



Sandwell Health and Wellbeing Board

**22 September 2021 at 5.10pm
Held at the Council Chamber, Sandwell Council House.**

Present:

Sandwell Metropolitan Borough Council (SMBC)

Councillor Suzanne Hartwell	Chair of the Board - Cabinet Member for Living and Ageing Well
Councillor Karen Simms	Cabinet Member for Best Start in Life
Councillor Zahoor Ahmed	Cabinet Member for Quality Homes and Thriving Neighbourhoods
Councillor Ann Shackleton	Chair of Children's Services and Education Scrutiny Board
Lisa McNally	Director – Public Health

Black Country and West Birmingham Clinical Commissioning Group (CCG)

Dr Ian Sykes	Vice Chair of the Board and Primary Care Network GP Representative
Dr Sommiya Aslam	Primary Care Network GP Representative
Dr Priyanand Hallan	Primary Care Network GP Representative
Michelle Carolan	Managing Director

Healthwatch Sandwell

Alexia Farmer	Healthwatch Sandwell
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Sandwell and West Birmingham NHS Hospitals Trust

Tammy Davies	On behalf of Chief Executive - Richard Beeken
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Officers in attendance

Chris Guest	Divisional Manager Adult Social Care
Lina Martino	Consultant in Public Health
Taps Mtemachani	Director of Transformation and Partnership, Black Country Integrated Care System
Clair Norton	Sandwell Health and Wellbeing Board Manager
Sani Patel	Healthy Ageing Project Manager, Public Health
Alexander QuarrieJones	Graduate Data Analyst

19/21 Apologies for Absence

Apologies were received from Councillors Crompton and E M Giles, John Taylor (Healthwatch) and Mark Davis (SCVO).

20/21 Declarations of Interest

There were no declarations of interest.

21/21 Minutes

The minutes of the meeting held on 30 June 2021 were confirmed as a correct record.

22/21 Covid-19 – Current Position Update

It was reported that infection rates in Sandwell remained steady whilst many other areas of the country had seen rising infection rates. This was an unexpected but positive situation, especially considering Sandwell's high level of deprivation and high density population, with many multi-generational households.

Public Health continued to operate 24/7 infection breakout cell and was on standby to respond to outbreaks.

Sandwell had been nominated for an award for the way in which it had managed the response to Covid-19 in care homes. The Public Health team had also been nominated for a national award for the Community Vaccination Programme. The Director of Public Health took the opportunity to thank voluntary sector partners for enabling the success of the vaccination programme.

The Vice Chair added that, despite negative press, primary care remained open and was working hard.

23/21 End of Life Strategy

The Board noted an update on the development of an End of Life Care Strategy.

The Sandwell End of Life Care strategic group had been meeting bi-monthly and consisted of representatives from Council's housing, neighbourhood and public health teams, the Clinical Commissioning Group and Sandwell Council of Voluntary Organisations (SCVO). The group had created a strategy on a page entitled 'Better Endings – Sandwell End of Life Care Strategy 2021-2026'. The aim was to encourage conversations and raise awareness around death and dying. The Strategy was comprised of 6 key promises – each promise had action points for the group to deliver against.

The 6 promises – improving awareness, ensuring communication, providing education opportunities, a skilled workforce, service development, and policy – were shared with the Board together with key outcomes sought from each of these promises.

As part of The Dying Matters Week in May 2021, the strategic group had hosted a virtual event with over 85 participants in remote attendance. Among those in attendance were key professionals and partners, representatives from community and faith groups and members of the public.

Six sessions were hosted as part of the event tied to the 6 promises contained within the strategy. Feedback from the sessions informed changes, including updating the strategy to make it more accessible.

The Sandwell End of Life Care strategic group continued to meet virtually to update the action plan and implement the strategy action points. The next steps included work with schools to educate pupils about understanding death and the process of dying and work on the joint bereavement support line covering the whole of Black Country. These actions would build upon the successful bereavement policy already in place for Sandwell Council employees.

Resources were also being made available to the public on tactics to cope with dying and death. To show an example of resource available, the Board was presented with a video on how to talk about death that was available via Healthier Futures website.

24/21 Joint Carers Strategy Update

Further to Minute No. 17/21 (of the meeting held on 30 June 2021) the Board noted an update on the development of the Joint Carers Strategy.

Carers in Sandwell had been asked to contribute to the strategy by sharing their experiences and what support they needed, to ensure that their voices were reflected in the Strategy.

Healthwatch had recently carried out a survey on the impact of Covid-19 on carers. Almost 600 Sandwell residents took part in the last national Survey of Adult Carers. The results from both these surveys would inform the strategy.

25/21 Suicide Prevention Strategy

The Board noted the current position on the development of Suicide Prevention Strategy.

