Sandwell
Metropolitan Borough Council

Agenda
Health and Adult Social Care Scrutiny Board

Monday, 22 January 2024 at 6.00pm
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 - 16

To confirm the minutes of the meeting held on 21 November 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 **WorkWell Vanguard** 17 - 32

To consider and comment upon the WorkWell Vanguard Plan.



6	**National Institute for Health Research - Health Determinants Research Collaboration Sandwell** To consider and comment upon the National Institute for Health Research - Health Determinants Research Collaboration Sandwell reports.	33 - 92
7	**Scrutiny Review of Loneliness and Isolation Update** To note the activities of the Working Group and the evidence gathered to date.	93 - 110
8	**Health and Adult Social Care Scrutiny Board Action Tracker** To consider and note progress on the implementation of actions and recommendations.	111 - 116
9	**Cabinet Forward Plan and Work Programme** To note and review the Cabinet Forward Plan and the Board's Work Programme 2023/ 24.	117 - 126

Shokat Lal
Chief Executive
Sandwell Council House
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West Midlands

Distribution
Councillor E Giles (Chair)
Councillors Tipper (Vice- Chair), M Allcock, Dunn, S Gill, Johnston, Kalebe-Nyamongo, Millar, Muflihi, Uppal and Williams

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Sandwell
Metropolitan Borough Council

Minutes of
Health and Adult Social Care Scrutiny Board

21 November 2023 at 6.08pm
Council Chamber, Sandwell Council House

Present: Councillor E Giles (Chair);
Councillors Johnston, Kalebe- Nyamongo, Millar, Muflihi, Williams and Uppal.

Also Present: Liann Brookes-Smith (Interim Director of Public Health), Mary Bailey (Additive Behaviours Programme Manager), Deb Ward (Sandwell Safeguarding Adults Board Manager), Adele Hickman (Head of Primary Care and Place Commissioning – Black Country Integrated Care Board), Dr Sommiya Aslam (Local Commissioning Clinical Lead – Black Country Integrated Care Board), Paul Higgitt (Healthwatch Sandwell), Stephnie Hancock (Deputy Democratic Services Manager) and John Swann (Democratic Services Officer).

29/23 **Apologies for Absence**

Apologies for absence were received from Councillors M Allcock, Dunn, S Gill and Tipper (Vice- Chair).

30/23 **Declarations of Interest**

There were no declarations of interest.

31/23 **Minutes**

Resolved that the minutes of the meeting held on 4 September 2023 are approved as a correct record.

32/23 **Urgent Additional Items of Business**

There were no urgent additional items of business.

33/23 **Sandwell Safeguarding Adults Board Annual Report 2023/ 24**

The Board received Sandwell Safeguarding Adults Board (SSAB) Annual Report 2022-23. The production of the report was a statutory function of the Safeguarding Adults Board under the Care Act 2014.

Notable work and achievements during the 2022/23 included:-

- task and finish groups in relation to domestic abuse, learning disability and autism, embedding learning from statutory reviews, safeguarding pathway;
- launch of a new virtual e-learning programme;
- a review of sub-groups and their membership;
- appointed new members to the Board;
- development of a range of accessible resources;
- partnership work with the Ann Craft Trust;
- multi-agency working to implement changes to practices had been implemented, building upon the vulnerable adults risk management process;
- participation in regional and national fora,

During the reporting period, the number of safeguarding concerns reported had decreased, as had the conversion rate from concern to enquiry. The Safeguarding Adults Reviews (SARs) Standing Panel had received two referrals one of which had been considered during the reporting period with the other having been commissioned as a thematic review.

Priorities for 2023-24 were:-

- listening to the voices of services and front-line practitioners;
- developing more inclusive performance data;
- embedding learning from Safeguarding Adult Reviews;
- improving Board governance.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- identifying domestic violence cases when the victim was unaware that they were being abused was challenging. Education efforts to support individuals to recognise signs of abuse continued;
- data was constantly monitored and communications reviewed to ensure that people were aware of how to report concerns;
- the SSAB would look at doing a focussed piece of work with Healthwatch in relation to collating data on asylum seekers.

The Sandwell Safeguarding Adults Board Manager undertook to ensure that future iterations of the SSAB Annual Report would incorporate:-

- more detailed data on types of abuse where the perpetrator is someone either in a position of care or of close relation to victim;
- details of how 'lessons learnt' were cascaded across partner organisations and linked to the Board's strategic aims;
- statistical data to support the key themes identified from Safeguarding Adult Reviews (SARS).

34/23 **Primary Care Access**

Further to Minute No. 5/23 (13 March 2023) the Board received an update on the position with access to primary care in Sandwell.

The Recovery Plan for Primary Care had been published by NHS England in May 2023, and supported the key elements of the Fuller Stocktake Report (2022), which set out a new vision for integrating primary care, improving access, experience, and outcomes for communities. The Recovery Plan focused on two central ambitions - tackling the '8am rush' and ensuring that patients knew on the day they contacted their practice how their request would be managed.

The overall focus of the plan was to implement a modern approach to general practice, terming this as 'Modern General Practice Access'. This would lead to a major change to how many practices worked. The expansion of Modern GP workforce to become a multi- professional team was a key ambition. Although GP surgeries were not legally required to recruit to modern roles, the promotion of roles other than doctor such as social prescriber, occupational therapist, dietician and nursing associates was a key ambition.

Building on the progress of Primary Care Networks established just prior to the pandemic, NHS England had introduced changes to the core contracts for general practice from April 2023. This included the repurposing of the Impact and Investment Fund 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 was to:

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

General Practice Appointment Data across the Borough showed that in September 2023 44% of primary care appointments were same day in nature and that 68.1% of all appointments were face-to- face.

Since the Board's last update, there had been also investment into local initiatives over and above the national standard for appointments. These additional appointments had supported improved outcomes for respiratory conditions, which consistently

ranked in the top three conditions that patients presented with. The model had been commended by NHS England's National Director.

The Pharmacy First Minor Ailment Service, which offered self- care advice, was provided by 47 out of 80 pharmacies in Sandwell and had treated an average of 1650 patients per month from April to September 2023. Proposals in the plan also supported the continued introduction of CP Consultation Service which received referrals from NHS 111, GP surgeries, urgent treatment centres and emergency departments.

The Black Country Integrated Care Board had communicated the new extended healthcare teams via digital and print media platforms and had been seeking patient involvement via its Ambassadors Scheme, which was still in its early stages of development. Residents had been encouraged to access the wider primary care offer and to utilise digital platforms to alleviate morning pressure on GP surgeries via the '8AM rush'. In addition, materials had been created for councillors to utilise with their local surgeries to support appropriate signposting and decision making.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- demand had increased pressure upon primary care post-covid, which had created a knock-on effect across the whole of the NHS;
- not everyone contacting primary care needed to be seen by a GP and could be directed to other services;
- the NHS had now published a Workforce Plan which detailed three key priorities - recruiting new staff, retaining existing staff and reforming the workforce – and the Black Country Training Hub managed this;
- it was accepted the public may take time to become aware of the new extended healthcare plans and Patient Participation Groups was a key method of engaging with patients;
- acknowledging Sandwell's diverse population, it was recognised that different approaches worked in different towns and the national direction needed to be tailored to meet local need;

- the national GP survey was circulated by post to randomly selected patients, however, the return rate was low so Sandwell surgeries were encouraged to consult their own analyses of the responses, and conduct their own surveys, with the help of their PPGs;
- it was the patient's choice as to where their prescription was sent and the GP had no incentives to refer patients to a particular pharmacy;
- GP practices were regulated and inspected by the Care Quality Commission, and the ICB's Contracting Team also carried out contact monitoring visits;
- social prescribers were employed by each Primary Care Network and not GP surgeries. Social prescribing networks were being developed to elevate the role and provide consistency for patients;
- a new Ambassadors Programme had recruited and trained people from local voluntary and community sector to provide information on accessing primary care and understand the variety of professionals available for patients;
- there continued to be national shortage of GPs, which had been the case long before the covid-19 pandemic, which is why the Additional Roles Reimbursement Scheme had been introduced to support GPs to recruit additional staff with different skills to manage patient demand;
- the Black Country Training Hub was looking at recruitment, however, it was also crucial that patients understood that they did not necessarily need to a see a GP.

35/23 **Patient Involvement in Primary Care**

The Board received an overview of the work being undertaken to improve general practice patient participation groups and wider primary care transformation work.

From April 2016, it had been a contractual requirement for all English GP surgeries to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. PPGs provided an opportunity for local people to get involved in their GP surgery to ensure the patient voice ~~is~~ was heard and influence the provision of local health services.

The status of PPGs was at various levels across Sandwell. Following the pandemic, some only meet online, and some had lost key members of their groups. The Integrated Care Board was 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. Training had been commissioned for practice managers and PPG chairs.

A Practice Manager Programme and Patient Leaders Programme had also been introduced, providing online learning tools to support practice managers in helping patients and provide skills development to current and prospective PPG members.

The NHS Primary Care Ambassadors Programme had also been piloted during 2022 across the Black Country. This project had recruited and trained people from local voluntary and community sector organisations to act as Ambassadors in their local communities to provide information on accessing primary care and how to utilise the NHS App. Due to the success of the programme the scheme would be rolled out across the Borough.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- PPGs varied in size across Sandwell however there was an obligation to ensure that reasonable efforts were made to ensure that the PPG was representative of the practice's population;
- resources were limited so had not been possible to offer training for all PPG members, however the pilot had achieved good outcomes, a dedicated website had been developed providing PPG information, including local and regional support tools, digital training and peer support networks;
- whilst GPs could not necessarily meet every request a PPG made, the PPG could influence services and work with the GP to reach agreement on what was best for patients;
- patients who were unhappy with their GP's service were welcomed and encouraged to join their PPG to have their

voice heard and influence services, even small suggestions could make a big different to services;

- it was important to understand that general practice did not just mean GPs, and other professionals were available to patients and the Ambassador Programme would support the delivery of key messages to the community;
- the ICB held regular Focus Groups; the Council's Winter Booklet also carried a number of key messages to support the NHS.

36/23 **Department of Health and Social Care Consultation: Creating a Smoke-free Generation**

The Board received an outline of the Department of Health and Social Care's (DHSC) consultation on proposals to implement an evidence based public health approach to reduce smoking rates nationwide.

The ambition of the DHSC was to ensure that England ~~becomes~~ became 'smoke-free', by 2030. For this goal to be achieved adult smoking prevalence would need to be reduced to 5% of the population or less.

Tobacco was the single greatest entirely preventable cause of ill health, disability and death in England, responsible for 64,000 deaths a year, and creating a preventable demand on an already stretched NHS. The impact of smoking was felt across the whole life course, from pregnancy to old age. Those who were unemployed, on low incomes or living in areas of deprivation were far more likely to smoke than the general population. Smoking attributable mortality rates were 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 totalled around £2,500 a year for the average smoker.

The DHSC had published a policy paper in October 2023 which contained two proposed measures:-

- Raising the age of sales for tobacco - proposals outlined the prohibition of the sale of tobacco to children born on or after 1 January 2009. It was proposed that the age of sale would be increased by one year every year, until it applied to the whole population.
- Tackling youth vaping – proposals included restricting vape flavours, regulating vape packaging and point of sale displays and restricting the sale of disposable vapes.

The government had committed to providing an additional £70m per annum to support local authority led smoking cessation services and £45m over a two- year period to roll- out the national 'Swap to Stop' scheme, supporting people to stop smoking via the provision of a free vape kit and behavioural support.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- the proposals included increasing enforcement measures, and Public Health was already working with Trading Standards to carry out more test purchases, and it was hoped that government funding could be used to increase capacity;
- education was key to deliver messaging to individuals who were taking up vaping who were not previously smokers and therefore not using it as a smoking cessation aid.

Members were in favour of the government's proposals and the Board's views would be submitted to the Cabinet Member for Public Health and Communities as part of the Council's formal response to the consultation.

Resolved:-

(1) that the Health and Adult Social Care Scrutiny Board:-

(a) welcomes the Government's proposed measures to restrict access to cigarettes and address the marketing of vapes to young people;

(b) highlights the importance of education around the harms of smoking and vaping and messaging that discourages both;

(c) in welcoming the introduction of further regulation around the sales of vapes, highlights that sufficient resources and structures need to be in place to support enforcement activity;

(2) that the Cabinet Member for Public Health and Communities includes the Board's comments in the Council's formal response to the consultation

37/23 **Scrutiny Board Action Tracker**

The Board noted the status of actions and recommendations it had made.

38/23 **Cabinet Forward Plan and**

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

The Interim Director of Public Health undertook to meet with the Chair and Vice- Chair of the Board to review the work programme.

Meeting ended at 8.19pm

Contact: democratic_services@sandwell.gov.uk

Sandwell
Metropolitan Borough Council

Report to Health and Adult Social Care Scrutiny Board

22 January 2024

Subject:	WorkWell Vanguard
Director:	Interim Director of Public Health Liann Brookes-Smith
Contact Officer:	Interim Director of Public Health Liann Brookes-Smith

1 Recommendations

1.1 That the Board considers and comments upon the plan for an Integrated Care Board (ICB) led WorkWell Bid for a WorkWell Vanguard.

2 Reasons for Recommendations

2.1 A large number of the population is out of work due to long term conditions and disabilities.

2.2 A large proportion of the population who are economically inactive have levels of confidence that they can return to work and manage their long-term condition.

2.3 The programme is led by the Black Country ICB and delivered in partnership between all four local authorities of the Black Country, Job Centre Plus and the wider Voluntary and Community Sector.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people Families with long term conditions can be supported to raise their household income supporting their families better.	
	People live well and age well	Those at risk of leaving work or have left work due to long term conditions or disabilities will be supported to return to work with a suite of programme to support their health.
	Strong resilient communities	
	A strong and inclusive economy	

4 Context and Key Issues

4.1 At Spring Budget 2023, the UK Government announced over £2 billion to support disabled people and people with health conditions to start, stay and succeed in work – of which WorkWell is a key component.

4.2 This suite of measures will drive forward new approaches to work and health, and also includes, for example, introducing Employment Advisors into Musculoskeletal (MSK) clinical pathways, scaling up MSK community hubs to improve access and introducing Universal Support - a new supported employment offer.

4.3 The Autumn Statement 2023 went further, announcing an expansion to the Universal Support programme, delivering a supported employment intervention, and plans for wider testing of fit note reforms, among other measures.

5 Implications

Resources:	Staffing time to embed the work.
Legal and Governance:	The plan will need to be updated frequently to ensure that the report remains correct for those using the information contained within it. This will be taken through formal cabinet approvals
Risk:	The plan will need to be updated frequently to ensure that the report remains correct for those using the information contained within it.

Equality:	Sharing the plan will improve uptake and awareness of public health programmes available. This will mean over time we can review uptake and match to need, ensuring that all residents are able to access the services and get the right offer that fits.
Health and Wellbeing:	The visibility of services will improve awareness, uptake, impacts on the community and good outcomes for health and wellbeing.
Social Value:	The visibility of services will improve awareness, uptake, impacts on the community and good outcomes for health and wellbeing for all, improving the social value of the Public Health offer overall.
Climate Change:	Limited impact on climate change. Should the report be printed this could increase waste and use of resources.
Corporate Parenting:	The visibility of services will improve awareness, uptake, impacts on the community and good outcomes for health and wellbeing for children supported by the council.

6 Appendices

Appendix One – Work Well Vanguard for the Black Country Presentation.

7. Background Papers

None

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Healthier Futures
Black Country Integrated Care System

Black Country Healthcare
NHS Foundation Trust

Work Well Vanguard for the Black Country

Liann Brookes- Smith

Healthier place Healthier people Healthier futures

What is Workwell? Strategic Context

- At Spring Budget 2023, the UK Government announced over £2 billion to support disabled people and people with health conditions to start, stay and succeed in work – of which WorkWell is a key component.
- This suite of measures will drive forward new approaches to work and health, and also includes, for example, introducing Employment Advisors into Musculoskeletal (MSK) clinical pathways, scaling up MSK community hubs to improve access and introducing Universal Support - a new supported employment offer.
- The Autumn Statement 2023 went further, announcing an expansion to the Universal Support programme, delivering a supported employment intervention, and plans for wider testing of fit note reforms, among other measures..

What is WorkWell? Overview

- Nationally, WorkWell provides an opportunity for local systems to support almost 60,000 disabled people and people with health conditions to start, stay and succeed in work, regardless if they are claiming benefits. DWP and DHSC are seeking to fund up to 15 pilot areas, or WorkWell Vanguards.
- WorkWell will support the development of integrated health and work services, which will provide person-centred health and work support to address physical, psychological and social barriers to work.
- WorkWell services will be locally-led in response to population need, building on existing assets and resources
- ICBs, local authorities, NHS Trusts and Jobcentre networks will all play a central role in Vanguards coming together to co-produce WorkWell services, convening partnerships across a wider group of organisations such as employment services, primary care, and the community sector to design and deliver the WorkWell pilot
- Vanguards will be offered the opportunity to test new government work and health interventions through small scale pilots, for example, new ways of providing people receiving a fit note with timely access to work and health support.

What is Workwell? 3 objectives for Vanguard sites

- **Objective one: Deliver a holistic work and health service**

- A new early-intervention assessment and support service, providing participants with disabilities and health conditions with a light-touch holistic support approach for their health-related barriers to employment. Focusing on return to/thrive in work plans and a single joined-up view and gateway into the services that are available locally, to manage their specific needs regardless of whether or not they are claiming benefits.

- **Objective two: Form part of an integrated local work and health partnership strategy**

- Supporting and driving a joined-up approach to integrating the range of work and health services at local level, including ICBs, local authorities and Jobcentre Plus, which will make it easier for people to access the support they need when they need it.

- **Objective three: Be part of a national learning programme**

- A national support offer will be available to all vanguard areas to share learning across vanguard and non-vanguard areas. Shared learning will also help vanguards to plan and deliver their WorkWell services.

Workforce, OD and Culture Change

There are two levels of workforce development that will be required to pilot WorkWell effectively.

- **Strategically**, we will map and engage with leads who are already involved in relevant activity such as GP's, clinical leads and workforce colleagues for example. Whilst we are not proposing additional roles, we are proposing a co-produced range of development opportunities to enable those engaged in "work" to better understands health and vice versa.
- To deliver this message in a consistent and cohesive way, we will ensure that our communication and engagement plans are targeted and include organisational development, culture change and the well-being of our workforce.
- **Operationally**, this model will require the recruitment and retention of a number of additional workers who will be recruited from our local population and will have a range of skills and experience in this arena. We will also champion these vacancies to those with lived experience to add value to our service delivery.

Workforce, OD and Culture Change

Ensuring the WorkWell pilot leadership capacity is effective and purposeful.

- We will ensure the leadership support will deliver increased capacity across the wider system to improve the understanding and connection between work and health.
- We will ensure additional WorkWell leadership resource will underpin culture change and leadership activities and behaviour across the wider system to fulfill the aspirations of the pilot.

