

Agenda

Health and Wellbeing Board

Wednesday, 6 December 2023 at 5.30 pm
In the Council Chamber, Sandwell Council House, Oldbury

1 Apologies for Absence

To receive any apologies for absence.

2 Declarations of Interest

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

3 Minutes

7 - 16

To confirm the minutes of the meeting held on 18 October 2023 as a correct record.

4 Additional items of Business

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

5 Sandwell Safeguarding Adults Board Annual Report 2022/ 23

17 - 70

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



6	Implementation Plan for a Recovery Oriented System of Care in Sandwell	71 - 128
	To consider and comment upon the Implementation Plan for a Recovery Oriented System of Care in Sandwell.	
7	Sandwell Early Years Priorities	129 - 144
	To consider and comment upon the Sandwell Early Years Priorities.	
8	National Youth Work Week and Statutory Guidance Update	145 - 164
	To consider and comment upon the National Youth Work Week and Statutory Guidance Update.	
9	Commitment to Co-production Plan	165 - 184
	To consider and comment upon the Commitment to Co- production Plan.	
10	Joint Strategic Needs Assessment	185 - 200
	To consider and comment upon the Joint Strategic Needs Assessment Update and to provide guidance on how often it should be revised.	
11	Healthwatch Sandwell Update - Case study: A Patient's journey of moving to a Care Home	201 - 224
	To consider and comment upon the Healthwatch Sandwell Update - Case study: A Patient's journey of moving to a Care Home.	
12	Work Programme	225 - 230
	Standing Item to note the Health and Wellbeing Board's Work Programme 2023/ 24.	

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

Distribution

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

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Sandwell Health and Wellbeing Board

18 October 2023 at 5.33pm
In the Council Chamber, Sandwell Council House.

Present:

Councillor Suzanne Hartwell	Chair and Cabinet Member for Health and Adult Social Care
Councillor Simon Hackett	Cabinet Member for Children, Young People and Education
Councillor Syeda Khatun	Cabinet Member for Public Health and Communities
Liann Brookes- Smith	Interim Director of Public Health
Michael Jarrett	Director of Children's Services and Education
Dr Sommiya Aslam	Local Commissioning Clinical Lead – Black Country Integrated Care Board
Phil Griffin	Chair of Healthwatch Sandwell
Alexia Farmer	Healthwatch Sandwell Manager
Chris Masikane	Chief Operating Officer – Black Country Healthcare NHS Foundation Trust –
Mark Davies	Chief Executive - Sandwell Council of Voluntary Organisations
Chief Superintendent Kim Madill	West Midlands Police
Emma Taylor	Chief Executive - Sandwell Children's Trust

In attendance

Adele Hickman	Head of Primary Care and Place Commissioning – Black Country Integrated Care Board
Fiona Jones	Clinical Nurse Specialist – Black Country Healthcare NHS Foundation Trust
Gemma Lockley	Clinical Lead – Black Country Healthcare NHS Foundation Trust
Sophie Shuttlewood	Healthwatch Sandwell Projects and Partnerships Lead
Cathren Armstrong	Health Protection Specialist - Public Health

Sandwell Health and Wellbeing Board 18 October 2023

Stephnie Hancock
John Swann

Deputy Democratic Services Manager
Democratic Services Officer

26/23 **Apologies for Absence.**

Apologies were received from Councillors Elaine Giles, Councillor Nicky Hinchliff, Councillor Laura Rollins, Rashpal Bishop (Director of Adult Social Care) and Reverend David Gould (Chair of Public Health Faith Sector Working Group).

27/23 **Declarations of Interest**

No declarations of Interest were received.

28/23 **Minutes**

Resolved that the minutes of the meeting held on the 13 September 2023 are approved as a correct record.

29/23 **Urgent Additional Items of Business**

There were no urgent additional items of business.

30/23 **Area Special Educational Needs and Disabilities Inspection Outcome and Next Steps**

The Board received an update from the Director of Children's Services and Education following the inspection of the Special Educational Needs and Disabilities (SEND) local area partnership for Sandwell.

The inspection had been conducted by Ofsted and the Care Quality Commission (CQC) against a new Ofsted/CQC inspection framework which was launched in January 2023, for a period of three weeks in June and July 2023. The revised framework 'evaluated' the effectiveness and impact of local area partners and the extent to which children and young people with SEND, including those who attend Alternative Provision (AP)

Sandwell Health and Wellbeing Board 18 October 2023

settings, were receiving consistently good experiences leading to consistently good outcomes.

The inspection team had found that children and young people with SEND, including those who attended alternative provision settings, were receiving inconsistent experiences resulting in them achieving inconsistent outcomes. This was commonly referred to as a 'Category Two' outcome for the local area partnership.

Recommendations made by the Department of Education (DfE) following the inspection included:-

- Strengthening of multi- agency working across the partnership between education, health and social care.
- Development of improvement strategies via co- production with children and young people with SEND.
- Increasing and expanding short- break opportunities.

Following inspection, all local areas were required to publish a Local Area Inclusion Plan by 2024. The Plan constituted an action plan in response to the recommendations made and would operate over a three- year period, supported by Ofsted, the CQC and the DfE with the next inspection due to take place in Summer 2026. The Council would be publishing its Plan ahead of the deadline set by the DfE.

The inspectors had been highly complementary about the vision across the local area partnership and the launch of the SEND Eco- System Transformation Programme in June 2023. This had given the inspectors a very clear understanding that the local area partners, through the self-evaluation, were accurate in their judgements and the actions they were taking to improve the experiences and outcomes of children and young people with SEND.

Members of the Board welcomed the outcomes of the inspection and noted the improvements that had been made.

The next steps of the SEND improvement journey included the expansion of SEND services and alternative provision settings within Sandwell, and the embedding of the recommendations of the report into daily practice.

31/23 **Health and Wellbeing Board Draft Constitution**

The Board received a draft revised constitution for consideration

Following changes to NHS structures in 2022, the Board's membership had previously been reviewed. The constitution, which had been written in 2013, had now undergone revision to reflect those changes.

Resolved that the Health and Wellbeing Board Draft Constitution is approved for submission to Council.

32/23 **Older Adult Therapeutic Service in Sandwell**

The Board received an overview of the Older Adult Therapeutic Service (OATS) for patients with Dementia in Sandwell. The Black Country Healthcare NHS Foundation Trust (BCHNHSFT) service had been launched in May 2022.

There were four referral pathways into the service:

- Organic referral route (Primary pathway)
- Functional referral route (Secondary pathway)
- Psychology input (START/ Co- facilitated psychology group)
- Peer support (Referred via OATS staff only following initial assessment)

The organic referral pathway for service users had been curated so that service users opting to receive support post-diagnosis, would first attend the Dementia Information Group for an initial assessment, to identify which service would best support their needs. Following the initial assessment service users would receive one of four services that was most appropriate for their needs:

- Seeing Past Dementia
- Cognitive Stimulation Therapy
- Memory Management Group (This programme was in pilot stage in Dudley)
- Football Cognitive Stimulation Therapy

Sandwell Health and Wellbeing Board 18 October 2023

The functional pathway received referrals from the Enhanced Community Mental Health Team for Older Adults (ECMHTOA). There were currently four services providing support in Sandwell and these were:

- Wellness Information Group
- Living with Anxiety
- Discovery through Activity
- Managing Difficult Emotions (Pilot stage only)

All support groups were provided in community settings and the service was currently exploring venues in Oldbury and Smethwick, due to the high levels of need for residents within the Borough.

Following the comments and questions from members, the following responses were provided:

- To support Sandwell's journey to becoming a Dementia friendly borough, it was important to raise public awareness and make it known that wasn't possible to tell if someone had Dementia just by looking at them. The process from diagnosis to post-diagnosis support needed to be more streamlined to remove repeated questions.
- The service had been designed to be as simple as possible for the patient.
- Staff had received extensive training with the key messaging centred around the understanding that dementia can impact 'anyone, anywhere'.
- Partner agencies such as West Midlands Police could not directly refer individuals via the functional pathway at present, however appropriate referral routes were possible.
- Referrals had steadily increased since the launch of the service in May 2022, and now ranged between 15 and 40 a month.
- The Community Mental Health Team was undergoing a transformation and BCHNHSFT was involved in those discussions to ensure that the OAT service was promoted.
- The service was currently at capacity and was working on a business case to increase staff and additional venues were being sought.

Sandwell Health and Wellbeing Board 18 October 2023

- The service operated in a way that sought to avoid creating waiting lists.
- Service users were not limited to the services within their own local authority and could choose to attend any site to receive support within the Black Country.
- The service had been designed to be service- user centred, and clinicians were in regular contact with patients.

33/23

Child Death Overview Panel Report 2021/ 22

The Interim Director of Public Health outlined the findings of the Child Death Overview Panel Report 2021/22. This was the third report produced by the Panel, which was a statutory interagency body, accountable to both Sandwell Council and the Black Country Integrated Care Board.

In 2021/22 there were 40 cases of infant mortality (death aged under one year), which was the highest in the Black Country. Child deaths in the Borough had been increasing since 2019/20, although they had decreased in Dudley, Walsall and Wolverhampton.

The primary factors for the increase were:

- Smoking in pregnancy.
- Fathers classified as high- risk.
- Obesity.
- Concealed pregnancies.
- Post-delivery monitoring.
- Awareness of risk factors
- Adequate staffing for high-risk deliveries.

Key priorities detailed in the report included efforts to ensure that 85% of women who were expected to give birth at less than 27 weeks gestation delivered their child in a maternity unit; and to halve the rates of stillbirths, neonatal deaths, maternal deaths and serious intrapartum brain injuries by 2025.

Sandwell Health and Wellbeing Board 18 October 2023

Lessons learned included:-

- Dads and partners were often missed when giving bereavement support and when receiving crucial information from the health visitor and midwife.
- Co- sleeping advice needed to be consistent, repeated at every contact and include dads and partners.
- Parents expectations needed to be carefully managed when babies were born with a poor prognosis or were given a diagnosis antenatally to support with the bereavement process.
- Families should be assessed as a whole, looking at a cultural genogram to ensure the lived experience of the young person was assessed.
- Where there were multiple agencies involved with a child and family, there should be a key worker who coordinated support.
- Effective communication with parents during treatment was needed with a consistent management of expectations.
- Parents should be aware of the benefits of a healthy body-mass- index (BMI).

A deep dive of the data was being carried out to understand why Sandwell's child mortality rates were higher than neighbours. Public Health was developing a healthy pregnancy service to address the primary factors identified and the lessons learned.

The Panel's 2022/23 report would be submitted to the Board in early 2024, and would provide an update on progress with intervention programmes.

34/23 Healthwatch Sandwell

The Board received an update from the Chair of Healthwatch Sandwell on its role and current work programme.

Local Healthwatch organisations were a statutory service required and commissioned by local authorities under the Health and Social Care Act 2012. The aim of local Healthwatch was to give citizens and communities a stronger voice to influence and challenge how health and social care services

Sandwell Health and Wellbeing Board 18 October 2023

were provided within their locality. The legal power to Enter and View health and care services and see them in action offered a way for Healthwatch to meet some of its statutory functions and allowed it to identify what was working well with services and how they could be improved.

Healthwatch's work programme had been informed by local intelligence data as well as public consultation. Community Engagement exercises were used to understand how communities were supporting local people to stay healthy and to reach seldom- heard communities. 18,000 individuals had been reached using digital means in the previous year. The priority theme for 2023/24's was diabetes due to the high rates in Sandwell.

Healthwatch Sandwell had conducted public engagement for Sandwell Health and Care Partnership through exercises in all of Sandwell's six towns - the Guided by You programme. The programme had engaged with over 300 people to capture data relating to the health and wellbeing priorities of the borough's population. The final report was currently being prepared.

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

- The subject residents contacted Healthwatch Sandwell about most was access to primary care.
- Information resources had been developed regarding primary care access in the borough and had incorporated information about Urgent Treatment Care centres, the NHS 111 telephone service, and signposts to other services, to reduce the burden on GPs, as it was not always necessary to visit a GP.
- Healthwatch Sandwell volunteers had engaged with young people and children via schools and the Black Country Integrated Care Board to determine whether healthcare provision was adequate for those with additional communication needs.
- The faith sector was an important partner and assisted in accessing harder- to- reach demographics.
- Healthwatch reviewed its engagement programme quarterly.

Sandwell Health and Wellbeing Board 18 October 2023

(Councillor Syeda Khatun and Emma Taylor left the meeting during consideration of this item).

35/23 Healthwatch Sandwell Update – Diabetes in Sandwell

The Board received an overview from the Healthwatch Sandwell Projects and Partnerships Lead relating to its Diabetes in Sandwell project.

Sandwell had a diagnosis rate of 9.9% for diabetes compared to a national average of 7.1% and had been identified as a risk group of concern by Diabetes UK. 1,110 individuals had responded to the Healthwatch Sandwell diabetes survey and concerns regarding the management of diabetes related to:

- Existing support network coverage across Sandwell.
- Geographical coverage of local groups who supported those diagnosed with the condition.
- The roll- out of preventative programmes related to diabetes across the Borough.

Feedback from older and elderly individuals had identified diabetes retinopathy eye screening tests, mobility implications and increased multiple health risks as focus areas. Consultations with members of the African Caribbean community had raised topics relating to culturally appropriate information, eating habits and activities and community led education as key areas for further exploration.

The key recommendations arising from the project included:-

- A focus on Diabetes prevention and risk reduction.
- Development of a strategic relationship with Diabetes UK.
- Investment in local communities and ‘grass roots’ support’.
- Addressing health inequalities in minority ethnic groups.
- Reviewing management of diabetes in the elderly population.

The recommendations had been shared with stakeholders.

Following comments and questions from members, the following responses were provided:

Sandwell Health and Wellbeing Board 18 October 2023

- Public Health had developed a Health Aging app, which supported translations to multiple languages. The Council was working with NHS partners Winter Booklet for 2023 would promote the app to newly patients upon diagnosis.
- Sandwell Health Improvement Partnership was working to tackle cultural barriers.
- Public Health had submitted a bid for funding to further support work on diabetes, as well as mental health and hypertension.
- More work was needed to ensure that at-risk groups were targeted and to communicate basic knowledge about diet and hidden sugars.
- Post- diagnosis support should be communicated effectively to patients.
- Diabetes related communications could be cascaded to parents via schools to increase understanding of the condition.

36/23 Work Programme


The Board noted its Work Programme for 2023/24.

Meeting ended at 7.46pm.

democratic_services@sandwell.gov.uk



6th December 2023

Subject:	Sandwell Safeguarding Adults Board Annual Report 2022-2023	
Presenting Officer and Organisation	Deb Ward, Operations Manager, Sandwell Safeguarding Adults Board	
Purpose of Report	Information	

1 Recommendations

- 1.1 That the Board is invited to consider and comment upon the Sandwell Safeguarding Adults Board Annual Report 2022-2023.

2 Links to the following Board Priorities

Priority 1	<p>We will help keep people healthier for longer Sandwell Safeguarding Adult Board (SSAB) has a mandate to work with partners and people with care and support needs to create and maintain effective Safeguarding arrangements this involves prioritising and understanding of what is abuse and when to report it.</p>
Priority 2	<p>We will help keep people safe and support communities Adopt a campaign focus in safeguarding, engaging with local people. SSAB actively participate in Safer Sandwell Six Campaign and promote the See Something, Do Something campaign.</p> <p>Gathering data and analysis that identifies the current safeguarding picture in Sandwell helping to identifying trends and themes that then inform safeguarding practice and strategic direction.</p>

	<p>This year we have received data from SMBC from individuals and/or their representatives on if they feel they are safer because of the help they received from people responding to the safeguarding concern. 87% of people reported that they felt safer because of the care and support services they received. We continue to ask people how they feel about the support they receive and monitor as part of safeguarding practice whether, because of intervention, the risk posed to the individual was reduced or removed. Risk enablement is a fundamental approach to making safeguarding personal.</p> <p>The priorities below will inform the work of the Board, Sub Groups and any specific project groups. Examples of work undertaken to date include:</p> <ul style="list-style-type: none"> • a commitment to proactively working with the third sector with a view to developing an early help partnership for adults. • a task and finish group exploring the prevalence of domestic abuse and adults with needs for care and support • a focus on Safeguarding Adult Reviews (SARs); a statutory function of SSAB and how to better embed learning. Themes include appropriate risk identification and information sharing, the impact of self-neglect and engagement and the appropriate use of the Mental Capacity Act to support decision making • supporting safeguarding in its broadest sense being the business of everyone, contributing to communities and neighbourhoods in Sandwell being a place where people feel respected cared for and safe. <p>For 2022-23 SSAB has five key priorities, agreed in consultation with partners these are:</p> <ol style="list-style-type: none"> 1. Listen to the voices of service users and front-line staff 2. Develop more inclusive performance data 3. Work with all partners to look at Sandwell’s “Front Door” including pathway, referrals and thresholds 4. Specific projects to be discussed with the Five + Statutory Boards which all focus on prevention 5. Board Governance
<p>Priority 3</p>	<p>We will work together to join up services SSAB works in partnership with other Statutory Boards in Sandwell supporting the Prevention of Violence and</p>

	Exploitation Agenda and focusing on place-based solutions ensuring Safeguarding is a priority. SSAB is committed to working in partnership with all and is embedding work with people who use services and looking at effective engagement.
Priority 4	We will work closely with local people, partners and providers of services SSAB works closely with the other Statutory Boards and has taken the lead on developing both internal and external communication strategies and campaigns.

4 Context and Key Issues

- 4.1 The annual report is being presented to the Health and Wellbeing Board for consideration.
- 4.2 The production of the Sandwell Safeguarding Adults Board Annual Report was a statutory requirement.

5 Engagement

- 5.1 SSAB is a multi-agency forum and the Annual Report has been co-produced with the engagement of key partners.

6 Implications

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

	complexity of their needs to make positive contributions and lead more fulfilled lives.
Climate Change:	No implications identified.
Corporate Parenting:	No implications identified within the report, however, SSAB acknowledges that responsibility.

6 Appendices

Appendix One - Sandwell Safeguarding Adults Board Annual Report 2022-2023

Appendix Two - Visual Report

Appendix Three – Presentation

7. Background Papers

None.



Annual Report

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

2022-2023

Sandwell Safeguarding Adults Board

ANNUAL REPORT

2022 - 2023

Contents

- 1. Foreword from the Independent Chair**
- 2. Sandwell at a Glance**
- 3. About the Board**
- 4. What is Our Performance Information Telling Us?**
- 5. Sub Group Contributions and Progress 2022-2023**
- 6. Task and Finish Groups**
- 7. What Engagement Has Looked Like**
- 8. Our Learning from Adult Safeguarding Reviews**
- 9. Key Achievements**
- 10. Partner Contributions**
- 11. Planning for the Future**

Appendices

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



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

1. FOREWORD FROM THE INDEPENDENT CHAIR

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

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

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

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

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

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

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

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

Sue Redmond, Independent Chair



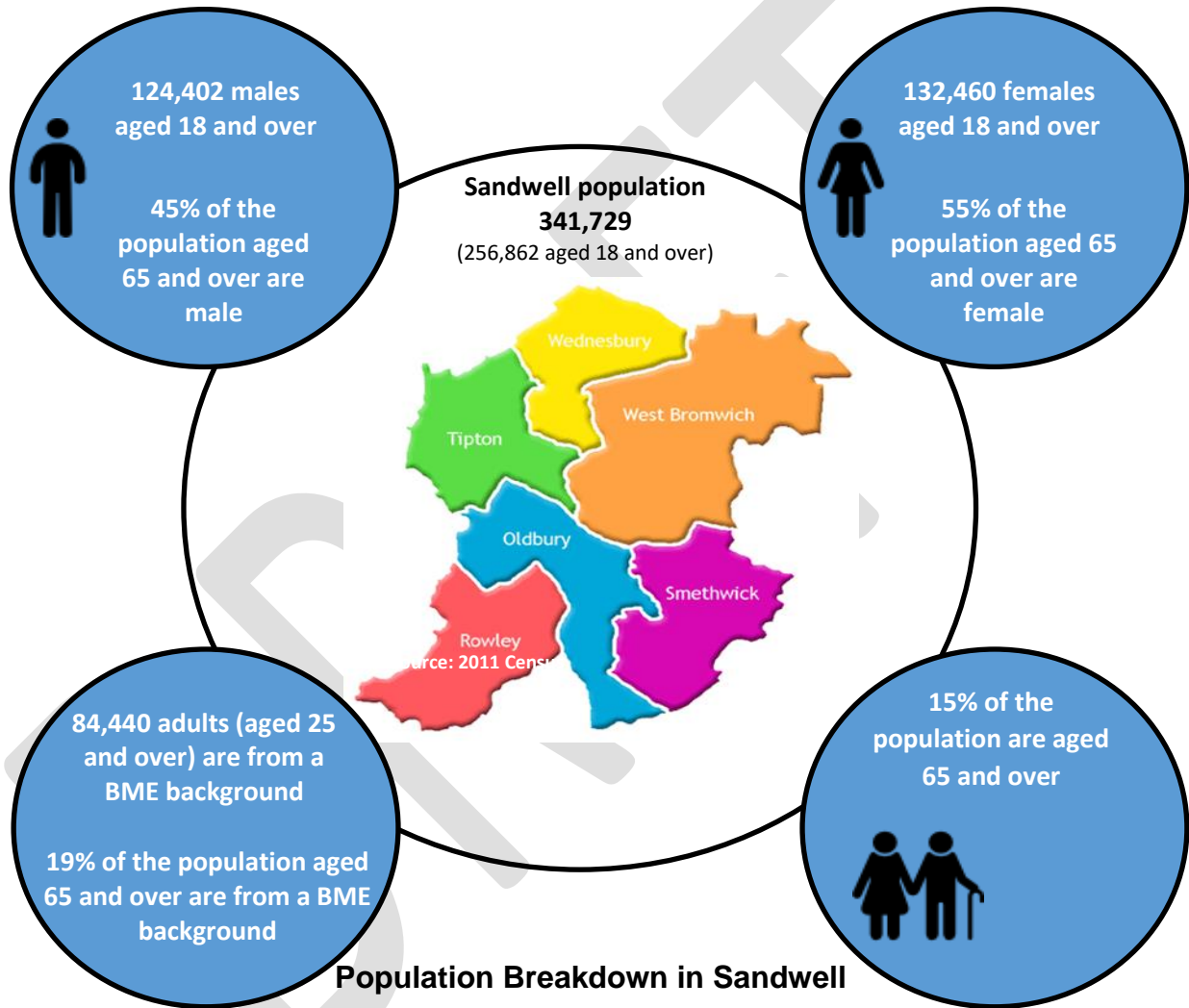
2. SANDWELL AT A GLANCE

Sandwell covers 33 square miles

Sandwell is made up of six towns (see below)

Sandwell has 24 Electoral wards

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



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

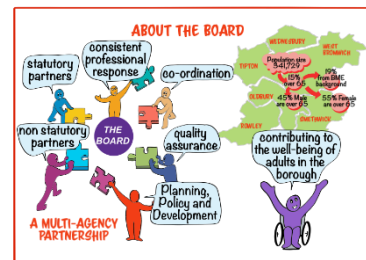
Sandwell Residents by Ethnic Group

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

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

3. ABOUT THE BOARD

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

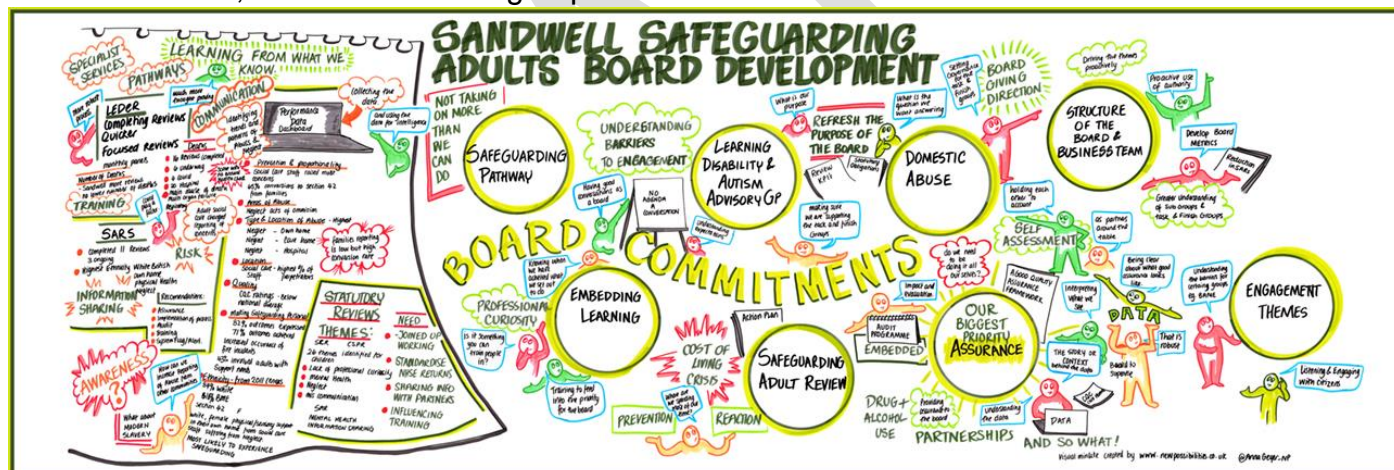


It contributes to the partnership’s wider goals of improving the well-being of adults in the borough and promotes and develops campaigns, an example of which is the current campaign ‘See Something, Do Something’.

