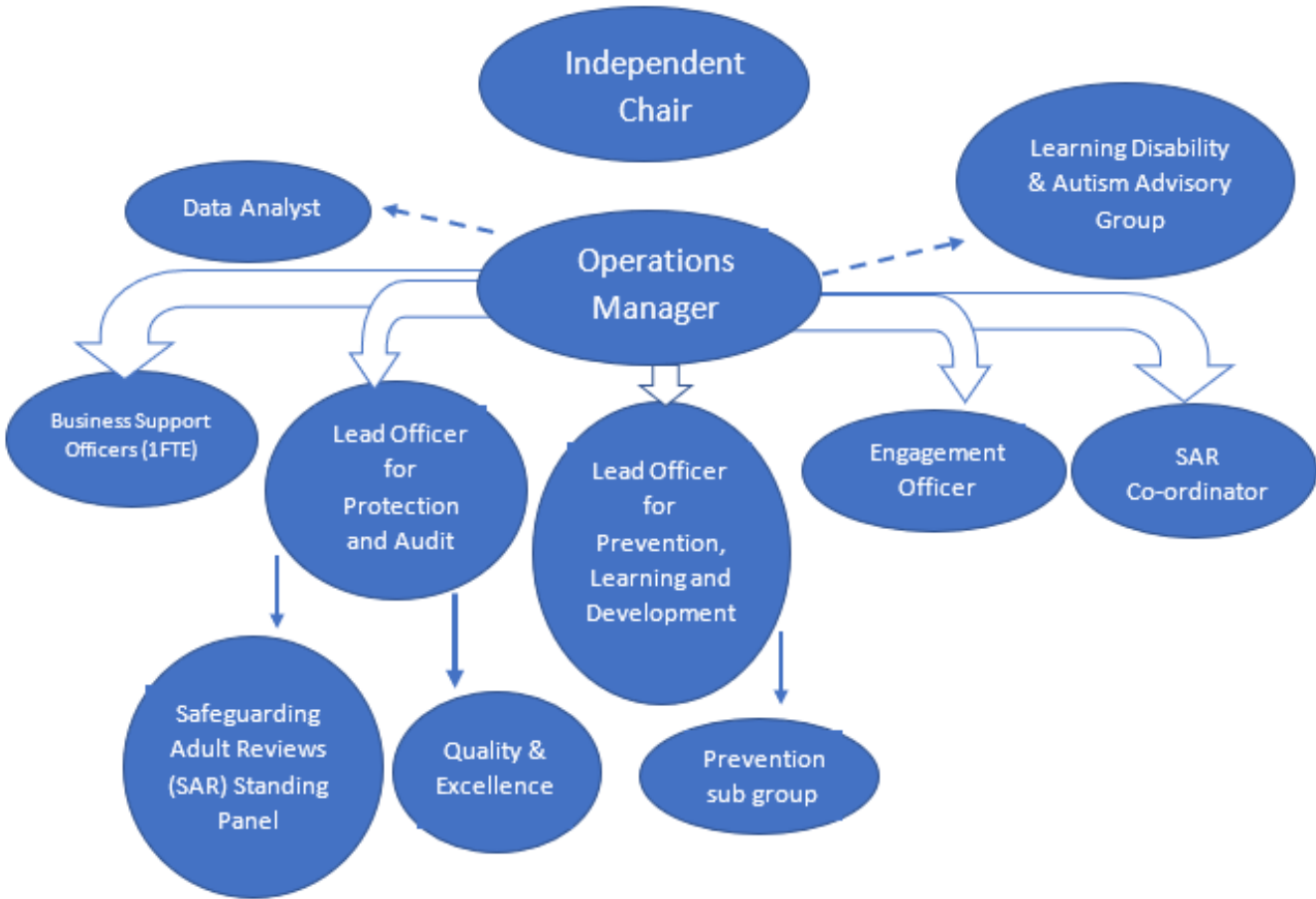
- Safeguarding Adult Reviews and taking forward the learning remains a priority. SSAB continue to plan learning events throughout 2023-24 and we have featured an analysis and screenshot from our March 2023 learning event in this report. We are now moving towards more face to face events which enable greater networking opportunities and learning. We are planning a learning event with reference to Adults with Learning Disabilities and their families in November 2023 at which we have Elaine Clarke (sister of the late Clive Treacey) and Beverley Dawkins OBE (SAR independent reviewer and the author of the death by indifference report).

[Death by indifference: 74 deaths and counting: a progress report 5 years on](#)

- SSAB and the other statutory boards in Sandwell are also supporting an Exploitation Summit to be held on 18.10.23 (National Modern Slavery Day.) Both of the above dates will be reported on, in next year's annual report.
- Build on the relationship with the third sector, exploring a range of ways in which we can work together to strengthen the prevention offer and support a better understanding of safeguarding.
- Continue to develop specific issue campaigns maintaining a campaign focus under the broad banner of 'see something do something'. SSAB is currently exploring an animation project identifying the experience of needs of Adults with needs for care and support & domestic abuse.
- Continue to work and build on effective relationships with all statutory boards in the borough, identifying key areas we can work together on minimising the risk of duplication and maximising impact. All key documents (with reference to the Five+ boards partnership) have been available on relevant websites since 03.07.23.
- SSAB is planning a development session in November 2023 and this will be reported on in next year's annual report.

APPENDIX 1

SSAB STRUCTURE



APPENDIX 2
BOARD MEMBERSHIP

Black Country HealthCare NHS Foundation Trust
NHS Black Country Integrated Care Board, Sandwell Place
Healthwatch Sandwell
Sandwell Safeguarding Adults Board Operations Manager
Sandwell Safeguarding Adults Board Independent Chair
Sandwell Adult Social Care
Sandwell & West Birmingham Hospital NHS Trust
Sandwell Council of Voluntary Organisations
West Midlands Police

APPENDIX 3

FINANCE AND BUDGET INFORMATION

The work of SSAB cannot be achieved without a dedicated budget and resources. For 2022 - 2023, the financial contribution for the work of the Board came from Sandwell Council, Sandwell Integrated Care Board and West Midlands Police.

	2022 / 2023	
	Budget	% of Total Funding
<u>Expenditure</u>		
Employees	277,125	-
Independent Chair	20,987	-
SAR Case Review	43,600	-
Training	12,000	-
Legal	9,000	-
Advertising & Publicity	3,000	-
Other Expenditure	5,400	-
One Off		-
Total Expenditure	371,112	-
<u>Funding</u>		
ICB Funding	(143,420)	36.55%
West Midland Police	(17,520)	4.46%
Other Fees and Charges	(0)	0%
Sandwell MBC	(231,560)	58.99%
Total Funding	(392,500)	100%

APPENDIX 4



5Boards Protocol
March 2023.docx

DRAFT

APPENDIX 5

GLOSSARY

Abbreviation	Explanation
ADASS	Adult Directors of Social Services
AP	Advanced Practitioner
ASC	Adult Social Care
BC ICB	Black Country Integrated Care Board
BCWA	Black Country Women's Aid
BME	Black and Minority Ethnic
LSDASP	Domestic Abuse Strategic Partnership
DHR	Domestic Homicide Review
GP	General Practitioner
ICB	Integrated Care Board
IDVA	Independent Domestic Violence Advocate
IMR	Independent Medical Review
IRIS	Identification and Referral to Improve Safety
LD	Learning Disability
MASH	Multi Agency Safeguarding Hub
NHS	National Health Service
Q&E	Quality and Excellence
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SMBC	Sandwell Metropolitan Borough Council
SSAB	Sandwell Safeguarding Adult Board
SWBHNT	Sandwell West Birmingham Hospital NHS Trust
VARM	Vulnerable Adults Risk Management
WMAS	West Midlands Ambulance Service
WMASFT	West Midlands Ambulance Service Foundation Trust
WMC ACT	West Midlands Care Act Compliance Audit Tool
WMP	West Midlands Police

APPENDIX 6

BC ICB key safeguarding achievements for the year 2022/23

NHS reforms and the creation of ICBs in July 2022 required the transfer of statutory responsibilities/ due diligence around safeguarding processes and maintenance of business as usual and ensuring Partnerships were maintained and partners informed. In addition, the ICB have agreed internal governance for safeguarding and safeguarding training for new Board Members.

- Contributing to the Joint Forward Plan and ensuring safeguarding was referenced throughout in terms of priorities and planned work and commissioned services.
- Continue to develop the work of Liberty Protection Safeguards and well as the development of work in line with the Serious Violence Duty, working with Sandwell LA partners and the West Midlands Violence Reduction Partnership.
- Continuation of level 3 safeguarding adult training for primary care clinicians as well as other ICB staff.
- Support the continuation of funding of the FGM clinic for non-pregnant women.
- The commissioning and development of the One Health Care Record and the implementation and roll out across health and LA partners.
- The commissioning and development of learning resources for primary care and wider ICB staff, which included commissioning two podcasts pertaining to child to parent abuse and the rights of the nearest relative in respect of mental health assessments.
- The completion of an FGM resource film for professionals.
- Continued funding for the Identification & Referral to Improve Safety (IRIS) programme of domestic abuse, advocacy and support within primary care and ensuring that the ICB have a consistent approach to early identification of abuse across the Black Country. The feedback from users of the service reported:

'you have literally saved my life, thank you'

"The support I received was just what I needed to move forward and make the decisions that needed to be made, I know that I would not have got here on my own and just having someone to talk things through with really helped, I am so grateful for all of your help and advice".

'Thank you for all your support'. It is so good that I could visit my GP and get this support.

APPENDIX 7

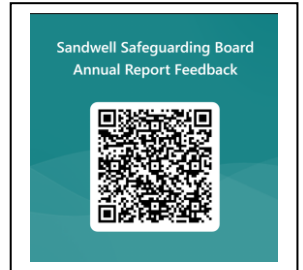
FEEDBACK FORM

Can you please help by providing us with feedback on the content of this report and your opinion on our future priorities?

Please use the link or QR Code to access an online form.