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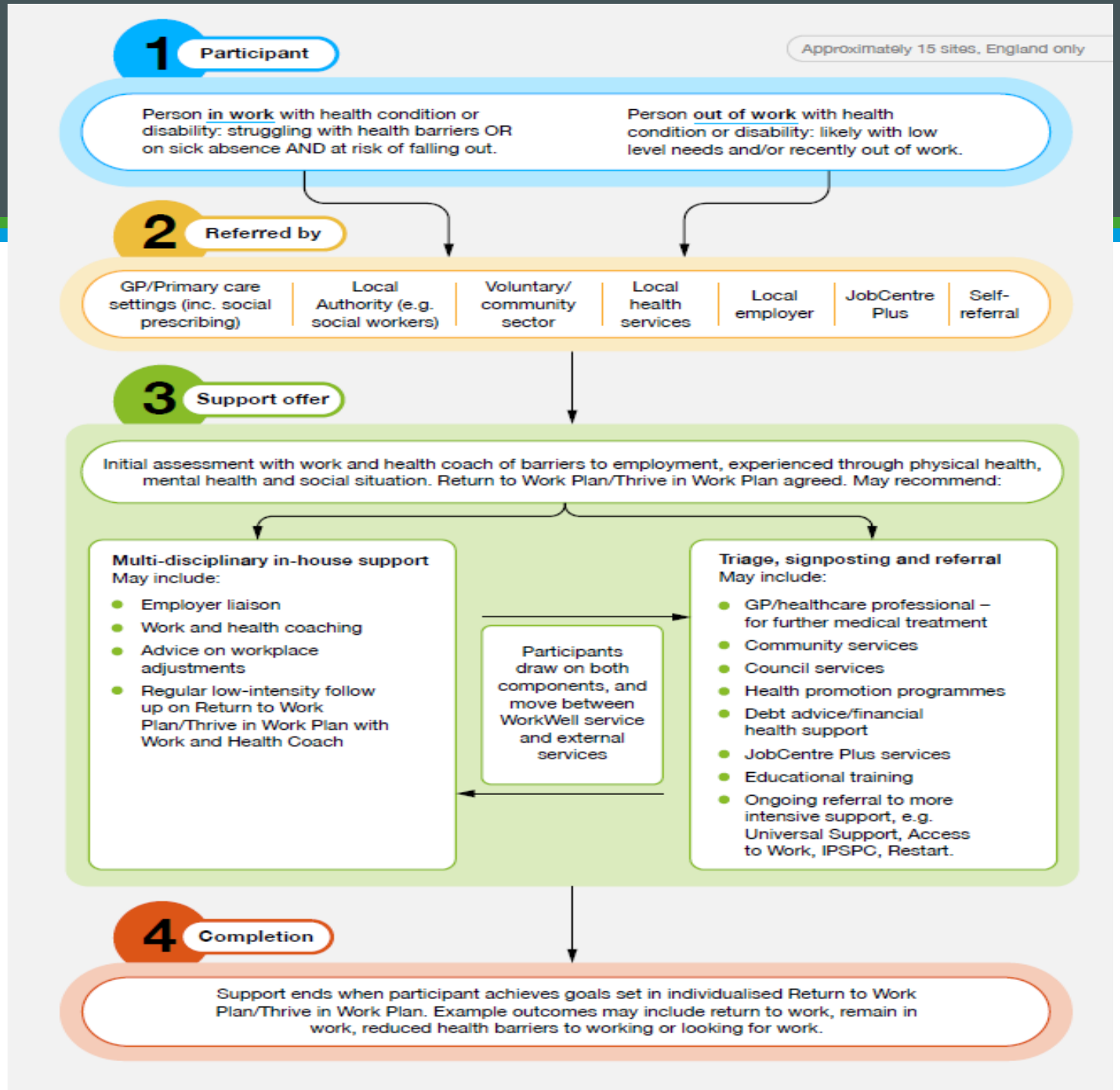
The Pathway


1 Participant
Approximately 15 sites, England only
Person in work with health condition or disability: struggling with health barriers OR on sick absence AND at risk of falling out.
Person out of work with health condition or disability: likely with low level needs and/or recently out of work.
2 Referred by
GP/Primary care settings (inc. social prescribing)
Local Authority (e.g. social workers)
Voluntary/ community sector
Local health services
Local employer
JobCentre Plus
Self-referral
3 Support offer
Initial assessment with work and health coach of barriers to employment, experienced through physical health, mental health and social situation. Return to Work Plan/Thrive in Work Plan agreed. May recommend:
Multi-disciplinary in-house support
May include:
Employer liaison
Work and health coaching
Advice on workplace adjustments
Regular low-intensity follow up on Return to Work Plan/Thrive in Work Plan with Work and Health Coach
Participants draw on both components, and move between WorkWell service and external services
Triage, signposting and referral
May include:
GP/healthcare professional – for further medical treatment
Community services
Council services
Health promotion programmes
Debt advice/financial health support
JobCentre Plus services
Educational training
Ongoing referral to more intensive support, e.g. Universal Support, Access to Work, IPSPC, Restart.
4 Completion
Support ends when participant achieves goals set in individualised Return to Work Plan/Thrive in Work Plan. Example outcomes may include return to work, remain in work, reduced health barriers to working or looking for work.

Key Outputs

- **Getting the language correct around the well-being agenda**
  - To gain buy in from an employer's perspective and develop an organisational/system approach to employee well-being
- **Reducing sickness absence days**
  - To promote early intervention and offer retention advice that is collaborative and works to support people to retain their job, make reasonable adjustments or develop Work and Recovery Action Plans
- **Health promotion**
  - To help prevent ill health, and support people to balance work whilst minimising the impact of any ill health symptoms, where possible.
  - To reduce health inequalities and tackle the wider determinants of health
- **Inclusive employment**
  - To promote job opportunities to those who experience systemic barriers to gaining employment such as lack of experience or qualifications
- **Culture change and integration Sector**
  - To upscale the work around embedding employment into health pathways and drive collaboration that benefits the ICS and our local population

IC *Strategic Priorities

* Initial priorities agreed but there is an opportunity now for Partners to revisit these in the context of a longer-term strategy. Suggest we review strategic priorities in 6 months.

- Population Health
- Addressing Inequalities
- VFM/Productivity
- Support Broader Socio-economic Development

- Population Health
- Prevention
- Prosperity

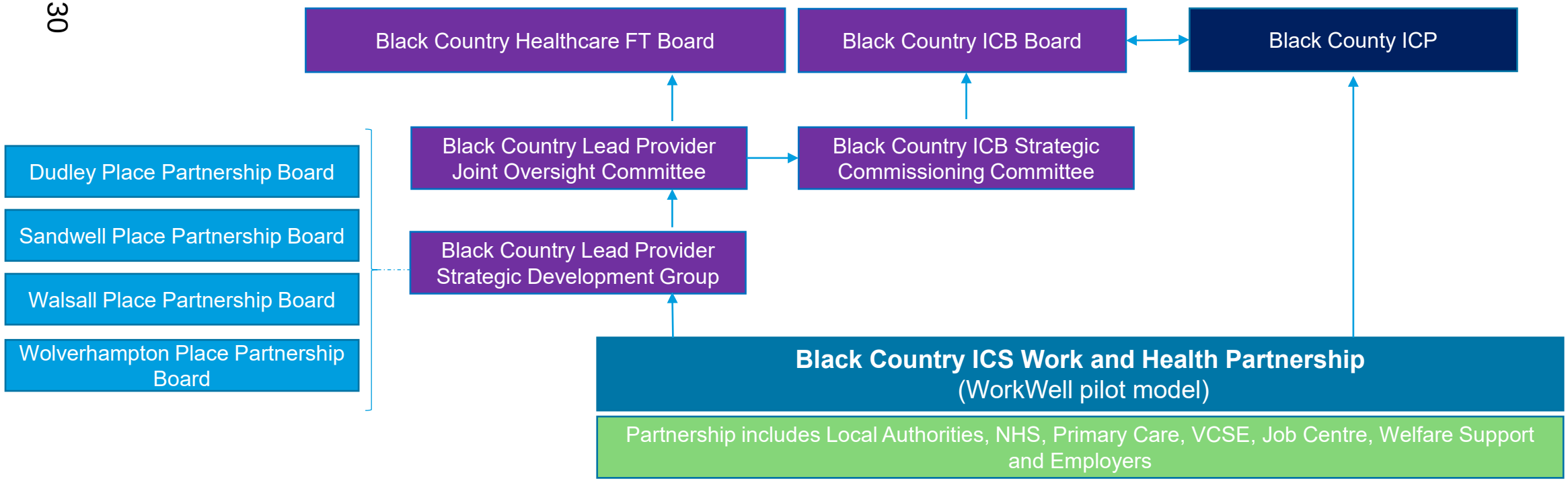
Fit with Priorities

Children and Families | **Workforce and Education** | **Social Care System** | **Mental Health and Wellbeing**

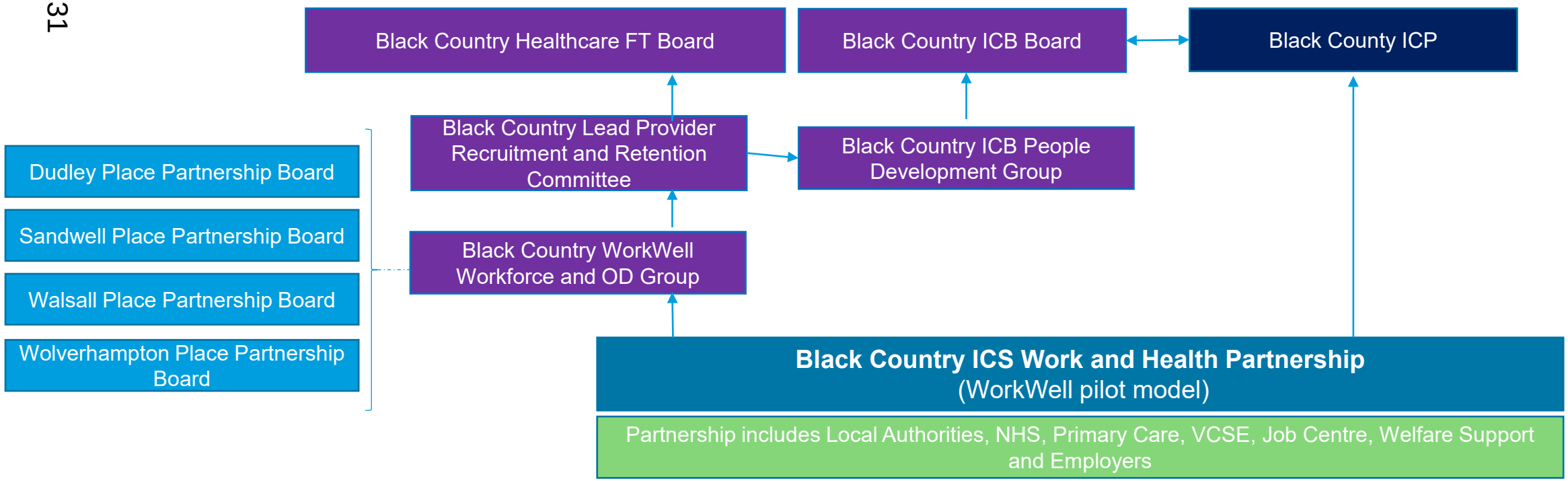
- Calibration – taking stock of national/regulatory requirement – developing system strategy;
- Collaboration – across place/partners;
- Coordination/Consolidation – enabling system/place connectivity.

Health Inequalities | Prevention and Personalisation | Migrants and Refugees | Health and Housing | BC Anchor Institutions Network

Delivery and Governance



Workforce, OD and Culture



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Sandwell
Metropolitan Borough Council

Report to Health and Adult Social Care Scrutiny Board

22 January 2024

Subject:	National Institute for Health Research - Health Determinants Research Collaboration Sandwell
Director:	Liann Brookes-Smith, Director of Public Health
Contact Officer:	Lina Martino, Consultant in Public Health Officer email address

1 Recommendations

1.1 That the Board considers and comments upon the Business Plan for NIHR (National Institute for Health Research) Health Determinants Research Collaboration (HDRC) Sandwell to support the aim to strengthen research culture and infrastructure within the Council to improve the wider determinants of health and wellbeing.

2 Reasons for Recommendations

2.1 This funding provides us with a unique opportunity to progress our ambitions to use information and intelligence in a more strategic way to improve outcomes for Sandwell residents and reduce health inequalities over the longer term. The HDRC proposal has been supported by Senior Leadership Team and the Chief Executive, who was a co-applicant to the bid, and was approved by Strategic Finance and Cabinet.

3 How does this deliver objectives of the Corporate Plan?

3.1 The HDRC will align to our Borough-wide Levelling Up Programme (LUP), which will invest in affordable homes, improved skills infrastructure, better leisure facilities, an improved public realm, active

travel infrastructure, social value and local spend, and local employment opportunities. The HDRC gives us the means to ensure that the LUP and related work across the Council is informed by evidence and robustly evaluated.

3.2 Meeting the objectives of the proposed HRDC programme will lead to higher quality of the services we deliver and commission, and more efficient investment to improve Sandwell as a place, including education, skills, employment, community cohesion, transport, housing, economy and the built environment – which are the wider determinants of health, and the objectives of the Corporate Plan. Over the longer term this will lead to improved health outcomes and reduced inequalities in both physical and mental health across the life course, contributing to the Vision 2030 of a thriving, optimistic and resilient community.

3.3 The HDRC will therefore have potential benefits across all Corporate Plan priority areas (best start in life for children and young people; people live well and age well; strong resilient communities; quality homes in thriving neighbourhoods; strong and inclusive economy; and connected and accessible Sandwell) throughout the programme and beyond.

4 Context and Key Issues

Background

4.1 The National Institute for Health Research (NIHR) is the biggest funder of health research in the UK. They are providing up to £5 million of funding to a number of local authorities to establish Health Determinants Research Collaborations (HDRCs) in their local areas. Sandwell Metropolitan Borough Council (SMBC) was successful in the second funding round and our HDRC programme commenced on 1 January 2024, with a funding envelope of just over £5 million.

4.2 HDRCs aim to boost research capacity and capability within local government to embed a culture of always using evidence when making

decisions. HDRCs use research findings to understand how decisions impact on health and health inequalities. They also carry out research where evidence isn't already available.

4.3 SMBC is the 12th most deprived local authority in England and life expectancy is 2-3 years shorter than the national average. Inequalities have been deepened by the pandemic, austerity and climate change, yet Sandwell's superdiverse communities, industrial heritage and green spaces are key assets. A research needs analysis in 2021 found a strong culture of evidence-based decision making in the Public Health directorate, but this was weaker across the wider Council. Existing structures and collaborations show commitment and potential to be more research active and evidence-informed, but limited capacity to take this forward.

4.4 Our proposal to form the HDRC (Better Research for Better Health) was developed in partnership with the University of Birmingham and the voluntary and community sector (VCS), represented by Sandwell Council of Voluntary Organisations (SCVO) and Sandwell Consortium. A range of internal and external partners were engaged in developing and endorsing the proposal, including the UK Health Security Agency (UKHSA), the Office for Health Improvement and Disparities (OHID) and Health Education England West Midlands (HEEWM). We underwent a competitive bidding process and received very positive feedback from peer review.

4.5 Our HDRC was one of 11 to be funded in this round, with a further 6 awarded development funding to become full HDRCs by January 2025. As of 1 January 2024 there were 24 live HDRCs nationally, including Coventry. There is an expectation that the total cohort will grow to 30 HDRCs, with an annual recurring investment of £30 million. We are committed to working with Coventry regionally and with other HDRCs nationally to share learning and maximise the benefits of our approach.

HDRC vision, aims and objectives

4.6 The Sandwell HDRC will be based on the theme of Poverty and Cost of Living, aligning with the LUP to address the wider determinants of health and tackle systemic disadvantage in the Borough. A detailed Business Plan is attached (Appendix 1), with a plain English summary (Appendix 2).

4.7 The HDRC vision is to undertake evidence-informed, robustly evaluated activities that reflect the needs and values of our diverse local communities.

4.8 The HDRC aims to transform SMBC's research culture and infrastructure to:

- Make the best use of empirical evidence to inform decision-making and investment
- Robustly evaluate services to ensure quality, effectiveness and cost-effectiveness
- Facilitate research activity with partner organisations and local residents
- Effectively disseminate research outputs for wider influence

4.9 This will be achieved by:

- Strengthening research and development capacity, resources and infrastructure
- Embedding a strong research culture for evidence-informed decision-making
- Developing robust systems and partnerships for cultural and knowledge exchange
- Creating a community-led research culture



HDRC workstreams, key deliverables and timelines

4.10 HDRC objectives will be delivered via four parallel workstreams:

- Build capacity and infrastructure through workforce development and training; data science infrastructure for information sharing and evaluation; and research governance structures and processes
- Embed research culture and evidence-informed practice by supporting translation of evidence into practice; embedding needs assessment and evaluation; and increasing use of evidence in decision-making
- Strengthen systems and partnerships through academic collaborations for research and learning; structures and processes for wider system partnerships; and effective information sharing
- Promote community participation through expanding PPIE structures; widening participation and representation in research; and facilitating engagement

The attached Logic Model (Appendix 3) shows how the workstreams will deliver the specified objectives and contribute to the Corporate Plan over the longer term.

4.11 The HDRC has a 5-year phased approach (see Gantt chart, Appendix 4):
Year 1: programme establishment and planning, setting baselines and training
Year 2: full programme commencement
Year 3: dissemination, review and growth, including first publications
Year 4: review and consolidate learning
Year 5: sustainability through designing and implementing an ongoing programme of activity

Collaborations and partnerships

4.12 The HDRC is a core partnership between SMBC, University of Birmingham and the voluntary sector, supported by wider collaboration and engagement. Partnership with Sandwell Council of Voluntary

Organisations and Sandwell Consortium will ensure that local residents and community groups are represented and involved.

HDRC staffing and governance

4.13 The HDRC is a collaboration with UoB and the VCS, working with local and regional partners, and a pan-Council unit working across departments. The HDRC Board will provide strategic oversight, reporting to SMBC's Health & Wellbeing Board, Full Council and Cabinet via SMBC Leadership Team to provide updates, seek endorsement of key decisions and secure high-level strategic engagement.

4.14 A total of 12 full-time staff will be recruited to support delivery of the HDRC from the programme funding. Strategic leads from SMBC and UoB are existing staff members who have jointly developed the HDRC delivery plan and will lead on the development of the HDRC from the programme start. For new staff there will be flexibility in how and who we appoint, within the content of appropriate partnership arrangements as necessary. The attached Organogram (Appendix 5) shows how the HDRC will be embedded into the existing structure.

5 Implications

Resources:	Resource implications are contained within the main body of the report and in more detail in the Business Plan (Appendix 1). There are no requirements to match or continue any funding received for this programme.
Legal and Governance:	No direct legal implications arising from the recommendations. Successfully implementing the proposed HDRC programme would enhance current governance processes through improving how they are informed by local and research evidence.
Risk:	A risk assessment has been carried out and the Risk Register (Appendix 6) was included in the SIU appraisal documentation and with the report to

	Cabinet in November 2023. Key risks identified were failure to convene leadership groups and recruit new staff; insufficient capacity of internal leads to support the programme; low uptake of training and engagement activity; breaches of GDPR, ethical protocols; and safeguarding (linked to community engagement activity). Mitigations of these potential risks are covered in the HDRC business plan, including: continued engagement of key partners and stakeholders; dedicated budget for backfilling SMBC staff time, with early planning of recruitment campaigns; and timely development of processes and protocols for partnership working, research governance and ethical approval.
Equality:	An Equality Impact Assessment is attached (Appendix 7) outlining the equality implications of the HDRC programme. Overall it is likely that the programme will have benefits across a range of protected characteristics and other marginalised groups through using evidence and research to improve the quality of local services and initiatives focusing on the wider determinants of health and wellbeing, and the emphasis on involving local residents in shaping research priorities.
Health and Wellbeing:	The HDRC will have a positive impact on health and wellbeing and reduce health inequalities through improving the wider determinants of health – the conditions in which our residents are born, live, grow, work and age. It will achieve this through strengthening the use of evidence and evaluation to inform the services and interventions we deliver and commission as a Council, therefore enhancing quality and efficiency of investment.
Social Value:	The HDRC will align to the Levelling- Up Programme to ensure that this and related work across Directorates are evidence-informed and robustly

	evaluated, and reflect the needs and values of local residents. It will therefore enhance the social value of this work over the longer term.
Climate Change:	No direct implications arising from the recommendations. However, the longer- term impact of this work in alignment with the Levelling Up Programme is likely to have beneficial impacts on air quality in the Borough through enhancing decision making processes around improvements to the built environment.
Corporate Parenting:	No direct implications arising from the recommendations. However, the longer- term impact of this work in alignment with the Levelling Up Programme is likely to have beneficial impacts on care leavers, particularly through enhancing work to improve education, skills and employment opportunities in the population.

6 Appendices

Appendix 1 - HDRC Detailed Business Plan
Appendix 2 - HDRC Summary
Appendix 3 - HDRC Logic Model
Appendix 4 - HDRC Gantt Chart
Appendix 5 - HDRC Organogram
Appendix 6 - HDRC Risk Register
Appendix 7 - HDRC Equality Impact Assessment

7. Background Papers

None

Sandwell Health Determinants Research Collaboration: Better Research for Better Health

Detailed Business Plan

1. BACKGROUND AND RATIONALE

HDRC VISION

The Sandwell HDRC will be based on the theme of Poverty and Cost of Living, aligning with Sandwell Metropolitan Borough Council (SMBC)'s Levelling Up Programme (LUP) to address the wider determinants of health and tackle systemic disadvantage in the Borough. The HDRC and LUP would align and strengthen our approach to systematically implementing evidence-informed practice to addressing inequalities and evaluating our interventions and strategies.

SMBC has recently been awarded a total of £136.5m to start the levelling up process in Sandwell through the Towns Fund Programme, Levelling Up Fund, UK Shared Prosperity Fund, Regeneration Fund and Levelling Up Partnership. The investment will provide more affordable homes, improved skills infrastructure, better leisure facilities, an improved public realm, active travel infrastructure, social value and local spend, and local employment opportunities. The LUP gives us a defined context and focus for intervention on the wider determinants of health that would be the ideal setting for a HDRC. We have demonstrated strategic and political will to work together Council-wide and with key partners to take collective action on important issues such as Cost of Living, Warm Spaces, and previously on COVID-19. The HDRC and LUP will involve all SMBC departments including Borough Economy; Regeneration and Growth; Housing; and Children & Education.

1.1 Local context

Sandwell is located in the heart of the West Midlands, comprising six towns: Oldbury, Rowley Regis, Smethwick, Tipton, West Bromwich and Wednesbury. It is part of the Black Country with Dudley, Walsall and Wolverhampton. The four Black Country local authorities are part of the West Midlands Combined Authority (WMCA), which also includes Birmingham, Coventry and Solihull. Sandwell has a unique position within the region of being 'landlocked' by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall.