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

SSAB BOARD DEVELOPMENT

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



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

Partners gave a further commitment to;

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

Agreement of Board Priorities 2022-24:

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

STRATEGIC PLAN

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

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

Our Structure:

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

Our Responsibilities:

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

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

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

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

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

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

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

Strategic Priority 4 **Board Governance**

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

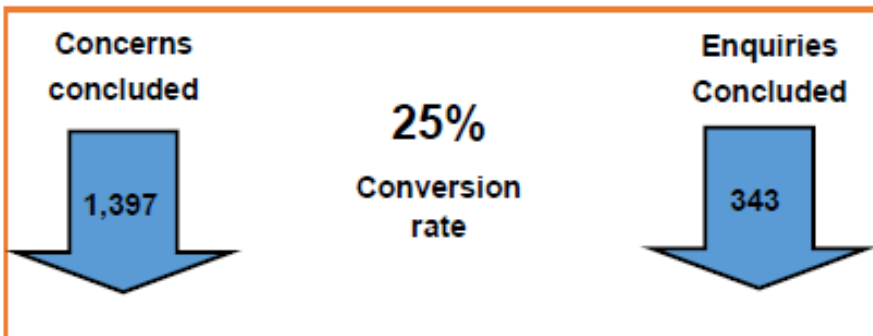
Our Strategic Plan 2022—2024: What we will do

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

4. WHAT IS OUR PERFORMANCE INFORMATION TELLING US?

2022 – 2023

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



Concluded enquiries

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

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

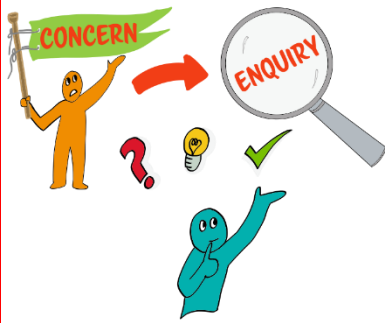
94% Outcome fully or partially achieved

95% Risk reduced or removed

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

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

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



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

upon. We can also see from the data the areas we need to continue to focus on.

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

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

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

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

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

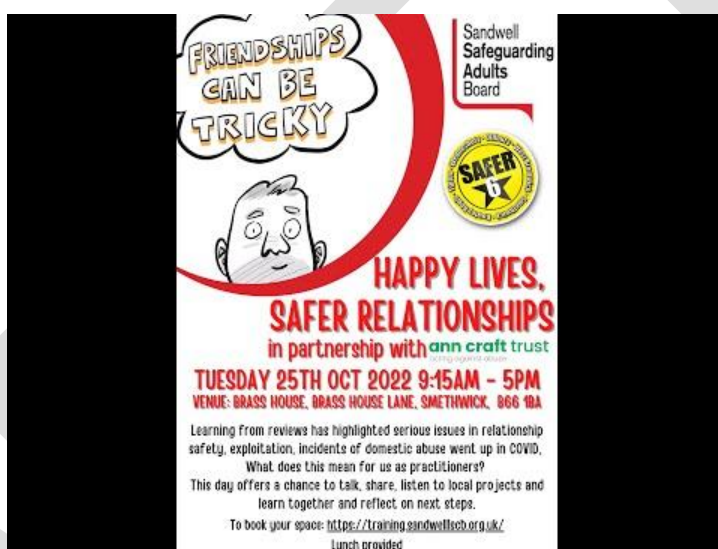
Most concerns were raised by Social Care staff (from within the Council or care agencies and care home settings), the amount of concerns raised that then went on to become safeguarding enquiries were also raised by Social Care staff. For this reporting period, of the 46% reported concerns from Social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

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

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

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

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

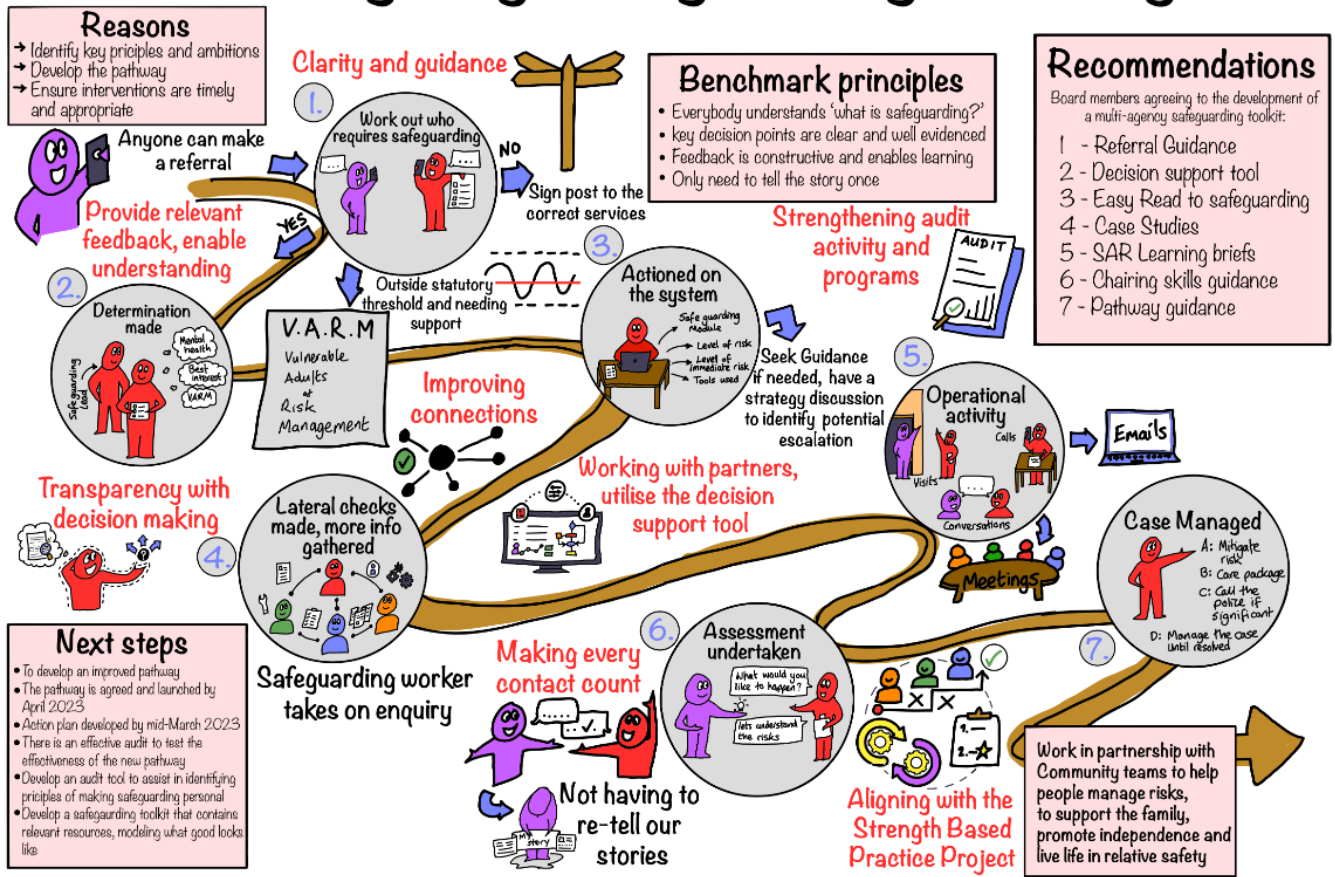


The Board receives data from SMBC about whether individuals and/or their representatives feel they are safer because of the help they received from people responding to the safeguarding concern. For this reporting period, on average 95% of people said they felt safe and risk was removed, 87% said care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

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

(Please see draft pathway on next page).

Multi-agency Safeguarding Pathway



www.newpossibilities.co.uk @CarrieLewis NP

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

Vulnerable Adults Risk Management (VARM) Data

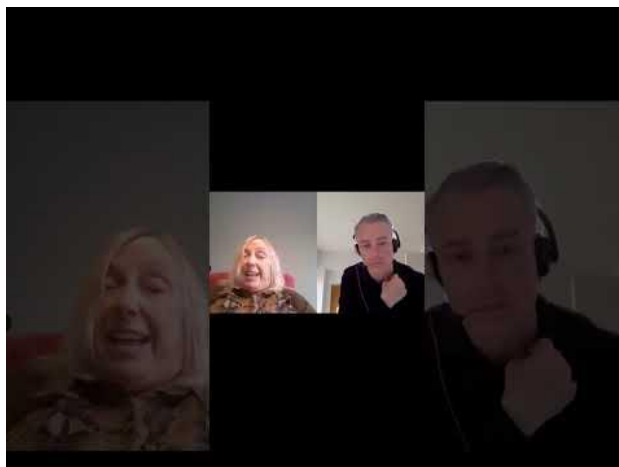
Below is a table identifying a breakdown of VARM meetings including who called them, the themes and the reasons for concerns being raised. At the time of writing, there are 16 live VARM meetings at various stages of the process. 24 VARM meetings have been closed because the risks have been reduced or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

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

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

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

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



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

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

5. SUB GROUP CONTRIBUTIONS AND PROGRESS 2022-2023

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

PREVENTION, PROTECTION AND LEARNING & DEVELOPMENT:

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

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

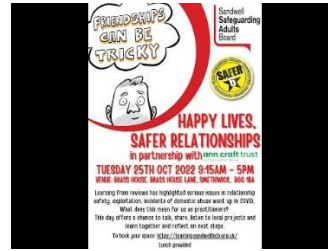
- VARM awareness training
- Hate Crime
- Recognising Safeguarding as a volunteer
- Safeguarding in a range of settings

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

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

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

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



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

Specific projects to be identified with a focus on Prevention

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

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

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

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

Develop a mandatory training offer

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

QUALITY & EXCELLENCE:

Continue to focus on effective delivery and high-quality processes

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

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

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

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

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

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

SAFEGUARDING ADULT REVIEW STANDING PANEL

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

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

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

- 1 SAR referral submitted, still to be considered

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

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

6. Task and Finish Groups

Local Task and Finish groups have looked at:

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

National groups in which Sandwell SSAB have led include:

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

7. WHAT ENGAGEMENT HAS LOOKED LIKE

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



During Covid what was important to you?



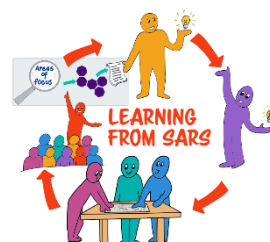
Work Undertaken March 2022 – March 2023

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

Future Engagement

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

8. OUR LEARNING FROM SAFEGUARDING ADULT REVIEWS (SARS)



WHAT ARE SAFEGUARDING ADULT REVIEWS?

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

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

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

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

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

IDENTIFYING SOLUTIONS
THAT RESPECT THE SIX
PRINCIPLES OF
SAFEGUARDING

Empowerment
Prevention
Proportionality
Protection
Partnership
Accountability



Risk management and risk
enablement

Escalation of concerns and self-
determination- the challenge

What does good look like?

PIESS, sharing information,
understanding adult and carer
perspectives

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

Key Themes Identified

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

Impact Statements

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

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

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

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

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

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

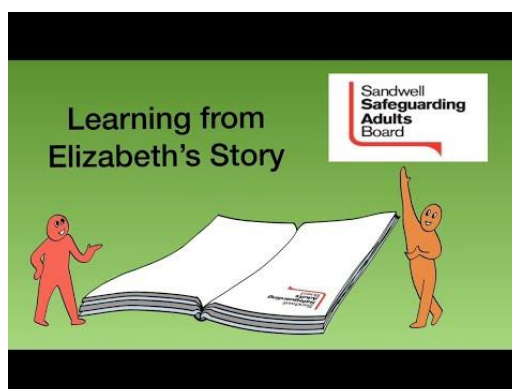
My only hope is that those who continue to serve their community and 'choose' to carry on with their careers take heed and provide the best level of care and support possible. One day it may be their relative lying in that bed needing help and compassion.

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

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

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

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



Practice Changes in Sandwell

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

REGIONAL SAR LEARNING

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

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

Key themes identified;

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

National SAR Research Findings

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

9. KEY ACHIEVEMENTS

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



10. PARTNER CONTRIBUTIONS



Learning Disability and Autism Advisory Group

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

Black Country Health Care NHS Foundation Trust

Agreement of Board Priorities 2020-22:

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

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

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

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

BCHFT have achieved the following:

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

Sandwell Metropolitan Borough Council (SMBC)

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

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

Looking forward

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

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

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

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

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

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

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

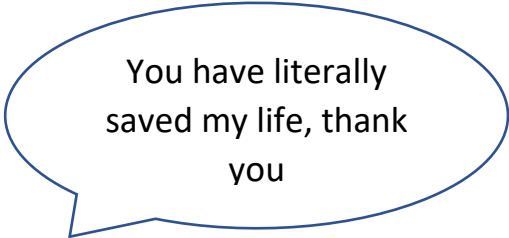
- Mental Capacity Act
- Forced Marriage
- Exploitation
- Case Recording
- Supervision
- Safeguarding

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

NHS Black Country Integrated Care Board (BC ICB)

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

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



You have literally
saved my life, thank
you

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

Further achievements can be found in Appendix 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sandwell & West Birmingham NHS Trust (SWB)

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

West Midlands Police (WMP)

The Adult at Risk Team investigate the following:

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

Third Sector Representation

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

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

Healthwatch Sandwell

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

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

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

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

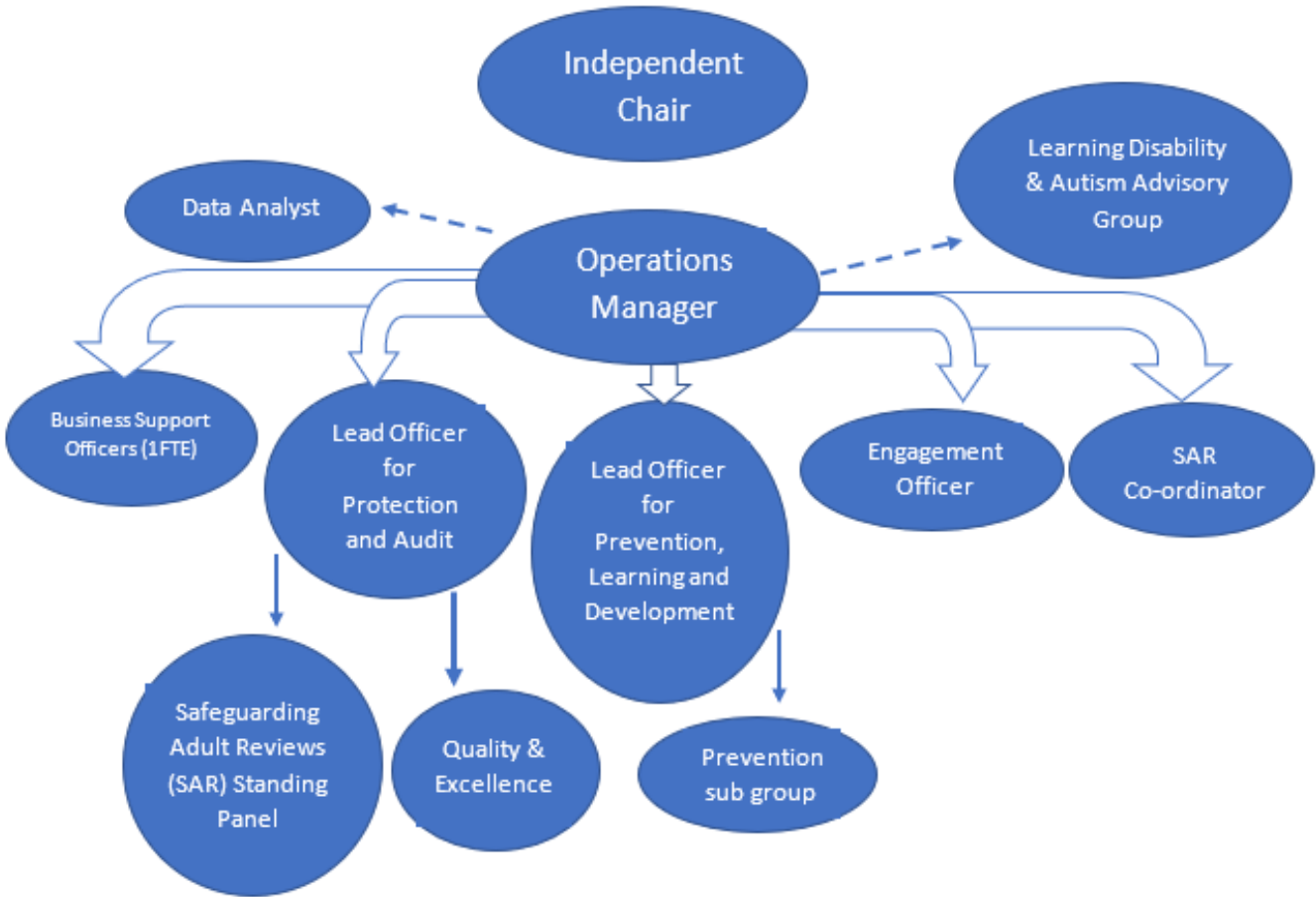
11. PLANNING FOR THE FUTURE

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

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

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

APPENDIX 1
SSAB STRUCTURE



APPENDIX 2
BOARD MEMBERSHIP

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

APPENDIX 3

FINANCE AND BUDGET INFORMATION

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

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

APPENDIX 4



5Boards Protocol
March 2023.docx

DRAFT

APPENDIX 5

GLOSSARY

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

APPENDIX 6

BC ICB key safeguarding achievements for the year 2022/23

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

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

'you have literally saved my life, thank you'

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

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

APPENDIX 7

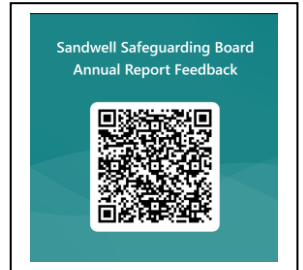
FEEDBACK FORM

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

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

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

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

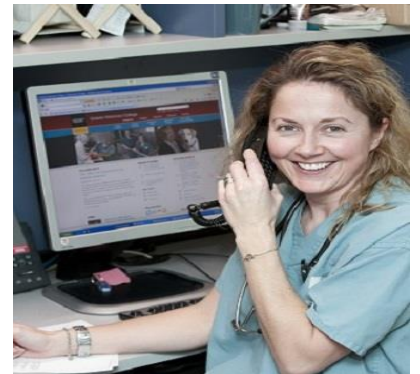


[Talk with me on Microsoft Teams](#)

WHO CAN I TELL MY CONCERNS TO?

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

In an emergency, ring 999



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SANDWELL SAFEGUARDING ADULTS BOARD ANNUAL REPORT - VISUAL SUMMARY

developments based on real experiences, preventing abuse and harm

ABOUT THE BOARD

Statutory partners
consistent professional response
co-ordination
non statutory partners
THE BOARD
quality assurance
Planning, Policy and Development
A MULTI-AGENCY PARTNERSHIP

contributing to the well-being of adults in the borough

PREVENTION, PROTECTION AND LEARNING AND DEVELOPMENT

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

Developing resources
 toolkit
 e-learning
 VARM Policy & Procedure
 newsletter

maximising opportunities to learn from SARs

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

Focussing on multi-agency risk management

SAFEGUARDING ADULT REVIEWS STANDING PANEL

Chaired by Sandwell & West Birmingham NHS Trust

Consider referrals against SAR criteria

All key agencies represented

Embedding Learning from Statutory Reviews

Learning Disability & Autism Advisory Group

ACHIEVEMENTS

Accessible publicity material

polices & procedures

keeping connected remotely

Embedding into practice

Partnership working

Training & e-learning

SSAB offer

listening to the voices of citizens

Involvement at National and Regional level work

Strategies

STRATEGIC PRIORITIES

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

CO-PRODUCTION

LEARNING FROM SARs

Monitoring performance

Understanding the citizen's journey

Reporting to the Board themes and trends

PERFORMANCE

QUALITY

SANDWELL SAFEGUARDING ADULTS BOARD

QUALITY AND EXCELLENCE

KEY FOCUS

- Training
- Location of abuse
- Conversion rate from concern to inquiry

THE BOARD

QUALITY & EXCELLENCE

SAFEGUARDING ADULT REVIEW STANDING PANEL

Task
Domestic abuse

Finish
Embedding Learning from Statutory Reviews

Sub Groups
Safeguarding Pathway

LEARNING FROM SAFEGUARDING ADULT REVIEWS

Practice changes as a result

Risk Management Surgeries by Adult Social Care

Clear and transparent risk assessment tools

Learning Event highlighted need for:

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

THEMES

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

FUTURE FOCUS

PRIORITY: LEARNING FROM REVIEWS

more face to face opportunities for learning and networking

Death by indifference 74 deaths coming

SAFEGUARDING ADULTS REVIEWS

Learning Event Sept 23

minimising duplication

maximising impact

WORKING TOGETHER

WHAT THE DATA IS TELLING US

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

ENQUIRY
more proportionate responses ensuring an individual is safe.

ENQUIRY
The Campaign is working

outcome fully or partially achieved 94%

risk reduced or removed 95%

99% of people asked about what outcome they wanted

87% Services received helped me feel safe.

58% own home

52% Female

46%

33%

55% Older People

most concerns come from social care staff

Demonstrates a better understanding and appropriate action taken

SEE SOMETHING DO SOMETHING

STOP

WWW

Information

SIGNPOSTING

ENGAGEMENT WORK

increased use of social media

Engagement Practitioner Guidance Developed

Engagement support for task and finish groups

Engagement work about care homes

Smethwick Monthly drop-in's

support for informal carers is needed

great to be getting back to face to face

Helps build trusting relationships

People are telling us...

- Visiting established groups
- Telephone calls
- Drop in sessions
- Teams meetings
- Surveys

Mental Health

Primary Care Services

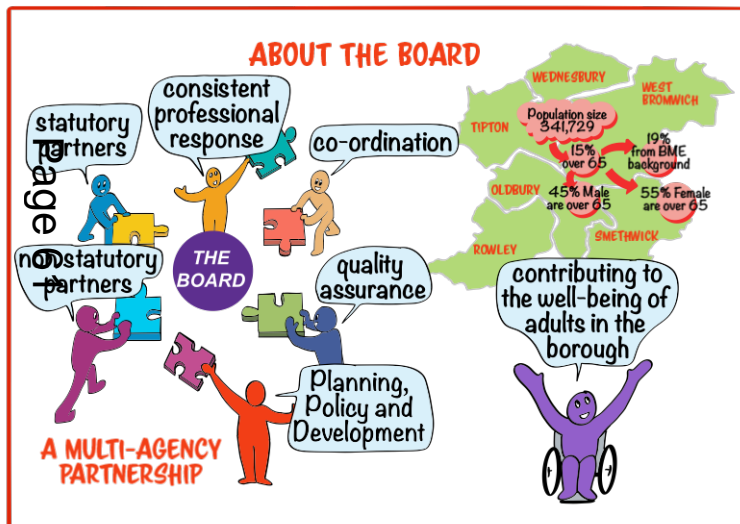
Long Term Conditions

services have disappeared!

Staff Recruitment pressures

Long term impact...

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Annual Report 2022 – 2023

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



Headlines & Key Achievements

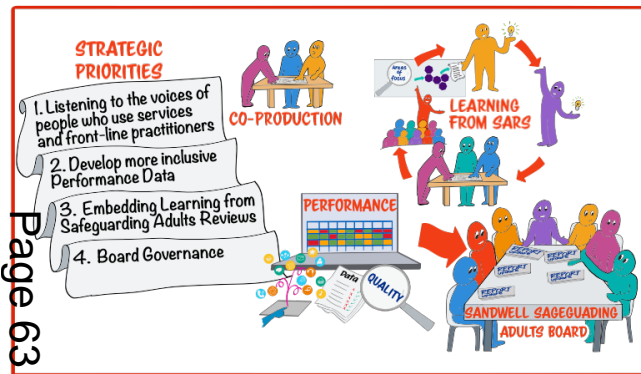
Page 62

Task and finish groups looked at:

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



Key Priorities



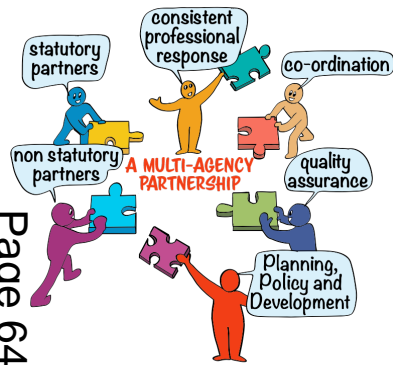
Page 63

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



Multi Agency work to develop performance monitoring

Page 64



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



Continued to raise awareness of key place based safeguarding concerns

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



Enhanced Learning & Improvement

Page 66

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



Sub Groups

Prevention, Protection and Learning & Development

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



Sub Groups

Page 68

SAR Standing Panel

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

Quality and Excellence

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



Looking Forward 2023-2024

Safeguarding Adult Reviews and taking forward the learning remains a priority

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

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



Thank you for listening.

Any questions?




SEE DO
SOMETHING SOMETHING

SAFEGUARDING
IS EVERYONE'S
BUSINESS

Sandwell



6 December 2023

Subject:	Implementation Plan for a Recovery Oriented System of Care in Sandwell
Presenting Officer and Organisation 	Drugs and Alcohol Partnership Officer Nick Shough Sandwell Council Public Health D&A Team Nick2_shough@sandwell.gov.uk
Purpose of Report	Information

1 Recommendations

- 1.1 To consider and comment upon the Implementation Plan for a Recovery Orientated System of Care (ROISC) in Sandwell.
- 1.2 That the Board endorses the plan and supports the implementation of progress, maintaining oversight as appropriate.