<https://forms.office.com/e/JkqbZyKw5T>

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

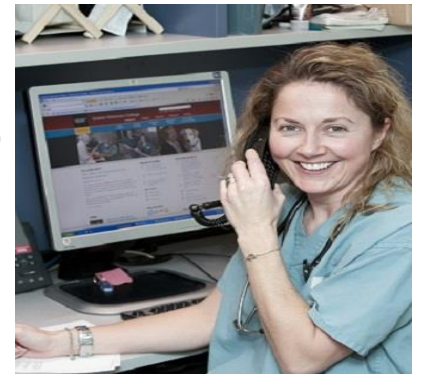


[Talk with me on Microsoft Teams](#)

WHO CAN I TELL MY CONCERNS TO?

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

In an emergency, ring 999



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SANDWELL SAFEGUARDING ADULTS BOARD ANNUAL REPORT - VISUAL SUMMARY

developments based on real experiences, preventing abuse and harm

Page 54

we services & staff

ABOUT THE BOARD

A MULTI-AGENCY PARTNERSHIP

- statutory partners
- consistent professional response
- co-ordination
- non statutory partners
- THE BOARD
- quality assurance
- Planning, Policy and Development
- contributing to the well-being of adults in the borough

PREVENTION, PROTECTION AND LEARNING AND DEVELOPMENT

maximising opportunities to learn from SARs

TRAINING
VARM awareness
Hate Crime Safeguarding as a volunteer
Safeguarding in a range of settings

Developing resources
VARM Policy & Procedure
toolkit
e-learning
newsletter

Enabling professionals who have a concern to call a risk management meeting

Focussing on multi-agency risk management

SAFEGUARDING ADULT REVIEWS STANDING PANEL

Chaired by Sandwell & West Birmingham NHS Trust

Consider referrals against SAR criteria

All key agencies represented

Task
Domestic abuse

Finish
Embedding Learning from Statutory Reviews

THE BOARD
PREVENTION PROTECTION LEARNING & DEVELOPMENT

ACHIEVEMENTS

- Accessible publicity material
- polices & procedures
- keeping connected remotely
- Embedding into practice
- Training & e-learning
- SSAB offer
- listening to the voices of citizens
- Partnership working
- Involvement at National and Regional level work
- Strategies

STRATEGIC PRIORITIES

1. Listening to the voices of people who use services and front-line practitioners
2. Develop more inclusive Performance Data
3. Embedding Learning from Safeguarding Adults Reviews
4. Board Governance

CO-PRODUCTION

LEARNING FROM SARs

PERFORMANCE

QUALITY

SANDWELL SAFEGUARDING ADULTS BOARD

QUALITY AND EXCELLENCE

Monitoring performance

Understanding the citizen's journey

Reporting to the Board themes and trends

KEY FOCUS
Training
Location of abuse
Conversion rate from concern to inquiry

LEARNING FROM SAFEGUARDING ADULT REVIEWS

Practice changes as a result

Risk Management Surgeries by Adult Social Care

Clear and transparent risk assessment tools

Learning Event highlighted need for:

- Working together
- Applying C principles of safeguarding
- Understand the impact of unconscious bias
- Appropriate application of the mental capacity act

THEMES
Lack of understanding of impact of drugs and alcohol on decision making
Absence of effective communication
Nature or seriousness of risk not identified
Missed Opportunities
inadequate consideration of mental capacity

Sub Groups
Safeguarding Pathway

FUTURE FOCUS

PRIORITY: LEARNING FROM REVIEWS

more face to face opportunities for learning and networking

Death by indifference 74 deaths coming

SAFEGUARDING ADULTS REVIEWS

Learning Event Sept 23

WORKING TOGETHER
minimising duplication
maximising impact

hearing the voice of people who

WHAT THE DATA IS TELLING US

CONCERN
The numbers of reported concerns and enquiries from those concerns have both decreased

ENQUIRY
more proportionate responses ensuring an individual is safe.

ENQUIRY
The Campaign is working

outcome fully or partially achieved 94%

risk reduced or removed 95%

99% of people asked about what outcome they wanted

87% Services received helped me feel safe.

58% own home

52% Female

46%

33%

most concerns come from social care staff

55% Older People

Demonstrates a better understanding and appropriate action taken

SEE SOMETHING DO SOMETHING

STOP

WWW INFORMATION SIGNPOSTING

ENGAGEMENT WORK

- increased use of social media
- Visiting established groups
- Telephone calls
- Drop in sessions
- Teams meetings
- Surveys

People are telling us...

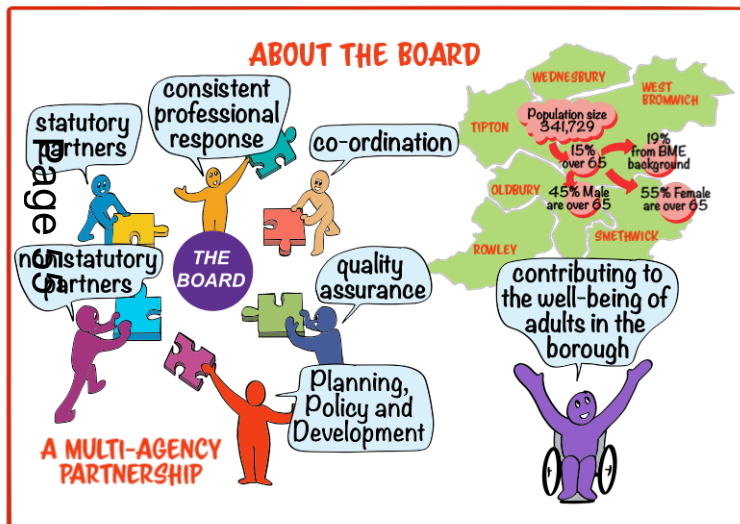
- Mental Health
- Primary Care Services
- Long Term Conditions
- services have disappeared!
- Staff Recruitment pressures
- Long term impact...
- great to be getting back to face to face
- Helps build trusting relationships
- support for informal carers is needed
- Smethwick Monthly drop-in's
- Engagement work about care homes
- Engagement support for task and finish groups

Engagement Practitioner Guidance Developed

ensuring adults are kept safe, closer working relationships, clear direction,

challenging each other, developing quality assurance, learning from SARs, understanding, embedding learning

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Annual Report 2022 – 2023

How the Board has overseen and led on safeguarding in Sandwell, preparing for the challenge.



Headlines & Key Achievements

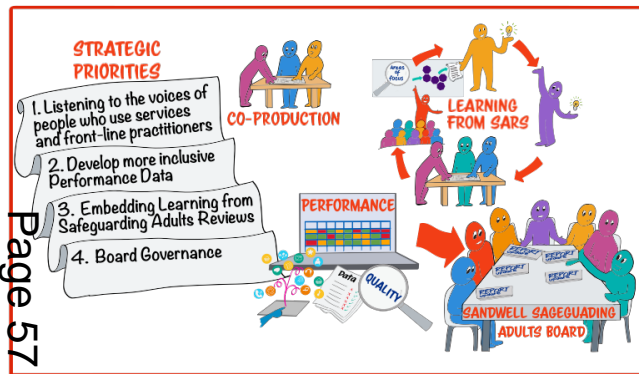
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Task and finish groups looked at:

- Domestic Abuse
- Learning Disability and Autism
- Embedding learning from statutory reviews
- New virtual & e-learning programmes
- Reviewed sub groups and their membership
- Accessible SAR learning e.g. Elizabeth's Story
<https://www.youtube.com/watch?v=Vm7jGaWrwks>
- Introduced new members to the board
- Developed a range of accessible resources
- Worked in partnership with the Ann Craft Trust, looking at relationships and 'tricky friends' <https://www.youtube.com/watch?v=0hBSt8YRfQE>
- Made changes to practice, building on the vulnerable adults risk management process



Key Priorities



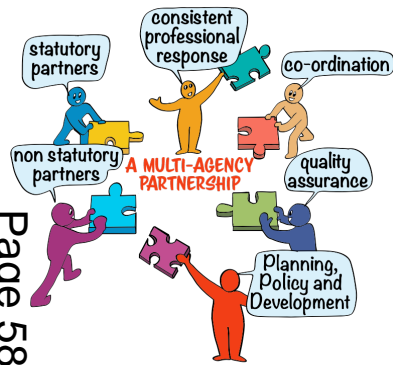
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- Hearing the voice of people who use services, their families and frontline workers and act on what they tell us
- Continue to build on learning from Safeguarding Adult Reviews (SARs), ensuring real change and personalised, meaningful outcomes
- Develop more inclusive performance data
- Governance



Multi Agency work to develop performance monitoring

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- Continued to develop a data dashboard that contains meaningful information from partners to provide assurance for board awareness that people are safe.
- Undertook a joint Care Act compliance and Section 11 audit programme and supported the development of an electronic platform enabling effective sharing of performance information across the West Midlands region.
- Contributed and led on work with uniform services across the West Midlands to enhance the understanding of safeguarding. This included a West Midlands Fire Service led audit of fire related deaths and injuries across the Black Country.