According to the latest estimates from the Office of National Statistics, Sandwell has a population of 341,835. The population has increased by 11% over the last decade; this is higher than the overall increase for England (6.6%) and reflects more rapid growth among children and working age adults, meaning our population is ageing less quickly than in other parts of the country. Sandwell represents a superdiverse population, with 42.2% of our residents from minority ethnic backgrounds. Almost a third of residents (30.3%) do not speak English well or at all.[1] SMBC ranks as the 12th most deprived local authority in England[2] and life expectancy is 2-3 years shorter than the England average, increasing to almost 8 years in the most deprived wards.[3] A high proportion of Sandwell residents work in healthcare, manufacturing or retail. Sandwell has the poorest air quality outside London and has been hit hard by the COVID-19 pandemic, austerity and climate change. Despite these challenges the Borough also has key strengths and community assets in its vibrant, diverse communities, proud industrial heritage, and parks and green spaces. Strong community assets are maximised through the *Stronger Sandwell* approach: doing work with people not to them, running projects with and for local people, and making sure no one is left behind.

Sandwell's six towns each have their own distinct culture, identity and demographics, which would facilitate nuanced research approaches to addressing the wider determinants of health. Shared identities and challenges across the four Black Country boroughs ensure broad generalisability of local research. As part of the LUP, interventions can form longitudinal studies providing valuable insights into the causal relationships between deprivation and various outcomes, such as mental and physical health, education, employment, and social mobility. We are a key population to consider the ethics of social justice, fairness, and addressing health and social inequalities.

1.2 Existing needs and infrastructure

An independent NIHR-funded research needs analysis in 2021 found that whilst there was a strong culture of evidence-based decision making in SMBC's Public Health directorate, this was weaker across the wider Council. Barriers to undertaking and participating in research were found to mirror the wider literature: difficulty obtaining resources for research activity; lack of time to apply for funding and deliver research[4]; difficulty accessing the right data; lack of information governance; and difficulty identifying and engaging with appropriate external research partners[5,6]. Identified training needs included using research evidence, writing research proposals, and advanced analytical techniques. Finances, budget and workforce constraints were particularly highlighted as having an impact on ability to search for, retrieve and apply research evidence, and the potential to engage in research, which was not always seen as a priority for the Council. In line with previous local authority research[7,8] high value was placed on local evaluation evidence.

SMBC has a strategic Better Use of Intelligence Group made up of intelligence leads from across the Council which promotes collaboration and information sharing across departments. The group has supported the development of SMBC's Corporate Performance Management Framework, which brings together outcome indicators against the delivery of the Council's Corporate Plan and Vision 2030[9]. This sets out 10 ambitions for Sandwell to be a thriving, optimistic and resilient community, with objectives and actions across the wider determinants of health including access to high quality education and rewarding employment; affordable and accessible housing and transport; and opportunities to participate in community life. An annual Residents and Wellbeing survey was introduced in 2022 to enable residents to feed back on their experiences of living in Sandwell and the services provided by the Council.

The Research & Intelligence Team provides some research governance support, although capacity and experience within the team is limited. A Senior Research & Development Officer (Dr Jane Hemuka) was appointed in October 2022 through the PHIRST Embedded Researcher programme to support research activity across SMBC. SMBC Public Health commissions a local library service to provide literature searches and reviews to support evidence-informed practice. Training, networking and data support is available via the Local Knowledge & Intelligence Service (LKIS), Midlands Decision Support Network and WM Analyst Network. Work is ongoing to improve data linkage across SMBC to support service delivery and evaluation.

A corporate Business Intelligence Strategy is in development to improve how we use information and intelligence across SMBC to support service delivery and commissioning. While the strategy focuses primarily on monitoring and outcome reporting, improving data science and information sharing infrastructure will also facilitate HDRC objectives. Ongoing culture work across the Council following recommendations of the recent Grant Thornton review, and an established Leadership Team keen to bring innovative ways of working to Sandwell, make this an ideal environment to promote culture change.

1.3 Collaborations and partnerships

SMBC and the University of Birmingham (UoB) have established close links through collaboration on public health research focused on air pollution, sport and exercise services, early years health improvement, adversity in childhood, transport, housing and climate change. A formal partnership was established in 2022 to advance collaboration on shared research priorities, including a joint evaluation of SMBC's Warm Spaces programme. Several SMBC staff, including three co-applicants, hold honorary contracts with UoB and are supporting development of a BSc in Public Health at UoB. We regularly fund members of the team to complete the Masters in Public Health (MPH) at UoB for their own career development and to add academic rigour to programmes and projects. There are currently six staff members undertaking the MPH part-time, with another two starting in September 2023. The University of Wolverhampton (UoW) are also completing an evaluation of the Sandwell Language Network (SLN) programme which delivers informal community-based English classes to support people to participate in their local communities and navigate healthcare provision.

SMBC has experience of collaboration with NIHR-funded research. Our Senior Research & Development Officer (Hemuka) works with the NIHR PHIRST Fusion team to evaluate COVID-19 vaccination uptake interventions across three West Midlands authorities, and supports wider research activity within Public Health. We are participating in the Public Health Research Innovation & Engagement (PRIDE) project led by Midlands Partnership NHS Foundation Trust and Keele University. The co-lead applicant (Martino) sits on the project advisory group for the PHIRST evaluation of Lambeth's Prevention & Promotion for Better Mental Health programme and the expert reference group for an NIHR-funded project to deliver e-learning on public mental health for clinicians.

SMBC has a well-established partnership with the voluntary and community sector (VCS), working closely with Sandwell Council for Voluntary Organisations (SCVO) and Sandwell Consortium, which runs the Public Health grant funded Sandwell Health Inequalities Programme (SHIP). The public Health team has also collaborated on community research with VCS and other key partners. Recent examples include developing and evaluating a wellbeing assessment tool for parent carers with Sandwell Parents of Disabled Children, a voluntary organisation supporting parent carers; and working with Sandwell & West Birmingham Hospitals NHS Trust to develop a tool for midwives to support conversations around mental health and wellbeing with new and expectant mothers from diverse communities. Evaluations of projects led and delivered by the VCS, including the Better Mental Health Programme, SLN and Warm Spaces hubs, have allowed us to identify challenges and barriers to undertaking research in communities. We are working with UoB and VCS partners to develop a Community Research Champions model in Sandwell to help address some of these barriers (see section 7).

We have strong links with regional UKHSA and OHID teams, collaborating on health protection and public mental health. Data-sharing agreements with the local NHS trust, ICS and others have enabled collaborative work during the pandemic and beyond and will support outcome data collection for health determinants research. SMBC Public Health is planning to work with the Health Economics Unit (Midlands and Lancashire Commissioning Support Unit) and the Black Country ICS to assess the allocative efficiency of public health interventions in each town, which will link to the LUP.

1.4 Previous and current proposal

An expression of interest (EOI) to establish a HDRC in Sandwell was submitted in 2021 in partnership with UoB, with a broadly similar structure, aims and workplan. Despite not being successful on that occasion, we have worked together to progress our collaboration and develop the current bid, building on feedback received in the previous round. We also worked with Coventry HDRC, who have provided a letter of support for our HDRC, to understand more about their experience of developing a successful HDRC programme and what they learned from their first year. Our 2023 EOI clarified our aims and vision, and how the HDRC would influence decision making to address the wider determinants of health by making explicit links to the LUP and the uniting theme of poverty and the cost of living. We streamlined our aims, objectives and workstreams so that they were better aligned, and provided more information on how the HDRC would be delivered – including the role of the HDRC Director and surrounding governance structures. We received positive feedback from the Funding Committee on the clear articulation of our vision and plan, and have addressed further feedback points within this Stage 2 bid (see *Changes from first stage*). This includes revisions to the staffing structure to maximise capacity and academic collaboration, and strengthening links to other HDRCs and academic partnerships in the region.

The Levelling Up funding SMBC has been been awarded offers huge potential for reducing health inequalities in the Borough through improving the wider determinants of health. However, we need a robust way of evaluating its implementation and impact so that we can learn along the way and maximise the impact of the funds. We have within SMBC a strong commitment and potential to be more research active and evidence-informed. HDRC funding would provide dedicated capacity to progress this across the whole Council and embed systems to initiate and sustain research activity. The infrastructure already in place, together with identified areas of need, provide a strong foundation and clear direction for this HDRC.

2. HDRC AIMS AND OBJECTIVES

Our vision as a Council is to undertake evidence-informed, robustly evaluated activities that reflect the needs and values of our diverse local communities.

The HDRC's aims are to transform SMBC's research culture and infrastructure so that we:

- Make the best use of empirical evidence to inform decision-making and investment to address the wider determinants of health
- Robustly evaluate the programmes of work we deliver and commission to ensure quality, effectiveness, and cost-effectiveness
- Facilitate research activity in collaboration with partner organisations and local residents
- Effectively disseminate research outputs to influence approaches of other local authorities

These aims will be achieved via the following objectives:

O1 - Strengthen research and development capacity and resources (staff, skills, software, hardware) and infrastructure (governance, data systems) within SMBC based on good research principles and guidelines

O2 - Embed a strong research culture by ensuring that everyone within SMBC has a shared understanding of the importance of research and evidence-informed practice, which routinely feeds into decision making

O3 - Further develop robust systems and partnerships that allow cultural and knowledge exchange across research active organisations, including strengthening SMBC and UoB links

O4 - Create a community-led research culture, where the values and voices of residents and community groups are represented and heard throughout the research process

Objectives will be delivered via the following workstreams *(see Logic Model and Gantt chart)*:

WS1 - CAPACITY & INFRASTRUCTURE

Workforce development – Training needs analysis and upskilling teams in evaluation, research methods and use of evidence

Data science infrastructure – Co-develop linked datasets with frontline departments and key stakeholders, and structures for information sharing, evaluation and decision making

Research governance and ethics - Develop protocols and structures for the conduct of research within the Council, including development of a robust ethical review process in line with ESRC Framework [10]

WS2 - CULTURE AND EVIDENCE-INFORMED PRACTICE

Mapping the current culture – Undertake an early systematic review on local authority use of evidence, and mixed methods evaluation of the current climate of research culture and evidence-informed practice across SMBC

Translating evidence to practice - Expand existing infrastructure to enable and facilitate access to research evidence across Council departments

Needs assessment and evaluation – Embed needs assessment, best practice and evaluation from an early stage across programmes and directorates

Decision-making processes - Improve use of evidence and tools to support spending proposals and decisions to systematically embed action on health inequalities across programmes and services

WS3 - SYSTEMS AND PARTNERSHIPS

Academic partnerships – Co-located appointments, honorary contracts and formal programme of collaboration between SMBC and UoB; joint applications for external research funding; research outputs (e.g. papers, reports, guidelines, policy changes); shared learning through academic

networks and collaborations including HDRCs, academic partnerships and regional Higher Education Institutions (HEIs)

Wider system partnerships - Develop structures and processes with key partner organisations (inc. SCVO, UoB, SWBHT and Black Country ICB), embedding governance for system partnerships and asset-based community development principles

Information sharing and governance - Explore barriers to effective information sharing internally and externally, working with Information Governance leads to develop processes and protocols for information sharing (links to WS1)

WS4 - COMMUNITY PARTICIPATION

Public engagement - Expand SMBC and UoB Patient & Public Involvement & Engagement (PPIE) structures to increase understanding of public health research and ensure meaningful HDRC public engagement, and a community-driven wider determinants research agenda

Research priorities and partnerships - Widen participation and representation in research through PPI structures, partner organisations, Council membership and leadership and all Council departments

Communication and dissemination - Promote HDRC, facilitate stakeholder engagement and develop mechanisms to share learning and outputs, locally and with other Councils, academic partnerships, and other regions and contexts

3. HDRC DELIVERY PLAN

3.1 Local needs

A number of programmes are already starting as part of LUP focusing on regeneration, economic wellbeing and the cost of living. These programmes will be catalogued and formally wrapped in a robust programme to generate evidence of outcomes.

WS1 addresses workforce development needs and training, using training needs analyses to audit skills across directorates and identify areas for learning and development. The PRIDE survey currently being carried out in the Public Health directorate (section 1.3) will be adapted for use across directorates, or for different groups including elected members, and run in-house. We will also consider adding a research component to the appraisal process mapped to the Vitae framework, an approach which has been successful for Coventry HDRC. WS4 addresses how local needs will be prioritised through research and evidence-informed practice, driven by PPI and community involvement and supported through existing mechanisms (e.g. JSNA and consultations). Community representation at every level of the governance structure will ensure community presence throughout the HDRC.

3.2 Leadership

SMBC's Chief Executive is a co-applicant to this bid, and Council Directors and Councillors are committed to the HDRC, LUP and working in a more systematic, evidence-led approach. A detailed understanding of the current research culture through a literature review and early study within the Council as part of WS2 will provide the foundation for developing training plans to support senior leaders to drive change. In partnership with UoB Institute for Local Government Studies, short training courses will be delivered to leaders on evidence-based policy, the benefits of a research-driven culture and evidence-informed approaches to making the best use of public funds and delivering outcomes for local residents.

3.3 Timescales and milestones (see Gantt chart)

The HDRC has a 5-year phased approach:
Year 1: programme establishment and planning, setting baselines, and training
Year 2: full programme commencement
Year 3: dissemination, review and growth, including first publications.

Year 4: review and consolidate learning from Years 1-3
Year 5: sustainability through designing and implementing an ongoing programme of activity

3.3.1 Programme implementation

Implementation will take place throughout Year 1, with development activity scheduled across workstreams. Recruitment of new HDRC staff will take place in the first 6-9 months, alongside establishing working partnerships, governance structures, board/group membership and roles, setting baselines and developing training plans. From Year 2 the focus will be on beginning training, cataloguing programmes of work and planning the first programmes to run through the HDRC framework.

3.3.2 Key milestones and stop/go criteria

Key milestones at 6 and 12 months are in the Gantt chart and evaluation plan (section 6).

At 6 months we would expect to have achieved the following, which will be our stop/go criteria:

- New HDRC posts appointed for programme delivery: Programme Manager and Programme Support Officer
- HDRC Board and Steering Group established and has met
- Contracts/MOUs with key partners in place (UoB, SCVO, Sandwell Consortium)
- Patient and Public Involvement and Engagement (PPIE) plan developed

Reaching these milestones would give reasonable assurance at this point of the feasibility of the proposed programme going forward. By 12 months:

- New HDRC posts appointed for workstream delivery: 4 x Project Managers and 4 x Project Support Officers
- Processes & protocols for joint working with partner organisations in place
- Information sharing agreements in place
- Communication and dissemination plan developed
- Training needs analysis for all SMBC directorates completed
- Training plan developed
- Race equality self-assessment completed and initial action plan developed
- Current research culture and climate captured outlining how evidence based practice is developed and integrated into decision making
- Catalogue of LUP, Council and community programmes with timelines
- Evaluation plan/protocol with detailed PPIE input

Progress against milestones would be reviewed regularly by the HDRC leadership team so that advice could be sought from NIHR at a timely stage to mitigate risk of delays.

4. APPROACH TO DEVELOPING HDRC

4.1 HDRC structure and resources (*see Organogram*)

The HDRC will be a collaboration with UoB and the VCS, working with local and regional partners, and a pan-Council unit working across departments. A HDRC Board will provide strategic oversight, reporting to SMBC's Health & Wellbeing Board, Full Council and Cabinet via SMBC Leadership Team to provide updates, seek endorsement of key decisions and secure high-level strategic engagement.

A total of 12 full-time staff will be recruited to support delivery of the HDRC from the programme funding. Some will be filled by staff across SMBC and UoB partners so that the HDRC is embedded within both organisations. Some of these costs will be backfilled, however we have also included some matched or in-kind costs by integrating HDRC work into business as usual by existing roles. Costs and full justification are set out in detail in the *Detailed Budget* section of the main bid document.

Strategic leads from SMBC and UoB are existing staff members who have jointly developed the HDRC delivery plan and will lead on the development of the HDRC from the programme start.

Programme and project management staff will be in post from approximately 9 months into Year 1 until Q1 of Year 5 (3.5 years). Embedded researchers and the PhD post will be in place from approximately 6 months into Year 2 until the end of Year 5 to support academic capacity development (see section 4.4). This model will concentrate workstream capacity into Years 2, 3 and 4, where the majority of the infrastructure and culture building will take place, with Year 5 focusing on the programme exit strategy and sustainability.

Although the HDRC will work across SMBC departments, the unit will be based within Public Health, aligning with the Research & Intelligence team. A hub and spoke model will facilitate engagement across the Council and with partners. The Public Health team has established links across the Council to drive forward initiatives to improve the wider determinants of health, and already has a positive culture of using evidence and evaluation to inform decision making. The Research & Intelligence team, while based within Public Health, also fulfils organisational intelligence requirements, including developing the JSNA and supporting the Corporate Performance Management Framework.

4.2 HDRC leadership, management and governance (*see Organogram*)

The work time equivalent (WTE) for each staff member indicates the proportion of working time that will be dedicated to the HDRC, based on a 37.5 hour working week.

4.2.1 Programme leadership

The **HDRC Director** (15% WTE) will be Liann Brookes-Smith, Director Public Health (DPH). She will work closely with the **SMBC Strategic Lead,** Dr Lina Martino (Consultant in Public Health, 50% WTE) and report to Shokat Lal, the **Chief Executive of SMBC** (5% WTE) to provide strategic oversight of the HDRC and accountability for delivery. The **Strategic Lead for People**, Dr Anna Blennerhassett (Consultant in Public Health, 15% WTE) will oversee WS3 and WS4 to provide expert advice and strategic direction in these areas. The **Strategic Lead for Place** (Consultant in Public Health TBA, 15% WTE) will oversee WS1 and WS2. SMBC will backfill consultant WTE to ring-fence HDRC duties and prioritise delivery. SMBC leads will work with Mark Davis (**Chief Executive of SCVO**, 5% WTE) and Louise Kilbride (**Chief Executive of Sandwell Consortium**, 5% WTE) to embed PPIE at all levels of the HDRC.

An **Assistant Director for Levelling Up (Assistant Director level)** is being recruited by SMBC to support implementation of the various work programmes within LUP. They would support the HDRC at 50% WTE, with a specific focus on strategic alignment to the LUP. They will report to the **Director of Regeneration & Growth**, Tony McGovern (10% WTE), who will work with the HDRC Director/DPH to engage senior leaders and managers across SMBC and align to regional priorities for regeneration and inclusive growth.

The **UoB Academic Leadership Team** are Dr Miranda Pallan (Professor of Child and Adolescent Public Health, 10% WTE), Dr Dmitri Nepogodiev (NIHR ACL in Public Health, 10% WTE), Dr Joht Singh Chandan (Clinical Associate Professor of Public Health, 10% WTE) and Dr Jason Lowther (Director, Institute for Local Government studies, 5% WTE). This team will be principal links between the University and SMBC along with the embedded researchers (4.2.3). Throughout the 5 year HDRC programme, they will coordinate training activities across the Council (Chandan), oversee a Collaborative Methodology Hub to provide methodological expertise to HDRC and wider Council staff, as required (Nepogodiev), provide ongoing supervision to the SMBC-employed embedded researchers (Pallan), and work with the Council to transform the research culture (Lowther).

4.2.2 Programme management and delivery

A senior **Programme Manager** and **Programme Co-ordinator** will manage HDRC delivery. The Programme Manager will work with the HDRC Strategic Leads to develop a detailed delivery plan, monitor progress, and maintain the risk register across all four workstreams. The Programme Support Officer will co-ordinate administrative functions of the HDRC, including governance processes.

Workstreams will have designated **Senior SMBC Leads** (each 20% WTE):
WS1 – Jason Copp, Principal Research & Intelligence Specialist
WS2 – Ali Al-Osaimi, Prevention & Behaviour Change Programme Manager

WS3 – Kathryn Hickman, Vulnerable Groups Programme Manager
WS4 – Chitra Roberts, Behavioural Insights and Marketing manager

As established SMBC staff and members of the Public Health team, Senior SMBC Leads will facilitate the embedding of the HDRC into the Council structure and links to existing priorities and workstreams, reporting to the Consultant Lead for their workstream. They will work with SMBC and UoB Strategic Leads, including the Programme Manager for Levelling Up and the Strategic Leads for People and Place, to ensure co-ordination across the four workstreams and delivery of HDRC aims and objectives. Matrix working arrangements across teams, as a hub and spoke with other departments and partners, will support integration with existing programmes and a robust foundation for the HDRC.

Each workstream will have two full-time operational staff. The workstream **Project Manager** will be responsible for co-ordinating activity to take forward workstream actions, reporting to the Programme Manager. They will be supported by the workstream **Project Officer**.

4.2.3 Academic capacity and liaison

Two full-time embedded researchers (**Senior Research Fellows**) will be recruited and co-located across UoB and SMBC, holding substantive contracts with SMBC and honorary contracts with UoB. They will receive regular supervision from the UoB academic team (Pallan/Chandan), with access to early career researcher networks, taught materials and support within UoB. They will work across all four workstreams, and with Strategic Leads and Programme Managers, to develop and co-ordinate internal research activity and external funding applications, and support dissemination of HDRC outputs including publications.

A funded PhD studentship recruited to in Year 1/2 will support evaluation of the HDRC and LUP. Supervision will be jointly provided by UoB and SMBC. In addition, there is commitment from the UoB team to support self-funded PhD students who wish to be aligned to HDRC.

Our **Senior Research & Development Officer** (Hemuka) is in post until October 2025. From October 2023, when her PHIRST contract ends, she will be working full-time, building on our existing collaboration with UoB, and supporting the two new embedded researchers along with the UoB academic team, when in post. Her work programme has been designed to feed into the HDRC, focusing primarily on community engagement in research.