2 Links to the following Board Priorities

Priority 1	<p>We will help keep people healthier for longer Connection of individual with substance use issues with recovery communities and networks aid those planning their recovery whilst in treatment.</p> <p>Data available has shown that sustaining treatment for a period of greater than five- years greatly reduces the risk of relapse.</p> <p>The implementation plan for Sandwell had integrated the Five Ways to Wellbeing model into recovery orientated activities and group- based events.</p>
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	<p>The plan had adopted a person- centred approach with the core value that all individuals have the capacity to thrive in the appropriate circumstances through strength and character.</p>
Priority 2	<p>We will help keep people safe and support communities By helping individuals to recover their health, regain life skills, repair damaged relationships, and rebuild fulfilling lives, a thriving and vibrant recovery community and recovery offer will assist people to maintain long-term recovery with an ever-decreasing risk of relapse. Individuals will develop informal support networks and friendships that will begin to make recovery more visible, attractive, and achievable to others who feel they cannot achieve it.</p> <p>It is anticipated that the work set out in this Plan will lay the foundations for the Sandwell Recovery Community to grow and develop new groups and projects that will be of benefit to others in recovery as well as to the wider community.</p>
Priority 3	<p>We will work together to join up services The development of this plan for a ROISC has been informed by ABCD (Asset Based Community Development) principles, meaning that we view the area as already rich in assets and every individual as having skills, gifts, and passions to share, and takes a strengths-based approach.</p> <p>The ‘Recovery in Sandwell’ E-bulletin/ newsletter promotes any groups, activities, or support services that are offered in Sandwell that could be beneficial to people in recovery, with a lot of the content coming directly from attending the Sandwell Networkers Forum and the six town-based networking meetings every month.</p> <p>We have provided grant funding up to £10k for nine Recovery Projects in 2023, instantly bringing nine charitable organisations into the fold of the recovery community to work with this client-group in some cases for the first time.</p> <p>In September there were thirty stalls in the networking area of the ‘Recovery Event 4 Sandwell’, with 130 people in attendance, we created a fantastic vibrant space for people to share details and talk about recovery. The feedback was great with a couple of comments that it was the best networking event they had been to.</p>
Priority 4	<p>We will work closely with local people, partners and providers</p>

	<p>The Recovery event in September was planned and then supported on the day, by a group of nine people with lived or living experience (Experts by Experience) of treatment and recovery from drugs or alcohol. With the group giving their ideas, making decisions about content, catering, and costs, as well as volunteering on the day, this event was truly coproduced.</p> <p>In 2024 we are expanding the small grants offer, aiming to get more organisations to engage with the recovery community and be an active part of it. We want to raise recovery awareness and understanding by engaging with community and statutory providers across Sandwell with the aim of becoming a Recovery Informed Borough.</p> <p>The Recovery Model benefits everybody, the individuals themselves and their loved ones whose lives become safer and less unpredictable; services benefit as people offer their time as volunteers and staff feel more inspired as positive long-term outcomes become achievable for more of their cases and success stories emerge around them; society benefits as people shift from being a burden on the community to becoming an active and productive member of it; and the public purse benefits as recovery becomes embedded and recidivism is reduced and health is improved.</p>
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4 Context and Key Issues

- 4.1 The implementation plan was created following an initial visit to the Cranstoun Service User Group meeting in which it was agreed that I promised to develop a plan that would create a foundation for building and planning recovery oriented projects, an initial draft version of the document was circulated among a network of providers and partners and service users for comment and feedback. A second draft was then circulated for approval which then became the final version.
- 4.2 The Service User Group represents those currently receiving treatment in Sandwell and influences treatment programmes. The total number of service users currently receiving treatment in Sandwell is 712 for alcohol use and 1,328 for drug use.
- 4.3 In September 2023, the UK Governments guidance for the Development of Recovery Support Services (RSS) was published, this guidance has

informed the production of references, it includes much of what is the Sandwell ROISC Implementation Plan.

Background

- 4.3 The origins of the modern Recovery Movement as an organising paradigm, can be traced back to the work of Dr William White in the U.S. from about 1997 onwards. By academically studying the factors that contribute to long term recovery, the idea of recovery capital and how to get it has come to the fore of the conversation.
- 4.4 In 2021, the Dame Carol Black Report was highly critical of the disinvestment in treatment and recovery by the incumbent government, with the subsequent national strategy From Harm to Hope placing a strong emphasis and responsibility on each locality to develop communities of recovery. In 2023 and 2024 there are additional OHID funds to help improve treatment and recovery outcomes.

Building Recovery Capital

- 4.5 Those entering treatment services tend to have lower levels of personal and social capital and are more vulnerable. The role of recovery-oriented support is to help and support the person and their significant others, to build their recovery capital and become less reliant on treatment services, helping with the identification of personal and social capital that builds on people's strengths, resources, resilience and ability to manage their own life. It is a strengths-based approach.
- 4.6 The aim of recovery (and therefore treatment) is for marginalised individuals and families to develop healthy, supportive and contributing relationships within their community. Recovery can only be maintained in natural community environments and if treatment services do not work with individuals to build individual, family and community recovery capital, they will be continually recycled through the treatment system.

Sustainability & timescales

- 4.7 The proposals in this plan are sustainable in that the projects and enterprises that emerge will run by and for people in recovery. Project leaders will be guided and supported to build sustainability into their planning and development.
- 4.8 The timescale for this plan is to have put each element into place by 31 March 2025, which is when my post ends. However, these are just the foundations to sow the seeds that will grow over the next ten years. In

areas where there are now commissioned Recovery Support Services (RSS) provided by Lived Experience Recovery Organisations (LERO's), those LERO's began 10-15 years ago.

- 4.9 All activities of Sandwell Public Health Addictive Behaviours Team are scrutinised by the Sandwell Drug and Alcohol Partnership Board which meets quarterly.

A Recovery Oriented Integrated System of Care looks like:

- Real informed choices at each stage of treatment process
- Peer to peer support
- Mutual aid
- Assertive link between treatment & recover support
- Long-term pathways to recovery
- No stuck staff and no stuck clients
- Lived Experience Recovery Organisations
- Supportive peer recovery activities and networks
- Celebrations of success

5 Engagement

Consultation carried out

- 5.1 The commitment to a ROISC was made in the 2022 Sandwell Drug and Alcohol Strategy which was produced following a commissioned consultation that was conducted by an independent research company.
- 5.2 The mapping of existing recovery provision in Sandwell was another commissioned consultation that was conducted by LINXS research consultants and made ten recommendations, half of which made reference to improvements to treatment provision.

6 Implications

Resources:	<p>There were no resources currently allocated for the premises and operating costs of the proposed recovery hub. The delivery plan envisaged that volunteers, rather than paid staff would support with the early stages of the project.</p> <p>It was common for funding via Drug and Alcohol grant programmes to be utilised for projects such as this, as well</p>
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	as organisations such as Sandwell Council of Voluntary Organisation and national schemes such as the Big Lottery Fund.
Legal and Governance:	The ROISC Implementation Plan proposals are supported by the UK Government strategy 'From Harm to Hope' and the UK Government guidance for the Development of Recovery Support Services (RSS).
Risk:	No risk implications directly arising as a result of this report.
Equality:	Endeavours to reduce the stigma of Individuals associated with substance related issues supports the equality objectives of the Council.
Health and Wellbeing:	The Delivery Plan for a Recovery Orientated System of Care promotes healthy lifestyle choices and recovery tools. The Five Ways to Wellbeing model is used which further wellbeing outcomes for the communities of Sandwell.
Social Value:	Creating an infrastructure for LERO's to develop with grant funding and volunteer input supports efforts to ensure value for money in future projects and are aligned to positive social value outcomes.
Climate Change:	No climate change implications directly arising as a result of this report.
Corporate Parenting:	No corporate parenting implications directly arising as a result of this report.

7. Appendices

Appendix One - Implementation Plan for a Recovery Oriented System of Care in Sandwell

Appendix Two – Presentation to be delivered to the Health and Wellbeing Board.

8. Background Papers & References

Sandwell Drug and Alcohol Strategy, Sandwell Drug and Alcohol Partnership 2022

Implementation Plan for a

Recovery Oriented Integrated System of Care (ROISC) in Sandwell

June 2023



Table of Contents

- 1. Introduction and Purpose 3
 - Introduction to Recovery..... 3
 - What is Recovery?..... 4
 - Human recovery capital 4
 - Physical recovery capital..... 4
 - Social recovery capital 4
 - Cultural recovery capital..... 4
 - Definitions of Recovery 5
 - Background to a community-based recovery offer 6
 - Mutual Aid..... 7
 - Sandwell Drug and Alcohol Strategy 2022..... 8
 - The Sandwell Recovery Report 9
- 2. Stakeholders and Partners Responsibilities 11
 - Communities of Recovery..... 13
- 3. Implementation Proposals 14
 - 3.1 Strategic Framework for a Recovery Oriented Integrated System of Care (ROISC) 14
 - 3.2 Empowering the Recovery Community..... 15
 - 3.2.1 Planning A Recovery Networking Conference 15
 - 3.2.2 A community- based recovery offer 15
 - 3.2.3 Co-production 15
 - 3.3 Opportunities for Recovery Building 16
 - 3.3.1 Mutual Aid..... 16
 - 3.3.2 Volunteering..... 16
 - 3.3.3 Employability 17
 - 3.3.4 Sandwell Recovery Academy..... 17
 - 3.3.5 Promoting ‘Bumping Spaces’ in each town..... 17
 - 3.3.6 Fostering Recovery Enterprises 18
 - 3.4 Workforce Development..... 19
 - 4.0 Indicators of Success..... 20
- Appendix 1 21
 - Glossary..... 21
- Appendix 2..... 22
 - Commissioning Quality Standard: Alcohol and Drug treatment and Recovery Guidance, HM Government, 2022..... 22

1. Introduction and Purpose

Introduction to Recovery

There is a widely held belief among the general public that is perpetuated by mainstream media, that goes, 'once an addict, always an addict', this exclusionary attitude for one is largely hypocritical, and secondly stigmatises people with alcohol or drug problems as difficult, deviant, undeserving, outsiders.

Where these attitudes are held by professionals, who are after all, members of the public too, they become self-fulfilling prophecies of hopelessness and helplessness. If people who are struggling with addiction are surrounded by these views and treated accordingly, and if they have no examples or role models of recovery around them, how will they ever believe that they could recover?

Evidence would suggest that in the first year after people detox from alcohol or heroin, the likelihood of relapse is between 50 and 70% but by the time they get to five years of consistent sobriety or abstinence from their problem drug, the likelihood of relapse has dropped to 15%, on average it takes about 5-years from the point of putting down drink or drugs, until people can self-sustain their recovery journey.¹ People do recover, in fact, most people do recover.

Research shows that when people reach five years into recovery, not only do they become active contributing citizens with strengths and assets, **they become 'better than well'**, they volunteer more, they're more active in the community, they take fewer duvet days. This 'better than well' phenomenon is one that everybody benefits from.²

In keeping with the Five Ways to Wellbeing which are based on years of scientific research and show that human connections are the number one factor in all our wellbeing,³ the evidence base for recovery places huge emphasis on social networks and transitioning from excluded networks of fellow addicts and drinkers, to pro social networks. In all models of 'recovery capital', social capital comes before personal, human, community or cultural capital, which are the foundation of long-term recovery. While treatment is essential and even lifesaving for many, it is the contagion of hope that's at the heart the recovery process. Recovery is contagious but you've got to expose yourself to it to catch it.

Where people recover without support or treatment, 'natural recovery', occurs if people still have some of that capital, not lost their jobs, their homes, or their family. For people who do lose all those things, it's a long slow process to rebuild and recover.

*"Those who possess larger amounts of social capital, perhaps even independently of the intensity of use, will be likely candidates for less intrusive forms of treatment"*⁴

¹ Inside Health, BBC Radio 4 Feature – Drug Addiction Recovery, with Prof. David Best, 07/02/2018, <https://www.bbc.co.uk/programmes/b09qd716>

² Inside Health, *ibid*

³ Five Ways to Wellbeing: Communicating the evidence, 2008, Jody Aked, Nic Marks, Corrina Cordon, Sam Thompson <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

⁴ Cloud, W. & Granfield, R. (2008) 'Conceptualizing Recovery Capital: Expansion of a Theoretical Construct' in *Substance Use & Misuse*, vol. 43, no. 12-13, pp. 1971-1986.

Therefore, there is a core requirement that there are external supports at the start of that process but also throughout it, to build the infrastructure around people to enable them to recover.

What is Recovery?

Those entering treatment services tend to have lower levels of personal and social capital and are more vulnerable.⁵ The role of recovery-oriented support is to help and support the person and their significant others, to build their recovery capital and become less reliant on treatment services, helping with the identification of personal and social capital that builds on people's strengths, resources, resilience and ability to manage their own life. This is in stark contrast to a deficit-based approach that highlights problems and needs.

There are two key predictors of positive quality of life for people in recovery,⁶ they are

- Higher number of non-using peers in recovery
- More meaningful activity in the last month

'Recovery capital' describes the range of factors in and around an individual that can help and support them in finding their route to recovery and to stay in recovery even after lapses or in difficult times. Today, recovery capital is broken down into four main categories:

Human recovery capital includes your values, skills, knowledge, experience, education, interpersonal skills, and problem-solving abilities. It also includes certain personality traits, such as self-awareness, self-esteem, optimism, conscientiousness, confidence, perseverance, humility, and a sense of purpose. They are the qualities that make an individual attractive and are the means for forming friendships, relationships, and support.

Physical recovery capital represents the most basic needs for ongoing maintenance – a safe place to live, enough to eat, adequate clothes and access to transportation. Without this, an individual will not meet the bare minimum of recovery capital needed to maintain recovery. There are further physical needs such as good health, financial security and an ability to be able to generate income through skills and employment.

Social recovery capital is all your relationships, these could be intimate relationships, family, at work relationships, friendships, or members of your sober network. Social capital means you are surrounded by people who support your recovery and other positive changes. This can be found in the form of peer-led support groups such as AA and NA. It could be participating in groups who share a common interest, maybe with charitable aspirations or focused on the growth of spiritual practice.

Cultural recovery capital is the support available through your community and culture, it could be your local community, neighbourhood, the broader community, or communities of shared interest (groups). It includes things like access to treatment and mutual aid groups like AA or NA meetings. Recovery could grow if the individual chooses to invest in a social setting where sobriety is at its core which is why many in recovery become more involved in the

⁵ *Drug Treatment and Recovery, Dr David Best, Presentation, 2010*

⁶ *Drug Treatment and Recovery, Dr David Best, Presentation, 2010*

church. Therapeutic support or self-help tools aid in planning how you will increase your recovery capital. You can choose where and who you spend time around, avoiding people who are not supportive.

Think of recovery capital as money in the bank. Every time you learn a new skill, make a new friend, pay off a debt, save a little money or help someone else, you are making deposits to strengthen your recovery. The more deposits you make, the more you can withdraw in the form of support, self-esteem and purpose that will serve to motivate you in difficult times.⁷

The advantage of a quality treatment program and therapeutic intervention is that it will help you develop physical, human, and social capital. Treatment is effective in destabilising addiction and the early stages of recovery can be initiated in treatment. A recovering individual moves from a problematic drug using culture to one which supports recovery, each with its own cultural values, language, symbols, rituals and rules. Individuals may need support from a recovery “guide” or “role model” with knowledge of both cultures.⁸

The aim of recovery (and therefore treatment) is for marginalised individuals and families to develop healthy, supportive and contributing relationships within their community. Recovery can only be maintained in natural community environments and if treatment services do not work with individuals to build individual, family and community recovery capital, they will be continually recycled through the treatment system.⁹

Definitions of Recovery

Many people have had a go at defining recovery over the years, often from a perspective that has taken one preferred route over all others, or that has come from a moralising perspective in the first place, as with abstinence only definitions. William White was one of the first people to acknowledge and start to evidence that outside of treatment services there was a wider recovery community arriving via the mutual aid (AA/ NA) route, and as many again finding their own routes to ‘natural recovery’ without ever going near a treatment service, he said “Recovery is a reality” and “There are many pathways to recovery and ALL are cause for celebration”¹⁰

There is an established definition from the U.K. Drugs Policy Commission (UKDPC)¹¹ in 2009:

“The process of recovery from problematic substance misuse is characterised by voluntary-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society”

This works well as it is not solely abstinence focused but can include people receiving substitute prescribing and/or using drugs recreationally in a controlled way; it provides a

⁷ Adapted from “What is Recovery Capital?”, <https://addictionsuk.com/blogs/recovery-capital/>

⁸ Bamber, S. (2010). *Recovery writing volume one: 2009-2010*. Manchester: *The Art of Life Itself*.

⁹ “Recovery: The treatment - peer support continuum”, B-DAAT, Feb 2009

¹⁰ “The New Recovery Advocacy Movement”, Peter Rainford, *Recovery Rising Issue 6*, Spring 2011

¹¹ Bamber, S. (2010). *Recovery writing volume one: 2009-2010*. Manchester: *The Art of Life Itself*.

framework in which individuals can develop a personal definition of recovery; and it avoids the false polarisation of harm reduction and abstinence.

When does the recovery journey begin? When you make the decision, when you walk into treatment, when you achieve your first day without your problem drug, when you leave treatment? Or as Phil Valentine, of CCAR (Connecticut Community for Addiction Recovery) put it, "You are in recovery when you say you are".¹²

Background to a community-based recovery offer

The movement towards more joined up systems of care in the alcohol & drugs field can be tracked back to William White's identification of the need for a Recovery Advocacy Movement in the USA as far back as 1997.¹³ Skip forward ten years and the National Treatment Agency which was already making great strides in improving treatment outcomes, began to embrace the recovery agenda in the UK too with the publication of the Routes to Recovery series of practitioner tools.

In the past decade, the health and social care sector has seen a greater recognition and gradual implementation of person centred and strengths-based approaches to helping people (such as the 3-Conversations model), and that building connections and aspirations, in communities is a better strategy than focusing on deficits and pathologising people as needy.

Recognising that every person has a contribution to make to the wellbeing of others around them, is a key philosophy of the ABCD movement as much as the recognition that all communities hold a wealth of undiscovered or untapped assets that can contribute to all our wellbeing. The six towns of Sandwell are no different, according to SCVO there are over 1,200 individual voluntary sector groups and organisations in the borough, and therefore hundreds of opportunities on all our doorsteps for people to find things that suit them to help in building their recovery by filling time and developing new skills. Easier said than done, walking into any situation alone for the first time is a scenario that makes most of us slightly unsure, nervous or even anxious, imagine those feelings multiplied threefold when you believe that everybody will judge you and reject you.

What is required is a cultural shift across services and sectors, a shift to where everybody believes in the recovery movement and understands the part that they can play in supporting people in recovery, recovery in all its manifestations including mental health, addictive behaviours (alcohol, drugs, gambling), domestic violence, offending behaviours, homelessness, or any other trauma; the outcome of all this will be a truly Recovery Oriented Integrated System of Care (ROISC).

In 2023, the UK recovery movement is vibrant and visible in many towns and cities. There has been an annual recovery walk held in a different UK city each year since 2009. There are hundreds of LERO's (Lived Experience Recovery Organisations) that are entirely run by people with lived experience, there has been a National Recovery Champion since May

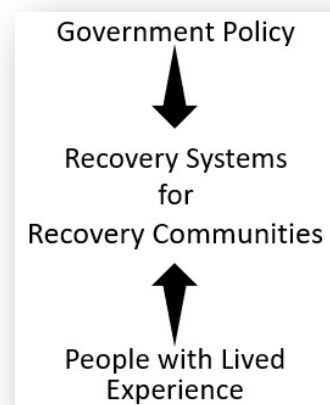
¹² "The New Recovery Advocacy Movement", Peter Rainford, *Recovery Rising Issue 6, Spring 2011*

¹³ "The New Recovery Advocacy Movement", Peter Rainford, *Recovery Rising Issue 6, Spring 2011*

2019, and just this month (May '23), Middlesbrough has declared itself the UK's first Recovery City.

A genuinely Recovery Oriented Integrated System of Care¹⁴ looks like this:

- Real informed choices at each stage of treatment process
- Medical and psychiatric support
- Mutual aid
- Assertive linkage
- Long-term pathways to recovery
- No stuck staff and no stuck clients
- Lived Experience Recovery Organisations
- Supportive peer recovery activities and networks
- Celebrations of success



Mutual Aid

Because “recovery is constructed in communities of recovery or recovery communities”, there is a need to foster the growth of these in every area. One of the biggest assets in the community is the anonymous 12-step fellowships like AA and NA, and more secular psycho-social groups like SMART UK or the groups referred to as an example in the Linxs Report that are facilitated by DATUS in Birmingham, it is these groups that already form the nucleus of recovery communities across the UK and the US.

The act of talking with others going through the same battles is immensely powerful in finding motivation, encouragement, and even support to stick at it. If there isn't a meeting near you, start one, somebody has to. I strongly recommend finding a mutual aid group to suit you. Don't be put off by the things you have probably heard the most, that it is God based, or that you must work the 12-steps, that is not the case. The references to God have been replaced by 'Your Higher Power', and there is no requirement to start the steps straight away.

It is an interesting fact that as a member of a 12-step fellowship such as AA, NA, or CA, you could get off a plane anywhere in the world and find a welcoming recovery community.

Mutual aid organisations such Al-Anon, Alcoholics Anonymous, Cocaine Anonymous, Families Anonymous, Narcotics Anonymous and SMART Recovery also have a vital role to play and can support the drug and alcohol treatment system, helping people to achieve and maintain recovery.

¹⁴ Adapted from: *Drug Treatment and Recovery*, Dr David Best, Presentation, 2010

Sandwell Drug and Alcohol Strategy 2022

In autumn 2022 SDAP published the new Sandwell Drug and Alcohol Strategy 2022-2032¹⁵ following a Substance Misuse Needs Assessment (SMNA) carried out by S-Squared (S²). The strategy addresses the three themes of From Harm to Hope¹⁶, the national drugs strategy published in December 2021: Breaking Drug Supply Chains; Delivering a World Class Treatment System; and Reducing Demand for Drugs. Recovery is addressed within the Treatment section and the SMNA made the following recommendations regarding recovery specifically:

COMMITMENTS - RECOVERY

HEALTH AND MENTAL HEALTH

COMMITMENT 1: We will work to ensure that the mental health needs of those with a drug or alcohol problem is addressed in a joined-up way.

COMMITMENT 2: We will work to ensure that those with a drug or alcohol need have appropriate access to physical healthcare.

JOBS & PURPOSEFUL ACTIVITY

COMMITMENT 3: Regarding employment and other purposeful activity, we will continue to improve the response of employment services and relevant community organisations to those with a drug or alcohol need.

HOUSING

COMMITMENT 4: We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation.

SOCIAL AND PEER SUPPORT

COMMITMENT 5: We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Sandwell's drug and alcohol treatment system.

COMMITMENT 6; We will engage with people with living or lived experience as we develop and strengthen our pathways into recovery services outside of treatment and the services themselves.

In addition to the commitments of the Strategy, the SMNA also made the following recommendations based on key findings:

- More community outreach locations should be explored around the borough.
- Substance misuse policies in all partners.
- Written pathways into specialist drug and alcohol treatment in all partners.
- There should be an aim in Sandwell for all services to work towards achieving a Recovery-Orientated Integrated System of Care (This will require action from all partners in the SDAP to actively engage, promote, and enable a ROISC in Sandwell).
- Drug and alcohol champions amongst social workers who are upskilled in the available services locally and how to identify and work with those young people who have a drug or alcohol problem.
- Probation staff could also be upskilled regarding brief interventions.

¹⁵ Sandwell Drug and Alcohol Strategy 2022-2032, SDAP

¹⁶ From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021

- IBA use should continue to be promoted amongst partners.
- Explore upskilling of housing practitioners.
- Upskilling of current services working with families regarding drug and alcohol needs.

The Sandwell Drug and Alcohol Strategy 2022-2032 will be owned and taken forward via the local Sandwell Drug & Alcohol Partnership (SDAP) however we recognize the need to ensure its ownership across other relevant partnership meetings including Safer Sandwell Partnership, and the local Health & Wellbeing Board amongst many others.

The Sandwell Recovery Report

Delivered in April 2023, the Linxs Recovery Report for Sandwell¹⁷ reviewed the first-hand accounts of interviewees to identify a range of barriers to recovery in Sandwell, several which were barriers to even entering treatment, let alone recovery. The report looked at case studies of recovery projects, services and groups in several locations from Australia and Sheffield, to neighbouring Birmingham.

The following key themes and barriers emerged from the LINXS consultation process:

- Benefits of Peer Group Work
- Signposting and Referral for Substance Misuse Support at Point of Disclosure
- Department of Work and Pensions (Job Centres)
- Experience of Mental Health Services
- Need for Longer-term 1:1 and Community-based Support
- Lack of Information Concerning a Wider Recovery Offer
- Supported Housing Accommodation and Resettlement
- Volunteering Opportunities
 - (a) Current opportunities
 - (b) Untapped potential
 - (c) Overcoming stigma
- Lack of Education and Support for Families
- Culturally Based Support – Is a Faith Based Approach an Enabler or a Barrier?

In the recommendations section of the report there were three levels or stages of engagement with the recovery community that were outlined: involve, collaborate and empower, which form the progressive stages outlined in this proposal; as well as the ten direct recommendations that Linxs made which were:

- A Community-Based Recovery Offer
- West Bromwich Leisure Pass
- Appropriate Response in Primary Care Settings
- First Responder Responsibilities
- Accessing Mental Health Support
- 1:1 Longer-Term Recovery Support
- Substance Misuse Support within Supported Accommodation
- Availability of Family Support

¹⁷ *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

- Recovery Support Regardless of Cultural Background

Drawing on these reports, this implementation plan sets out to establish a Recovery Oriented Integrated System of Care (ROISC) that would address all these barriers and deliver each of the recommendations. Current services in Sandwell are available to all residents regardless of culture or ethnicity, ensuring that people are confident in accessing the support available and are knowledgeable about it, is an ongoing challenge.

Some of the barriers identified refer more specifically to access to treatment in the first place, a fully developed ROISC will address these obstacles through wider partnership membership and engagement with partners, targeted presentations, training availability, and celebrating recovery at every opportunity.

2. Stakeholders and Partners Responsibilities

Since 2010, recovery has featured significantly in the national drug strategies which have made it clear that there is a duty on all public sector organisations to play their part in enabling communities of recovery to grow and flourish.

