

Agenda

Health and Wellbeing Board

Wednesday, 13 March 2024 at 5.30pm
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

11 - 18

To confirm the minutes of the meeting held on 6 December 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	Raising the Barriers: An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England	19 - 32
	That the Board note and consider the content of the report and how it applies to Sandwell.	
6	Health and Wellbeing Board Draft Constitution	33 - 40
	To consider and comment upon the draft Health and Wellbeing Board constitution.	
7	Director of Public Health Report	41 - 66
	That the Board accept and acknowledge the Director of Public Health Report.	
8	Child Friendly Sandwell	67 - 116
	That the Board confirms its status as the reporting Board for both the submission and each of the phases within the application process of the UNICEF UK Child Friendly Cities and Communities programme.	
9	Family Drug and Alcohol Court	117 - 128
	That the Board discuss the work of FDAC, the outcomes achieved and how there can be collaborative working to sustain and develop the program.	
10	Public Health Sandwell Communication Guide	129 - 214
	That the Board notes and endorses current progress on implementing of the Sandwell Language initiative and the steps towards implementing that initiative through the Public Health Sandwell Communication Guide and Plain English Guide.	

11 **Healthwatch Update: Diabetes Services for Sandwell residents** 215 - 238

To receive the presentation from Healthwatch Sandwell.

12 **Work Programme 2023/24** 239 - 242

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 Trumpteter.

Rashpal Bishop, Sally Giles, 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, Emma Taylor, Ayyat Adigun and Briony Jones.

Contact: democratic_services@sandwell.gov.uk



The Sandwell Health & Wellbeing Board is a statutory committee made up of councillors, local GPs, council officers and members from the faith and voluntary community sector.

The board has been transforming into a place that welcomes local community groups to share their stories and experiences. Hearing the real voices of local people brought the meetings to life and inspired board members to act.






By showcasing the work being done on the ground alongside the strategies behind it, the board has generated new ideas and in-depth discussions for plans in the future, knowing that local people can genuinely benefit.

Current themes and priorities of the board:

- Reduction in health inequalities
- Population level health improvement across Sandwell
- Joined up partnership working
- Working with our residents not to them
- Listening to the needs of people

Link to our current Health and Wellbeing strategy:

<https://www.healthysandwell.co.uk/wp-content/uploads/2023/01/Sandwell-Health-and-Wellbeing-Strategy-2022-5.pdf>

	<p>Agenda items</p> <p>Agenda item requests can be sent to: HWB_Board@sandwell.gov.uk</p>
	<p>Agenda requirements</p> <p>If your agenda item request is approved and you are featuring on the upcoming board agenda then <u>all</u> the following needs to be completed: Health and Wellbeing Board report template (template will be sent by the team in advance), written project documents/report and presentation slides. These will be due approx. 2 weeks before the meeting. Further details and reminders will be sent out if you are due to present. Please contact the email above if you need an assistance with this.</p>
	<p>Reminder email</p> <p>We will send a reminder email to all members and presenters approx. 2 weeks in advance that the meeting is coming up. If you can no longer attend, please send your apologies or nominate a representative and let us know they are coming.</p>
	<p>Documents</p> <p>Reports and presentations will be available in advance of the board meeting at the following link: https://sandwell.moderngov.co.uk/ieListMeetings.aspx?Committeeld=172</p>
	<p>Guests, residents and the community</p> <p>We welcome you to bring guests from the local community whether you are presenting or attending. The more the merrier but please let us know how many so we can plan for them.</p>
	<p>Oldbury Council House</p> <p>The Health and Wellbeing Board meetings are held in the council chambers at Oldbury Council House. The address is: Sandwell Council House, Freeth Street, Oldbury, B69 3DB. Board meetings are approximately 2 hours but can overrun sometimes. Unless you are a voting member of the board, if you need to leave early please inform the chair and the clerk. If you are presenting but cannot stay for the whole meeting please let us know in advance.</p>

	<p>know in advance so we can arrange the agenda running order accordingly.</p>
	<p>Parking</p> <p>Pay and display parking is available on West Bromwich Street, Albert Street and Low Town in Oldbury. If parking at Sainsburys then you get 3 hours for free, parking cameras are in operation.</p>
	<p>Live Stream</p> <p>Each board meeting is live streamed here: https://civico.net/sandwell. This includes our British Sign Language interpreters that attend each meeting. Past recordings can be viewed here: https://civico.net/sandwell?ct=2094.</p>
	<p>Refreshments</p> <p>At each board meeting there are refreshments available to attendees, these can be found through the doors to the right when looking towards the stage. Please help yourself!</p>
	<p>Questions</p> <p>If you have any questions at any time about anything Health and Wellbeing Board related, upcoming meetings, or past agenda items please get in touch and we will do our best to help!</p>

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Sandwell Health and Wellbeing Board

**6 December 2023 at 5.45pm
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
Councillor Elaine Giles	Chair of the Health and Adult Social Care Scrutiny Board
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
Chief Superintendent Kim Madill	West Midlands Police

In attendance

Councillor John Giles	Elected Member
Adele Hickman	Head of Primary Care and Place Commissioning – Black Country Integrated Care Board
Anita Andrews	Healthwatch Sandwell Engagement and Volunteer Lead
Deb Ward	Sandwell Safeguarding Adults Board Manager
Susan Clark	Sandwell Safeguarding Adults Board Lead Officer for Improvement and Learning and Development
Lina Martino	Consultant in Public Health

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Jason Copp	Senior Research Officer
Sara Baber	Early Years Manager
Justin Haywood	Operations Manager for Commissioning
Susan Eagle	Commissioning Team Manager – Prevention and Community Based Services
Tariq Karim	Youth Services Manager (Sandwell North)
Dawn Maleki	Youth Services Manager (Sandwell South)
Nick Shough	Drugs and Alcohol Partnership Officer
Cathren Armstrong	Health Protection Specialist - Public Health
Alex Goddard	Scrutiny Lead Officer
John Swann	Democratic Services Officer

37/23 Chair's Announcement

The Chair announced to the Board that at an extraordinary meeting of Council on 24 October 2023 the Council had conferred the Freedom of the Borough upon Sandwell & West Birmingham NHS Trust. This honour acknowledged the hard work and devotion of the NHS, the Trust and its staff.

38/23 Apologies for Absence.

Apologies were received from Councillor Nicky Hinchliff, Councillor Laura Rollins, Rashpal Bishop (Director of Adult Social Care), Michelle Carolan (Managing Director for Sandwell – Black Country Integrated Care Board), Emma Taylor (Chief Executive – Sandwell Children's Trust), Marsha Foster (Chief Executive – Black Country Healthcare NHS Foundation Trust) and Mark Davies (Chief Executive – Sandwell Council of Voluntary Organisations).

39/23 Declarations of Interest

No declarations of Interest were received.

40/23 **Minutes**

Resolved that the minutes of the meeting held on the 18 October 2023 are approved as a correct record.

41/23 **Urgent Additional Items of Business**

There were no urgent additional items of business.

42/23 **Sandwell Safeguarding Adults Board Annual Report 2022/23**

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

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

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

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

Priorities for 2023-24 were:-

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

Board members welcomed the report.

43/23 **Joint Strategic Needs Assessment**

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations worked together to understand the future health, care and well-being needs of the community.

The production of the Joint Strategic Needs Assessment (JSNA) was a joint statutory duty for local authorities and Integrated Care Boards (ICBs) to support continuous assessment of population needs and to facilitate strategic planning, including through a joint Health and Wellbeing Strategy.

The JSNA had seven chapters, five had already been published:-

- Our People;
- Healthy Start;
- Healthy Lives;
- Ageing Well;
- Place and Economy.

Two chapters were in development, and were expected to be completed in January 2024:-

- Health Protection and Sexual Health;
- Mental Health and Wellbeing.

These two areas had been identified as requiring specific focus so that they weren't lost within the other chapters.

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The JSNA was hosted on Sandwell Trends, and included a range of data including borough-wide and town-focussed profiles. The JSNA and the underpinning data had been used to inform Ofsted and the Care Quality Commission; feedback had been positive. It was also reported that this data had fed into a scrutiny review on loneliness and isolation.

The core JSNA was planned to be refreshed in full every two years, maintaining its current format but enabling indicators to be added/replaced as necessary. The town and borough profiles were to be reviewed and updated in line with Core JSNA.

Resolved that in relation to the Joint Strategic Needs Assessment (JSNA) it is recommended to:

- a) Review core data and town profiles annually for significant changes;
- b) Refresh core JSNA and town profiles in full bi-annually;
- c) Refresh the focussed needs assessment every three years or as required.

44/23

Implementation Plan for a Recovery Oriented System of Care in Sandwell

The Board received a presentation on the implementation plan for a Recovery Oriented System of Care in Sandwell, which related to the Government guidance 'From Harm to Hope'.

It was emphasised that people did recover; 95% of alcohol users with a problem and 97% of drug users with a problem did recover. Mostly this did not entail accessing formal programmes, but instead was supported by friends and family.

The Board was informed about a range of other work that was taking place to support recovery in Sandwell, including Sandwell Drug and Alcohol Partnership inviting experts by lived experience to its meetings, a newsletter and the funding of projects across Sandwell to provide purposeful activities for those in recovery and their families.

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Members of the Board welcomed the work being done and shared positive feedback they had received from others on this work.

45/23 Sandwell Early Years Priorities

The Board considered an update on Sandwell Early Years – the care and education of children aged 0-5.

It was reported that the gap between the national figures and Sandwell had remained at the same level as last year - 6%. However, it was noted that Sandwell had kept pace with the national level of improvement – 2.5%.

In Sandwell all areas of prime learning had improved, whereas nationally there had been no improvement. This demonstrated the impact of the initiatives in Sandwell.

The Board was informed that previously three providers had been rated as 'inadequate', following reinspection two of these were now rated 'good' and one was 'requires improvement'. There were currently two providers rated as 'inadequate' and these were being worked with to help support them out of that category as soon as possible.

It was reported that there extended entitlements for child care for children nine months to two years old. Additional placements would therefore be needed in Sandwell by September 2025. The Board noted that the childcare sector was experiencing challenges around recruitment and retention of workers because of the cost of living crisis.

(Chris Masikane - Chief Operating Officer – Black Country Healthcare NHS Foundation Trust – left the meeting during consideration of this item).

46/23 National Youth Work Week and Statutory Guidance Update

National Youth Work Week was an annual event coordinated by the National Youth Agency. This year's theme was Youth Work in Every Place and Space.

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In Sandwell the youth offer had been promoted and the positive impact it had, including through reducing demands on other services.

The Board acknowledged that, whereas other local authorities had ceased to operate Youth Services, Sandwell had instead chosen to retain the service as a vital support to young people.

It was reported that guidance had been issued in September 2023. It was reported that because the Council had retained its Youth Service it was actually further ahead than most in complying with the guidance.

The Youth Service in Sandwell was advertised through the JustYouth website, through schools, events. It was suggested that social prescribers with the NHS could also be a useful avenue.

The Board thanked the Youth Services team for their hard work.

47/23

Commitment to Co-production Plan

The Board heard that co-production had started in Adult Social Care, but had quickly grown into a more corporate programme, to be developed on a place-based level.

Work on co-production would involve all partners and the voluntary sector in Sandwell.

The Board noted the work on this Plan and reiterated the multi-agency commitment to this work.

48/23

Healthwatch Sandwell Update – Case Study: A Patient’s Journey of Moving to a Care Home

Healthwatch presented a case study that set out the experience of a local resident about the care he received from local providers.

It was acknowledged that the issues raised in the case study were important to address and that to do this justice would take

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time. The case would be subject to a review by Adult Social Care alongside partners, which would be brought back to a future meeting of the Health and Wellbeing Board.

The Board placed on record their condolences to the family of the subject of the case study.

49/23 Work Programme

The Board noted its Work Programme for 2023/24.

50/23 Announcements


The Board placed on record its thanks to Michael Jarrett, Director of Children's Services who would be leaving the Council in February 2024.

Meeting ended at 8.44pm.

democratic_services@sandwell.gov.uk



13 March 2024

Subject:	Raising the Barriers: An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England
Presenting Officer and Organisation	Alison Clowes, Local Systems Influencing Manager, Alzheimer's Society
 <p>Alzheimer's Society Together we are help & hope for everyone living with dementia</p>	
Purpose of Report	Information

1. Recommendations

- 1.1 That the Board note and consider the content of the report and how it applies to Sandwell.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	No direct links to workstream.
Primary Care	The report contains recommendations that are relevant to pathway development and has implications for primary care and dementia diagnosis.
Integrated Town Teams	There are implications for multi-disciplinary teams and other partnership working that could impact this workstream.
Intermediate Care	Possible implications for step-up step-down care, rehabilitation, and integrated discharge hubs.
Care Navigation	There are strong implications on care navigation within this report, particularly on single navigation function for

3. Context and Key Issues

3.1 Raising the Barriers

An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England

Whether enabling access to medications, support or simply the relief of understanding what is causing the difficulties they are experiencing, 91% of people affected by dementia see clear benefits of getting a diagnosis.

However, there is significant variation in how quickly and accurately people are being diagnosed with dementia based on where they live in the country. There is currently a difference of over twenty percentage points in the dementia diagnosis rates between the highest and lowest performing Integrated Care Systems (ICSs) in England.

Our healthcare system must be inclusive of all who need a diagnosis of dementia, enabling access across every region of England to the advice, care, support and treatment that timely dementia diagnosis can bring. For far too many people, this is not the case.

Fortunately, we have also heard about areas which have managed to inclusively diagnose those living with dementia in rural and deprived communities. This must be used to inform best practice and delivered at scale so that all who need it can receive a timely and accurate dementia diagnosis.

The APPG on Dementia recommends:

1. Each ICS must develop a comprehensive dementia strategy
2. All dementia diagnoses must include an accurate subtype
3. NHS England must continue to review and develop its methods for calculating dementia prevalence and diagnosis rates
4. A national Dementia Observatory should be created to collate and publish existing data collected across system levels
5. Government intelligence about variation in dementia diagnosis rates must be translated into action
6. A broader range of regional and local communication channels must be used to reach those who may be lost to the system
7. Government should ensure the primary care workforce is adequately planned and resourced to enable dementia diagnosis

8. High-quality post-diagnostic support services for dementia must be available more equitably across England

4. Engagement

As part of the engagement for this report, written evidence, oral session evidence and other consultation activity was carried out to shape the recommendations and research the key findings.

5. Implications

Resources:	No implications at this stage.
Legal and Governance:	No implications at this stage.
Risk:	No implications at this stage.
Equality:	No implications at this stage.
Health and Wellbeing:	This report covers some of the workstreams outlined in the Health and Wellbeing Strategy as mentioned above.
Social Value:	No implications at this stage.
Climate Change:	No implications at this stage.
Corporate Parenting:	No implications at this stage.

6. Appendices

Appendix One – Presentation

7. Background Papers

<https://www.alzheimers.org.uk/about-us/policy-and-influencing/all-party-parliamentary-group-dementia>

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Raising the Barriers:

An Action Plan to Tackle Regional Variation in Dementia Diagnosis in England

Alison Clowes
Local Systems Influencing Manager
alison.clowes@alzheimers.org.uk



All-Party Parliamentary Group

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- The All-Party Parliamentary Group on Dementia (APPG) is a **cross-party group** made up of MPs and Peers with an interest in dementia.
- The APPG is run in **partnership** with Alzheimer's Society, which provides administrative support and expert advice to the group.
- The aim of the APPG is to **influence legislation and policy making** to improve the lives of people with dementia and their carers.
- The latest report looks to **address variations in diagnosis rates** and experience of diagnosis across the country.

Overview of report

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- Published October 2023.
- Includes the views of over 2,300 people living with dementia.
- Addresses variations in dementia diagnosis rates and experience of diagnosis across the country.
- Ambitious recommendations.

The national challenge

Page 26

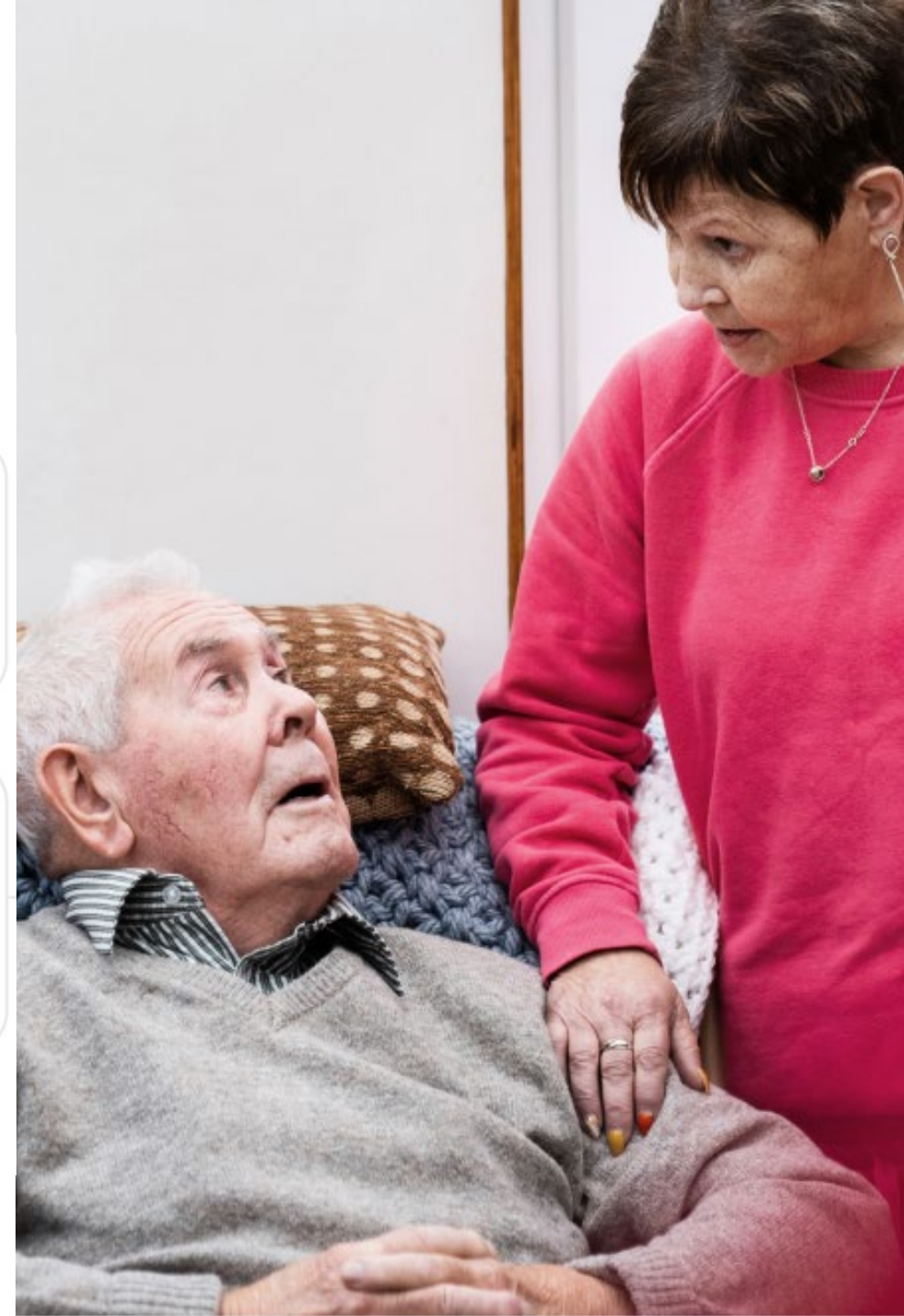
91% of people affected by dementia see clear benefits of getting a diagnosis

The diagnosis rate in England is just **63%**

257,390 people with dementia living in England without an accurate diagnosis at the time of this report

20%+ difference between highest and lowest diagnosis rates in ICSs in England

2,300+ people took part in this inquiry via surveys, and oral and written evidence



Local context

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- Sandwell has a dementia diagnosis rate of **71%** (Dec 2023) which is above the national average and the national 66.7% target.
- Between 2019 and 2030 the number of people with dementia in Sandwell is predicted to **rise by 25%**
- The diagnosis rate for the Black Country ICB is 64.1%
- Almost a **quarter (24%)** of recorded dementia cases in the Black Country are vascular dementia cases.
- Sandwell has a dementia strategy in place that is due to be refreshed in **2025**. The Black Country ICB is also in the process of developing a dementia strategy setting strategic direction across the place-based systems.

Key findings

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- 90% of people asked said they **benefited from receiving a diagnosis** rather than not knowing.
- Dementia diagnosis varies vastly across the country, including wait times for diagnosis.
- Over **258,000** people with dementia lack an accurate diagnosis and support in England.
- Good practice needs to be scaled up across the country; we need to find out what works and **share knowledge**.
- NHSE should refine method for calculating Dementia Diagnosis Rates (DDR) to include more variables.

Local recommendations

Recommendation	Why
Each ICS must develop a comprehensive dementia strategy which includes plans to meet and go beyond the national 66.7% dementia diagnosis rate.	<ul style="list-style-type: none">• To ensure all residents have access to dementia diagnosis services and ongoing support.• Ensure dementia is being considered at every level of the system.
All dementia diagnoses must include an accurate subtype.	<ul style="list-style-type: none">• Lack of access to advanced diagnostics can result in people receiving the wrong type of support.• Increased insight into subtype will help further research and understanding.
Key stakeholders like OHID, NHS England, and ICS leaders must commit to increasing the detail and quality of dementia data collection and publication and translate learnings into action.	<ul style="list-style-type: none">• This will help local systems target their resources more effectively according to need.• This will also enable systems to identify where improvements need to be made.• This will ultimately mean that people receive better care.

Local recommendations conti.

Recommendation	Why
A broader range of regional and local channels for communication must be utilised to reach those who may be lost to the system.	<ul style="list-style-type: none">• To tackle stigma and reach people who are living with dementia but unaware or unable to access a diagnostic services.• Improving relationships between dementia services, primary care network. The VCSE and community sectors will improve health inclusion for people living with dementia in rural and deprived communities.
Post-diagnostic dementia support services must be available more equitably across England and supported by a named professional to coordinate each individual's dementia journey.	<ul style="list-style-type: none">• People living with dementia to have equitable opportunity to access the help and support they need.

What does this mean for Sandwell?


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- Continue to make sure that **Sandwell's local needs** are represented within the Black Country ICB dementia strategy.
- Work with the ICB to implement the dementia strategy and continue to improve the experience of diagnosis and ensure that the **right level** of post-diagnostic support is ready at **the right time**.
- Continue **developing capacity** to make sure that everyone with a diagnosis of dementia has access to an accurate sub-type diagnosis
- Work with the ICB to continue **improving data collection** on dementia, particularly those with young onset dementia.

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13 March 2024

Subject:	Health and Wellbeing Board Draft Constitution
Presenting Officer and Organisation	Alex Goddard Scrutiny Lead Officer
	John Swann Democratic Services Officer
Purpose of Report	Decision

1. Recommendation

- 1.1 That the Board considers and comments upon the attached refreshed constitution;
- 1.2 that subject to 1.1 (above), the Council be recommended to approve the Board's constitution.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	Efficient and effective governance arrangements support the achievement of the Board's priorities.
Primary Care	
Integrated Town Teams	
Intermediate Care	
Care Navigation	

4. Context and Key Issues

- 4.1 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, as a forum where political, clinical, professional and community leaders from across the health and care system come

together to improve the health and wellbeing of our local population and reduce health inequalities.

- 4.2 Following changes to NHS structures in 2022, the Board reviewed its membership. The Board is now invited to consider the attached refreshed constitution to support the efficient transition of business.

5. Engagement

It is not necessary to carry out public engagement.

6. 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:	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. 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)).
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:	

7. Appendices

Appendix 1 - DRAFT Constitution

8. Background Papers

None



SANDWELL HEALTH AND WELLBEING BOARD CONSTITUTION

DRAFT

Introduction

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 as a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of our local population and reduce health inequalities.

The Board is treated as if it were a committee appointed by the local authority under section 102 of the Local Government Act 1972. (Section 194(11) However, to facilitate the membership of the specified officers the Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 disapply Section 104(1) of the LGA 1972 (which prohibits officers from being members of local authority committees).

Whilst the Board has limited formal powers; it plays an important role in encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision. It also has a statutory responsibility to produce:-

- Joint Strategic Needs Assessment (JSNA) which provides a wide source of information and data for health, care and wellbeing planning and commissioning, customised to the needs of the area and developing over time, and inform the development of a Joint Health and Wellbeing Strategy;
- Joint Health and Wellbeing Strategy (JHWS) sets out the vision, priorities and actions agreed at the Board to improve the health, care and wellbeing of local communities and reduce inequalities for all ages;
- a pharmaceutical needs assessment (PNA) for the area.

1 Membership and Voting Rights

1.1 The Health and Social Care Act (Section 194(2)) sets out the Board's core membership as follows:-

- the Director of Adult Social Services;
- the Director of Children's Services;
- the Director of Public Health;
- a representative of the Local Healthwatch organisation;
- a representative of the local Integrated Care Board (formally known as Clinical Commissioning Group);

beyond this, membership is at the discretion of the local authority.

1.2 Councillor representatives are nominated by the Leader and appointed by the Council. (Section 194(3)(a) The political balance arrangements do not apply to Councillor representation on the Board.

1.3 The Chair of the Board shall be appointed by the Council from amongst the Councillor representatives.

1.4 The Vice-Chair of the Board shall be appointed by the Board from amongst its membership.

1.5 Healthwatch shall appoint one representative, and two named substitutes. (Section 194(5))

1.6 The Black Country Integrated Care Board (ICB) shall appoint two members, and one named substitute. (Section 194(6)).

1.7 The Board may appoint such additional persons to be members of the Board as it thinks appropriate. (Section 194(8))

1.8 The local authority must consult the Board before making any appointments to the Board after its establishment. (Section 194(9))

Membership of Sandwell's Board can be found at Appendix 1.

2. Quoracy

2.1 The Board shall be quorate when the following individuals are present:-

- 1 Councillor representative (with voting rights)
- 1 Director representative
- 1 Healthwatch representative
- 1 ICB representative

2.2 Healthwatch Sandwell may nominate two named substitutes at the start of each Municipal Year to attend in the event that the substantive member is unable to attend.

2.3 Where a meeting is inquorate, the meeting may go ahead, to discuss information items only, and the minutes of the meeting shall be qualified with a statement that the meeting was inquorate.

3. Meetings and Public Attendance

3.1 The Board will meet at least quarterly. Extraordinary meetings may be called by the Chair as and when appropriate.

3.2 Meetings of the Board will be open to the public and subject to the Access to Information Procedure Rules at Part 4 of the Council's Constitution.

3.3 The agenda, reports and previous meeting minutes will be available on the Council's modern.gov website at least five working days in advance of each meeting.

3.4 Members of the public may submit questions in relation to items on the published agenda in writing, no later than three working days before the day of the meeting. A response will be tabled at the meeting, and provided to the questioner in writing. Where it is not possible to table a response at the meeting, the written response will be provided to the questioner as soon as possible after.

4. Sub-Committees

The Board may establish sub-committees to advise the Board with respect to any matter relating to the discharge of its functions.

5. Decision Making

- 5.1 All decisions of the Board shall be taken in accordance with the Council's Procedure Rules set out in Part 4 of the Council's Constitution.
- 5.2 Six members may request that the names of those voting for and against any decision and those abstaining shall be recorded.
- 5.3 Any member may request that their vote (for or against) or their abstention shall be recorded.

6 Disorderly Conduct

If any member of the Board, or member of the public, persistently disregards the ruling of the person chairing the meeting, by behaving improperly or offensively or deliberately obstructs the business of the meeting, the person chairing the meeting may direct that person or those persons leave the meeting or that the meeting be adjourned for a specified period.

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13 March 2024

Subject:	Director of Public Health Report
Presenting Officer and Organisation	Liann Brookes-Smith Interim Director of Public Health Sandwell Council Liann_brookesmith@sandwell.gov.uk
Purpose of Report	Information

1. Recommendations

- 1.1 That the Board accept and acknowledge the Director of Public Health Report.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	The DPH report summarises the great work from Public Health in 2023
Primary Care	
Integrated Town Teams	
Intermediate Care	
Care Navigation	

3. Context and Key Issues

- 3.1 Directors of Public Health in England (DsPH) have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. It is also an opportunity to share the work of the department for the previous year.

Understanding that these reports are made for regular people, the main focus is to make them easy to understand. The reports are carefully checked to make sure they are easy to read, making them more

accessible. This smart way of doing things helps Directors of Public Health not just do their required job, but also connect with the public better by sharing important messages that are clear and meaningful.

4. Engagement

This will be presented at scrutiny.

5. Implications

Resources:	None arising from this report.
Legal and Governance:	The Annual Public Health Report is a statutory duty of the Director of Public Health.
Risk:	None arising from this report.
Equality:	Sharing the work of the Public Health team.
Health and Wellbeing:	Sharing the work of the Public Health team.
Social Value:	None arising from this report.
Climate Change:	Sharing the work of the Public Health team.
Corporate Parenting:	None arising from this report.

6. Appendices

None

7. Background Papers

None



Director of Public Health Annual Report 2023



Foreword

During the last three years the Covid-19 global pandemic followed by the UK cost of living crisis, war in the Ukraine, the ensuing energy crisis and the long-heralded climate emergency has had an unprecedented impact on Sandwell as a place to live and work and on the health and wellbeing of our residents. As we now know, Covid-19 highlighted and exacerbated existing health inequalities, with Black and Minority Ethnic communities more likely to have Covid-19, be hospitalised and die as a result when compared with other parts of the community. The cost of living crisis and energy crisis which hit the UK immediately following the pandemic as we began to recover, are further increasing fundamental inequalities in terms of food and fuel poverty and with high inflation, those with the least available income are hit the hardest.

The Covid-19 Global pandemic hit Sandwell hard. Places with lots of face to face jobs, large Black and Minority Ethnic communities, overcrowded housing and poverty experienced some of the highest incidence of Covid-19, hospitalisations and mortality. Long Covid is having a lasting impact on the health of our residents with higher risks in more deprived areas and in key public facing jobs including health and education.

High inflation and the largest fall in real incomes are putting huge pressures on household budgets creating greater levels of food and energy poverty for many, but disproportionately for those with the lowest incomes. This pressure is creating the dilemma of 'heat or eat' for some of the most disadvantaged communities in Sandwell. Food poverty has increased the use of foodbanks from their initial role as crisis providers of food and nutrition for the poorest to their current role as a food distribution services for people in

low-income employment. Poor nutrition and cold homes contribute to worsening health for diseases like heart disease, respiratory disease and poor mental wellbeing.

The pandemic is further thought to have had an impact on vaccination and screening rates which further exacerbate health risks from communicable disease and this year, with the levels of MMR vaccination down to less than 85% in Sandwell. Nationally we have seen an increase in measles which had all but disappeared in the years before the pandemic.

In the coming years the global climate emergency will continue to cause instability in world climate with more spells of very hot weather and an increased likelihood of extreme weather events. Increases in temperatures generally will increase the risks to health through hot weather, risk of floods and the changing patterns of mosquito- and tick-borne diseases.

Despite these threats to the health of our communities and the risks of increasing health inequalities we are responding and have a strong programme of health improvement which will:

- support health and health literacy for our migrant communities
- tackle poor mental wellbeing through our programme of Better Mental Health
- focus on improvements to the health of migrants through our partnership with Brushstrokes
- support reductions in health inequalities with our community partners
- provide support for children young people and families through our developing network of Family Hubs

- continue to improve our outcomes for people with needs related to substance use through our partnership across the health, criminal justice and voluntary sector.

The Commonwealth Games Legacy Plan provides us with opportunity to improve health, wellbeing and physical activity and get people moving. During the Games Sandwell played a pivotal role in the organisation and the lasting impact of the Sandwell Aquatics Centre and the strong grassroots links forged will be felt for many years. Changing travel patterns following the pandemic and driven by climate change and the impetus for low carbon transport have further provided an opportunity to encourage active travel, cycling, walking and wheeling.

This report aims to reflect on what we know about Sandwell as a place, as people and as communities. It aims to spell out what we have done to think about the major challenges that confront us and the impacts that the work of public health, Council and partners on health outcomes, health inequalities and all the things which affect them. It sets out the way we work in collaboration to provide leadership and local empowerment to make a difference to the health and wellbeing of Sandwell.