Additional research capacity would come from training placements within the HDRC, the Public Health team, including Specialty Registrars (StRs), Foundation Year 2 doctors on rotation, wider Council or partners. As part of SMBC's ongoing collaboration with UoB, we are aiming to establish a more systematic approach to offering SMBC-based undergraduate and masters dissertation projects which would provide continuous and mutually beneficial opportunities to conduct health determinants research in Sandwell.

4.2.4 HDRC governance

HDRC governance will be provided by:

- **HDRC Board:** Strategic direction of workstreams, resources and future direction of HDRC. Key partners and stakeholders will be represented, with at least two public representatives. Membership will include HDRC Director (Brookes-Smith), SMBC Chief Exec (Lal), HDRC Strategic Lead (Martino), UoB Leadership Team (Pallan, Nepogodiev, Chandan, Lowther), Director of Regeneration & Growth (McGovern), SCVO Chief Executive (Davis), Sandwell Consortium Chief Executive (Kilbride), OHID Deputy Director (Dr Lola Abudu), UKHSA, Health Education England (HEE) WM Training Programme Director (Dr I Ghani), Coventry HDRC Director (S Frossell). Quarterly. Co-chairs: L Brookes-Smith, S Lal
- **HDRC Steering Group:** Operational group to oversee and monitor programme implementation, maintain risk register and report to HDRC Board. Membership will include representation from core partners (UoB and VCS) and leads and partner representatives from related workstreams across the Council and UoB. Bi-monthly. Chair: SMBC Strategic Lead (CPH), supported by Programme Manager. Chair: L Martino

- **Workstream Working Groups:** Implement and progress workstream activities, reporting to HDRC Steering Group. Fortnightly. Membership to include representatives from related workstreams across the Council and UoB. Chair for each group: SMBC Workstream Lead
- **Independent Oversight Committee:** Includes Directors of Public Health across the Black Country, Director for Coventry HDRC, academic representatives from Warwick University and UoW, Wolverhampton Voluntary Sector Council, OHID, UKHSA, WMCA, Association of Directors of Public Health. Annually. Chair: TBC

We will work with SCVO, Sandwell Consortium and Healthwatch Sandwell to identify public representatives for the HDRC Board and Independent Oversight Committee. In addition to this governance structure, the HDRC leadership team will hold quarterly in-person workshops to strengthen relationships and collaboration between co-applicants. This will help to mitigate the challenges and limitations associated with online or hybrid meetings, and will be an opportunity to reflect together on current progress and issues. Workshops will be themed and will include bespoke training to develop the leadership team (e.g. EDI).

4.3 Partners and collaborators

The HDRC will be a core partnership between SMBC, UoB and the VCS, supported by wider partnerships and engagement. In addition to building academic rigour into local authority research and evaluation, knowledge and culture exchange across core and wider partners will help to embed pragmatism and local knowledge into academic studies to facilitate translation into practice.

- UoB will provide:
  - Research methods training including MPH modules and library services support
  - HDRC staff embedded in the UoB academic community (e.g. embedded researchers, honorary contracts, library access, collaborative desk space)
  - Supervision of HDRC PhD student, embedded researchers, public health registrars on academic placements undertaking joint projects, and PhD/MPH/BSc student projects
  - Development of a Collaborative Methodology Hub to facilitate SMBC access to a broad range of methodological expertise to support study design, delivery and analysis, and external funding bids. To include experts in statistics (Prof K Hemming), health data science (Prof K Nirantharakumar), geographical spatial mapping and analysis (Dr G Rudge), health economics (Prof E Frew), qualitative research (Dr L Jones), complex intervention research (Prof K Jolly), evidence synthesis (Dr D Moore), implementation science (Prof R Lilford) and PPIE (Dr S Blackburn)
  - Transforming the Council's research culture, supported by UoB's Institute for Local Government Studies (Director: Dr J Lowther), the leading UK centre for the study of public service management, policy and governance within local government
  - Support from UoB to develop robust research governance processes
- Collaborating with the UoW Institute for Community Research & Development (Dr J Rees), Keele University (Dr P Campbell) and UoB Institute for Local Government Studies (Dr S Bussu) and Centre for Urban Wellbeing (Dr K Bartels) through WS4 will strengthen our approach to PPIE and facilitate knowledge exchange between institutions.
- Partnership with SCVO and Sandwell Consortium will ensure our diverse communities are represented in HDRC development and activity through direct links with VCS organisations across the Borough. We will also link with Healthwatch Sandwell to promote opportunities to engage in the HDRC.
- Wider regional partnerships through our regional LKIS, OHID and UKHSA teams, Midlands Decision Support Unit & Network, WMCA, the Black Country ICS and the NHS, and HEE WM will support the translation of evidence and learning into policy and practice across the region, and wider workforce development, training and knowledge sharing.

- Wider academic partnerships through the NHS Commissioning Support Unit and other HEIs in the region, including Birmingham City University, Newman University, Aston University, Coventry University, Keele University, University of Warwick, UoW, will facilitate dissemination of evidence and learning from HDRC activity, as well as additional opportunities for research collaboration including a possible part-time PhD studentship with the UoB Centre for Urban Wellbeing.
- Alignment to existing NIHR structures through ARC WM, the NIHR School for Public Health Research PHRESH Consortium, NIHR PHIRST and the NIHR Research Support Service based at UoB will support development of robust governance processes for research activity and participation.
- Collaboration with other HDRCs in the region will provide valuable opportunities for shared learning and wider application and dissemination of HDRC outputs. One of our co-applicants (Nepogodiev) is involved in an existing HDRC (Coventry) and is also a co-applicant to another potential HDRC in the region (Birmingham), as is Chandan. We made links with Coventry HDRC in developing our Stage 1 application; since then we have also linked with Birmingham City Council to discuss how the three West Midlands HDRCs could work together, in the event of both Sandwell and Birmingham Council bids being successful. A letter of support is included from all three HDRC Directors to demonstrate our commitment to collaborative working to share good practice, address emerging challenges, and bring wider benefits across the West Midlands region. We would also look to link to the national HDRC director network to learn from more established HDRCs in other regions and share learning more widely.

4.3.1 HDRC Team expertise

The HDRC leadership and delivery team has a wealth of experience and expertise across disciplines and sectors. Relationships with key partners across the locality and region will allow us to draw upon a wide range of expertise to support HDRC development and delivery, as detailed above.

Liann Brookes-Smith is the Director of Public Health at SMBC and an Honorary Research Fellow at UoB. She has comprehensive experience of communicating the needs of population groups, with a proven track record of transferring intelligence into action. She is the Public Health lead for the local Health and Wellbeing Place Based Partnership (ICB) and sits on local statutory boards, West Midlands Association of Public Health Directors, West Midlands Alliance and WMCA Wellbeing Board to ensure the HDRC is an opportunity for training, culture change and dissemination of evidence-based practice across wider governance infrastructure.

Lina Martino is a Consultant in Public Health at SMBC and an Honorary Research Fellow at UoB. She has extensive experience of public health leadership at local, regional and national levels, and a background in health services research. Specialist areas of expertise are research and intelligence and public mental health. As Chair of the FPH Public Mental Health Special Interest Group she supported policy and research development to improve mental wellbeing in populations. She has experience of training and supervising StRs in Public Health.

Anna Blennerhassett is a Consultant in Public Health at SMBC and an Honorary Research Fellow at UoB, a medical doctor and lead for the vulnerable people and healthy lives agenda. Anna led the evaluation of the Covid Vaccination Leaders programme which contributed to the LGC national award for Best Public Health team in 2021. She set up the Warm spaces programme and SLN programme in 2022, working with UoB and UoW to embed evidence and evaluation from the start.

Shokat Lal is the Chief Executive of SMBC with responsibility across the Council's core services. He is an experienced local government officer with a demonstrated history of working across the public sector, in local government and health at a senior board level, and has extensive experience of public service transformation and innovation. He has also been a Lay Member and Non-executive Director for various NHS Boards.

Miranda Pallan is a Professor in Child & Adolescent Public Health and Public Health Consultant (honorary contract with DHSC). She is a member of the School Public Health Research PHRESH

Consortium executive. She is experienced in leading complex NIHR-funded studies on improving health and wellbeing in children and young people (obesity, nutrition, mental wellbeing). Expertise includes mixed methods research, complex intervention development and trials, and research with ethnically diverse communities. She has collaborated with local authorities on multiple occasions to evaluate public health initatives, and has extensive experience in supervising researchers from undergraduate to PhD levels.

Dmitri Nepogodiev is a NIHR Academic Clinical Lecturer in Public Health. His expertise is in quantitative evaluations and he has co-led both cohort studies and randomised controlled trials published in The Lancet. He also has experience of using routinely available data to evaluate system performance, including a publication in The Lancet. As a public health registrar, he supported the development of the Coventry HDRC bid and its implementation over its first 10 months. He has extensive experience of the challenges and solutions to setting up HDRCs.

Joht Singh Chandan is a Clinical Associate Professor of Public Health. He is a practising public health clinician with expertise in health data science, addressing healthcare inequalities and working with underserved populations (such as those affected by violence). He supports of £36 million of current funding and has co-authored over 110 peer-reviewed articles including complex evaluations of public health interventions. Additionally, he has experience supervising under and post-graduate students, currently supervising seven PhD students.

Jason Lowther is the Director of the University of Birmingham Institute for Local Government Studies. He researches the use of evidence in policy making, with a particular focus on local government and collaborative partnerships. Prior to joining UoB he was the Director of Strategy at Birmingham City Council for 14 years, including responsibility for the Council's research team, customer insight work and early transition of the public health function to the Council.

Mark Davis is the Chief Executive of SCVO, the umbrella organisation for the VCS in Sandwell. SCVO engages and serves over 1,000 local community groups, voluntary organisations, charities and social enterprises which strongly reflect the diversity of Sandwell's population. He has over 25 years experience working within the local, regional and national charity sector, as well as a stint working alongside communities in sub-Saharan Africa. To support its role in developing and enabling local action and providing insight on resident needs within the strategic arena, SCVO regularly undertakes research with local community organisations. This has recently included engagement around victims' experiences, mental health, community responses to the COVID-19 pandemic, and digital exclusion.

Louise Kilbride is the Chief Executive of Sandwell Consortium, a consortium of community-led organisations in Sandwell whose aim is to reach marginalised residents, tackle health inequalities and promote social inclusion. These organisations have specialist reach to specific ethnic, cultural and faith communities and residents with disabilities, with locality-based provision in their neighbourhoods. Louise has over 30 years of developing and managing community services in, with and for disadvantaged communities in the Black Country and Birmingham, as a practitioner, senior manager, evaluator, board member and volunteer. Previous roles include Health Inequalities Strategy Implementation Lead for Dudley Community Partnership and Co-Director at the Centre for Health Action Research & Training.

4.4 Capacity building

The HDRC will be forward-looking, developing the next generation of local authority researchers and leaders, creating the infrastructure needed to conduct high-quality research. At the same time it will support those who are already building capacity in their communities, via VCS partners, to co-develop community driven research which prioritises local needs.

<u>Research and evaluation infrastructure</u>

- Dedicated posts to develop HDRC structures and processes; embedded researchers; protected staff time for designated workstream leads
- Establishing research governance, ethical review and data sharing procedures
- Expanding rapid review capacity and support, with wider reach across Council

- Developing governance pathways for community research

Organisational culture and partnerships

- Transforming SMBC's culture so that the contribution made by research to improving the health and lives of local residents is understood and valued
- Embedding use of evidence into internal governance and decision-making processes
- Building academic collaboration across WM HEIs and academic networks for knowledge and culture exchange
- Enhancing existing PPIE structures to develop mechanisms for research participation and co-production in communities, including setting research priorities

Research leaders and champions

- Upskilling Research & Intelligence and vital staff across SMBC on analytic methods including qualitative, participatory research, and ethnographic methods
- Evidence-based policy courses to develop senior SMBC staff in identifying and using evidence, and engaging in research
- Developing Community Research Champions
- Creating next generation of researchers and sustainable career pathways, including a PhD student and public health StR placements, and via early career researcher networks

4.5 Wider determinants of Health

Since moving back into local authorities, Public Health teams have been ideally placed to work collaboratively with other Council directorates, and with partners and stakeholders across the health and wider system, to address health inequalities and increase population wellbeing through improving the wider determinants of physical and mental health. It therefore makes sense to embed the HDRC team into the Public Health team (the HDRC 'hub') where we can make the most of existing relationships and collaborations to increase the HDRC's reach and set up spokes across directorates and partners to embed research activity and culture throughout the whole organisation and wider community.

Coventry's Marmot City approach has provided useful learning on integrating key principles for reducing health inequalities, including proportionate universalism: improving the health of the most disadvantaged fastest by balancing universal, population-level intervention with more targeted intervention to support those at greatest risk.[11] This is evident in the LUP plans and in existing partnership work with SMBC directorates focused on the wider determinants of health, including Borough Economy, Children & Education, Housing and Regeneration & Growth. Our work to address health inequalities through the *Stronger Sandwell* approach and asset-based community development aligns to the WMCA Inclusive Growth agenda, which aims to build a fairer, greener and better connected region that meets the needs and aspirations of people whilst also being regenerative of the environment.[12]

The Joint Strategic Needs Assessment (JSNA) is collectively owned by analysts across SMBC, enabling strong focus on the wider determinants of health. SMBC and NHS partners ensure these determinants are embedded in ICS plans and performance metrics. The HDRC will strengthen this activity by: addressing key priorities within research and evidence-informed action; developing capacity, infrastructure and processes to support research and translation of evidence into practice; and changing the culture across SMBC and partners.

4.6 Health inequalities and Equality, Diversity & Inclusion (EDI)

SMBC has a nationally award-winning, proven track-record of asset-based community development and co-production, with strong community relationships incorporating different cultural assets and perspectives through the *Stronger Sandwell* approach. This is central to addressing health inequalities and strengthening EDI through the HDRC. Additionally, the HDRC team are committed to using newly developed NIHR tools such as the FOR-EQUITY guidance[13] to mitigate the

possibility of undertaking inequity generating research, and the INCLUDE guidance[14] which outlines the importance of engaging underserved communities.

4.6.1 Health inequalities

Consideration of health inequalities, and action to address these in our local population, is embedded across the Public Health team's scope of practice and in our partnership working across a wide range of services, programmes and strategies to support Sandwell residents across the life course. This is supported by defined programmes and projects whose primary focus is to identify and address specific inequalities, including Winter Hubs and cost of living support; the Sandwell Language Network; a project to improve mental health in our migrant communities; and the Health Inequalities workstream which is a key element of our place-based partnership with the Black Country ICP.

Our asset-based community development approach is responsive to the needs of local people and emphasises co-production with voluntary and community groups, SMBC public health has gained recognition for this approach through a number of national awards, including the Local Government Chronicle (LGC) 2021 award for Public Health for working alongside community champions to promote COVID-19 vaccines, and the Guardian Public Sector Award and National Public Health Award for our Blue Light project targeting treatment resistant drinkers. We were also a finalist for the Royal College of Nursing (RCN) award for outstanding contribution to infection prevention and control (2021), an MJ Award finalist for joint work with SCVO on emotional wellbeing in children (2023), and an LGC Award finalist for our joint work with Sandwell Consortium on Sandwell Language Network programme (2023). The success of these programmes was due to long established community relationships and *Stronger Sandwell* approach on which the HDRC will build.

4.6.2 Equality, diversity and inclusion (EDI)

Embedding EDI within the HDRC is crucial to ensuring that its activity and outputs reflect the needs and values of Sandwell residents, and that our diverse communities are represented and heard at every stage – especially those who are currently underrepresented. There are five key elements to strengthening EDI through the HDRC:

1. Building a diverse HDRC team

The HDRC leadership team and Board is diverse in terms of sex, age, ethnicity and background, and we will also maximise diversity in the Independent Oversight Committee. Recruitment for new HDRC posts will follow SMBC's current process to promote diversity (e.g. through ensuring representation on interview panels, and ensuring that all panel members have undertaken recent EDI and unconscious bias training). In addition, we will consult on and review our advertising strategy to maximise reach across communities, include representation from the EDI team on interview panels, and consider trialling alternative recruitment processes to be more inclusive of neurodivergent applicants.

2. Ensuring that the HDRC team is EDI-competent

Comprehensive training and development opportunities will be offered to SMBC officers and Councillors, including EDI, interesctionality, unconscious bias and cultural competence. We have recently recruited a Faith Sector Lead within the Public Health team, having long established a strong relationship with our local faith sector representatives through our local Faith Sector Network and Health & Wellbeing Board.

3. PPIE and HDRC activity

EDI is incorporated in research development and participation and in PPIE representation, including through our Community Research Champions project. Key partners such as SCVO and the Sandwell Consortium (15 key Sandwell community groups) increase representation of our diverse communities, including minority and marginalised groups. We will work with our internal EDI team and with community groups to ensure that arrangements for partnership boards, community engagement activities and dissemination of outputs are accessible to people with disabilities, including learning disabilities and autism. Equality Impact Assessments the OHID Health Equity Audit Tool will help to

identify and mitigate potential unintended consequences of population-based interventions to avoid widening of inequalities.

4. Monitoring and audit

Improving monitoring of protected characteristics, particularly ethnicity, sex, sexual orientation and gender identity (following our recent LGBTQ+ needs assessment) is a priority across several existing workstreams, including the Better Mental Health Programme and Suicide Prevention. This will help us to ensure that our services, programmes and initiatives are reaching and including all of our residents, and are appropriate to their needs. The NIHR Race Equality Framework will be used at the start of the programme by core partners to self-assess their current positions in terms of racial equity and racial competence in their organisations.

5. HDRC outputs and communication

Our HDRC budget includes a dedicated amount to support EDI in our communications strategy, including providing outputs in a variety of formats and languages (e.g. translations into the main languages spoken in Sandwell as default, large print and braille versions). There are a number of staff within the Public Health team, including some of our Development Officers, who are multilingual and can support HDRC community engagement activity via established networks. We can also offer qualifications in English language to people who would like to become Community Research Champions, linking to our SLN programme.

We will work with our EDI team within SMBC (lead: Koser Shaheen), and with EDI leads in partner organisations, to ensure that EDI is considered in all HDRC structures and activities.

5. BARRIERS

5.1 Research capacity and skills

Capacity, resources and capability have been identified as key barriers to research activity and application across SMBC (see section 1.2). Significant investment into addressing these barriers through the HDRC would facilitate a more evidence-informed approach to strategies to improve the wider determinants of health and evaluate the impact, aligning with the LUP. In addition to recruiting the right people into the team to take the programme forward, protecting and backfilling SMBC staff time to participate in HDRC activity and develop research skills would help to embed a research-positive system and culture that is resilient to staff churn. This has been assured by SMBC's Chief Executive and Leadership Team as a priority for the work to move forward. It will be a staple topic on leadership and wider board agendas to ensure that sign up is communicated across all teams.

Research training readiness may present an additional barrier, particularly among more junior staff. Including training or entry level opportunities (e.g. apprentices and work experience students alongside registrars and research fellows) will enable a wider range of staff to take part in research activity. UoB will support capacity and skills development to enable appropriate, responsive and rigorous research and evaluation to be undertaken (e.g. natural experiments, cluster and stepped-wedge designs, use of routine data to assess outcomes, and use of evidence to inform action).

5.2 Senior leadership and culture

Senior level buy-in and engagement is key to the success of the HDRC and has previously been a barrier to increasing research activity and evidence-informed practice. SMBC's Chief Executive will be actively engaged as co-Chair of the HDRC Board, and the involvement of SMBC Directors, Consultants and Senior Managers CEO will facilitate embedding of the HDRC within Public Health and the wider Council.

However, while our proposal is fully endorsed by the Chief Executive and Leadership team, staff turnover may impede progress. Establishing wider collective ownership of the research agenda and transforming the research culture across the whole Council is important for maintaining momentum,

and will help to embed systemic change. This will be supported by continued engagement (internally and externally) to disseminate outputs and demonstrate impacts.

5.3 Timescales

Local authority timescales for policy implementation and political processes are often poorly aligned with academic research timelines, particularly where ethical approval is required. This can be a major barrier to undertaking and publishing research for timely and meaningful translation to local practice. Mitigations include prioritising HDRC projects that can be reported in the short-term and have longer term impact beyond the 5-year period, and working with the UoB ethics team to design efficient and proportionate ethics pathways within SMBC for robust but timely approval of internal studies. We will also consider the feasibility of a programme ethics application to reduce the need for single project applications where appropriate (e.g. for analysing routinely collected data for research purposes).

5.4 Community engagement

A recent workshop with VCS partners and wider stakeholders identified a number of potential barriers to effective community engagement, including failure to demonstrate the purpose and value of research to local communities, and to manage expectations around outcomes and impacts. Demystifying research terms and using plain, relatable and culturally appropriate language (including where there may be stigma around particular topics) will be essential to our communications strategy, as well as clearly demonstrating the link between research evidence and decision making. Evidence from community research was highlighted as particularly important in showing local residents how they can play a role in this process. Being honest about how some research impacts may not be seen until the longer term can help to keep people engaged in the process, as well as keeping sustained relationships with community groups so that research findings and impacts can be fed back. Recognising the contributions of community groups and members of the public and appropriately compensating them for their time shows that they are valued as research partners; however, processes for payment can be complicated and slow, hence establishing a clear mechanism for payment/compensation as an early priority (section 7).