“We will deliver the key recommendations in part two of Dame Carol Black’s review, using a whole system approach, alongside locally-held joint responsibility and accountability, needed to regenerate and revitalise the system”¹⁸

Recovery from addiction requires the support and engagement of a range of local agencies, including providers of housing, training and employment, and it is crucial that this partnership approach is reflected across departments to provide better end-to-end management of individuals through the system, ‘including a more effective use of pooled funding and individual budgets, with a sharper focus on achieving positive outcomes for drug users, their families and their communities. The scale of change that is required should not be underestimated: planning, training, communication, time and resources are needed for effective participation.¹⁹

“At the heart of our objectives will be effective multi-agency partnerships that bring to life the principles of comprehensive treatment and recovery”²⁰

From Harm to Hope recognises that recovery is a process that takes time to achieve and effort to maintain, and that people need something meaningful to do, somewhere safe to live and a support system in the community. Having a secure home is key to recovery and that treatment is less likely to be effective without this, with a much higher chance of relapse.

“Strategic partnership working to develop a Recovery Offer with the local housing services as well as mental health and primary care services”²¹

HM Government is requiring local areas in England to have a strong partnership that brings together all the relevant organisations and key individuals, and to provide a single point of contact for central government. This partnership must have proactive oversight of the implementation of all three strategic priorities of the strategy and make sure that local organisations work together and jointly agree provision and where they can improve. In Sandwell we already have the SDAP in place and steps are already being taken to widen membership, this plan focuses on the recovery aspect of this and steps to facilitate participation of individuals to represent the recovery community.

Areas in England are expected to produce their own annual report, analysing local performance and identifying appropriate next steps. Organisations must jointly identify how they will address their agreed priorities, allocate their respective resources to meet the joint

¹⁸ From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p32

¹⁹ “Whole Person Recovery: A user-centred systems approach to problem drug use”, Rebecca Daddow and Steve Broome, November 2010, RSA Projects

²⁰ From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p53

²¹ From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p32

objectives and identify where they need more support or where government can better enable action or remove barriers.²²

The emphasis on partnership approaches stems from the principle that people who are engaged in addictive behaviours are entitled to the same services and support as anyone else in the community and that all providers should address the barriers that prevent or deter them from doing so and be proactive in addressing them. This underpins the proposals in this plan which require SDAP partner organisations to develop organisational statements and policies.

A Recovery Oriented Integrated System of Care (ROISC) means that organisations and their staff are given training to understand recovery and the part that they play in supporting recovery.

The aims of the national strategy in terms of the treatment system are recovery oriented and provide a framework for local authority partnerships to build recovery-oriented, integrated systems:

Deliver a world-class treatment and recovery system

We will treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive by:

- 1. delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
- 2. rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy
- 3. ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement
- 4. improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- 5. improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
- 6. increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
- 7. keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community

From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021

²² *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p58*

Communities of Recovery

Social support and networks help people to recover. Local authorities in England are expected to use additional investment to make sure that peer-based recovery support services and communities of recovery are linked to and embedded in every drug treatment system.

People who have had or who currently have a drug or alcohol problem must be involved in these developments, having input into service provision, improving their treatment experience, and having control over their own recovery. However, peer supporters should not be left to do the work of professionals without appropriate training, pay or support.

At its most effective, co-production is not just about service users being in control of choosing and purchasing services, but about producing their own solutions and generating social capital.

“We will support local areas to involve people with lived experience of drug dependence as peer supporters and recovery coaches and, at a national level, encourage the development of a flexible and innovative network of recovery organisations”²³

The proposals that follow aim to create a framework and infrastructure for the recovery community to grow and thrive in Sandwell, for new groups to develop into constituted bodies and to challenge the stigma and prejudice that restricts people from moving on in life.

²³ From *harm to hope: a 10-year drugs plan to cut crime and save lives*, HM Government, December 2021, p40

3. Implementation Proposals

3.1 Strategic Framework for a Recovery Oriented Integrated System of Care (ROISC)

3.1.1 With the aim of developing an integrated Recovery Oriented Integrated System of Care (ROISC) across Sandwell, the Sandwell Drug and Alcohol Partnership (SDAP) will continue to expand its membership to ensure full representation of services and groups working across our Borough. Present and proposed membership of the SDAP is specified in the Sandwell Drug and Alcohol Strategy (p12).²⁴

3.1.2 SDAP will also welcome the input of people with lived experience, to facilitate this the Drug & Alcohol Partnership Project Officer (Nick Shough), will continue to provide opportunities for representatives of the recovery community to attend public networking meetings. We will offer an 'Attending Meetings' workshop working in partnership with Sandwell Safeguarding Action Board (SSAB) who already offer a 'Chairing Meetings' course which would be a further progression opportunity for people.

3.1.3 The members of SDAP will be surveyed to establish and map their present and potential recovery-oriented provision, using criteria from the CQS Self-Assessment²⁵ tool for partnerships, it is hoped that this exercise will raise awareness of the role they already play in people's recovery journeys (good and bad), within partner agencies at a senior level, identify gaps and raise expectations for building an integrated ROISC.

3.1.4 The next step in establishing a Recovery Oriented Integrated System of Care (ROISC) across Sandwell, will be to ask all partners to sign a pledge, committing to work towards this. Each partner organisation will be asked to produce its own statement of commitment to the ROISC, stating what their organisation offers to support recovery and how they will ensure their workforce are fully informed and fully committed to the ROISC.

3.1.5 To promote community wide understanding and belief in recovery, the Drug & Alcohol Partnership Project Officer (PPO) will actively promote the ROISC at forums and public events, offering to present to partner organisations, services, and teams on ROISC Development, encompassing Recovery Capitol and the Five Ways to Wellbeing in an ABCD Strengths Based Model; working to promote the **widest definition of 'recovery'** so as to encompass mental health (anxiety, depression, PTSD, trauma, abuse) and addictive behaviours (alcohol, substances, gambling, gaming, pornography and sex).

*"We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery"*²⁶

²⁴ Sandwell Drug and Alcohol Strategy, Sandwell Drug and Alcohol Partnership (2022)

²⁵ CQS Self-Assessment tool and guidance: <https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance#introduction>

²⁶ Bloom, S. L. (2006). *Trauma-Informed Systems Transformation: Recovery as a Public Health Concern*. Report for the Trauma Task Force, Department of Behavioral Health, City of Philadelphia, Philadelphia, PA

3.2 Empowering the Recovery Community

3.2.1 Planning A Recovery Networking Conference

Every year around the world, September is marked as International Recovery Month. We will be holding our first recovery event in Sandwell, the recruitment of volunteers to help plan and facilitate this has begun. The aim of this will be to bring together all our stakeholders, partner organisations, the community sector, recovery groups and people with lived experience; to promote and celebrate recovery in Sandwell.

3.2.2 A community- based recovery offer

Sandwell Public Health will initiate a mapping project to produce a Recovery Directory for Sandwell, people with lived experience will be recruited to undertake this, visiting services, groups and businesses that can play any part in helping individuals to build their recovery capital in the community, including volunteering opportunities.

“Too many people in recovery feel they have nowhere (else) to go and are not being introduced into services/groups/activities”²⁷

Volunteers will receive training in asset mapping skills to produce a listing of all resources, activities, groups, and volunteering opportunities that are available that may support individual recovery planning; identifying what there is as well as what there isn't on a town-by-town basis.

The directory will be promoted online via social media, as well as in print format for distribution. *“Other areas have coordinated this through a Facebook ‘recovery community’ to provide a source of information as well as a route to peer support”²⁸*

Volunteers involved in this project will then be tasked to raise awareness of these resources and help to engage people who are new to addiction recovery into these local resources.

3.2.3 Co-production

Through direct networking, advertising, targeted mailings and word-of-mouth, we will be recruiting people with lived experience of recovery to form a **ROISC Strategic Planning Advisory Group (SPAG)**, to meet bi-monthly or quarterly.

*“Tapping into the large number who want to ‘give something back’** and introduce locally based peer support”²⁹*

²⁷ Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023

²⁸ Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023

²⁹ Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023

** The notion of ‘giving back’ to society has become ingrained in the recovery mindset dating back to at least the 1980’s but its use is discouraged as it implies that something was ‘taken’ from society. A more positive phrase such as ‘paying it forward’ is preferred.

This forum will consider a range of issues including but not limited to current service provision, service development, harm reduction, campaigns and promotions, gaps in provision, funding priorities, new projects, activities, and events.

This will work like a ward meeting of the Recovery Community, meetings will be open to all with a chair and elected representatives who will attend SDAP and other forums where they are welcomed.

Working towards full co-production of services based on the following key principles:

- Genuine relationship building and a long-term commitment.
- Clarity about the influence being afforded.
- Routine feedback on developments made due to co-production processes.
- Ensuring that power imbalances are addressed; and
- Comprehensive support for participants.

An appropriate program of training will be developed with local partners and offered on a rolling basis so that new participants are offered the chance to develop their skills.

3.3 Opportunities for Recovery Building

3.3.1 Mutual Aid

There are presently just three AA groups that meet in Sandwell and there are no mutual aid meetings for drug users in Sandwell; there are nine N.A. meetings within a five-mile radius of Oldbury Council House but none are within Sandwell.

The Drug & Alcohol Partnership Project Officer will be collating a list of available venues that could be available for N.A. groups in the six towns, to run at different times and make this available to anyone wishing to start an N.A. group.

Staff and volunteers at Cranstoun who are already trained as SMART UK facilitators are planning to reinstate a SMART UK group to meet once a week at Cranstoun.

We will begin discussions with DATUS to deliver the use of the LIFE & ACT model which they use, that is based on evidence-led methods. DATUS have over fifteen years' experience of setting up and facilitating mutual aid group meetings in locally based settings and are themselves a LERO (Lived Experience Recovery Organisation).

3.3.2 Volunteering

The Linxs report identified that while there are many potential volunteering opportunities for people in Sandwell, there is a lack of coordination to enable the recovery community to tap into these. We will ensure that there are links to volunteering opportunities for anyone who has started their recovery journey, by engaging with volunteer coordinators and particularly with SCVO (See glossary) to:

- Identify organisations who can provide opportunities. Some are already engaged and unused – e.g. projects that have received small 'recovery grants' from PHABT
- Coordinate volunteering to match individuals with organisations, and ensure appropriate support is provided.

We know that volunteering can play an enormous part on the route to recovery, developing self-esteem and building confidence, meeting new people and social interactions, taking on commitments, keeping to a schedule, managing money or resources, learning new skills and starting to build a C.V. for the future. Volunteering also addresses the Five Ways to Wellbeing by providing social connections and the giving of time, which returns a personal sense of fulfilment and self-esteem.

3.3.3 Employability

The Public Health Drug and Alcohol Team will work with all agencies in the employment sector to promote understanding of the 'Better Than Well'³⁰ philosophy and evidence base, so that those services are able to proactively challenge the stigma and other barriers experienced by people with past experience of addiction who are re-entering the labour market. There is a place on the SDAP for the Department of Work and Pensions (DWP) who have a responsibility to help people in recovery to return to work.

On the Route2Wellbeing portal provided by SCVO, there are 53 organisations in Sandwell who offer employability support at some level, ranging from Job Clubs, to dedicated projects like BBO Bridges and Just Straight Talk. The Drug & Alcohol Partnership Project Officer (Nick Shough), will engage with these services offering presentations and/ or staff development workshops which will be co-facilitated and eventually completely facilitated by people with lived experience.

3.3.4 Sandwell Recovery Academy

To provide a framework for people in recovery to transition from client, to volunteer, to mentor, to coach, to professional, there are a number of short and longer courses that we are aiming to develop with partner organisations in the education field. as the demand or need arises including asset mapping, basic research, public participation, mentoring, coaching and more, at various levels up to level-2.

We will develop a **Recovery Network Training Program** offering:

- Attending meetings and Chairing meetings training
- Asset mapping training
- Peer Mentor training
- Recovery Coach training
- Presentation skills, and Training the Trainers Training
- Accredited NCFE level 2 training courses which could include: Drug Awareness, Alcohol Awareness, Health and Nutrition, Counselling Skills, Safeguarding, Domestic Violence, Mental Health, Advice and Guidance, Research Skills

Offering multiple levels of learning to prepare individuals for a variety of roles and responsibilities that may emerge as the recovery community grows.

3.3.5 Promoting 'Bumping Spaces' in each town

In Cradley Heath, the Community Links Café offers support sessions and opportunities to people in recovery alongside the rest of the local community, and Cranstoun now provide satellite surgeries

³⁰ *Inside Health, BBC Radio 4 Feature – Drug Addiction Recovery, with Prof. David Best, 07/02/2018, <https://www.bbc.co.uk/programmes/b09qd716>*

there on a weekly basis. We would like to support developments like this in the other towns of Sandwell, initiated by and involving the recovery community, this might begin with regular drop-in sessions or meetings in community centres or community cafés.

- There will be a live online calendar of groups, activities, drop-ins, meetings
- This and a fortnightly newsletter will be produced by the asset-mapping team and the SPAG

3.3.6 Fostering Recovery Enterprises

By ensuring that there is a solid educational offer available to people in recovery who wish to learn and gain formal qualifications to various levels to suit everyone, and as the recovery community grows and matures in coming years, we hope to foster and support the emergence of **Lived Experience Recovery Organisations (LERO's)** in Sandwell providing a range of roles and opportunities similar to these which exist in many LERO's across the UK, for example:

- Peer volunteers: getting involved in activities or events, supporting projects or activities.
- Peer buddies: buddy-up and do things or go places together, attend mutual aid groups with others and introduce and welcome new members.
- Peer mentors: proactive in exploring and leading others to engage in the assets on offer in their local area, promoting and attending mutual aid groups.
- Peer coaches: motivate people in their recovery journey, support them to solve their own problems, drawing on existing strengths and building new skills and networks.
- Peer outreach: engaging the hardest to reach groups, people who are severely self-neglecting, homeless people, asylum seekers, etc.
- Peer advocates: supporting people to assert their rights and representing those who need someone to represent their best interests.
- Peer educators: trained to co-facilitate and facilitate training to services on alcohol and drugs awareness, harm reduction, and recovery.
- Harm Reduction Peers: promoting safer injecting, promoting naloxone and overdose prevention, BBV testing, removing drug litter.
- Recovery Ambassadors: volunteering, promoting recovery, giving talks and presentations, and making recovery visible.
- Mutual Aid Facilitators: trained to set up and run recovery support groups such as SMART UK or other models (NA do this through the fellowship meetings).
- Ear Acupuncturists: training registration and insurance to provide treatment that supports the immune system, is calming and balancing.

There are numerous LERO's that began as voluntary endeavours, that have grown into social enterprises, able to receive grants, win contracts, and employ people with lived experience in paid positions; SCVO will support groups that wish to formalise into an association, social enterprise, CIC (Community Interest Company), business, or charity, provide development advice and working with local organisations who help social enterprises or businesses get started.

We will support any LERO's that emerge in Sandwell, to identify and apply for funds, with finding premises if applicable, and linking in with recovery groups and LERO's elsewhere. We

would be delighted to see the emergence of a localised recovery centre/ hub/ café in each of the six towns of Sandwell.

3.4 Workforce Development

The Public Health D&A Team will work towards a Sandwell training offer that is delivered by peer educators with lived experience, trained to co-facilitate training to services and businesses on alcohol and drugs awareness, harm reduction, and recovery.

3.4.1 Roll-out of SBIT (Practitioner) training with Cranstoun and with DECCA.

3.4.2 Collaborating with Cranstoun and DECCA to develop and embed recovery planning skills.

“We need to rebuild the sector’s health professional workforce and improve the level of skill and training among drug workers and peer recovery workers, so that they are all well equipped to deliver the psychosocial and health interventions that drug users in treatment require to succeed. This workforce will also be better able to address the trauma and mental health problems which can underpin a lot of drug addiction, and will be agile in responding to the needs of different populations, including women, people who are LGBT, and people from ethnic minority backgrounds.”³¹

3.4.3 Develop a new (advanced) training program on Building Recovery in the Community, to be available from 2024 that is delivered by people with lived experience.

3.4.4 Promoting and supporting Cranstoun bespoke training offer to all partners and developing targeted programs for staff in housing and probation services, as recommended by the Linxs report.³²

3.4.5 Identify, nurture and support staff Recovery Champions in each service.

3.4.6 Embed Recovery Ambassador volunteer opportunities in partner organisations. Numerous cross-sector partners (e.g. housing, employment, family support) sign-up to offer placements – embeds volunteering within a committed partnership network. The provision of a lived experience perspective to the service in which the individual is placed enables the service to be more responsive to addiction and recovery needs moving forward.³³

³¹ *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p36*

³² *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

³³ *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

4.0 Indicators of Success

- Individual level: improved quality of life; increased community engagement; meaningful activity
- Family level: lower symptomatology; reduced inter-generational transmission
- Communities of recovery: vibrant and dynamic, based on choice and empowerment
- Changes in lived communities: recovery community perceptions and actions
- Tipping points: recovery as prevention and public health

A more detailed monitoring schedule is still in development and will be shared with SDAP at the meeting in September.

Appendix 1

Glossary

AA	Alcoholics Anonymous
AOD	Alcohol and Other Drugs
BCHFT	Black Country Healthcare NHS Foundation Trust
CA	Cocaine Anonymous
CQC	Care Quality Commission
D&A	Drugs and Alcohol
DNA	Did not attend
EBE	Expert by Experience
EBI	Evidence-Based Intervention
EDI	Equality, Diversity and Inclusion
IAPT	Improving Access to Psychological Therapies Programme
IBA	Identification and Brief Advice
ICS	Integrated Care System
ICP	Integrated Care Partnership
LEC	Lived Experience Consultant
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
NA	Narcotics Anonymous
NICE	National Institute for Health and Clinical Excellence
PBRSS	Peer-based recovery support services
PCN	Primary Care Network
PHABT	Public Health Addictive Behaviours Team
PPO	Partnership Project Officer
ROISC	Recovery Oriented Integrated System of Care
SBIT	Screening and Brief Intervention Tool
SCVO	Sandwell Council of Voluntary Organisations
SDAP	Sandwell Drug & Alcohol Partnership
VCSE	Voluntary Community and Social Enterprise

Appendix 2

Commissioning Quality Standard: Alcohol and Drug treatment and Recovery Guidance, HM Government, 2022

To assess whether local partnerships and commissioners are delivering effective local services government has also set out a Commissioning Quality Standard. The standard, which has an accompanying self-assessment tool, includes elements which highlight the need to include those with experience of local services and of using drugs and alcohol in the design and oversight of work locally.

Standard 3.3 is probably most associated with the focus of this review where the partnership should enable recovery-oriented systems of care. Here the partnership should actively enable and promote recovery-oriented systems of care so that there is a hope and ambition for every person who enters treatment to recover and live a life independent of services. The eight criteria for this standard being:

- 3.3.1 The partnership actively promotes support that makes recovery more visible and increases opportunities for people to recover, such as recovery communities. Local systems also support people in different stages of recovery, including through abstinence-based recovery and medically assisted recovery.
- 3.3.2 Recovery-oriented systems of care integrate recovery and harm reduction approaches so that they are not mutually exclusive.
- 3.3.3 People affected by problem alcohol and drug use can see other people in recovery and visible recovery is a strong focus for treatment services. Services support people to identify their post-treatment support needs as early as possible from their initial contact with treatment.
- 3.3.4 At a minimum, recovery planning includes: housing, learning and employment, people's social connections (friends, family, peers, colleagues), meaningful activity and connections with people in recovery, and recovery networks.
- 3.3.5 The intensity of support after treatment is tailored to each person and recovery planning incorporates the needs of their families, carers and dependants.
- 3.3.6 The treatment system is part of a wider recovery-oriented system of care and the partnership explores opportunities to align, integrate or co-commission treatment and other recovery focused services.
- 3.3.7 Organisations that provide care to people with alcohol and drug problems (such as prisons hospitals and mental health facilities) engage treatment and recovery providers to ensure that people are supported to build and maintain their recovery capital.
- 3.3.8 The recovery-oriented system of care ensures rapid and supported re-entry into treatment for people who have relapsed.

Also of note here, are the following standards which are also related to the inclusion of lived experience and user voices into the commissioning and strategic decision-making process.

- Standard 1.1 – includes having people with lived experience, such as lived experience recovery organisations (LEROs) represented on the strategic partnership.
- Standard 2.1 - understanding local need states the partnership should ensure it has a shared understanding of local need, including the experiences of diverse populations. Included within the requirements for meeting this standard are identifying community assets (like education, employment, mutual aid and leisure activities) that support people affected by problem alcohol or drug use as part of a recovery-oriented

systems of care and incorporating the views of people who may benefit from support for problem drug or alcohol use, including people who are attending treatment and recovery services and those who are not.

- Standard 2.2 – includes promoting recovery within the standard which is related to outlining priorities.
- Standard 2.3 – ensuring services are inclusive and well thought out includes the requirement to ensure services are close to the people they serve and are welcoming and accessible for a variety of groups of people being responsive to their needs.
- Standard 2.3 – this is related to measuring quality of performance and includes criteria that the partnership co-produces monitoring systems with people who use the services, acts on their contributions and provides feedback to them on the actions they take.
- Standard 3.1 – this standard relates to engaging other services and has criteria that states in developing pathways to meet identified local need the partnership should work with stakeholders, including people with lived experience. It also includes criteria which state the partnership should have a local service directory which includes sites of co-located service provision.
- Standard 4.3 – under this standard the partnership should provide a full range of evidence-based support including recovery support. Under criteria 1 this states that recovery-focused support, including housing, learning and employment, personal finance, healthcare, social connectivity, meaningful activity and mutual aid should be included. Criteria 3 also focussed on ensuring that families and those affected by someone's substance use should also be supported.



Sandwell Drug & Alcohol Partnership

Public Health Sandwell

Oldbury Council House

Freeth Street

PO BOX 2374

Oldbury

B69 3DE



#Recovery_is_possible

#Recovery_is_out_there_RIOT

#Recovery_is_contagious-Pass_it_on

#Recovery_is_all_our_business

#Progression_not_perfection

#You're_in_recovery_when_you_say_you_are

Implementation Plan for a Recovery Oriented Integrated System of Care (ROISC) in Sandwell

Nick Shough, Drug & Alcohol Partnership Project Officer



From harm to hope

A 10-year drugs plan to cut crime and save lives



REDUCING SUPPLY

Working regionally and nationally to reduce the harm associated with illicit drugs.

Building the local evidence base regarding disrupting drugs, illicit alcohol, and illicit tobacco supply.

Address responsible retail.

DELIVERING WORLD CLASS TREATMENT AND RECOVERY SYSTEM

- Rebuilding the professional workforce
- Better integration of services to ensure we meet needs holistically across the health and criminal justice system.
- Referrals via all partners
- Better use of Alcohol Identification and Brief Advice (IBAs).
- Enabling delivery of a vibrant ROSC, led by and for those affected by alcohol and drugs.

ACHIEVING A GENERATIONAL SHIFT IN THE DEMAND FOR ALCOHOL AND DRUGS

- World-leading evidence base.
- Reducing the demand for alcohol and other drugs.
- Preventing drug and alcohol use among children and young people.
- Change the acceptability and availability of legally available substances (alcohol and tobacco) in Sandwell.

People

do

Recover

Natural Recovery is built with Recovery Capital

- Human capital
- Social capital
- Physical capital
- Cultural capital

Recovery is CONTAGIOUS

- You need to be near it to catch it

Recovery should be
VISIBLE in the
community

- If you can't see it, how can you believe in it?

People in recovery become

BETTER THAN

WELL

- Because they work on themselves and work to stay well.
 - They take fewer sick days and they volunteer more.

Building Recovery In Communities

- Recovery is an individual, person-centred journey;
- Built on the recovery capital available to individuals;
- In a system that is locally led and locally owned;
- Where all services are outcome focused;
- Delivered using a ‘whole systems’ approach;
- By an inspirational recovery orientated workforce;
- Supported by recovery networks;
- Keeping children safe and rebuilding families;
- To enable reintegration into communities;
- Tackling housing needs;
- Helping people find sustained employment.

Alcohol and drug misuse impacts on a wide range of local priorities

Health, wellbeing & social care

Liver disease mortality
Injuries in over 65s
Hospital admissions
Low birthweight babies
Self harm
Excess weight
Social isolation
Delaying/reducing need for care & support
Successful treatment completion
Drug related deaths

Cancer
Early mortality
Sickness absence

Suicide
Safeguarding
Injuries
Prisoners in treatment
Domestic abuse
Violent crime

Pupil absence
NEETs

Worklessness
Street drinking
Mental health
Homelessness
Disorder in the night time economy
Acquisitive crime

Youth justice system entrants
Re/offending rates
Anti-social behaviour

Prosperity & attainment

Criminal justice

The Treatment Recovery Environment (Dr Ed Day)

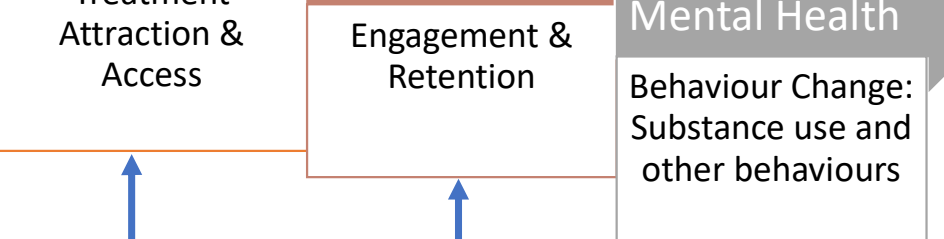
Page 110

Inpatient Detox Units

Residential Rehabilitation

Harm Reduction Services

Treatment Services



Post Treatment Monitoring & Support

Assertive Linkages & Pathways to Recovery Community

Advocacy, Engagement & Harm Reduction

Social Activities

Peer Recovery Support Services

Recovery Community Centres

LERO's & Recovery Community

Re-entry Support Services

Recovery Housing

Employment Support

* Acute Care * Medical Stabilisation * Long-Term Recovery Management * Recovery Support Services

Natural recovery or Mutual Aid Groups

Implementation Plan for a Recovery Oriented Integrated System of Care (ROISC) in Sandwell

June 2023



Contents

1. Introduction and Purpose

- What is Recovery?
- Definitions of Recovery
- Background to recovery offer
- Mutual Aid
- Sandwell D&A Strategy 2022
- The Linxs Recovery Report

2. Stakeholders and Partners Responsibilities

- Communities of Recovery

3. Implementation Proposals

- 3.1 Strategic Framework for a Recovery Oriented Integrated System of Care (ROISC)
- 3.2 Empowering the Recovery Community
- 3.3 Opportunities for Recovery Building
- 3.4 Workforce Development

3.1 Strategic framework for a Recovery Oriented Integrated System of Care (ROISC)

- Promoting Recovery & ROISC awareness
 - CQS survey of SDAP membership
 - Workshops & networking events
- Experts by Experience members on SDAP
 - 'Attending Meetings' workshop with SSAB
- Sandwell Recovery Forum
 - First event on 06/12/23, before next SDAP

3.2 Empowering the Recovery Community

A Recovery Networking Conference in September

- presentations, stalls, workshops, goody-bags
- 130 people to promote and celebrate recovery in Sandwell

Co-production

- Conference & Asset-mapping
- Recovery Forum
- Representation at SDAP

A community- based recovery offer

- Asset-mapping project
- Recovery directory





Figure 1: Recovery in Sandwell Banner

Thursday 9th November 2023

Welcome to the fifth monthly edition of the Recovery in Sandwell e-bulletin/ newsletter, aiming to support people living or working in Sandwell to become 'recovery informed', breaking down the stigma and prejudice towards people with drug or alcohol problems, and celebrating recovery.