Liann Brookes-Smith
Interim Director of Public Health
Sandwell MBC



Foreword

These pages give you a summary of big changes that have affected Sandwell recently. Liann Brookes-Smith, our Interim Director of Public Health, put together this report to show how our community has stayed strong in the face of global issues.

Over the past three years, things like the Covid-19 pandemic, UK cost of living crisis, war in Ukraine, energy crisis, and the looming climate emergency have had a big impact on the health and well-being of our community. This report gives you a closer look at Sandwell, its people, and communities, and shows the ups and downs we've been through.

We're committed to making Sandwell a healthier place, and this report lays out a plan for that. It talks about how we're working together to address health differences and teaming up with partners for community well-being.

This report isn't just for information — it's a call to action. It stresses how important it is for us to come together, work as a team, and start community-driven projects to tackle challenges. As a community, we're staying strong in our goal to make Sandwell a healthier and fairer place for everyone.

Warm regards,

Clr Syeda Khatun MBE

Cabinet Member for Public Health and Communities



Sandwell Story

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Sandwell is a place in the West Midlands with six towns: Oldbury, Rowley Regis, Smethwick, Tipton, Wednesbury and West Bromwich. There are about 341,900 people who live here.

Here are some interesting facts about the place we live:

Age groups

About 27% (that's 93,200 people) are kids and young people under 19 years old, and 15% (49,700 people) are 65 or older.

Growing population

In the last 10 years, the number of people in Sandwell went up by 11%. That's from 308,100 in 2011 to 341,900 in 2021. Our population grew faster than in other parts of England.

Lots of young people

The growth in people is mostly in kids and adults of working age. This means Sandwell has a smaller aging population.

Diversity

Many people from different countries come to live in Sandwell. Between 2002 and 2020, people moved here from more than 130 countries. More than one in three people are from different ethnic groups. This mix of people brings in different cultures and languages from Europe, Africa, the Middle East, Asia, the Americas and the Caribbean.

Challenges

Even though some areas in Sandwell have improved, it's still the eighth most deprived place in England. This is because of problems like low numbers of people who have good skills and education, families struggling with money and not everyone being healthy and living a long time.



Our place

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Sandwell is part of the Black Country and it has a strong history of industry. The area grew because of coal and ironstone, especially when canals were built in the 18th century.

Local businesses

About 340,000 people live here and there are more than 9,000 businesses. The local economy is worth £6.5 billion, making it the most productive in the Black Country. There are lots of companies making Sandwell a great place for business.

Connected place

Sandwell is surrounded by other Local Authorities, such as Dudley, Walsall, Wolverhampton and Birmingham, with lots of motorways and train stations. This makes it easy for people to travel around.

Green spaces

Sandwell has many parks and green areas, winning 14 Green Flag awards. These spaces are great for being active and staying healthy.

Homes

There are 133,000 homes in Sandwell and there are plans to build 8,000 more by 2030. Having a good home is important for people's health but some struggle to heat their homes because of the cost.

Rich heritage

Sandwell is proud of its history and the different cultures in its six towns. Each town has its own unique identity. This is what makes our home so special.



Health inequalities

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Sandwell is a place with lots of different cultures and friendly communities. But there are some problems with money and health. Sandwell is ranked twelve out of 317 areas in England for being not so well-off (ONS Indices of Deprivation 2019). People in Sandwell live to be around 75.5 years old if they are men and 80.4 years old if they are women. In England, it's a bit longer, about 78.7 years for men and 82.8 years for women.






People in Sandwell also spend more time not feeling well. For men, it's 61.6 years of healthy life and, for women, it 60.5 years. This is compared to England where men have 63.1 years of healthy life and women have 63.9 years. Many people in Sandwell work in healthcare, retail or manufacturing.

Despite major leaps in clean air technology the air quality is still not as good as it should be due to the number of cars and other traffic. Sandwell is marked as a place where the air needs to be managed better.






Breathing in polluted air can be bad, especially for pregnant women and kids. It can make lungs grow slower, make asthma worse and even affect how we feel. Sadly, some people in Sandwell have been more affected by COVID-19 and the impact of climate change.

This makes it more important for everyone to work together to help people in Sandwell stay healthy. We need to make sure they get the right help at the right time and in the right place. Bad health can affect people across every stage and age of life. Here are some of the important differences in outcomes:








Best Start in Life

		Sandwell	England
 Infant Mortality	Infants that die before age of one (%)	5.7%	3.9%
 School Readiness	% of children ready for school before reception	59.1%	65.2%
 Child Poverty	% of children (28.1%) live in low-income families	28.1%	15.3%
 Healthy weight	% of children at a healthy weight in reception	69.9%	76.5.1%
 Poor child dental health	% of children that show dental decay aged 5	30%	23.7%

Growing up

 Children in Care	Proportion of looked after children	98 per 100,000	70 per 100,000
 Obesity	% of children obese in Year 6	34%	23.4%
 Road Traffic Accidents	% of children killed/ seriously injured on the roads	22.4%	15.9%
 Asthma admissions rate	rate of children and young people admitted to hospital with asthma	207.4 per 100,000	131.5 per 100,000
 Employment	% of people in employment	69.6%	75.4%

Growing Older

 Male Life expectancy	Average male life expectancy	75.5 years	78.7 years
 Female life expectancy	Average female life expectancy	80.4 years	82.8 years
 Cancer Screening	% of cancers diagnosed early	48.8%	52.3%
 Preventable mortality	high preventable mortality rate (271.4/100,00) for people aged under 75	271.4 per 100,000	183.2 per 100,000
 Healthy Weight	% of adults considered overweight or obese	69.4%	63.8%
 Physical Activity	% of people are physically active	56.4%	67.3%
 Smoking	% of adults who smoke	21%	12.7%

Health and wellbeing

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Best Start in Life

From pregnancy until a child turns two is an extremely important time. It sets the foundation for how they'll grow, learn and live in the future. If families don't have enough money, it can make it hard for kids to get good nutrition, learn well in school and have access to future opportunities. That's why we focus on the first 1,000 days of a child's life and help families get the support they need.

The Children and Families Strategic Partnership wants to make sure kids have a great start in life: They focus on six important areas:

1. Early Help: Helping out early when families need it.
2. Early Years and Family Hubs: Making sure young kids have what they need.
3. Mental Health: Taking care of kids who need extra support.
4. SEND (Special Educational Needs and Disabilities): Helping all kids do well in school.
5. Children in Care: Making sure children in care get the right support.
6. Educational Attainment: Making sure kids do well in school.

We want kids to be ready for school and we want schools to be ready for kids. Families and communities helping out is really important. We're working as a Local Authority to get kids ready for when they're grown-ups, especially those who need extra help.

Our big goal for 2030 is to have a happy and strong community in Sandwell. We want kids to have the best start and a great education, with lots of support from their teachers and families.

In 2021, we're planning to spend more on services to keep kids healthy, like school nursing and health visiting. We're also creating Family Hubs that bring together services for kids and families from when they're born until they're 19 (or 25 for young people with special needs). We're investing in important services from the time a baby is conceived until they're two, and services that help parents take care of and play with their kids. Our plan is to have one place where families can get the help they need and every family gets what they need when they need it.

Growing Up

We believe that the kids and teens in Sandwell are vital for the future. We want to hear their thoughts and ideas, so we did virtual workshops with seven schools in the area. We also joined discussions at the SHAPE Forum (a programme designed to listen to children and young people in Sandwell), and Care Leavers Forum. To make sure we talk to young people the right way, we followed Sandwell's Children and Young People's Engagement Strategy. This helps us connect with young people in the borough.

We had great sessions with students from Grove Vale Primary School, Christchurch Primary School, St Phillip's Primary School, St Michael's Secondary School, Shirelands Secondary School, Q3 Langley and Q3 Tipton. The officers learned a lot from these sessions and it helped shape what's important to young people.

In the future, we plan to keep working with young people and include their ideas in the Corporate Plan. We want to keep building on these opportunities to make Sandwell a better place for everyone.



Health and wellbeing

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People Live Well and Age Well

In Sandwell, we want to make people healthier and happier by working together with our residents. Instead of just doing things for them, we believe in involving the community, which includes people with talents, skills and local knowledge. We know that they are the real experts on what they need.

We see the people in Sandwell as an asset and we want to use their strengths and ideas to make things better. By teaming up with our residents, we can come up with solutions for problems and make the community stronger. We're invested in our towns to create places where everyone can do well and support each other. This makes people healthier and lessens the need for service, which in turn makes the service available to more people.

We follow this approach for many health priorities, like dealing with COVID-19, working on drug and alcohol issues, promoting physical activity and more. It's all about working together with the community to make Sandwell a better and healthier place for everyone.

Getting Moving

The latest Sport England survey tells us kids in Sandwell are among the most active in the West Midlands and the fourth most active in all of England. This survey, called Active Lives Children and Young People, checks how many kids aged 5 to 16 are getting enough exercise, at least 60 minutes a day of moderate to vigorous activity. The good news is that in Sandwell, 59.7% of kids are meeting this target, even with the disruptions caused by the pandemic.

We're working with different groups in all six towns to keep kids active. They're doing lots of activities like dance, football, martial arts, basketball, cricket, swimming, gymnastics and athletics. Staying active throughout life is important because it helps lower the risk of getting sick, and we know it can make us feel better, sleep well and reduce stress.

We're not just focusing on kids; we're also helping adults to be more active. After the pandemic, many people started enjoying parks and green spaces more. So, we're planning new activities for adults in all towns to make the most of these spaces. We're also working to make cycling more accessible across Sandwell, helping people feel confident on a bike and making sure they can easily find bikes nearby.

There are already great projects in Sandwell to get families involved in activities like cycling. The Sandwell Valley Explorer is a family-friendly bike ride, and the Benson Community Project in Smethwick offers family bike rides and learn-to-ride sessions. These are great ways to learn new skills, help others and stay active. We're also looking into training more volunteers to lead activities in other parts of Sandwell. The Cradley Community is one group training young people as cycle champions, not just to lead rides but also to share bike care skills.



Health and wellbeing

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Addictive Behaviours

Drug and alcohol misuse can be harmful to individuals, families and the community. In Sandwell, we have a strategy to reduce the harms and overall use of drugs and alcohol. We worked with key partners, including service providers, those with lived experience and the community to create this strategy.

Our three main priorities are:

1. Addressing supply: Working to control the availability of drugs and alcohol.
2. Delivering a world-class treatment and recovery system: Providing effective treatment and support for those affected.
3. Achieving a generational shift in the demand for alcohol and drugs: Working to change attitudes and behaviours towards substance use.

We understand that there's no single answer, so we collaborate with different partners like health services, criminal justice, the voluntary sector and the community.

The Sandwell Drug and Alcohol Partnership (SDAP) brings these partners together to improve our response to drugs and alcohol. We also connect with the West Midlands Combatting Drugs and Alcohol Partnership (CDAP) to work on regional issues.

Treatment services are crucial, and we have two providers: DECCA for young people and Cranstoun for adults. DECCA focuses on preventing misuse through education and awareness sessions in schools, reaching over 19,000 young people. Cranstoun provides a range of interventions, including outreach, harm reduction and recovery support.

Despite challenges, our efforts show positive outcomes. Hospital admissions for substance misuse and alcohol-related conditions in young people are lower than the national average. We're committed to increasing access to our services. The proportion of people with unmet needs for alcohol or drug-dependency in Sandwell is lower than the national average and we aim to reduce it further.

We also address smoking-related harms with targeted support for priority groups and populations. Our smoking cessation services offer various support options, including face-to-face, phone and digital support. While the prevalence of smoking in Sandwell may be high, our smoking cessation support has led to a higher number of successful quits compared to similar areas.

We're aware of challenges posed by illegal tobacco and vapes and collaborate with regulatory services for enforcement. Educational efforts in schools aim to prevent young people from starting smoking or vaping. For more information and the full strategy, visit www.healthysandwell.co.uk/drug-and-alcohol-strategy.



Health and wellbeing

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Strong Resilient Communities

COVID-19 made things hard for people's health, both in their bodies and minds. It affected many parts of life, like how people get together and help each other. Some areas, like Sandwell, had it even tougher because many people worked in jobs where they couldn't keep far apart from others. This made it easier for COVID-19 to spread.

But, in Sandwell, the people are strong and helpful. Even when they couldn't meet face-to-face, leaders in the community and faith groups found ways to help everyone stay safe. They shared important information and kept in touch with those who needed help. As time went on, they also made sure everyone knew about getting vaccinated.

In 2021, the Sandwell Public Health Team received an LGA award for doing a great job in getting more people vaccinated. They focused on groups of people who had not received the vaccine. They worked with the NHS and other groups to set up vaccination clinics in different places, like mosques and community centres. They even had a special 'Vaccination Bus' at The Hawthorns Stadium.

Sandwell also gave money to community groups to help them to do important things. Over 25 groups got more than £250,000 to do things like talking to people, helping them on social media, translating information and supporting them to get vaccinated.

The council in Sandwell also gave £1.1 million to help groups that support kids' emotional wellbeing. This money helped groups offer counselling, mentoring and activities like sports. The goal was to help kids feel better emotionally and stop problems from getting worse.

To make things even better, Public Health worked with community partners to create projects that make mental wellbeing better for everyone. Public Health listened to what people need and want to make sure the projects really help.

So, even though times have been tough, Sandwell is doing lots of good things to help everyone stay healthy and happy.

The Better Mental Health Programme in Sandwell rolled out ten different projects to make people feel better.

1. Changes: This helps parents with different activities as they go through parenting. They offer courses for parents in early years, primary school years and secondary school years.
2. Activities for New and Expectant Parents: This project helps parents before and after the baby comes. They have activities for physical health during pregnancy, self-care, mindfulness and making new friends.
3. Sandwell Libraries and Archives: This is a safe and inclusive place. They have activities for parents and carers of children under five, like Play Talk Read and the Sandy Bear Scheme.
4. Anti-Bullying: This project works to stop bullying, including cyberbullying. They do things in schools to raise awareness and have activities during Anti-Bullying Week.
5. Voluntary and Community Sector Wellbeing Charter Mark: They are working to improve mental health across the community. They introduced the language around mental health and embedded this in the curriculum and have extended this to community groups.
6. Team Talk Albion: The project is for men aged 18 and older. They play football every week to improve health and wellbeing.
7. Tough Enough to Care: This project teaches about mental health and has support groups for men aged 18 and older.
8. Ideal for All: This supports minority ethnic communities with peer support, information, gardening and companionship.
9. Mental Health Literacy: This project has three parts: training courses, community champions who raise awareness and courses from the Kaleidoscope Plus Group.
10. Community Mental Health Grant Programme: This gives money for activities that help community mental health.

By 2022, over 1,400 people benefited from these projects and they felt better about themselves. People liked the projects and feedback said they felt more connected, confident and, overall, happier. The success of the programme gives a good base to continue helping people feel better.



Working Together

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To make sure people in Sandwell stay healthy and happy, everyone needs to work together. The Sandwell Health and Wellbeing Board and the Sandwell Health and Social Care Partnership are playing a big role in this.

The Health and Wellbeing Board is a group of people like Councillors, local doctors and others who care about the community. When local people share their stories, it inspires the board to act. By combining the work happening on the ground with big plans, the board comes up with new ideas to help the community.

The Health and Social Care Partnership brings together professionals and community groups in a different way. They work on new ways to solve big health problems. They focus on making sure everyone has a fair chance at being healthy. This partnership includes health, social care and other groups.

Both boards work together, with the Health and Wellbeing Board looking out to involve communities and the Health and Social Care Partnership looking into the system to find innovative solutions. They also connect with other groups like the Children's Safeguarding Board, Safeguarding Adults Board, Children and Families Strategic Partnership and the Safer Sandwell Partnership to meet their goals.

The main goals of the partnership are the three P's: People, Patients and Population. For People, they want to have happy and engaged staff. For Patients, they aim to be good or outstanding in everything they do. The Population part is about working with partners to improve lives.

Here are some ways they plan to work together:

1. Shared Decision-Making: Partners will decide things together.
2. Shared Leadership: Everyone will work together to lead and coordinate.
3. Pooling Resources: They will combine money and resources to do more.
4. Accountability: Local places will be responsible for decisions and actions.
5. Digital Innovation: They will use technology to make things better for everyone.
6. Workforce Development: They will help each other's staff get better at their jobs.
7. Focus on Needs: They will think about what the community needs, not just what they want.

By working together, they hope to make sure everyone in Sandwell has the best chance to be healthy and happy.



Working Together

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Improving Primary Care

In Sandwell, we're working together to make it easier for people to get the healthcare they need and manage their health better. The Primary Care Networks (PCNs) and the Integrated Care Board are leading this effort. PCNs were started in January 2019 as part of a plan to make the NHS better. They bring together different healthcare services like GPs, community, mental health, social care, pharmacy, hospital and voluntary services in local areas.

The goal is to move from just giving appointments when needed to actively taking care of people and communities. This means providing more personalised, coordinated and integrated health and social care closer to home. In this effort, we're reviewing how people currently access primary care services. This review will help shape the Network Contract Direct Enhanced Service (DES) that support PCNs. The DES helps make general practice stronger and improves the range and effectiveness of primary care services.

Sandwell's Adult Social Care team will lead the way, working with Sandwell and West Birmingham Hospitals NHS Trust and Black Country Healthcare NHS Trust to create care teams for each of the six towns in Sandwell. In each town, community and primary care providers will work as one team to manage citizens' care directly and proactively. This will simplify their journey through the healthcare system, making it a better experience for everyone. Removing duplication across providers will also help us use resources better and reduce the need for hospital beds.

We have a history of working together in Sandwell, but we want to do more to support people and make sure everyone has the best possible life. Integrated Town Teams will be set up in each of the six towns to provide holistic support tailored to citizens' needs. Each town will have one core team made up of physical and mental health providers, public health, social care and voluntary services. This team will respond to people exactly when needed, eliminating the need for multiple referrals.

The Town Teams will provide a one-team approach with continuity of care, based on trusted relationships to avoid missed opportunities. They will have the skills and knowledge to provide person and family-centred care, reducing the need for multiple hand-offs and missed chances to help. Additionally, each town will have a family hub working with the core teams to specifically support children, young people and families. Using health data, these teams will know who needs help the most and provide support to reduce urgent care needs and crises.



Improving Health and Reducing Inequalities

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In this section we will explore six projects that aim to improve the lives of residents and enhance public health outcomes in each of the six towns. Sandwell Council has been officially recognised as a Council of Sanctuary; a prestigious status awarded by the national City of Sanctuary movement. This achievement reflects our commitment to unity and collaboration. We followed a One Council, One Team approach for our application, with Public Health working closely with other Council teams and joining forces with voluntary sector organisations to create our Borough of Sanctuary Strategy and Action Plan. This strategy is designed to reduce health inequalities within our communities and make a positive impact on the lives of our residents.



Improving Health and Reducing Inequalities

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We understand that our diverse population in the borough can lead to unequal access to health, care, and education. Communication, especially through a common language, plays a crucial role in both physical and mental health. Learning English opens doors for residents, allowing them to connect with neighbours, engage in local activities and navigate healthcare services. This is particularly important for some of our most vulnerable residents, providing them with increased confidence, better access to healthcare and education. In turn, this leads to improved health outcomes, increased resilience, independence, more employment opportunities and better integration into the community.

In our pursuit of the strategic outcome where people live well and age well, we acknowledge that many new migrants face additional challenges such as poverty, low literacy levels and unfamiliarity with local systems. These challenges are further complicated by language barriers. Public health recognises the importance of offering extra support to address these issues and ensure that everyone, regardless of their background, has the opportunity to thrive in our community.

Prevalence

In our community, one in eight people (12%) from migrant communities and established minority ethnic communities don't use English as their main language, compared to the national average of 8%. Among this group, one in four (24.8%) can't speak English well and one in twenty (5.5%) can't speak English at all. In five wards in Sandwell, more than one in five residents (20%) don't use English as their main language. Our borough is incredibly diverse, with over one hundred languages spoken.

After English, the most spoken languages in our community are Punjabi, Polish, Urdu and Bengali. Gujarati, Arabic, Latvian, Czech and Tamil are also among the top 20 most spoken languages. Migration plays a significant role in our population growth, bringing diversity, energy and skills to our local economy. This enriches our communities, creating

vibrant, multi-ethnic, and multi-faith neighbourhoods in each of our six towns.

Sandwell Language Network (SLN)

The Sandwell Language Network (SLN) is a team that works together to help people in Sandwell learn English. They want to make sure everyone can understand and speak English well. SLN helps people who might find it hard to speak English and they also work with other organisations like Sandwell Adult Family Learning and Sandwell College to teach more than just language – like skills that can help with jobs. The goal is to make sure everyone in Sandwell feels connected and has the chance to learn and grow together.



Improving Health and Reducing Inequalities

What is the model by town?

The Sandwell Language Network (SLN) is a team that helps adults in Sandwell learn English. They provide free English classes and other helpful sessions for anyone who needs it. SLN is run by local people for local people.

SLN has different kinds of classes, like English language learning, digital skills, employability skills and Health Literacy. It is run from the main office and within 16 local community organisations across Sandwell.

In 2022-2023, SLN:

- taught 41 language classes taught by 15 community partners
- were joined by people from 52 countries, with over 55 nationalities
- ran sessions for people, almost half of whom (44%) were new to the UK
- had 98 volunteers and peer mentors helping out
- did 91 sessions to help people get ready for jobs.

They also did amazing things for people's health and wellbeing:

- People learned more about health services and how to stay healthy.
- They became more independent in taking care of themselves and their families.
- They got more chances to volunteer, learn new skills for jobs and find jobs.
- They had more chances to make friends and feel like they belong in their communities.

By far the most important achievement of SLN is the impact that this programme has on individual people who are given opportunities to transform their lives through being part of SLN. The following story about Kanwal from West Bromwich shows how SLN works with people and the impacts on people's lives.

Kanwal was born in Pakistan and has been in the UK since January 2020.

She was an Art Teacher in a school in Pakistan before she came to the UK. Kanwal came to the UK as she had got married and came to join her family. She is now living happily in West Bromwich with her husband and two children.

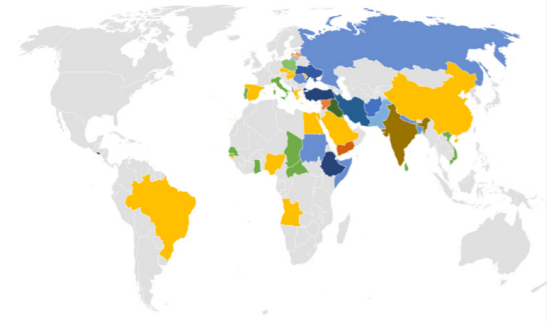
Kanwal joined the Yemini Community Association's (YCA) Parent and Toddler group and the Women's Wellbeing groups in West Bromwich. Even though Kanwal was able to speak basic English, she lacked confidence and had limited opportunities to practice, this had a knock-on effect in her social interactions. Kanwal found it difficult looking for employment, attending hospital and GP appointments as well as general social activities. This meant she felt very isolated. So, she was referred to and encouraged to attend the intermediate (Entry 2-3) ESOL classes at YCA.

Kanwal has gone from strength to strength, from being a student in the Yemini Community Association ESOL classes to becoming a volunteer on the SLN course. She has a lot more confidence in herself and her increased language skills means she can now independently go to GP appointments and actively look for employment. She now has the confidence to combine her language and art teacher experience to deliver craft sessions for the Women's Wellbeing groups at the Yemini Community Association.

Kanwal has also completed and passed the Level 3 Award in Education and Training and was appointed an assistant tutor during the ESOL booster sessions.

Kanwal Reflected that *"The education here is very different from my education back home. I have learned a lot, in my time at YCA Sandwell, firstly as a student, then as a volunteer. I have seen my confidence grow with all the support I have received from Yemini Community Association and from my tutor Kevin. All this started with a lady chatting to me in a park and signposting me to YCA."*

SLN is proud of everything they have achieved, and they were shortlisted for an LGC award. If you want to know more, including watching a video about SLN to hear more stories from local people, visit sandwellconsortium.co.uk/service/sandwell-language-network



Improving Health and Reducing Inequalities

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2. Mental Health and Wellbeing in Oldbury

In Sandwell, there are more people who experience feelings of sadness or stress compared to other places. Some people even go to the hospital for help with their mental health. But it's important to know that this can happen for different reasons, like the environment they live in, how much money they have or the kind of support available.

In Sandwell, more adults have feelings that make them sad or stressed when compared to other nearby areas. There are programmes that help adults with their mental health. These programmes focus on preventing mental health issues and promoting wellbeing, especially because of the challenges brought by COVID-19.

One of the groups helping is Ideal for All, a charity that supports people with disabilities and mental health concerns. They believe in working together with the community and creating opportunities for everyone. They use things like gardening, cooking and social activities to help people feel better. Their goal is not just to provide a temporary fix but to give people skills and support so they can help themselves.

Case Study: Richard

Richard was referred to Ideal for All by the Job Centre where he started to build a relationship with the specialist team and opened up about struggling with his mental health. The team suggested that Richard came to the garden to take a look around and see what Ideas for All do and meet some of the group members.

Richard struggled to maintain a working routine since becoming a single father over 20 years ago. He supported his 3 children and crafted his routine around their needs. Richard has struggled to maintain his social connections and has come accustomed to a distant connection to his intimate and wider family. Since his children grew up Richard noticed how his children have distanced themselves from him, increasing his sense of isolation. This upset Richard as he feels more withdrawn from his kids and not able to communicate with them. Richards aim with his time at Ideal for All was to gain a routine with his sessions and to socialise with group participants and staff as peers and find a positive life for himself.

Working in the garden, Richard developed his knowledge of growing produce as well as seasonal growing in his time with Ideal for All. He took this back to his home life and has grown at home and taken feedback and tips for indoor and greenhouse growing. Demonstrating how far he has come in opening up to others and pushing himself to support his own wellbeing. A fellow participant observed "he has also shared the fruits of his labour by bringing in and sharing his tomato crops with us for outdoor lunches in the summertime."

Even when his financial situation was difficult Richard always turned up. He cycles to the centre not only to overcome this, but also as part of his physical outdoor activity to boost his wellbeing and healthy lifestyle further. This combined with the peer support in the group has provided him with a "massive boost to his wellbeing."

The Ideal for All team at the Garden said "Richard is very considerate and thoughtful in his approach to helping others. He really thinks about the activity each week made available by staff, and always considers how the activity of the day and his efforts can best support his peers. For example he is great at recognising hidden barriers to support and helping people overcome these with a natural ease e.g. assistance for their mobility, helping others to select the right tools which will help them and make use of aids and adaptations available."

Participation in the garden has had a positive impact on Richard's life and confidence and he felt that "It's nice to keep busy. It gives me the chance to get out the house and properly work on something and be proud of something again. It's great coming here. I never knew about it before, and I have really got back to doing something I enjoy. Great bunch."



Improving Health and Reducing Inequalities

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3. Migrant Health in Smethwick

People like Migrants, Asylum Seekers and Refugees often face challenges and need extra help because they can be more vulnerable. They may have difficulties with language, feel alone or be in poverty. These challenges make it harder for them to get the healthcare and public health services they need.

In Sandwell, the number of people from other countries has grown in the last ten years. In 2011, one in ten residents (10%) were born outside the UK, but in 2021, it increased to one in six residents (16%). More people from other countries are also registering for National Insurance and there are more asylum seekers in the area. The number of babies born to mothers from outside the UK is also going up, while the national rate stays the same. All this data shows that there will be more demand on healthcare services, especially for things like maternity, sexual health, primary care, health visits and school health.

These changes mean that the community and healthcare services will need to work harder to make sure these families get the support they need.

Community-Based Intervention

To help the health and wellbeing of migrants, asylum seekers and refugees, Public Health has been working together with Brushstrokes. They gave money to Brushstrokes through grants to support community activities and offer advice to migrants in Sandwell.

Purpose

This project is trying to make things fairer for migrants who often face health challenges and are among the most marginalised in society. The goal is to help vulnerable migrants, especially those who have just arrived, by improving their health and mental wellbeing. They need extra support because of difficulties with language, feeling alone, being in poverty and not being confident or able to read well when it comes to using local healthcare and public health services. The project wants to make sure migrants have better health and feel happier.

Aim

This project wants to make sure that migrants who have recently come to a new place get better health and feel happier. The project also wants to learn more about the health and wellbeing needs of new migrants, as well as different communities and groups that might need extra support. The goal is to make sure everyone, especially new migrants, and vulnerable groups, can understand health information and make good decisions about their health and getting healthcare. This will help them take care of their physical health and feel better mentally.

Brushstrokes in Smethwick

Brushstrokes is in Smethwick, but they help people all across Sandwell, including asylum seekers, refugees and migrants of any age. Their goals include improving the health of vulnerable migrant communities, supporting families and expectant parents through Family Hubs, making it easier to access Public Health services for a healthy life in Sandwell and improving overall health conditions for vulnerable migrants in the area.

Brushstrokes works with migrants who often follow migration patterns in the borough. When new people arrive, they usually settle in places where there are similar communities.

The community-based programmes run by Brushstrokes, with the help of Public Health, make sure that vulnerable migrant groups get all-around support to feel welcomed and start a new life in Sandwell. In the last year, they've adjusted their programmes using the Inclusion Health Model. This model helps their Inclusion Health Worker identify challenges early and connect new migrants with local services. This makes it easier for them to understand and access health services in the area.



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3. Migrant Health in Smethwick

Support for a migrant in Smethwick

They came to the UK in 2019 as an asylum seeker because of troubles in their home country. In 2021, they moved to Sandwell, and going back home wasn't safe due to past persecution and the current war. They needed help in many areas of life and learned about Brushstrokes from their housing officer.

At first, they contacted the resources team for regular food and seasonal clothing for them and their child. This support has continued since they arrived. They also needed help with learning English and immigration support. They joined ESOL classes and their English is improving. Immigration support is guiding them through their journey, hoping for a positive outcome.

They have gained emotional support and found a trustworthy group by attending ESOL classes, the food bank, community café, games nights and other projects. They've made friends, received advice, and found support from people in similar situations and the dedicated staff at Brushstrokes.

Many positive outcomes have happened for them. They have a stable source of food, appropriate clothing and a more comfortable living situation. Thanks to ESOL classes, their English has greatly improved making it easier to be part of the local community. Immigration support is ongoing, going through an appeal process with hopes of success.

By engaging with Brushstrokes, They have found friends and support, improving their mental health. Support will continue for as long as they need and Brushstrokes will remain a source of stability and trust.

They have expressed their gratitude, saying, "I am so thankful to Brushstrokes. If I have a problem, I know I can come and Brushstrokes will help. If it's something they don't do, they find help for me. It's good to find friends, support and advice with my child."



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4. Reducing Health Inequalities in Tipton

The Sandwell Health Inequalities Programme (SHIP) and Sandwell Anticipatory Care Grant Programme have been created together to tackle health inequalities and support vulnerable communities in Sandwell. A recent Lifestyle Survey in 2021 revealed that 47% of residents felt their mental wellbeing had worsened due to the COVID-19 pandemic, emphasising a significant need for appropriate support. This impact varied across communities, with some being more adversely affected than others.

During the pandemic, people from minority ethnic groups faced the brunt of existing health inequalities. Public Health England (PHE) stressed the importance of working closely with local minority ethnic and faith communities to address these inequalities. The belief is that solutions will be more effective if they are developed collaboratively with the local community rather than imposed on them. This requires investment in the efforts of local community and voluntary sector organisations that bring expertise and social networks to the table.

Sandwell Consortium is a collaboration of local community and voluntary sector organisations working together to address unmet needs, tackle disadvantage and promote equity and social inclusion in Sandwell. Their member organisations, which support wellbeing in various communities, including the Bangladeshi, Somali, Yemeni and others, have co-designed and implemented efforts to address health inequalities in Sandwell's minority ethnic communities.

Sandwell Council and Sandwell Consortium partnered to co-design the three-year Sandwell Health Inequalities Programme (SHIP) from 2022 to 2025. The focus of the programme is on mental health and wellbeing, as well as preventing long-term conditions. Eleven community partners are involved in SHIP, offering activities such as signposting, awareness-raising, advice and information (including educational workshops), healthy eating, exercise sessions and more. These activities aim to help individuals enhance their mental wellbeing and prevent and manage long-term conditions.