6. EVALUATION AND MEASURING SUCCESS

The HDRC and LUP will have entwined outcomes required to be reported nationally. The Monitoring and Evaluation Framework below outlines the key measures of success throughout the 5-year programme. These outcomes are likely to evolve over the course of the programme, particularly with linking to the LUP dashboard which is currently in development. It should be viewed alongside the Logic Model and Gantt chart.

The Logic Model demonstrates how HDRC activity (inputs/processes and outputs/KPIs) will lead to achieving our aims and objectives (outcomes and impacts) through the four workstreams. The Gantt chart sets out timelines for activity within each workstream, including key milestones (section 3.3.2). The Logic Model and Gantt chart will be used to develop more detailed action plans and monitoring frameworks within each workstream to ensure the programme is progressing as planned, alongside the risk register held by the Steering Group.

The outcomes detailed in the framework below will assess the effectiveness of activity across the four workstreams, focusing on increased research capacity and activity; stronger research infrastructure and partnerships; changes in behaviour, culture and systems-level thinking; and application of research methods and findings to inform decision-making processes. Audit and assessment will draw on key frameworks including MRC Complex Evaluation and Implementation Sciences (CFIR/NPT), as well as NIHR guidelines for inequalities impact assessment and public involvement which have informed this bid. The KPIs are measures of progress towards these outcomes, as shown in the Logic Model. A mixed methods approach will balance quantitative metrics with qualitative methods to explore attitudes, perceptions and experiences of partners and stakeholders.

The impacts shown in the Logic Model are the expected benefits of a successful HDRC. Medium term impacts would be demonstrated through HDRC objectives being met, leading to improved SMBC service quality and more efficient investment. Longer term impacts (improved health outcomes for local residents, reduction of health and social inequalities and increased satisfaction with Council services and the local environment) align to the SMBC Corporate Plan and will be captured through monitoring and evaluation within the LUP and specific service areas (linking to the Corporate Performance Management Framework), as well as the annual Residents and Wellbeing Survey.

Sandwell HDRC Monitoring and Evaluation Framework

Outcome measures and KPIs	Type of measure	Year of delivery					
		1	2	3	4	5	6+
WS1 – CAPACITY & INFRASTRUCTURE							
Workforce development							
Staff trained by group, inc. elected members - number	KPI	x	x	x	x	x	
Training quality and effectiveness – knowledge, understanding and confidence (surveys/focus groups)	Outcome	x	x	x	x	x	
Staff capacity for research & development (audit)	Outcome	x	x	x	x	x	x
Staff involvement in research (audit)	Outcome	x	x	x	x	x	x
Data science infrastructure							
Software installed, trained/registered users - number	KPI	x	x	x	x	x	x
Diversity monitoring data completeness for services (audit)	KPI	x	x	x	x	x	x
Use of linked datasets for research (audit)	Outcome			x	x	x	x
Research governance and ethics							
Research studies supported - number	KPI		x	x	x	x	x
Ethical approval applications reviewed - number	KPI		x	x	x	x	x
Good research practice principles - compliance (audit)	Outcome		x	x	x	x	x
WS2 - CULTURE AND EVIDENCE-INFORMED PRACTICE							
Mapping the current culture							
Training delivered based on systematic review and current culture evaluation & officers/members engaged	KPI	x	x				
Translating evidence to practice							
Literature/rapid reviews conducted - number	KPI	x	x	x	x	x	x
Services/initiatives informed by rapid review and Health Equity Audit – number (*survey/ interviews)	Outcome	x	x	x*	x	x*	x
Needs assessment and evaluation							
Services/initiatives informed by needs assessment – number (*survey/ interviews)	Outcome	x	x	x*	x	x*	x
Evaluations carried out of services/initiatives – number, early implementation	KPI	x	x	x	x	x	x
Decision-making processes							
Senior leaders engaging with culture training - number	KPI	x	x	x	x	x	

Senior leaders/member attitudes towards research and evidence-led practice (surveys/interviews/focus groups)	Outcome	x		x		x	
Cabinet decisions with evidence of HDRC activity – number (*survey/ interviews)	Outcome		x	x*	x	x*	x
WS3 - SYSTEMS AND PARTNERSHIPS							
Academic partnerships							
Successful research bids with partners - number	Outcome				x	x	x
MPH projects based in Sandwell - number	KPI						
SMBC evaluations with UoB/other HEIs - number	KPI						
Wider system partnerships							
Attendance/representation at partner/network meetings	KPI	x	x	x	x	x	x
Partner and stakeholder perceptions of HDRC effectiveness – surveys, interviews/focus groups	Outcome			x		x	
Information sharing and governance							
Information sharing agreements updated/ reviewed (audit)	KPI		x	x	x	x	x
Teams and departments accessing linked datasets/shared resources (number, perceptions)	Outcome		x	x	x	x	x
WS4 - COMMUNITY PARTICIPATION							
Public engagement							
Diverse PPIE involvement in research (including marginalised groups) (audit)	Outcome	x	x	x	x	x	x
Training for PPIE representatives delivered and people engaged	KPI	x	x	x	x	x	
Community Research Champions trained and people engaged (numbers)	KPI	x	x	x	x	x	
Public perceptions of research and evidence-informed decision making (surveys, interviews/focus groups)	Outcome	x	x	x	x	x	
Research priorities and partnerships							
Public representation in all HDRC governance (audit)	KPI	x	x	x	x	x	
Identified research priorities & resulting research activity - internal research/ external funding applications (review)	Outcome	x	x	x	x	x	
Increased and more diverse community involvement in decisions (audit)	Outcome		x	x	x	x	x
Communication and dissemination							
Reports/papers published - number	KPI		x	x	x	x	x
HDRC communications – press releases, newsletters, social media posts - number	KPI	x	x	x	x	x	x
Case studies from VCS – number, themes	KPI	x	x	x	x	x	x
Engagement with HDRC communications – number, survey/focus groups	Outcome	x	x	x	x	x	x

We will liaise within the West Midlands HDRC network to align evaluation metrics where possible and appropriate so that we can learn across HDRCs. We will seek peer review of our evaluation plan by other HDRCs and report to the HDRC Steering Group and Board for review and direction.

7. COMMUNITY AND PUBLIC INVOLVEMENT

Existing strong PPI structures within Sandwell have identified priorities for wider determinants research to inform the HDRC. The COVID-19 pandemic was a catalyst for change, bringing together faith leaders, community groups and public services to identify and meet the needs of our local residents. We have maintained those relationships as we have progressed from the acute response to restoring and rebuilding, and have been able to draw on hyper-local groups (via SCVO and Sandwell Consortium) to apply approaches and learning in other contexts – including applying the Community Vaccination Leaders model to train Cost of Living Champions and develop a proposal to establish a cohort of Community Research Champions, which will provide training and support for local residents to understand more about the research process and facilitate involvement in research across their communities.

Over the last year there has been an increased drive to involve residents and service users in Health & Wellbeing Board, with faith sector representation on the Board and regular presentations from community groups. This has been powerful in influencing the decisions made by the Board so that they are better informed by the needs and experiences of our residents, and is reflected in Sandwell's Health and Wellbeing Strategy.[15] The recently established annual Residents Survey provides a means of regular feedback on Council services and satisfaction with Sandwell as a place. SMBC's new Consultation Hub on the CitizenSpace platform is a central point for public consultation activity and will also provide an opportunity to close the feedback loop by demonstrating how consultation findings have contributed to strategy and policy development. All of these can be used as vehicles to support and promote co-production activity in the HDRC, by identifying issues that matter to local communities and would benefit from targeted research.

Conversations at existing forums and input from the VCS have shaped this proposal. Residents are keen to share ideas on priorities around the wider determinants of health; more targeted activity will engage them in shaping the HDRC and research culture:

- SCVO and Sandwell Consortium will ensure community voices, including the marginalised or seldom heard, are central to the HDRC and resulting research funding bids – linking in with our Community Research Champions
- We will draw on existing networks as part of the *Stronger Sandwell* approach, including the SHAPE forum (young people); faith Sector meetings; town tasking meetings and public health network meetings for each of the six towns in Sandwell; and VCS and public representation on partnership boards
- Increasing health literacy, including through the SLN, and tackling digital exclusion through SMBC's Digital Inclusion programme will help to prime local communities to understand research approaches and findings
- From May 2023 a boroughwide panel of BME and disabled residents has been in place with Sandwell Consortium's 2-year 'Reach & Reconnect' programme
- We will establish a Citizens Assembly on research to enable citizens and experts by experience to make recommendations to inform HDRC decisions
- We are developing a citizen survey to find out more about local residents' views and understanding of research and how it can be used to improve determinants of health
- Community outreach activity, including dissemination events in local venues, will enable broader engagement and representation in HDRC activity. A virtual Community Research Hub will provide ongoing means of contact and two-way communication

This will allow us co-create a model for research frameworks and mechanisms that are informed by and center local residents, particularly those from disadvantaged communities. We will be supported by specialists from UoW Institute for Community Research & Development (J Rees) and UoB Institute

for Local Government Studies (S Bussu) to develop appropriate methods for engagement and intersectional inclusion, including creative methods. Embedding PPIE in every stage of the research process or pathway, from setting research priorities to co-designing and co-producing studies to disseminating findings in and with local communities, will ensure that research has meaning and impact for the people of Sandwell.

From an early stage we will prioritise establishing efficient payment processes for PPIE representatives to ensure timely reimbursement of expenses, as this has proved to be a challenge in SMBC and in other HDRCs.

8. DISSEMINATION, KNOWLEDGE EXCHANGE AND IMPACT

All outputs from the HDRC and LUP such as evidence-informed best practice recommendations and research/evaluation findings on projects, programmes and strategies will be reported and promoted via:

- Local forums and events
- Internally to the Cabinet and Directors and across Council departments
- With local partners via SCVO, SC, the ICS and partnership boards
- With regional partners via the HDRC Board, WMCA, Association of Directors of Public Health, West Midlands Learning for Public Health and HEE West Midlands
- Regional and national forums such as LGA, LUP reviews, RSPH
- Regional and national conferences, media engagement (e.g. Express & Star, BBC West Midlands, Raaj FM) and awards
- Peer reviewed Journals
- Sandwell Trends website for easy open access. This will host our research, data, priorities, consultations and progress against objectives and key milestones.
- Newsletters and press releases

Our vision is to disseminate all we do, including through peer reviewed publications. To enable this we would begin the process of obtaining governance approvals and permissions prospectively, supported by colleagues with methodological expertise to maximise the quality of outputs. Communication plans will be developed during Year 1 and refreshed annually as part of WS4. They will be reviewed regularly for assurance of effectiveness and reach.

We will work with communications experts in our organisations and networks, using established knowledge mobilisation strategies,[16] to develop our communication and engagement plans so that HDRC outputs will reach the right people to have maximum impact. Stakeholder mapping will inform approaches to co-production, engagement and dissemination and enable us to optimise communication with different audiences locally and regionally, including framing research in terms that are relevant and meaningful to local citizens and sharing learning of regional or national interest.

Public communications from our HDRC will be central to knowledge mobilisation and engaging local communities in research and dissemination. Building on the principles and guidelines for consultation being developed through SMBC's newly established Consultation Hub, and in line with the NIHR's Dissemination guidance,[17] we will work with community partners to ensure that all HDRC public communications are accessible and inclusive. This will include a range of formats (e.g. animations, videos and infographics alongside written communication) and dissemination channels (e.g. local radio, press releases, social media, podcasts and regular community-based workshops and events). All communication will be at appropriate reading levels and available in the main languages spoken in Sandwell as standard, with provisions for translation into additional languages. We will proactively engage local media organisations to report throughout the lifecycle of projects and share stories from local people involved in research.

Communities of practice will provide ongoing forums for disseminating learning with key stakeholders across the region and wider partner networks. An Annual Research Symposium established during the first year will bring stakeholders together to reflect on progress and shared learning.

9. SUSTAINABILITY

There is an expectation of SMBC's Chief Executive and Leadership Team that the research-positive culture, embedded organisational policies and processes, research activity and translation of evidence to practice will continue. This will include mechanisms for applying for further funding to support research activity via NIHR and other funding bodies. As such SMBC and partners will ensure that the benefits and impacts of the HDRC are sustained beyond the funding period, including an ongoing PhD studentship between UoB and SMBC and continued links with other HEIs and networks. Embedding research, evaluation and use of evidence into the Corporate Performance Management Framework will help maintain this activity.

Workforce and community development activity will continue to benefit the locality and region after the 5-year programme has ended. Establishing a community researcher model and offering continued access to a governance pathway for organisations outside public service and HEI settings, supported by community research champions, will provide ongoing support for community-led research and contribute to maintaining established relationships with community groups. Training placements within the HDRC, particularly StRs in Public Health, will ensure that our future consultant workforce is well equipped to embed research into their practice and ensure that capacity for research is included as a priority within their teams.

There is also a broader role for the HDRC to feed back to the NIHR to inform future research priorities, both as a local system and as part of the wider HDRC network. Linking to other HDRCs will enable us to work together to develop sustainable platforms across the region to aid continuation of activity. Local authorities and partner organisations, especially the VCS, are the closest to the populations they serve and have unique insights into the complexities of the wider determinants of health. Supporting HDRC members and public representatives to volunteer for NIHR committees and advisory groups can help maximise the benefits of HDRCs and public representation in health research.

10. RISK MANAGEMENT

10.1 Ethics and safeguarding

As part of WS1 (Research governance and ethics) we will develop a robust ethical review process for research proposals in line with the ESRC Framework, supported by the UoB Research Governance Team. Where appropriate we will seek additional ethical approval from NHS and/ or HEI bodies. SMBC has a number of policies in place to protect both staff and residents that are compliant with NIHR's Preventing Harm in Research Policy. Our internal Grievance Policy covers dignity, bullying, harassment and additional guidance, with related policies covering Health & Safety at Work; Sickness Absence Management; Stress Management; Violence & Agression; and Equality & Diversity, including guidance relating to specific groups. Training on safeguarding children and adults training is mandatory for all SMBC staff and will include those working within the HDRC. During Year 1 (programme establishment and planning) we will work with SMBC Safeguarding leads to review plans for public engagement and participation, and ensure that there are measures in place to address any potential safeguarding issues. Where safeguarding concerns are identified during the course of HDRC activities, these will be escalated via standard processes. Potential safeguarding issues will be included on the risk register and reviewed regularly.

10.2 Information sharing and intellectual property

Information sharing agreements between HDRC partners will be developed using our internal SMBC templates, with support from our Information Management team and information governance leads in each partner organisation. Background and foreground intellectual property (IP) rests with SMBC as the Contractor with regards to outputs directly related to the HDRC. The collaboration agreement will specify that any HDRC publications and outputs require input and agreement from all named parties, and will grant them future use of these outputs. Further xpert input from SMBC's Legal team and UoB's Commercial Services team will be sought where required with regards to IP generated from HDRC activity.

Sandwell Health Determinants Research Collaboration - Better Research for Better Health

BACKGROUND OF THE PROJECT

The National Institute for Health Research is the largest funder of health research in the UK. It is providing up to £5 million to councils to develop partnerships. These partnerships will improve how councils carry out research, how they use it to make decisions and how they communicate findings to others.

These partnerships will focus on the wide range of factors, outside of health care, that influence people's physical and mental health. These factors include how polluted the air is on your street, the quality of your accommodation, if you own a car, how good the schools are and whether you have a job.

Councils use their money to improve the health of their residents. They must pay special attention to the most vulnerable in society to make sure they are protected. Through research there will be a better understanding how the factors listed above influence health. This will enable councils to spend their money to improve the health of all their residents.

WHAT SANDWELL PLANS TO DO

Sandwell Council is working with the University of Birmingham to develop a research partnership. This will build on the 'Stronger Sandwell' approach where we:

1. Build on Sandwell's Strengths – its communities – we do our work with local people, not to them.
2. Focus on projects run by local people, for local people.
3. Ensure nobody is left behind – focusing on those facing the biggest life challenges, for example the oldest and youngest members of our community and those living with disabilities or in financial hardship.

The key aim of this partnership will be to change how we do research in Sandwell Council on the factors that can affect our health (such as housing and education). We will use this learning to help the council make a decisions that will improve our residents' health.

HOW SANDWELL PLAN TO ACHIEVE THEIR GOALS

The council will develop four areas of work:

1. Improving the skills of the staff at Sandwell Council and improving how we carry out research. This includes training on how to carry out new research, identify existing research and establish how good the research is. We will design systems to ensure that any research we do is good quality and meets the guidelines set out by national government.
2. Turning research into action so it makes real change to people's lives. Planning and delivering services in a way that is informed by the latest research.

3. Working with other organisations to carry out and use research, and creating one system to hold all the information that we collect. This will allow us to see how one area (e.g. crime) can influence another area (e.g. mental health).
4. Ensuring the research undertaken is informed by our residents and community groups. This will be shaped by existing meetings such as the monthly meetings Sandwell Council hold with a variety of organisations and members of the public. It will also help us to choose the research we focus on so it creates the biggest benefit to Sandwell.

HOW WILL WE TELL PEOPLE WHAT WE ARE DOING?

The council has a website called Sandwell Trends where all the research we are doing will be described. This website will include information on the four areas outlined above so residents can see what progress we are making. We will also compile reports and scientific publications to communicate our work.

INPUTS

WS1 - CAPACITY & INFRASTRUCTURE

Workforce development – training needs analysis; training & upskilling SMBC staff

Data science infrastructure – data sharing agreements, linked datasets & resources for evaluation & research

Research governance and ethics - support from UoB to develop governance & ethical review processes

WS2 – CULTURE & EVIDENCE-INFORMED PRACTICE

Mapping the current culture – systematic review & mixed methods evaluation

Translating evidence to practice – expand existing infrastructure; develop systems for accessing evidence across SMBC

Needs assessment and evaluation – support & resources for evaluation & decision making; embed evaluation at early stage

Decision-making processes – embed evidence into reports to Council meetings & Boards; Health Equity Audit

WS3 - SYSTEMS & PARTNERSHIPS

Academic partnerships – co-located appointments, formal collaborations, shared learning, develop Research Strategy

Wider system partnerships –Develop joint working processes & protocols; embed asset-based approach via VCS & community forums

Information sharing and governance - explore barriers; develop systems across SMBC & partners

WS4 - COMMUNITY PARTICIPATION

Public engagement - expand existing PPI structures/pathways to enable community-driven wider determinants research agenda; training

Research priorities and partnerships – use Residents Survey for identifying research priorities; develop Community Research Champions cohort

Communication and dissemination – Sandwell Trends, communications plan, networking and learning events

OUTPUTS (KPIs)

- Training delivered; staff engaged
- Software installed; users trained/registered
- Diversity monitoring data completeness
- Research studies supported
- Ethics applications reviewed

- Training delivered & officers/Councillors engaged
- Senior leaders engaged with culture change training
- Literature/rapid reviews & Health Equity Audits conducted
- Evaluations of services/initiatives

- MPH projects based in Sandwell
- SMBC evaluations with UoB/other HEIs
- Attendance at intelligence network meetings
- Information sharing agreements updated/ reviewed

- Training delivered; people engaged
- Community Research Champions trained; people engaged
- Public representation in all HDRC governance structures
- Reports/papers published
- HDRC communications & events
- Case studies from VCS

OUTCOMES

O1: Research and development capacity and resources

- Training quality and effectiveness
- Increased capacity for research & development (staff time and skills)
- Use of linked datasets for research
- Increased research activity in line with good research practice principles

O2: Transformed research culture

- Services/initiatives informed by rapid review and Health Equity Audit
- Services/initiatives informed by needs assessment/evaluation
- Attitudes of senior leaders/members towards research & evidence-informed decision making
- Cabinet decisions with evidence of HDRC activity

O3: Systems & partnerships:

- Partner and stakeholder perceptions of HDRC effectiveness
- Successful research bids with partners
- Teams/ departments accessing linked datasets & shared resources

O4: Community-led research culture

- Diverse involvement in research
- Increased understanding of research/evidence-based decision making in communities
- Increased and more diverse community involvement in decisions
- Identified research priorities & resulting research activity - internal research/ external funding applications
- Engagement with HDRC communications

IMPACTS Medium term

Evidence-informed decision-making and investment to improve the **wider determinants of health**

Robust evaluation of SMBC programmes, projects and services ensuring **quality, effectiveness and cost-effectiveness**

Increased research activity in collaboration with **partner organisations** and **local residents**

Dissemination of research outputs to **influence wider practice**

Improved quality of SMBC services and more efficient investment

IMPACTS - Long term

Improved health outcomes and reduced health inequalities through:

- High aspirations and equality of opportunity
- Living healthy lives for longer, supporting most vulnerable
- Skilled workforce equipped to respond to changing economy
- Best start in life and high quality education
- Community cohesion, equality and safety
- Affordable and well-connected transport system
- Better quality housing in attractive neighbourhoods, good transport links
- Towns & neighbourhoods promote community life, leisure and entertainment
- Growing local economy that is attractive to future industries
- National reputation for working in partnership to improve people's lives