Continued to raise awareness of key place based safeguarding concerns

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- Worked in partnership with modern slavery colleagues
- Continued to promote 'See something, do something' as a campaign, supporting everybody's understanding of safeguarding
- Regular, accessible safeguarding messages and awareness raising of issues, using social media/newsletters/screensavers and a range of publicity materials
- Participation in regional and national forums
- Developed a WMAS toolkit



Enhanced Learning & Improvement

- SAB delivered events on preparing for adulthood, working in partnership with the national working group
- National Development Team for Inclusion and Ann Craft Trust
- Supported SAR learning events
- Led on a multi agency task and finish group, looking at embedding learning
- Delivered on a learning event with a focus on relationships and what 'good' looks like, in partnership with the Ann Craft Trust, **5+** Boards and Changing Our Lives



Sub Groups

Prevention, Protection and Learning & Development

- Participated in National Safeguarding Week on a virtual basis and continued to promote 'See Something, Do Something'
- SSAB developed a range of resources and questionnaires supporting the work of task and finish groups and actively participated in Sandwell Safer 6 campaign, where we worked in partnership with West Midlands Fire Service to raise awareness of fire related risks
- SSAB worked with the Ann Craft Trust to deliver two face to face learning opportunities looking at the impact of domestic abuse on women with needs for care and support and exploring what a good relationship looks like
- Developed virtual training on chairing multi agency meetings which is now mandatory for Adult Social Care managers



Sub Groups

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SAR Standing Panel

- 2 new referrals
- 1 SAR considered during the reporting period
- 1 SAR commissioned as a thematic review. None where criteria not met

Quality and Excellence

- Supported the development of a quality assurance framework identifying priority areas for audit
- Key lines of enquiry identified and a new chair and deputy chair appointed
- Care Act compliance self audit tool developed in September 2022. The compliance audit tool continues to be reviewed and a peer review will be planned for late 2023



Looking Forward 2023-2024

Safeguarding Adult Reviews and taking forward the learning remains a priority

A learning event with reference to Adults with Learning Disabilities and their families is planned for November 2023 at which we have Elaine Clarke (sister of the late Clive Treacey)

- SSAB and the other statutory boards in Sandwell supported an Exploitation Summit held on 18.10.23 (National Modern Slavery Day)
- Continue to develop specific issue campaigns maintaining a campaign focus under the broad banner of 'see something, do something'
- Continue to work and build on effective relationships with all statutory boards in the borough, identifying key areas we can work together on minimising the risk of duplication and maximising impact
- SSAB is planning a development session in November 2023 to consider how the Board works as a system and future priorities from 2024 . This will be reported on in next year's annual report
- Sandwell Safeguarding Adults Board remains committed to developing a place based approach with all other statutory boards in Sandwell with a view to maximising impact and minimising duplication. Working together priorities agreed as:
 - Preparing for adulthood
 - Develop an all age exploitation strategy
 - Focus on governance and effective challenge between boards



Thank you for listening.

Any questions?



SEE SOMETHING DO SOMETHING

SAFEGUARDING IS EVERYONE'S BUSINESS

STOP

CTON

Sandwell

SEE SOMETHING

If you are concerned that an adult with care and support needs is at risk of abuse or neglect and is unable to protect themselves

DO SOMETHING

In an emergency dial 999
Call Sandwell on 0121 569 2366
Out of hours 0121 569 2355

Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Primary Care Access (General Practice)
Director:	Michelle Carolan Sandwell Managing Director, Black Country ICB
Contact Officer(s):	Adele Hickman Head of Primary Care and Place Commissioning (Sandwell), Black Country ICB adele.hickman@nhs.net

1 Recommendations

- 1.1 Note the national direction for recovering primary care and the highlights from the Fuller Stocktake Report (Fuller, 2022) and the Delivery Plan for Recovering Primary Care (NHSE, 2023).
- 1.2 Consider and comment upon the update in respect of primary care access across Sandwell.

2 Reasons for Recommendations






- 2.1 Access to primary care has been an increasing challenge for several years, even prior to the pandemic. Challenges are associated with meeting the needs of a growing, ageing population and people needing support with complex conditions. Demand has further increased since the pandemic and the GP workforce has not increased at the same pace.
- 2.2 Primary care, like many parts of the NHS is under tremendous pressure. The traditional model for primary care is not sustainable to manage the increasing demand. To make services fit for the future they need to be



transformed.

- 2.3 Building on the ambitions of the NHS Long Term Plan (NHSE, 2019), the Fuller Stocktake Report (Fuller, 2022) sets out a new vision for integrating primary care, improving access, experience, and outcomes for communities.
- 2.4 The Delivery Plan for Recovering Primary Care (NHSE, 2023) sets out the priorities for implementing this new vision, with a focus on modernising general practice.
- 2.5 In support of the above, changes have been made to the general practice national contract to ensure that practices are working toward towards achieving the new vision.
- 2.6 This report and accompanying presentation highlights the key points from the new vision and recovery plan and provides an update to members on the current position in Sandwell.

3 How does this deliver objectives of the Corporate Plan?

	Primary care is at the heart of all communities delivering essential services across all neighbourhoods. It acts as the first point of contact for most people accessing the NHS and oversees the on-going health needs for those that need it.
	
	Ensuring primary care can effectively serve the communities of Sandwell is essential to delivering the following objectives of the Corporate Plan.
	
	

4 National Context

- 4.1 The pressures across the NHS are experienced nationwide and in 2021 NHS England and NHS Improvement commissioned Dr Claire Fuller, Chief Executive-designate, Surrey Heartlands Integrated Care System



(ICS) and General Practitioner (GP), to lead a review on integrated primary care. The review looked at what is working well, why it is working well and how we can accelerate the implementation of integrated primary care (incorporating the current four pillars of general practice, community pharmacy, dentistry and optometry). The Fuller Stocktake Report (Fuller 2022) was published in May 2022.

4.2 The Fuller Stocktake Report sets out a new vision for integrating primary care, improving access, experience, and outcomes for communities. At the heart of this is building integrated teams in every neighbourhood and is centred around three essential offers:

- 1) **Streamlining access to care and advice** for people who get ill but only use health services infrequently; providing them with much more choice about how they access care and ensuring care is always available in their community.
- 2) **Providing more pro-active, personalised care with support from a multi-disciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions.
- 3) **Helping people to stay well for longer** as part of a more ambitious and joined up approach to prevention.

4.3 In May 2023, NHS England published the Delivery Plan for Recovering Access to Primary Care. The plan supports all three elements of the Fuller Stocktake vision and focuses on streamlining access to care and advice first, with two central ambitions:

- 1) **To tackle the 8am rush and reduce the number of people struggling to contact their practice.** Patients should no longer be asked to call back another day to book an appointment, and investment will be provided to general practice to enable this.
- 2) **For patients to know on the day they contact their practice how their request will be managed.**
 - i) If their need is clinically urgent it should be assessed on the same day by a telephone or face to face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.



- ii) If their need is not urgent, but requires a telephone or face to face appointment, this should be scheduled within two weeks.
- iii) Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

4.4 The overall focus of the plan is to implement a modern approach to general practice terming this as 'Modern General Practice Access'. This will lead to a major change to how many practices have worked traditionally. It will take time to build the capacity and develop the infrastructure to make it work.

4.5 It requires other parts of the system to adapt to enable practices to make this change. For example, community pharmacies will need support in being ready to accept diverts from general practice along with other services that will begin to accept self-referrals. Care navigation staff will need to be recruited, trained, and supported by effective navigation tools and service directories. Digital enablement and increased usage are also key elements of the transformation.

4.6 Some innovative practices have already made some changes and patients may be familiar with some of the new approaches. However, many practices are just embarking this journey and need to focus on setting the foundations to get them started.

4.7 Therefore, the changes will be carefully planned and gradually implemented over the coming years. Initially the focus will be on the following four areas:

- 1) **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
- 2) **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- 3) **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- 4) **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.



4.10 Building on the progress of Primary Care Networks established just prior to the pandemic, NHSE introduced changes to the core contracts for general practice from April 2023. This included the repurposing of the Impact and Investment Fund, a scheme which previously enabled practices to earn income based on the achievement of targets. This funding has been reinvested to support and encourage practices' progress towards improving access against key milestones set out in their Primary Care Network Capacity and Access Improvement Plans (CAPs).

The focus of the Capacity and Access Improvement Plans are to:

- Improve patient experience of contact.
- Increase utilisation of cloud-based technology/online consultations.
- Validation of appointment books.

4.11 The Board is asked to note the national direction for recovering primary care.

5 Local Context

5.1 The Black Country ICB is working closely with NHS England to support local practices and primary care networks towards implementing Modern General Practice. The presentation that accompanies this report provides an overview of the local picture for Sandwell.

5.2 Key highlights from the presentation are:

- **Modern General Practice**
 - What access to primary will look like in the future and how will we get there.
- **GP Patient Survey Findings 2023**
 - Satisfaction with general practice has declined over the past three years relating more to issues of access and difficulty in making an appointment rather than concern about the quality of services.
 - An element of the Capacity and Access Improvement Plans is specifically targeted at improving patient experience of access. Including making it easier and quicker for patients to get the help they need through improving telephony, building capacity and



cutting bureaucracy.

- **GP Appointment Data**
 - Sandwell practices are offering more appointments now than prior to the pandemic.
 - There is an increase in other forms of consultations e.g. telephone and video, however the proportion of face to face appointments is higher.
 - The number of appointments offered across Sandwell is comparable with the national average and that of the whole Black Country.
- **Communications and Involvement**
 - Overview of how the ICB is communicating this transformation to the public and involving them in co-designing materials tailored to meet the needs of local communities.