Our SHIP Partners are:

- Bangladeshi Islamic Centre
- Bangladeshi Women's Association
- Brushstrokes
- Confederation of Bangladeshi Organisations, Greets Green Resource Centre
- Community Connect Foundation, North Smethwick Resource Centre
- ILEYS Community Association
- Sandwell Irish Society
- Smethwick Pakistani Muslim Association
- Smethwick Youth & Community Centre.
- West Bromwich African Caribbean Resource Centre
- Yemeni Community Association



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Sandwell Health Improvement Programme (SHIP) & Anticipatory Care Grants

SHIP is carried out by Sandwell Consortium CIC along with community partners. This programme has successfully enhanced the health of residents by implementing various activities in eleven community organisations across Sandwell. These activities specifically target communities that often face challenges with their health.

The initiatives include:

- projects aimed at addressing childhood and adult obesity
- maternity and women's health groups
- exercise groups designed for individuals over 50 years old
- postural gentle exercises tailored for older residents
- a community swimming group
- football sessions catering to both adults and young people.

These diverse projects are contributing to improving the health outcomes of the community, focusing on different age groups and health concerns.

Bangladeshi Women's Association Tipton

The Bangladeshi Women's Association (BWA) in Tipton is part of a special programme called Sandwell Health Inequalities Programme (SHIP). At BWA, they have fun activities to help people stay healthy, especially for those who have some health challenges.

This is the story of James. He sometimes finds it a bit hard to learn things and he's also a bit shy. But James started going to Zumba classes at BWA with someone who helps him. Since he started going, James feels more confident and really likes being part of the group. James has become friends with many people in his community and he talks and does activities with them. He doesn't need someone to help him anymore. Going to Zumba has made him stronger and he convinced his mum to join too. James thinks it helps him stay fit and it makes him feel happy and confident.

James shared, "I go to Zumba with my mum twice a week. It helps me talk with people and I stay fit. I sometimes have trouble hearing but at Zumba I can be with others. The classes let me meet people from my neighbourhood. I'm happy to see them. I feel more capable and surer of myself now. The centre where we go makes me feel alive and hopeful. The people there are nice and help me a lot. My mum and the person who helps me also like going with me, and they thank me for taking them along."



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5. Children Young People and Families in Rowley Regis

In Sandwell some children, mums and families face big differences in their health and happiness compared to other places in the country. These differences can last a long time and their health isn't as good as it could be. We've seen that these differences happen more to families who might not have as much money, especially those from minority ethnic communities.

We've started Family Hubs in each of the six towns. These hubs will bring together all kinds of services for children and families. The idea is to make sure these services work together well. This way, we can organise things better and give the right help to everyone who needs it.

Family Hubs

The goal of Family Hubs is to make sure babies, children and families get everything they need right from the start. These hubs are like a one-stop shop where families can find the services they need whenever they need them. Here are some of the things the hubs offer for children up to 19 years old (and up to 25 years for those who need extra help):

- help for mums during pregnancy (booking for maternity care)
- tips and support for parenting
- taking care of mums' mental health and the relationship between parents and babies
- helping babies learn language early and creating a good learning environment at home
- guidance on feeding babies
- fun activities for children under 5
- advice on health and wellbeing and pointing families in the right direction
- special help for families that need it
- support for children with special needs
- making sure parents are involved and connected.

There is a Family Hub in each of the six towns. Each hub will offer different services based on what the community needs. The Family Hub networks help families and partners to work together to help children to get the best start in life.

The anonymised case study below explains the needs and support for a young family in Rowley Regis:

The Russell family (mum, dad and three children) were referred to the Family Hub by the children's high school with support needed for school attendance, behaviour management, and emotional wellbeing support. The hub considered where the family was in terms of physical health, wellbeing, meeting emotional needs education and learning. They worked with St. Michaels C of E High School, Rowley Hall Primary School, KRUNCH, CAMHS and Inclusion Support to support mum and dad and the children.

The Family Hub talked with the children and with mum and dad to understand their needs. The children felt happy with the support they received. All children feel they have been listened to and schools are more aware of their needs. The parents are happy with the support received for the children and will continue to engage with school and services. The support that the family received made an impact for the children and family. This showed self-identified improvements in physical health, their wellbeing, meeting emotional needs, education and learning, the children's behaviour at school, and home and money.



Improving Health and Reducing Inequalities

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Addictive Behaviours in Wednesbury

We want everyone in Sandwell to have a great start in life, live well and age well, free from the harms of drugs and alcohol. We believe that a system of recovery-oriented care is crucial for making Sandwell a safer, healthier, and more prosperous place.

In 2023, we investigated how recovery works in Sandwell and what we found was that people want more help in their communities, more chances to volunteer and more support for families and those who take care of others. So, we decided to make some positive changes. We gave more money to community groups across the area to support people recovering from drugs and alcohol and now we have more projects than before.

1. African French Speaking Community Support (AFSCS), Smethwick: This project helps with finding jobs, giving advice and welfare, providing essential household items and offering chances to volunteer.
2. Community Link, Cradley Heath: This is a community café that offers a safe space for people dealing with drug and alcohol issues. They also provide volunteering opportunities and qualifications in food and hygiene. The café helps not only those dealing with substance use but also other vulnerable groups in the wider community.
3. Friar Park Millennium Centre, Wednesbury: They have a variety of activities like cooking, cycling, walking groups, sports, self-esteem workshops and volunteering opportunities, all designed with input from people in recovery.
4. Ideal for All, Oldbury, Smethwick and Wednesbury: This project includes gardening, growing and cooking activities for people in recovery and their families. They also provide employment support and volunteering opportunities. They're even creating a special garden to spread a message of hope.

5. Kaleidoscope Plus Group (KPG), Smethwick and West Bromwich: This group offers a personal development and wellbeing programme created with input from people in recovery. They have peer-led support, structured wellbeing groups and open meetings for families and carers affected by substance misuse.
6. Sandwell Asian Development Association, West Bromwich: They run a non-contact boxing programme with fitness training and mentoring.
7. The Salvation Army, Oldbury: This programme focuses on life coaching to improve health and wellbeing. It includes one-on-one sessions for building confidence, resilience, positive activities, CV writing, digital skills, peer support, sharing experiences and access to volunteering opportunities.
8. Warley Boxing Club, Oldbury: They have a fitness and wellbeing programme, including gym access, non-contact boxing and informal one-on-one mentoring.
9. West Bromwich Leisure Centre, West Bromwich: This project provides leisure passes, including up to four junior memberships, giving unlimited access to the centre's facilities for 12 weeks. They also offer tailored one-on-one support to help people make the most of the opportunities available.

These projects aim to help everyone in Sandwell recover and thrive, offering different ways for people to get support and build a healthier future.

Recovery in Wednesbury

Cranstoun, our adult drug and alcohol treatment provider, is doing great work in Smethwick and Wednesbury. They used to provide services only in Smethwick but now they've expanded to three different places in Wednesbury: Wednesbury Town Hall, Wednesbury Library and Friar Park Millennium Centre. This way, more people can easily get the support they need without worrying about travel or money.



Improving Health and Reducing Inequalities

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Addictive Behaviours in Wednesbury

Here's what some people who use Cranstoun's services have said:

- "I'm so happy I can just walk here and get on with my day."
- "I would never have attended today if my appointment was in Smethwick but as it's here, I thought I might as well."
- "It was too far going to the main Cranstoun; it could take me up to two hours to get there."
- "I didn't always have the money to get to Smethwick."

The staff at Cranstoun have found that this local approach helps build better relationships with the people in Wednesbury. For example, there's Sarah (not her real name). She lives in Wednesbury and had some challenges with substances. She also faced domestic abuse and housing issues. Sarah found it hard to go to Cranstoun in Smethwick because of health problems and travel costs. Since Cranstoun started meeting people in Wednesbury Town Hall, Sarah has been to all her appointments. This made it easier for Cranstoun to support her with an Independent Domestic Violence Advisor (IDVA) and help from the housing team.

Cranstoun's work at Friar Park Millennium Centre has also been outstanding. People in recovery like Claire (not her real name) attend sessions with Cranstoun and then take part in activities at the centre, like baking and cycling. The Millennium Centre staff are doing a great job identifying people who need support for substance misuse and sending them to Cranstoun. They're also offering volunteering opportunities, helping people in recovery gain confidence and new skills.

Take Paul (not his real name), for example. He used to visit the Millennium Centre for a hot drink and staff noticed a few times when he seemed to have been drinking alcohol. They talked to him about it and introduced him to Cranstoun. Paul wants to stop drinking and now he's even volunteering at the centre, expressing how thankful he is for the positive support he's found there.

It's amazing to see how Cranstoun is making it easier for people to get help and support in their local communities.





13 March 2024

Subject:	Child Friendly Sandwell
Presenting Officer and Organisation	Sally Giles Assistant Director Childrens Commissioning Partnerships and Improvement James McLaughlin Assistant Chief Executive Samantha Harman/Sarah Sprung Sandwell MBC Samantha.harman@sandwell.gov.uk Sarah.sprung@sandwell.gov.uk
Purpose of Report	Decision and Information

1. Recommendations

- 1.1 That the Board confirms its status as the reporting Board for both the submission and each of the phases within the application process of the UNICEF UK Child Friendly Cities and Communities programme.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	Placing children and young people at the heart of the shared public realm is a moral, economic and public health imperative. Only by engaging consistently with children and young people, considering the evidence and highlighting what works, can we begin to influence policy to give these issues the priority they deserve. By doing this we can then take the steps necessary to create genuinely child friendly communities, towns and neighbourhoods, which will deliver benefits felt by the community as a whole.
Primary Care	There are no specific links to the Health and Wellbeing Strategy for these workstreams
Integrated Town Teams	
Intermediate Care	
Care Navigation	

3. Context and Key Issues

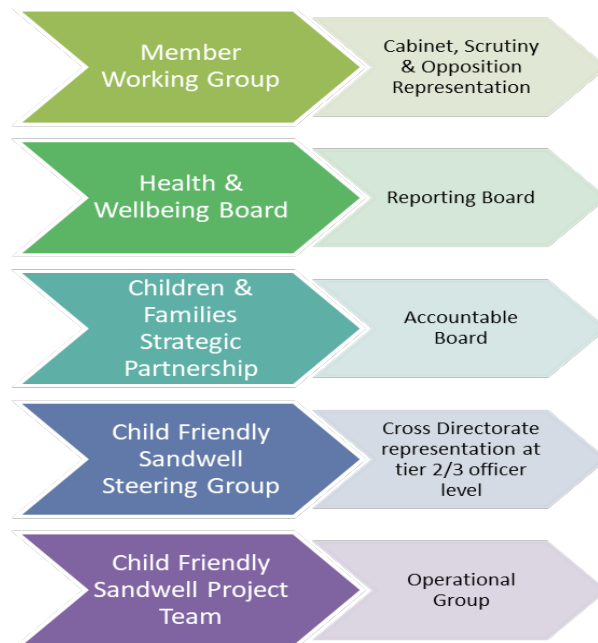
- 3.1 A child friendly city is a city, town, community or any system of local governance committed to improving the lives of children within their jurisdiction by realising their rights as articulated in the UN Convention on the Rights of the Child (UNCRC) which is the most widely ratified human rights treaty in history and has helped transform children's lives.
- 3.2 The challenges for children and young people post-pandemic are greater now than ever. Adopting a child friendly framework puts children centre stage and encourages a conversation about what the future for children and young people living in Sandwell should look like. This requires a commitment to ensuring that every child has the best possible childhood, regardless of where they live, how much their parents earn, their cultural heritage or their complex needs.
- 3.3 Formal expressions of interest to join the Child Friendly Cities and Communities programme are by invitation only from UNICEF UK and a Cabinet decision was approved on 17 January 2024 to:

Approve the preparation and submission of an expression of interest and application for Sandwell to become a UNICEF Child Friendly Borough.

Establish a Member Working Group comprising of members of the Cabinet, scrutiny and the opposition, to oversee both the submission and each of the phases within the application process of the UNICEF Child Friendly Cities programme.

That lead officers from across all council services be appointed to sit on the Child Friendly Sandwell Officer Steering Group, to manage both the expression of interest and the application processes for a Child Friendly Sandwell.

- 3.4 Before joining the programme we must evidence that across the council and wider partnership arrangements, we have confidence in our ability to implement an ambitious programme of change which includes evidencing a commitment at all levels, cross council buy in and a robust, transparent and accountable local governance structure we therefore request that the Board confirms its status as the reporting Board for both the submission and each of the phases within the application process of the UNICEF UK Child Friendly Cities and Communities programme.



4. Engagement

- 4.1 Following the research phase of the work the two options were taken to Leadership Team on 26 September and then to a Leaders meeting on 11 October 2023.
- 4.2 Officers attended a meeting of the SHAPE Youth Forum on 30 November to determine whether progressing towards a child friendly borough was something that young people living in Sandwell would support.
- 4.3 A Vision 2030 event was held with partners from the Sandwell Business Ambassadors and the five statutory partnership boards (Safeguarding Children's Partnership, Safeguarding Adults Board, Safer Sandwell Police and Crime Board, Health and Wellbeing Board and the Corporate Parenting Board) on 30 November 2023.
- 4.4 The Children's Services and Education Scrutiny Board also considered the proposals at its meeting on 8 January 2024. The Board supported the proposals and will be monitoring progress and supporting the Council on the journey to becoming a child friendly borough.

5. Implications

Resources:	<p>The cost to the Council for each year of undertaking the UNICEF Child Friendly Cities programme would be £35,000. Funding has been identified for 2024/25 from redirect of Covid recovery fund in future years it will be sought from corporate sponsorship and any additional built into the base budget.</p> <p>The assignment of a lead officer from each directorate to represent on the Child Friendly Sandwell Officer Working Group, to manage both the Expression of Interest, application processes and any subsequent related CFS work programmes moving forward.</p>
Legal and Governance:	<p>There are no direct legal implications arising from these recommendations. Robust, transparent governance arrangements will be built into the process.</p>
Risk:	<p>A full risk assessment will be undertaken by the Officer working group as part of the application phase of the activity and be monitored by the Officer's working group and reviewed regularly through the Member Working Group.</p>
Equality:	<p>Progressing towards child friendly status would have a positive impact on equality across the borough. As part of the expression of interest phase of activity a full Equality Impact Assessment will be undertaken to ensure that the process maximises opportunity to address inequality across the borough.</p>
Health and Wellbeing:	<p>Children's capability to generate well-being is shaped through relationships they have with other people and the spatial conditions of their everyday life adopting a child friendly way of working can improve health and wellbeing not only for our younger population but also wider communities and residents.</p>
Social Value:	<p>Sandwell Business Ambassadors were engaged in the consultation as part of the Vision 2030 event. Embarking upon a child friendly journey aligns well with their priority around raising aspirations. CFS will provide opportunities for children and young people to influence procurement processes, policies and cultural change across the Council and wider partners.</p>
Climate Change:	<p>Adopting a child friendly approach requires the council to analyse the impact decisions have on the lived experiences of children and young people in Sandwell which includes the commitment to our climate change targets.</p>

Corporate Parenting:	Embarking upon a journey to being a child friendly borough will require extensive consultation and engagement with children and young people across the borough. This will include our care experienced children and young people.
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6. Appendices

Appendix One – Child Friendly Sandwell options Appraisal

Appendix Two - UNICEF UK Participation Criteria

Appendix Three - UNICEF UK Prospectus

7. Background Papers

[The UN Convention on the Rights of the Child
Child Friendly Cities and Communities](#)

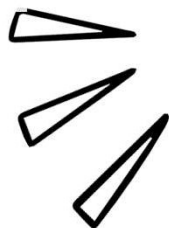
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Child Friendly Sandwell

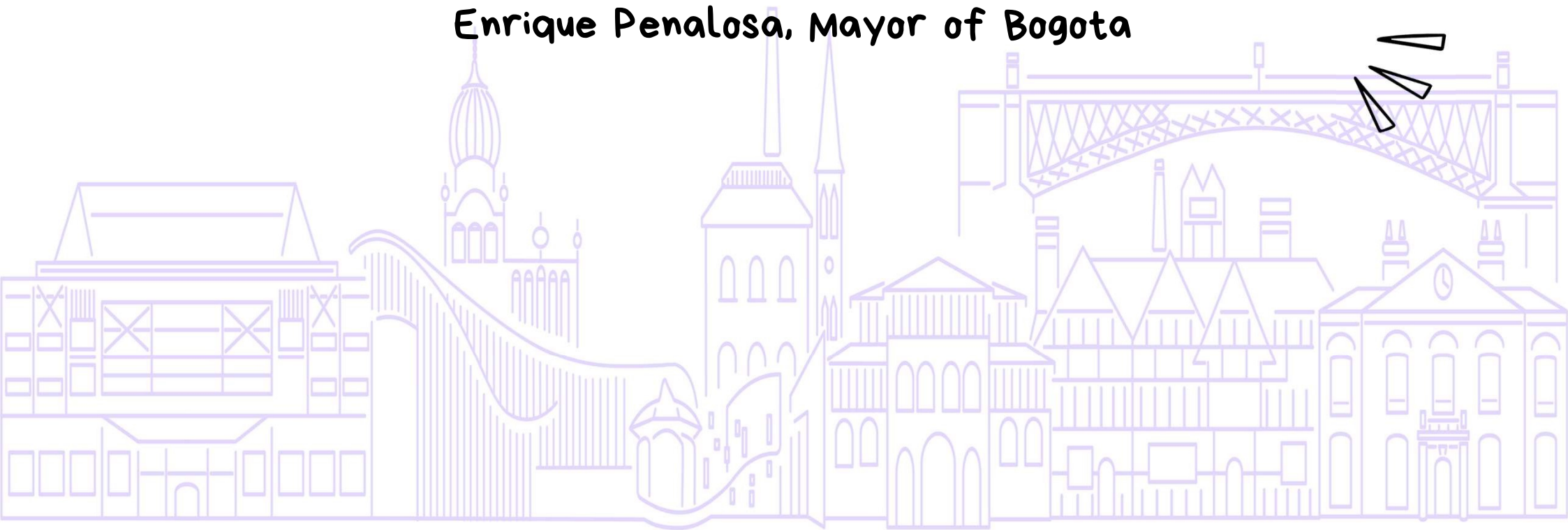


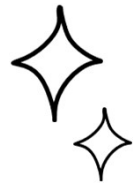
Option Appraisal



Children are a kind of indicator species. If we build a successful city for children, we will have a successful city for all people”

Enrique Penalosa, Mayor of Bogota

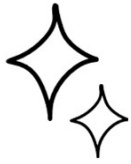




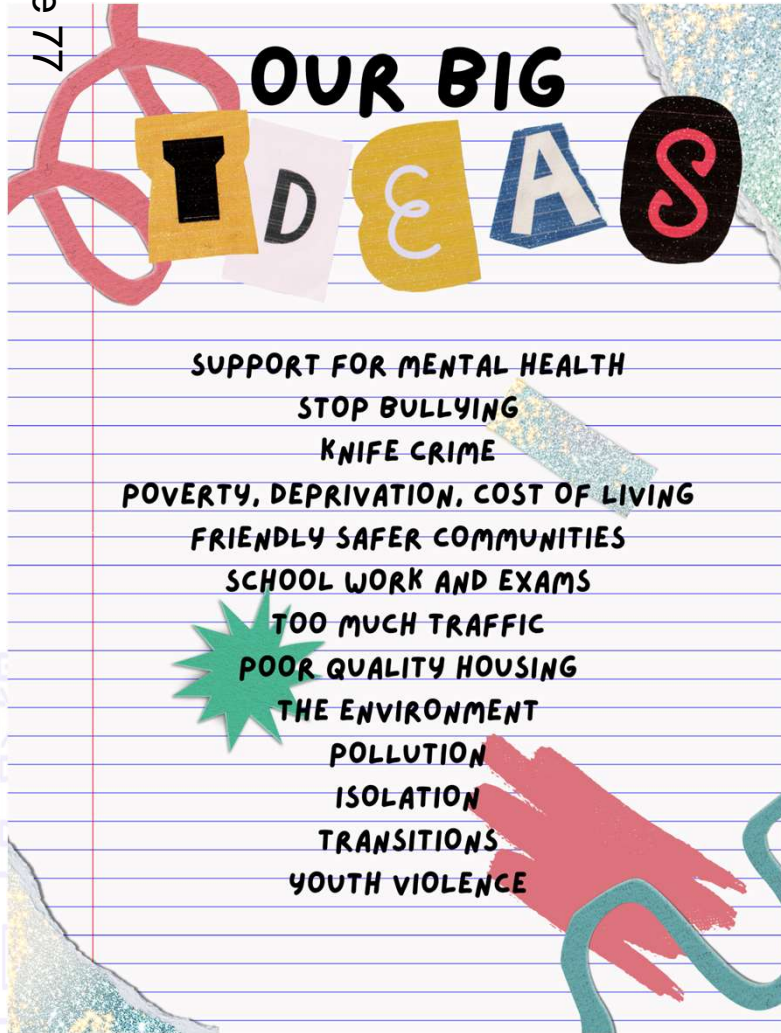
UN Convention on the Rights of the Child

The Convention says childhood is separate from adulthood, and lasts until 18; it is a special, protected time, in which children must be allowed to grow, learn, play, develop and flourish with dignity. The Convention went on to become the most widely ratified human rights treaty in history and has helped transform children's lives.





Why become child friendly



Since 2018 children and young people have been telling us what is like to grow up in Sandwell. SHAPE surveys, Make your Mark and Play Sufficiency Assessments all have recurring themes – they may be using different phrases but the messages are the same.

UK research highlights the real difficulties currently faced by children and young people and the impact the wider public realm has on their lived experiences.

[State of the Nation Report 2022](#) – Central Government

[The Good Childhood Report 2023](#) – The Children’s Society

[Mental Health of Children and Young People in England](#) – NHS Digital

[Child Health Inequalities driven by Child Poverty in the UK](#) – RCPC

[Childhood Obesity is Where You Live Important ?](#) – Nuffield Trust

[Cities Alive – Designing for Urban Childhoods](#) – ARUP

[‘Young People Ditching Ambitions over UK Cost of Living’](#) – The Guardian

[‘Poor housing a growing barrier to school attendance’](#) – The Guardian

Why become child friendly

Child-friendly interventions offer an opportunity to improve a city's level of child-friendliness. The ideas presented here include small actions that can add up to high-impact change as part of a children's infrastructure network.



Intergenerational spaces
can become community hubs that increase interaction and exchange between the young and the old.



Traffic measures
such as colourful crossings or shared spaces redefine use and aid driver awareness of pedestrians and street activities.



Pedestrian priority
removes or calms traffic to create a safe environment for everyday street play and socialising.



Community gardens
provide opportunities for intergenerational activities, socialising, skills development and outdoor physical activity.



Neighbourhood mapping
led by children, provides deeper insights into an area's issues and opportunities.



Play streets
temporarily closed to through traffic allow communities to use the space while reducing air pollution and traffic danger.



Playable spaces
look beyond basic design functions, take a balanced approach to risk and provide facilities for families to spend time together for longer.



Multifunctional green infrastructure
caters for multiple purposes, such as stormwater parks that enable play in both flooded and dry conditions.



Sense of ownership of public space
through co-creation and increased activity can help to decrease vandalism and maintenance costs.



Playful encounters
such as public art or creative bus or tram stop designs invite playful interaction as part of everyday journeys and activities.



Cultural and heritage spaces
can become assets for inclusive and playful city life when combined with sensitive conservation.



Wild spaces
are flexible and adaptable areas that reactivate vacant or underused plots and bring nature back into the community.



Construction sites
can become engaging places and educational assets for the local community, e.g. by hoarding design that makes works visible.

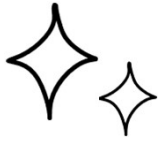


Multi-use community spaces
make smart use of space around schools, and other community facilities and enable out of hours use.

Options

UNICEF Child Friendly Cities
Programme

Go it alone and develop our own bespoke
Child Friendly Borough Programme



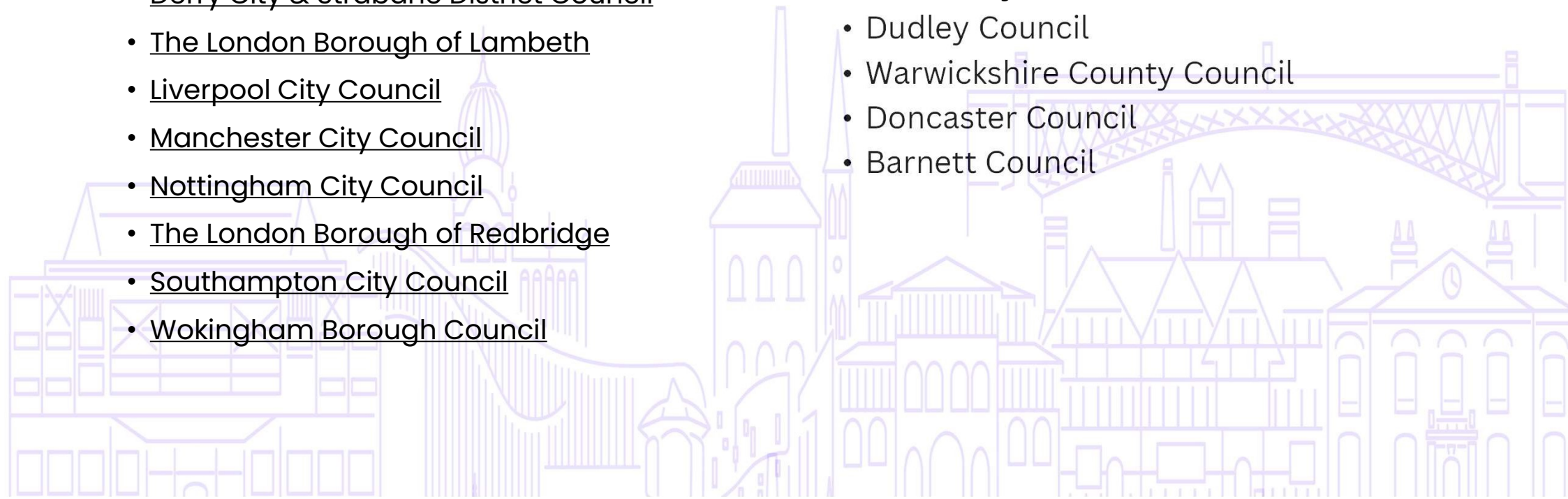
Who can we learn from...

UNICEF Programme

- Cardiff Council
- Derry City & Strabane District Council
- The London Borough of Lambeth
- Liverpool City Council
- Manchester City Council
- Nottingham City Council
- The London Borough of Redbridge
- Southampton City Council
- Wokingham Borough Council

Bespoke Framework

- Coventry City Council
- Leeds City Council
- Dudley Council
- Warwickshire County Council
- Doncaster Council
- Barnett Council



UNICEF Programme



It takes between three to five years for a city or community to be recognised as a UNICEF UK Child Friendly City or Community. The framework is split into four distinctive phases:

1 Discovery

2. Development

3. Delivery

4. Recognition

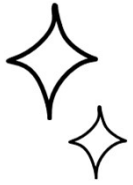


1. Discovery

The Child Friendly Cities and Communities team (at UNICEF) begins to deliver expert training to council staff, politicians and local partners on children's rights and how to use a **child rights based approach** as well as how to meaningfully engage with children and young people.

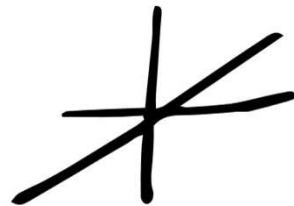
The Council meets with children and young people, as well as local partners to decide which six areas (or badges) to prioritise during their Child Friendly Cities & Communities journey.





2. Development

The Council drafts and presents an Action Plan setting out how it will achieve progress in the borough's six priority areas by using a **child rights based approach** to weave children's rights into policy and practice.



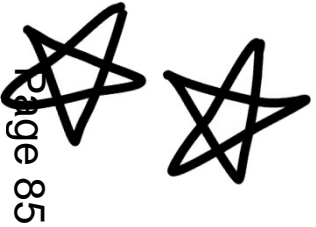
3. Delivery

The Council, local partners and children and young people work together to carry out the Action Plan. The Child Friendly Cities and Communities team (UNICEF) continues to run training and offer support at every step of the way.

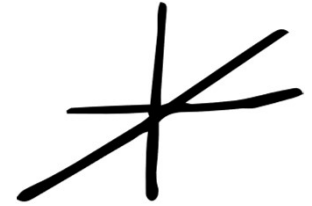
4. Recognition

After a minimum of three years an independent panel of experts on human rights, child wellbeing and public services – as well as local children and young people – decide whether to recognise the borough as a UNICEF UK Child Friendly City or Community. Recognition lasts for up to three years.





UNICEF Recognition



Criteria

- Demonstrated results for children within the scope of several goal areas to ensure a comprehensive child rights approach
- Meaningful and inclusive child and youth participation
- Demonstrated dedication to eliminating discrimination against children in policies and actions by the local government, including in the CFCI

Key Indicators

- Steering committee and coordinating unit established and operational
- Child rights situation analysis/assessment
- Action Plan developed
- Training rolled out
- Child and youth council meet regularly
- Communication strategy developed
- Annual Report

UNICEF Expression of Interest

Evidence

- Motivation and readiness
- Clear vision
- Robust governance and coordination
- Place based approach
- Costs and resourcing

Commitment to:

- Child centred practice
- Meaningful participation
- Reflective practice and learning
- Cross council buy in
- Improving local standards and outcomes

UNICEF Programme



Cost

- £35,000 direct costs to UNICEF pa minimum of 3 years as a council wide commitment.
- Indirect costs associated with the coordination of the programme.

Pros

- Globally recognised
- Structured framework
- Requires a top down approach
- Cabinet Members support for the UNICEF model
- Support and training provided
- Access to other support networks

Resource

- CE or Director to Champion the programme
- Lead Member
- Lead identified in Children's Services
- Establish Local Steering Committee
- Corporate Support Identified
- Project management/support?
- Directorate leads to be identified

Cons

- Limited flexibility within the parameters of the programme
- Cost
- Timescales - defined by UNICEF It could take longer

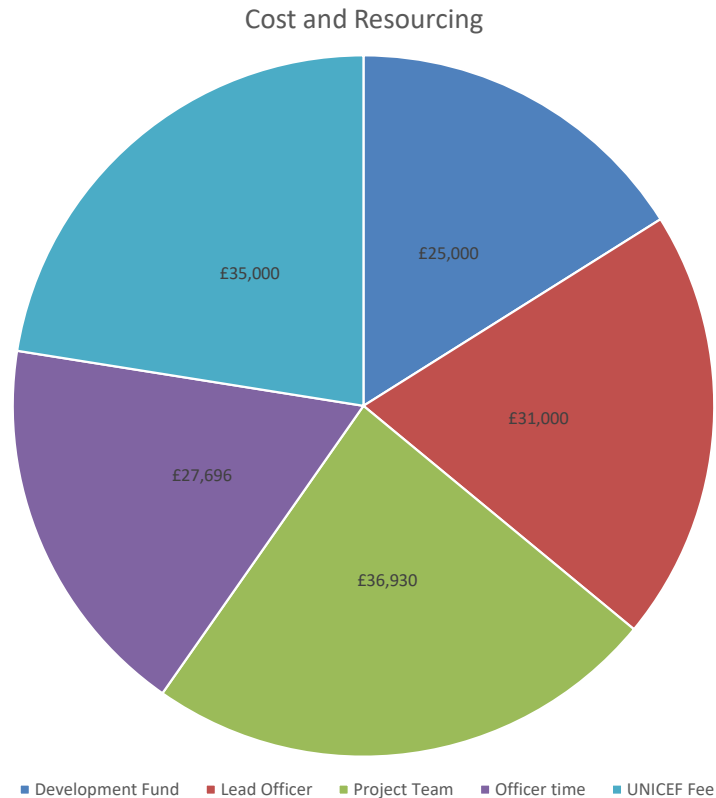


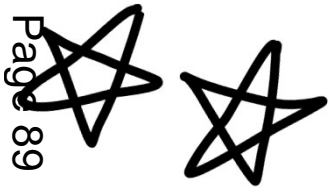
UNICEF Programme



Cost

- Development Fund
- Lead Officer 0.5 post
- Project Team – project officer and corporate support officer.
- Officer time allocation per directorate 0.25 x 3
- UNICEF annual fee
- **TOTAL £155,626**





Case Study - UNICEF Lambeth Council Timeline



March 2021

Partnership Away day to consider UNICEF journey. Questions considered:

- Is this the right journey at this time?
- What are the opportunities in engaging with UNICEF?
- What are we already doing and where are our strengths?
- What are our concerns and challenges that we need to consider?
- How can we best work together as a partnership to support this work?