Aligns to Vision 2030: thriving. resilient & optimistic community

Internal context: Existing culture and infrastructure to support evidence-informed decision making; limited capacity and resource for research activity - Established links with the University of Birmingham (UoB), Sandwell Council of Voluntary Organisations (SCVO), Sandwell Consortium & other key partners

External context: High need, superdiversity and strong community assets – shared identities and networks across the Black Country and the West Midlands

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	Key activities	Year 1				Year 2				Year 3				Year 4				Year 5				Year 6+
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
	Stop/go criteria are in red Milestones are marked * on timeline grid	**ESTABLISHMENT/ PROGAMME PLAN:** Set baselines, ground work, define roles, start training & upskilling, trial processes, first Levelling Up programmes start				**Full programme commencement:** Programmes being rolled out, learning continuing, interim programme measurement				**Disemination, Review and growth:** First publications, share best practice learning, review effectiveness of work and programme plan.				**Review and Consolidate:** Review engine of evidence and best practice, review lessons learnt, how to maintain sustainability				**Sustainability and updated programme plan:** Exit strategy; design programme for foreseeable future and enact.				Sustainable pan-council R&D infrastructure & culture established; Key academics in UoB and senior officers in SMBC (Directors, DPH, CsPH) to feed into final evaluation report (Year 6 Q2 completion) and ongoing academic papers
HDRC setup, recruitment & governance	**Programme Manager and Programme Support Officer appointed and in post**			*																		
	4 x Project Managers and 4 x Project Support Officers appointed and in post				*																	
	Embedded researchers and PhD student appointed and in post							*													→	
	HDRC Board established and has met		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	HDRC Steering Group established and has met		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
	HDRC Independent Advisory Committee established and has met				*				*				*				*				*	
	Contracts/MOUs with key partners in place (R = Review)		*				R				R				R				R			
	Processes & protocols for joint working with partner organisations in place (R = Review/Refresh)				*				*				*				*				*	
	Develop catalogue of LUP, Council & Community programmes & evaluation plan				*																	
	Information sharing agreements in place				*				R				R				R				R	
WS1 - CAPACITY & INFRASTRUCTURE	**Workforce development**																					
	Training needs analyses across SMBC and training plan developed (S= survey, R= review)			S*				R				R				R				R		
	Deliver training to upskill staff in evidence use, research & evaluation methods																					
	Data science infrastructure																					
	Develop linked datasets for evaluation and research																					
	M = Map resources for evaluation and decision making, DS = develop structures for information sharing, R= Review information sharing			M	M	DS	DS	DS	R				R				R				R	
	Research governance and ethics																					
	Develop governance infrastructure and ethical review processes (D=Develop, M=Maintain)		D	D	D	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
	Develop system to support all Council departments in evidence-informed delivery of services & initiatives (D=Develop, M=Maintain)				D	D	D	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
WS2 - CULTURE AND EVIDENCE-INFORMED PRACTICE	**Mapping the current culture**																					
	Early systematic review on LA use of evidence																					
	Mixed methods evaluation of SMBC climate and practice (R = Review)																R					
	Translating evidence to practice																					
	Expand infrastructure to increase access to research evidence (R= Review)								R				R				R				R	
	Develop system to support all Council departments in evidence-informed delivery of services & initiatives (R= Review)								R				R				R				R	
	Needs assessment and evaluation																					
	Develop centralised pool of best practice programmes/interventions (D=Develop, M=Maintain)			D	D	D	D	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
	Support staff across directorates to understand population need and impacts of interventions to improve the wider determinants of health D=Develop, M=Maintain			D	D	D	D	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
	Work with teams to embed evaluation into plans and proposals at early stage (D=Develop, M=Maintain, R- Review/Refresh)			D	D	D	D	M	M	M	M	M	R	R	R	R	R	R	R			
	Decision-making processes																					
	Improve use of evidence to support spending proposals and decisions (D=Develop, M=Maintain, R= Review/Refresh)			D	D	D	D	M	M	M	M	M	R	R	M	M	M	M	M	R	R	
	Roll out use of Health Equity Audit Tool (HEAT) (S = Survey, T= Train, R= Review)			S	T	T	T	R	T	T	T	R	T	T	T	R	T	T	T	R		
WS3 - SYSTEMS AND PARTNERSHIPS	**Academic partnerships**																					
	Formalise programme of collaborative research projects																					
	Work with other universities in the region to share learning and draw upon expertise																					
	Wider system partnerships																					
	Develop structures, processes and working approaches with key partner organisations (R = Review/Refresh)											R	R			R	R			R	R	
	Embed governance for system partnerships (R = Review)								R				R				R				R	
	Integrate key principles for improving wider determinants of health through asset based community development (R = Review/Refresh)											R	R			R	R			R	R	
	Research Strategy development (R = Review/Refresh)											R	R			R	R			R	R	
	Information sharing and governance																					
	Explore barriers to effective information sharing																					
	Develop processes and protocols for sharing data and intelligence to inform research and evaluation (R= Review/Refresh)											R	R			R	R			R	R	
WS4 - COMMUNITY PARTICIPATION	**Public engagement**																					
	PPIE plan developed (R = Review/Refresh)		*				R				R				R				R			
	Expand existing PPI structures to enable community-driven wider determinants research agenda																					
	Race equality self-assessment completed and action plan developed (R= Review)				*				R				R				R				R	
	Involve public representatives at all levels of HDRC oversight & governance																					
	Research priorities and partnerships																					
	Use annual Residents' Survey for identifying wider determinants research priorities																					
	Widen participation and representation																					
	Establish and train cohort of Community Research Champions																					
	Communication and dissemination																					
	Use Sandwell Trends website to host HDRC information and outputs																					
	Communication & dissemination plan developed (R = Review/Refresh)			*				R				R				R				R		
	Networking events, conferences and webinars																					
O1	Research skills audit																					
	Audit of governance structures and processes (inc. PPI)																					
O2	Evaluation of research culture perceptions																					
	Audit of evidence-informed decisions within SMBC																					
O3	Evaluation of partnership working																					
O4	Evaluation of community involvement in decisions and processes																					

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HDRC structures and governance

HDRC collaborators

Oversight

Independent Oversight Group
Annual meeting to provide external peer review and scrutiny, with representation from across Black Country

Full Council and Cabinet

Leadership team
Chief Exec and all directors

Health & Wellbeing Board

Management & Leadership

HDRC Board
Quarterly meetings chaired by HDRC Director. Provides strategic oversight and direction, with representation from key partners, stakeholders and public representatives. Decisions making regarding work programmes and resources.

HDRC Steering Group
Bi-monthly meetings chaired by HDRC Director. Responsibility for programme management, monitoring progress and maintaining the risk register.

Workstream working groups
Fortnightly meetings led by senior SMBC managers who provide topic-specific expertise and skills. Responsible for programme delivery and progressing actions; feed into HDRC Steering Group to provide updates against agreed actions.

SMBC Chief Exec
Lal (0.05 WTE)

HDRC Strategic Lead: Brookes-Smith
(SMBC Director of Public Health, 0.15 WTE)

HDRC Director: Martino
(SMBC consultant, 0.5 WTE)

Programme management staff
HDRC Programme Manager (1.0 WTE)
HDRC Co-ordinator (1.0 WTE)

Workstream support staff:
Project Managers x4 (1.0 WTE x 4)
Project Support Officers x4 (1.0 WTE x 4)
Each workstream supported by a project manager and a Project Support Officer

University of Birmingham
Strategic Leads:
Pallan (0.1 WTE)
Nepogodiev (0.1 WTE)
Chandan (0.1 WTE)

UoB Institute for local Government Studies
Director: Lowther (0.05 WTE); Bussu (0.02 WTE); Bartels

UoB Collaborative Methodology Hub
Hemming, Frew, Jones, Moore, Lilford, Nirantharakumar, Rudge, Jolly, Blackburn

Workstreams

Consultant in Public Health
TBA (0.1 WTE)

Consultant in Public Health
Blennerhassett (0.1 WTE)

WS1: CAPACITY & INFRASTRUCTURE
Copp
(0.2 WTE)

WS2: CULTURE AND EVIDENCE-INFORMED PRACTICE
Al-Osaimi (0.2 WTE)

WS3: SYSTEMS AND PARTNERSHIPS
Hickman
(0.2 WTE)

WS4: COMMUNITY PARTICIPATION
TBA
(0.2 WTE)

Public Engagement:
SCVO: Davis (0.05 WTE)
Sandwell Consortium: Kilbride (0.05 WTE)

University of Wolverhampton
Institute for Community Research & Development
Rees (0.03 WTE)

Research

Research & Intelligence Team
Consultant lead: Martino (HDRC Strategic Lead)

Director of Regeneration & Growth
McGovern (0.05 WTE)

Embedded Researchers:
Jointly supervised across SMBC and University of Birmingham (1.0 WTE x 2)

Better use of Intelligence Group
Chair: Martino (HDRC Strategic Lead)

Assistant Director for Levelling Up
(TBA, 0.5 WTE)

Public representatives and public engagement interwoven throughout HDRC workstreams and activities

New HDRC structures and staff >0.5 WTE are shown in yellow and existing structures are show in blue. HDRC-funded WTE is show in red.

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Sandwell
Metropolitan Borough Council

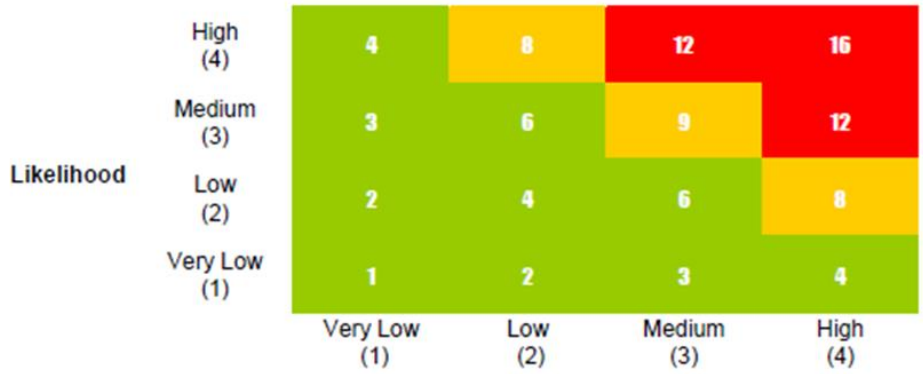
Project Risk Register as at 03 August 2023

Version	Date	Changes made	Changes made by
v1.00	03.08.2023		Lina Martino

Probability					
	4	4	8	12	16
	3	3	6	9	12
	2	2	4	6	8
	1	1	2	3	4
		1	2	3	4
			Impact		

Score	Impact - Higher of			Likelihood (the proximity of the risk at the time of assessment)
	Financial	Reputation	Service Delivery	
4 (High)	>20% of budget	National media coverage – permanent impact on reputation	>80% Serious service or programme failure directly affecting vulnerable groups, requiring intervention by Members.	**Almost certain** It is reasonable to expect that the event will undoubtedly happen or recur, possibly frequently or at least within the next six months A more than 50%,chance of the risk occurring
3 (Medium)	11% to 20% of budget	Local media and TV coverage- long term local reputation affected	50%-80% Significant service or project disruption requiring intervention by Corporate Directors / Management Board	**Probably / likely** The event is more than likely to occur. It will probably happen in the next year but is not a persisting issue. The chance of the event occurring is between a 25% to 50% likelihood
2 (Low)	5% to 10% budget	Local newspaper coverage – reputation affected temporarily	25%-49% Noticeable disruption to outputs requiring intervention by a relevant Director / Service Manager	**Possible** Little likelihood of the event occurring. It might happen in the next 18 months or recur occasionally. The chance of the event occurring is between a 10% to 24% likelihood.
1 (Very Low)	<5% of budget	Local gossip/ reputation affected internally	<25% Short term service disruption requiring intervention by a unit or project manager or equivalent	**Unlikely** The event is not expected, There is no expectation that the event will occur, but it is possible that it might do so. The chance of the event occurring is less than 10%.

Risk Categorisation



Red risks are those that require immediate action to reduce their likelihood and/or impact. These risks should be monitored on at least a monthly basis to ensure that the further actions necessary to reduce the level of risk are completed within appropriate timescales. These risks should be escalated / reported as appropriate to ensure that they are brought to the attention of the Management Board and members.

Amber risks are those that require action to ensure that the effectiveness of existing control measures are monitored and improvements made if required to reduce the likelihood and/or impact to green. These risks should be reviewed on at least a quarterly basis.

Green risks are those that should be monitored on a less frequent basis, either six monthly or annually, to ensure that existing control measures continue to be effective.

Directorate/ Project Risks:

Ref	Risk Title	2023/24 Q1	2023/24 Q2	Commentary
HDRC001	Failure to convene Steering Group and HDRC Board			High impact, very low likelihood
HDRC002	Insufficient capacity for programme leads within SMBC to meet HDRC responsibilities			High impact, low likelihood
HDRC003	Staff turnover in SMBC or partner organisations			High impact, low likelihood of impact
HDRC004	Failure to recruit HDRC operational staff (Programme and Project managers and support officers) within first 6-12 months			High impact, low likelihood
HDRC005	Failure to recruit HDRC research support staff (embedded researchers and PhD student) in Year 2			Low impact, low likelihood
HDRC006	Low uptake/engagement in training			Medium impact, low likelihood
HDRC007	Low uptake/engagement in community research involvement			Medium impact, low likelihood
HDRC008	GDPR/data breach			High impact, very low likelihood
HDRC009	Violation of ethical principles/protocols			High impact, very low likelihood
HDRC010	Safeguarding			High impact, low likelihood

Directorate/ Project Priority

1 Establish core governance structures

2 Recruitment of delivery team

3 Establish processes and protocols for workstream delivery and partnership working

4 Timely progress against workstream objectives

5 Outputs and dissemination

Project Risks:

Ref	Risk Title and Description	Risk Owner	Service/ Workstream Area	Current Measures in Place to Manage Risk	Current Risk Score			What else do we need to do / Further actions required to manage the Risk	Responsibility for Action	Date for completion of Action(s)	Target Risk Score			Business plan/ project priority
					Likelihood	Impact	Total				Likelihood	Impact	Total	
HDRC001	Failure to convene Steering Group and HDRC Board Risk is high impact (service delivery) as these governance structures are vital to programme direction and delivery. However, the likelihood is very low due to the measures already in place. Target risk score remains unchanged as this will always be a high impact risk, but is already at minimum likelihood.	**LM (HDRC Strategic Lead - SMBC)** **LBS (HDRC Director)**	**HDRC - whole programme**	Prospective members of the HDRC Steering Group and Board are already engaged in the programme as co-applicants and/or supporters of our proposal.	1	4	**5**	Continue to engage members of the HDRC Steering Group and Board.	LM/LBS	Ongoing	1	4	**5**	1
HDRC002	Insufficient capacity for programme leads within SMBC to meet HDRC responsibilities Risk is high impact (service delivery) as this would severely compromise programme delivery. However, the likelihood is currently low and will be reduced further once backfill is in place.	**LM/LBS**	**HDRC - whole programme**	Protected time for SMBC programme leads, with funding allocated to backfill and succession plans in place. HDRC workstreams align to and will benefit existing work programmes, so will be naturally integrated into business as usual.	2	4	**8**	Timely backfilling of staff time once funding has been confirmed. Regular review of workstream activities to ensure alignment to existing programmes.	LM/LBS Workstream leads - SMBC	Jun-24 Ongoing	1	4	**5**	2
HDRC003	Staff turnover in SMBC or partner organisations affecting programme continuity Risk is potentially medium impact (service delivery) as partnership working is key to programme delivery. However, the likelihood of the impact is low due to strong established partnerships that have already withstood various transitions.	**LM/LBS**	**HDRC - whole programme**	As previous - alignment with existing programmes will help to ensure onging leadership and continuity Involvement of wider system partners, including co-applicants, will support continuity of programme direction and delivery.	2	3	**6**	Regular review of workstream activities to ensure alignment to existing programmes Timely and continued engagement of wider system partners	Workstream leads - SMBC LM/LBS Workstream leads - SMBC	Ongoing Ongoing	1	3	**4**	3
HDRC004	Failure to recruit HDRC operational staff (Programme and Project managers and support officers) within first 6-12 months Risk is high impact as operational staff are needed to provide capacity for programme implementation and delivery. Likelihood is estimated to be low based on recent track record of successful recruitment at those grades within Public Health.	**LM/LBS**	**HDRC - whole programme**	Engagement within PH team and wider Council to raise awareness of HDRC ambitions and potential opportunities. New HDRC roles based on existing JDs/PSs within SMBC. Discussions with HR at proposal development stage to make aware of plans and ensure correct processes for recruitment are followed.	2	4	**8**	Early publicity and promotion of HDRC among networks and in wider community Develop JDs/PSs and submit for evaluation very early in programme.	LM/LBS Workstream leads - SMBC LM/LBS Workstream leads - SMBC	Mar 2024 Ongoing Dec 2024 Ongoing	1	4	**5**	4
HDRC005	Failure to recruit HDRC research support staff (embedded researchers and PhD student) in Year 2 Risk is low impact as this would limit capacity for research and evaluation as part of the HDRC programme, but would not prevent key workstream delivery.	**LM/LBS**	**HDRC - research activity**	Early publicity and promotion of HDRC among networks (particularly academic) and in wider community.	2	2	**4**	Early publicity and promotion of HDRC among networks (particularly academic) and in wider community	LM/LBS Workstream leads - SMBC and UoB	Dec 2024 Ongoing	1	2	**2**	4
HDRC006	Low uptake/engagement in training Risk is potentially medium impact as training is an important part of realising HDRC objectives. Likelihood is low as this is already being linked to existing programmes (LUP and within PH) via SLT and PH SMT.	**LM/LBS**	**WS1 - Capacity & Infrastructure** **WS2 - Culture & evidence-informed practice**	Senior Leadership Team already engaged through developing the bid. Support from elected members (Cabinet members for health and wellbeing and ASC) Senior managers and intelligence leads in PH and wider Council engaged through recent Business Intelligence workshop and regular Partnership with UoB and dedicated expertise and leadership to support delivery of these	2	3	**6**	Continued engagement to update senior leaders and managers on progress and provide early notice of available training. Timely escalation and mitigation of arising problems via HDRC	LM/LBS Workstream leads - SMBC and UoB	Ongoing Ongoing	1	3	**4**	5
HDRC007	Low uptake/engagement in community research involvement Risk is potentially medium impact as community participation is an important part of realising HDRC objectives. Likelihood is low as there are already strong foundations to build on through	**LM/LBS**	**WS3 - Systems & partnerships** **WS4 - Community Participation**	Strong established partnerships with VCS and faith sector , including community research Dedicated budget to support community engagement, including diverse participation (e.g. materials/communications in different languages	2	3	**6**	Continued engagement via VCSE involvement and representation on HDRC Board Communications and PPIE plans will be developed at the start of the programme. Early establishment of	LM/LBS Workstream leads - SMBC, VCSE and UoB	Ongoing Jun 2024	1	3	**4**	4,5

HDRC009	Violation of ethical principles/protocols Risk is potentially high impact (reputational damage) but likelihood is very low. Plans to establish robust ethical review process as part of WS1.	**LM/LBS**	**HDRC - research activity**	WS1 includes development of research governance and ethics protocols, supported by UoB.	1	4	**4**	robust ethical review process for research proposals in line with the ESRC Framework, supported by the UoB Research Governance Team. Where appropriate we will seek additional ethical approval	LM/LBS Workstream leads - SMBC and UoB	Dec 2024	1	4	**4**	3
HDRC010	Safeguarding Risk is potentially high impact (potential harm to members of the public and reputational damage) but likelihood is low due to the nature of the activities. It is more likely that safeguarding concerns will be identified via these activities rather than as a result of them, which is reflected in the risk score and addressed in our mitigations.	**LM/LBS**	**WS4 - Community Participation**	Training on safeguarding children and adults training is mandatory for all SMBC staff and will include those working within the HDRC.	2	4	**8**	During Year 1 we will work with SMBC Safeguarding leads to review plans for public engagement and participation, and ensure that there are measures in place to	LM/LBS Workstream leads - SMBC, VCSE and UoB	Dec 2024	2	4	**8**	3
								Where safeguarding concerns are identified during the course of HDRC activities, these will be escalated via standard processes. Potential safeguarding issues will		Ongoing				3

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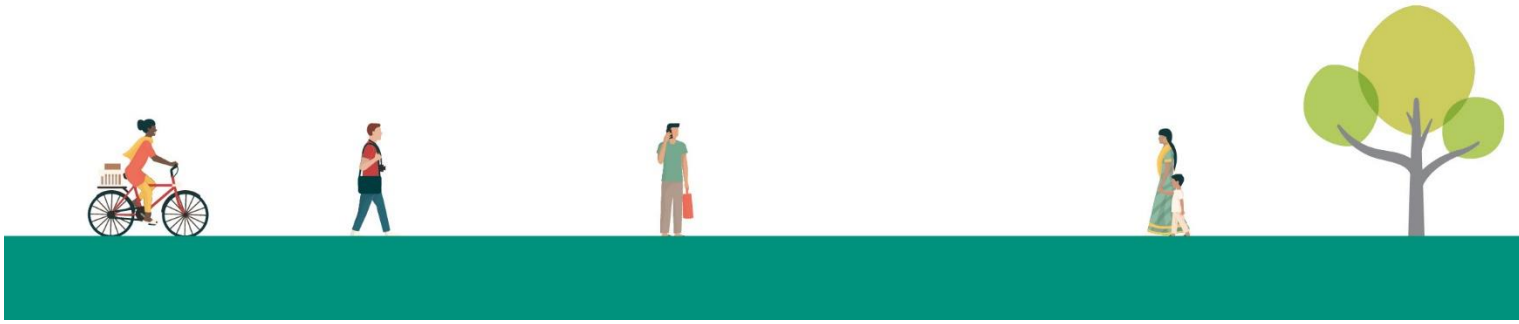
Equality Impact Assessments Toolkit
EqIA Template



You must consider the Equality Impact Assessment Guidance when completing this template.