5.3 The Board is asked to consider and comment upon the update in respect of primary care access across Sandwell.

6 Implications

Resources:	<p>Financial, staffing, land/building implications</p> <p>General practice will receive support packages to aid the development of the infrastructure and create the capacity to implement the modern general practice access model.</p>
Legal and Governance:	<p>On 1st July 2022, statutory Integrated Care System (ICS) arrangements were established, including the establishment of Integrated Care Boards (ICBs).</p> <p>ICBs will work closely with NHSE to oversee and support the implementation of requirements set out within the delivery plan for recovering primary care.</p> <p>The core general practice contract is negotiated on an annual basis. Changes introduced in 2023/24 will support practices and primary care networks to make the first steps towards implementing modern general</p>



	practice. Further changes to the contract may be introduced each year.
Risk:	The traditional model for primary care is no longer sustainable and needs to be transformed to ensure that it is fit for the future. Without transformation primary care will not have the capacity to meet the needs of a growing and ageing population.
Equality:	The transformation of primary care will ensure that communities have better access to services and ensure that they access the right service at the right time in the right setting to meet their individual needs.
Health and Wellbeing:	By transforming primary care and creating integrated neighbourhood teams the health and wellbeing needs of our communities will be better attended to. People will be empowered and better supported to manage their own health.
Social Value:	The NHS is one of largest employers locally. Many of the staff employed by primary care are residents and representative of the communities they serve.
Climate Change:	Implications for climate change outcomes and any potential impact on the environment (e.g. impact on emissions, resource use, or the natural environment)
Corporate Parenting:	N/A

7 Appendices

Appendix 1 - Presentation: Primary Care Access Update (Sandwell)

8. Background Papers

- i) NHS Long Term Plan (NHSE, 2019)
[NHS Long Term Plan v1.2 August 2019](#)
[easy-read-long-term-plan-v2.pdf \(longtermplan.nhs.uk\)](#)
- ii) Next steps for integrating primary care: Fuller stocktake report (Fuller, 2022)
[NHS England » Next steps for integrating primary care: Fuller](#)



[stocktake report](#)

- iii) Delivery plan for recovering access to primary care (NHSE, 2023)
[Delivery plan for recovering access to primary care \(england.nhs.uk\)](#)



Primary Care: General Practice Access Update

Sandwell

21st November 2023



Progress to date

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Following feedback at a previous Overview & Scrutiny Committee, the ICB created an aid memoire for Councillors to utilise with their local surgeries to support appropriate signposting and decision making

- Investment into local initiatives over and above the national standard for appointments. These additional appointments supported improved outcomes for respiratory conditions, which consistently ranks in the top 3 conditions why people present at General Practice or ED – model commended by NHS England National Director.
- National recognition post Covid of a requirement for a new Modern General Practice to meet the changing needs of local populations. The ICB and Sandwell Health & Care Partnership have been supporting GPs to transition to the new model
- Local Town events – face to face engagement in every town to listen to feedback on current services and care; including general practice



Local Context

The ICB does not run GP practices, these are individual businesses commissioned to meet the needs of local people

- Sandwell has 48 Individual GP Practices, serving a *registered* population of 372,338
- These practices have grouped to form 8 Primary Care Networks
- Individual practices serve varying numbers of registered populations, ranging from 2,045 (smallest practice) to 42,381 (largest practice)

Challenges

- Individual practices operate differently - implementing modern general practice across Sandwell will take time
- We need to ensure the infrastructure is in place this includes bringing individual practices and other parts of the system up to a level of readiness



National Context

- **NHS Long Term Plan (NHSE, 2019)**

- Page 76
- Primary Care Networks (PCNs) and integration with multi-disciplinary teams
 - People having more control of their own health
 - Create more digitally-enabled services

- **Next steps for integrating primary care: Fuller Stocktake Report (Fuller, 2022)**

- Streamlining access to care and advice
- Providing more pro-active, personalised care with support from a multi-disciplinary team of professionals
- Helping people to stay well for longer

- **The recovery plan for primary care (NHSE, 2023)**

1. Tackle the 8am rush and reduce the number of people struggling to contact their practice
 - *Empower patients*
 - *Implement Modern General Practice Access*
2. For patients to know on the day they contact their practice how their request will be managed
 - *Build capacity*
 - *Cut Bureaucracy*

- **GP National Contract 2023/24**

- Capacity and Access Improvement Plans



RECOVERY PLAN FOR PRIMARY CARE (May 2023)

1. Patient Empowerment

- Self-referral pathways
- Increased provision through community pharmacy
- NHS APP - see own records/request prescriptions

2. Implement “modern general practice”

- Patients know on the day how their request is handled
- Cloud based technology
- Digital tools/care navigation training/transitional resources for those committing to adopt approach **(March 2025)**
- Transformation support through National General Practice Improvement

3. Build capacity

- Expand specialist training/easier for newly trained GPs to remain in England
- Schemes to encourage retention
- Change planning guidance – priority of primary care facilities in new housing schemes

4. Cut bureaucracy

- Primary/secondary care interface – FIT notes/internal referrals/call and recall/point of contact to resolve issues
- Reduce requests to GPs to verify medical evidence/self-certification.

GP NATIONAL CONTRACT 2023/24

PCN Capacity and Access Improvement Plans

- Improving patient experience of contact
- Increase in utilisation of cloud-based technology/online consultations
- Validation of appointment books.

Modern General Practice

The three underpinning principles are:-

- Equitable access – irrespective of point of access
- Embrace digital tools
- Right service/right clinician

Objectives
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See and understand all expressed demand

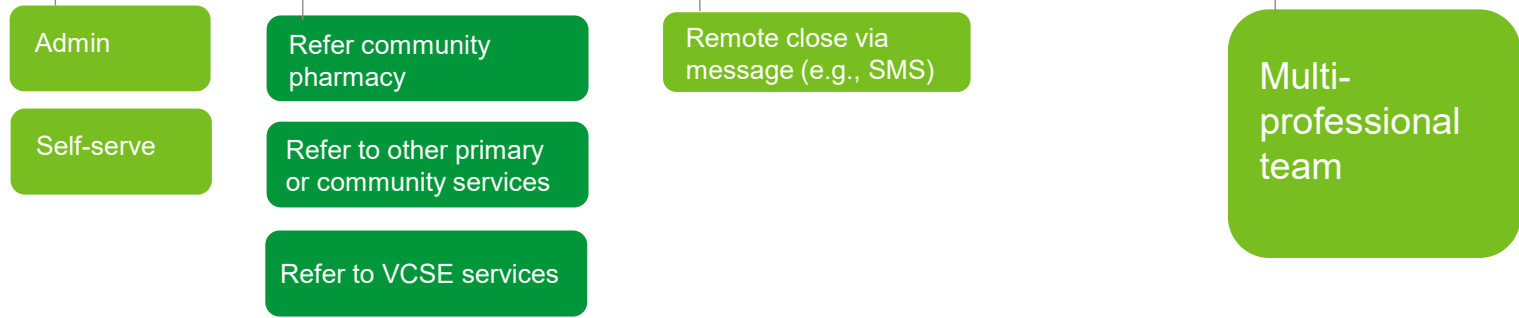
Reduce avoidable appointments and support safer more equitable allocation of capacity

Make full use of a multi-professional team and improve the work environment

Process



Intervention



Workforce: Increasing to become a multi-professional team

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Traditional primary care team

- General Practice Nurses
- Health Care Assistants
- Physician Associates
- Clinical Pharmacists
- Advanced Clinical Practitioners

Modern primary care team

- Pharmacy technicians
- Social prescribing link workers
- Health and wellbeing coaches
- First contact physiotherapists
- Dieticians
- Podiatrists
- Occupational therapists
- Nurse training associates
- Nursing associates
- Community paramedics
- Adult Mental Health Practitioner
- CYP Mental Health Practitioner
- Care co-ordinators
- Digital Transformation Lead
- GP Assistant



Part 1: Patient experience of contact

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- Work with ICB's Involvement Team to increase engagement with patients and the public, including improving the engagement processes with Patient Participation Groups (PPG's)
- Ensure compliance with National Friends and Family test (*Overall, how would you rate your experience of the service?*)
- Work with PPG's to use local and national patient surveys to drive improvement around the following:
 - Getting through on the phone
 - Using the GP practices website
 - Satisfaction with appointment you were offered
 - Experience of making an appointment
 - Overall experience of your GP practice



GP Patient Survey

Black Country Integrated Care Board



Black Country
Integrated Care Board



GP Patient Survey Capacity and Access Findings for Sandwell 2023

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About the survey

25,520

surveys distributed

5,502

responses received.

Includes data on:

3,293 patients with a long term condition, disability or illness

1,145 carers

775 smokers



This year's survey was conducted from 3 January and 3 April 2023. Minor changes were made to the questionnaire in 2023 and 2022 to ensure that it continued to reflect how primary care services are delivered and how patients experience them. This followed more substantial changes in 2021.

Overall experience of GP practice

50%

The majority of patients had a good overall experience of their GP practice (56% in 2022,72% in 2021)



Access to Services



41%

have used an online service



29%

find it easy to get through to their practice by phone (32% in 2022, 51% in 2021)

Type of appointment

The type of appointment patients received

50% In person

50% Remote

Ease of accessing Practice Website



44%

Answered Fairly or Very Easy (53% in 2022, 67% in 2021)

Describe experience of making an appointment



34%

Described making an appointment as very good or fairly good (38% in 2022, 57% in 2021)

Satisfied with the appointment offered



93% Satisfied with appointment offered (93% in 2022, 96% in 2021)

Key points:

- Satisfaction in access declined over recent years
- Satisfaction of service when through the door is positive
- CAIPs focus on improvement in these satisfaction measures

Part 2: Ease of access and demand management

Page 82

- Establish whether Practices have Cloud Based Telephony (CBT)
- Fully utilise functions within CBT e.g. call queueing, call back and data analysis
- Effective use and promotion of on-line consultation systems (form-based triage)
- Work with ICB's Digital First Team to develop and standardise websites



Part 3: Accuracy of recording in appointment books

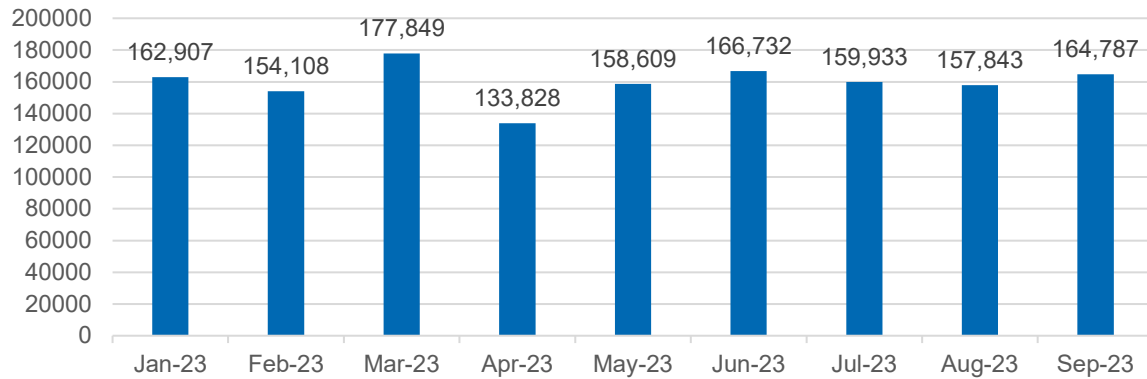
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- Accurately record all appointments, by all relevant roles at PCN and practice level in practice/PCN appointment books
- Utilise relevant National General Practice Appointment Data categories (GPAD)