February – August 2022

- Eight months speaking to over 1500 children and young people aged two - 25
- Children and young people produced a film and a music track called 'Future' which talks about children's rights
- To ensure full buy in, officers delivered over 100 presentation to different stakeholders

November 2021

- Embarked on Child Friendly Lambeth (CFL) journey
- Launched a competition across Lambeth schools to design official logo
- Baseline staff survey to understand colleagues current knowledge and understanding of children's rights

October 2022

- Published Discovery Phase Report providing an overview of engagement exercise and initial findings
- In person launch event
- UNICEF UK facilitated virtual training – training continues throughout the lifetime of the programme

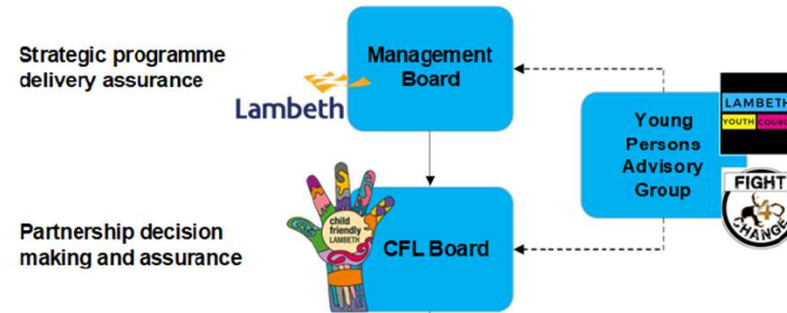
Case Study - UNICEF



Child Friendly Lambeth Governance Structure

Priorities and Action Plan

- Launched co-facilitated Discovery Moments with UNICEF to agree priority 'badges' to focus on based on consultation results.
- The three chosen priority badges, in addition to the compulsory three priorities; Culture, Communication and Co-operation and Leadership formed the foundation of CFL Action Plan.



Source: Lambeth Council, 2022. Child Friendly Lambeth Discovery Phase Report



Bespoke Model

High level commitment to embed a child rights approach

Staff resource to develop framework

Ongoing training and delivery support

Identify external evaluation partner



Bespoke model

Cost

- 35 to 40k pa for the duration of the programme for an evaluation partner as across directorate commitment
- Indirect costs to develop the framework and coordinate the programme
- Training costs

Resource

- CE or Director to Champion the programme
- Lead Member
- Lead identified in Children's Services
- Corporate Support Identified
- Project management/support?
- Directorate leads to be identified

Pros

- Flexibility in the framework design
- Build on existing work
- Timescales

Cons

- Timescales
- Costs
- Identifying how outcomes are evaluated
- Local recognition only
- Potential for the programme to not succeed
- Bottom up approach

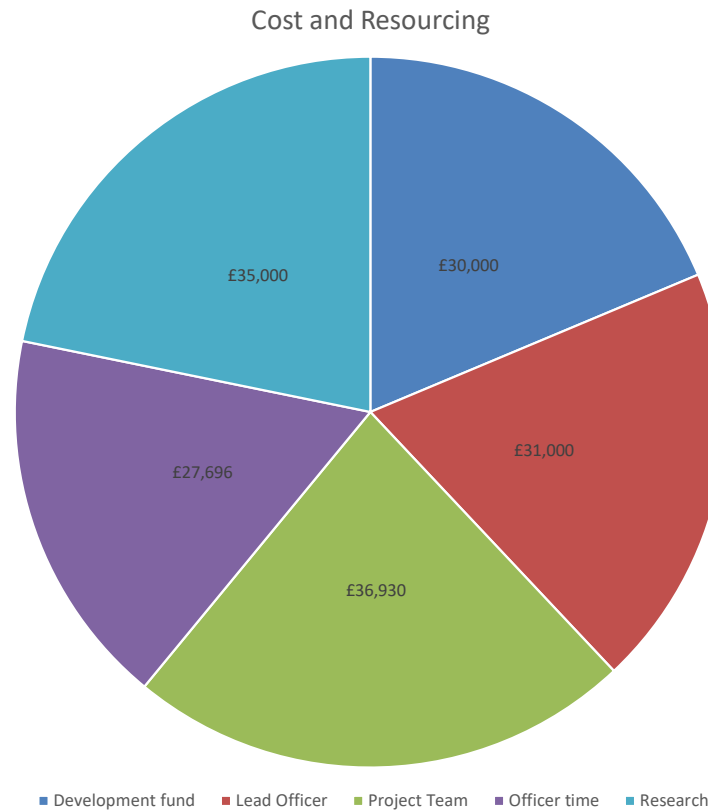
Bespoke Programme



Cost

- Development Fund
- Lead Officer 0.5 post
- Project Team – project officer and corporate support officer.
- Officer time allocation per directorate 0.25 x 3
- Research, evaluation partner

TOTAL £160,626



Case Study - Bespoke model



Doncaster Council

- Local services and organisations can sign up to receive Child Friendly Status, which is awarded by the council. The completion of training and submission of evidence is required to be considered for an award.
- **Initiative is led by Young Advisor Board.** Focus on co-design and co-production.
- Budget to recruit **Young Advisors**, providing paid employment for those aged between 16 to 24 (43k allocated in 2020-2021).
- The Children and Young People's Plan 2022-2025 was developed by Young Advisors. The ambition is to make Doncaster **the most Child Friendly Borough in the Country.**

Benefits to services who sign up: receive a certificate and use of child friendly logo. Service rating is stored on a council database. The council also provides a detailed report reviewing strengths and next steps for improvement.

Council resource: Participation and Engagement Team lead on the delivery of: Young Advisors, Youth Council, Junior Civic Mayor, and Young Commissioners. Exploring Young Ward Members.

Monitoring:

- Audit of implementations by Young Inspectors
- Targets outlined in The Participation Principles
- Outcome included as a key priority in Borough Strategy

Governance:

- Young Advisor Board
- Participation and Engagement sub group of Children's and Families executive board

Governance!

This page tells us who is responsible for making sure we do what we say we will do!

Children & Families Executive Board

The purpose of the Board is to provide Senior Strategic Leadership to the partnership's Children and Families portfolio, to guide, advise and oversee delivery of the Children and Young People's Plan, championing the voice of children and families and to hold the partnership to account for its delivery.

Joint Commissioning Resource Group

Manage the Children's Commissioning dashboard. Oversee the Starting Well Joint Commissioning Plan.

Youth Advisors Forum

Hold the Children and Families Board to account, coordinate Young People shining a light on specific themes/topics.

Workforce Development & Practice Group

Leadership Charter
Partnership learning framework.

Adolescents Group

Oversee delivery of the Adolescents Strategy.

Joint Strategic Performance & Improvement Group

Develop and implement single quality and performance framework. Manage the performance dashboard/compliance of the C&YP Plan. Continuous improvement framework.

Children & Family Cell

Partnership response to response and recovery. Oversight of operational challenges and finding solutions.

20



Governance

The Participation Principles!

To make sure Doncaster delivers the Child Friendly Ambitions there are targets we need to hit to make this happen and we call these The Participation Principles. They are looked at every year to make sure we are all doing our best for you and every Child and Young Person in Doncaster!



Inform

Children & Young People are able to make informed decisions with information tailored to them. ✓

Involve

Children & Young People are encouraged to be involved and share their opinions on services. ✓

Include

Children & Young People from all backgrounds and circumstances are made to feel welcome and included. ✓

Inspire

Children & Young People are given opportunities to develop skills, experience and to participate. ✓

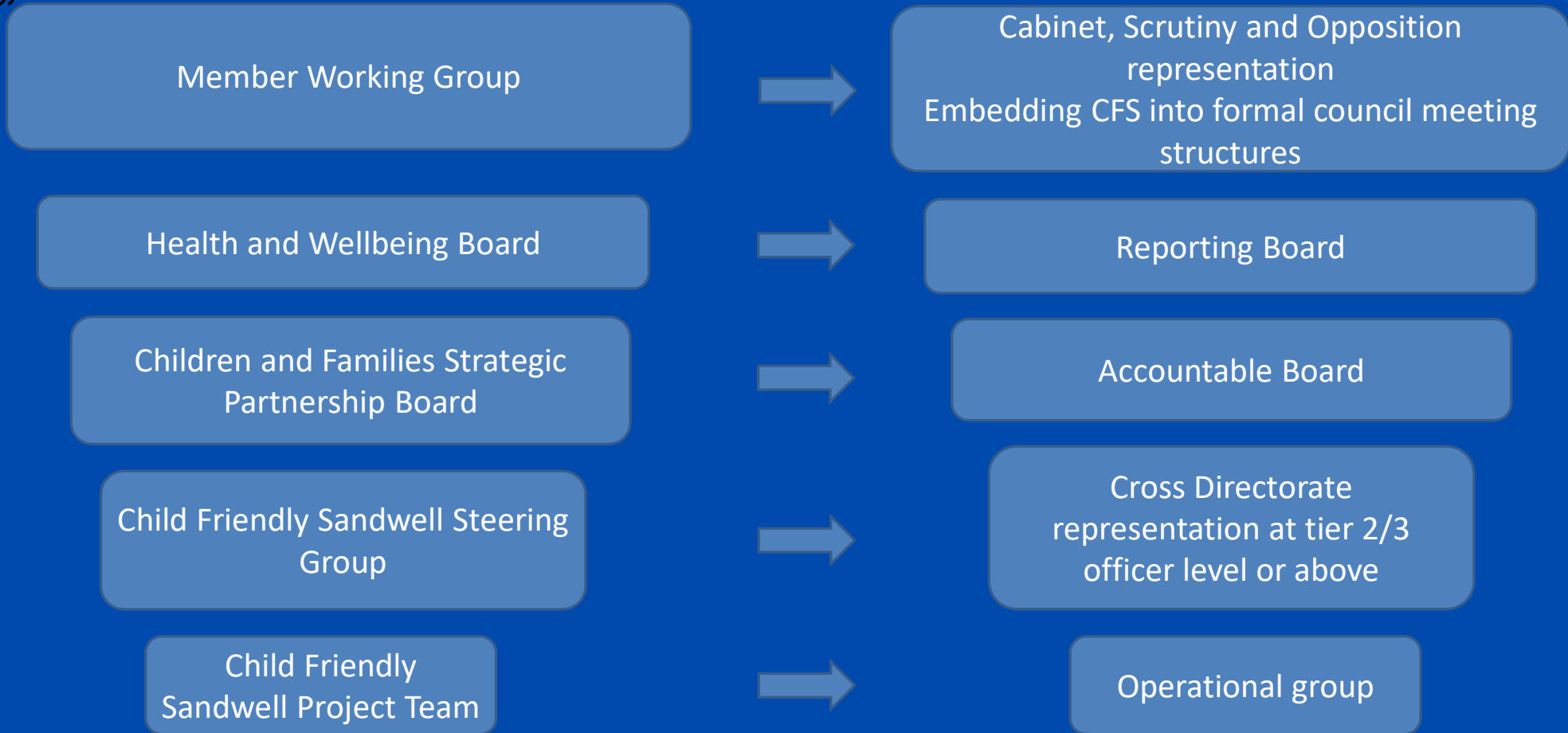
Impact

Children & Young People shape services and initiatives and are told about their impact on them. ✓

21

The Participation Principles

Managing the Process proposal





PARTICIPATION CRITERIA

The UK Committee for UNICEF (UNICEF UK) [Child Friendly Cities & Communities](#) programme welcomes expressions of interest from councils who are ambitious in their local vision for children and young people and ready to pioneer a high-profile initiative over a minimum three-year partnership with UNICEF UK.

To join the programme, councils must be able to demonstrate political and strategic commitment to embedding children's rights across the city/community and be willing to work collaboratively and creatively with UNICEF UK, local partners and children and young people to achieve this. UNICEF UK will work with councils to develop a realistic action plan and sustain momentum throughout the journey.

If you are interested in working with us, we invite you to submit a formal expression of interest outlining your reasons for wanting to join the programme and evidencing how you meet our participation criteria. Full participation criteria are below and a formal expression of interest form accompanies this document. We will be in touch shortly after your submission to arrange a discussion before making a decision.

Formal expressions of interests are currently to be submitted by invitation only following earlier discussion with the Child Friendly Cities & Communities team at UNICEF UK.

CRITERIA

Before joining the programme it is important that both UNICEF UK and the council are confident that the city or community is ready to implement an ambitious child rights programme of change. We therefore ask interested councils to confirm the following:

1. MOTIVATION AND READINESS

Is this the right time for your council and the wider city/community to join the programme?



Enthusiasm to join the programme should be backed up by a readiness to implement an ambitious local programme of work. Councils will be required to benchmark local child rights outcomes, identify strengths and gaps, and develop and implement new child-centred approaches and/or build on and scale existing ones. All of this will be done in collaboration with local partners, children and young people and with training and support from UNICEF UK. It will require leadership, governance, imagination, sustained effort, and a pioneering spirit from across the city/community. Reflecting on the full participation criteria should help councils decide whether the city/community is ‘implementation ready’.

2. VISION

Do you have a clear vision of what you hope to achieve for children and young people through participation in the programme?

Child Friendly Cities & Communities seeks to realise the UN Convention on the Rights of the Child – a comprehensive human rights treaty which sets out a vision of childhood underpinned by dignity, equality, safety and participation – at the local level. Embedding children’s rights in the planning, design and delivery of local services requires a long-term commitment to change, and a readiness to involve children as partners and key stakeholders.

3. COMMITMENT TO CHILD-CENTRED PRACTICE

Can you build on a pre-existing commitment to child rights and child-centred practice?

Our programme is strengths-based. This means highlighting and building on existing good practice, as well as identifying gaps and developing new ways of working. There are many existing programmes, initiatives and embedded ways of working – from small-scale local projects to national schemes and models – that chime with a child rights-based approach. Some examples are ‘asset-based approaches’, ‘restorative practice’ and ‘co-production’. We want to ensure local authorities’ participation in the programme helps them break new ground, while maximising the impact of existing or planned initiatives.



4. A MEANINGFUL COMMITMENT TO CHILDREN AND YOUNG PEOPLE'S PARTICIPATION

Are you committed to enabling children's ongoing, meaningful participation and forging new ways of supporting children and young people's involvement in local decision-making?

Central to adopting a child rights-based approach is a requirement that children be seen as capable, resourceful and competent individuals and that they are supported – through enabling structures and processes – to play an active role in shaping local services. We see this as an iterative and collaborative process; working in partnership to build on existing good practice, while identifying and tackling barriers that may prevent children and young people from participating in the life of their community. Special attention should be paid to supporting children who find it harder to have a say in matters that affect them.

5. COMMITMENT TO LEARNING AND REFLECTION

Are you prepared to take part in a learning programme which requires reflection, experimentation and ongoing data collection and monitoring?

One of the goals of the programme is to grow the evidence base in support of child rights in practice. We are committed to continuous learning and reflective practice. Throughout the delivery of the programme we'll be working with in-house and external evaluation partners to capture data, collect evidence and measure the impact the programme is having on local outcomes for children. We'll enthusiastically welcome the involvement of local research partners such as universities or consultancies.

6. COMMITMENT AT ALL LEVELS AND CROSS-COUNCIL BUY-IN

Is there political commitment to the programme as well as commitment from across the wider council?

Successful participation in the programme requires sustained commitment at all levels: from elected members through directors and heads of key services, to team leaders and frontline staff. As well as confirming that there is cabinet level support for the work, councils are asked to designate at least six "champions" whose role it will

be to raise the profile of the programme and promote the work that takes place over its lifetime. Two champions must be political, while the remaining champions should represent an influential cross-cutting profile of the council. Champions should come together on a regular basis to ensure effective coordination of the programme.

7. GOVERNANCE AND COORDINATION

Will there be a robust, transparent and accountable local governance and coordination structure in place to implement the programme?

To effectively manage, monitor and reflect on progress, it's vital to coordinate and regularly review programme activities. We'll need to know that this has been given serious and sensible thought ahead of commencing programme activities so we'll ask for a named coordinator(s) and evidence that this person(s) will be supported by robust coordination and governance structures. This could be an existing multi-agency group, partnership board or scrutiny committee. Or it could be a brand-new group bringing together programme champions who then report to an established committee.

8. PLACE-BASED APPROACH

Will you take an inclusive, collaborative, community-wide approach in your delivery of the programme?

In order to flourish, children and young people rely on a wide range of services – statutory, voluntary and private – which is why we ask councils to take a whole community approach and reach out to key local partners, organisations and agencies to successfully implement the programme. This might include Clinical Commissioning Groups, Councils for Voluntary Services, the police, the local media etc. We'll need to know that local partners will play a substantial role in the ideation, development and delivery of the programme. You may also consider the role of the local partners in the governance of the work (see criteria 6 and 7).

9. COSTS AND AVAILABLE STANDARDS

Can you commit to paying the direct programme fees and ensure there are adequate resources available locally to implement the programme over a minimum three years?

Programme fees: UNICEF UK charges an annual fee calculated on a sliding scale according to a range of factors including the local authority budget and size of the youth population (Tier 1 councils pay £25,000, Tier 2 £30,000, Tier 3 £35,000 and Tier 4 £45,000). UNICEF UK is a registered charity operating on a not-for-profit basis and all income raised through the annual fee goes directly back into resourcing the programme

Indirect costs: In addition to the programme fee, councils may incur indirect costs resulting from local coordination of the programme. Indirect costs are not prescribed but could include, for example, the creation of a dedicated post or a part-time secondment, provision of training venues, releasing staff for training and planning activities, producing awareness-raising materials and outreach events etc.

10. STANDARDS

Can you explain how joining the programme will contribute to improving local standards and outcomes?

While participation in the programme comes with the opportunity to obtain international recognition as a UNICEF UK Child Friendly City or Community, UNICEF UK is not an inspectorate like Ofsted or the Care and Social Services Inspectorate. We welcome interest from and will work with councils regardless of their current inspection outcome if they are able to make a very strong case that they are ready, but we will never recognise a council with a poor or inadequate inspection outcome as UNICEF UK Child Friendly. It is therefore important that applying councils are confident that this is the right time to join the programme (see criterion 1) and can explain how joining the programme will contribute to and complement existing improvement plans. We also expect councils to engage in honest dialogue with UNICEF UK about this from the outset. Councils joining the programme with a poor or inadequate outcome may take longer to gain UNICEF UK Child Friendly recognition, but it is our strong belief that the full adoption of a child rights-based approach will lead to improved services for children and young people.

11. YOUR EXPECTATIONS



Can you identify what support you might need from UNICEF UK to ensure success in the programme?

The Child Friendly Cities & Communities programme is collaborative by design. The success of the programme is dependent on ongoing dialogue and co-operation between UNICEF UK and councils, including local delivery partners (see criterion 8) and children and young people (see criterion 4). We'd like to have a good understanding of your particular local needs and how you would best like us to support you throughout your programme journey.

12. COVID-19

Can you describe how your city/community has understood and responded to the needs of children and young people during the pandemic?

In light of current events a new criterion was added to the participation criteria in 2020 to understand how your city or community is listening to and acting on the needs of local children and young people during covid-19.



CHILD
FRIENDLY
CITIES &
COMMUNITIES

unicef 
UNITED KINGDOM

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CHILD FRIENDLY CITIES & COMMUNITIES

PROSPECTUS



Page 103



CHILD FRIENDLY CITIES & COMMUNITIES IS A UK COMMITTEE FOR UNICEF (UNICEF UK) PROGRAMME THAT WORKS WITH COUNCILS TO PUT CHILDREN'S RIGHTS INTO PRACTICE.

The programme aims to create cities and communities in the UK where all children – whether they are living in care, using a children's centre, or simply visiting their local library – have a meaningful say in, and truly benefit from, the local decisions, services and spaces that shape their lives.

The programme is part of [Child Friendly Cities](#) – a global UNICEF initiative launched in 1996 that reaches more than 30 million children in close to 50 countries.

In the UK, we provide training based on the [United Nations Convention on the Rights of the Child](#) and support councils, their partners, and children and young people, as they work together on an ambitious three-to-five-year journey towards international recognition as a UNICEF UK Child Friendly City or Community.

For more information visit unicef.org.uk/cfc

PART OF UNICEF'S GLOBAL



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CFC IS PART OF THE CHILD FRIENDLY CITIES INITIATIVE – A GLOBAL UNICEF PROGRAMME THAT REACHES MORE THAN 30 MILLION CHILDREN IN CLOSE TO 50 COUNTRIES

1 WHO WE ARE



Child Friendly Cities & Communities (CFC) is a UNICEF UK programme that works with councils to put children's rights into practice.

Every child has the right to grow up in an environment where they feel safe to play, learn and grow. A place where they have equal access to public services and where their voice is heard and matters.

- We support local politicians to incorporate children's rights into their decision-making, so that the people who make decisions in cities are listening to the children who live there.
- We train council professionals who work with children every day – for example social workers, and youth workers – providing the tools they need to put children's rights into practice. We do the same for others who might not realise just how much their decisions affect children's lives – from planning or housing officers to communications teams.
- We champion the voices of children and young people by ensuring their views are given equal weight to adults when decisions are made about the communities they grow up in.
- And we support councils to engage more meaningfully with children, especially those who might not usually have their voices heard, so that they can share their priorities for making the city more child-friendly and hold the council to account when it promises change.
- It's not just councils we work with. We support councils to bring together their local partners – from the police, fire and health services, community organisations, volunteers, and even transport providers – to work with UNICEF UK, raising awareness of children's rights more widely and putting rights into practice across the entire community.

ABOUT US

The CFC team is led by staff with expertise in human rights, public policy, public administration, social research and extensive senior experience of leading community and organisational development programmes, systems change and the implementation of the UN Convention on the Rights of the Child.

2 HOW WE WORK



© UNICEF/Dawe

We partner with councils in the UK who wish to work towards international recognition as a UNICEF Child Friendly City or Community.

Over the course of three to five years, we support them to achieve measurable progress in embedding children’s rights across the city or community - building on existing good practice and identifying gaps.

We ask that they make a political and strategic commitment to upholding children’s rights and we train their elected members, council staff, and voluntary and statutory partners in a [child rights-based approach](#) – a practical tool that can be used to weave children’s rights into practice and policy.

We support councils to set realistic and focused goals through the [CFC badge framework](#), which allows children and young people to co-determine where a council’s attention should be directed.

And, as they embark on their [CFC journey](#), trained in a child rights-based approach and with a strong understanding of the priorities for local children and young people, we’re there to guide, challenge and champion at every stage.

10

CITIES AND COMMUNITIES TAKING PART

We are currently working with Birmingham, Cardiff, Derry & Strabane, Lambeth (London), Liverpool, Manchester, Nottingham, Redbridge (London), Southampton and Wokingham.

3,500+

PROFESSIONALS TRAINED

Highly interactive and customised training courses are delivered by UNICEF UK child rights and local government experts. Courses are tailored to elected members, professionals, and children and young people, and range from how to put children’s rights into practice to carrying out Child Rights Impact Assessments.

20+

YEARS PUTTING CHILDREN’S RIGHTS INTO PRACTICE AT THE LOCAL LEVEL

Our UK programme is based on over 20 years’ experience of embedding children’s rights into policies, laws, programmes and budgets through the global Child Friendly Cities Initiative.

THE CFC JOURNEY

It takes between three to five years for a candidate city or community to be eligible for global recognition as a Child Friendly City or Community.

Once accepted onto the programme, councils move through a four-stage process as set out in the image below.

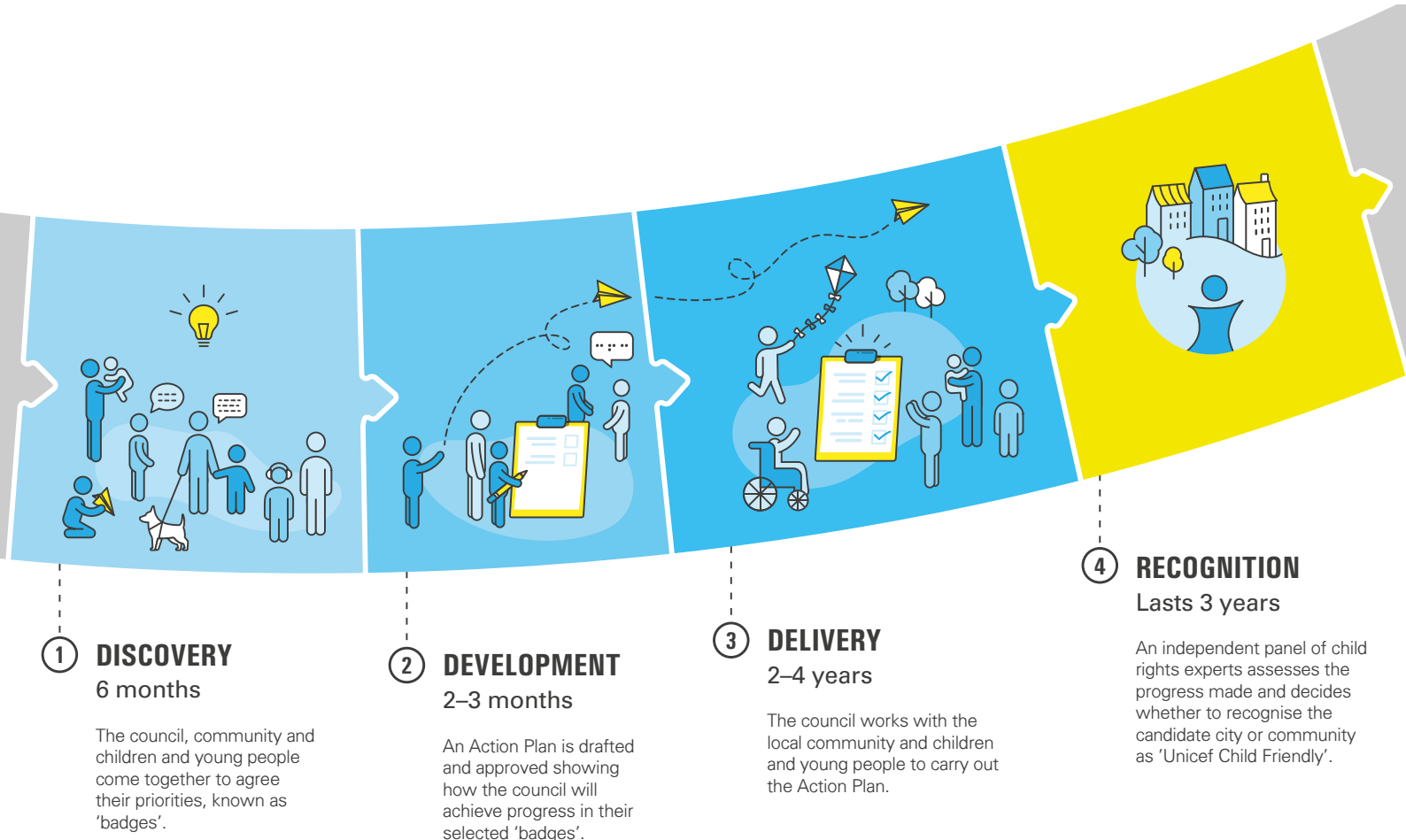
The first is the **Discovery Phase**, during which UNICEF UK begins to deliver expert training in children's rights to local politicians, council staff, partners such as the police, health services, commissioned services, voluntary organisations, and children and young people.

The council also comes together with the local community, including children and young people, at a 'Discovery Day' to see where things are going well for children and where things need to change.

Based on this training and analysis, the city or community chooses six priority areas – or 'badges' (see next page) – and, with support from UNICEF UK, drafts a realistic Action Plan during the **Development Phase**, setting out how they will work towards achieving progress in their badges over the following two to four years.

Councils must show sustainable progress in all six of their badges during the **Delivery Phase** to gain **Recognition** as a UNICEF Child Friendly City or Community.

Recognition lasts for three years.



THE CFC BADGES

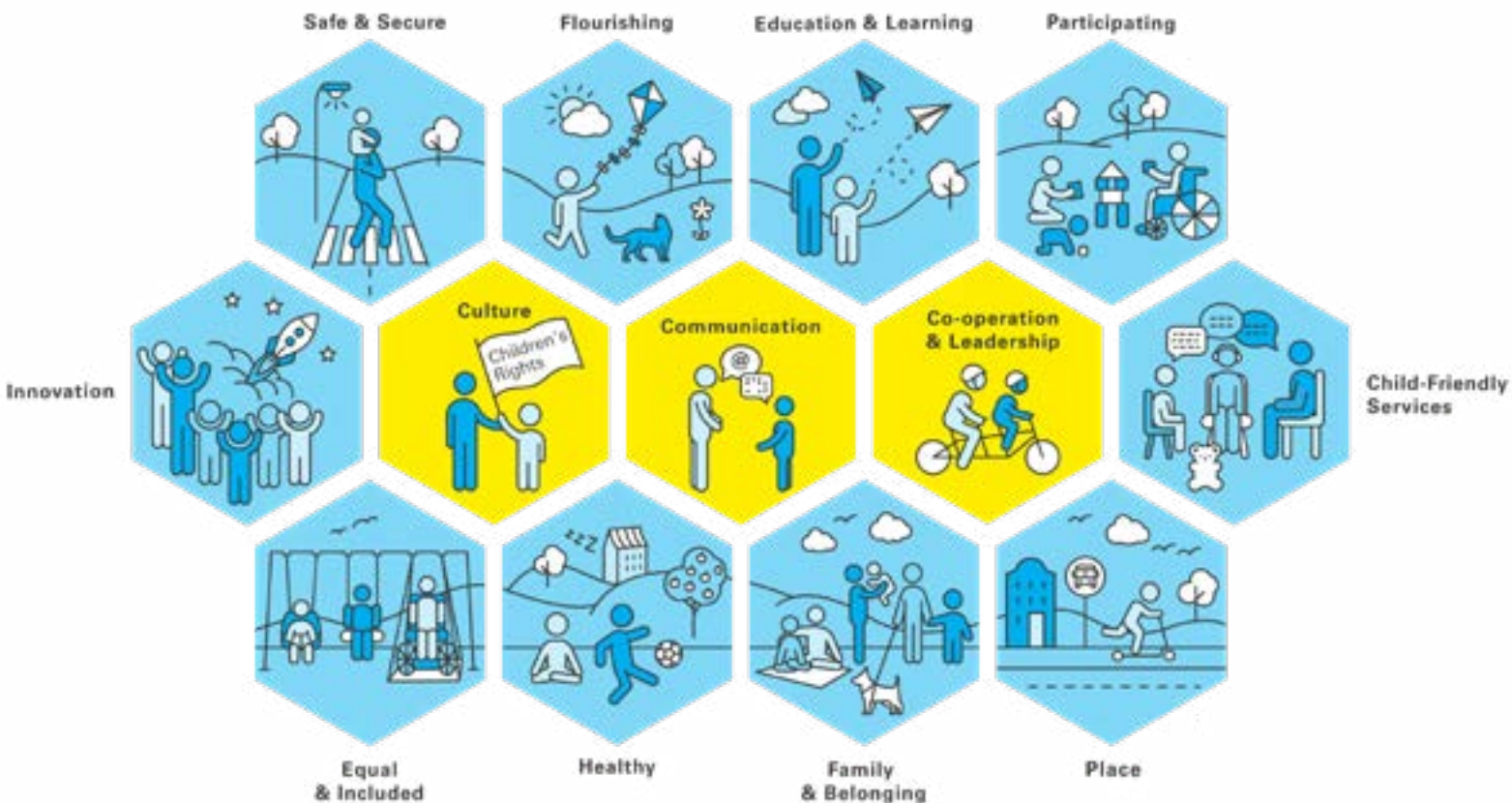
Given the extraordinary breadth of children’s rights as set out in the [United Nations Convention on the Rights of the Child \(UNCRC\)](#), as well as the wide-ranging responsibilities of local authorities, the CFC programme employs a badge framework which allows councils to focus on defined areas of work during their partnership with UNICEF UK.

There are three foundational badges (yellow) that all councils must work towards and three thematic badges (blue) that are chosen from a choice of ten. The thematic badge choices are heavily influenced by the views of local children and young people gathered during the [Discovery Phase](#) of the programme, and so represent their priorities for making the city or community more child-friendly.