The EDI team can provide help and advice on undertaking an EqIA and also provide overview quality assurance checks on completed EqIA documents.

EDI team contact email: **edi_team@sandwell.gov.uk**

Quality Control	
Title of proposal	Sandwell Health Determinants Research Collaboration: Better Research for Better Health
Directorate and Service Area	Public Health
Officer completing EqIA	Dr Lina Martino Consultant in Public Health
Contact Details	lina_martino@sandwell.gov.uk
Other officers involved in completing this EqIA	N/A
Date EqIA completed	12/09/2023
Date EqIA signed off or agreed by Director or Executive Director	12/09/2023
Name of Director or Executive Director signing off EqIA	Liann Brookes-Smith Interim Director of Public Health
Date EqIA considered by Cabinet	TBC 15 November 2023
Where the EqIA is Published (please include a link to the EqIA and send a copy of the final EqIA to the EDI team)	

Section 1.

The purpose of the project, proposal or decision required

Use funding of up to £5 million from the National Institute for Health Research (NIHR) to establish a Health Determinants Research Collaboration (HDRC) in Sandwell, subject to being successful in our funding bid.

This report proposes that we establish a HDRC in Sandwell in partnership with the University of Birmingham (UoB) and the voluntary and community sector (VCS), represented by Sandwell Council of Voluntary Organisations (SCVO) and Sandwell Consortium CIC. This is subject to being awarded funding from the NIHR of up to £5 million to cover the cost of the proposed 5-year programme.

The Sandwell HDRC will be based on the theme of Poverty and Cost of Living, aligning with the LUP to address the wider determinants of health (the conditions in which people are born, live, grow, work and age) and tackle systemic disadvantage in the Borough.

Aims and Objectives

The HDRC vision is to undertake evidence-informed, robustly evaluated activities that reflect the needs and values of our diverse local communities. The Sandwell HDRC will align with a borough-wide Levelling Up Programme to improve the wider determinants of health.

The HDRC aims to transform SMBC's research culture and infrastructure to:

- Make the best use of empirical evidence to inform decision-making and investment
- Robustly evaluate services to ensure quality, effectiveness and cost-effectiveness
- Facilitate research activity with partner organisations and local residents
- Effectively disseminate research outputs for wider influence

This will be achieved by:

- Strengthening research and development capacity, resources and infrastructure
- Embedding a strong research culture for evidence-informed decision-making
- Developing robust systems and partnerships for cultural and knowledge exchange
- Creating a community-led research culture

Outline the Business Case

- Sandwell Metropolitan Borough Council (SMBC) is the 12th most deprived local authority in England and life expectancy is 2-3 years shorter than the national average. Inequalities have been deepened by the pandemic, austerity and climate change, yet Sandwell's superdiverse communities, industrial heritage and green spaces are key assets.

- A research needs analysis in 2021 found a strong culture of evidence-based decision making in the Public Health directorate, but this was weaker across the wider Council. Existing structures and collaborations show commitment and potential to be more research active and evidence-informed, but limited capacity to take this forward.

- Meeting the objectives of the proposed HRDC programme will lead to higher quality of the services we deliver and commission, and more efficient investment to improve Sandwell as a place, including education, skills, employment, community cohesion, transport, housing, economy and the built environment – which are the wider determinants of health, and the objectives of the Corporate Plan. Over the longer term this will lead to improved health outcomes and reduced inequalities in both physical and mental health across the life course, contributing to the Vision 2030 of a thriving, optimistic and resilient community.

Relationship to other policies, strategies, procedures, or functions.

The HDRC would align to our Borough-wide Levelling Up Programme (LUP), which will invest in affordable homes, improved skills infrastructure, better leisure facilities, an improved public realm, active travel infrastructure, social value and local spend, and local employment opportunities. The HDRC would give us the means to ensure that the LUP and related work across the Council is informed by evidence and robustly evaluated.

Delivering HDRC outcomes would contribute to achieving the outcomes of several strategies and local functions to include:

- Sandwell's Corporate Plan 2021-2025 (see above)
- The Health and Wellbeing Board and Strategy
- Sandwell Health and Care Partnership Board
- Sandwell Business Intelligence Strategy (in development)

Although the HDRC would be embedded within the Public Health team, it would be a pan-Council unit working across Directorates.

Issues or likely impact on equality groups

The proposed HDRC programme aims to shape the way we work as an organisation so that we make better use of evidence and research to improve the wider determinants of health. Ultimately the aim is to reduce health inequalities, and so we anticipate that the HDRC would have a positive impact across equality groups. However, in order to achieve this we need to ensure that HDRC activities, communications and engagement are inclusive and representative of Sandwell's diverse communities. Failure to do so may risk increasing health inequalities, as those most likely to engage tend to be those who are already the most advantaged in terms of access to services and resources. The HDRC Business Case and the suggested actions in Section 4 set out ways to mitigate this risk, including community outreach activity as part of the dedicated Community Participation workstream.

Other service areas/directorates or partners involved in or likely to be impacted upon by the proposals

The HDRC programme would have a positive impact on all Directorates and service areas, particularly deprived neighbourhoods and those supporting marginalised groups as it will support the delivery of outcomes to improve the wider determinants of health and tackle health inequalities in Sandwell.

Section 2.

Evidence used and considered. Include analysis of any missing data

The impact of socioeconomic deprivation and persistent inequality on the health and wellbeing of Sandwell residents is well documented, and shows a clear need to enhance existing work to improve the wider determinants of health – the conditions in which people are born, grow, live, work and age. Existing inequalities have been exacerbated by the COVID-19 pandemic and the cost of living crisis.

- Sandwell Census 2021 data can be found here
- The Public Health Outcomes Framework (PHOF)
- Marmot's "Fair Society, Healthy Lives" Review 10 Years On
- WMCA Health of the Region report 2020 **https://www.wmca.org.uk/media/4290/state-of-the-region-2020-final-full-report.pdf**

An independent NIHR-funded research needs analysis in 2021 found that whilst there was a strong culture of evidence-based decision making in SMBC's Public Health directorate, this was weaker across the wider Council. Barriers to undertaking and participating in research were found to mirror the wider literature: difficulty obtaining resources for research activity; lack of time to apply for funding and deliver research; difficulty accessing the right data; lack of information governance; and difficulty identifying and engaging with appropriate external research partners. Identified training needs included using research evidence, writing research proposals, and advanced analytical techniques. Finances, budget and workforce constraints were particularly highlighted as having an impact on ability to search for, retrieve and apply research evidence, and the potential to engage in research, which was not always seen as a priority for the Council. In line with previous local authority research, high value was placed on local evaluation evidence.

Existing partnerships and infrastructure, including established relationships with UoB and the VCS, provide strong foundations to develop the HDRC and sustain benefits over the longer term.

Section 3.

Consultation

This proposal has been informed and shaped by conversations at existing local forums, where residents have been keen to share ideas on priorities around the wider determinants of health; engagement with SMBC's elected members, who are representatives of local communities in their towns and wards; and input from the voluntary and community sector (VCS). The HDRC theme of poverty and the cost of living has been consistently highlighted across all groups consulted as a major concern for people living and working in Sandwell, who have been disproportionately affected by the pandemic and austerity.

SCVO and Sandwell Consortium CIC are umbrella organisations representing VCS organisations across the Borough, with direct experience of working with an extremely broad range of community and hyper-local groups in all of Sandwell's six towns. They

have supported SMBC to connect with these groups on a variety of programmes and projects, including the COVID-19 pandemic response, Cost of Living support, and inclusion health and mental wellbeing. This has helped to ensure that our diverse communities, including those who are marginalised or underserved, are heard and included, which enables us to understand the needs and values of local people and the barriers they face to engaging with their local services and communities. Both organisations also have experience of conducting research and evaluation with community groups. The Chief Executives of SCVO and Sandwell Consortium have been involved in developing this proposal from the first stage, including through a bid development workshop that focused specifically on issues around PPIE, EDI and dissemination. The bid draws on their extensive local knowledge and experience of working directly with local residents and community groups with a very diverse range of needs.

A community event was held in May 2023 at a local children's centre as part of a project to develop tools to assess maternal wellbeing in diverse communities. It was attended by parents and young children from a range of ethnic backgrounds. A feedback survey from the event included questions on how mothers would prefer to engage with the research. The survey gave some valuable insights into what is important to residents when participating in research, including a desire to be involved in all aspects of the research process, and a preference for group sessions as it would give them opportunities to meet others. The survey is being used as a starting point to develop a wider citizen survey to find out more about our local residents' perceptions and understanding of research and how it can be used to improve determinants of health, and how they would like to be involved – this is in progress and we anticipate that it will be completed by September.

Through these activities we have identified several barriers to participating in research activity through community engagement undertaken through previous and current work. These relate both to how research is communicated and practical barriers (e.g. physical location and expenses). The HDRC proposal describes how we will build on existing PPIE structures to actively involve local residents in co-developing the HDRC and related activity.

Section 4.

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

The aim of the proposed HDRC is to embed ways of working that improve the effectiveness and efficiency of investment into improving the wider determinants of health. Over the longer term this is likely to have beneficial impacts across a range of protected characteristics through reducing health inequalities that disproportionately affect certain groups. The impacts noted below are potential and will depend on the proposed objectives of HDRC activity being met. Actions against each protected characteristic have been suggested to maximise positive impacts.

Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Age	Positive (P)	The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and setting research priorities, including younger/older residents. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions, including those that focus specifically on children/young people and older people. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	Work with our VCS partners to ensure that people of all ages are engaged and represented in shaping HDRC activities and setting research priorities. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	HDRC Director and Strategic leads/Full programme duration
Disability	Positive (P)	The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and	Work with our VCS partners to ensure people with disabilities are engaged and represented in shaping HDRC activities and setting research priorities, including	HDRC Director and Strategic leads/Full

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		setting research priorities, including disabled people. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions, including those that focus specifically on disabled people. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics. The HDRC will have a hybrid working model which will be more inclusive of people with disabilities and/or long-term conditions. It is proposed that we trial alternative recruitment processes for the recruitment of new HDRC staff to be more inclusive of people who are neurodivergent.	through accessibility of events and communications. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	programme duration
Gender Reassignment	Positive (P)	A recent LGBTQ+ Health Needs Report highlighted the health inequalities facing this group, including experiences of discrimination within services: https://www.sandwelltrends.info/wp-	Work with our VCS partners and via our LGBTQ+ Health Needs working group to ensure that transgender and nonbinary residents are engaged and represented in shaping HDRC activities and setting	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		content/uploads/sites/5/2023/03/Sandwell-LGBTQ-Health-Needs-Report-2023.pdf The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and setting research priorities, with a particular focus on marginalised groups which will include specific communities within the broad LGBTQ+ group. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions to improve the wider determinants of health. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	research priorities. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Marriage and civil partnership	Neutral Impact (Ne)	No adverse impact on this protected characteristic has been identified. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	HDRC Director and Strategic leads/Full programme duration
Pregnancy and maternity	Neutral Impact (Ne)	No adverse impact on this protected characteristic has been identified. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	Ensure that community engagement events are hosted at a range of times and venues so that mothers with young children are not excluded. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	HDRC Director and Strategic leads/Full programme duration
Race	Positive Impact (P)	Sandwell represents a superdiverse population, with 42.2% of our residents from minority ethnic backgrounds. Almost a third of residents (30.3%) do not speak English well or at all (source: ONS, 2021 Census). The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and	Work with our VCS partners to ensure people from all ethnic groups are engaged and represented in shaping HDRC activities and setting research priorities, including working with the Sandwell Language Network to provide translations of materials where needed. Ensure that HDRC activities and communications are culturally appropriate and take into	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		setting research priorities, with a particular focus on those from marginalised groups including those from ethnic minority backgrounds. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions to improve the wider determinants of health, which have a disproportionate impact on those from ethnic minority backgrounds. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	account the scope of diversity across the Borough. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	
Religion or belief	Neutral Impact (Ne)	Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	Work with our VCS and faith sector partners to ensure people from all faith groups are engaged and represented in shaping HDRC activities and setting research priorities. This will help to ensure that activities are culturally appropriate, as well as identifying opportunities to maximise engagement (e.g. via faith	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			leaders and centres). Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	
Sex	Neutral (Ne)/ Positive (P)	Positive impacts on women are largely due to intersections with other protected characteristics. The HDRC will have a hybrid working model, which will be more inclusive of those with caring or family responsibilities who tend to disproportionately be women. The longer term impacts of the HDRC will be to reduce health and social inequalities that disproportionately affect women from minority and/or low income backgrounds. Recruitment to the HDRC will follow Council processes to ensure that potential applicants are not discriminated against on the basis of protected characteristics.	Ensure that Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Sexual Orientation	Positive (P)	A recent LGBTQ+ Health Needs Assessment highlighted the health inequalities facing this group, including experiences of discrimination within services: https://www.sandwelltrends.info/wp-content/uploads/sites/5/2023/03/Sandwell-LGBTQ-Health-Needs-Report-2023.pdf The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and setting research priorities, with a particular focus on marginalised groups which will include specific communities within the broad LGBTQ+ group. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions to improve the wider determinants of health. Recruitment to the HDRC will follow Council processes	Work with our VCS partners and via our LGBTQ+ Health Needs working group to ensure that lesbian, gay and bisexual residents are engaged and represented in shaping HDRC activities and setting research priorities. Monitoring of protected characteristics for all HDRC activity wherever possible to ensure equity of participation and representation.	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		to ensure that potential applicants are not discriminated against on the basis of protected characteristics.		
Could other socio-economic groups be affected?				
Carer **Low income groups**	Positive Impact (P)	As described in section 1 above, SMBC is the 12th most deprived local authority in England. A more detailed analysis of socioeconomic deprivation within the Borough's six towns can be found here: https://www.sandwelltrends.info/deprivation-2019/ The Community Participation workstream has a dedicated focus on making sure our diverse communities are engaged and represented in shaping HDRC activities and setting research priorities, with a particular focus on those from marginalised or disadvantaged groups including carers. The HDRC will have a hybrid working model, which will be more inclusive of those with	Work with our VCS partners to ensure people from all backgrounds are engaged and represented in shaping HDRC activities and setting research priorities. Ensure that community events are held at a range of times and venues so that those with carer responsibilities are not excluded, and that these are accessible via public transport. Consider intersections between socioeconomic status, area deprivation and protected characteristics (e.g. age and race) when developing community engagement activity.	HDRC Director and Strategic leads/Full programme duration

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		caring or family responsibilities. Longer term the proposed programme will have applications and benefits across a wide range of service areas and interventions to improve the wider determinants of health, aiming to improve the health of the most disadvantaged fastest.		

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then please move to Sections 6.

5. What actions can be taken to mitigate any adverse impacts?

No adverse impacts on any of the protected characteristics have been identified.

6. Section 6: Decision or actions proposed

A number of actions have been included in the proposal to promote/enhance positive impacts on each of the protected characteristics.

7. Monitoring arrangements

Any activity undertaken through the proposed HDRC programme will be subject to monitoring of protected characteristics where possible

Section 8 Action planning (if required)

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress

If you have any suggestions for improving this process, please contact EDI_Team@Sandwell.gov.uk

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Sandwell
Metropolitan Borough Council

Report to Health and Adult Social Care Scrutiny Board

22 January 2024

Subject:	Scrutiny Review of Loneliness and Isolation Update
Director:	James McLaughlin Assistant Chief Executive
Contact Officer:	Stephnie Hancock Deputy Democratic Services Manager stephnie_hancock@sandwell.gov.uk

1 Recommendations

That the Board notes the activities of the Working Group and the evidence gathered to date.

2 Reasons for Recommendations

2.1 To update the Board on the activities of the Working Group and the evidence gathered to date.

2.2 The review has progressed well to date, and a wide range of evidence has been gathered. The review commenced in 2022/23. The Board is advised to complete the review and present its final report to the Cabinet this municipal year.

3 How does this deliver objectives of the Corporate Plan?

	Best start in life for children and young people	Loneliness and isolation can affect people of all ages and can have a detrimental effect on health and overall quality of life. Supporting people to have meaningful social relationships is not just crucial to people's physical and mental health. It also affects their engagement in the workplace and wider community cohesion. Successfully tackling loneliness and isolation in an evidence led way, will therefore support the delivery of all of the Council's Corporate Plan objectives.
	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 Tackling loneliness and isolation is already a government priority, and the government published its strategy - *A Connected Society: A Strategy for tackling loneliness-laying the foundations for change* - in 2018. However, the problem has been exacerbated since 2020, as a result of the measures put in place to limit the spread of covid-19.

4.2 Research so far by the Working Group has shown that many organisations across the public, private and voluntary and community sector are undertaking initiatives that try to tackle loneliness and isolation.

4.3 The Appendix sets out a summary of evidence gathered so far by the Working Group. To date, there has been no engagement from the Integrated Care Board or the Sandwell and West Birmingham Hospitals Trust on this review.



5 Implications

Resources:	The report does not propose any actions that will have any direct implications. All implications will be considered alongside the final report and recommendations.
Legal and Governance:	
Risk:	
Equality:	
Health and Wellbeing:	
Social Value:	
Climate Change:	
Corporate Parenting:	

6 Appendices

Appendix One - Summary of Evidence Gathered

7. Background Papers

Appendix lists hyperlinks to evidence gathered to date.



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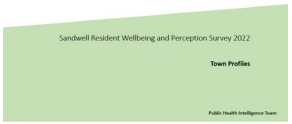
Health and Adult Social Care Scrutiny Board - Review on Loneliness and Isolation
Summary of Evidence Gathered

Evidence/Source	Findings Summary
Public Health - Sandwell Residents Survey Data  Town Profiles  	12,000 people surveyed (by telephone) in August 2022. For the first time the survey included questions on loneliness and isolation. Further in-depth analysis of the responses is being undertaken by Public Health, but initial analysis shows:- • Those not working/ long- term sick/ retired scored highest for both Lonliness and Isolation. • Feeling unsafe scored high. • Tipton highest of the six towns for Loneliness • Wednesbury highest of the six towns for Isolation. • Older people are more likely to feel lonely and isolated.
Better Mental Health Programme..	Uses funding from £391,272 funding from Public Health England's (now OHID) Prevention and Promotion Fund for Better Mental Health to identify projects to complement and bolster existing support across the life course. Draws on established strong links with VCS to:-

	• Deliver interventions to improve mental wellbeing among Sandwell residents of all ages, with a particular focus on groups at increased risk of poor mental health. • Improve understanding of mental health and wellbeing among Sandwell's communities, including available support; and • Increase capacity among voluntary and community sector organisations supporting mental wellbeing.
SCVO https://www.healthysandwell.co.uk/mental-health-wellbeing/better-mental-health/project-i/ https://www.scvo.info/local-vcs-intelligence/community-health-portal/	Project I Community Mental Health Grant Programme focuses specifically on the area of promoting positive community mental health with funding being available to support early help/preventative activities; that are run BY local people FOR local people. Route to Wellbeing Portal allows users to set their own location and search from a wide range of services which are specifically local to them. Developed with (former) CCG funding, but not utilised as much by GPs as it is by other agencies. Data shows most traffic on social activities pages/links, then befriending second. The site maps Warm Spaces too. Reach is more with partnerships organisations, and less so with the general public. Resources limit further marketing activities.
Public Health - Literature Review	• Sets out risk factors and impacts. • Refers to Office National Statistics Lifestyles Survey/Data. • Populations with higher unemployment levels are lonelier. • Risk factors are comparable to obesity.

Loneliness and Social Isolation Rapid Review	• Links to delayed transfers of care. • NHS several touchpoints to assess risk.
Supermarket Slow Lanes https://www.unilad.com/news/slow-checkout-lane-netherlands-supermarket-205944-20230109	Offers customers that have time to chat a slower checkout lane - aim is to combat loneliness. Asda, Tesco, Sainsbury's, Morrison's all contacted, and none (of those who responded) have slow/chat lanes. Morrison's Wednesbury has calendar of community events, working closely with Public Health and Neighbourhoods Teams.
Chatty Cafes Scheme https://thechattycafescheme.co.uk/	Offers three services, all designed to reduce loneliness and/or social isolation:- • Encouraging venues to offer 'Chatter & Natter' tables, where customers can get together and chat. We have a network of venues around the UK offering Chatter & Natter tables, many are hosted by Chatty Table Volunteers. • Virtual Chatty Cafe Sessions held on Zoom every Tuesday, Thursday and Friday from 1pm – 1:30pm. Anyone over 18 can join, simply to chat to others. • Telephone Friendship Service for anyone over 18 who is experiencing loneliness and could benefit from a weekly chat on the phone. From the website there is one scheme operating in Sandwell, at Dorothy Parkes Centre in Smethwick. Morrison's (Wednesbury) agreed to consider introducing.

