

## Sandwell Health and Wellbeing Board

**21 September 2022 at 5.00pm**  
**Held at the Council Chamber, Sandwell Council House.**

**Present:**

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair and Cabinet Member for Adults, Social Care and Health
Councillor Charn Singh Padda	Cabinet Member for Housing
Councillor Simon Hackett	Cabinet Member for Children and Education
Councillor Bob Piper	Deputy Leader and Cabinet Member for Finance and Resources
Councillor Elaine Giles	Chair of Health and Adult Social Care Scrutiny Board
Dr Lisa McNally	Director of Public Health
Michael Jarrett	Director of Children's Services and Education

Black Country Integrated Care Board

Dr Priyanand Hallan	Vice-Chair and Sandwell Locality Commissioning Board Representative
Michelle Carolan	Managing Director Sandwell
Dr Sameera Mavi	Sandwell Locality Commissioning Board

Healthwatch Sandwell

Phil Griffin	Chair of Healthwatch Sandwell
Alexia Farmer	Healthwatch Sandwell Manager

Sandwell Council of Voluntary Organisations (SCVO)

Mark Davis	Chief Executive
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Sandwell and West Birmingham NHS Trust

Richard Beeken	Chief Executive
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**Officers and Invitees in attendance**

Tammy Davies	Sandwell and West Birmingham NHS Trust
Chris Masikane	Black Country Partnership NHS Foundation Trust
Dr Lina Martino	Consultant in Public Health
Jason Copp	Senior Research Officer, Public Health
Cathren Armstrong	Health Protection Specialist, Public Health
Donna Roberts	Holiday Activity Food Marketing and Engagement Co-ordinator
Samantha Harman	Holiday Activity and Food Programme Manager
Sue Clark	Sandwell Safeguarding Adults Board
Deb Ward (remote attendee)	Sandwell Safeguarding Adults Board

**31/22 Apologies for Absence**

Apologies were received from Councillor Shackleton (Chair Children's Services and Education Scrutiny Board); Dr S Aslam (Sandwell Locality Commissioning Board); R Mulihi (Faith Sector Representative); Rashpal Bishop (Director Adult Social Care); and Marsha Foster (Black Country Healthcare NHS Foundation Trust).

**32/22 Declarations of Interest**

There were no declarations of interest made.

**33/22 Minutes**

**Resolved** that the minutes of the meeting held on 29 June 2022 are approved as a correct record.

**34/22 Urgent Additional Items of Business**

There were no urgent additional items of business.

**35/22 Health and Wellbeing Strategy Update**

The Board received the final draft of the revised Joint Health and Wellbeing Strategy.

The previous Health and Wellbeing strategy (2016 – 2020) was now out of date, and the development of a new Strategy had been hindered due to the covid-19 pandemic. The new Strategy reflected system changes and reflected the new Sandwell Health and Social Care Partnership (which had replaced the Clinical Commissioning Group from July 2022) and the place-based approach to improving population health and wellbeing. There was also a focus on community involvement and putting Sandwell residents at the heart of it.

The revised Strategy would be a live document to ensure that quick adaptations could be made to keep in line with the ever-changing health landscape. The version presented to the Board was text only, with the graphics and design still to be finalised. Several design ideas were presented for consideration and officers noted the Board's preference.

The Health and Adult Social Care Scrutiny Board had received and endorsed the draft Strategy at its meeting on 5 September 2022 (Minute No. 42/22 refers).

The Board thanked officers for their hard work in developing the Strategy, in particular, the Board's Project Officer, Nicole Robins.

**Resolved:-**

- (1) that the content of the Health and Wellbeing Strategy, as now presented, is approved, subject to approval of the graphic design by the Director of Public Health;
- (2) that the final Health and Wellbeing Board Strategy is published on the Council website and other partner organisation's websites;

- (3) that the Director of Public Health is authorised to approve updates to the Strategy, and update the Board on the updates, as required.

## **35/22 Social Prescribing**

The Board received a detailed presentation from Cape Hill Medical Centre on its social prescribing model, which had been introduced in response to the growing pressures in general practice.

The Centre was based in a culturally diverse area with a patient list of over 12,000. Services at the Centre had expanded since 2003 to include an all faith chaplaincy service, a multi-lingual link worker service, personalised care link workers, a wellbeing hub, a social isolation and proactive outreach service, and health coaching lifestyle clinics.