A CHILD RIGHTS-BASED APPROACH TO THE BADGES

Because all cities and communities are different – and all choose their own badges – no two UNICEF Child Friendly Cities or Communities will look the same. Some may prioritise creating free or affordable safe spaces where children can play, while others may focus on tackling mental health and ensuring local health services are child-friendly.

Yet all UNICEF Child Friendly Cities or Communities, no matter which badges they choose, take a [child rights-based approach](#) to their work (see next page).



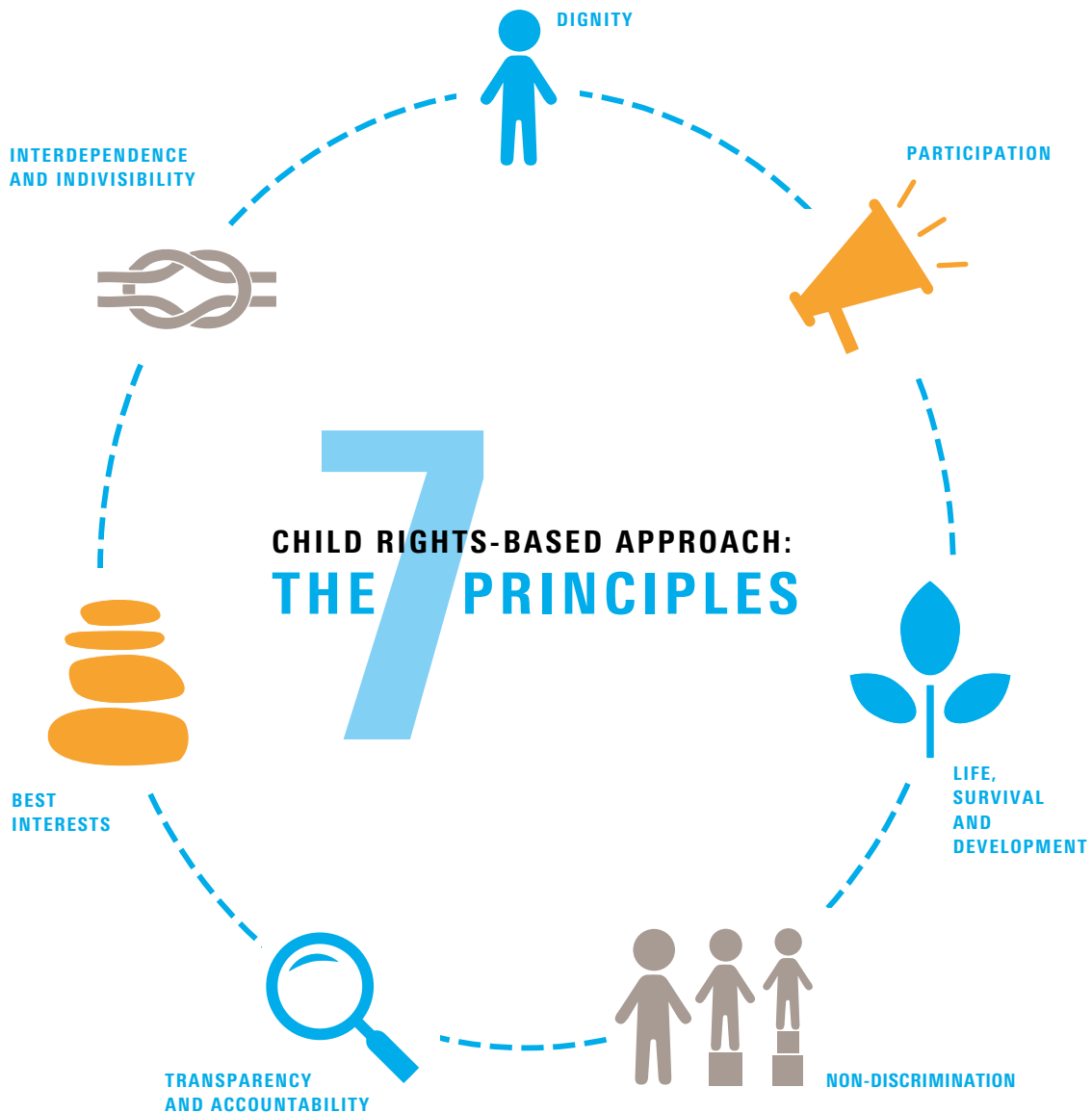
A CHILD RIGHTS-BASED APPROACH

A [child rights-based approach](#) sits at the heart of the CFC programme and is a practical tool that can be used by anyone making decisions that directly or indirectly impact children – from where to build a playground to deciding on budgets or a child’s care.

It brings together the four general principles of the [UNCRC](#) (best interests; life, survival and development; non-discrimination; participation) and three general human rights principles (dignity; interdependence and indivisibility; transparency and accountability).

Throughout their CFC journey, politicians, council staff, commissioned services and local partners receive expert UNICEF UK training on a child rights-based approach: what it means and how they can apply it to their work.

Using this approach is how councils and local partners can ensure decisions are guided by children’s rights, leading to better outcomes for children and young people.



CASE STUDY

“Children’s rights are giving these communities a universal language and an exciting, new, whole-city approach to policy and planning.”

A CHILD-RIGHTS BASED APPROACH TO POLICY

UNICEF UK training in Cardiff has led to a radical new approach to drafting its Children and Young People’s Plan.

Children’s rights are the building blocks of this new policy document – with children not just benefiting from the stated vision and ambitions, but driving them.

Children and young people have been supported to voice their frustrations, needs and priorities; encouraged to set the goals and targets of their local plan; and given the tools they need to hold their council to account.

And local partners have been brought on board at the earliest stage – the police, health services, community organisations, volunteers etc. – to understand their role in actioning the Children and Young People’s Plan and embedding children’s rights across the community.

Children’s rights are giving Cardiff a universal language and an exciting, new, whole-city approach to policy and planning – one that brings everyone together to determine and achieve the best interests of every child.

3 WHY PARTNER WITH US

Working with councils to put
children's views into practice.

© UNICEF/Bye

Joining this structured, supported and strengths-based programme presents a unique opportunity to work towards international recognition as a UNICEF Child Friendly City or Community.

It represents a bold commitment to a new, transformative approach – one in which children's rights become the main organising framework for policy, programmes and practice.

Across our candidate CFC cities and communities, a child rights-based approach has:

- Helped to identify and protect the most vulnerable.
- Placed children at the decision-making table, with evidence pointing to a direct correlation between positive outcomes for children and young people and the degree to which their views and experiences are known and taken into account.
- Provided compelling guidance for action when funding pressures or competing interests were at play.
- Offered a universal language for conversations across council, statutory, voluntary and community-based organisations.

Now more than ever, this is an exciting opportunity to break new ground, reimagine and build back better not just for, but with, children and young people.

We will underpin your journey with a package of support, tailored to the particular needs and context of your city or community.

This includes:

- UNICEF UK staff time
- High-quality training and capacity building - including in how to mainstream a child rights-based approach independently over time
- Project management support and facilitation
- Technical assistance in the development of plans, policies and strategies
- Mentoring
- Recognition of progress
- Guided use of the CFC logo
- Access to digital and printed resources
- Access to a global UNICEF Child Friendly Cities movement

CASE STUDY

“Offering child-friendly communications and resources as standard, not an afterthought, has become the norm for councils involved in the CFC programme.”

RESPONDING TO COVID-19

The COVID-19 pandemic has forced councils to rethink the way they deliver services and communicate with residents under extreme circumstances.

Despite these challenges and the urgency to respond, the response to COVID-19 has been notably sensitive to children’s rights in the cities and communities working with UNICEF UK.

In Liverpool, the Director of Children’s Services, Director of Public Health, and the Cabinet Member for Education, Employment and Skills have held regular virtual Q&As with young people, answering their questions

about lockdown, recovery plans and returning to school.

In Cardiff, a child-friendly version of the council’s recovery strategy – using clear terms, images and available in multiple languages – was published to ensure children and young people were receiving the same timely information as adults.

Offering child-friendly communications and resources as standard, not an afterthought, has become the norm for councils involved in the CFC programme, positively impacting the way children hear about and access services.

4 NEXT STEPS

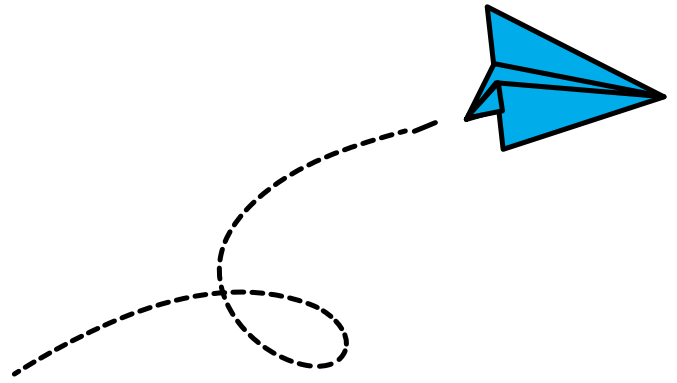


We're looking to work with councils who are ambitious in their local vision for children and young people and ready to join a high-profile partnership with UNICEF UK for a minimum of three years.

Following initial discussions with the CFC team, interested councils are invited to submit an Expression of Interest outlining how they meet UNICEF UK's 12 participation criteria (see next page).

There is an annual fee for councils wishing to join the programme. This fee is calculated on a sliding scale according to a range of factors including the local authority budget, youth population size etc.

UNICEF UK is a registered charity operating on a not-for-profit basis and all income raised through the annual fee goes directly back into resourcing the programme.



Annual programme costs	
Tier 1	£25,000
Tier 2	£30,000
Tier 3	£35,000
Tier 4	£40,000
Tier 5	£45,000

CONTACT US

To request an Expression of Interest form, or if you have any questions, please contact us and a member of the team will get back to you.

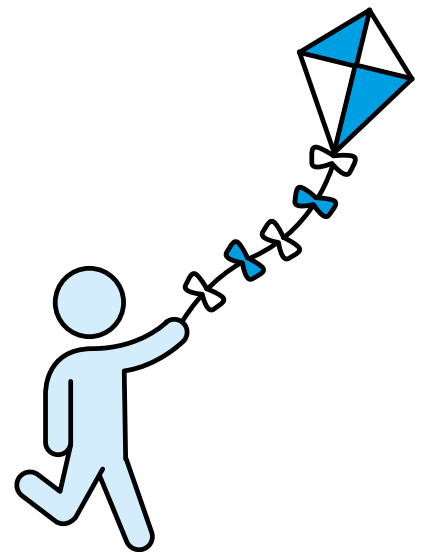
cfc@unicef.org.uk
unicef.uk/cfc

PARTICIPATION CRITERIA

Before joining the programme it is important that both UNICEF UK and the council are confident that the city or community is ready to implement this ambitious child rights programme of change.

We therefore ask interested councils to confirm the following:

- 1** Is this the right time for your council and the wider city/community to join the programme?
- 2** Do you have a clear vision of what you hope to achieve for children and young people through participation in the programme?
- 3** Can you build on a pre-existing commitment to child rights and child-centred practice?
- 4** Are you committed to enabling children's ongoing, meaningful participation and forging new ways of supporting children and young people's involvement in local decision-making?
- 5** Are you prepared to take part in a learning programme which requires reflection, experimentation and ongoing data collection and monitoring?
- 6** Is there political commitment to the programme as well as commitment from across the wider council?
- 7** Will there be a robust, transparent and accountable local governance and coordination structure in place to implement the programme?
- 8** Will you take an inclusive, collaborative, community-wide approach in your delivery of the programme?
- 9** Can you commit to paying the direct programme fees and ensure there are adequate resources available locally to implement the programme over a minimum three years?
- 10** Can you explain how joining the programme will contribute to improving local standards and outcomes?
- 11** Can you identify what support you might need from UNICEF UK to ensure success in the programme?
- 12** Can you describe how your city/community has understood and responded to the needs of children and young people during and after the COVID-19 pandemic?



**CHILD FRIENDLY CITIES
& COMMUNITIES IS A UK
COMMITTEE FOR UNICEF
(UNICEF UK) PROGRAMME THAT
WORKS WITH COUNCILS TO
PUT CHILDREN'S RIGHTS INTO
PRACTICE.**



CONTACT US

cfc@unicef.org.uk
unicef.uk/cfc



[@UNICEFuk_action](https://twitter.com/UNICEFuk_action)
[#ChildFriendlyCities](https://twitter.com/ChildFriendlyCities)



**CHILD
FRIENDLY
CITIES &
COMMUNITIES**



13th March 2024

Subject:	Family Drug and Alcohol Court (FDAC)
<p>Presenting Officer and Organisation</p>  	<p>Gemma Hatfield FDAC Service Manager</p> <p>FDAC is a national court model, and Change Grow Live (CGL) are the commissioned provider for the Black Country.</p>
Purpose of Report	<p>Invited to present by Councillor Suzanne Hartwell.</p> <p>To raise awareness of FDAC and the outcomes achieved for families.</p> <p>To encourage partnership working and consideration in future funding streams.</p>

1. Recommendations

- 1.1 That the Board discuss the work of FDAC, the outcomes achieved and how there can be collaborative working to sustain and develop the program.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	Yes – achieving higher rates of reduction or abstinence of parental substance misuse
Primary Care	Reducing the impact of mental health on parents and children – a trauma informed approach. Providing psychological support to parents and offering psychology placement training opportunities.
Integrated Town Teams	Integrated pathway with children’s services. Partnership working within the community.
Intermediate Care	Working on sustainability of care – offering stabilisation work and supporting access to community services
Care Navigation	Multi-disciplinary team providing a person-centred approach to support.

3. Context and Key Issues

3.1 Sustainability of program.

4. Engagement

Rigorous data recording is in place to report on a local and national scale. Parent and professional feedback is regularly obtained. Local steering group comprising of key stakeholders is held every 2 months. National independent evaluations have taken place through Lancaster University, Research In Practice and What Works Centre for Children’s Social Care.

5. Implications

Resources:	Multi-disciplinary team, with outcomes achieved across partners. To sustain the program funding could be from across sectors. Shared resources such as venue use.
Legal and Governance:	Less adversarial approach to supporting families. Models are aligned with standard PLO process.
Risk:	No direct risk implications.
Equality:	FDAC is not a prescriptive package of support but tailored to each parent, each families needs.
Health and Wellbeing:	Reducing the impact of primary and secondary adverse childhood experiences (ACE’s). Working with a parent to help them address their issues in order to provide a safe enough environment for their child/ren.

Social Value:	Supporting parents to access local volunteering or job opportunities. Providing placement training for social work students and psychologists.
Climate Change:	No direct implications relating to climate change.
Corporate Parenting:	Reducing the number of families entering court care proceedings. Increasing the number of children reunified with their parents / families.

6. Appendices

Presentation

7. Background Papers

None

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BLACK COUNTRY
FDAC 
The problem-solving court

*“Thank you FDAC for mending my broken wings, I am able to fly again but this time following the right direction.” **Parent***

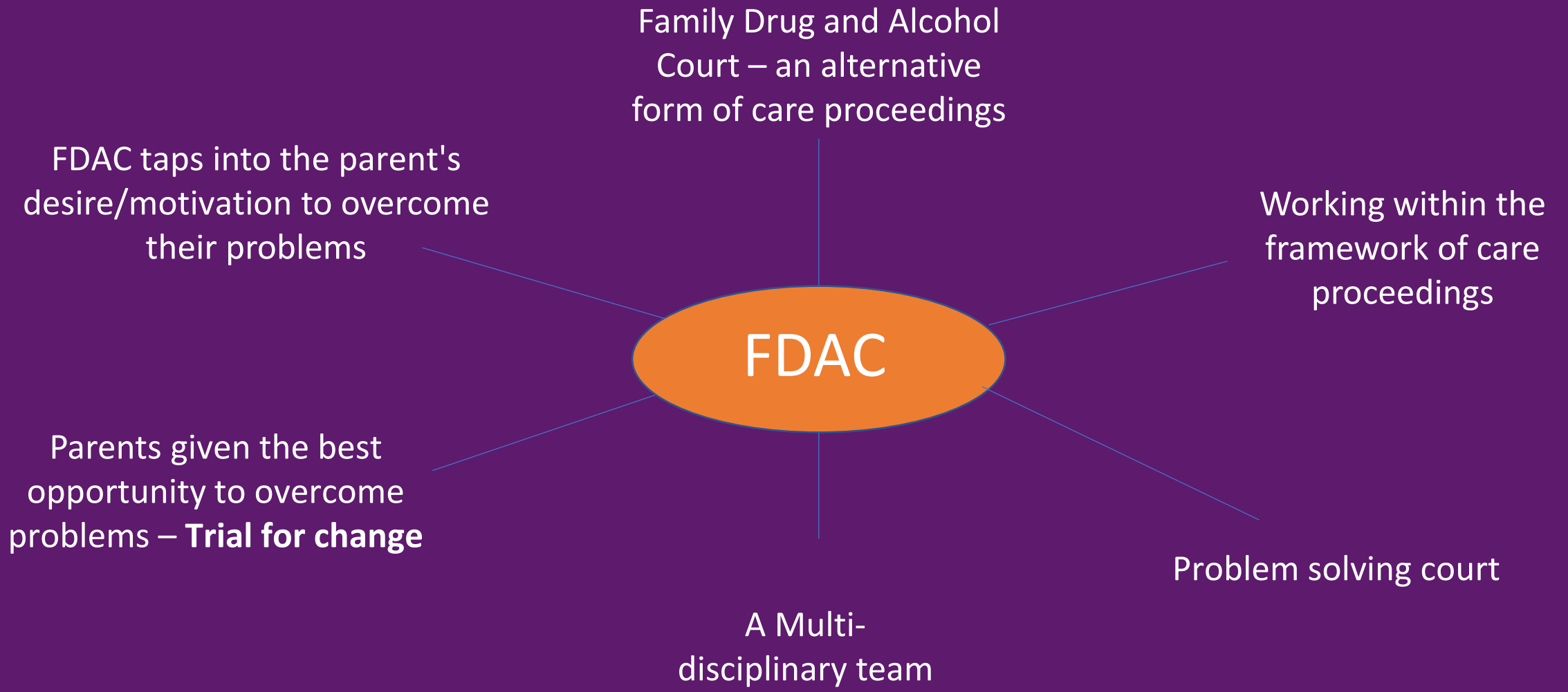
Making a difference



If we're looking to remove the 8th, 9th or 10th child, the family courts can't be doing very well by this family.

- Judge Nicholas Chrichton

What is FDAC?



Making a difference

Page 124

Solvable problems in timescales of the child

Substance Misuse

Domestic Abuse

Emotional wellbeing

Social Networks

Strengthening parenting skills

Practical issues; like housing & debt

Expert Witness

Dynamic assessment,
testing out parents
capacity to make
changes

Black Country FDAC

Page 125

41%

of parents in have achieved abstinence

**10 weeks
more timely**

75 % reduction
of the impact of DA
on children across
Early FDAC and
FDAC court

95% of parents
feel able to better
cope with their
problems

73% of children
have remained in
the care of a parent
and stepped down
from **pre
proceedings.**


Parent Experience

Make a difference

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Wednesday 13 March 2024

Subject:	Public Health Sandwell Communication Guide
Presenting Officer and Organisation	Rebecca Down Sandwell Council Rebecca_Down@sandwell.gov.uk  Diane Millichamp Sandwell Council Diane_Millichamp@sandwell.gov.uk
Purpose of Report	Information

1. Recommendations

1.1 That the Board notes and endorses current progress on implementing of the Sandwell Language initiative and the steps towards implementing that initiative through the Public Health Sandwell Communication Guide and Plain English Guide.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	Social isolation and community development
Primary Care	Workforce planning
Integrated Town Teams	Proactively supports high risk citizens supported by the use of population health data
Intermediate Care	
Care Navigation	

3. Context and Key Issues

3.1 88% of Sandwell residents speak English as their main language, compared to 92.3% nationally. This proportion varies by ward, and in five wards less than 80% of residents speak English as their main language.

- 3.2 By focusing on the top four languages after English; Panjabi, Polish, Bengali and Urdu we could reach an extra 10.1% of our population in Sandwell. *ONS 2021 Census*
- 3.3 30.3% cannot speak English well or cannot speak English at all. *ONS 2021 Census*
- 3.4 Data released by the Learning and Work Institute in June 2022 shows Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands area. It also shows Sandwell to have one of the lowest literacy levels in England.
- 3.5 In 2021, almost 30% of Sandwell residents aged 16 and over (28.9%, 76,840) reported having no qualifications. This is much higher than the England and Wales figure of 18.2%.
- 3.6 January 2022 Census identified that 60% of pupils in secondary schools are from Ethnic Minority Communities (EMC) compared to 36% nationally. In secondary schools 30% of our Young People identify English as an additional language (EAL) compared to 18% nationally.

4. Engagement

- Work done through the Sandwell Language Network highlighted that the use of English at certain levels was missing the target audience.
- Learnings from Public Health interventions i.e. Covid19 highlighted the positive impact of translations on delivery and uptake of service models.
- Developed the input of documents with assistance from community members as well as evidence and information found around translations of text from English to other languages.

5. Implications

Resources:	Awarded £100,000 by the ICB for development of Health Literacy work. All work undertaken by Public Health staff who are involved in community development projects.
Legal and Governance:	No statutory requirements but Government communication guidelines are followed.
Risk:	The risk lies in poor application of Public Health services should this recommendation not be implemented.

Equality:	We already have high health inequalities in Sandwell and if we do not act to minimise these then we risk worsening these outcomes.
Health and Wellbeing:	The health and wellbeing of a large percentage of the community will be influenced by having access to healthcare through language.
Social Value:	Will improve social values for several parts of our community.
Climate Change:	None
Corporate Parenting:	The lack of access to healthcare will increase if we are unable to communicate with young people and care leavers so that they are enabled in accessing the right services at the right time.

6. Appendices

Public Health Sandwell Communication Guide
Plain English Guide
Sandwell Language Provision in Public Health

7. Background Papers

Understanding the impact of COVID-19 on BAME communities -
<https://www.gov.uk/government/publications/covid-19-understanding-the-impact-on-bame-communities>

Stakeholder consultation: Language and communication needs assessment -
https://www.wmsmp.org.uk/wp-content/uploads/Stakeholder-consultation_language-and-communication-service-needs-assessment-1-1.pdf

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PUBLIC HEALTH SANDWELL COMMUNICATION GUIDE

**OCTOBER
2023**
Page 133

Our promise to reach as many members of our community as possible through our written and verbal communications.

Recently, the world has to encounter the COVID-19 pandemic, a global health crisis. During this time our team came together to support all of our residents to ensure the best outcome possible for each of them.

We learned many lessons from the pandemic, including the importance of the ways in which we communicate to reach as many people as we can.

This guide has been put together with that in mind. Reflecting on the society we now have in Sandwell and how we can support them to be their healthiest selves moving forward.

If we follow all elements of this guide we will be more accessible to more people, help more people understand the work we do for and with them and it is simply the right thing to do.

By using simpler, less exclusive language, we are putting our residents first and at the forefront of everything we do.



Liann Brookes-Smith

Interim Director of Public Health



Anna Blennerhasset

Consultant in Public Health



Lina Martino

Consultant in Public Health



CONTENTS:

004 Sandwell Explained

005 Making information available in Sandwell's common languages

006 Sandwell Language Network

007 Health Literacy

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018 Writing Easy Read Documents

019 Accessibility

021 Fonts

022 Additional Resources

024 Our Pledge

SANDWELL EXPLAINED



01 88% of Sandwell residents speak English as their main language compared to 92.3% nationally.

02 Of those residents who do not have English as their main language, 24.8% cannot speak English well and 5.5% cannot speak English at all.

03 In 5 wards of Sandwell less than 80% of residents speak English as their main language.

04 The top four languages spoken in Sandwell after English are Punjabi, Polish, Bengali and Urdu.

05 Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands with 25.7% requiring essential skills support.

AIMS

- To reach a further 10% of the population by translating key information into the top 4 languages spoken in Sandwell, after English.
- To make all Public Health communications easier to understand for all and inclusive of community needs.
- To understand the importance of Health Literacy and how we can embed Health Literacy policies across our work, particularly in verbal communications.
- To ensure the services offered by Public Health are inclusive.

MAKING INFORMATION AVAILABLE IN SANDWELL'S COMMON LANGUAGES

A Brief analysis of Sandwell residents

In 2021, almost one in four (23.6%) usual residents of Sandwell were born outside the UK, compared with one in six nationally. This proportion puts Sandwell in the top 50 Local Authorities across England & Wales. 30.3% of residents cannot speak English well or cannot speak English at all.

According to "[A rapid evidence review of interpreting interventions in public health](#)" (PHE, 2020) professionals who provide public health services and programmes need to assess the language needs of their local population to plan, fund and implement the use of interpreters to ensure people who don't speak English enjoy their right to health.

Sandwell Language Network

Anyone who requires support to learn English can be referred to Sandwell Consortium at: referrals@sandwellconsortium.co.uk

Translation Services

If you require documents to be translated, the following companies are recommended within the Council:

Absolute Translations

Website: <https://www.absolutetranslations.com/>

Email: main@absolutetranslations.com

Phone: 0808 503 8648

Brasshouse Translations

Website: <https://www.brasshouse.ac.uk/tis>

Email: btis@birmingham.gov.uk

Phone: 0121 303 1619

SANDWELL LANGUAGE NETWORK

A Brief analysis of Sandwell residents

To achieve our outcome that people will live well and age well, we see learning English is key for migrants and ethnic minority communities in Sandwell. The 2011 Census asked people to rate their general health as ‘very good’, ‘good’, ‘fair’, ‘bad’ or ‘very bad’. Only 65% of people who could not speak English well or at all rated themselves as being in good health. This is compared with 88% who could speak English very well or well. They were also less likely to age well.

Sandwell Language Network

The Sandwell Language Network (SLN) provides free, community-based English language learning across Sandwell. SLN aims to

- tackle health and economic differences,
- lower isolation, and
- show community support through basic language learning.

Supported by Sandwell Consortium CIC and delivered by local community voluntary organisations, SLN delivers support in and with the community. This covers early help, preventing people from needing services and helping residents to help themselves.

SLN offers conversational, pre-entry and entry level ESOL (English as Other Language) as well as employability booster sessions. It has a focus upon improving health literacy within our ethnic minority communities (EMC). We would encourage all staff to promote SLN through their networks and marketing/promotion activities.

SLN helps people to help themselves with better awareness and understanding how to access health services. It can help people to cope with normal living so they can reach their full promise for all their lives.

For referrals to SLN and information on where ESOL courses are:
sandwellconsortium.co.uk/service/sandwell-language-network/

For more information please email english@sandwellconsortium.co.uk or ring 0121 533 2668

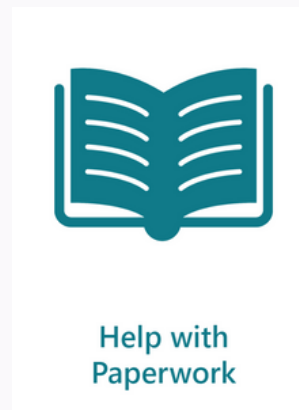
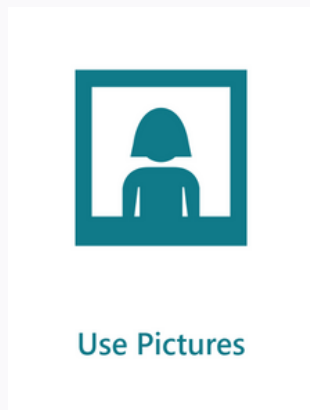
SLN courses are available on SCVO’s Route to Wellbeing Portal:
route2wellbeing.info/browse/40/english-language-support.html

HEALTH LITERACY

A Brief analysis of Sandwell residents

In Sandwell, 40.8% of people reported very good health, compared with 47.5% in England & Wales. 8% reported bad or very bad health (5.4% in England & Wales).

Techniques of Health Literacy



Teach Back

The teach back method is a useful way to confirm that the information you provide is being understood by getting people to ‘teach back’ what has been discussed and what instruction has been given. This is more than saying ‘do you understand?’ and is more a check of how you have explained things than the patient/client understanding. For example, you could ask someone to tell you what they will tell a partner or child what you have discussed today.

Use Simple Language

The terminology we use can often be confusing for people, especially at times of stress when people may struggle more than usual to take in information. In health a range of jargon and acronyms are used routinely and we may forget that this language is unfamiliar to others. Therefore, you should use simple language as much as possible, try explaining things to people as you would to a friend or family member. You may find that having examples to use can support you in this.

Chunk and Check

Chunk and check can be used alongside tools such as teach back to assist in promoting understanding. When we speak to people there is often a lot of information to be discussed and we may have to explain more than one concept. People can struggle to take on board a long list of things they are being asked to take in or do, and yet this is often how information is presented. Sometimes the explanation of what people are being asked to understand and to take away and put into practice is left until the end of the discussion.

To implement the chunk and check technique, break down the information that you need to discuss and that you need the person to understand into smaller more manageable chunks rather than providing it all at once. In between each 'chunk' use methods such as teach back to 'check' for understanding before moving on.

People may have questions as things are being discussed with them, if the information is provided all together they may hold their question until the end, meaning their understanding may be affected. Chunk and check should address this by stopping conversations at appropriate moments to check understanding and also to give the opportunity for questions at key points.



Use Pictures

Spoken and written word is often misheard or misread and also misunderstood, pictures and visuals may be effective in improving understanding when communicating new or complex ideas to people. It may be that pictures are used to compliment text.

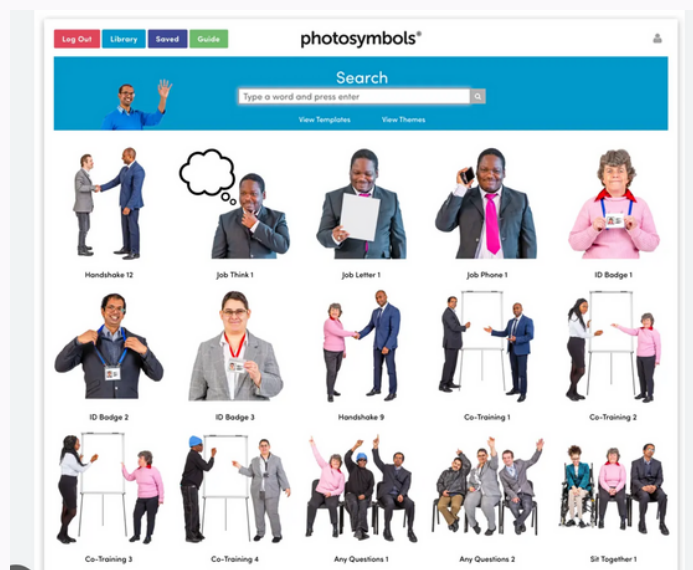
In some cases, pictures alone may be enough, but pictures alone should only be used as an option where you are sure the person has enough understanding and knowledge to interpret it correctly. Ideally, as with written materials, pictures should be used to assist and support explanations not to replace them. One outcome which has been identified in the use of pictures is that they support recall, people are more likely to recall information they have been provided with if they receive pictures in addition to written or spoken information.

Consider using photo symbols to support written information:
<https://www.photosymbols.com/>

Help with Paperwork

Offer support to those who have to fill in forms and paperwork.

To reduce stigma ensure that everyone is offered help. Offering routine support can reduce pressures on people who may struggle with the forms and also support your service in gathering the information required.



PLAIN ENGLISH

A Brief analysis of Sandwell residents

In 2021, almost 30% of Sandwell residents aged 16 and over (28.9%, 76,840) reported having no qualifications. This is much higher than the England and Wales figure of 18.2%.

Data released by the Learning and Work Institute in June 2022 shows Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands area.

What is Plain English?

Plain English is a style of giving information that enables someone to get the facts they need, understand them easily and act on them if they need to. It involves not only writing more clearly, for example through simpler phrases, more direct language or shorter sentences, but also structuring and laying out information in a way that makes it easier to follow. The term usually applies to written information, but plain language in speech is just as important, particularly when there can be more constraints on checking understanding.

The simple rules:

There are a few simple rules for writing in plain English. In summary these are:

- avoid wherever possible using jargon, abbreviations and technical terms – if you have to use them provide a clear explanation
- avoid complicated English or uncommon words
- use active not passive phrases, for example say ‘we will do it’ rather than ‘it will be done by us’
- keep sentences short
- plan out the order and structure of the summary
- break up the text, for example use bullet lists or headings
- ask local residents and organisations to read a draft to find out if anything is unclear

For more information on writing in Plain English, please see the separate Public Health Sandwell Plain English guide.