The Strategy and Action Plan had been drafted at the start of 2020 as the route to achieve the 'six promises' in line with national guidance on suicide prevention.

The ambition was stated for nobody in Sandwell to commit suicide by 2030.

It was noted that many of the underlying factors contributing to suicide were linked to the wider determinants of health, hence it was paramount that the Strategy was updated to reference other Sandwell strategies such as the Good Mental Health Strategy.

A Local Needs Assessment had been carried out, using desk-based analysis and a series of virtual sessions with organisations providing suicide prevention support and individuals who experienced thoughts of committing suicide. Sandwell had an average suicide rate of 10.8/100,000 (compared to 10.2 average for the West Midlands region) and this had been the case for the last 20 years. The most at-risk group continued to be white males aged between 40 and 60.

The main barriers to organisations providing effective suicide prevention support were lack of wider awareness and/or accessibility to services among those affected. The impact of deprivation and covid-19, also lowered the motivation for seeking support and reduced opportunities for direct, face-to-face support. Lack of funding meant that much of the third-sector provision came from volunteers.

The Board was presented with the 10 Recommendations that would form the core of the Action Plan.

In response to questions and comments, the following was noted:

- The CCG had a training video available to frontline staff on Mental Health First Aid and wider workforce training was being looked at.
- It was felt that all councillors should watch the training video.
- Suicide was different to most outcomes in that it did not always follow a relationship with deprivation.
- Creating a sense of community and building social ties was a vital factor in reducing suicide rates.
- Stigma still existed in the BAME community in relation to talking about poor mental health.

The final Strategy and Action Plan would be presented to the Board before launch in 2022, in line with the Black Country Suicide Prevention Strategy.

26/21

Health Inequalities Update

The Board noted a presentation on the Health Inequalities Improvement Programme undertaken by the Health Inequalities and Prevention Board (reporting to the Black Country Integrated Care System Board).

Important barriers to reducing health inequalities in the Black Country and more generally across England included service infrastructure and access to services from the NHS side. Changing the mindset to engage more thoroughly with local places to focus on prevention was deemed paramount.

High rates of deprivation and unemployment across the Black Country compounded health inequalities. Gaps in NHS data, such as underrepresentation of ethnic minorities in hospital datasets, had also been identified, and this made the task of tackling health inequalities more difficult.

Covid-19 had widened health inequalities and the NHS recognised the importance of working with local authorities to reverse this.

To this end, the Health Inequalities and Prevention Board had been set up in November 2020 with all the NHS Trusts having nominated inequality leads present on the Board together with Directors of Public Health from the 4 Black Country local authorities. The ethos of the Board was on the primacy of place in addressing health inequalities. Thus, it had been aligned to Health and Wellbeing Boards in the Black Country area to ensure all patches would be working in tandem.

The Health Inequalities Improvement Programme focused on 7 work streams as part of the work programme as follows:

- COVID Inclusive Recovery
- COVID Vaccination Inequalities

- Strategic Prevention
- Mental Health and Learning Disabilities
- Wider Determinants
- Maternity/CYP
- Data/Intelligence

The focus of the Health Inequalities and Prevention Board was now on Health Inequalities Delivery Plan for 2021/22. NHS England and Improvement had allocated funding to the Board for work on smoking cessation, alcohol, and obesity reduction initiatives. In addition, the Board had been selected for regional funding of £350,000 towards reducing violence and vulnerability, alcohol services offering mental health support, and increasing uptake of preventative services.

[Councillor Shackleton left the meeting during the consideration of this item.]

27/21 Integrated Care Systems / Integrated Care Partnerships – Update on Progress to Date

The Board noted an update on progress towards the implementation of the Black Country Integrated Care System (ICS), which would replace the Black Country and West Birmingham Clinical Commissioning Group from April 2022.

Reducing health inequalities was a priority of the CCG and would continue to be a priority for the ICS.

Jonathan Fellows had been appointed as Chair Designate of the Black Country Integrated Care Board. Following a recruitment process, the Chief Executive was to be announced by the beginning of November. The Board would involve all local partners and there would also be a local authority representative.

In response to comments and questions, the following was noted:

- Collaboration at a system level remained important.
- A workshop would be held for members to provide more detail on the structures and ensure understanding.

- Whilst there was a need for structural change, it was the individuals, rather than any particular structure, that would determine the effectiveness of the system.

28/21 Councillor Hartwell – Cabinet Member Update

The Chair reported that:-

- Cabinet portfolios had been revised and there had been changes to three cabinet appointments. The Board noted the revised portfolios.
- She had recently met with Public Health teams and hoped to arrange more meetings with staff in various departments providing support services.
- She had participated in one of the walks organised by Sandwell Stride walking group.
- She was keen to promote the work of the many services being provided by Sandwell's communities.

Meeting ended at 6.48pm

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