The Board noted a number of case studies, highlighting the impact that the service had had on individual patients with a variety of different backgrounds and needs. A pilot project evaluating frequent attendees who were identified as being at risk of social isolation had identified a group of 19 patients to target for a social prescribing. The personalised interventions had resulted in an improvement in their wellbeing score and a sustained reduction in GP appointments.

Staff were working with a lifestyle coach to ensure that the model was adaptable for under 18s.

Whilst the numbers in the project were too small to be statistically viable, there were a number of positive trends in the results, including a reduction in demand for GP appointments.

Future work in co-operation with “Complete Care in the Community”, a national programme supporting primary care networks to identify and narrow health inequalities in their local area, was underway to identify what initiatives helped make the most impact on residents. The programme had received funding from the National Healthcare Inequalities Improvement Programme at NHS England and NHS Improvement. Several projects were progressing including work on social isolation,

maternity well-being services and blood pressure review initiatives. Social isolation in particular was of great concern to the Board. It was noted that the Health and Adult Social Care Scrutiny Board had identified social isolation as an area for review and would be investigating further.

Members of the Board praised the model and the positive impact it had had on patients. The importance of supporting capacity building in the voluntary and community sector to provide referral points was emphasised, along with a multi-agency approach. It was also emphasised that social prescribers did not need to be based in GP surgeries and that a shift in public perception was needed to move away from the approach that GPs were the first port of call for people.

A number of GP practices now had social prescribers and it was important to ensure that they were connected so that best practice could be shared to improve outcomes. The Director of Public Health undertook to ensure that that an effective infrastructure was developed through the Sandwell Health and Care Partnership.

The Board supported the recommendation that a social prescribing strategy be developed for Sandwell. The Director of Children's Services suggested that the Young Health Champions Programme be explored as part of this work.

**Resolved** that a Social Prescribing Strategy is developed for Sandwell.

**37/22 Sandwell Safeguarding Adults Board Bi-Annual Report 2020-2022**

The Board received the Sandwell Safeguarding Adults Board Bi-Annual Report for the period 2020-2022. The report was accompanied by a short film.

The Sandwell Safeguarding Adults Board (SSAB) had continued to oversee and lead on safeguarding in Sandwell during the pandemic, utilising technology to meet frequently despite the restrictions imposed. Representation of the Council still continued both regionally and nationally ensuring that Sandwell

had every opportunity to showcase and lead on best practice. The SSAB business team had employed a Safeguarding Adult Reviews (SAR) Co-ordinator to ensure that decision making panels continued to be robust. A new Vulnerable Adult Risk Management (VARM) process had been introduced from November 2021 as a direct consequence of learning from SARs, to manage risks that could arise when working with adults deemed to have capacity to make decisions but were still at risk of serious harm or death for a variety of reasons.

Several key data points were highlighted:-

- The number of safeguarding referrals made during 2020-21 had increased, with over half of those referrals going onto becoming full safeguarding enquiries.
- The number of safeguarding referrals made during 2021-22 had decreased, with fewer referrals going onto becoming full safeguarding enquiries.
- Over the 2-year reporting period the breakdown of completed enquiries showed that over half of all enquiries were female and the majority of those were older people.
- Over the 2 year period, on average, 48% of all abuse had happened in a person's home. 40% of this abuse was committed by someone the person knew.
- In 95% of safeguarding enquiries, the risk to the individual/s was reduced or removed.
- 85% of people asked said that the support services they used helped them to feel safer.

In addition to the data provided, the following emerging themes obtained from seven Safeguarding Adult Reviews (SAR's) that had been commissioned were highlighted:-

- Failure to appropriately identify risk and record it.
- Lack of clarity about how to escalate concerns regarding risk.
- Absence of multiagency working.
- Absence of evidence supporting assumptions or decisions. that individuals have capacity
- Challenge in building relations where individuals were seen as difficult to engage.
- Use of language that does not support engagement.

- Information sharing.
- Not recognising self-neglect.

Key practice changes had been introduced in response, including the VARM process. The SSAB had also supported national and place-based work on effective engagement and how to build positive relationships supporting people in a person-centred way. The SSAB also participated in learning events that had taken place across the system.