Everyone has a role to play in building recovery, helping people to believe in recovery and supporting them in their recovery journey. **This e-bulletin contains 33 pages packed with links for activities, events, groups, learning opportunities.**

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3.3 Opportunities for Recovery Building

- Mutual Aid Groups and Meetings
- Purposeful activities
- Volunteering
- Employability
- Recovery Training Academy
- Fostering Recovery Enterprises (LERO's)



CLERO
COLLEGE OF LIVED
EXPERIENCE RECOVERY
ORGANISATIONS



FAVOR.UK
FACES & VOICES OF RECOVERY



Rise



DATUS
ENABLING RECOVERY



BAC-IN
2 LIFE RECOVERY



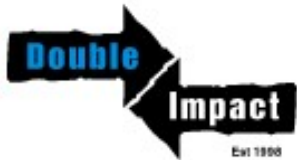
ANCHOR
Aquarius Network Community - Home of Recovery



SUIT
SERVICE USER INVOLVEMENT TEAM



Build On Belief



Double Impact
Est 1999

The Well



3.4 Workforce Development

- Promoting awareness and understanding of the ROISC to partner organisations.
- Collaborating with Cranstoun and DECCA to develop and embed recovery planning skills in D&A workforce.
- Promoting and supporting **Cranstoun bespoke training offer** to all partners and developing targeted programs for staff in housing and probation services, as recommended by the Linxs report.
- Roll-out of SBIT Practitioner Training with Cranstoun and DECCA.
- Develop a D&A Recovery training program that is delivered by people with lived experience.

Benefits of a ROISC

- Recovery provides hope to workers and clients
- It is an evidence based approach for individuals, families and communities
- Recovery is a force for positive social change

A genuinely Recovery Oriented Integrated System of Care looks like this:

- Real informed choices at each stage of treatment process
- Peer to peer support
- Mutual aid
- Assertive link between treatment & recovery support
- Long-term pathways to recovery
- No stuck staff and no stuck clients
- Recovery awareness throughout the care system & the community
- Lived Experience Recovery Organisations
- Supportive peer recovery activities and networks
- Celebrations of success



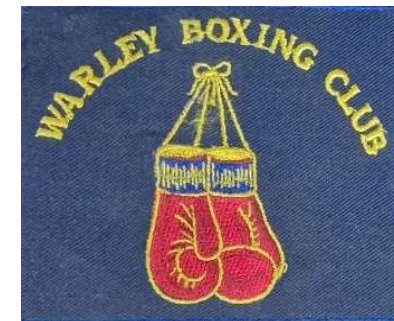
Progress so far

- The Sandwell **Recovery Implementation Plan** published June 2023.
- **ROISC Awareness** sessions delivered to SDAP partners and Public Health
- Monthly **Recovery newsletter** promoting groups, activities and services to support recovery across Sandwell, since July 2023.
- A **coproduction group** of eight people with lived and living experience met for ten weeks from July to September to plan a Recovery Conference.
- **Visits to local LERO** projects in neighbouring localities.
- **Recovery Event 4 Sandwell** attended by 130 people
- **Watch the video:** <https://www.youtube.com/watch?v=HSQtj1JsQYI> on the “Recovery is Contagious” YouTube channel.

The Community
Link 
Recovery Project
Mini Café



Small Grants for Recovery Projects of up to £10k awarded to nine Community Groups and local Charities to offer a range of Recovery Support Services (RSS)



- Article about the Recovery Conference **published in the Sandwell Herald.**
- “Recovery” tab and #Recovery search option added to the SCVO **Routes2wellbeing** directory of services across Sandwell

Coming up:

- Training **workshop for Experts by Experience** on attending meetings and representing the recovery community, on 01/12/23.
- First meeting of **Sandwell Recovery Forum** for people with lived and living experience of treatment and/ or recovery on 06/12/23
- The SDAP Board welcome three Experts by Experience to **represent the recovery community** at the next meeting on 13/12/23.
- **Asset Mapping activity** will be arranged at the 1st recovery Forum, to review the directory adding the #Recovery, where appropriate.

Experts by Experience

Attending Meetings Training



Friday 1st December
10.00 - 12.30

at

The Brasshouse Centre
Brasshouse Lane, Smethwick,
B66 1BA

[Sat-nav users, use post code B66 1BA]

This training covers the format and etiquette of meetings, it aims to give you the skills and confidence to get your voice heard at meetings. Refreshments will be provided 😊

To book a place call Nick on
07741 817 800

or email

nick2_shough@sandwell.gov.uk



Sandwell Recovery Forum

Wednesday

6th December

11.00 – 12.30 at
West Bromwich
Central Library



High Street, West Bromwich, B70 8DZ

- A forum for the recovery community to meet and work together with refreshments provided,
- Have a say in how services that affect you are planned and delivered and how to improve them,
 - Hearing from invited guest speakers,
 - Opportunities for recovery planning
- Visits to recovery projects around the country,
 - , Event planning and co-production,
- Representation at policy boards and planning meetings,
- An open forum for anyone who is in treatment or recovery,
 - **No booking needed, just come along.**

"We believe people with first-hand experience of health and social care services are best qualified to assess service quality." (Care Quality Commission)




Thank you ॐ

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6 December 2023

Subject:	Sandwell Early Years Priorities
Presenting Officer and Organisation  Quality Early Years & Childcare Team	Sara Baber Early Years Manager Sandwell MBC sara_baber@sandwell.gov.uk
Purpose of Report	Information

1 Recommendations

- 1.1 To consider and comment upon the Sandwell Early Years Priorities.
- 1.2 That the Board are briefed on current priorities and challenges in Early Years

2 Links to the following Board Priorities

Priority 1	We will help keep people healthier for longer That children are School Ready and have the skills that enable them to achieve well at school and have a productive working life.
Priority 2	We will help keep people safe and support Communities We will develop a childcare sector that supports parents as well as children in localities close to home.
Priority 3	We will work together to join up services Sandwell Early Years and Childcare Team will actively seek out other services to ensure that services to parents and children are co ordinated and with a shared agenda.
Priority 4	We will work closely with local people, partners and providers of services We will fulfil our statutory duty to provide advice, guidance, and support to all childcare and Early Years providers and work with them to ensure that working parents are able to access childcare where they need too.

4 Context and Key Issues

- 4.1 Sandwell's Good Level of Development measure taken at aged 5 years remains 6% behind national results. Communication and language are the key to early success at school as much of the curriculum relies on children being able to articulate their thoughts and give explanations as to why things happen. From the WellComm data collected as a baseline of 3-year-olds in PVI nurseries (based on data of 1815 children) 45% had speech, language and communication below their chronological age on entry. 24% of these children were more than 12 months behind their chronological age.
- 4.2 Following the Sandwell Speech, Language and Communication pathway, referring to external services and delivering appropriate interventions the same children were rescreened in the summer term. Now only 11% were 12 months or more behind and the number of children now screening developmentally appropriate rose to 73%.
- 4.3 In Sandwell improvements were made in all Prime areas of learning of the EYFS at the end of Reception. Nationally, these figures all remained the same. This would indicate that an appropriate curriculum was being delivered to meet young children's needs.
- 4.4 Priority is given to developing quality adult to child interactions in all visits to schools and settings and features in the CPD training programme provided by the team. Communication and Language is also a feature of the Family Hubs action and delivery plans. Through Family Hubs funding we have been able to ensure all Schools, settings, Family Hubs and Childminders have access to a current WellComm toolkit and have conducted a series of WellComm Roadshows for all providers to ensure consistency of screening and use of data.
- 4.5 Developing quality childcare is an important task of the team. We intensively support the 3 Inadequate and 4 Requires Improvement settings as well as other settings that might give us cause for concern. The team also provide support to Schools when early years practice is considered weak or inadequate by the School Improvement Adviser or Ofsted.
- 4.6 The team also provide support to people who are looking to establish childcare in Sandwell or existing providers looking to expand their provision.
- 4.7 Sandwell has lost approximately 15-20 Day Care Nursery providers since the Pandemic and approximately 25-30 Childminders. Many parents were forced to stop using childcare and then did not return when

they were able. This made some nurseries financially unsustainable. Childcare work is generally low paid work, long hours and holds responsibilities of paperwork, planning, assessment etc. We have lost too many good, experienced practitioners to other employment where the stresses are lower, and responsibilities are less. Sandwell is not alone in this fact, there is a current national recruitment and retention crisis in the childcare sector.

- 4.8 In the Spring 2023 Budget the Government announced a big Childcare expansion initiative. This was in 2 parts.
1. Extended Entitlements for 30 hours funding for working parents of children aged 9mths – 36mths on a gradual timetable from April 2024 – September 2025.
 2. The National Wraparound Childcare Programme. There is a £289m investment to create additional capacity in the wraparound sector to support all families who need to access wrap around childcare from 8am-6pm for their primary school aged children during term time.

Both initiatives are about removing the barriers to work for parents.

- 4.9 The Covid pandemic saw our uptake of 3–4-year-old nursery funding drop significantly. Traditionally, uptake had been very healthy at 98% - 101% variable. The uptake dropped as low as 52% in 2020 and has steady improved. However, the average take up was 92% in 2022 so in the summer of 2023 we launched our participation campaign and we have seen an increase in funded places this autumn term compared with autumn term 2022 so we have reason to be optimistic that the yearly average will increase in 2023-24.
- 4.10 We have recently started a campaign to encourage the use of childminders and to try to recruit more people to be childminders. This will be vital if we are to increase our childcare provision for working parents. Childminders often offer a more personal service for children with SEND and can be more flexible for working parents who work shifts and unusual hours.
- 4.11 Sandwell Quality Early Years and Childcare Team are very proud of the joint working we have fostered with many agencies outside of the Education Directorate to support parents and young children. These agencies include Family Hubs, Health Visiting Team, Speech and Language Therapy, Early Years Inclusive Learning Services, Sandwell Library Service, Dental Service, Public Health, Sandwell Children’s Trust and voluntary organisations within the borough.

5 Engagement

- 5.1 We are required by the Childcare Act 2006 to conduct an annual Childcare Sufficiency Review. This will involve a large consultation with providers, schools, and parents. The Childcare Sufficiency Report is published in the Autumn Term each year and it guides the development of childcare for working parents. This is published on the SMBC website.
- 5.2 The expansion of 30-hour Entitlements and the National Wraparound Programme will involve us doing some more engagement activities in specific areas of need over the next 5 terms as we support new providers and existing providers to expand the number of places they offer.

6 Implications

Resources:	The Early Years Team will require the support of the Council while continue to raise outcomes for our youngest children and develop the number of places the DfE are estimating. There is Department for Education funding to ensure a Wraparound Lead is in place to support the growth of the programme.
Legal and Governance:	A multi-agency Governance Group will be established to oversee the Capital element and expansion funding for the Wraparound programme.
Risk:	The recruitment and retention crisis in the childcare sector will impact on the number of new places that we can generate due to providers not being able to recruit staff.
Equality:	Equality of access and inclusion of all children is actively sought by all providers.
Health and Wellbeing:	That all young children are safe and nurtured and develop strong personal, social and emotional skills and are capable and resilient learners.
Social Value:	The Governments new childcare initiative is specifically to remove the barriers to work for parents to enable them to take up employment or work longer hours if they wish.
Climate Change:	There were no climate change implications directly arising as a result of this report.
Corporate Parenting:	To ensure that the youngest children in our care have access to high quality early years provision that will meet their needs and support them to be developmentally ready for their school life.

6 Appendices

Appendix One – Presentation

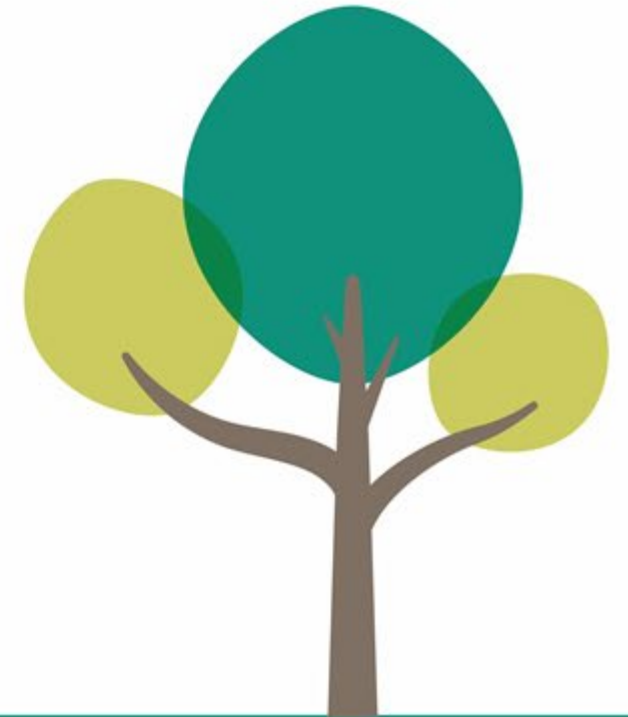
7. Background Papers

None.

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Sandwell Quality Early Years and Childcare Team

Sara Baber
Early Years Lead Manager



Outcomes – Early Years Foundation Stage Profile (EYFSP) assessment DATA 2023

Page 136

Context:

- The EYFSP assessment is undertaken at the end of Reception at age 5.
- The unvalidated data suggests that National Good Level of Development (GLD) is 67.2% and Sandwell's GLD is 61.2%
- The gap between Sandwell and National remains at 6%
- This year our GLD in Sandwell has risen by 2.1% in line with national.
- 4551 children were assessed and 2787 achieved GLD, but 1764 did not achieve GLD. This includes SEND children and children who only missed it by 1 ELG.
- Writing is still the lowest scored Goal with 62.3% and Physical is the highest at 81.4%.



EYFSP in Areas of Learning

Area of Learning	Communication and Language	PSED	Physical Development	Literacy	Mathematical Development	Understanding of the World	Expressive Arts and Design
% of children achieving each goal 22	74.0%	78.9%	79.9%	60.7%	68.3%	69.0%	76.1%
% of children achieving each goal 23	75.2%	80.6%	81.4%	62.3%	68.6%	72.0%	76.5%

Communication and Language, PSED and Physical Development are the Prime areas and underpin learning in the specific areas. All of the Prime areas in Sandwell increased in 2023 where they remained the same as 2022 nationally.



Priorities

- **Communication and Language Development**
 - improving quality first teaching and adult-child interactions, support materials for parents and working with partner organisations.
- **Developing quality childcare provision**
 - 3 PVI nurseries were judged to be **Inadequate** (all to be reinspected before the end of the Autumn term 2023)
 - 4 PVI nurseries were judged to **Require Improvement**
 - 16 PVI nurseries were judged to be **Good**
 - 3 PVI nurseries were judged to be **Outstanding**
- **92% is judged Good or better**



- **Extended Entitlements – 30 hours funding for working parents of children 9mths – 36mths by September 2025**

Places required in:	Smethwick = 114	Oldbury = 112	Tipton = 71
West Brom N = 68	Rowley = 66	West Brom C = 63	Wednesbury = 54

- **To ensure that 40% most disadvantaged 2 year olds continue to access their 15 hours funded place.**
 - Currently 72% – 74% take up depending on term. National = 74%
- **The National Wraparound Programme**
 - for every child of Primary School age to have access to a wrap around childcare place between 8am- 6pm during term time.



Early Years Participation Campaign – raise the profile of funded 2,3 and 4 year old places

Wanted...Dream Makers.
64% of adults wish they were doing their childhood dream job. Your child could!
Claim your child's free funded place.
Ask inside or visit fis.sandwell.gov.uk



Sandwell #EarlyLearningMatters

Start right. Finish well.
Their future begins with early learning.
Claim your child's free funded place.
Ask inside or visit fis.sandwell.gov.uk



Sandwell #EarlyLearningMatters

Thinking about a career in childcare?

Become a Sandwell Childminder

Would you like to:

- Run your own business
- Work from home
- Be flexible
- Support children's learning and development
- Help children get ready for school
- Have fun

For more information about becoming a childminder in Sandwell visit

fis.sandwell.gov.uk



Sandwell Metropolitan Borough Council

@SandwellFIS #EarlyLearningMatters

On your marks...
Ready to learn, steady as they grow, go onto school and achieve.
Claim your child's free funded place.
Ask inside or visit fis.sandwell.gov.uk



Sandwell #EarlyLearningMatters

Childminders create magic in Sandwell

Looking for childcare? What about a registered Childminder?

Childminders are:

- A registered childcare provider
- Paediatric first aid qualified
- Offer funded places
- A flexible childcare option
- Work in a home environment
- Support children to learn and develop
- Help children be safe

For more information about childcare in Sandwell visit

fis.sandwell.gov.uk



@SandwellFIS #EarlyLearningMatters

Your child needs you!
Don't leave their future to chance.
Kick start it with early learning in Sandwell.
Claim your child's free funded place.
Ask inside or visit fis.sandwell.gov.uk



Sandwell #EarlyLearningMatters

Start right. Finish well.
Before the age of 5, your child's brain grows to 90% of its full size as they develop and learn faster than at any time in their lives.
Claim your child's free funded place.
Ask inside or visit fis.sandwell.gov.uk



Sandwell #EarlyLearningMatters

Childminder recruitment

Early Years Initiatives 2023 - 24



Department
for Education

Early Years

Professional Development Programme

The DfE are running 2 Early Years projects under the Covid Recovery Scheme

- 1. Early Years Experts and Mentors Scheme.** 1 term support to develop and area of Early Years practice of the settings choice. See www.pengreen.org
- 2. Early Years Professional Development Programme.** CPD for all practitioners on Communication and Language, Mathematical development and Personal Social and Emotional development undertaken over 2 terms with some funding available for release time. Cohort 1 started in April 2023, Cohort 2 started in September 2023 and they are now recruiting for cohort 3 to start in January 2024. See www.eypdplearning.com

Early Language and the Home Learning Environment



Sandwell Family Hubs
 Helping Families Thrive

"Right help, in the right place at the right time"

www.sandwellfamilyhubs.com

Believe in children | Barnardo's | Sandwell

Focus on School Readiness

Sandwell Early Years are key partners in the Family Hubs development and delivery plan



Sandwell Family Hubs and Start for Life Early Language and Home Learning Environment Making it REAL Programme Raising Early Achievement in Literacy

Key partners for Early Years



Early Years Inclusive Learning Service



As well as our Educational Services teams and School Improvement team



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6 December 2023

Subject:	National Youth Work Week and Statutory Guidance Update
Presenting Officer and Organisation	Dawn Maleki/ Tariq Karim – Youth Service Managers Sandwell Youth Service Dawn_maleki@sandwell.gov.uk Tariq_karim@sandwell.gov.uk
Purpose of Report	Information

1 Recommendations

- 1.1 To consider and comment upon the National Youth Work Week and Statutory Guidance Update.

2 Links to the following Board Priorities

Priority 1	We will help keep people healthier for longer The statutory duty places a responsibility on LA's to secure access for young people to sufficient activities and facilities for their physical, mental health and emotional wellbeing.
Priority 2	We will help keep people safe and support Communities Providing a range of universal and targeted youth support and safe places to go for young people helps to address both their and community concerns around safety.
Priority 3	We will work together to join up services The Youth Service works with other services to ensure we have a joined up and coordinated youth offer for young people.
Priority 4	We will work closely with local people, partners and providers of services In refreshing the Youth Offer and responding to the reviewed statutory guidance we will work closely with young people, communities, partners and providers to ensure our offer is co-produced and meets local need.

4 Context and Key Issues

National Youth Work Week

- 4.1 National Youth Work Week is an annual event for all those working in the youth sector to celebrate and recognise the great work that youth workers and volunteers do with young people. During National Youth Work Week, which took place between 6th – 12th November, we promoted the theme of safe ‘places and spaces’ for young people in a range of youth work settings including universal youth provision providing somewhere to go, detached youth work in communities addressing local issues and concerns and targeted youth support to some of our most vulnerable young people. Youth workers are in a unique position to engage, develop, challenge and support young people to make informed decisions about their lives.
- 4.2 Through the week we promoted the youth offer and wanted to demonstrate the difference youth work makes to young people and how it can alleviate pressure on other services. We did this through showcasing the youth offer and job opportunities in Sandwell to partners, providers and local people through 2 open events and social media campaigns. We also held a staff event celebrating the achievements of our staff and hearing about the journeys of some of our young people sharing the impact youth work has had on them. Through the trusting relationships that young people have had with their workers and having access to enrichment activities, safe places to go, we saw first-hand how young people have been empowered to make informed choices about their lives and feeling more positive about their futures.
- 4.3 To mark National Youth Work Week, the National Youth Agency who has published its latest report on the Social Costs of Youth Work Cuts: Preventing Youth Offending Through Youth Work gave the keynote address at the staff event. The report finds youth work saves £500 million on public spending through crime reduction alone and social investment research reveals that £1 investment in youth work equates to a return value of more than £6.
- 4.4 Furthermore, research from the NYA has found the closure of youth centres and lack of access to services has led to an increased likelihood of young people being involved in crime.

- 4.5 In recognition of the ongoing cost of living crisis, during the week we launched warm hubs for young people, which have been co-produced with them. The warm hubs, for 11–19-year-olds and up to 25 for those with additional needs, are safe and welcoming spaces, accessible and open regularly and run by qualified and experienced youth workers and volunteers. Depending on facilities at each hub, young people will be able to get a hot drink, a snack, or a hot meal. The Youth Service provides a range of activities and services that support young people to lead healthier lives.

Statutory Guidance

- 4.2 Local Authorities (LA's) have a statutory duty to provide a local youth offer for young people and in-line with the strengthened guidance published on 28 September are required to ensure that their local youth offer is responsive to the needs of young people. The updated guidance provides greater clarity on what is required and specifies the need for high quality and effective practise provided by trained youth workers. The statutory duty places a responsibility on LA's to secure access for young people to sufficient activities and facilities for their physical, mental health and emotional wellbeing. The LA needs to take the lead on co-ordinating a needs assessment to establish the needs of young people in Sandwell, both in terms of sufficient activities and facilities and how gaps will be addressed. The guidance further puts a duty on local partners to work together to provide a holistic offer to young people that meets their needs.

5 Engagement

- 5.1 The statutory guidance states that Local Authorities must consult and take into account the views of young people in their area on;
- current provision
 - the need for additional activities and facilities
 - access to those activities and facilities
- 5.2 LA's will also need to engage with providers within voluntary, community and private sector to determine what the current provision is in Sandwell.

6 Implications

Resources:	No resource implications arising directly from this report.
Legal and Governance:	The Council has a legal duty to secure, so far as reasonably practicable leisure time activities and facilities for young people, aged 13-19 and those with learning difficulties and disabilities aged 20-24. The scope of the statutory duty requires LA's to provide access for all qualifying young people to a sufficient quantity of youth services.
Risk:	No risk implications arising directly from this report.
Equality:	Having a sufficient youth offer across the Borough will ensure there is an equity of opportunity for all young people to access good quality youth work and youth provision that meets their needs.
Health and Wellbeing:	Providing access to youth activities and youth facilities has a positive impact on the health and wellbeing of young people.
Social Value:	Youth work provides opportunities for young people to volunteer and take social action within their communities.
Climate Change:	No climate change implications arising from this report.
Corporate Parenting:	Improve the outcomes for our children, young people and families.