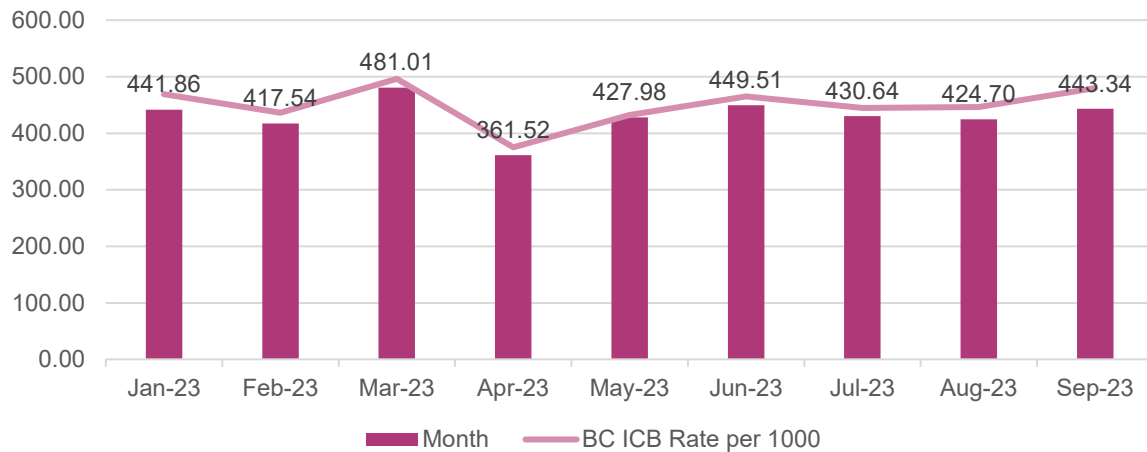
General Practice Appointment Data (GPAD)

Sandwell Appointments by month (all practice staff and all appointment types)

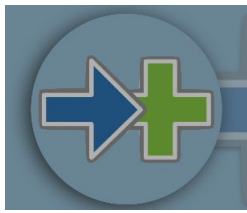


- Across BC ICB 42.71% of appt's were same day in Sep 2023, this is more than the national average (39.7%). **In Sep 2023 Sandwell Place had 44% appt's on the same day.**
- Across BC ICB 73.67% of appt's were F2F, this is higher than the national average of 70.7% for Sep 2023. **In Sandwell Place 68.13% of all appt's were F2F**
- Across BC ICB 47.76% of all appts in Sep 23 were carried out by a GP, this is above the national average of 43.9%. **Sandwell Place had 48.39% of appointments with a GP**

BC ICB System GP Rate per 1000 compared to Sandwell



- In comparison to the other Black Country places, Sandwell has
 - lower total workforce WTEs per 100,000
 - larger population
 - higher deprivation



Community Pharmacists (CPs)

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

Flu and COVID Vaccination Service

- Aims to sustain and maximise uptake of vaccinations in at risk groups

• Pharmacy First Minor Ailment Service

- 47 out of 80 pharmacies provide this service in Sandwell
- Offers access to self-care advice for the treatment of common ailments
- Where appropriate, patients exempt from prescription charges can be supplied with over-the-counter medicines at NHS expense
- From **April to September 2023** the service treated an average of **1650** patients per month in Sandwell
- Further details: [Your local pharmacy :: Black Country ICB](#)

• Community Pharmacist Consultation Service being gradually introduced

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

○ Further developments as part of the Recovery Plan

- Extending Pharmacy First Service to enable supply of prescription only medicines to treat seven common illnesses (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women)
- Enhancing the existing hypertension service to increase blood pressure checks undertaken by community pharmacists
- Enabling community pharmacies to initiate ongoing oral contraception for women (*currently can only be initiated by GP*)
- Improving the digital infrastructure between general practice and community pharmacy

Communications

Page 86
• The ICB communications team are working closely with Black Country primary care leads to promote the new extended healthcare teams to increase awareness and improve patient satisfaction.

• Activity includes:

- An online resource page for our partner organisations and GP practices to share on their channels, including video content and social assets [online resource page](#)
- A press release issued to local media [Extended Healthcare Teams in GP Practices](#), featured in the Express & Star. You can [read the Express and Star article here](#).
- Social media campaign
- Dedicated page on ICB website [Primary Care is open and here for you page](#)
- Promotion via and primary care newsletters, as well as digital screens in practices

Public and Patient Involvement

- An Ambassadors' Scheme is in early stages of development to reach and host conversations with people and communities across the Black Country focusing on those who our communications typically wouldn't reach
- The aim is to work with local networks and community groups to co-produce tailored assets and materials to share key messages about the changes and the benefits of our extended healthcare teams



What to do if your experience is not positive

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- We know there is variation between practices, and we are working to better understand these and identify where we might provide more support
- No patient should experience poor service - if you are unhappy with your experience, talk to your practice manager in the first instance and follow their complaints process
- Your practice manager must provide you with information about how to escalate your complaint if you don't feel it has been resolved.
- You can also contact our Time2Talk customer care team:
 - Telephone: 0121 612 4110
 - Email: bcicb.time2talk@nhs.net
 - Post: Time2Talk, Black Country ICB, Civic Centre, St. Peters Square, Wolverhampton, WV1 1SH

Summary

- There is a national direction to transform and modernise primary care
- Changes have already started to happen but completing the transformation will take time
- Residents have access to wider general practice teams and primary care is already offering more direct patient care appointments than ever
- Those that prefer to use digital platforms are encouraged to do so to free up the demand via more traditional routes of access to help tackle the 8am rush
- Other services such as community pharmacies are starting to widen their offer and residents are encouraged to access these services as an alternative to general practice
- Alongside national campaigns the ICB will be doing more localised ones, including some targeted public involvement and communications

Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Patient Involvement in Primary Care
Director:	Michelle Carolan Sandwell Managing Director, Black Country ICB
Contact Officer:	Emma Durnall People and Communities Involvement Manager, Black Country ICB emma.durnall@nhs.net Adele Hickman Head of Primary Care and Place Commissioning, Black Country ICB adele.hickman@nhs.net

1 Recommendations

- 1.1 To consider and comment upon the work being undertaken to improve general practice patient participation groups and wider primary care transformation work.

2 Reasons for Recommendations

- 2.1 Good and functional PPGs are an important asset to general practice and serve as a key point of contact in supporting general practices to make improvements to services locally.
- 2.2 Since their introduction in 2016, there has been variance in the quality and effectiveness of PPGs. Following the pandemic some practices have struggled to reinstate them and the ICB is supporting practices to





reinstate and/or improve their engagement with PPGs, details are provided within this report.

2.3 PPGs will play an important role in the transformation of primary care as outlined in the Primary Care Access Report, presented to Health and Adult Social Care Scrutiny Board. It is also essential that wider communities are engaged throughout the transformation.

2.4 This report takes the opportunity to provide an overview of the wider public involvement activities being developed to reach people who are not existing members of PPGs.

3 How does this deliver objectives of the Corporate Plan?

	People live well and age well – improving patient involvement and understanding of general practice.
	Strong resilient communities – supporting people and communities to be empowered to take ownership of the health and care needs and to have their voices heard.

4 Context and Key Issues

4.1 Patient Participation Groups (PPGs)

4.1.1 From April 2016, it has been a contractual requirement for all English practices to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population.

4.1.2 PPGs work in partnership with their GP practice and are vital in ensuring that the patient voice is heard. Groups work in different ways, some meet in person, others communicate with their practice online – all are keen to welcome and involve new members.

4.1.3 PPGs provide an opportunity for local people to get involved with their practice and influence the provision of local health services. Group members contribute their views, make suggestions, and provide feedback on services they may have used. Groups can also get involved with supporting local health initiatives. In some areas, patient groups come together in their local areas or across Primary Care Networks to share good practice, to discuss health issues and raise



patient concerns.

- 4.1.4 The status of PPGs is at various levels across Sandwell. Following the pandemic, some now only meet online, and some have lost key members of their groups. The ICB is supporting practices to rebuild and improve their PPG membership and effectiveness, but also to empower patients with the tools and skills to be key participants in their PPGs.
- 4.1.5 Primary care is undergoing key changes outlined in the delivery plan for recovering primary care and local capacity and access improvement plans. This includes specific requirements for improving the patient experience and empowering patients to do more for themselves.
- 4.1.6 The ICB recognises the value of PPGs and that there is variation across the Black Country. In order to raise standards, the ICB has commissioned training courses for both practice managers and PPG chairs.
- 4.1.7 The **Practice Manager Programme** is an ongoing learning and development offer to practice staff. It consists of a self-learning programme with workbooks and video recordings and is designed to:
- Offer new techniques which help practice managers handle patient expectations of primary care in a positive way.
 - Help improve patient /practice relationships.
 - Engage the support of their patient population when demand is at its highest.
 - Provide practical tools for developing PPGs.
 - Guide practice staff on how to empower PPG members to contribute positively.
- 4.1.8 The **Patient Leaders Programme** was commissioned as a pilot and included skill development sessions which was open to current PPG chairs and those interested in becoming members of a PPG. Topics included:
- Tools and techniques to engage people in discussions about their health and the services they need.
 - The importance of objectivity and overcoming bias.



- NHS structures and the use of technology to encourage people to have a voice.

4.1.9 Due to this being a pilot, places were limited to 20 and open across the Black Country. There were 5 attendees from Sandwell. All those that attended provided great feedback on the programme content and quality.