WRITING FOR SOCIAL MEDIA

A Brief analysis of Social Media

In Sandwell Council, we mainly use Facebook and Twitter social media platforms although there are some accounts on other channels such as Instagram, Reddit and LinkedIn.

The social media platform you are using should determine the style of writing you use. For example, Twitter accounts are mainly followed by local businesses and organisations whereas Facebook is generally more about our individual residents.

Writing for Social Media

It is important that you still follow the Plain English guide for writing social media posts but the content itself may be more open and understandable.

The language should be less formal than used in other places and replicate the way we usually speak.

With this in mind, we should:

- Use the active voice rather than the passive
- Use contractions (e.g. can't, don't etc)
- Ask questions
- Address the reader as "you"
- Refer to Sandwell Council as "we" and "us"

Hashtags

Using hashtags helps us engage with wider conversations and increase our exposure. We can use hashtags for awareness days and trending topics.

- Check for existing hashtags from national sites
- Place hashtags at the end to prevent disrupted reading
- Capitalise each word to make it easier read and avoid confusion
- Don't include punctuation such as hyphens or apostrophes

Structuring a post

Online readers tend to scan text rather than read every word whilst being surrounded by distractions and wanting to get information as quickly as possible.

So, we should do the following:

- Put need-to-know information first
- Structure content with line breaks and bullet points
- Cut unnecessary words
- Avoid puns, metaphorical language, acronyms and jargon
- Include links and hashtags if appropriate
- End with a call to action

Twitter posts can be 280 characters (without a link), or 256 characters with a link to a publication.

Facebook, Instagram and LinkedIn posts have a much higher limit (2,000 for Facebook, 2,200 for Instagram and 3,000 for LinkedIn).

Alternative text and accessibility

When publishing content on social media, the images we publish need alt text (alternative text, or alternative descriptions) to summarise the information presented for users who can't see the graphic. It can also be used to describe what should be on the page if the web browser fails to load the images. Screen readers read the alt text out for people with visual disabilities.

Find more information on alternative text on page 20.

Hashtags are an essential part of social media. If you write a hashtag all in lowercase such as: #movemoresandwell – a screen reader will struggle to identify the individual words. For this hashtag to be read aloud accurately, we need to use CamelCase, so this hashtag now becomes #MoveMoreSandwell. CamelCase is a way of writing without spaces or punctuation, but indicating a new word by starting it with a capital letter.

WRITING FOR WEBSITES

A Brief analysis of our websites

The Healthy Sandwell website is the first impression that many of our residents will have of us before they call or meet us. The new website is intended to be a model for other council staff to consider how they are meeting the needs of our residents.

We also have information on the main council website. Any information on here should be written in the same style.

How we read online

We read differently online to how we read on paper. Online users will scan for the information we need rather than read every word. Most people will read the top line and then scan down the left-hand side. This pattern looks roughly like an "F".

Research shows that 80% of users on a mobile or tablet do not scroll past the first quarter of a page.

Eye scanner research shows us that people spend more time looking at pictures than text.

Headings and sub-headings

Headings and sub-headings help users to scan your content. They are also important for people using assistive technologies to navigate a page.

Make sure headings are short, frontloaded and use the active voice.

Do not use questions in headings. They are not frontloaded, can take longer for the user to scan and are harder to understand.

Inverted pyramid

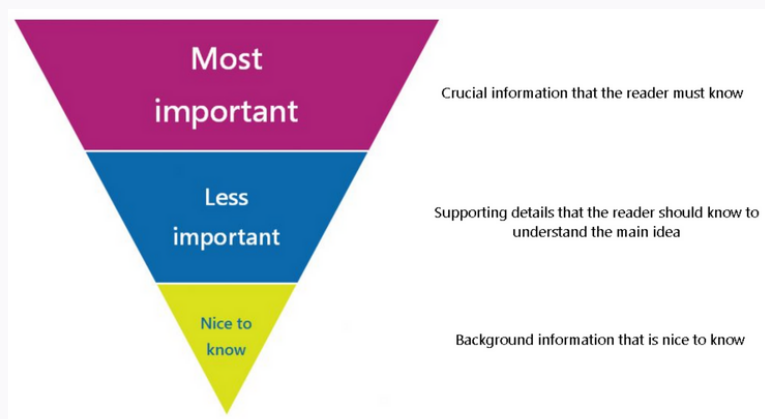
The most important information in your content must be at the start – this is called frontloading.

We can use the inverted pyramid to achieve this, placing information in order of importance on the page. This is the best practice style when writing your content.

The main information of the content – who, why, what, where, when and how – appears in the first paragraphs so that most users will see it.

The inverted pyramid structure is:

1. most important information
2. important details
3. other general or background information



Use clear language

Use the active voice – this is when the subject of the sentence is doing something, rather than having something done to them. Use plain English when writing. For example:

“The statistics were scrutinised by the experts”

Should be rewritten as:

“The experts studied the statistics.”

Using “studied” instead of “scrutinised” is plain English and accessible. Having the “expert” doing the action as the subject of the sentence makes it active and easier to understand.

Structuring paragraphs and sentences

As with the overall structure, each paragraph and sentence should be frontloaded with the most important information at the start.

When writing your content, your paragraphs should:

- have no more than four sentences that follow a logical order
- begin with the most important information for that paragraph, meaning readers can skim through the information
- make complete sense on their own
- cover one subject

Individual sentences should be no longer than 20 words. If they are any longer, they may need to be divided into two.

A sentence should not start with a figure. If it does, the sentence should be restructured. For example:

“47% of people in the population of the UK are left-handed.”

Should be rewritten as:

“Left-handed people make up 47% of the UK population.”

How to draft a press release

- Provide clear and concise information covering the who, what, why, where, when and how of the story.
- Give as much notice as possible. A press release about a specific event needs to be issued at least 1-2 weeks before it happens.
- Avoid jargon, technical information and unexplained acronyms. Keep it simple and consider whether someone who knows nothing about the subject would understand it. You don't need to attempt a full press release yourself; bullet points are fine.
- Is there anything quirky, unusual or ground-breaking about the subject matter, or a real human story behind it? If so, include it.
- Wherever possible, provide us with costs of schemes and details of where the funding has come from.
- If it's a major scheme, do you have an artist's impression? Newspapers and web-based media like to reproduce artist's impressions if they are available.
- Advise the press team on the relevant cabinet member and director relating to this release and tell us who will need to see the release before it is issued.
- Include a contact name/phone number/email address/website that can be published, for the public and/or media to call to find out more information.

WRITING EASY READ DOCUMENTS

What does easy read mean?

Easy read can mean something different to different people. For example, this could mean large print or braille. For others, this could mean translated into their first language. In this case we are talking about people who may find reading or writing difficult.

If you are producing easy read documents, it is important to involve some of the people who are making up your intended audience before general release.

Key tips:

- Most people find it easiest if pictures are to the left of the text.
- A good font to use is Arial or something that looks similarly plain. Examples of good fonts include: Tahoma, Verdana, Myriad, Helvetica, Calibri, Candara, Corbel, Segoe, and Gill Sans amongst many others.
- Avoid writing words in capitals. This will make the word look unfamiliar and too uniform.
- Add extra space between the lines of your text. This will make it easier to read. For example in Microsoft Word choose 1.5 line spacing instead of single line spacing.
- Having a toned background behind your text reduces the glare of the paper and makes the text easier to read.
- Try to write your information in short, clear sentences. Do not use complicated words, words that are hard to understand or jargon words.
- Be consistent with the words that you use. If you refer to the same person or object several times in your text, always call them by the same name.
- Try not to put more than one piece of information in each sentence.
- Make the picture as big as possible. It is important that every detail that could help the reader understand is visible.
- Use Photosymbols to select pictures as these are recognised by a wide audience.

ACCESSIBILITY

Why we check accessibility

Not everyone reads in the same way. For that reason, it is important we check a document is accessible before we publish it or share it with others.

An accessibility check will look at your language, reading order, use of bullet points, any images and other factors.

There are different accessibility checks for different systems.

Microsoft Office

When editing any Microsoft document, always use the Check Accessibility feature.

Find it in Word, PowerPoint, Excel and Outlook under the Review tab/menu: select Check Accessibility.

- It identifies issues in your document
- It explains why they can be a problem
- It then suggests how to fix them

This accessibility checking option is available in most Microsoft programs for both Windows and Mac and online Office 365.

To support the accessibility check, consider the following:

- Use a consistent font across the document.
- Use headings to convey structure.
- Do not use tables for layout purposes. Where tables are used keep the structure as simple as possible and use alternative text options.
- Use hyperlinks rather than URLs.
- Provide alternative text for all non-text content.
- Do not use text boxes.
- Do not use colour alone to convey information.

Acrobat PDFs

PDF files are typically created in some other application. Optimally document accessibility should begin in the native document format.

There many things that can be done in native document applications to support accessibility, such as adding alternative text for images; defining structural headings, lists, and data tables; providing document language; and setting document properties such as titles.

Some tips to improve accessibility of a PDF:

- Assistive technology software cannot read or extract the words in a graphical representation.
- Be careful with the font you choose and make sure it is clear.
- Use navigation aids to guide around the document and to outside it.
- Specify the document language.
- Make sure you have a clear title.
- If you use security settings be careful that they do not interfere with screen readers or braille.
- Use alternative text descriptions for non-text elements.

If you are producing a lot of PDF documents, it may be worth investing in the Acrobat Pro so that you can run the Accessibility Check.

Alternative text

Writing alt text is all about context.

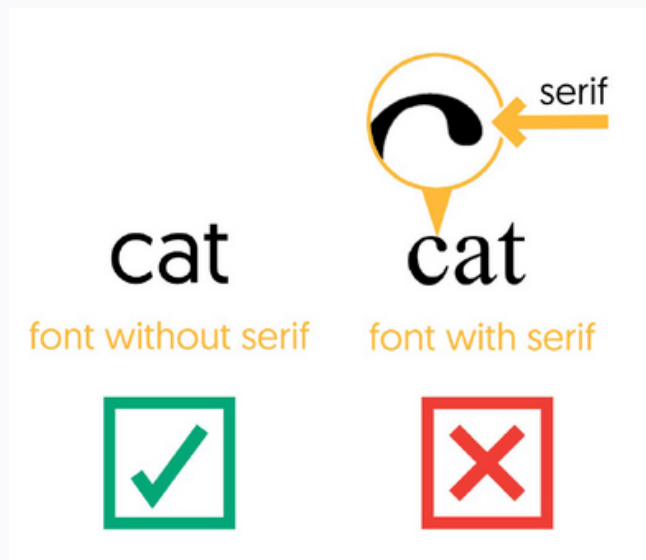
Here are a few of things to keep in mind when writing alt text:

- Alt text should be specific and not overly descriptive.
- Good descriptions are concise, but describe what's in your images accurately enough to understand their context.
- Stay clear of repetition.
- Never start your alt text with 'image of' as this will be obvious to the user.
- Include any essential text or data that's part of the visual.
- Images that already have a caption describing the image, may not need additional alt text.
- Screen readers might not announce exclamation or question marks.
- Alt text is used by search engines too, so using alt text can help grow visibility online.

FONTS

Key tips:

- A good font to use is Arial or something that looks similarly plain. Examples of good fonts include: Tahoma, Verdana, Myriad, Helvetica, Calibri, Candara, Corbel, Segoe, and Gill Sans amongst many others.
- Avoid using any font that contains serifs.



To assist people reading with visual impairment or if using digital screen readers:

Left justified black text on a white background provides the best contrast.

Use a clear font (Arial is preferred), 16 point and good line spacing.

Avoid where possible but if using ensure - accessible hyperlinks, use alt text image descriptors and check that tables tab across.

ADDITIONAL RESOURCES

Microsoft Word Reading Ages

The Flesch-Kincaid score grades your writing on readability. If the score is high, the sentence is more readable. To find this in Microsoft Word, follow these instructions:

1. Select "File", and then select "Options".
2. Select "Proofing".
3. Make sure "Show readability statistics" is selected.

Ideally you should be aiming for a score of 70 or higher.

Flesch Reading Ease

Score	Style
90 - 100	Very easy
80 - 90	Easy
70 - 80	Fairly easy
60 - 70	Standard
50 - 60	Fairly difficult
30 - 50	Difficult
0 - 30	Very difficult

The A to Z of alternative plain English words

You can search words or phrases, or browse through the A-to-Z pages, and find plain English alternative words to use.

www.plainenglish.co.uk/free-guides.html

The Collins Dictionary

The Collins online dictionary classifies words from A1/A2, B1/B2 to C1/C2. The A classified words are readable by beginners and C classified words are for fluent speakers and readers. This can help you to decide whether a word should be used.

www.collinsdictionary.com/

Reading Age checker

You can copy text in to a readability calculator. Avoid putting any confidential information into an online system.

readabilityformulas.com/free-readability-formula-tests.php

Text Alternatives

A decision tree to guide you on writing better text alternatives for images.

4syllables.com.au/articles/text-alternatives-decision-tree

OUR PLEDGE

Sandwell Public Health team pledge to implement this communication guide robustly, to include:

- Communications to be translated into the four most commonly spoken languages where possible.
- Services commissioned by Sandwell Public Health to offer language support where possible.
- For all written communications produced by Public Health to have a reading age of Grade 8 or lower (Flesch-Kincaid score of 70 or above).
- That we shall use Health Literacy policies in our communications.
- We shall adopt Plain English across all written communications.
- We shall continue different user needs with each communication style we use.

Sandwell Public Health

Acknowledgements

With thanks to Anna Blennerhasset, Diane Millichamp, Nicole Robins and Rebecca Down for producing this document.

This document will be reviewed in December 2024 to ensure the content is relevant and updated.

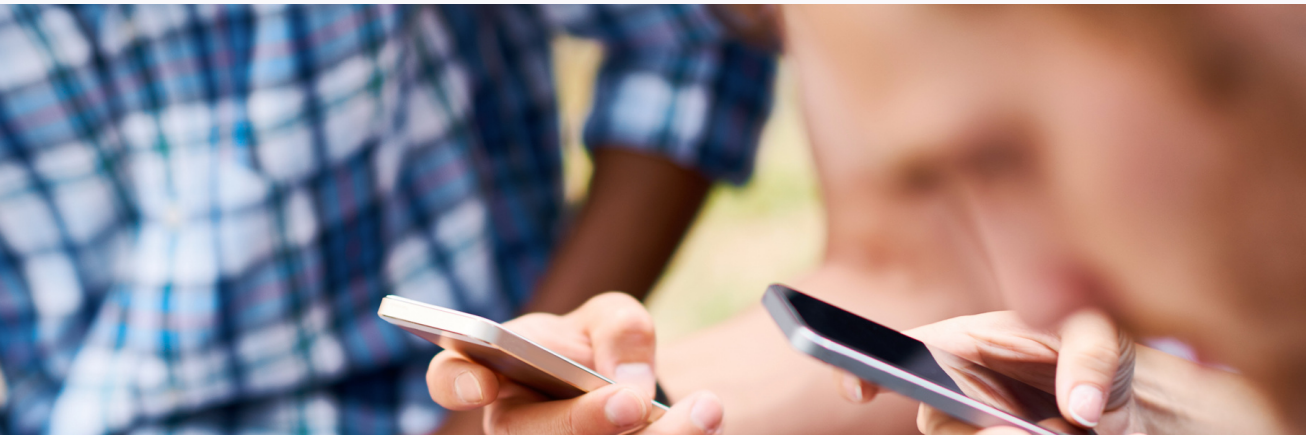


PUBLIC HEALTH SANDWELL PLAIN ENGLISH GUIDE



NOV 2023

This document is designed to be used in collaboration with the Public Health Sandwell Communication Guide



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INTRODUCTION

A Brief analysis of Sandwell residents

In 2021, almost 30% of Sandwell residents aged 16 and over (28.9%, 76,840) reported having no qualifications. This is much higher than the England and Wales figure of 18.2%.

Data released by the Learning and Work Institute in June 2022 shows Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands area.

01

88% of Sandwell residents speak English as their main language compared to 92.3% nationally.

02

Of those residents who do not have English as their main language, 24.8% cannot speak English well and 5.5% cannot speak English at all.

03

In 5 wards of Sandwell less than 80% of residents speak English as their main language.

04

The top four languages spoken in Sandwell after English are Punjabi, Polish, Bengali and Urdu.

05

Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands with 25.7% requiring essential skills support.

AIMS

- To reach a further 10% of the population by translating key information into the top 4 languages spoken in Sandwell, after English.
- To make all Public Health communications easier to understand for all and inclusive of community needs.
- To understand the importance of Health Literacy and how we can embed Health Literacy policies across our work, particularly in verbal communications.
- To ensure the services offered by Public Health are inclusive.

PLAIN ENGLISH - INTRODUCTION

What is Plain English?

Plain English is a style of giving information that enables someone to get the facts they need, understand them easily and act on them if they need to. It involves not only writing more clearly, for example through simpler phrases, more direct language or shorter sentences, but also structuring and laying out information in a way that makes it easier to follow. The term usually applies to written information, but plain language in speech is just as important, particularly when there can be more constraints on checking understanding.

The simple rules:

There are a few simple rules for writing in plain English. In summary these are:

- avoid wherever possible using jargon, abbreviations and technical terms – if you have to use them provide a clear explanation
- avoid complicated English or uncommon words
- use active not passive phrases, for example say ‘we will do it’ rather than ‘it will be done by us’
- keep sentences short
- plan out the order and structure of the summary
- break up the text, for example use bullet lists or headings
- ask local residents and organisations to read a draft to find out if anything is unclear

Why Plain English?

Everyone scan reads: we all have little time and short attention spans. Plain English helps people understand if and why your communication matters to them.

It gets your message across: it makes it clear to people what action they need to take, leading to better outcomes for you and your audience.

It's more accessible: it's especially helpful for the 10% of the population with a visual impairment or reading disability such as dyslexia.

It saves your audience time: it may take you longer to write in plain English, but this pays dividends as it saves everyone else time and makes your communication more effective.

It's appropriate for leaders and academics: the more educated the person and the more specialist their knowledge, the greater their preference for plain English, because it allows them to understand the information as quickly as possible.

Plain English in a nutshell

1. Think about your audience
2. Open with what matters most to your audience
3. Use 'you' and 'we'
4. Avoid the passive voice
5. Keep sentences and paragraphs short
6. Use lists
7. Use the simplest words that work
8. Avoid nominalisations ("zombie nouns")

THE MAIN POINTS

Keep it short

Long sentences and paragraphs make information difficult for to take in or understand.

Keeping sentences short is a key part of writing clearly. A good sentence length is between 15 and 20 words but vary sentence length to make your writing more interesting.

Try to keep to one main idea or point per sentence. This is particularly important if you are writing for people who may not have a high level of literacy or whose first language is not English.

Break up sentences with a full stop. Avoid using semicolons. You can start a new sentence with a conjunction, such as "and" or "however".

Short paragraphs are easier on the eye than a block of dense text. So break them up where you can. Use bullet points to break up text but do not overuse them.

Write active not passive sentences

Active sentences (where somebody does something) are direct, lively and interesting. Passive sentences (where something is done to someone) can sound bureaucratic and dull.

This is the order of an active sentence:

1. noun - the 'doer', the person or the thing that is acting
2. verb - the action itself
3. object - the thing that the action is being done to

The structure of a passive sentence is:

1. object
2. verb
3. noun

Examples

Active: We wrote this guide.

Passive: This guide was written by us.

Active: The council has to follow certain rules set by the Government in relation to third party contributions.

Passive: Certain rules set by the Government have to be followed by the council in relation to third party contributions.

Occasionally it can be better to use a passive sentence. For example if an active sentence sounds aggressive, or if you need to share responsibility when something has gone wrong. However this should be the exception rather than the rule.

Jargon

To us, using jargon may be a sign of our professional expertise. To someone else it may be impossible to understand, off-putting and appear pompous.

Jargon can also be misunderstood.

Examples

"When used correctly, exempted appliances should not emit visible smoke, but even Defra exempt appliances can emit high levels of PM2.5 pollution."

Think of the confusion this may cause for someone not familiar with the subject matter.

You are not communicating if people do not understand you. Be clear about who you are writing for and choose your words accordingly.

Clichés and buzzwords

Cliché: a word or expression that has lost most of its force through overexposure.

Examples

“All that glitters is not gold.”

Words or phrases become clichés when they are used often. A good test is if you have heard a word or expression so many times it makes you wince or switch off completely.

Examples

Stakeholders: do we really know who these people are?

Going forward: everyone seems to be going forward.

Because clichés are overused, the reader (or listener) can easily ignore what you are trying to say. Avoid using them.

Long words

Choose words that are appropriate to your audience. If you have a choice between a long word and a short word that mean the same thing, use the short one.

Examples

Use and utilise
Form and proforma

If you are writing for people with learning disabilities always use words that are easy to understand.

Do not be afraid to use the same word twice in one sentence. It can be less confusing.

Slang

Do not use slang or text-speak unless you are doing a time-limited, specific project working closely with and for young people or children.

Not everyone will understand slang or text-speak. It can mean different things to different people. Meanings can change quickly.

Examples

Wicked, sick, dope

Use the right tone

Using the right tone will help give people a positive image of the council. Using the wrong tone can create the wrong impression and harm the council's reputation.

Your tone should be friendly and caring, without sounding patronising.

Use everyday words and language, rather than formal jargon. Write to inform, not to impress.

Avoid any language that might offend people.

It can help to read what you have written out loud. Put yourself in the position of the person you are communicating with. What impression will your words give?

Use 'I', 'we' and 'you'. It makes your tone more personal, sincere and less intimidating. Use 'we' instead of 'the council' or 'Public Health' when it is clear you are writing as a representative of that organisation.

Consider readability

Readability testing is a way of getting an idea of how easy a text is to read. It is not an exact science and should not be used on its own measure of the suitability of your text.

If you are writing your text using Microsoft Word, you can get a readability score by following these instructions:

- Select "File", and then select "Options".
- Select "Proofing".
- Make sure "Show readability statistics" is selected.

This will give you a Flesch-Kincaid score. If the score is high, the sentence is more readable. Ideally you should be aiming for a score of 70 or higher.

If you are producing a document that it is important it is recommended that it is tested on a selection of potential readers before it is printed.

Tips for reducing the reading age of a document include:

- Use simple words - opt for plain language and choose common words over complex ones.
- Shorten sentences - Break complex ideas into shorter sentences to improve comprehension.
- Avoid jargon - minimise technical or industry-specific terminology that might be unfamiliar to a broad audience.
- Active voice - use active voice instead of passive voice for straightforward and direct communication.
- Limit subordinate clauses - reduce the use of complex sentence structures with multiple clauses.
- Visual elements - include visuals like charts, graphs or illustrations to aid understanding.
- Bullet points - use bullet points to present information in a concise and organised manner.

Flesch Reading Ease

Score	Style
90 - 100	Very easy
80 - 90	Easy
70 - 80	Fairly easy
60 - 70	Standard
50 - 60	Fairly difficult
30 - 50	Difficult
0 - 30	Very difficult

Readability continued

- Whitespace - ensure proper spacing between lines and paragraphs for a clean and less overwhelming layout.
- Logical flow - organise content in a logical sequence to help readers follow the information easily.

You should also consider **accessibility** (see Public Health Sandwell Communication Guide)

AN A-Z OF PLAIN ENGLISH

Abbreviations and acronyms

An abbreviation is the shortened form of a word or phrase.

An acronym is an abbreviation that is made up of the first letters of other words, so that the abbreviation itself forms a word.

Examples

Abbreviations: Oct, PCT, BBC, LGA, SMBC, CD, NHS, Mr, Dr

Acronyms: SPIN, AIDS, IDeA, SCIE

Write out the words in full on first use, with the abbreviation in brackets afterwards.

Examples

The Local Government Association (LGA) recommends that councils avoid the use of jargon. The LGA has published a list of words that councils should avoid.

Write all letters in capitals for abbreviations that are pronounced as a series of letters, for example RNIB, BBC.

Write all letters in capitals for acronyms unless the organisation that you are referring to writes it in a different way, for example Socitm, IDeA.

Do not use full stops between the letters of the abbreviation or at the end of it. Do not leave spaces between the letters.

Avoid the use of etc., e.g. and i.e. especially if you are writing for people whose first language is not English or who may have a learning disability. Use 'and so on', 'for example', 'in other words' or 'that is' instead. However, if you do have to use e.g. and i.e. use them with full stops separating the letters.

Addresses and phone numbers

The way that you should write an address will depend on how you want it set out on the page.

Examples

Sandwell Council House, Freeth Street, Oldbury, B69 3DE

Sandwell Council House
 Freeth Street
 Oldbury
 B69 3DE
 United Kingdom
 Tel: 0121 569 5100
 Email: press_office@sandwell.gov.uk
 Web: www.healthysandwell.co.uk

If you are writing the word ‘email’ as part of a sentence it should be written with a lower case e, as should fax, textphone and telephone number.

Set out phone numbers as follows: 0121 569 5100, 01384 276812, 0800 011 4656

Ages

Do not use hyphens in ages unless to avoid confusion, although it’s always best to write in a way that avoids ambiguity. For example, ‘a class of 15 16-year-old students took the A level course’ can be written as ‘15 students aged 16 took the A level course’. Use ‘aged 4 to 16 years’, not ‘4-16 years’.

Avoid using ‘the over 50s’ or ‘under-18s’. Instead, make it clear who’s included: ‘aged 50 years and over’ and ‘aged 17 and under’.

American and UK English

Use UK English spelling and grammar. For example, use ‘organise’ not ‘organize’, ‘modelling’ not ‘modeling’, and ‘fill in a form’, not ‘fill out a form’.

Ampersand (written as &)

Do not use ampersands except in abbreviations where everyone would use them such as A&E or where they appear in a company name or logo.

Do not put spaces before or after the ampersand.

Apostrophes

We mainly use an apostrophe to show:

- where a letter or letters are missing (called a contraction)
- when something or someone belongs to someone or something.

We also use it in some expressions to do with time.

Missing letters (contractions)

It's ok to use contractions in our public information. However, avoid using them in formal documents.

Examples

Don't (do not) forget to back up your files.

It's (it is) a lovely day for the Big Spring Clean.

You're (you are) always here before me in the morning. It's (it is) your choice if you want to leave your house at 6am. I'd (I would) rather stay in bed for an extra hour.

Only use an apostrophe with 'its' when it is short for 'it is'.

Examples

It's that easy!

The dog wagged its tail.

Apostrophes continued

To indicate ownership or possession

The apostrophe follows the person or thing that owns the thing or action we are writing about.

Examples

The woman's scarf was blue.

The protestors' van was blocking the road.

Most customers' complaints are dealt with promptly.

With plurals and possession it's a good idea to think about how you would say the word, for example

Expressions of time

Examples

Do not use an apostrophe for:

One week pregnant

One month late

Three days old

You should use an apostrophe for:

One week's pay (one week of pay)

Two month's notice (two months of notice)

If in doubt, see if you can replace the apostrophe with of.

Bold, italics and underlining

Avoid the use of *italics* and underlining. They make the text difficult to read.

Use **bold** for emphasis, but do not overuse it or it will lose its impact.

Make the type size bigger (larger font sizes) instead of underlining to show the difference between the text and the heading.

Bullet points

A list in which each point is a complete sentence should be written as a sentence with a capital letter at the beginning.

Examples

According to the feedback, this event was better than the last one.

- There was plenty of food and everyone liked it.
- No one complained about the heating this time.
- The speakers were praised for their entertaining and informative presentations.

A list which is a continuous sentence is written with lower case letters at the beginning and can have semi colons if it is in a long or more 'official' document. Note that there are no capital letters at the start of each bullet point.

Examples

Challenges that we face next time include:

- ease of booking;
- latecomers; and
- stationery supplies.

When a list is to appear on the web, in a leaflet or a booklet, bullet points that are a continuous sentence are written without semicolons.

Examples

Challenges that we face next time include:

- ease of booking
- latecomers
- stationery supplies.

Capital letters

Do not use blocks of capital letters as they are hard to read. On the web and in email they are the same as shouting.

Keep capitals to a minimum. Using capital letters can make a word seem more important than it is and can create a barrier between you and your reader. In general, capital letters should be used for proper nouns only. Proper nouns are words, or groups of words that refer to people, places and things that are unique.

Examples

England, The Oxford Dictionary of English, Sandwell Council House, Public Health directorate

Use a capital letter for council only when it is used as part of a name: Sandwell Metropolitan Borough Council.

Here are some areas where capitals are used that often cause debate or uncertainty.

Braille

We use a lower case 'b' for braille despite what spell check says. The Royal Institute of the Blind (RNIB) writes it this way.

Days, months and seasons

Days and months should all have capital letters. Use lower case for seasons. Use lower case for new year, but capitals for New Year's Eve and New Year's Day.

Religious festivals

Should all have capital letters.

Capital letters continued

Government and policy

The Government, when used as a noun referring to the Government of this country, has a capital letter.

Write general terms such as departments, governments and councils in lower case.

Use capitals when referring to particular acts of Parliament such as The Freedom of Information Act.

Groups of people

Do not use capital letters for groups of people, for example, older people, people with mental health illness, young people.

This also applies to generic job or service titles. See **jobs, teams and services** below.

Headings

Write all headings in sentence case. This means you only use a capital letter at the start of the first word of the heading, unless you are using names, proper nouns, abbreviations and acronyms. Do not use all capitals or underlining. Do not put a full stop at the end of a heading.

Illnesses and conditions

Only use a capital letter for an illness or condition if it is named after someone.

Examples

Crohn's disease, Alzheimer's disease, cancer, diabetes.

Capital letters continued

Jobs, teams and services

If you are not using the proper name of the services do not use initial capitals. In others words, use lower case.

Examples

Adult social care services is a description of the services provided, not the name of a specific service or division. Adult Social Care is the name of the directorate that provides these services.

Write individual's job titles with initial capitals, for example, the Director of Public Health. Write generic job titles in lower case.

Examples

There are 50 social workers and 30 environmental health officers coming to the event. The Service Director of Children and Families will give a presentation.

Nationalities and ethnicities

Use initial capitals for nationalities and languages - English, Asian, African-Caribbean. Don't use capitals for adjectives such as black, white, minority ethnic.

You should refer to specific ethnic groups where possible.

Places

Use initial capitals for the whole name - Sandwell Valley Country Park, Wednesbury Museum.

Colons and semicolons

Use colons to introduce lists, quotes, examples and to link contrasting statements. Use them instead of ‘and’ or ‘but’. Do not use a capital letter after a colon unless the word would have a capital letter normally.

Use semicolons to punctuate bullet-pointed lists in formal documents (see bullet points on page...). Use them to separate two very closely related sentences; or in word groups that already contain commas, to avoid clutter.

Commas

Commas “serve a logical purpose, usually to separate different thoughts or nuances within a sentence” (Collins Complete Writing Guide).

Examples

Our Manager, Jane Smith, admits she is picky about grammar.

Personal Assistant Andrew Brown has been awarded a certificate of excellence.

In the first sentence we could have left out the name of the manager. However, we chose to add in this additional information. In the second sentence the fact that Andrew Brown is a PA was important information that was needed to convey our message. It would not have been meaningful if his name was left out.

Dates and times

Dates

Writes dates like this: Monday 23 July 2023. Do not use ‘the’ before a date, ‘of’ in the middle of it or use ‘st’, ‘th’, ‘rd’ or ‘nd’.

Times

Write times using numbers. Put a full stop between the hour and the minutes and then either am or pm, with no space after the last number.

Where there are no zeros write the time without the minutes.

Dates and times continued

Times continued

Examples

12.30pm, 10.15am, 12noon, 12midnight, 7am, 6.30pm

Time spans: you can either use ‘12noon-10pm’ or ‘from 12noon to 10pm’ (see also section on hyphens and dashes). Do not mix these two styles within one document.

Decades

Write decades in numerals followed by an ‘s’, with no apostrophe: 1960s, 2010s.

Ellipsis (written as ...)

Do not use ellipses except in a very conversational style or to abbreviate quoted text.

Exclamation mark (!)

Do not use an exclamation mark unless it is necessary to convey meaning. Use it to show anger, scorn, disgust, sarcasm, shock, irony, surprise or after an insult or command. We would rarely need to use it in official communications.