6 Appendices

Appendix One - Sandwell Youth Service – National Youth Work Week & Statutory Guidance Update Presentation

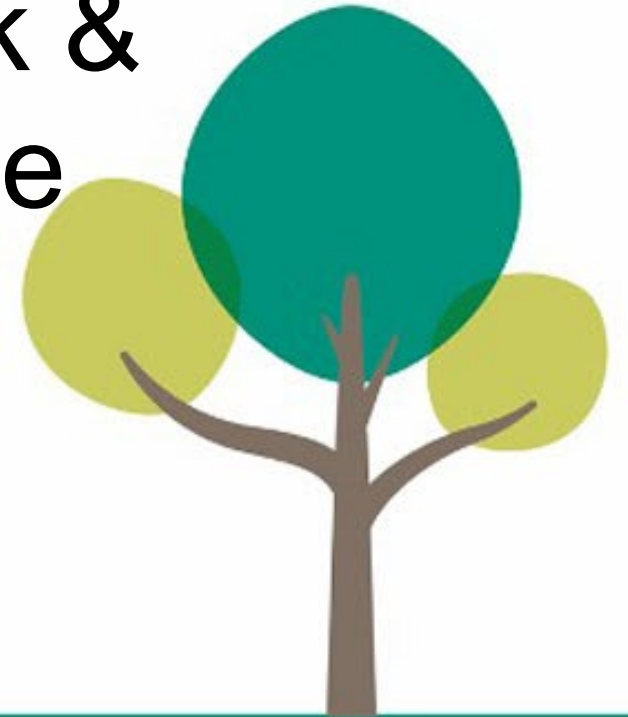
7. Background Papers

None



Sandwell Youth Service

National Youth Work Week & Statutory Guidance Update





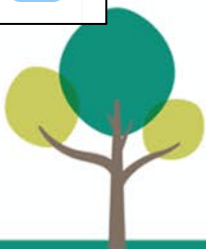
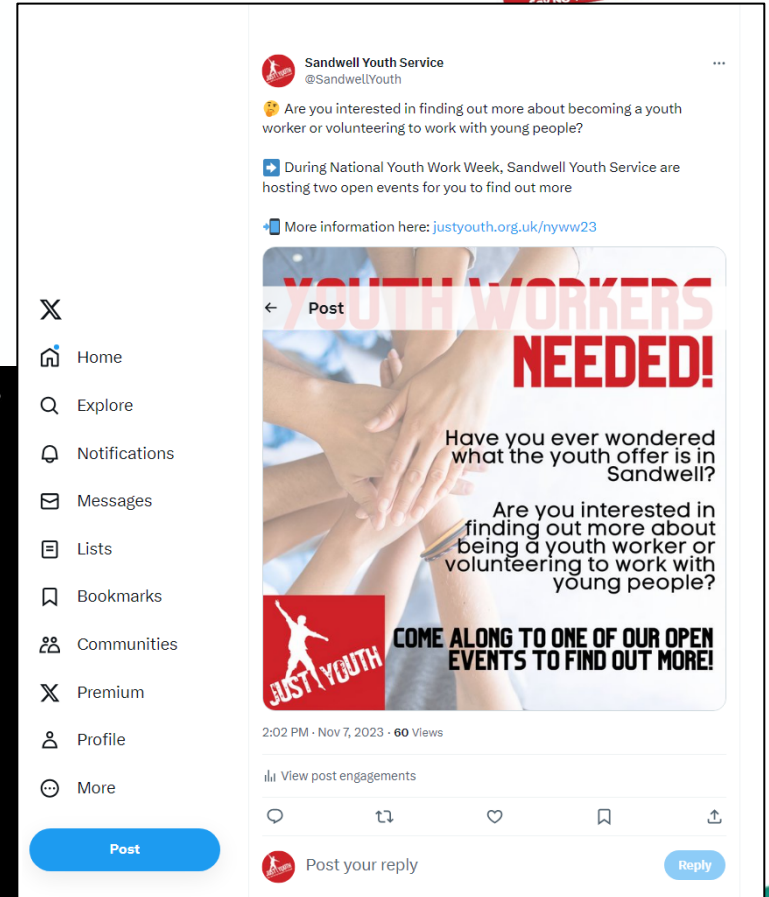
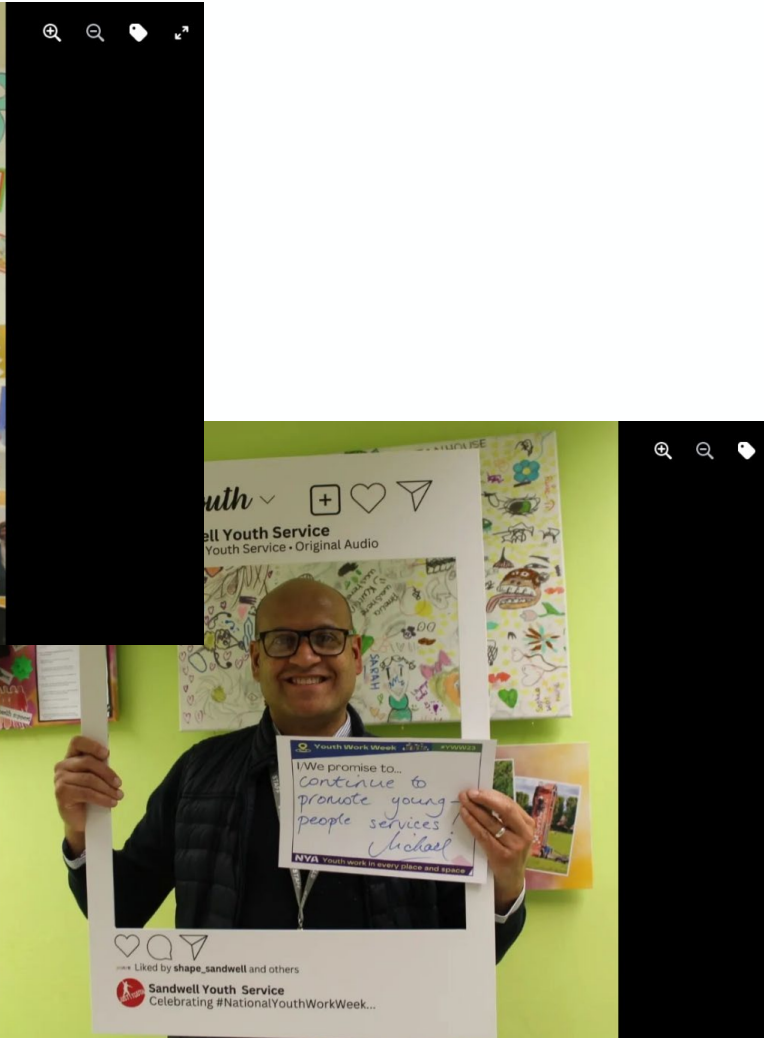
Youth Work Week 2023

- National Youth Work Week is an annual event co-ordinated by the National Youth Agency to celebrate best practise and highlight the work of the youth sector in supporting young people.
- This year's theme was 'Youth work in every place and space' and took place between 6 - 12 November 2023.





Youth Work Week 2023 in Sandwell





Youth Work Week 2023 in Sandwell

Page 152





Youth Work Week 2023 in Sandwell



Case Studies from young people and staff

Ethan
Tanhouse
Youth Club



Tayyab
Lodge Road
Youth Club





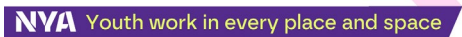
Youth Work Week 2023 in Sandwell

Youth worker pledges...



I / We pledge to...

Continue to give young women a safe space and voice



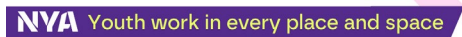
I / We pledge to...

Provide consistency to the young people of Sandwell and continued support



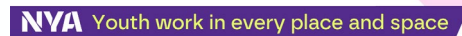
I / We pledge to...

Empower young people and encourage confidence and self esteem while delivering informal education



I / We pledge to...

Always give 100% and be the best mentor I can!



I / We pledge to...

Support young people with their substance misuse issues



I / We pledge to...

Support young people with more learning outcomes by talking to them & listening to them & encouraging them to participate



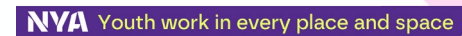
I / We pledge to...

Always endeavour and keep the needs of young people as the cornerstone of the work I do with a focus on progressive development



I / We pledge to...

Listen to young people, keep communicating and address the needs and keep building trust





Youth Work Week 2023 in Sandwell



Page 15
New warm hubs open up to provide welcoming place for young people in Sandwell

Sandwell Council's Youth Service has launched a number of warm hubs for young people, meaning that young people aged 11 to 19 and up to 25 with additional needs can access the warm hubs at their local youth provision, during normal opening times.



The warm hubs will be safe and welcoming spaces, accessible and open regularly and run by qualified and experienced youth workers and volunteers. Depending on facilities at each hub, young people will be able to get a hot drink, a snack or even be able to rustle up a hot meal.





The Statutory Duty



Under section 507B of the Education Act 1996:

Local authorities in England have a **legal duty**, so far as reasonably practicable, to secure for qualifying young persons (13 - 19 years old or up to 24 for those with special educational needs) in the authority's area access to:

- sufficient **educational leisure-time activities** which are for the improvement of their well-being, and sufficient facilities for such activities; and
- sufficient **recreational leisure-time activities** which are for the improvement of their well-being, and sufficient facilities for such activities.

This relates to out-of-school hours and settings.





Updated Statutory Guidance



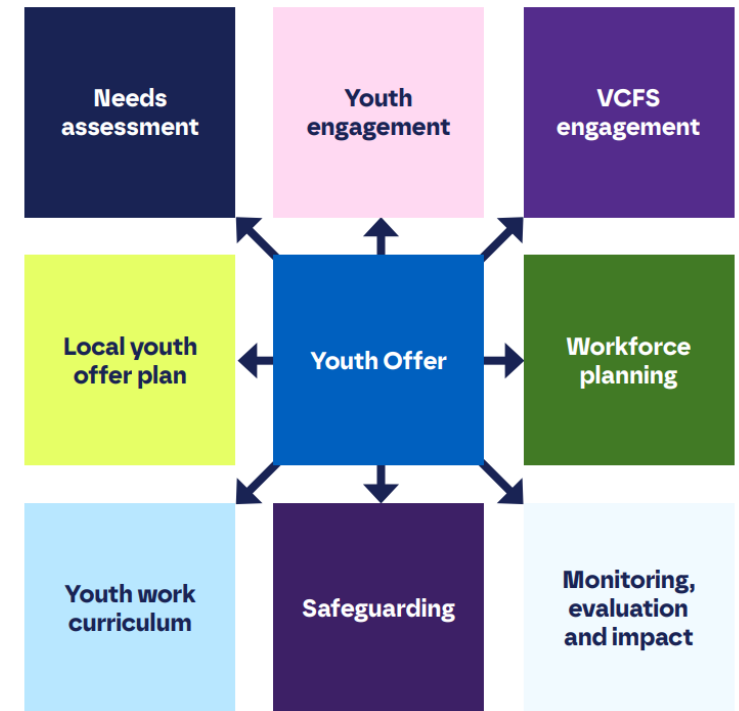
Page 157

- Updated guidance was published in September 2023
- The revised guidance has gone from a 3 page document to a 19 page document. It includes a more detailed account of what Local Authorities should be striving to achieve
- There are a number of ‘musts’ that LA’s are legally required to deliver including:
 - Educational leisure-time activities and associated facilities which must include sufficient services which are for the improvement of young people's personal and social development (traditionally known as youth work)
 - Engagement with young people to determine their needs
 - Sufficient level of activities and facilities to meet need
 - Publicise what is available and keep this up to date



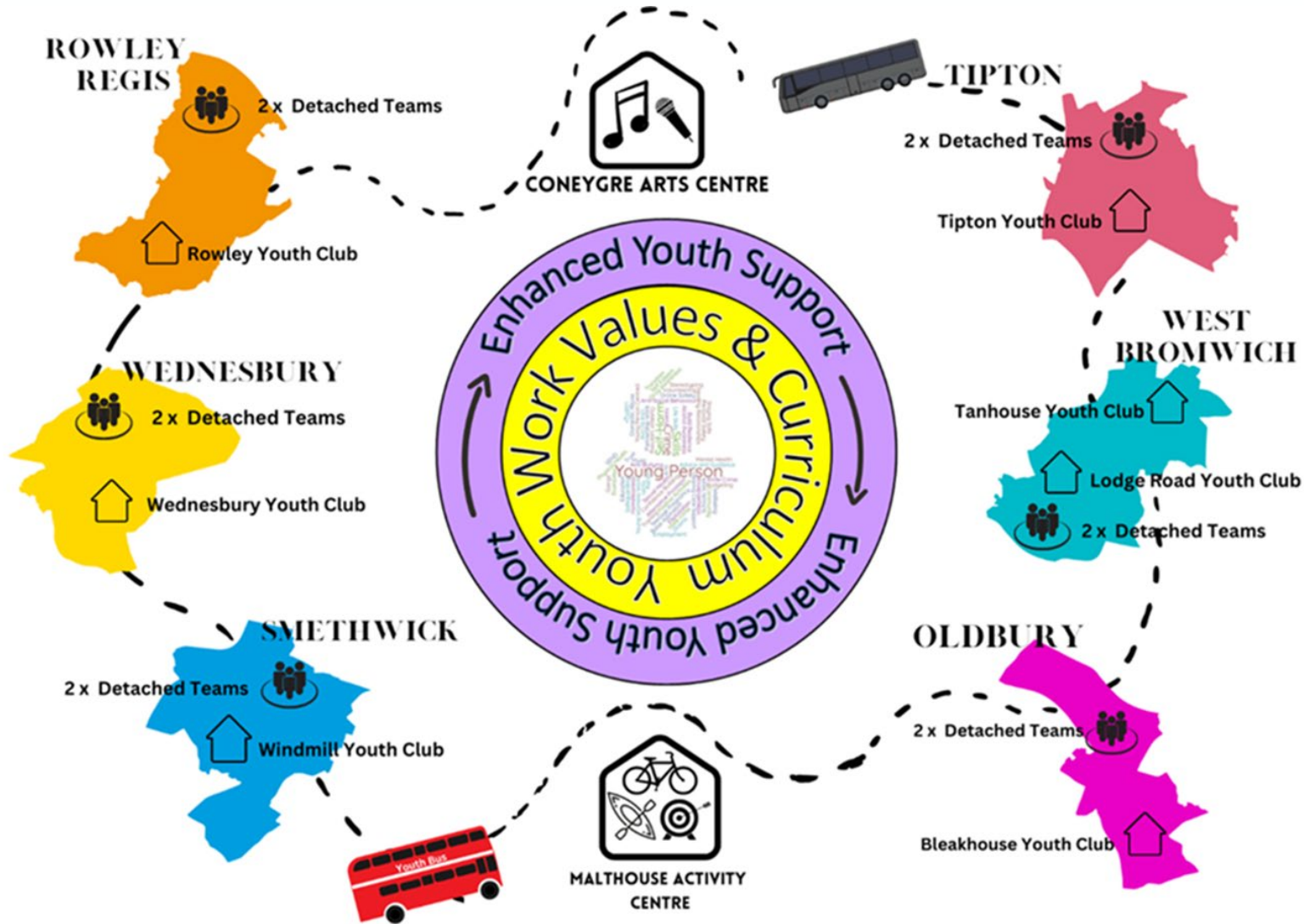
Toolkit for local authorities

- To support local authorities to meet the duty, NYA have created a **toolkit for local authorities**.
 - 9 essentials for creating a local youth offer
 - Includes checklists for councils to work through





Sandwell's Youth Offer



NYA Workforce Strategy

Page 160

- Promotion of youth work as a career and as a practice
- Training and Education of practitioners
- Links between training and practice
- Developing and supporting sector specific youth work
- Developing infrastructure
- Aim to have by 2032, 10,000 professionally qualified youth workers, 20,000 youth support workers and 40,000 trained volunteers



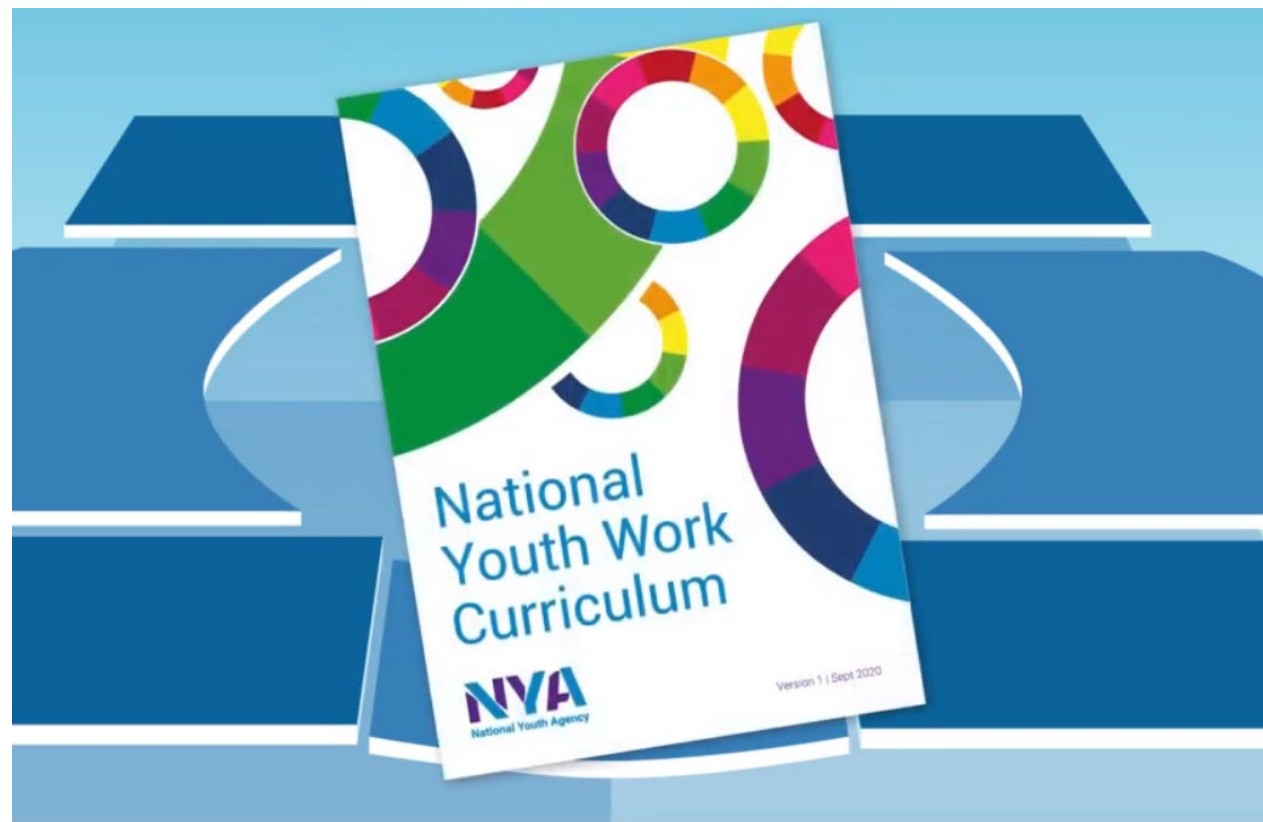
National Youth Agency

Youth Workforce
Development
Strategy –
2022 - 2027



Youth Work Curriculum

Page 161





Sandwell Youth Service - Theory of Change



Page 162



LINE OF ACCOUNTABILITY





Just Youth Website & Contact Details



Page 163

Sandwell Youth Service

Coneygre Arts Centre

Sedgley Road East

Tipton

DY4 8UH

Tel: 0121 569 2899

Email: Youngpeople_services@sandwell.gov.uk

Web: www.justyouth.org.uk

Dawn Maleki

Youth Service Manager (South)

Tel: 0121 569 4708

Mob: 07977430788

Email: dawn_maleki@sandwell.gov.uk

Tariq Karim

Youth Service Manager (North)

Tel: 0121 569 2867

Mob: 07786126682

Email: tariq_karim@sandwell.gov.uk



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6 December 2023

Subject:	Commitment to Co-production Plan
Presenting Officer and Organisation	Susan Eagle/ Justin Haywood Commissioning Team Manager/ Operational Manager Adult Social Care Complex Commissioning Team Sandwell Metropolitan Borough Council Susan_eagle@sandwell.gov.uk
Purpose of Report	Information

1 Recommendations

- 1.1 To consider and comment upon the Commitment to Co- production Plan.
- 1.2 That the Health and Wellbeing Board considers its role in overseeing progress against the Co-production Charter.

2 Links to the following Board Priorities:

Priority 3	We will work together to join up services The Co- production Plan aimed to allow partners and service users to be involved in all areas of the service, including reviews, co- produced support plans and commissioning intentions for support services.
Priority 4	We will work closely with local people, partners and providers of services The approach had been designed with customers, residents and partners.

4 Context and Key Issues

4.1 ASC are required by law to meet statutory responsibilities in accordance with the Care Act 2014 (and wider legislation). The Care Act states that co-production is:

'When an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered'

4.2 Following a review of current practises it has been recognised that whilst there are pockets of good co-production, there are opportunities to improve the way Sandwell residents are able to 'shape' services.

4.3 The Adult Social Care (ASC) Directorate play a key role in improving the lives of residents through delivering, commissioning, and reviewing care and support services.

4.4 This plan captures the current position, good examples and different approaches that are required to achieve our aims. Adult Social Care are building on good practice from across the Council, partner organisations (agencies) in Health and the Voluntary sector, often referred to as 'Place or Place based partners/agencies'.

4.5 To improve the way we work across Sandwell; this plan includes an overarching aim: -

to co-produce a place-based charter of principles and top tips, that will enable people to be involved in their care or support. It will act as a shared resource for all staff to embed good practice.

4.6 A 'one council' approach is central to the plan, recognising the good practice and learning across the council and wider partners that can be shared.

4.7 This approach seeks to co-ordinate and promote good practice to benefit all residents across the borough and enable more people to 'get involved' through a simplified process.

4.8 The plan contains several aims which sit into three key themes: education, infrastructure and digital.

- Education - relates to actions to strengthen staff knowledge about co-production and promote confidence in working with people.

- Infrastructure -recognises the opportunities to improve networks and how we work with people across organisations.
- Digital -the actions relate to how technology can be used to promote opportunities and to also include people’s views.

4.9 An implementation plan has been developed and will be monitored through Directorate management structures.

5 Engagement

5.1 The views of ASC staff were obtained to developing the Directorates plan. Staff were asked to share their understanding of co-production and ways to promote the ‘person or residents voice’.

5.2 The Commissioning Manager for Prevention and Community Based Services attends the Councils Consultation and Engagement network, and the West Midlands Co-production Advisory Group to learn from other councils.

5.3 A working group consisting of Council, Health and Voluntary Sector representatives has been established to take forward the coproduction commitment on corporate and placed based level, through the endorsement of a Coproduction Charter.

6 Implications

Resources:	The biggest resource to consider when looking to work in a coproductive way is time. Sufficient time needs to be built into process to facilitate effective involvement with people who have lived experience. Often when coproduction is rushed, then it is deemed tokenistic.
Legal and Governance:	Co-production and the activities within the plan support the Councils compliance with the Care Act 2014 in addition to the Equality Act which oversees people with protected characteristics are engaged and consulted with in relation to decisions affecting a wide range of council services.
Risk:	There is often greater risk of not involving people in the design and shaping of services than there is in doing so. Involving people, generally people with lived experience, can create its own challenges but these challenges will need to be overcome. Any increased risk can be managed through effective risk management and mitigation measures and should

	not be a reason not to involve people in coproduction activity.
Equality:	Engagement and Consultation are key pillars of the Equality Act 2010 and Coproduction takes this commitment further by involving people with lived experience, often from protected groups, helping to shape and inform services The Councils Equality, Diversity and Inclusion team have also been invited to the steering group.
Health and Wellbeing:	There is plenty of evidence to show that people being involved in shaping and designing services has massive positive impacts on health and wellbeing rather than being a passive recipient of services.
Social Value:	The Social Value of true coproduction is based on the principles of equality, diversity, accessibility, and reciprocity (or getting something back for putting something in) are critical values for putting co-production into practice.
Climate Change:	People will be given a range of methods to meet or have their say, this will include online surveys and meetings to reduce negative climate implications.
Corporate Parenting:	This work should only positively contribute to the Councils corporate parenting responsibilities where the voice of the child is an important part of service review, design and delivery.

6 Appendices

Appendix One - Our Commitment to Co-production Plan
Appendix Two - Implementation Plan for Adult Social Care

7. Background Papers

None.



Our Commitment to Co-production

Sandwell Council
Adult Social Care

September 2023 v.8.3



Introduction

Sandwell Council recognise that our communities are at the heart of what we do, and we want to ensure that the views and perspectives of residents' shape and influence our service planning and delivery.

Adult Social Care (ASC) want to enable the 'voice' of people to be at the heart of all service models, and this strategic plan sets several intentions to drive improvement.

This strategic plan captures the current position and different approaches that are required to achieve our aims. Adult Social Care are building on good practice from across the Council, partner organisations (agencies) in Health and the Voluntary sector, often referred to as 'Place or Place based partners/agencies'.

The intention is not to replace any existing policies or plans, instead to gather best practice, strengthen networking, communication and improve the way we involve residents and people who use or require support and/or services. Implementation will therefore require a combined effort as 'One Council' and 'Place' to be successful in our aims.

The Corporate Perspective

Page 171

Sandwell Council is on a journey and has big plans to improve outcomes for its residents.

The [Corporate Plan](#) sets out the Council's key strategic outcomes:-



We have taken several steps forward in ensuring that we are able to listen to residents' views: -

- In April 2023 we launched Sandwell Consultation Hub, an online platform to house all consultation and engagement activity.
- In June 2023 we launched our [Corporate Consultation and Engagement Principles and Standards](#). The standards are written in compliance with the Local Government Association (LGA) standards and consultation principles.

Our Commitment

One Council approach

Place – Based approach

Page 172



The Adult Social Care (ASC) Directorate play a key role in improving the lives of residents through delivering, commissioning, and reviewing care and support services.

For people using ASC, there is often more than one agency that works with the individual or family when designing and delivering care or support. ASC is therefore committed to building on the Corporate Standards by working with wider council directorates, and partners to develop an improved approach to co-production.

Through workshops with the Council's Consultation and Engagement Network, WM ADASS, staff and partners, ASC have developed this plan that includes an overarching aim:-

to co-produce a place-based charter of principles and top tips, that will enable people to be involved in their care or support. It will act as a shared resource for all staff to embed good practice.

A place-based approach will drive a common understanding of co-production amongst all council directorates and wider partners. It will support good practice amongst the council, and all agencies to improve outcomes for the people we work with.

Although a wealth of guidance exists, feedback from the workforce included that co-production is still perceived as confusing, too ambitious, and difficult to do. This has given us an opportunity to review how we currently work with each other and residents.

This plan sets out the key actions that we will take to improve our approach to co-production and how we will work with all partners, internal and external to achieve improvements.

ASC are committed to drive improvements in line with ASC guidance. Opportunities to co-produce our principles will be available to all agencies. The good practice will be shared through the Councils Consultation Network and place-based partners for wider dissemination.

Co-production in practice

ASC are required by law to meet statutory responsibilities in accordance with the Care Act 2014 (and wider legislation).