	Sainsbury's (Oldbury) does not have a café. No response from Asda and Tesco.
"Happy to Chat" Benches https://www.newcastle.gov.uk/citylife-news/community/happy-chat-benches-aim-combat-loneliness-and-isolation https://www.walesonline.co.uk/news/wales-news/happy-chat-benches-around-cardiff-22102985 https://www.sthelenswellbeing.org.uk/services/mental-wellbeing/pages/happy-to-chat-benches	The 'Happy to Chat' benches feature a simple sign which reads *'Sit here if you don't mind someone stopping to say hello'* and are designed to help combat loneliness and encourage community interaction. Assistant Director (Borough Economy) Green Spaces, Green Services, Events has indicated willingness to look at doing this this in Sandwell.
Community Transport Let's Chat Bus and Community Hub https://www.communitytransport.org/letschat	Year- long project started in October 2022 and funded by Department for Transport. The aim of the project is to tackle and reduce isolation and loneliness in our local communities by providing places where people can connect to others, chat to people, socialise, meet others, build new links and connections, and be signposted to other services in our local communities that might be beneficial to them.

	Provides mobile units (Let's Chat Bus), community hubs and passenger transport, to try to reach as many people as possible. It is about bringing people together, from all walks of life, and creating a feeling of inclusion. The project replicates a Walsall scheme that has been running much longer.
Shop Mobility	Provides a wheelchair and mobility scooter loan service in West Bromwich, supporting those with mobility difficulties who may otherwise be unable to go out. Wheelchair loan also available, short term (a day) and long term (6 months). A collaboration with Tesco (New Square) provides 4hrs free parking for blue badge holders. Previously provided a small café facility (hot drinks) but space too small to continue. The service currently operates 6 days a week but will be reducing to 3 days due to funding reductions.
Neighbourhood Partnerships Teams	Neighbourhood Partnerships Teams undertake a variety of activities across the six towns, working with partners and Voluntary and Community Sector (VCS) organisations to develop existing provision and build capacity within the community to support the creation of new activities where gaps are identified. Loneliness and isolation is a priority area. Some link with social prescribers but the arrangements for social prescribing differ across Sandwell by Primary Care Network.
McArthur Glen Community Corner	The community corner provides a safe warm space for the local community to enjoy as well as hosting a plethora of free to attend events and activities (up until 31st March.)

https://www.mcarthurglen.com/en/outlets/uk/designer-outlet-west-midlands/whats-on/community-corner/	• Food Donation Station • Hot Desk Facilities • Community Library Book Swap • Chill-out lounge area • Affirmation Station • Life skills workshops such as First Aid Training and Sign Language classes • Exercise classes • An opportunity to meet and chat with your local Police, Ambulance and Fire Service • Literature Festival
Housing Home Checks	All Council tenants are being visited as part of a tenancy check and also a conversation where needs can be discussed/observed, and referrals made to appropriate agencies. Around 2,000 Home Checks have been completed so far. 224 people have reported that they feel lonely or isolated but a breakdown of this by town is still awaited.
Warm Spaces	Free, safe and supportive spaces that people can visit during the colder months. People can also have a chat with staff about other support services available. Residents can get advice and information about benefits, energy support, managing bills, how local charities can help, and how to access community support to combat isolation. All 19 libraries as well as community centres, leisure centres and voluntary and community sector venues.

	The initiative has been very well received (2022). Data on attendance is still being analysed.
Campaign to End Loneliness	Works to ensure that people most at risk of loneliness are reached and supported, services and activities are more effective at addressing loneliness and a wider range of loneliness services and activities are developed. Also provides Training.
Tackling Loneliness Hub	An online learning and exchange space for professionals working on loneliness across the public, private, charity and academic sectors. Membership is open to all professionals in England who are working on loneliness. The Hub aims to facilitate learning and discussion to: • Create a committed and established network of loneliness professionals across all sectors • Support loneliness professionals to work collaboratively and generate action • Increase the evidence base on loneliness • Support a national conversation on loneliness The Hub is supported by DCMS and managed by a team at the Campaign to End Loneliness and the What Works Centre for Wellbeing

NHS England	Provides an e-learning resource, developed by Health Education England (HEE) in collaboration with Public Health England and the Campaign to End Loneliness. It provides information to help health and care learners to recognise people who may be at risk from loneliness and social isolation and understand the potential negative outcomes this may have on their health. West Midlands Ambulance Service has agreed to highlight NHS England training to staff (see below).
West Midlands Ambulance Service	Advised they are unable to offer any information or support and they do not capture data on repeat callers. However, has agreed to include NHS England's training (above) in its e-learning resources for all staff.
West Midlands Fire Service	• Safe and Well checks carried out by operational firefighters, and cover a range of topics, which includes loneliness and isolation. • Targets those living alone and the elderly. • Some officers are trained in complex needs e.g. hoarding. • Established partnership referral pathways and referrals are made to partner agencies when necessary. • Two-way process needed – partnerships to drive safe and well check referrals and WMFS can identify those in need of social prescribing for example, but reports that social prescribing is disjointed across Sandwell.

West Midlands Police	• Surgeries and drop-in sessions across the six towns - 'brew with the ladies in blue', "cuppa with a copper". • Informal get- togethers with local groups at various locations throughout the three wards where PCSOs meet with members of the community in an effort to facilitate cohesion with hard to reach parts of the community such as the elderly – "knit and natter" and similar craft groups. • Working towards integrating more with South-Asian community. • Uses SCVO Route to Wellbeing Portal to signpost people. • Engages with Let's Chat Bus. • Engages with Neighbourhood Partnerships Team and VCS • 12 officers dedicated to schools – risk of engagement in extremism and gangs for children who are lonely or isolated – working on diversion provision. • WMNow App is an engagement tool, translating into 152 languages. Mapping function enables targeting of certain groups. • During lockdowns PCSOs supported digital outreach activities, befriending services and comfort phonecalls. • IT system in development that will capture data on individuals and referrals made and working to improve data collection overall.
Social Prescribing https://www.england.nhs.uk/long-read/workforce-development-framework-social-prescribing-link-workers/	Social prescribing is a way to connect people with community-based services, groups and activities that meet practical, social, and emotional needs that affect their health and wellbeing, and increase people's active involvement with their health and their community. Social prescribing is happening across Sandwell; however, the approach varies across the eight Primary Care Networks and more information is required.

https://www.activeblackcountry.co.uk/what-we-do/health-wellbeing/social-prescribing/ https://www.healthexchange.org.uk/services/social-prescribing/social-prescribing-birmingham/	The NHS has recently published a workforce development framework to provide clear and consistent standards and improve the quality and consistency of social prescribing. The Council is currently developing a Social Prescribing Strategy for Sandwell. As part of this work officers from Public Health have met with a number of social prescribers and obtained their feedback on how the approach can be strengthened. Strengthening the voluntary and community sector is also critical to the success of social prescribing, to ensure that there is adequate provision to refer patients into.
Government	There is a range of resources on the government website that are still to be explored in depth to support this review.
Better Mental Health Programme..	Funding from Public Health England's Prevention and Promotion Fund for Better Mental Health has been used to help a number of organisations, through grants, to improve mental health and wellbeing and to provide an overall strategy to ensure that residents of Sandwell are given all the support they need; especially those who were vulnerable. Uses existing community links to bolster existing support and services. Initial analyses show that the programme has been very successful, with a self-rated evaluation of wellbeing showing that "wellbeing" scores had increased by 17.8%.

Sandwell Libraries and Museums	Many arts, crafts and social groups are held across the borough in libraries and museums and in their outdoor spaces. A Friends group also exists, that helps with the running of the premises and such events. The libraries service leads on the Council's 19 Welcoming Spaces (formerly known as Warm Spaces - see above). In 2022 West Bromwich Library opened on Christmas day and offered hot drinks and snacks. 50 people attended at it was hoped that the library would open on Christmas day 2023 too. Other libraries would open on Christmas day, subject to staff volunteering. The libraries service has secured £88,000 from the "Know Your Neighbourhoods" fund, which will be used to tackle loneliness through volunteering. A volunteer co-ordinator would be recruited to lead on the project. The funding would also be used to put on additional activities. Public Health has advised that library staff and volunteers can be trained using the Make Every Contact Count (MECC) approach (see below).
Making Every Contact Count	The Making Every Contact Count (MECC) approach encourages health and social care staff to use the opportunities arising during their routine interactions with patients to have conversations about how they might make positive improvements to their health or wellbeing. MECC equips people with the competence and confidence to deliver health and wellbeing messages, to help encourage people to change their behaviour and to direct them to local services that can support them.

Friendly Benches	Specially designed outdoor seating spaces that act as meeting points and social hubs, hosting regular activities and events for people of all ages and abilities. There are 15 (nationally), the closest one to Sandwell being in Halesowen (Dudley). They are run by volunteers. An independent evaluation of the scheme in 2023 concluded that the initiative is having a positive impact on communities. The cost of a bench is £19,037, which includes full installation and ongoing support, advice and guidance from The Friendly Bench CIC team, including support with fundraising, marketing, sharing of best practice, ideas and resources as well as publicity and promotion to help keep the local community engaged and ensuring continued impact.
Sandwell Parents of Disabled Children	Members of the working group visited one of Sandwell Parents of Disabled Children's (SPDC) group session at West Bromwich Leisure Centre in November 2023. The group was started in 2003 by parents, using their own money, for play and leisure purposes. The group is now a registered charity and receives funding via SCVO. The group holds various contracts with Sandwell Children's Trust for different age-related activities and also puts on training and events across 34 weeks of the year with dedicated events for parents. Funding is on a three- year basis so there is often a lot of anxiety during the last year of the contract as worries start about whether further funding will be awarded. Having to pay for venue hire limits the funds available for activities. Demand for the service outweighs capacity, and a rota and waiting list is used to manage attendance.

	Members spoke with a number of parents and the following key feedback was noted:- • they don't get the "school gate" experience, because their children are taken to school by SEND transport services; • parents feel lonely while their child is at school; • some children are also carers and dont get the typical childhood/teenage experience; • grandparents can also be affected; • some of the parents are disabled themselves, so already felt isolated before becoming a parent; • after becoming a parent of a disabled child their friends sometimes drift away because they are unable to join in social events; • disabled children can often display challenging behaviours, which makes people avoid them; • the group is only funded for under 18s and upon reaching adulthood the support services that are available to them change, adjustment period can be difficult, particularly those who have been supported by the group since the age of 4; • some school's SENDCOs hold events for parents; • parents have to spend a lot of time "fighting" with professionals for support and/or diagnoses; • short breaks separate the child from the family, parents don't always want this and want to see their child enjoying the activities – "how can strengthen a family by splitting it up?";

	• some parents felt as if they never had the opportunity to leave the house due to their caring commitments; • parents benefitted from receiving 'peer support' from other parents who attended the group.
The Benefits of Pets https://www.campaigntoendloneliness.org/the-importance-of-animals-tackling-loneliness-one-pet-at-a-time/#:~:text=Staying%20home%20with%20a%20cat,depression%2C%20anxiety%2C%20and%20loneliness. https://www.monash.edu/news/articles/using-pets-to-support-healthy-ageing-pilot-study#:~:text=Monash%20University%20researcher%20Dr%20Em,from%20migrant%20and%20refugee%20backgrounds	It is widely acknowledged that pets can positively benefit the well-being of owners and for many older people living on their own, their pets are their reason for living. The benefits of having a pet include relieving stress, lowering heart rates and blood pressure, plus helping us become physically active; directly reducing the risk of mortality, and even helping us cope with physical and emotional situations, including pain.

Sandwell
Metropolitan Borough Council

Report to Health and Adult Social Care Scrutiny Board

22 January 2024

Subject:	Tracking and Monitoring of Scrutiny Actions and Recommendations
Director:	James McLaughlin Assistant Chief Executive James_Mclaughlin@Sandwell.gov.uk
Contact Officer:	Alex Goddard Scrutiny Lead Officer Alexander_Goddard@sandwell.gov.uk

1 Recommendations

1.1 That the Board notes the responses from the Executive/Directors/Partners on recommendations referred since the Board's last meeting, as set out in the Appendix.

1.2 That the Board notes the progress on implementation of those recommendations approved by the Executive/Directors/Partners, as set out in the Appendix.

1.3 That the Board identifies any recommendations where progress is unsatisfactory and determines what action it wishes to take.

1.4 That the Board determines which recommendations no longer require monitoring.

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 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 is impact.
	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 The attached Appendix details the responses to and progress on the implementation of recommendations made by the scrutiny function.



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	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. Any specific risks for the Board's attention are detailed in the Appendix.

6 Appendices

Appendix One – Health and Adult Social Care Scrutiny Board Action Tracker.

7. Background Papers

None.

Tracking and Monitoring of Actions and Recommendations of Scrutiny Boards

Scrutiny Board Date	Agenda Item Title	Action/Recommendation	Responsible Director /Body	Activity Log
Health and Adult Social Care Scrutiny Board				
21 November 2023	Department of Health and Social Care Consultation: Creating a Smoke-free Generation	(1) that the Health and Adult Social Care Scrutiny Board:- (a) welcomes the Government's proposed measures to restrict access to cigarettes and address the marketing of vapes to young people; (b) highlights the importance of education around the harms of smoking and vaping and messaging that discourages both; (c) in welcoming the introduction of further regulation around the sales of vapes, highlights that sufficient resources and structures need to be in place to support enforcement activity; (2) that the Cabinet Member for Public Health and Communities includes the Board's comments in the Council's formal response to the consultation	Liann Brookes Smith/ Mary Bailey	

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Sandwell
Metropolitan Borough Council

Report to Health and Adult Social Care Scrutiny Board

22 January 2024

Subject:	Cabinet Forward Plan and Board Work Programme
Director:	James McLaughlin Assistant Chief Executive James_Mclaughlin@Sandwell.gov.uk
Contact Officer:	Alex Goddard Scrutiny Lead Officer Alexander_Goddard@sandwell.gov.uk

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:	Any resources implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. Any specific resource implications 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. 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.
Risk:	Any risk implications arising from scrutiny activity are considered as required by the appropriate director or cabinet member/cabinet. 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.

Sandwell
Metropolitan Borough Council

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

	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
7	**Smoke Control Area and associated enforcement procedure** It is proposed that the boroughwide SCO and the associated enforcement policy should come into force on 1 July 2024 Contact Officer: Elizabeth Stephens Director: Director of Public Health, Liann Brookes-Smith	**Cabinet** Public Health and Communities (Cllr Khatun)	Public	17 January 2024		App 1 Borough of Sandwell Smoke Control Order 2022. App 2 Draft Sandwell Smoke Control Area Enforcement Guide. App 3 Draft Sandwell Smoke Control Area Comms Plan. App 4 How to light a fire. App 5 Smoke Control Area FAQ App 6 Cost of living info/signposting. App 7 Risk register App 8 Smoke Control Area Enforcement EIA App 9 Options Appraisal – No financial penalty vs civil financial penalty notice


ONE COUNCIL
ONE TEAM

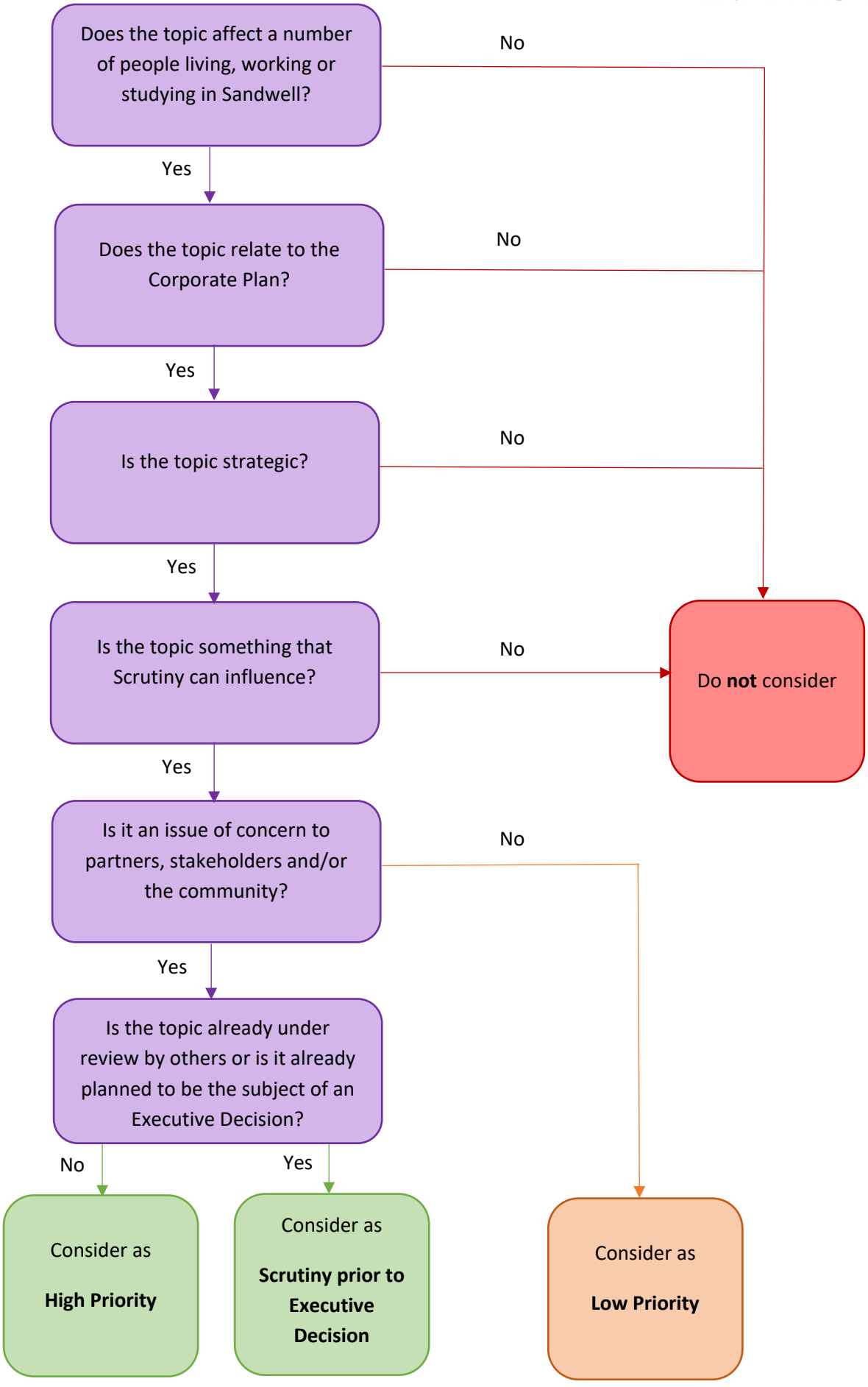
Scrutiny Board Work Programme 2023/24

Health and Adult Social Care

Meeting Date	Item	Presented by
17 July 2023 (Reports due 5 July 2023)	Towards Zero HIV Transmissions	Maura Flynn
	Health and Adult Social Care Work Programme and the Loneliness Scrutiny Review Working Group	Contact Officer: Alexander Goddard
	Joint Health Scrutiny Arrangements	Contact Officer: Alexander Goddard
4 September 2023 (Reports due 23 August 2023)	Draft Sandwell Winter Booklet	Liann Brookes-Smith
	Public Health Towns Plan	Liann Brookes-Smith
21 November 2023 (Reports due 8 November 2023)	Sandwell Safeguarding Adults Board Annual Report 2022/ 23	Deb Ward
	Department of Health and Social Care Consultation: Creating a Smoke-free generation	Mary Bailey
	Primary Care Update	Adele Hickman – Black Country ICB
	Patient Participation Groups	Emma Durnall – Black Country ICB
22 January 2024 (Reports due 10 January 2024)	Worklessness Programme Bid	Liann Brookes- Smith
	Health Determinants Research Collaborations Report	Lina Martino/ Liann Brookes- Smith
11 March (Reports due 28 February)	Adults Social Care CQC Review Update	Rashpal Bishop

Items to be scheduled in 2023/24
Poor birthing experiences and inequalities report – Liann Brookes- Smith Provisions for Adults with Learning Disabilities in Sandwell – Rashpal Bishop Healthcare in isolated communities Diagnosis in later life (Focus on Autism and ADHD) Arthritis service provision in Sandwell. **Briefing Notes to be circulated:** Director of Public Health Report – Liann Brookes- Smith Social Prescribing Plan (agenda item at the Health and Wellbeing Board) – Cathren Armstrong

Scrutiny Review
Continuation of the “Social Isolation and Loneliness” Scrutiny Review.


Does the topic affect a number of people living, working or studying in Sandwell?
No
Yes
Does the topic relate to the Corporate Plan?
No
Yes
Is the topic strategic?
No
Yes
Is the topic something that Scrutiny can influence?
No
Do **not** consider
Yes
Is it an issue of concern to partners, stakeholders and/or the community?
No
Yes
Is the topic already under review by others or is it already planned to be the subject of an Executive Decision?
No
Yes
Consider as **High Priority**
Consider as **Scrutiny prior to Executive Decision**
Consider as **Low Priority**

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