Full stops

Only put one space after a full stop. This is the standard practice for both online and print production.

See also abbreviations on page 12.

Hyphens and dashes

There is a difference between a hyphen and a dash. A hyphen is shorter and there are two types of dashes (see below).

Hyphens

Words should be hyphenated if they:

- make no sense if used on their own
- are linked together in some way
- need hyphens to get rid of ambiguity.

Examples

Six-foot wall - can you have a six wall or a foot wall? They don't make sense on their own so should be hyphenated.

Ten-year-old child, much-needed policy - the adjectives are linked.

What's the difference between a man-eating shark and a man eating shark?

If in doubt, at least make sure that if you hyphenate a word at the start of a document, you continue to hyphenate it throughout.

Use one word with no hyphen whenever this is possible. Hyphens tend to clutter up text.

Hyphens are often used in printed text to split up words that will not fit on a line. You should never split a word across a line in this way as it does not comply with guidance on accessibility.

Hyphens should not be used in any other circumstances. See dashes below.

Dashes

There are two types of dashes. A short one called an en dash and a longer one called an em dash. We use the shorter dash in our publications. The shortcut for this in Word is ctrl + minus button.

Hyphens and dashes continued

Dashes continued

Use a dash in these situations.

- Instead of brackets, when something is said as an aside, afterthought or explanation.
- To introduce an example of something that has gone before.
- To show sequences or periods of time.

Examples

The 24 hour clock - which we use more and more these days - can be confusing for many people.

We have to consider two main things when producing information for the council - branding and accessibility.

1-5, 1960-1970, 9am-5pm, Mon-Fri

Numbers

Spell out numbers one to nine. Numbers 10 or more should be written as figures. You can use figures for all numbers when they appear in tables, as percentages or costs.

Write one million, two thousand, sixty thousand and so on. This avoids potential mistakes with the number of zeros on the end of a large number. You would still write 1,345,300 for example

Never start a sentence with a figure, always spell it out.

Examples

Three people from our team went to the awards ceremony. There were about 400 people there. .

Obliques (written as /)

As obliques can be used to mean ‘or’ or ‘and’ they can be confusing. Avoid using them unless it will make text too long and affect formatting. Do not put spaces before or after the oblique.

Paragraphs

The length of a paragraph depends very much on the complexity of the subject matter. Sometimes you need to read quite a lot about one small point to make yourself clear. At other times, a couple of sentences is enough.

To make documents as readable as possible, give the reader small chunks of information at a time.

Use as few paragraphs as possible and as many as necessary. If you are creating a complex document, use subheadings to break up the information.

Quotation marks

Direct speech

Use double quotes (“”) at the start and end of a quote. Use single quotes (‘’) if you need to put a quote within a quote. Introduce the quote with a colon.

Examples

Harjit said: “I went to an exhibition this weekend.”

It’s really wet,” said Jane, “and I don’t have an umbrella.”

Punctuation marks go inside the final quotation mark if they relate to the quoted words, but outside if they relate to the whole sentence.

If you are quoting direct speech you must quote it exactly as the person said it, **not** an approximation of what they said.

Use single quotes (‘’) if you are stating the name of a book, play or film, or when quoting a section from a report or speech.

ADDITIONAL RESOURCES

Microsoft Word Reading Ages

The Flesch-Kincaid score grades your writing on readability. If the score is high, the sentence is more readable. To find this in Microsoft Word, follow these instructions:

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www.plainenglish.co.uk/free-guides.html

The Collins Dictionary

The Collins online dictionary classifies words from A1/A2, B1/B2 to C1/C2. The A classified words are readable by beginners and C classified words are for fluent speakers and readers. This can help you to decide whether a word should be used.

www.collinsdictionary.com/

Reading Age checker

You can copy text in to a readability calculator. Avoid putting any confidential information into an online system.

readabilityformulas.com/free-readability-formula-tests.php

Text Alternatives

A decision tree to guide you on writing better text alternatives for images.

4syllables.com.au/articles/text-alternatives-decision-tree

OUR PLEDGE

Sandwell Public Health team pledge to implement this communication guide robustly, to include:

- Communications to be translated into the four most commonly spoken languages where possible.
- Services commissioned by Sandwell Public Health to offer language support where possible.
- For all written communications produced by Public Health to have a reading age of Grade 8 or lower (Flesch-Kincaid score of 70 or above).
- That we shall use Health Literacy policies in our communications.
- We shall adopt Plain English across all written communications.
- We shall continue different user needs with each communication style we use.

Sandwell Public Health

Acknowledgements

With thanks to Anna Blennerhasset, Diane Millichamp, Nicole Robins and Rebecca Down for producing this document.

This document will be reviewed in December 2024 to ensure the content is relevant and updated.

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LANGUAGE AND LITERACY IN PUBLIC HEALTH

Rebecca Down and Diane Millichamp

(with input from Nicole Robins and Anna Blennerhassett)

NEED FOR CHANGE

- 88% of Sandwell residents speak English as their main language, compared to 92.3% nationally
- Data potentially underestimates language barriers since an understanding of verbal English does not necessarily correlate to English reading competency
- Communities should be able to make health decisions for themselves based on information that is available to them

WHAT DOES THE DATA SAY?

Proficiency in English	Number of People	%
All usual residents aged 3 years and over whose main language is not English	54,039	100.0%
Main language is not English: Can speak English very well	17,226	31.9%
Main language is not English: Can speak English well	20,420	37.8%
Main language is not English: Cannot speak English well	13,420	24.8%
Main language is not English: Cannot speak English	2,973	5.5%

30.3% cannot speak English well or cannot speak English at all.

LANGUAGES IN SANDWELL

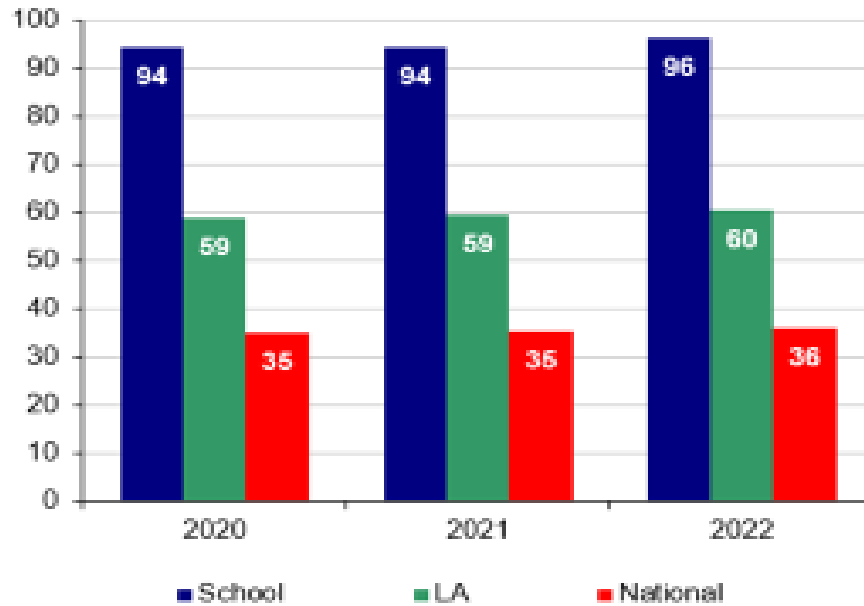
Top 10 Main languages		
All usual residents aged 3 years and over		
Main language	Number of people	%
English (English or Welsh in Wales)	274,709	83.6%
South Asian language: Panjabi	20,984	6.4%
Other European language (EU): Polish	5,685	1.7%
South Asian language: Bengali (with Sylheti and Chatgaya)	3,313	1.0%
South Asian language: Urdu	3,146	1.0%
Other European language (EU): Romanian	2,394	0.7%
West or Central Asian language: Kurdish	1,423	0.4%
South Asian language: Pakistani Pahari (with Mirpuri and Potwari)	1,158	0.4%
Arabic	1,081	0.3%
West or Central Asian language: Persian or Farsi	992	0.3%

By focusing on the top four languages after English; Panjabi, Polish, Bengali and Urdu we could reach an extra 10.1% of our population in Sandwell.

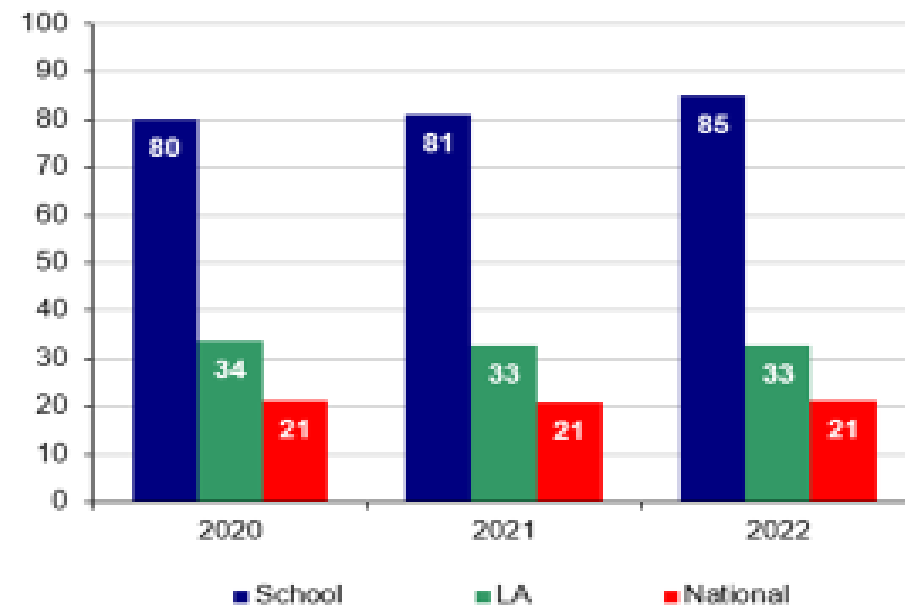
WHAT'S THE POINT?

Sandwell Primary School Census Data January 2022

Ethnic Minority



EAL – English as an Additional Language

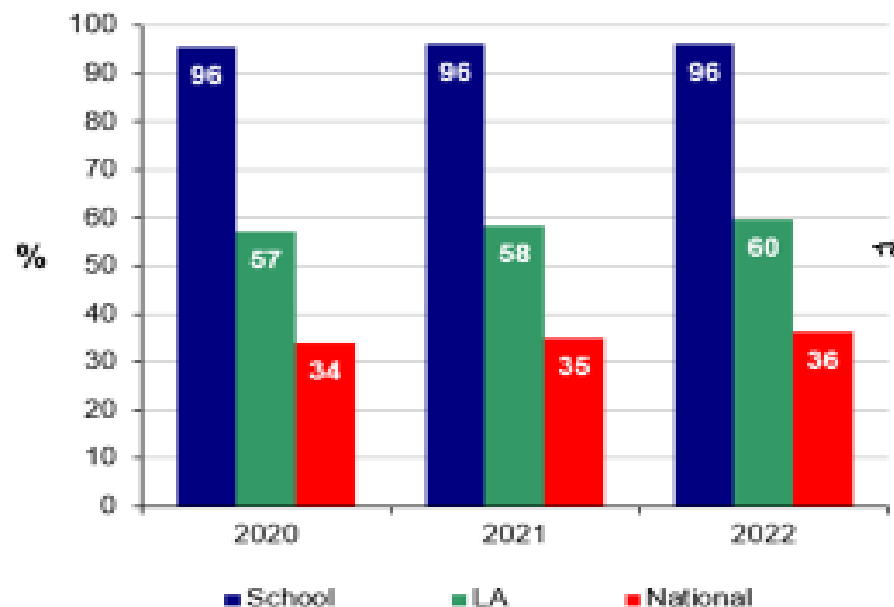


Sandwell School Census Data January 2022 – Devonshire Primary School

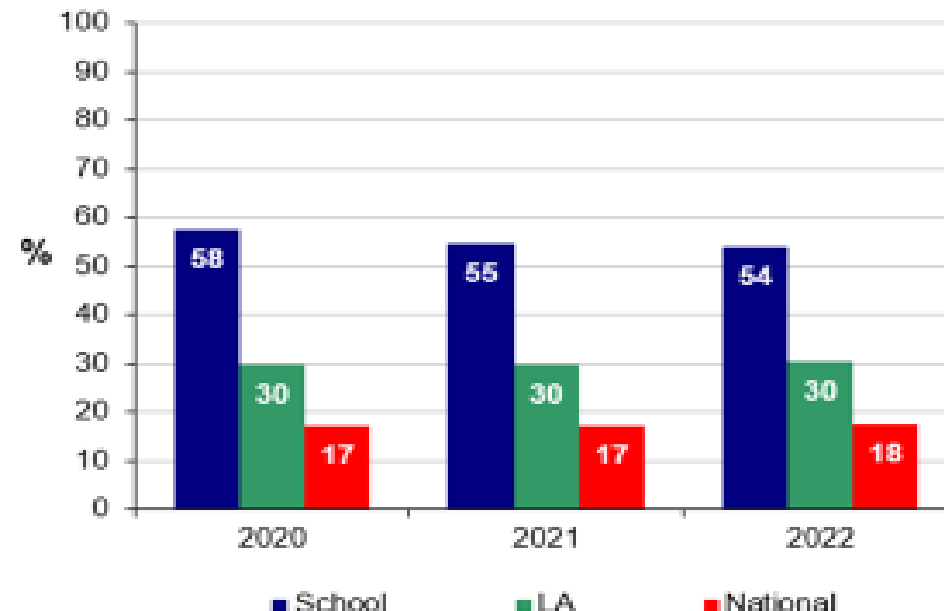


Sandwell Secondary School Census Data July 2022

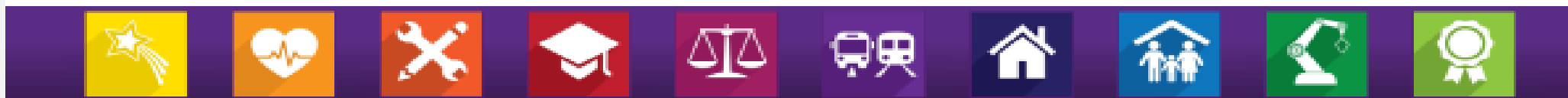
Ethnic Minority



EAL – English as an Additional Language



Sandwell School Census Data July 2022 – Holly Lodge School



LANGUAGE LEARNING PROVISION

- **Sandwell Language Network (SLN)**
- For people who cannot speak English or cannot speak English well
- SLN delivers informal community-based English classes using a hub and spoke model co-ordinated by **Sandwell Consortium CIC** (hub) and **16 local delivery partners** (spokes).
- **SLN Health-related Objectives**
 - Improve health literacy and access to healthcare services
 - Reduce social isolation and promote better mental health
 - Reduce health inequalities for migrant and ethnic minority communities



“When I go to the hospital, they would ask me ‘what language do you speak’ I want to tell them something, but I don’t know how to speak English”.

“A big problem is when I go to the doctor, he speaks English, I don’t understand.”



SLN SUCCESSES

- Wolverhampton University evaluation 2022
- **524** learners on the programme, representing **19** ethnicities, **53** nationalities and **39** different main languages
- **75** local volunteers recruited and trained
- **64%** of participants in receipt of benefits, unemployed, or from low socio-economic backgrounds
- **88%** of learners achieved progression and/or take up of additional support services
- Almost **9 in 10** respondents surveyed said that SLN improved their ability to understand the NHS, book an appointment with a doctor or nurse, explain health concerns to a health professional and get to know others in their local area.
- Secured funding from the Sandwell Health and Care Partnership for 2022-24.
- LCG Award Nomination 2023

“Learner S is now more able to communicate in confidence. Her ability to comfortably book appointments on her own is an accomplishment in itself” ESOL Tutor

LITERACY LEVELS

- In England and Northern Ireland, around 5.8 million (16%) of people score at the lowest level of proficiency in literacy. This is estimated to cost the UK £81 billion a year in lost earnings and increased welfare spending.
- In 2021, almost 30% of Sandwell residents aged 16 and over (28.9%, 76,840) reported having no qualifications. This is much higher than the England and Wales figure of 18.2%.

Local Authority	% of people with essential skills needs	People with essential skills needs
Sandwell	25.7	52,401
Wolverhampton	24.9	30,578
Dudley	24.2	46,044
Birmingham	24.0	175,700
Walsall	23.7	40,730

It also shows Sandwell to have one of the lowest literacy levels in England.

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Top 10 Best Treks in South America

28 August 2014 Adventure, Bolivia, Chile, Colombia, Ecuador, Peru, Trekking

A 21-day trek was crumpled together by two big hands to form giant peaks. The jagged peaks of the Andes rise up along the West coast of the continent. The second biggest mountain range in the world is a constant presence as you travel through South America - affecting climates, cultures and the lives of those who live in their mighty shadows. Is it a wonder then, that this part of the world offers some of the best trekking and most awesome scenery known to man? As backpackers we merely skirt around the edges of the impossible. We hike, having in the foothills on footpaths, which cut through the mountains and allow us a taster of their terrifying beauty. Like many adventures in South America (unlike South East Asia), even the most simple 'day treks' can be a test of endurance and you'll need to be fit and well prepared to enjoy yourself. As local guides bound through ice and snow at high altitudes in nothing but flip-flops as your only footwear, your body struggles with every step - you'll wonder if humans are made differently after all.

At times the treks reward you with ancient treasures - stunning turquoise lagoons, Desert Mountains, Inca ruins and lost cities. At times the reward is solely in the incredible landscapes that you walk through, the dead silence of the deserts to nature. Here are the Top 10 Hikes in South America:

1. **S. Cruz, PERU**

- 11,750 meters
- Difficult
- Best time to go: September

The quirky mountain city of Huaraz is the starting point for this three-day trek in the Cordillera Blanca region of the Peruvian Andes, deemed the highest tropical mountain range in the world. You'll drive out of the city by mini bus to a small village (called Cashapampa) in the foothills of the Cordillera, where you'll begin walking through a valley with 6,000-meter mountains all around you. Most of the walking is done in the morning (five-six hours / day) before the weather closes in and you'll make camp each day around 2pm. The trek takes you past amazingly blue glacial lakes, through a strange sandy desert that feels like a mountain beach and on the last day (depending on which way round

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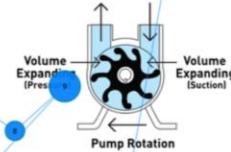
Water Pump

Your water pump is responsible for keeping your engine cool. It's a simple system that works very well. Cooling water is drawn in through the intake grates on your lower unit, up to and through a rubber impeller keyed to the drive shaft on top of the lower unit, and pumped up into the powerhead of your outboard. There it circulates and eventually exits back down through the propeller to help keep it cool from the outboard's exhaust. A telltale hole emits a small, visible stream of water after it has passed through the powerhead, to help indicate that cooling water is flowing.



Tip: If water should stop flowing from the telltale hole on your outboard, or if the stream becomes weak, carefully check the outlet tubing for obstructions. Mud daubers and other insects love to call these places home, especially during periods of extended storage.

Tip: Not all outboards will emit waterflow from the telltale hole at idle speed, even when operating normally. Once RPM increases a bit, however, you should see it. If you don't, keep a close watch on your temperature gauge and listen for a warning horn. Additionally, Yamaha outboards have an RPM reduction mode (as do most brands) which will limit the engine RPM if an overheat condition is detected.



Time without use can lead to the impeller "taking a set", or becoming permanently deformed, due to its off-center positioning inside the cup. This condition makes water flow much weaker. Additionally, periods of non-use can cause the rubber to become more brittle, perhaps even breaking pieces off and sending them into the cooling system. For these reasons, it's best to replace your water pump impeller or the entire water pump assembly when servicing these items, and never rotate your outboard's crankshaft or driveshaft in a counterclockwise direction.

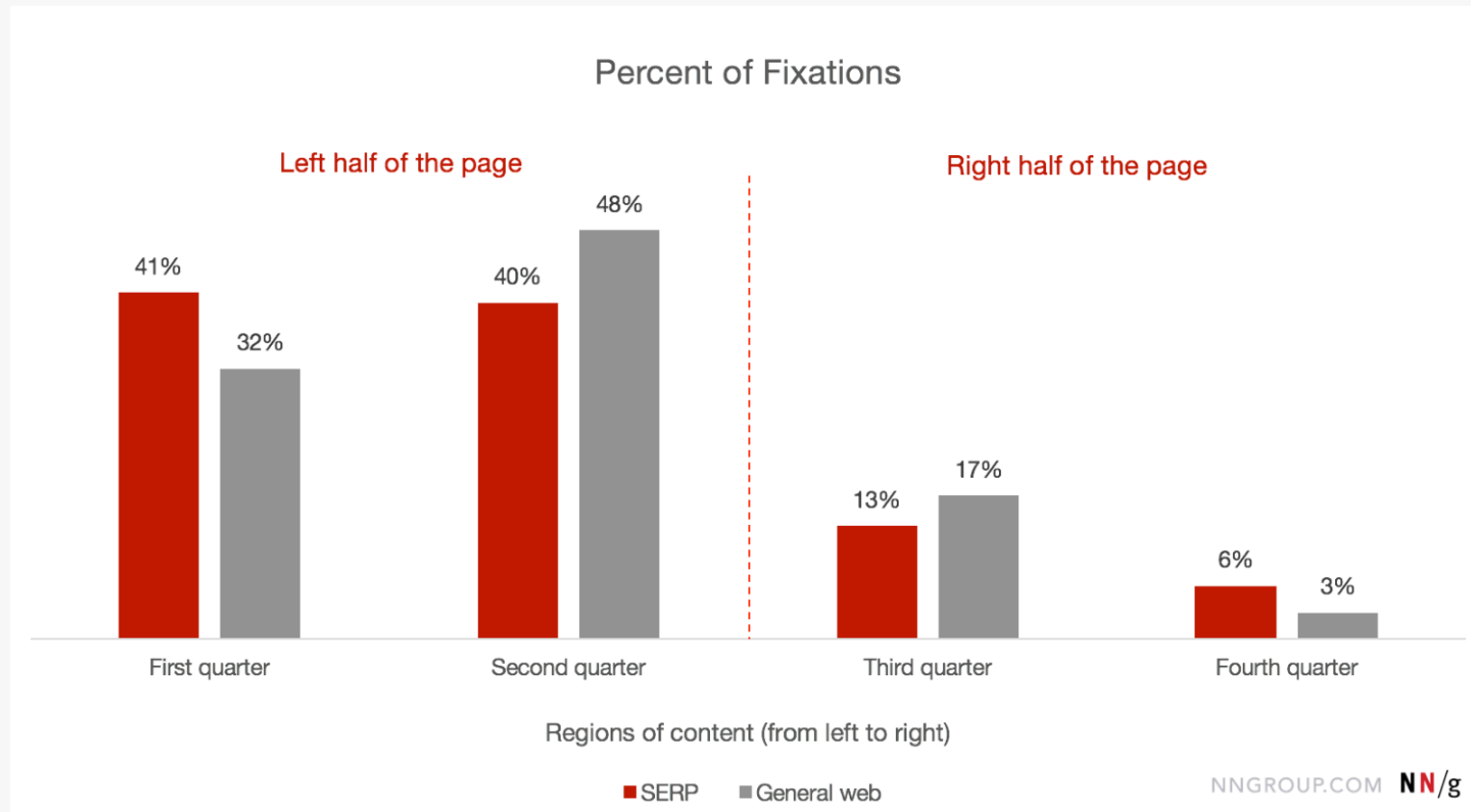
Tip: The rubber impeller is located inside a stainless steel cup, and uses the water for lubrication. If this water is not present, the friction of the rubber on stainless steel will very rapidly overheat and destroy the rubber impeller. This is why it's imperative NOT to operate, or even turn over, your outboard without there being a proper supply of water to the outboard beforehand.

As a general rule, inspect the impeller and water pump assembly every year if operating in salt, brackish or turbid water, and replace if necessary. The debris in these waters acts like sandpaper. If operating in freshwater that is clear and clean, this interval may likely stretch to two seasons, provided no dry operation has occurred. Be sure to check your particular owner's manual for your outboard's specific service interval.

Tip: If you're at all uneasy about performing impeller/water pump inspection and replacement procedures, have your local Yamaha Marine dealer do the work. They have the tools, materials and training to do it right, for your peace of mind.

Belts & Hoses

Any belts and hoses your outboard has have to operate in the brutally harsh marine environment. Give them a glance once in a while, and heed the manufacturer's schedule for their replacement. If you find cracking or fraying, be safe and replace. Do not attempt to "flip" a belt in order to extend its life, nor handle the belt with lubricant of any kind on your fingers. Keep these safe from spray on lubricants, too.



SERP and general-web browsing patterns are not all that different from each other when you control for the width of content.

LITERACY IS CONTEXT SPECIFIC



HEALTH LITERACY

- The health literacy levels in England are very low: 43% of 16 to 65-year-olds struggle with text-based health information; and 61% of 16 to 65-year-olds cannot understand health information that includes both text and numbers.
- 30-minute online training module for internal staff and partners including service providers
 - <https://www.e-lfh.org.uk/programmes/healthliteracy/>

WHY WE SHOULD BE HEALTH LITERATE

We have a real opportunity here to make our organization health literate:

- As you know, health literacy is not just about the ability of people to understand and act on the health information we share with them. Of equal importance is also how we, as the provider, make sure we communicate clearly to help people understand and act on that information.

When this change has been successful:

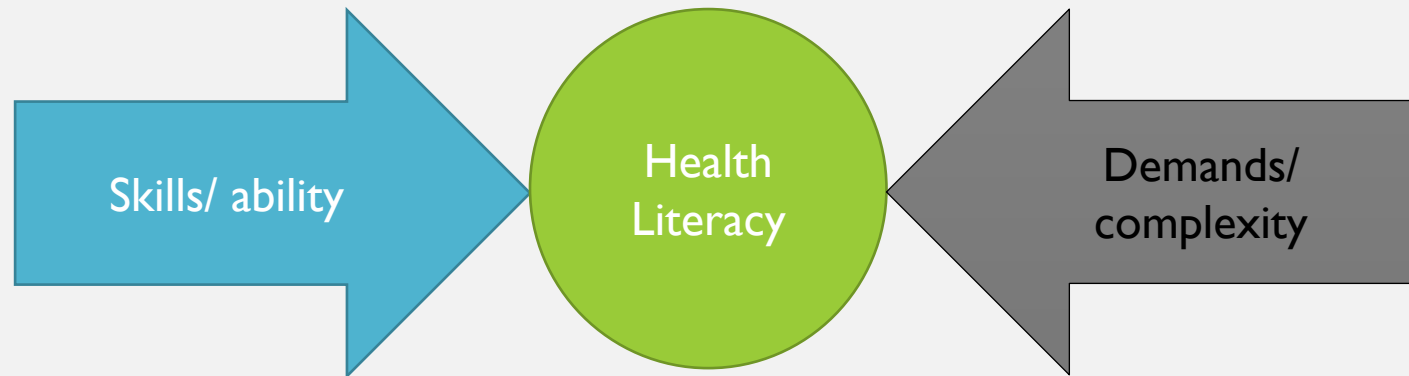
- We will see improved health outcomes for our service users. It will also help us to be more effective, efficient, save us money – and will enhance our reputation.

To achieve this, we are going to:

- Make sure our colleagues, especially those who have frequent interaction with our service-users, know how to help our service users to understand and act on the information we share with them
- Involve our service users in the review and production of communication that is intended for them
- Change our policies to recognize the importance of being a health literate organisation
- Think how we can change our public-facing areas and website to make it easy for our service users to interact with us
- Check that this work is making a difference

SO, WHAT IS IT?

- Health literacy is a balance between the skills of the patient / family / community and the environment in which they live (health systems, education systems, social care systems etc.) Demands/ complexity



WHY IS IT IMPORTANT?

Limited health literacy is linked with unhealthy lifestyle behaviours such as:

- poor diet
- smoking
- lack of physical activity

Limited health literacy is associated with:

- increased risk of morbidity
- premature death

People with limited health literacy are:

- less likely to use preventive services
- less likely to respond well to public health campaigns
- less likely to successfully manage long-term health conditions
- more likely to use emergency services
- more likely to incur higher healthcare costs

READABILITY SCORES

Flesch Reading Ease test

This test rates text on a 100-point scale. The higher the score, the easier it is to understand the document. For most standard files, you want the score to be between 60 and 70.

Flesch-Kincaid Grade Level test

This test rates text on a U.S. school grade level. For example, a score of 8.0 means that an eighth grader can understand the document. For most documents, aim for a score of approximately 7.0 to 8.0.

The average reading age in England is 9 years old.

OUR AIMS

- Work with the public health procurement team on commissioning and Voluntary Sector support team on grants process to agree standards for language provision
- Healthy Sandwell website update
- Promote the Sandwell Language Network
- Work with school partners
- Public Health staff to attend NHS Health Literacy training session
- Endorsement from senior management team
 - Resource to keep project going through champions in Public Health team
- Deliver training to all Public Health staff around health literacy and English as an additional language need in Sandwell
- Audit existing programmes to understand current language provision
- Public health communications - Agree on Sandwell public health team policy for all public health information, including written information and the Healthy Sandwell website

QUESTIONS?

Sandwell Language Provision in Public Health

March 2023

Nicole Robins, Diane Millichamp and Rebecca Down

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Need for Language Services

88% of Sandwell residents speak English as their main language, compared to 92.3% nationally. This proportion varies by ward, and in five wards less than 80% of residents speak English as their main language. This disparity between local and national figures may also be exacerbated by the level of reading proficiency. The data potentially underestimates language barriers since an understanding of verbal English does not necessarily correlate to English reading competency.

Health literature is not readily translated and available in multiple languages, other than in some cases for professionals. More work is needed to ensure this information can be shared locally and that the information is in an easily understandable format for the public. It is essential that all communities can make health decisions for themselves based on information that is available to them, if they do not know what they should be doing or what services are available, how can we expect people to make healthier life choices? Furthermore, if information is not available in community languages then it is difficult to ensure the quality of information being received e.g., consider Covid 19 and the associated infodemic (when too much information was available with disinformation embedded) which led to significant vaccine hesitancy amongst the Black, Asian and Other Minority (BAME) communities.

The Covid19 community champions project was an enormous success enabling local groups and leaders to engage with their community in different languages and buffer the influence of disinformation. Due to funding provisions, it created opportunities to translate guidance and promote health messages in a range of communicative styles. The groups involved were already known to a lot of communities and therefore a recognisable and trusted face alongside information in their main language helped public understanding a fast-changing health challenge. It would be great to now replicate this with other health messages and provide videos in multiple languages to disseminate information.

When completing service referrals, just translating the referral does not solve the problem since, any referral or signposting route the service user agrees to may not have the same translation services present as the initial referring service. If language is still a barrier further along the referral chain, it can potentially discourage attendance both to the current service and future suggested services. Work has been completed historically that has ensured the referral and even app-based help is translated, but effort is negated when the professional they are referred to only speaks English. It is important to invest in all aspects of the process to give the user continuity and not discourage them from accessing any help they might need.

Data

Main Languages Spoken in Sandwell

Top 10 Main languages		
All usual residents aged 3 years and over	328,751	
Main language	Number of people	%
English (English or Welsh in Wales)	274,709	83.6%
South Asian language: Panjabi	20,984	6.4%
Other European language (EU): Polish	5,685	1.7%
South Asian language: Bengali (with Sylheti and Chatgaya)	3,313	1.0%

South Asian language: Urdu	3,146	1.0%
Other European language (EU): Romanian	2,394	0.7%
West or Central Asian language: Kurdish	1,423	0.4%
South Asian language: Pakistani Pahari (with Mirpuri and Potwari)	1,158	0.4%
Arabic	1,081	0.3%
West or Central Asian language: Persian or Farsi	992	0.3%

Source: ONS 2021 Census

By focusing on the top four languages after English; Panjabi, Polish, Bengali and Urdu we could reach an extra 10.1% of our population in Sandwell.

Proficiency in English

Proficiency in English	Number of People	%
All usual residents aged 3 years and over whose main language is not English	54,039	100.0%
Main language is not English: Can speak English very well	17,226	31.9%
Main language is not English: Can speak English well	20,420	37.8%
Main language is not English: Cannot speak English well	13,420	24.8%
Main language is not English: Cannot speak English	2,973	5.5%

Source: ONS 2021 Census

30.3% cannot speak English well or cannot speak English at all.