The Care Act states that co-production is:

'When an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered'

[The Care Act's statutory guidance \(opens new window\)](#)



The vision for ASC is:

'Building independence and empowering Sandwell residents'

This plan is aligned to both delivering our vision and duty. There is a plethora of evidence that shows the benefits of working together and co-producing where possible including support plans, reviews, even buildings are better when designed together.

Feedback from our customers, residents and partners has already helped us to improve services, but by designing solutions together, from the beginning can support all stakeholders to realise mutual goals.

Social Care in Excellence (SCIE), The Local Government Association (LGA) and Association of Directors for Adult Social Services have all produced information to show the benefits of co-production, and ways to achieve it. Involvement brings:

- Meaningful and positive outcomes
- Reduce inequalities by using a person-centered approach considering for e.g., preference, strengths, cultural needs
- People and partners becoming more valued in planning, development and delivery
- More understanding, skills and views added to our work
- A wider sense of ownership
- Finding solutions together
- Learning from people with lived experience

Current Practice – Where we are now

People are part of our service development work through focus groups, workshops, surveys and interviews. There is often engagement with NHS, voluntary organisations and wider partners when commissioning or developing services. Examples include our review on Direct Payments, engagement with Carers for the Joint Carers Strategy 2022-26, community work with Town Teams, Healthwatch and engagement activities in our direct care provision.

Wider activities involving residents included Vision 2030 and our Local Account, the annual report which is based on feedback from people using services. The Council is already working in a way that involves people and partners, but we know this can be improved by embedding the approach into business as usual, and ensuring people are at the centre consistently, even when we need to share difficult messages. To support this, Co-production is practice sessions are being delivered to staff by Changing Our Lives.



Our key aims – where we want to be

Our aims cover organisation, people and workforce and include:

Page 175

1. To improve staff knowledge (at all levels) and confidence on co-production and what it 'looks like' using the Ladder of Participation and working with people who have lived experience
2. To enable the co-productive way of working at micro and macro level and embed it into our culture
3. To ensure that staff aim to 'work, or create with people and not 'to do or decide for' people
4. To enable staff to aim for the 'higher rungs' of the Ladder of Participation
5. To provide clarity so people understand the ways to get involved with Council and partner projects
6. To provide a range of methods that allow people to get involved such as surveys, focus groups or steering groups
7. To enable people to be involved at every level, from co-produced support plans and reviews, to commissioning intentions for support services, recognizing that people with lived experience bring in a wealth of expertise, insight and intelligence.
8. To avoid duplication when working with people
9. To remove silo working and improve 'how' we work with people –service recipients, residents, families, organisations and carers
10. To enable a common and consistent approach to co-production for all residents across partners and place
11. To support professionals to work 'smarter' by sharing best practice and information
12. To promote co-production so people are at the heart of creating service and delivery models/solutions
13. To enable a culture of transparency and communication when true co-production is not possible

Key strategic projects that when re-commissioned will be aligned to co-production principles:

- Commissioning a new Direct Payment Support Service (2024) and increasing the number of people with a Direct Payment during the lifetime of contract using ASCOF indicator from 2024 -2026
- Commissioning a new Carer Support offer (2024-25)
- Commissioning Healthwatch (2024)

How we will get there

ASC commissioning have partnered with **Changing our Lives** to deliver key elements of our plan.

There are three key themes identified to deliver our aims; **Education, Infrastructure and Digital**, recognising Sandwell's strengths and areas to develop, with time given to **introduce, implement** and **embed** the new approach.

Key deliverables in Year One

Education

- **Co-production in practice sessions** delivered to staff and place-based agencies
- **Coaching** delivered by person with lived experience to Director of Adult Services
- Implement **strength-based working in care management** to promote the voice of a person during assessment and review processes- informed by SCIE
- **A co- produced charter** that describes Sandwell's principles for good co-production & engagement that all stakeholders across Sandwell can use, and co-produced with partners and residents
- **Learning from others** – including people with lived experience, best practice and data sharing

Infrastructure

- Promote and share work through the **Council's Engagement network**
- Improved connections of partnerships, representation and networks via a **one council** and **place based steering** group including **Sandwell residents- Collaborative working**
- Embedding **Citizenspace** across the Council
- Protected time and **resources**

Digital

- Adopt a '**One Council' approach** to support 'every contact matters' by exploring a **digital database**
- Develop a **Sandwell website** that houses all activity and enables residents to get involved across all 'place' based agencies with branding

How we will get there

Summary of Implementation Plan



How we will deliver our aims by 31 March 2025:

- Changing our Lives will deliver co-production in practice sessions to staff from place-based agencies
- A steering group from Sandwell Place agencies will be formed with residents, health, ASC, public health, Equality team, voluntary sector, housing, children's, safeguarding and Sandwell residents
- Changing our Lives will deliver workshops to residents and the steering group to co-produce a Charter that will be available to all agencies
- Reports will include sections to evidence how people have been involved e.g., Commissioning Board
- ASC will review paperwork to ensure the person's voice is evidenced to demonstrate choice and feedback through support planning and reviews via SCIE & strength-based approach workstream
- ASC will review processes to ensure people have a range of mechanisms to feedback on their care and support and these are widely promoted – develop provider forums to support
- An oversight group will promote good practice and areas of development
- The ways that people can get involved will be promoted, including citizen space
- Each agency's internal guidance on how to practically deliver sessions will remain.
- ASC will bring together different engagement networks to ensure people who are able and willing, can be approached to get involved, avoiding duplication.
- Explore a digital database of people who wish to be involved.
- Branding and web page to support the place-based approach will be developed
- Continued attendance at the WM ADASS Co-production network and the Councils Consultation and Engagement network to ensure best practice and innovation
- An action plan is in place to progress actions which is reviewed quarterly at ASC Commissioning Board and the Place-based steering group for partnership work.
- Governance and maintenance structures will be developed to ensure ongoing work

How we will get there



An Implementation Plan for delivery has been developed and refreshed

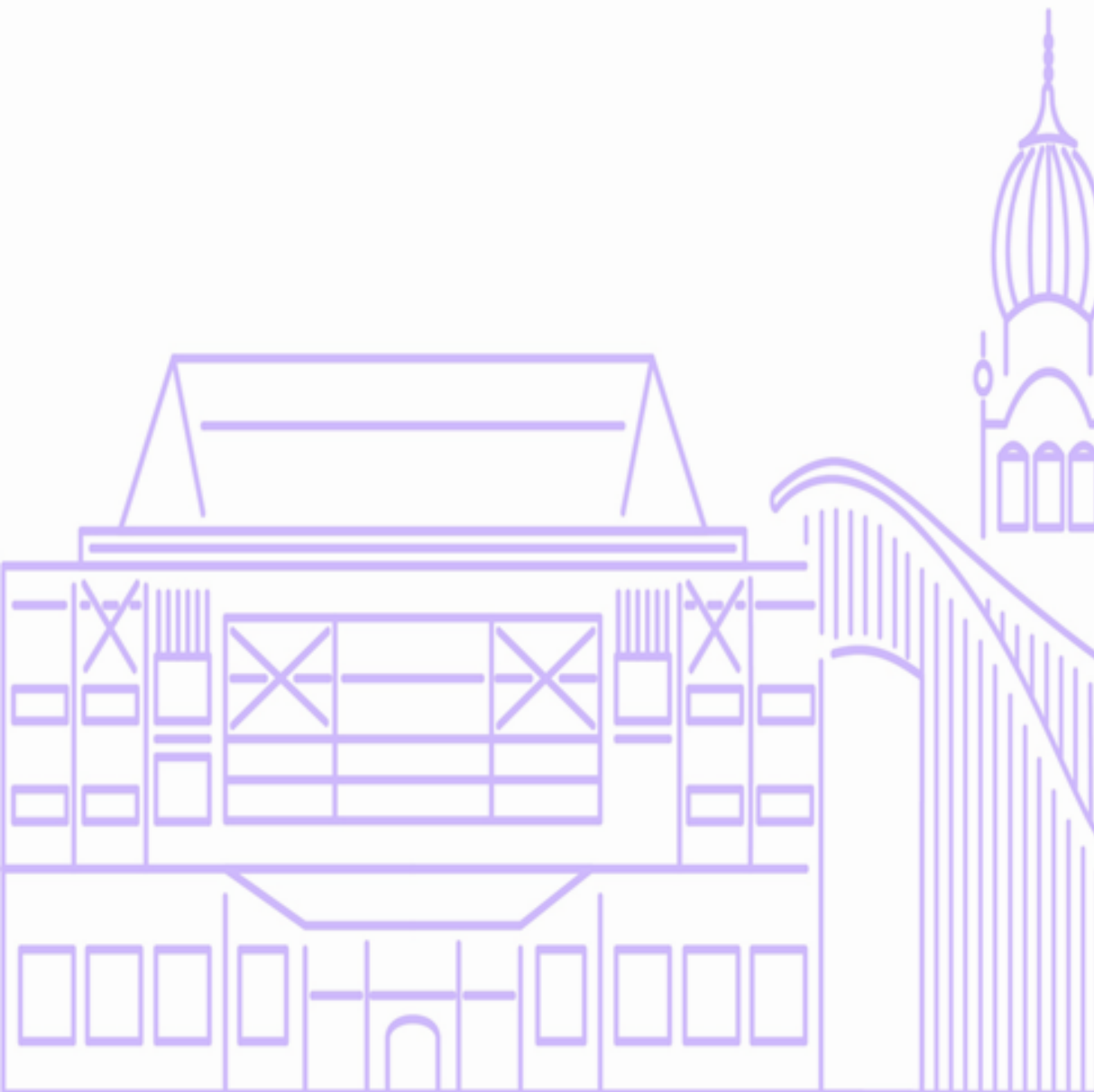
Our Commitment to Co-production Implementation Plan

Adult Social Care

One Council Approach

June 2023

v3.2



To get involved please contact:

Susan_eagle@sandwell.gov.uk

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Our Commitment to Co-production Implementation Plan

Adult Social Care

One Council Approach

June 2023

V3.4

Introduction

This plan is a 'live' document and will be refreshed, if required, following a quarterly review. The high-level actions are written to address each of the aims listed below and taken from Adult Social Care plan - Our Commitment to Co-production and correspond to our key themes.

- Education: Actions to promote knowledge, understanding, confidence in practice
- Infrastructure: Actions to improve networks and systems to embed co-production, engagement and codesign
- Digital: Actions that link into IT systems, web pages and technology

Our aims include:

1. To improve the knowledge and confidence of staff and people with lived experience, on co-production and what it 'looks like' using the Ladder of Participation
2. To enable the co-productive way of working at micro and macro level and embed it into our culture
3. To ensure that staff aim to 'work, or create with people and not 'to do or decide for' people
4. To enable staff to aim for the 'higher rungs' of the Ladder of Participation
5. To provide clarity so people understand the ways to get involved with Council and partner projects
6. To provide a range of methods that allow people to get involved such as surveys, focus groups or steering groups
7. To enable people to be involved at every level, from co-produced support plans and reviews, to commissioning intentions for support services, recognising the value people with lived experience bring.
8. To avoid duplication when working with people
9. To remove silo working and improve 'how' we work with people –service users, residents, families, organisations and carers
10. To enable a common and consistent approach to co-production for all residents across partners and place
11. To support professionals to work 'smarter' by sharing best practice and information
12. To promote co-production so it is at the heart of creating service and delivery models/solutions
13. To enable a culture of transparency and communication when true co-production is not possible

	Aim from plan & Action ID	Action to meet Aim	Lead and delivery partner/s	Target date	Completed
Education ASC Approach Place Approach	1,10,12,13 Action 1	Deliver co-production in practice sessions to all Council staff, reps, people from place-based agencies to share common understanding of co-production, Ladder of participation and top tips.	Adult Social Care commissioning team Changing our Lives	June 2023-March 24	
Place Approach	1a Action 2	Coaching to Director of Adult Social Care by person with lived experience via WM ADASS coaching scheme Develop a co-produced principles and top tips Charter with Sandwell residents and 'place' representatives, through forums that include residents and professionals. The Charter will be shared across Sandwell to improve co-production acting as a resource to all. A steering group will be formed to enable this (Action 6)	RB Director Adult Social Care commissioning team Changing our Lives Council Directorates Health, ASC, PH, Housing, Children's, and Vol sector reps and Sandwell residents	Dec 2023 Draft Jan 2024 Approval March 2024	
ASC operational	1,2,3,4,13 Action 3	Promote co-production in care management when assessing and reviewing peoples care and support needs through attending co-production sessions, and feeding into the strength-based practice review via principal social worker	ASC Principle Social Worker	Sep 2023 -April 2024 with ongoing work	
ASC operational	2 Action 4	ASC will review paperwork with SCIE to ensure persons choice can be evidenced via strength-based approach workstream	ASC Imosphere work stream and Principle Social Worker	Sep 2023- Feb 2024	
ASC operational	1, 2,3,7	To sign up to the WM Training Practice Charter for co-production in social work	ASC-Principle Social Worker	By January 2024	
ASC commissioning & ADASS	11 Action 5	Continued attendance at the WM ADASS Co-production network and the Councils Consultation and Engagement network to ensure best practice and innovation	ASC Commissioning	Ongoing - in place	
Infrastructure	2, 3,4,9,10, 11,12,13	A steering group from Sandwell Place agencies will be formed, with professionals initially to co-produce the charter (Action 2) and support implementation, share information and best practice. This should result in co-ordination avoiding duplication and saturating providers and Sandwell residents. Governance & reporting will be defined to ensure continuation after year 1.	ASC commissioning team Changing our Lives, Healthwatch Council Consultation & Engagement Staff Group Council Directorates	July 2023-April 2024 Arrangements will be	

Page 184	Action 6		Health, ASC, PH, Housing, Children's and Vol sector reps and Sandwell residents	continued for work thereafter	
	3, 4,6,7 Action 7	ASC will review the ways in which Sandwell residents can feedback about their care and support and present ways to promote and improve mechanisms including Citizenspace, provider forums and provider data – including linkages to Public Health, Housing and other community groups.	ASC Commissioning and Comms team	Sep 2023 – Sep 2024	
	11 Action 8	An oversight group will be formed to proactively review feedback from compliments, complaints, and concerns by monitoring trends from various sources including Member enquiries. It will promote positive elements and address areas of development.	ASC Direct Services	By January 2024 with ongoing work	
	4,7,8, 9,10 11,12 Action 9	To identify staff and budget resource to enable co-production/co-design/engagement in the commissioning cycle and across ASC.	ASC Commissioning	By April 2024	
	Maintaining structures	To identify a lead organisation to continue the place based steering group and ensure residents are members after initial set up by ASC	ASC Commissioning	By April 2024	
Digital	5,6,7,8,9,11, 12 Action 10	Develop a single web page that hosts live consultations and engagement opportunities across Sandwell and promote to residents	ASC Comms Team Place based steering group	By May 2024	
Digital Every Contact Counts	7,8 Action 11	Explore Sandwell Enquiry processes to enable the creation of a database to be built that stores details of people who consent to feeding back in the future.	ASC Commissioning Team Sandwell Business Improvement Team	Nov 2023 -Nov 2024	
Digital Every Contact Counts	6 Action 12	Explore how Sandwell residents' pages can be adapted to allow people to provide instant feedback, and opt in to provide feedback to the Council	Sandwell Business Improvement Team	Nov 2023 -Nov 2024	

Key strategic projects that when re-commissioned will be aligned to co-production principles:

- Direct Payment Support Services

Carer Support

Healthwatch



6 December 2023

Subject:	Joint Strategic Needs Assessment update
Presenting Officer and Organisation	<p>Jason Copp, Principal Research & Intelligence Specialist Sandwell MBC Jason_copp@sandwell.gov.uk</p> <p>Lina Martino, Consultant in Public Health Sandwell MBC Lina_martino@sandwell.gov.uk</p>
Purpose of Report	Information and Guidance

1 Recommendations

- 1.1 To consider and comment upon the Joint Strategic Needs Assessment (JSNA) Update and to provide guidance on how often it should be revised.

2 Links to the following Board Priorities

Priority 1	<p>We will help keep people healthier for longer The JSNA provides up to date information on the demography and health needs of the Sandwell population. This information supports the strategic planning of health and care services to meet the needs of the local population.</p>
Priority 2	<p>We will help keep people safe and support Communities The JSNA includes information on the wider determinants of health and wellbeing, which can be used by partner organisations to support people to stay safe and well in their communities.</p>
Priority 3	<p>We will work together to join up services The information contained within the JSNA supports partnership working across a range of key issues. Structuring</p>

	JSNA content around stages of the life course and towns, as well as more focused content on specific issues, enables us to understand the impacts of different factors on health and wellbeing, and the roles of partner organisations in addressing population needs.
Priority 4	We will work closely with local people, partners and providers of services The JSNA has been developed with input from local partners and stakeholders to identify useful information to inform service development.

4 Context and Key Issues

- 4.1 A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the future health, care and well-being needs of their community.
- 4.2 The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive future investment priorities and thereby help to plan services more effectively.
- 4.3 The JSNA determines actions that local authorities, the local NHS and other partners need to take to meet population health and care needs. This should also consider the impacts of the wider determinants of health and wellbeing, e.g. housing, education, employment and the environment.
- 4.4 There is a statutory duty on local authorities and the local NHS to produce a JSNA to support continuous assessment of population needs and facilitate strategic planning, including through a joint Health & Wellbeing Strategy.
- 4.5 The Sandwell JSNA is hosted on the Sandwell Trends website, which includes interactive pages as well as PDF content. This enables users to explore some of the data in more depth as well as providing information for quick and easy reference.
- 4.6 The JSNA comprises the following:
- Core JSNA – a series of chapters focusing on key issues and indicators across the life course
 - Sandwell in Focus – ‘deep dive’ needs assessments into specific topic areas

- Town and borough profiles – summaries of demographics and key issues by town and for Sandwell overall
- Pharmaceutical Needs Assessment – a statutory document that sets out pharmaceutical provision and need across the Borough, and recommendations for addressing unmet need

4.7 The core JSNA consists of the following chapters:

1. Our People – demography, deprivation and life expectancy/healthy life expectancy
2. Healthy Start – children and young people, education and early years
3. Healthy Lives – causes of premature death, prevention and wellbeing
4. Ageing Well – older adults, social care and end of life
5. Place and Economy – wider determinants of health
6. Health Protection and Sexual Health (in development)
7. Mental Health and Wellbeing (in development)

4.8 It is anticipated that additional chapters will be completed by January 2024 and the JSNA will continue to be updated as a continuous process. It is proposed that:

- Core JSNA data are reviewed annually for significant updates;
- The core JSNA is refreshed in full every 2 years, maintaining current format but enabling indicators to be added/replaced;
- Town and borough profiles to be reviewed and updated/refreshed in line with Core JSNA
- A rolling programme of updates to focused needs assessments ('deep dives') to ensure that these are refreshed approximately every 3 years.

4.9 A ward level dashboard is in development that brings together key Indicators by ward.

5 Engagement

5.1 The JSNA has been developed with input from local partners and stakeholders to identify useful information to inform service development. This includes engagement with local residents and service users through our annual Residents Survey, as well as more detailed feedback as part of the Sandwell in Focus documents, including the Pharmaceutical Needs Assessment. Strategies and action plans developed on the basis of recommendations made are also consulted on widely before implementation.

6 Implications

Resources:	The JSNA is being led by Sandwell Council's Public Health team, co-ordinating input from the Council, NHS and other local partners. It supports strategic planning to meet need, including allocation of resources.
Legal and Governance:	There is a statutory duty on local authorities and the local NHS to produce a JSNA.
Risk:	No direct implications arising from this report. Not completing the JSNA to a good standard may risk key groups and issues being missed in the planning of services.
Equality:	The JSNA includes information on protected characteristics and other groups likely to be disproportionately impacted by health inequalities. Recommendations will include targeted actions to reduce inequalities.
Health and Wellbeing:	The JSNA assesses the current and future health and social care needs of the local community. The aim is to identify evidence-based priorities for local commissioning to improve population health and wellbeing, and reduce health inequalities.
Social Value:	No direct implications arising from this report. By including information on inequalities and protected groups, particularly in relation to the wider determinants of health, the JSNA can help to ensure that social value is embedded into actions informed by the data.
Climate Change:	No direct implications arising from this report. The JSNA includes information on air quality and the built environment as key determinants of health and wellbeing, which can be used to inform approaches to improving air quality in the borough.
Corporate Parenting:	The JSNA will include information on children looked after and care leavers, which will support approaches to reducing health needs and inequalities in this group.

6 Appendices

Appendix One – Presentation

7. Background Papers

Sandwell Joint Strategic Needs Assessment – Available at

<https://www.sandwelltrends.info/jsna-2/>

Department of Health and Social Care (2013). JSNAs and JHWS statutory guidance. – Available at -

<https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance> (last updated 24 August 2022).

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Sandwell Joint Strategic Needs Assessment

Update to Sandwell Health & Wellbeing Board

6 December 2023



What is the JSNA?

- Supports joint working by local health economy, local authorities and third sector organisations
- Understanding future health, care and wellbeing needs of local community
- Informs and drives future investment priorities and service planning
- Determines actions for local authorities, local NHS and other partners to meet population health and care needs
- Should also consider wider determinants of health and wellbeing, e.g. housing, education, employment and the environment
- Statutory requirement to inform strategic planning

Sandwell JSNA

- Hosted on Sandwell Trends website - <https://www.sandwelltrends.info/jsna-2/>
- Core JSNA – a series of chapters focusing on key issues and indicators across the life course
- *Sandwell in Focus* – ‘deep dive’ needs assessments into specific topic areas
- Town and borough profiles – summaries of demographics and key issues by town and for Sandwell overall
- Pharmaceutical Needs Assessment – pharmaceutical provision and need across the borough

Sandwell Trends

Real data that reflects our borough

Town Profiles

A descriptive summary, infographic, 2021 Census Profile, and 2023 Profile (which includes data from many different sources) are available for each of the six towns of Sandwell through the links below:

Oldbury	Summary	Infographic	2021 Census Profile	2023 Profile
Rowley Regis	Summary	Infographic	2021 Census Profile	2023 Profile
Smethwick	Summary	Infographic	2021 Census Profile	2023 Profile
Tipton	Summary	Infographic	2021 Census Profile	2023 Profile
Wednesbury	Summary	Infographic	2021 Census Profile	2023 Profile
West Bromwich	Summary	Infographic	2021 Census Profile	2023 Profile

Combined Town Profiles:

[Combined Town Profile Oct 2023](#)

Towns and Wards in Sandwell



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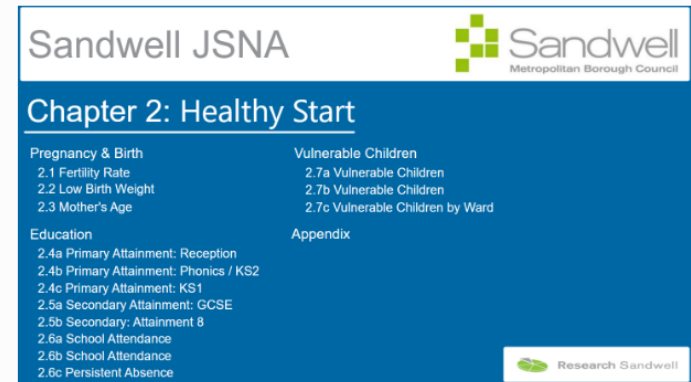
Core Joint Strategic Needs Assessment Chapters

Core JSNA Chapter 1: Overview



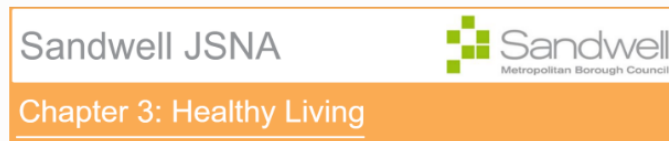
[Click to open PDF copy of Chapter 1](#)

Core JSNA Chapter 2: Healthy Start



[Click to open PDF copy of Chapter 2](#)

Core JSNA Chapter 3: Healthy Living



Core JSNA Chapter 4: Ageing Well



Sandwell In Focus - Needs Assessments and JSNA Detailed Documents

Latest JSNA Documents

[Sandwell LGBTQ+ Health Needs Report 2023](#)

[Sandwell Substance Misuse: Needs Assessment - Summary, and Strategy 2022](#)

[Sandwell 0-19/25's JSNA: May 2022](#)

[0-5s JSNA Final Version: September 2020](#)

[Sandwell PNA October 2022](#)

[Sandwell PNA October 2022 - Appendices](#)

Archived JSNA Work Programme and Documents

[Children and Young People 5 to 19 Years - 2017](#)

Core JSNA

1. **Our People** – demography, deprivation and life expectancy/healthy life expectancy
2. **Healthy Start** – children and young people, education and early years
3. **Healthy Lives** – causes of premature death, prevention and wellbeing
4. **Ageing Well** – older adults, social care and end of life
5. **Place and Economy** – wider determinants of health
6. **Health Protection and Sexual Health** (*in development*)
7. **Mental Health and Wellbeing** (*in development*)

Next steps and future plans

Page 198

- Complete additional chapters by January 2024
- Continuous process for future JSNA update and refresh:
 - **Core JSNA data reviewed annually** for significant updates/changes
 - **Core JSNA refreshed in full every 2 years**, maintaining current format but enabling indicators to be added/replaced
 - **Town and borough profiles** to be reviewed and updated/refreshed in line with Core JSNA
 - **Focused needs assessments refreshed every 3 years** approx. as rolling programme
- Ward level dashboard is in development that brings together key indicators by ward

Recommendation

- To consider and comment upon the Joint Strategic Needs Assessment (JSNA) Update and to provide guidance on how often it should be revised.