4.1.10 Since the course concluded, the ICB received a good news story from a PPG Chair in Oldbury. After attending the programme, they worked with their practice manager to put into practice some of the communication tools. After sending out text message invites, they have seen an increase in membership, up from 15 to 50 members. This now means an additional 35 voices are being heard and can influence decisions within the practice. A patient also contacted the practice to say thank you, as she received the text message and was able to join her PPG as typically, the practice only communicated through online channels which she didn't have access to.

4.1.11 To supplement the programme the ICB has created a [dedicated website](#). This includes local, regional, and national support tools including training, templates, case studies of best practice, peer support networks and videos to help PPG members make the most out of their involvement.

4.1.12 The ICB Involvement Team are always on hand to give advice/guidance to practices and PPG members on how to involve local communities in their work.

4.2 Wider Patient and Public Involvement Activities

4.2.1 The delivery plan for recovering primary care includes three components to increase public understanding of the changes to primary care services. These include:

- Building confidence and knowledge in the digital access routes to general practice and use of the NHS App.



- Increasing awareness of the extended health care teams available in general practice
- Increasing knowledge of the wider care available to help the public better access the right care by explaining when, why and how to access self-care advice, community pharmacy, general practice, NHS111 and A&E

4.2.2 Alongside national communication campaigns, the ICB will be tailoring local communications to ensure that the developments in general practice and the wider services available are communicated large and wide across all our communities.

4.2.3 Recognising that typical communication methods only reach so far, and that a 'one size fits all' will not work, the ICB will engage a wide range of opportunities to ensure the messages around modern general practice are co-designed with the public and embedded within our communities.

4.2.4 **NHS Primary Care Ambassadors Programme** was piloted in the Black Country during 2022 and worked with 11 organisations across Wolverhampton and Walsall. This was a successful project with positive feedback with over 421 people being engaged.

4.2.5 The project recruited and trained people from local VCSE organisations to act as Ambassadors in their local communities providing information on accessing primary care and how to utilise the NHS App. As a result, 106 people downloaded and are now actively using the NHS App.

4.2.6 The Ambassadors Programme will now be rolled out across Sandwell and Dudley to encourage two-way conversations between the public and the NHS. The scope of these conversations is to promote, share, educate and spread messages about modern general practice across all our communities. It will focus on those who face the poorest health outcomes and worst social injustices. Ambassadors will be equipped with the messages the NHS want to convey e.g. the NHS App,



extended healthcare teams and wider care available. They will also be equipped with the skills to listen and understand the barriers our communities face.

4.2.7 The information the Ambassadors collate from their engagement with the public will be used to influence the ICB's approach to the recovery and transformation of primary care.

5 Implications

Resources:	No implications directly arising as a result of this report.
Legal and Governance:	No implications directly arising as a result of this report.
Risk:	No implications directly arising as a result of this report.
Equality:	The ICB are committed to working with our diverse people and communities to improve the connectivity with general practice, and deliver key health messages in a way that works for them.
Health and Wellbeing:	Improved relationships between practices and their patients by getting involved with their practice to influence the provision of local health services. Patients feel empowered to have their say, but also to take ownership of their health and care.
Social Value:	No implications directly arising as a result of this report.
Climate Change:	No implications directly arising as a result of this report.
Corporate Parenting:	No implications directly arising as a result of this report.

6 Appendices

None.

7. Background Papers



None.



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Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	DHSC Consultation: Creating a smoke-free generation
Director:	Liann Brookes-Smith Interim Director of Public Health
Contact Officer:	Mary Bailey Addictive Behaviours Programme Manager Mary_Bailey@sandwell.gov.uk

1 Recommendations

1.1 That the Board considers and comments on the proposed measures relating to the 2 key areas:

- Raising the age of sales of tobacco
- Tackling youth vaping

1.2 that the Cabinet Member for Public Health and Communities includes the Board's comments in the council's response to the consultation.






2 Reasons for Recommendations

2.1 The Government is consulting on proposals to implement an evidence based Public Health approach to restrict access to cigarettes as uniquely harmful products (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people.

2.2 Sandwell Council would benefit positively from such proposals being implemented nationally, which would positively impact health and wider wellbeing of its residents and young people.



3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people Reducing smoking in pregnancy rates Reduction of exposure of young children to smoking environments within the home and other public places It is a major risk factor for poor maternal and infant outcomes, significantly increasing the chance of stillbirth and can trigger asthma in children.</p>
	<p>People live well and age well Tobacco is the single greatest entirely preventable cause of ill health, disability and death in this country, responsible for 64,000 deaths in England a year. No other consumer product kills up to two-thirds of its users</p>
	<p>Strong resilient communities Those who are unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population. Smoking attributable mortality rates are 2.1 times higher in the most deprived local authorities than in the least deprived. In Sandwell, there are 8,475 families pushed into poverty due to spending on tobacco which totals around £2,500 a year for the average smoker.</p>
	<p>Quality homes in thriving neighbourhoods Homes become smoke-free environments – better air quality in homes and public places</p>
	<p>A strong and inclusive economy It is estimated that the total costs of smoking in England are over £17 billion. This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion. Action on Smoking and Health have calculated that the costs to Sandwell alone are over £188million -the largest amount of such costs being incurred due to productivity losses (£155million) followed by costs to the NHS and social care (£29million)</p>



4 Context and Key Issues

- 4.1 In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, "[Stopping the start: our new plan to create a smokefree generation](#)," where the government set out an intention to create the first 'smokefree generation'.
- 4.2 The government proposed several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes.
- 4.3 The Department of Health and Social Care [launched a consultation on the proposals set out in the policy paper](#) on 12 October 2023, and is inviting responses until 6 December 2023.
- 4.4 Specifically, DHSC is seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.
- 4.5 **Impact of tobacco smoking on England and Sandwell:**
- 4.5.1 Tobacco is the [single greatest entirely preventable cause of ill health, disability and death](#) in this country, responsible for [64,000 deaths in England](#) a year. [No other consumer product kills up to two-thirds of its users](#). Smoking causes harm throughout people's lives. It is a [major risk factor for poor maternal and infant outcomes](#), significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average [a decade earlier than they would have otherwise](#), often while still of working age. [Smokers lose an average of ten years of life expectancy](#), or around one year for every four smoking years.
- 4.5.2 Smoking causes around 1 in 4 of all UK cancer deaths and is responsible for the [great majority of lung cancer cases](#). Smoking is also a major cause of [premature heart disease, stroke and heart failure and increases the risk of dementia in the elderly](#). Non-smokers are exposed to second-hand smoke (passive smoking) which means that many come to harm through no choice of their own - in particular children, pregnant women, and their babies. As a result, smoking puts



significant pressure on the NHS. [Almost every minute of every day](#) someone is admitted to hospital because of smoking, and up to [75,000 GP appointments could be attributed to smoking each month](#) - equivalent to over 100 appointments every hour.

- 4.5.3 Those who are [unemployed, on low incomes or living in areas of deprivation are far more likely to smoke than the general population](#). Smoking attributable mortality rates are [2.1 times higher](#) in the most deprived local authorities than in the least deprived. In Sandwell, there are [8,475 families](#) pushed into poverty due to spending on tobacco which totals around £2,500 a year for the average smoker.
- 4.5.4 Most smokers know about these risks and, because of them, want to quit - but the addictive nature of cigarettes means they cannot. [Three-quarters of current smokers would never have started if they had the choice again](#) and on average [it takes around 30 quit attempts to succeed](#). The majority of smokers start in their youth and are then addicted for life. [More than 4 in 5 smokers start before the age of 20](#). In short, it is much easier to prevent people from starting smoking in the first place.
- 4.5.5 [It is estimated that the total costs of smoking in England are over £17 billion](#). This includes an annual £14 billion loss to productivity, through smoking related lost earnings, unemployment, and early death, as well as costs to the NHS and social care of £3 billion. Action on Smoking and Health have [calculated that the costs to Sandwell](#) alone are over £188million -the largest amount of such costs being incurred due to productivity losses (£155million) followed by costs to the NHS and social care (£29million)

4.6 Background to DHSC consultation

- 4.6.1 In 2019, the government published its green paper on preventative health; [Advancing our health: prevention in the 2020s](#). Here, it announced an ambition for England to become 'smokefree' by 2030 – achieved when adult smoking prevalence falls to 5% or less.
- 4.6.2 The APPG on Smoking or Health published a [report](#) on delivering a Smokefree 2030 in June 2021 which set out detailed recommendations on how to reduce smoking to 5% by 2030.



- 4.6.3 The government commissioned Javed Khan to carry out a review into the government’s ambition to make England smokefree by 2030. Mr Khan published his independent review, the [Khan Review: making smoking obsolete](#), in June 2022 which found that “without further action, England will miss the smokefree 2030 target by at least 7 years, and the poorest areas in society will not meet it until 2044”. The review set out a package of 15 recommendations aimed at supporting the 2030 ambition. This included four “critical must dos” for the Government, centred on increasing investment in smokefree policies, increasing the age of sale of tobacco by one year every year, promoting vaping as a smoking cessation tool, and improving the prevention of ill health by offering smokers advice and support to quit at every interaction within the NHS.
- 4.6.4 In October 2023, Prime Minister Rishi Sunak set out plans to [introduce legislation to prohibit children born on or after 1 January 2009 from legally buying cigarettes in England](#). This would effectively raise the smoking age by one year, every year, until it applies to the whole population. The government would also prohibit people above the age of sale from purchasing tobacco products for people below the age of sale (‘proxy purchases’). The proposal formed part of the government’s ambition to create the first ‘smokefree generation’, discussed below.
- 4.6.5 In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, [Stopping the start: our new plan to create a smokefree generation](#), where the government set out an intention to create the first ‘smokefree generation’. The government proposed several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes.
- 4.6.6 The government also committed to funding several initiatives to improve smoking cessation support, including an additional £70 million annually to support local authority led stop smoking services, and £45 million over two years to roll out the national ‘Swap to Stop’ scheme, supporting people to stop smoking with the free provision of a vape kit and behavioural support.