Literacy Levels

In England and Northern Ireland, around 5.8 million (16%) of people score at the lowest level of proficiency in literacy. This is estimated to cost the UK £81 billion a year in lost earnings and increased welfare spending.

In 2017, a literacy score as a measure of literacy vulnerability was created in co-ordination between the National Literacy Trust and Experian. At that time, three Sandwell wards were identified as being in the top 50 electoral wards with the greatest literacy need; these areas being West Bromwich West, West Bromwich East, and Warley.

More recent data has shown a worsening situation for the literacy levels of our residents. Data released by the Learning and Work Institute in June 2022 shows Sandwell has the lowest literacy levels compared to other Local Authorities in the West Midlands area.

Local Authority	% of people with essential skills needs	People with essential skills needs
Sandwell	25.7	52,401
Wolverhampton	24.9	30,578
Dudley	24.2	46,044

Birmingham	24.0	175,700
Walsall	23.7	40,730

It also shows Sandwell to have one of the lowest literacy levels in England.

Data taken from <https://learningandwork.org.uk/news-and-policy/literacy-numeracy-england-map/>
 In 2021, almost 30% of Sandwell residents aged 16 and over (28.9%, 76,840) reported having no qualifications. This is much higher than the England and Wales figure of 18.2%.
 Around 1 in 5 (22.7%) Sandwell residents aged 16 years and over had Level 4 or above qualifications (for example, Higher National Certificate, Higher National Diploma, Bachelor’s degree, and post-graduate qualifications). This compares with 33.8% in England and Wales showing Sandwell resident achievement at this level to be 11.1% less than national figures.

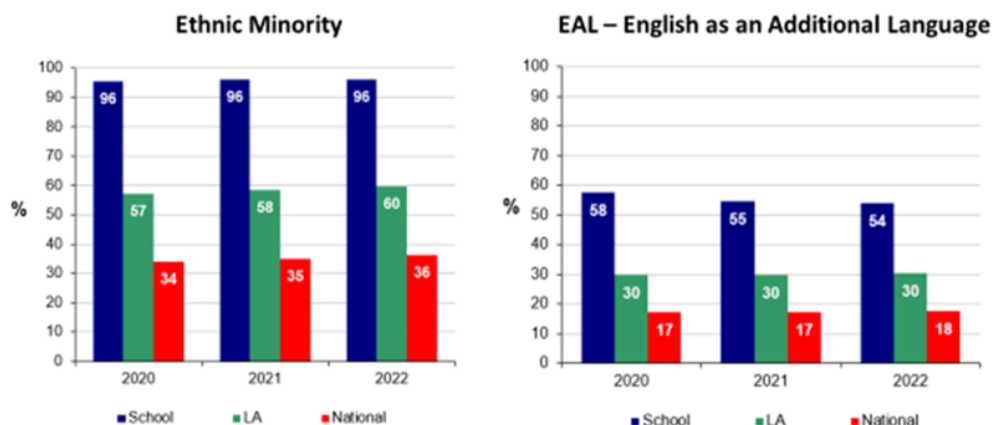
Qualifications					
	Sandwell		Black Country	West Midlands Conurbation	England and Wales
	Number	%	%	%	%
Qualifications at degree levels or higher	60316	22.7	24.3	28.1	33.8
No Qualifications	76839	28.9	25.9	23.7	18.2

Data from the 2021 census shows that Sandwell has fewer numbers of residents with qualifications at degree level or higher and higher numbers with no qualifications when comparing to the Black Country, the West Midlands Conurbation, and England and Wales.

School Census Data

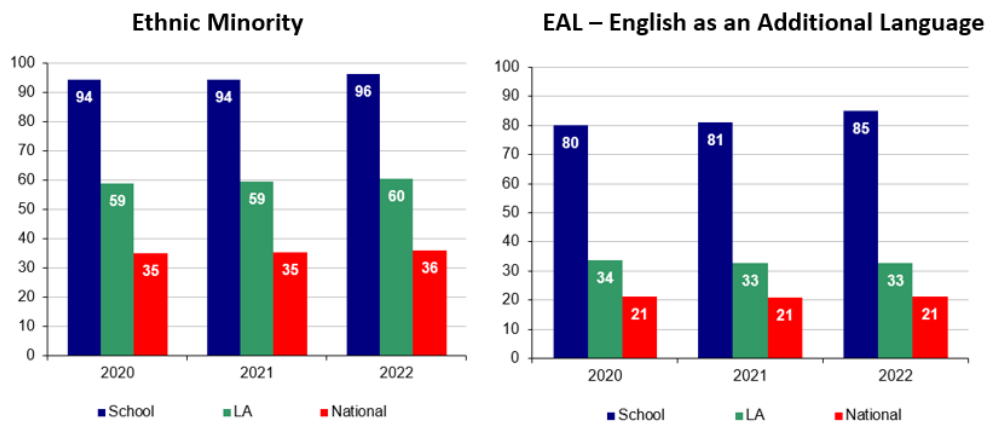
Our school census provides twice yearly data on children and young people. January 2022 Census identified that 60% of pupils in secondary schools are from Ethnic Minority Communities (EMC) compared to 36% nationally. In secondary schools 30% of our Young People identify English as an additional language (EAL) compared to 18% nationally. The graphs below show the secondary and primary schools with the highest percentage of pupils with EAL.

Sandwell Secondary School Census Data July 2022



Sandwell School Census Data July 2022 – Holly Lodge School

Sandwell Primary School Census Data January 2022



Sandwell School Census Data January 2022 – Devonshire Primary School

To help parents support their children with school activities, such as reading and homework, we need to work with schools to offer appropriate community language learning for parents. By supporting schools to produce parents resources in an appropriate format and literacy level to enable parents with EAL to better engage with their school community and support their child’s learning.

Current English Language Provision

For physical and mental health being able to communicate through common language is one of the most important things. Learning English creates opportunities for talking with neighbours, joining local activities, and navigating health care provision. It gives some of the most vulnerable residents greater confidence, and better access to healthcare and education. In turn, this allows people to have better health outcomes, better qualifications, and employability. Evidence shows that language barriers can negatively impact peoples’ understanding, access, and use of health services. The pandemic shone a light on the impact of the intersectionality of race, language, and deprivation on health. COVID-19 worsened health inequalities and had a disproportionate impact on people from Black, Asian and ethnic minority communities (BAME). Recommendations from the PHE “Understanding the impact of COVID-19 on BAME communities” were to:

- Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by BAME communities and,
- Accelerate culturally competent health promotion and disease prevention programmes

The council offer interpretation and translation services to support our residents to access services and provision. We need to better understand how these this provision is accessed by our residents who have EAL across our services and how much this costs the council. We also need to review how many of our services include interpreting and offer translated resources to promote inclusive services and activities.

Sandwell Language Network (SLN)

To achieve [Sandwell's Vision 2030](#) “*that Sandwell is a thriving, optimistic and resilient community*” ([Big Plans for a Great Place, The Sandwell Plan 2021-2025](#)) Public Health continue our work to improve the health and wellbeing of our migrant and Ethnic Minority Communities. Sandwell Language Network (SLN) provides a programme of free, community-based English language learning and aims to improve health literacy and tackle health inequalities. *In a survey of 239 people who used the SLN, approximately 9 out of 10 said that it had helped them make NHS appointments and better explain their health concerns to their healthcare professional.*

SLN was designed to fill a gap of limited provision of ESOL for people who cannot speak English or cannot speak English well. SLN delivers informal community-based English classes using a hub and spoke model co-ordinated by [Sandwell Consortium CIC](#) (hub) and 16 local delivery partners (spokes). Sandwell Consortium is a voluntary sector consortium of established EMC organisations, based at the heart of the neighbourhoods they serve.

SLN Health-related Objectives

- Improve health literacy and access to healthcare services
- Reduce social isolation and promote better mental health
- Reduce health inequalities for migrant and ethnic minority communities

Sandwell Language Network Partnership (SLNP)

The SLNP is chaired by Sandwell Council of Voluntary Organisations (SCVO) with the Council's Public Health team, Employment Skills Team, Sandwell Adult Family Learning (SAFL) working in partnership with Sandwell College. The programme was co-designed to be delivered in partnership with local community voluntary organisations (CVO) ensuring provision is inclusive to multilingual, multicultural, and multi-faith populations. SLNP successfully secured £381,005 from the Controlling Migration Fund to deliver SLN 2020-22. Due to the demonstrable impact of SLN on improving health outcomes, SLN secured funding from the Sandwell Health and Care Partnership for 2022-24. This will strengthen the healthcare component of SLN and gives further opportunity to build resilient healthier communities in Sandwell.

Key aims and calls to action

For services in Sandwell to be accessible to more people it is essential that there is provision available for those who do not speak English as their main language. We need to update our current directories and communications to inform the public which languages are provided at service sessions. We also need to increase staff awareness internally in public health as well as in our commissioned and grant-funded public health services.

As a call to action, we would like the team to buy into the aims set out below.

Aims:

- Agree on language policy for all public health information
- Agree on language policy for all public health service delivery
- Training for the Public Health team on health literacy and English as an additional language need
- Map all existing language provision in Sandwell public health services

Timeline

Date	Task
October 2022 - January 2023	<ul style="list-style-type: none"> • Develop project document • Meet with procurement and communications council teams to discuss options • Consult with relevant community groups
February - March 2023	<ul style="list-style-type: none"> • Present project to senior management team • Lunch and Learn session for Public Health Staff

Action Plan

- Update Healthy Sandwell website
- Continue to promote Sandwell Language Network
- Audit in 3 months to check position, training and documents (September/October, to give chance to be added into appraisals)
- Arrange training for Public Health department
- Include Plain English Guidance, Communications Guide and Health Literacy Training in new starters pack
- Health Literacy training that is relevant to community organisations



March 2024

Subject:	Diabetes Services for Sandwell residents
Presenting Officer and Organisation	Phil Griffin Healthwatch Sandwell HAB Chair Alexia Farmer Healthwatch Sandwell Manager Sophie Shuttlewood Healthwatch Sandwell Projects and Partnerships Lead. 
Purpose of Report	This report is in follow up to a previous report presented to the Board concerning diabetes in Sandwell - October 2024 which is part of our work programme for 2023/24. The report attached captures the work and research Healthwatch Sandwell has undertaken to date.

1 Recommendations

1.1 Receive the presentation for information.

2 Links to the following Board Priorities

Priority 1	We will help keep people healthier for longer HWS report and raise issues regarding health and social care, identify areas of concern and hold key stakeholders to account
Priority 2	We will help keep people safe and support Communities HWS aims to tackle health and economic inequalities, reduce isolation, and promote community cohesion by reporting and raising concerns and issues with relevant key stakeholders

Priority 3	We will work together to join up services HWS works in partnership with our community, voluntary sector organisations and the wider health system to build resilience and deliver a positive impact on health outcomes.
Priority 4	We will work closely with local people, partners and providers of services HWS are a link for patients and non-patients to key stakeholders and decision makers in Sandwell

2 Context

10.1% of Sandwell patients are recorded as having **diabetes** which is significantly higher than the National average of **7.3%**. Sandwell figures are projected to increase to **11.4%** by **2030**. Healthwatch Sandwell chose to look at the picture of diabetes in Sandwell as a priority project for 2023/24.

Successful management of living with diabetes and reducing associated health risks requires patient and health care services to work together. NHS healthcare services have a responsibility to ensure patients are offered diabetes management **education** so that they are well **informed** and able to be **involved** in managing their condition and decisions about their care, including medications. National Institute for Health and Care Excellence (NICE) also recommends an **individualised** approach, is required to meet patients' needs and circumstances including **dietary advice**, culture and beliefs.

Diabetes UK research highlights concerns around diabetes complications and care in the older population, especially **frail elderly** and for ethnic groups at higher risks of development of diabetes **African/African Caribbean** and **South Asian communities**.

Raising **awareness** of diabetes in communities and prevention work with patients diagnosed as **pre-diabetic** is key to minimising risk of development of type 2 diabetes and reducing the percentage of patients with diabetes in Sandwell and demand on diabetes health care services.

4 Engagement

Healthwatch Sandwell worked in partnership with Diabetes UK, some Voluntary Community Organisations and NHS primary care services to engage with Sandwell residents affected by diabetes and pre-diabetes to gather the picture for Sandwell.

5 Implications

Resources:	Healthwatch is funded through a contract with LA 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:	EDI 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

None

7. Background Papers

No background papers

Healthwatch Sandwell – Diabetes in Sandwell – Main report to be published and circulated March 2024.

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Diabetes in Sandwell

Sophie Shuttlewood – Projects and Partnerships Lead

Diabetes statistics relative to Sandwell

NHS G.P. Practice data 2021–22 for Sandwell

National average **7.3%** West Midlands **8.2%** Sandwell **10.1% and projected to increase**

Sandwell Trends

- perform poorly on inter-related health conditions
- lower healthy life expectancy
- higher mortality rates from preventable deaths

Diabetes UK

Higher Risk – Groups of concern:

- **Elderly people – 1/3rd over 65 years old**
7.8% 65 – 74 years old **7.1%** 75+ years old and increasing (Sandwell Trends data 2020)
- **African/African Caribbean** and **South Asian** (Indian, Bangladeshi, Pakistani) ethnicity
48% of Sandwell residents are from black and minority ethnic communities compared to **26%** in England and Wales. (Census 2021)

Working together to capture Sandwell resident voices



Sandwell Primary Care Services - Diabetes project support



Healthwatch Sandwell Enter and View programme

- focused on diabetes inclusive services: **phlebotomy, ophthalmology, podiatry**
- service insight conversations: **Sandwell Diabetes Clinic, Foot Health Clinic**

G.P. Practices / Primary Care Networks

- GP Showcase initiative: **Portway Family Practice, Bearwood Medical Centre**
- sent link to project questionnaire – **Your Health Partnership**

Result: 704 extra completed project questionnaires

"It all proved very easy with the Accurx system."

(Head of Nursing – Your Health Partnership PCN)



815 Diabetes Project Questionnaires completed



- Community Outreach
- Focus Groups
- Individual conversations



- Enter and View programme
- Voluntary Community Organisations
- Your Health Partnership

50.9%
Female



40.8%
Male



15%
25-49
years



39%
50-64
years



40%
65-79
years



6%
80+
years

29.5%
Pre-diabetic



70.5%
Diabetic

40.2%
Disability



67.7%
Long term
condition

5.4%
Black/Black British:
African/Caribbean

5.8% Asian/Asian British:
Bangladeshi/Indian/Pakistani

Key points to highlight

“Prevention is better than cure!”

- Managing diabetes and reducing risks requires a partnership approach between:
 - health care
 - support services
 - the patient
 - communities

- Enabling and empowering individuals and communities can reduce NHS services impact:
 - aware
 - well informed
 - educated
 - supported
 - recognising responsibility
 - feeling empowered

- Integrated Health, Care and Support Partnership – and **Involving** Sandwell residents:
Partnership working could enable a personalised holistic offer to Sandwell residents around diabetes awareness, prevention and management.

Pre-Diabetes overview – testing

➤ Diabetes risk reduction:

- 'Know Your Risk' tool – riskscore.diabetes.org.uk
- Free health care testing for Sandwell residents – (Randox 40-74 years old)
- Annual HbA1c blood test or a fasting plasma glucose

“Diabetes blood tests for ethnic groups at higher risk should be done earlier.”

➤ Questionnaire (238 responses):

How often had HbA1c blood test? Annually or more frequently:

Across Sandwell GP Practices responses **26%**

Your Health Partnership responses **68%**

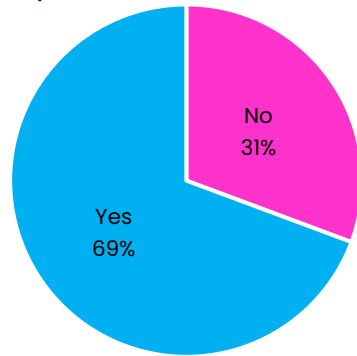
“Do you intend to ask for a blood test in the future to manage your pre-diabetes?”

47% Yes 8% No 26% unsure 19% no response

Pre-Diabetes: Information and education

Information

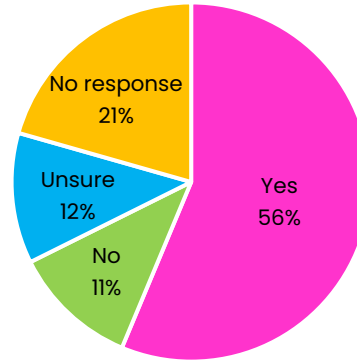
Given/signposted to information to understand pre-diabetes and risks



“Relatives & library books.”

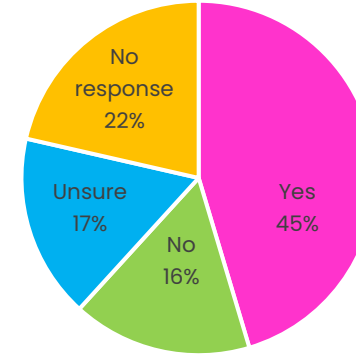
“A friend who was diabetic guided me through information and processes.”

Know where to go for information on diabetes risks



- **34%** own research
- **14%** internet
- **3%** self-directed Diabetes UK

Feel well informed about pre-diabetes/managing diabetes risk



“Access to a human being who can provide me with an overview of my health and wellbeing as a whole “full picture” style and signpost/refer me on.”

“A follow up to see how I am getting on.”

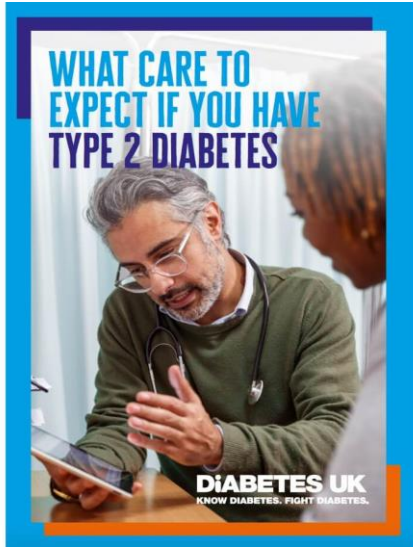
Education courses

National diabetes prevention programme – Sandwell: Living Well, Taking Control.

GP referral/via Healthy Sandwell.

Patient feedback – not meeting individualised needs.

Diabetes: services overview



Lack of clarity/consistency for patients on annual health check booking processes.

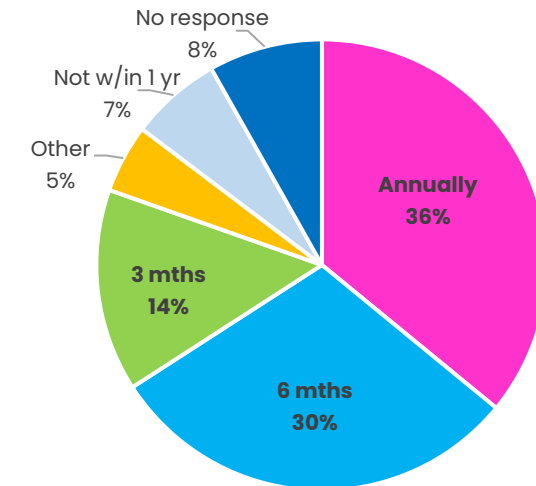
Some GP Practices call patients in, other GP Practices patients need to use their initiative.

“Telling someone new with diabetes to book in to get bloods checked, otherwise I feel you are not checked by the GP”

“Over the last couple of years, I had to tell my doctors I need a diabetic check-up as they never sent for me. I was months overdue; I didn’t get my feet checked for 2 years.”

551 responses

HbA1c blood test



“Diabetes Clinic – seen every 2 weeks. I would be lost without them.”

“I have received more help and guidance from the hospital diabetes team than my own GP Surgery, at least they try to help you.”

“Diabetes Clinic- very good and helpful. They listen.”

NICE guidance – Type 2 diabetes the care you should expect states that patients should:

- have the right to be **involved** in discussions and make **informed** decisions about their care, including blood sugar targets and joint agreement on medications
- be offered structured **education** to adults with type 2 diabetes and their family members or carers (as appropriate) at the time of diagnosis, with annual reinforcement and review
- should receive a personalised **individualised** approach to diabetes care, tailored to the patients' needs and circumstances including meeting any disability and impairment needs
- receive individualised and ongoing nutritional advice from a healthcare professional with specific expertise and competencies in nutrition. **Dietary advice** to be provided in a form sensitive to a person's needs, culture and beliefs, being sensitive to their willingness to change and the effects on their quality of life.

“Dietary advice that is tailored to what I eat.”

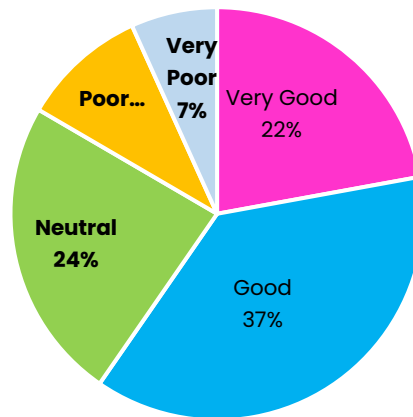
“A 10-minute consultation to get your head around changing diet and doing more exercise is not enough to take in a diabetes diagnosis.”

“I have multiple health conditions, despite requesting referral to a dietician my GP won't refer me.”

Diabetes: information and education

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I have been given enough information to understand and manage my diabetes.”

488 responses



“I have had to do all my own research about diet to try and get on top of my sugars as no information on diet has ever been given me.”

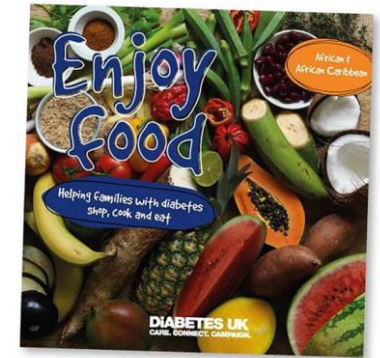
DESMOND – NICE approved course – 6 hours education
X-PERT – session over 6 weeks with annual follow up session
DAFNE – Type 1 diabetes management
Oviva – App and on-line webinars

“I asked my GP nurse about the diabetes X-pert courses, they did not know anything about them and would not refer me to them.”

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.



FREE
Booklet/PDF



Understanding Diabetes - video format - sub titled and
british sign language

Fasting and managing your diabetes during Ramadan: Bengali /
রমজানে রোজা রাখা এবং আপনার ডায়াবেটিস নিয়ন্ত্রণে রাখা: বাংলা (PDF)

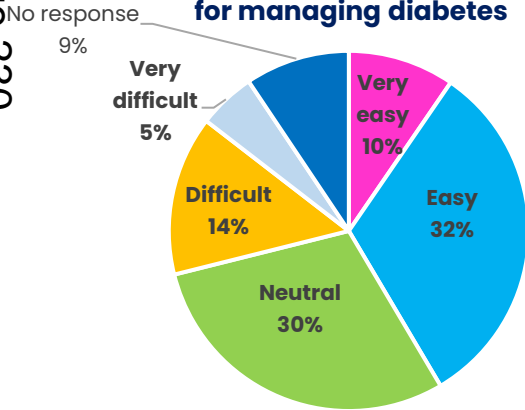
The Diabetes UK Helpline - Call: 0345 123 2399 Mon–Fri 9am–6pm
Email: helpline@diabetes.org.uk

Diabetes self-management - overview

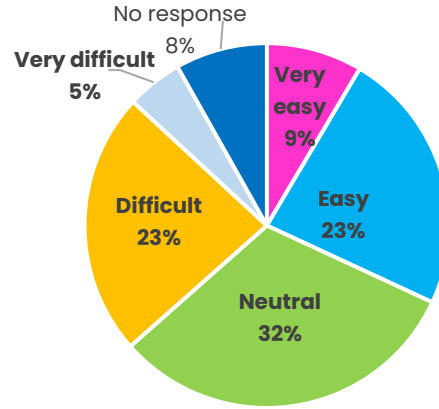
"Diet can have an impact of around 30% on blood glucose levels."
 (Head of Nursing - Your Health Partnership)

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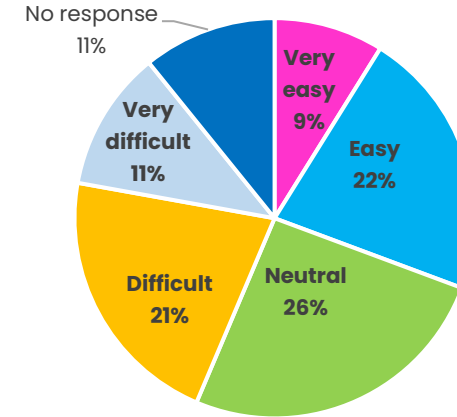
Understanding nutrition/healthy diet for managing diabetes



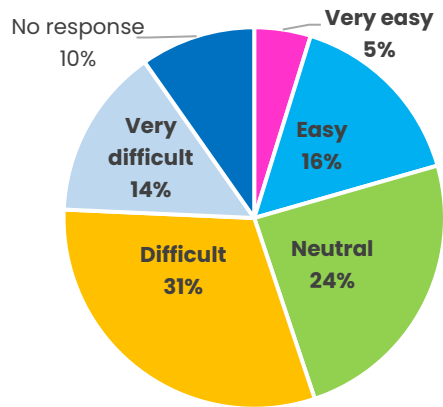
Maintaining a healthy balanced diet



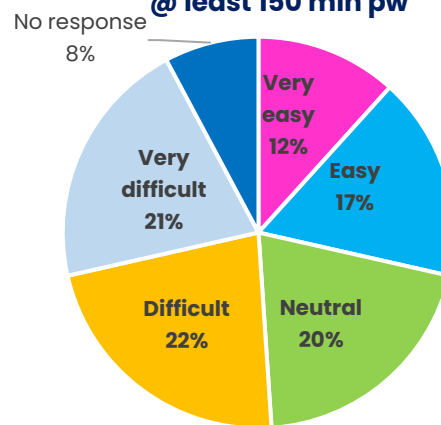
Maintaining mental wellbeing



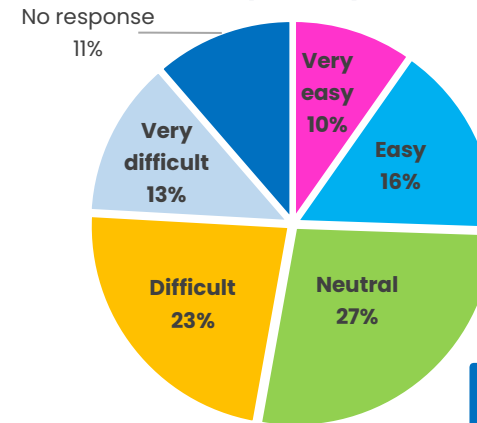
Maintaining a healthy weight



Being physically active @ least 150 min pw



Finding spare time for physical activity weekly



564 responses

Data extrapolation: ONS 2020 Sandwell > patients 18 years old with diabetes 28,476 = approximately **7,000 – 14,000** Sandwell residents struggling with aspects of managing their diabetes.

Requests for more support

“Think more should be done to encourage people to lose weight and try to eliminate the disease, after all it only gets worse over the years needing more meds etc.”

“Would be nice to be able to contact someone if necessary.”

“I would like the surgery to provide sessions so I can get more help managing it.”

“Peer support groups – talks on diabetes, sharing knowledge, lived experience, ideas, motivation.”

“More nutritionists helping people to manage their diets and not just giving out leaflets.”

“There is nothing to do in my area – this affects taking exercise.”

Focus Groups

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Conversations with over 90 Sandwell Residents

- Older People
- Male population
- Gestational diabetes
- African Caribbean communities
- African communities
- South Asian communities

"I have been given advice, but I like my food and I am not changing."

"There is peer pressure to drink alcohol, they think just take your meds and you will be fine!"

Targeted engagement and support for diabetes management needed.



"I have no balance so need chair-based exercise"

"Link in diabetes services with local social clubs for older people."

Reduced mobility/weight bearing
Frailty/care support needs
Carer diabetes awareness

"Information was limited and wrong. There seems to be a set pathway for women with gestational diabetes, to be put on medication and induced."

Engagement with patients during and post gestational diabetes to help inform and improve services needed.

Focus Group conversations: Ethnic communities



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Health and care services



Food



Support



Information



Food



Being Active



Focus Groups: African Caribbean community

“Less motivation to be active in the UK – people don’t feel like going out if the weather is bad”

“No interpreter at my GP practice to explain diabetes – I felt rushed through.”

Diabetes is sometimes not a recognised term but the concept “sugar” in the blood might be.

“suffer in silence”
“It’s inevitable.”
“It’s Allah’s will.”

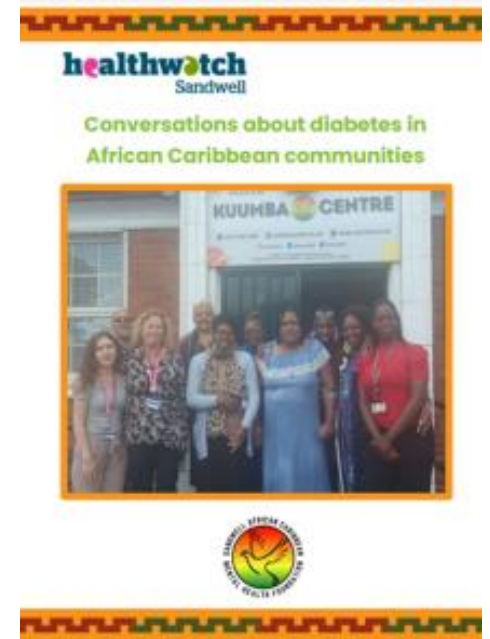
Word of mouth, audio or video formats may work better for some people. Images/simple wording is best.

“There is an emotional attachment to certain traditional foods, they remind of homelands.”

“We are grateful for the NHS, we don’t want to be an extra burden, we want support.”

Insights & ongoing work: Ethnic minority communities

- Information and education courses – to be culturally relatable, including imagery and dietary information, and provided in accessible formats to meet individual needs
- Partnership working with voluntary community organisations (Interpreter services may be required)
- A call for support to African Caribbean communities to enable raising awareness and education about diabetes and risks starting at teenage level. (Diabetes Community Champion training)
- Support and development of physical activities that may appeal to ethnic groups and increase uptake to help manage diabetes.



- Managing diabetes and reducing risks requires a partnership approach between:
- health care
 - support services
 - the patient
 - communities
- Enabling and empowering individuals and communities can reduce NHS services impact:
- Integrated Health, Care and Support Partnership – and **Involving** Sandwell residents:
Partnership working could enable a personalised holistic offer to Sandwell residents around diabetes awareness, prevention and management.

Thank You for listening

Any questions?

The Healthwatch Sandwell Diabetes Report is due to be published in March 2024.

To ensure you receive a copy or for more information please contact:

Sophie Shuttlewood – Projects and Partnerships Lead

Email: Sophie.Shuttlewood@healthwatchsandwell.co.uk

Website: www.healthwatchsandwell.co.uk

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Health and Wellbeing Board Work Programme 2023/ 24		
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	OATS – Older Adult Therapeutic Services	Fiona Jones
	Children Services Update	Michael Jarrett
	CDOP Annual Report (BC Child Death Overview Panel)	Liann BrookesSmith

(Reports due 4 October 2023)	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
TBC 13th March 2024 (Reports due 28th February 2024)	Child Friendly Sandwell	Sally Giles
	Healthwatch	Alexia Farmer/ Philip Griffin
	Director of Public Health Report	Liann Brooke- Smith
	Health and Wellbeing Board Constitution	John Swann
	Family Drug and Alcohol Courts	Gemma Hatfield
	Health Literacy and the communication guide – Update on prev. item.	Rebecca Down
	Alzheimer’s Society Presentation	Harrison Marsh/ Tim Baverstock

Items to be scheduled:	Responsible Officer
Summer Booklet	Liann Brookes- Smith
Health Determinants Research Collaborations	Lina Martino
Social Prescribing Plan	Cathren Armstrong
ICP Mapping	Tapiwa Mtemachani/ Abi Wigley
Marie Curie services in the West Midlands	Thomas.Pinder@mariecurie.org.uk
10 Years of SHAPE	Neesha Patel/ Ayyat Adigun
ICB Forward Plan	Michelle Carolan
ICB Annual Report	Michelle Carolan

Briefings to be circulated:	Responsible Officer
Adults Social Care CQC Review Update	Rashpal Bishop
Child Death Overview Panel Report 2022/ 23	Liann Brookes- Smith

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