Listening to the voices of users, developing inclusive performance data, embedding learning from SARs and Board Governance were all key strategic priorities for the future. The SSAB would continue to involve and engage with citizens, using existing systems to facilitate workstreams. The Board reiterated the importance of learning from not from mistakes, but also from cases that went well.

Board members welcomed the report, however, emphasised the need to learn from what had gone well, as well as what had not gone so well.

## **38/22 Pharmaceutical Needs Assessment**

Further to Minutes Nos. 37/21 (15 December 2021) and 17/22 (13 April 2022) the Board received the final draft of the Pharmaceutical Needs Assessment 2022 for approval.

The following recommendations aimed to strengthen the provision of pharmaceutical services in Sandwell:-

- Pharmacies should be knowledgeable of which advanced and enhanced services were offered by pharmacies in neighbouring wards/localities in order to sign-post patients to appropriate service providers when needed.
- Where a service had been stopped due to COVID-19, it was important that pharmacies sign-posted residents to another service provider.
- Pharmacies should support young people in accessing emergency contraception by ensuring they were aware of where they could access the service for free without a prescription.

- Pharmacies should support young people seeking emergency contraception by signposting them to their GP to discuss non-emergency contraceptive options.
- The role of pharmacies in the management of covid-19 risk factors could be strengthened through the commissioning of related services and by promoting the wider role of pharmacists (e.g. providing lifestyle advice) to residents.
- Pharmacy workforce capacity building should be considered in order to meet the additional demands for pharmaceutical services.
- Further targeted engagement of groups underrepresented in the residents' survey was recommended to ensure needs were currently being met.

**Resolved** that the Health & Wellbeing Board approve the final Pharmaceutical Needs Assessment draft for publication.

### **39/22 Holiday Activity and Food**

The Board received a presentation on the holiday activity and food programme and the impact that it had had on children, young people and their families. The programme provided support to families with children aged 4-16 that were in receipt of free school meals.

It was reported that 18,903 children in Sandwell were receiving free school meals and this number was notably increasing, especially with the cost of living crisis.

Many families living within Sandwell, although not entitled to free school meals, were now struggling to keep up with the costs of food and fuel and this presented a major concern. £220 million had been invested by the Department of Education to help assist in the delivery of free meals, of which, Sandwell had received £1.954 million to provide meals and activities to Sandwell children during the Winter, Easter and Summer holidays until 2025.



Sandwell provided a universal and blended approach, delivered by a broad range of over 60 partners, which aimed to remove the stigma around free school meals and help those in need by providing something for every child, regardless of circumstances. A summary was provided of some of the activities that had taken place over the recent summer holidays, including cooking, athletics and music events. Appreciation was shown to local faith groups for their assistance in these programmes.

The following key figures were noted:-

- 8,996 children were registered during the summer holiday; 27% of which were in secondary school and 73% in primary school. 11% of those children had a special educational need or disability (SEND) children;
- 42 of the 60 organisations that had assisted in the delivery of the programme, were voluntary;
- 76 clubs were delivered in total;
- 25 schools were engaged (5 secondary and 20 primary);
- children and young people received a combined total of 76845 contact hours;
- 23087 meals were provided.

The Director of Children's Services expressed sincere thanks and appreciation to everyone involved in the management and delivery of the programme for the provision of an excellent services, in light of the current financial crisis. An independent evaluation of the programme would be carried out in 2023, using a family's journey through the programme. The Department for Education was also evaluation the programme, however, this was a more data-based review and it was recognised that not all of benefits could be measured.

The Board welcomed the invitation to undertake a visit to see the programme in action during the winter school holidays.

**39/22 Primary Care Update (Standing Item)**

An update on primary care access was presented to the Board.

A new enhanced access service would be in place from 1 October 2022, offering access to appointments outside of traditional hours. Surgeries were now working together under their primary care networks to provide GP appointments. COVID-19 and flu vaccinations were still being delivered.

90% of contact with the NHS was still through primary care. Public perception that the GP was the first port of call needed to change to reduce demand. Better communication and engagement was key to this. Whilst there was a digital offer in place for patients, e.g. booking and holding appointments online, the level of digital deprivation in Sandwell needed to be taken into account.

It was noted that the Health and Adult Social Care Scrutiny Board would be receiving a more comprehensive report at its meeting on 3 October 2022.

Meeting ended at 7.15pm.

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