4.7 Consulting on the new proposals

- 4.7.1 The Department of Health and Social Care [launched a consultation on the proposals set out in the policy paper](#) on 12 October 2023, and is inviting responses until 6 December 2023. Specifically, DHSC is



seeking views on introducing new legislation to raise the age of sale for tobacco, further regulating vaping to reduce its appeal to children, and introducing new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation for tobacco products and vapes.

4.7.2 The evidence and recommendations of the APPG on Smoking or Health report and Khan Review support the key recommendation around **raising the age of sale of tobacco** to those born after 1st January 2009, rationale for supporting the government's proposals are:-

- **Smoking is not a free choice, it is an addiction**
Smoking is an addiction, not a free choice. The only free choice is whether to smoke that first cigarette. Two thirds of those trying just one cigarette, usually as children, go on to become daily smokers, and daily smokers are addicted smokers. Most adult smokers want to stop smoking, but on average it takes 30 attempts, and many never succeed.
- **This is a package of measures including significant investment in measures to help smokers quit**
The proposal is coupled with a package of measures to help smokers quit which includes doubling the grant for local authority stop smoking services for the next five years, increasing funding for awareness raising campaigns about the harms of smoking, providing one million free vapes to smokers to help them quit, financial incentives and stop smoking support to all pregnant smokers. These are all welcomed and will help Sandwell to reduce smoking rates to 5% by 2030 as per our local and regional ambition.
- **Raising the age of sale will not increase the black market**
Concerns have also been raised that it would lead to an increase in the black market, but experience from previous tobacco control policies tells us this is unlikely. Raising the age of sale will have a gradual impact over time, so is unlikely to significantly impact the black market. When the tobacco age of sale increased from 16 to 18 in 2007 it had no impact on the black market. The size of the illicit market is mainly an issue of enforcement. The UK has strong enforcement which has led to the illicit market for cigarettes shrinking from 22% of the market in 2000 to 11% in 2022. The introduction of tough anti-smoking policies such as smokefree laws in 2007 and plain cigarette packs in 2015 did not lead to an increase in black market sales.



- **This is a major step towards a smokefree future.**

This is only possible because smoking rates among children have now fallen from one in five at the turn of the century to only 3% now. Already shortly after it was first announced it has majority public support, far higher than for the ban on smoking in pubs and clubs when it was first introduced. When first proposed the ban on smoking in public places was considered a step too far and people said it would be unenforceable. Compliance was 97% from the outset and it was largely self-enforcing. No-one would now consider repealing the law on smoking in public places.

- **It is workable.**

The raising of the age of sale will be coupled with an increase in budget and enforcement powers for local trading standards, who are ready to support this legislation. Further, there have been some suggestions that this would criminalise smoking and take up police time. This is not the case, only the sale of tobacco will be legislated against and the possession or smoking of tobacco will not be illegal for anyone. The legislation will also not be a police matter but will only be enforced by trading standards.

4.7.3 The government is consulting on a range of measures aimed at **reducing youth vaping** whilst ensuring that adult smokers have easy access to vapes as part of their quit attempts. Smokers who use vaping products as part of their quit attempts are 60% more likely to be successful than those using NRT products. The availability of vapes and the choice of flavours are important factors in facilitating these quit attempts and the benefits of helping smokers to move away from smoking must be balanced against the need to tackle youth vaping.

4.7.4 The proposals the government is looking at include:

- restricting vape flavours
- regulating vape packaging and product presentation
- regulating point of sale displays
- restricting the sale of disposable vapes
- introducing an age restriction for non-nicotine vapes
- exploring further restrictions for other nicotine consumer products such as nicotine pouches
- preventing industry giving out free samples of vapes to children



4.7.5 ASH made four key policy changes aimed at reducing youth vaping whilst maintaining vapes as an accessible and attractive alternative to smoking for adult smokers, laid out in the [call for evidence on youth vaping](#). These are:

- **Increase Price**

Put an excise tax on disposable vapes to reduce their affordability and accessibility to young people. ASH survey data shows that the growth in youth vaping, in particular experimentation, has been driven by a growth in the market for disposable vapes, which are cheap, widely available and easy to use.

- **Prohibit instore promotion of e-cigarettes**

In 2023 more than a half (54%) of children were aware of e-cigarette promotion in shops up from 37% in 2022, and the most frequent source of vapes for current underage vapers in shops (48%). Removing in store promotion and ensuring vaping products are only displayed behind counters will help to keep vapes out of sight and reach of children.

- **Prohibit branding with appeal to children**

Remove the use of sweet like naming that appeal to children and regulate packaging so that it does not include cartoon characters or references to sweets or other consumable products popular among children. However, ASH has not found that flavours are the main reason children try products, with most being influenced by peers, but have found that flavour options are popular amongst adult users. Therefore, ASH does not recommend flavour options are completely removed but instead are regulated to have simple names.

- **Public health campaigns which frame vapes as a quitting aid**

ASH found that four in ten smokers wrong believe that vaping is as or more harmful as smoking. Concerns around youth vaping have led adult smokers to believe that vapes are harmful, public campaigns are needed to redress this, to ensue adult smokers are aware that vaping is a far safer alternative to smoking, whilst reminding young people that vapes are a harm reduction tool that should not be taken up by non-smokers.



4.8 Enforcement proposals

- 4.8.1 To support proposals around issuing Fixed Penalty Notices around breaches of sale of both tobacco products and vaping products. £200 is too low given the lethal nature of tobacco products and the potentially lethal outcome of selling such a product to someone who is underage. This needs to be thought through carefully, in consultation with Trading Standards, to determine the most appropriate level.
- 4.8.2 There is strong support across the England for national measures to reduce tobacco harm, with 75% supporting the smokefree 2030 ambition. Raising the age of sale by one year, every year, was popular before the Prime Minister made his announcement, but support has grown since. A YouGov poll for The Times found that [63% of people in the Midlands](#) support this policy:

[In the Midlands over half of the proportion](#) of adults believe the Government could be doing more to limit smoking, with wide support across a range of tobacco control policies including raising the age of sale

4.9 Next steps

- 4.9.1 The consultation is just the first stage and there will be ongoing discussions, debate as the parliamentary process around any planned legislation starts. This could take months and may not be completed within this parliament.
- 4.9.2 Based on previous tobacco legislation this an important period to build further public and partner support and liaise with politicians. It is an opportunity to keep smoking within the media and public eye. We know that many smokers also use this time as a trigger for further quit attempts as the rationale for stopping is reinforced when there is framing of messages around how uniquely dangerous and lethal cigarette smoking is.
- 4.9.3 We will ensure to share the consultation as widely as possible amongst professionals and public and aim to keep all audiences updated on progress/further developments.



5 Implications

Resources:	There are no financial, staffing, land/building implications -the proposed recommendation relates to our response to a national consultation on a proposed policy to restrict access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
Legal and Governance:	A Council response to the consultation will help inform government's policy making. As such there are no legal and governance issues for the council other than ensuring due process for a consultation response has been fulfilled -as per this briefing report.
Risk:	No risk implications -the proposed consultation response relates only to a proposed national policy proposal and any response will be based on evidence. The proposed measures can do no harm by restricting access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
Equality:	The proposals will only deliver positive impacts in respect of equality by restricting access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
Health and Wellbeing:	The proposals will deliver only positive health and wellbeing outcomes for residents by restricting access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
Social Value:	The proposals will deliver only positive social value by restricting access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
Climate Change:	Implications for climate change outcomes -reducing access to and use of 'disposable' vapes which have a detrimental impact on the environment



Corporate Parenting:	The proposals will deliver only positive outcomes by restricting access to uniquely harmful products of cigarettes (increasing age of sale by one year every year) and by addressing the marketing of vapes to young people
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6 Appendices

No appendices.

7. Background Papers

DHSC Consultation: Creating a smoke-free generation.



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Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Tracking and Monitoring of Scrutiny Actions and Recommendations
Director:	Director of Law and Governance Surjit Tour Surjit_tour@sandwell.gov.uk
Contact Officer:	Alexander Goddard, Scrutiny Lead Officer Alexander_Goddard@sandwell.gov.uk



1 Recommendations

- 1.1 That the Board notes that there were no actions or recommendations being monitored by the Board at the time of this report.





2 Reasons for Recommendations

- 2.1 To facilitate the effective monitoring of progress on responses to and press with implementation of recommendations made by the Board and identify where further action is required.
- 2.2 Effective monitoring of recommendations facilitates the evaluation of the impact of the scrutiny function overall.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	The scrutiny function supports all of the objectives of the Corporate Plan by seeking to improve services for the people of Sandwell. It does this by influencing the policies and
	People live well and age well	



	Strong resilient communities	decisions made by the Council and other organisations involved in delivering public services. Effective monitoring of recommendations made supports this and allows scrutiny to evaluate its impact.
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

4 Context and Key Issues

- 4.1 Any actions or recommendations that the Board made would be detailed in a Tracking and Monitoring Table to facilitate the effective monitoring of responses to recommendations.

5 Implications

Resources:	Any resources implications have been considered with the relevant Officer/Director/Cabinet Member/Risk Owner at the time the recommendations were referred to them by the Board. Any specific risks for the Board's attention are detailed in the Appendix.
Legal and Governance:	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000. The Local Government and Public Involvement in Health Act 2007 places a duty on the Executive to respond to Scrutiny recommendations within two months of receiving them.



	Scrutiny committees can require a response from NHS bodies within 28 days in relation to recommendations made to them.
Risk:	Any risk implications have been considered with the relevant Officer/Director/Cabinet Member/Risk Owner at the time the recommendations were referred to them by the Board. Any specific risks for the Board's attention are detailed in the Appendix.
Equality:	Any equality implications have been considered with the relevant Officer/Director/Cabinet Member/Equality, Diversity and Inclusion Team at the time the recommendations were referred to them by the Board. Any specific equality implications for the Board's attention are detailed in the Appendix.
Health and Wellbeing:	Any health and wellbeing implications have been considered with the relevant Officer/Director/Cabinet Member at the time the recommendations were referred to them by the Board. Any specific health and wellbeing implications for the Board's attention are detailed in the Appendix.
Social Value	Any social value implications have been considered with the relevant Officer/Director/Cabinet Member/Equality, Diversity and Inclusion Team at the time the recommendations were referred to them by the Board.
Climate Change	Any climate change implications have been considered with the relevant Officer/Director/Cabinet Member/Risk Owner at the time the recommendations were referred to them by the Board. Any specific risks for the Board's attention are detailed in the Appendix.