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6 December 2023

Subject:	Healthwatch Sandwell Update - Case study: A Patient's journey of moving to a care home
Presenting Officer and Organisation	<p>Phil Griffin Healthwatch Sandwell HAB Chair Alexia Farmer Healthwatch Sandwell Manager Anita Andrews Healthwatch Sandwell Engagement and Volunteer Lead</p> <p style="text-align: center;">   </p>
Purpose of Report	Information

1 Recommendations

- 1.1 To consider and comment upon the Healthwatch Sandwell Update – Case Study: A Patient's journey of moving to a Care Home

2 Links to the following Board Priorities

Priority 1	<p>We will help keep people healthier for longer Healthwatch Sandwell report to and raise issues regarding health and social care, identify areas of concern and hold key stakeholders to account.</p>
Priority 2	<p>We will help keep people safe and support Communities Healthwatch Sandwell aims to tackle health and economic inequalities, reduce isolation, and promote community cohesion by reporting and raising concerns and issues with relevant key stakeholders</p>
Priority 3	<p>We will work together to join up services Healthwatch Sandwell works in partnership with our community, voluntary sector organisations and the wider</p>

	health system to build resilience deliver a positive impact on health outcomes.
Priority 4	We will work closely with local people, partners and providers of services Healthwatch Sandwell are link for patients and non- patients to key stakeholders and decision makers in Sandwell

4 Context and Key Issues

4.1 The report and accompanying presentation, is a case study of a patient's and their family's experience of care services accessed when they became seriously ill. The experience and description of events in the case study sound relatively straight forward that is, a person with a progressive degenerative neurological disease:

- Receives support at home.
- Receives care in hospital.
- Moves to a respite at care home.
- Moves to a more suitable care home.

However, this person's experience as described in the case study has highlighted many obstacles within the care process and has been fraught with difficulties.

The case study and accompanying presentation:

- Identifies some of the challenges and obstacles that are faced by someone who has disabilities/impairments with regards to information received
- Describes key points to be considered based on the case study and recommendations put forward to Health and Social Care organisations for improvements.

The case study offers advice for care homes, Contract Monitoring Officers of care homes, Local Authority Quality Officer and Care Quality Commission.

The full case study is attached as **Appendix 1** to the report . However this summary report includes the conclusions of the report on which the recommendations to service providers (page 13 of the case study) are based. The conclusions (set out on page 12 of the case study) were as follows:

- Moving to a care home is not an easy decision to make, this case study has given a picture of a person's experience, who has a

neurological disease, of moving from their own home to a care home. The move was fraught with difficulties.

- This paper has identified some of the challenges and obstacles that are faced for someone who has disabilities/impairments with regards to information.
- It has also given points to be considered throughout the paper. It is essential that people have accessible information both verbal, written and including websites to comply with The Care Act 2014 and the Accessible Information Standard (2016). This should include information about fees, care and complaints procedures etc, to make/ ensure that they can make informed choices.
- New residents need to be able to visit a home (s) to ensure they have a choice and have access to appropriate staff to support the transition.
- New residents to be given a comprehensive care plan and contract. Care should be given by staff who are well trained and managed so that there is an open culture with noninstitutionalised care to avoid abuse and that care is safe and effective.

5 Engagement

5.1 Healthwatch work with local people and stakeholders across Sandwell including Sandwell Council, Black Country Mental Health Foundation Trust, Integrated Care Providers, Integrated Care Systems and voluntary organisations. We use feedback from people to better understand the challenges facing NHS and other care providers to ensure experiences improve Health and care services for everyone.

6 Implications

Resources:	Healthwatch is funded through a contract with the Local Authority and an in- year contract value of £180k
Legal and Governance:	Governance is via the local Healthwatch Advisory Board who assures the work plans agreed every year through established performance reporting processes
Risk:	Risk implications, including any mitigating measures planned/taken, health and safety, insurance implications
Equality:	Equality, Diversity and Inclusion is a strong value which underpins everything that Healthwatch Sandwell does
Health and Wellbeing:	Our work programmes and the support we give to local people helps to address access issues and to improve outcomes for local communities

Social Value:	Healthwatch employs local people and has a number of volunteers engaged in its work
Climate Change:	We give a commitment to minimise carbon footprint by encouraging work from home and using virtual meetings wherever possible
Corporate Parenting:	Healthwatch Sandwell is supported by its parent organisation Engaging Community Solutions

6 Appendices

Appendix One - Case study: A Patient's journey of moving to a Care Home.

Appendix Two – Presentation.

7. Background Papers

No background papers.

Case study:
a patient's journey of
moving to a care home

November 2022

Contents

Contents	2
Case Study	3
Introduction	4
Background	4
1. Moving to a care home – accessible information to make a choice	5
2. Role of support staff	7
3. Financial issues	8
4. Contract at Care Home	9
5. Care at respite home/ nursing home	10
Conclusion	12
Recommendations	13
Acknowledgements	13
Disclaimer	13
Appendix	14

Case Study

This is a case study about a person* from the Black Country, an intelligent, grammar school educated, and articulate person who led a full life. They worked in a variety of settings and had travelled the world extensively. They enjoyed playing sports including cricket (professionally), football and golf. They lived alone in a 3rd floor flat in Sandwell and managed their own life including financial affairs as they had the mental capacity to make decisions about their own life.

In 2017, this person developed various symptoms including dropping cups etc. and after numerous hospital appointments and many consultations with Neurologists between 2017 and 2018, was diagnosed with a neurological disease. This neurological disease is a fatal condition that affects the brain and nerves, it causes weakness that get worse over time with no cure, it is slow and progressive. This person also has a hearing impairment.

They remained independent in their own home with a comprehensive support package from a domiciliary care company but grew weaker and had little or no use in their arms and legs. They can talk and move their head but uses assistive technology (iPad) to receive and send information.

In 2021 they deteriorated and was hospitalised for 2 weeks. A hospital social worker was allocated to assist with discharge, the person was discharged to a short-term placement at a nursing home in Sandwell (Enhanced Assessment Bed) while waiting to be assessed to go to a 90 Apartment Extra Care scheme in Sandwell which the person had been on a waiting list for extra care housing for 2 years. Unfortunately, after assessment, the person was declined a place for the extra care placement.

They were given a list of nursing care homes for them to choose from but was unable to visit due to poor mobility, a specialist nurse sourced a nursing home via a broker. Since the hospital admission the person has been nursed in bed, in a lot of pain and is confined to bed. They now live in a nursing home, out of borough, that was assessed as more suited to meet the person's needs.

* anonymised due to Healthwatch Sandwell privacy policy etc

Introduction

At first glance this case study and description of events sound relatively straight forward that is, a person with a progressive degenerative neurological disease > receives support at home > receives care in hospital > moves to a respite at care home > moves to a more suitable care home, however, this person's experience has highlighted many obstacles within the process and has been fraught with difficulties.

This paper will:

- Identify some of the challenges and obstacles that are faced by someone who has disabilities/impairments with regards to information received
- Offer key points to be considered based on the case study
- Make recommendations to Health and Social Care organisations for improvements
- Offer advice for care homes, Contract Monitoring Officers of care homes, Local Authority Quality Officer and Care Quality Commission

Background

This person contacted Healthwatch Sandwell (HWS) via the information email account in April 2022 querying if they had a 'right' to activities in a care home and how long these activities should be, including frequency, because they were having none at the time.

HWS advised appropriately based on assessment of need, ability, and preferences.

During conversations with this person the difficulties and challenges that they had faced moving to a care home became evident. This resulted in HWS signposting this person to *POhWER*¹ to be allocated an advocate who could assist the person in voicing their opinions to the right organisation. HWS also guided the person to various complaints procedures including Time2talk² to raise concerns about Continuing Healthcare funding. Some of these complaints are ongoing to date. HWS has continued to provide support to this person.

The HWS work programme for 2022/23 has an overarching theme of health inequalities. HWS have identified **3** areas of challenge and issues with accessibility for health care patients or individuals receiving social care support: language barriers, difficulties with use or access to digital technology and communication needs due to a disability, sensory loss or an impairment. This case study will contribute to the HWS work programme.

¹ a charity providing free advocacy, information and advice who help people who, because of disability, illness, social exclusion and other challenges, find it difficult to express their views or get the support they need.

² <https://blackcountry.icb.nhs.uk/get-involved/time-2-talk>

Conversations with the person identified the following **5** themes that this person had encountered, this section will identify the theme and pose questions to be considered:

1. Moving to a care home – accessible information to make a choice

People who have various neurological diseases³ live independently in their own home with support, but there are times when remaining independent is no longer viable and the only option is to enter a suitable residential/nursing care home.

Some people with a neurological disease may have the capacity⁴ to make decisions for themselves but due to their physical impairments may need support to access information and to visit care providers to help make this important decision.

People need accessible information about what's available that is suitable to meet their needs so they can make an informed choice. Accessible information is information which can be read, received, and understood by the individual.

A person moving to a care home needs to understand the process of moving, i.e. assessment of need, care plan, contract and funding etc.

The Accessible Information Standard (AIS) was introduced by the Government in 2016 to ensure that people with a disability (including learning disability) or sensory loss are given information in a way they can understand. It is the law for NHS and Adult Social Care Services to comply with AIS. See [appendix one](#) for requirements on NHS and Adult Social Care Services.

In late 2021⁵ a coalition of charities surveyed NHS and social care professionals in England, as well as disabled people who have accessible information and communication needs, about the AIS. After five years of the Accessible Information Standard, the survey found:

11% of patients covered by the AIS have equitable access to the NHS.

81% of patients reported having an appointment when their communication needs were unmet.

77% of people with accessible information needs reported rarely or never receiving information in alternative formats.

³ Neurological diseases include Alzheimer's disease, Cerebral palsy, Epilepsy, Motor neurone disease, Multiple sclerosis, Parkinson's disease etc.

⁴ <https://www.nhs.uk/conditions/consent-to-treatment/>

⁵ <https://signhealth.org.uk/resources/research/review-of-the-nhs-accessible-information-standard/>

Only **41%** of complaints procedures were reported to be accessible by the professionals who filled in the survey.

This is extremely disappointing and unacceptable.

This person uses technology proficiently and relied upon information technology to communicate and to gain information. This person found that some websites were not up to date which hindered decision making.

When a person is allocated a Local Authority social worker/adult practitioner, the practice in Sandwell is to give a person a list or hyperlinks of all providers, which may include Providers that may be in special measures and those that are not taking new residents (due to block contract).

This person was given a list of approximately 9 care homes, to choose from, but the majority of them were further away from family so were unacceptable. The list needed to be relevant to the persons wishes.

This choice should apply to respite care homes, if the Local authority has a block contract⁶ for respite beds, then the choice may be limited, but this needs to be communicated to the person. This was not the case.

HWS acknowledge that Local Authority social worker/adult practitioners cannot recommend a placement but the information provided needs to be relevant, up to date and accessible for a person with limited physical ability and sensory impairments.

The Care Act 2014 places a duty on local authorities to make sure that:

- the person participates as fully as possible in decisions and is given the information and support necessary to enable them to participate
- decisions are made having regard to all the individual's circumstances (and are not based only on the individual's age or appearance or other condition or behaviour)
- any restriction on the individual's rights or freedom of action is kept to the minimum necessary for achieving the purpose.

Section 4 of the Care Act 2014 covers:

- The duty placed on local authorities to establish and maintain information and advice services relating to care and support for all people in its area
- The broad audience for the information and advice service
- The local authority role with respect to financial information and advice
- The accessibility and proportionality of information and advice
- The development of plans/strategies to meet local needs

⁶ A block contract is a payment made to a provider to deliver a specific, e.g. rehabilitation care beds.

Sandwell MBC need to ensure that they adhere to the Care Act 2014 so that they are meeting their statutory responsibilities.

Key points to consider:

- How can a person make an informed choice and also be at the centre of the decision making about their life when they do not have accessible information about the process of moving to a care home and the related issues?
- Communication with people who have capacity and may have sensory impairments needs to be clear and understandable, especially when face masks are being used (Covid-19 precautions)
- Are care home websites up to date?
- Is written information accurate and up to date, including lists of care homes?
- How can a person with a physical disability visit a care home to make an informed choice?
- How do Local Authorities fulfil their duties under The Care Act 2014 e.g. the person participates as fully as possible in decisions and is given the information and support necessary to enable them to participate and to make an informed choice.
- Is it legal if a resident isn't given a choice of care homes?
- Explain the process of going into a care home.
- How do the NHS and Adult Social Care Services comply with AIS legislation?

2. Role of support staff

Traditionally a social worker would be allocated to a vulnerable person requiring assistance, this may be the only source of support, and would be relied upon to provide information both financial and availability of placements as well as a review of the placement to ensure that the placement is suitable.

This person was allocated a social worker to assess care needs and assist with the move to an appropriate care provider. The person was unclear what the social workers role was and what they could expect. A review was executed via email asking if the person was 'happy'.

A Personal Assistant would have been useful to oversee the move, including visit care providers as well as deal with finances, informing utilities, credit cards and Department for Work and Pensions etc. of the move, especially when there is no family or unable to do so for themselves.

The person assumed that the Social worker would undertake these duties, but they did not.

There are a variety of support systems available, e.g. broker, a broker supports people of various disabilities and health conditions and long term illnesses. However, there is a cost and has to be sourced by the service user.

This person was guided to a broker by the specialist nurse.

Key points to consider:

- Make clear the role of a social worker to the service user⁷
- Access to a Personal Assistant / broker ?
- Who informs the utilities and DWP about the move ?
- A comprehensive review of placement to take place with a new resident

3. Financial issues

The funding of residential/care home can be a complex matter, especially if your income and capital are over £23,250 (correct at time of writing October 2022) and whether your needs are healthcare and/or social care based.

It is daunting and stressful to make the decision to move in the first instance, complex financial uncertainty exacerbates this. An average person would **not** have an understanding of this process, it is not until a person requires this option that they would become aware of the complexities.

As stated, the funding is complex, funding for health care needs require a Continuing Healthcare assessment (CHC)⁸. The social worker refers for a full CHC assessment to the local Integrated Board who co-ordinates the assessment. This assessment determines eligibility, if the assessment deems the person to be ineligible then there is an appeal process.

Funding for social care is assessed by a Social worker (Adult Social Care).

This person had lots of unanswered questions with regards to the financial assessment for care, this was complicated by Personal Independence Payment, care needs assessments and means testing etc.

There was also a lack of understanding about CHC eligibility criteria and the appeal process.

⁷ <https://www.basw.co.uk/resources/become-social-worker/what-do-social-workers-do>

⁸ <https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/>

The person did not receive confirmation of fees in writing from statutory organisations.

As this report has already stated there is a need for accessible financial information, Section 4 of the Care Act 2014 highlights the local authority role with respect to financial information and advice.

Key points to consider:

- Provide accessible financial information to a prospective care home resident
- Explanation of CHC process including how to appeal

4. Contract at Care Home

When a person enters a care home they should be given a contract, which is signed by the resident. There are a variety of scenarios which require different contracts:

- Self-funding residents: the contract will be between the resident and the care home.
- Residents who the Local-authority pay: the contract will be between the local authority and the care home. In this situation, the person should be given a copy of the contract
- Shared payment: If the local authority is part-funding the care but someone else is paying a top-up fee to the care home, there will be two contracts – one between the local authority and the care home, and another between whoever is paying the top-up fee and the local authority.

The contract should cover a variety of things including the level of care and support, what will happen if care needs change. The contract should be given in an accessible format to the person especially as they have capacity to consent **not** to third party or next of kin.

This person has not had a contract to date either from respite care or nursing home, so does not know their rights and responsibilities, neither was it signed.

The person has a support plan, completed by the social worker, but the funding of care was vague and inconclusive.

Key points to consider:

- Be given a contract to include all the information a new resident including final responsibility would need in an accessible format
- Is it legal/binding if the contract isn't signed by the resident

5. Care at respite home/ nursing home

Care Planning

Care given at a care home is based upon an assessment of holistic needs⁹, whereby the person is at the centre of the assessment and is encouraged to voice their wishes, needs and wants. This assessment is recorded in a care plan and regularly reviewed.

The Care Act 2014 (Section 24) describes the Care and Support Plan which is required when people are having their needs assessed, this is usually completed by the social worker. However, once a person enters a care home, the home will provide a care plan (or support plan) which will be informed by the social worker's Care and Support Plan, it should be written in collaboration with the resident as they are best placed to know what they need.

The home's care plan will include simple assistance with day-to-day tasks and support taking medication, all the way to round-the-clock supervision and ongoing medical and social care. It is essential that residents' physical needs are identified and met to include finger and toe nail cutting, washing, dressing, appropriate medication and access to primary care: GP, optician, audiology etc.

It should also identify potential hazards and risks, including any specialist equipment e.g. bed rails.

The care plan should also identify arrangements for access to finance.

This person had difficulty accessing all the above.

This person had experience of medical symptoms not being addressed with the appropriate medical person which then resulted in a skin condition being undiagnosed until sometime later by a dermatologist.

This person did not know what they could expect and what they were required to pay for.

These care plans and associated daily records need to be accurate and true. Residents need to have an accessible up to date copy to verify facts that has been agreed with the resident.

This person did not have access to the home's care plan and daily records.

Principles of care

Care should be given in adherence with the principles of care as identified by Social Care Institute for Excellence¹⁰, these include choice, dignity, independence, partnership, privacy, respect, rights, safety, equality and inclusion, and confidentiality.

⁹ A Theory of Human Motivation, by American psychologist Abraham Maslow (1943)

¹⁰ <https://www.scie.org.uk/person-centred-care>

This person did not have care given using these principles.

It is essential that Institutionalisation in care is avoided, this is a type of residential care for large groups of people. It is characterised by a one-size-fits-all approach according to which the same service is provided to all people irrespective of their age, gender, abilities and needs. Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk' (SCIE 2010)¹¹.

This person described his daily routine, which had very little social interaction and his daily routines could be described as institutional, the resident stated that:

'I'm lucky if I get my pad changed three times a day'

Comments and Complaints

The culture of the home should welcome feedback and constructive criticism. If a resident isn't happy then communication should be open and honest, without fear of repercussions and guided to the complaints procedure. It should be made clear to the resident who to raise concerns/compliments with.

The Social worker advised this person to complain to the CQC who do not address individual resident's complaints.

I'm not giving up I'm a fighter...that's what we do... we don't complain...is stops them doing their job'

Staff Training

Staff should receive appropriate training to meet the needs of the resident which uphold these principles.

This person gave examples of inadequate care including:

- **Vaseline being applied like eye shadow to remove matter from eyes, instead of a damp cotton pad.**

¹¹ <https://www.scie.org.uk/publications/guides/guide46/commonissues/institutionalisedcare.asp>

- **Not having access to an appropriate emergency buzzer which resulted in the person having to phone carers (from own mobile phone) in an emergency to summon help.**

Points to consider:

- A care plan (or support plan) to be devised which include all residents needs and involve the resident in decision making holistic needs of the resident
- Are daily records kept that are accessible to the resident?
- Do staff receive training in giving effective and safe care?
- Is staff performance managed?
- Is care non institutionalised to avoid abuse?
- What is the culture of the home with regards to complaints?
- Are placements reviewed to ensure they are appropriate?
- What is in place if a resident wants to view other homes or move ?

Conclusion

Moving to a care home is not an easy decision to make, this case study has given a picture of a person's experience, who has a neurological disease, of moving from their own home to a care home. The move was fraught with difficulties.

This paper has identified some of the challenges and obstacles that are faced for someone who has disabilities/impairments with regards to information. It has also given points to be considered throughout the paper.

It is essential that people have accessible information both verbal, written and including websites to comply with The Care Act 2014 and the Accessible Information Standard (2016). This should include information about fees, care and complaints procedures etc, to make ensure that they can make informed choices.

New residents need to be able to visit a home (s) to ensure they have a choice and have access to appropriate staff to support the transition.

New residents to be given a comprehensive care plan and contract. Care should be given by staff who are well trained and managed so that there is an open culture with non-institutionalised care to avoid abuse and that care is safe and effective.

Recommendations

From the findings HWS make the following recommendations for Health and Social Care organisations including care homes, Contract Monitoring Officers of care homes, Local Authority Quality Officer and Care Quality Commission:

1. Health and Social Care providers to make all information accessible to meet the needs of anyone with a sensory impairment and a disability who require health and social care.
2. Adult Social Care (Sandwell MBC) to ensure that they adhere to the Care Act 2014 so that statutory responsibilities are met.
3. Ensure that appropriate support staff assist with the transition to care home, either from Adult Social Care or care home.
4. Care homes to ensure that all new residents have a comprehensive care plan that is regularly reviewed and is drawn up with the resident.
5. Training for social workers, support workers and care home staff to meet national guidelines.

Acknowledgements

HWS would like to take this opportunity to thank the person* who shared their experiences.

Disclaimer

All data provided in this report was accurate at the time of the project.

Any queries please contact:

Anita Andrews – Engagement and Volunteer Lead

E| anita.andrews@healthwatchsandwell.co.uk

M| 07885 214421

Appendix

Appendix one

Accessible Information Standard (2016)

Requirements on NHS and Adult Social Care Services:

1. Find out communication and information needs
2. Record these communication and information needs clearly and consistently on records
3. Flag these needs, so when a member of staff opens the records it is really clear what the communication or information needs are
4. Share the information and communication needs when required, for example if they are referring to another service.
5. Take action to give the right support. For example, offering easy read information or making sure there is someone there to support you with communication e.g. British Sign Language interpreter.



healthwatch

Sandwell

Walker Grange
Tipton
West Midlands
DY4 9RZ

www.healthwatchsandwell.co.uk/

t: 0121 569 7211

e: info@healthwatchsandwell.co.uk

 [@HWSandwell](https://twitter.com/HWSandwell)

 www.facebook.com/Healthwatch.Sandwell

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Your independent voice for Health & Social Care Services in Sandwell

Contact us:



info@healthwatchsandwell.co.uk



www.healthwatchsandwell.co.uk



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Healthwatch Sandwell



Moving to a care home

- Background
- Key issues
- What we did



Four questions to consider:

1. How do statutory organisations communicate with people with limited abilities?
2. What information is needed and provided that is accessible
3. How is support given and by whom?
4. How are care homes monitored?

"I'm not giving up, I'm a fighter...that's what we do... we don't complain...it stops them doing their job"

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6 December 2023

Subject:	Health and Wellbeing Board Work Programme 2023/24
Presenting Officer and Organisation:	<p>Cathren Armstrong Acting Health and Wellbeing Board Officer Cathren_armstrong@sandwell.gov.uk</p> <p>Stephnie Hancock Deputy Democratic Services Manager Stephnie_hancock@sandwell.gov.uk</p>

1 Recommendations

- 1.1 That the Board notes its work programme (Appendix 1), which sets out matters to be considered by the Board in 2023/ 24.

2 Links to the following Board Priorities

Priority 1	We will help keep people healthier for longer	<p>A strong and effective work programme underpins the work and approach of the Health and Wellbeing Board and is aligned to all priorities.</p> <p>It is good practice for work programmes to remain fluid, to allow for consideration of new and emerging issues in a timely manner.</p>
Priority 2	We will help keep people safe and support communities	
Priority 3	We will work together to join up services	
Priority 4	We will work closely with local people, partners and providers of services	

3. Context and Key Issues

- 3.1 All local authorities with adult social care and public health responsibilities are required to have a Health and Wellbeing Board by statute.
- 3.2 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system can work together to improve the health and wellbeing of their local population.

4 Engagement

- 4.1 It is not necessary to carry out public engagement.

5 Implications

Resources:	Members of the Board are expected to commit sufficient resources in terms of attendance at Board meetings and training events, and to participate in discussions and decision making on a regular basis.
Legal and Governance:	<p>The Health and Wellbeing Board is a formal statutory committee of the local authority, established under Section 194 of the Health and Social Care Act 2012.</p> <p>The Board is to be treated as if it were a committee appointed by the local authority under section 102 of the Local Government Act 1972. (Section 194(11)).</p>
Risk:	There are no direct implications arising from this report, however, the Board considers such implications on all matters that it considers, with health and wellbeing being a key consideration of course.
Equality:	
Health and Wellbeing:	
Social Value:	
Climate Change:	
Corporate Parenting:	

6 Appendices

Appendix 1 - Health and Wellbeing Board Work Programme 2023/ 24

7. Background Papers

None

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Date of Meeting	Item	Responsible Officer
21 June 2023 (Reports due 7 June 2023)	Oxwell Survey	Michael Jarrett
	LGBTQ+ Health Needs Report	Anna Blennerhassett
	Children's Services Update	Michael Jarrett
	5 Year Joint Plan Consultation	Michelle Carolan
	Harvey's Book	Pam and Harvey Kaur
13 September 2023 (Reports due 30 August 2023)	Update on Midland Met University Hospital	Richard Beeken
	Children Services Update	Michael Jarrett
	Partnership Approach to Mental Health	Mick Wilkinson and Ch Supt Kim Madill
	Sandwell Better Mental Health Strategy and Mental Health Concordat	Lina Martino
	Sandwell Language Network Update	Diane Millichamp
18 October 2023 (Reports due 4 October 2023)	OATS – Older Adult Therapeutic Services	Fiona Jones
	Children Services Update	Michael Jarrett
	CDOP Annual Report (BC Child Death Overview Panel)	Liann BrookesSmith
	Healthwatch update	Alexia Farmer Philip Griffin

6 December 2023 (Reports due 22 November 2023)	Sandwell Early Years Priorities	Sara Baber
	Implementation Plan for a Recovery Orientated System of Care in Sandwell	Nick Shough
	National Youth Work Week and Statutory Guidance Update	Tariq Karim/ Dawn Maleki
	Joint Strategic Needs Assessment	Jason Copp
	Sandwell Safeguarding Adults Board Annual Report 2022/ 23	Deb Ward
	Commitment to Co- production Plan	Rashpal Bishop
TBC 13th March 2024 (Reports due 28th February 2024)	Children Services Update	Michael Jarrett
	Healthwatch update	Alexia Farmer Philip Griffin
	Social Prescribing	Cathren Armstrong
	DPH Report	Liann Brooke- Smith
	Town Teams	Jayne Ilic
	Family Drug and Alcohol Courts	Gemma Hatfield
	Child Death Overview Panel Report 2022/ 23	Liann Brookes- Smith
	Health Literacy and the communication guide	Rebecca Down
APPG Dementia	Dementia UK	

Items to be scheduled:	Responsible Officer
Summer Booklet	Liann Brookes- Smith