Corporate Parenting	<p>Any Corporate Parenting implications have been considered with the relevant Officer/Director/Cabinet Member/Risk Owner at the time the recommendations were referred to them by the Board.</p> <p>Any specific risks for the Board's attention are detailed in the Appendix.</p>
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6 Appendices

None.

7. Background Papers

None.



Report to Health and Adult Social Care Scrutiny Board

21 November 2023

Subject:	Cabinet Forward Plan and Board Work Programme
Director:	Law and Governance Surjit Tour Surjir_tour@sandwell.gov.uk
Contact Officer:	Stephnie Hancock Deputy Democratic Services Manager

1 Recommendations







- 1.1 That the Board notes the Cabinet Forward Plan (Appendix 1), which sets out the matters programmed to be considered by the Cabinet;
- 1.2 that the Board notes its work programme (Appendix 2), which sets out matters to be considered by the Board in 2023/24;
- 1.3 that, the Board considers whether any changes or additions are required to its work programme and in doing so, has regard to the Prioritisation Tool (Appendix 3).



2 Reasons for Recommendations

- 2.1 A strong and effective work programme underpins the work and approach of Scrutiny.
- 2.2 It is good practice for work programmes to remain fluid, to allow for scrutiny of new and emerging issues in a timely manner.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	The scrutiny function supports all of the objectives of the Corporate Plan by seeking to improve services for the people of Sandwell. It does this by influencing the policies and decisions made by the Council and other organisations involved in delivering public services.
	People live well and age well	
	Strong resilient communities	
	Quality homes in thriving neighbourhoods	
	A strong and inclusive economy	
	A connected and accessible Sandwell	

4 Context and Key Issues

- 4.1 Scrutiny is a member led and driven function, driven by members' commitment to improve services and thereby people's lives.
- 4.2 An annual work programming event, involving chief officers, executive members and key partners, was held in June 2023 and all boards approved their work programmes for 2023/24 at their first meeting of the municipal year.



- 4.3 Boards have responsibility for their own work programmes, and it is good practice to keep them under review, to allow for new and emerging issues to be scrutinised in a timely manner.
- 4.4 Scrutiny Procedure Rules allow any member of the Council to request that an item is added to a scrutiny board's work programme, subject to certain provisions.
- 4.5 Before including an item on its work programme the Board must have regard to the Prioritisation Tool attached at Appendix 3, to ensure that the scrutiny activity will add value and work programmes are manageable.

5 Implications

Resources:	<p>Any resources implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet.</p> <p>Any specific resource implications for the Board's attention are detailed in the Appendix.</p>
Legal and Governance:	<p>The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.</p> <p>The Local Government and Public Involvement in Health Act 2007 places a duty on the Executive to respond to Scrutiny recommendations within two months of receiving them.</p> <p>NHS service commissioners and providers have a duty to respond in writing to a report or recommendation where health scrutiny requests this, within 28 days of the request. This applies to requests from individual health scrutiny committees or sub-committees, from local authorities and from joint health scrutiny committees or sub-committees.</p>
Risk:	<p>Any risk implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet.</p>



	Any specific risk implications for the Board's attention are detailed in the Appendix.
Equality:	Any equality implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific equality implications for the Board's attention are detailed in the Appendix.
Health and Wellbeing:	Any health and wellbeing implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific health and wellbeing implications for the Board's attention are detailed in the Appendix.
Social Value:	Any social value implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific social value implications for the Board's attention are detailed in the Appendix.
Climate Change:	Any climate change implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific climate change implications for the Board's attention are detailed in the Appendix.
Corporate Parenting:	Any corporate parenting implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific corporate parenting implications for the Board's attention are detailed in the Appendix.

6 Appendices

- Appendix 1 – Cabinet Forward Plan
- Appendix 2 – Board Work Programme
- Appendix 3 – Prioritisation Tool

7. Background Papers



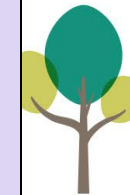
None.



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Page 119
The following items set out key decisions to be taken by the Executive:-

Page 119	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
6	<p>STAR Redesign Project</p> <p>Approval to proceed with the Star Service transformation change programme.</p> <p>Contact Officer: Colin Marsh</p> <p>Director: Rashpal Bishop - Director of Adult Social Care</p>	<p>Cabinet - Adults Social Care and Health (Cllr Hartwell)</p>	<p>Public</p>	<p>6 December 2023</p>		<p>Report Risk Register EIA</p>



	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
31	Community Hubs Contact Officer: Helen Green	Cabinet - Public Health and Communities (Cllr Khatun)		7 February 2024		



Scrutiny Board Work Programme 2023/24

Health and Adult Social Care

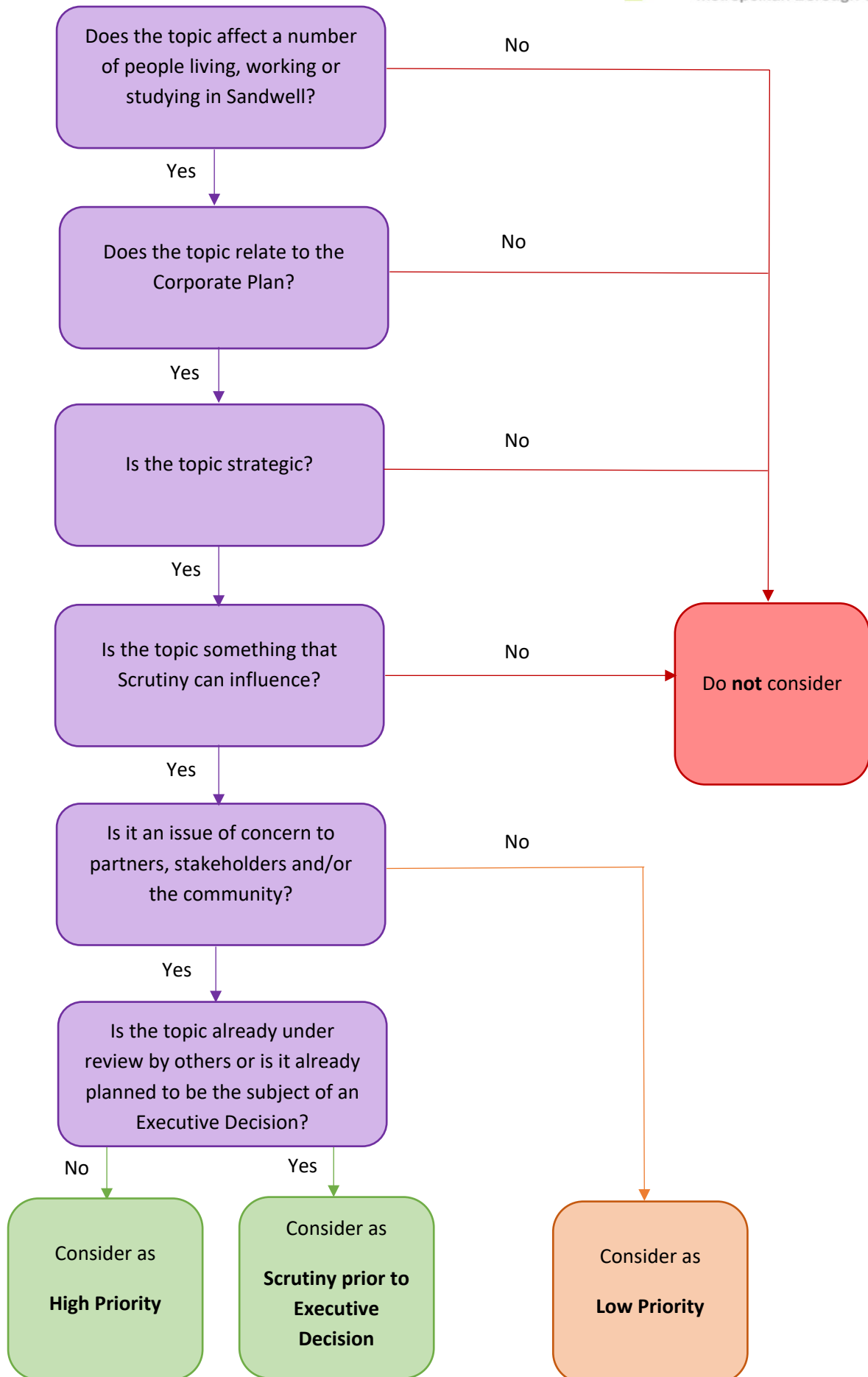


Meeting Date	Item	Presented by
17 July 2023	HIV Towards Zero HIV Transmissions	Maura Flynn
	Health and Adult Social Care Work Programme + re-establishment of working group to continue the scrutiny review of Social Isolation and Loneliness	Chair of the Health and Adult Social Care Scrutiny Board Alexander Goddard
	Joint Health Scrutiny Arrangements	Alexander Goddard
4 September 2023	“Cost of Living” leaflet update (NHS functions)	Liann Brookes-Smith
	Prevention Strategy – Town Level	Liann Brookes-Smith
21 November 2023	SSAB Annual Report	Deb Ward
	Primary Care Update	Adele Hickman (Black Country ICB)
	Patient Participation in Primary Care	Emma Durnall (Black Country ICB)
	DHSC Consultation: Creating a Smoke-free generation	Mary Bailey
22 January 2024	To be confirmed	Democratic Services

11 March 2024	Transforming Black Country Health Services	Adele Hickman
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Items to be scheduled in 2023/24
Adults Social Care CQC Review Update (Review Dates to be confirmed)

Scrutiny Review
Continuation of the "Social Isolation and Loneliness" Scrutiny Review



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