

Sandwell Health and Wellbeing Board

11 September 2024 at 5.34pm
In the Council Chamber, Sandwell Council House.

Present:

Dr Sommiya Aslam	Vice- Chair (in the Chair) and Local Commissioning Clinical Lead – Black Country Integrated Care Board
Councillor Sukhbir Gill	Cabinet Member for Business and Skills
Councillor Elaine Giles	Chair of Health and Adult Social Care Scrutiny Board
Sally Giles	Director of Children and Education Services
Michelle Carolan	Sandwell Managing Director – Black Country Integrated Care Board
Alexia Farmer	Healthwatch Sandwell Manager
Chief Superintendent Kim Maddil	Chief Executive - Sandwell Council of Voluntary Organisations
Mark Davies	Chief Executive - Sandwell Council of Voluntary Organisations
Imam Nasir Akhtar	Chair of Sandwell Multi- Faith Network
Ayyat Adigun	Chair of SHAPE Youth Forum
Briony Jones	Vice- Chair of SHAPE Youth Forum

In attendance

Councillor Jag Singh	Elected Member
Adele Hickman	Head of Primary Care and Place Commissioning – Black Country Integrated Care Board
Sophie Shuttleworth	Healthwatch Sandwell Projects and Partnerships Lead
Anita Andrews	Healthwatch Sandwell Engagement and Volunteer Lead
Paul Higgitt	Healthwatch Sandwell Project Officer
Melissa Elders	Healthwatch Sandwell Community Outreach Lead

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Murali Subramanian	PHIRST Fusion Team – Newcastle University
Lina Martino	Consultant in Public Health and Director of Sandwell Health Determinants Research Collaboration
Samantha Harman	Children’s Commissioning, Partnerships and Improvement Lead
Paul Moseley	Better Care Fund Programme Manager
Kathryn Hickman	Vulnerable Groups Programme Manager
Jane Hemuka	Senior Research and Intelligence Officer
Jason Copp	Senior Research Officer
Daniel Lange	Public Health Specialty Trainee
Alex Goddard	Scrutiny Lead Officer
John Swann	Democratic Services Officer

22/24 Apologies for Absence.

Apologies were received from Councillor Will Gill, Councillor Nicky Hinchliff, Councillor Vicki Smith, Councillor Jackie Taylor, Councillor Jalal Uddin, Rashpal Bishop (Director of Adult Social Care) and Liann Brookes-Smith (Interim Director of Public Health).

23/24 Declarations of Interest

No declarations of Interest were received.

24/24 Minutes

Resolved that the minutes of the meeting held on the 12 June 2024 are approved as a correct record.

25/24 Additional Items of Business

There were no urgent additional items of business.

26/24

Child Friendly Sandwell

Further to Minute No. 8/24 (Meeting held on 13 March 2024) the Board received an update on the Council's participation in the UNICEF Child Friendly Cities and Communities Programme.

Sandwell Council had formally been invited to participate in the programme on 23 May 2024. Furthermore, the Council had prepared a memorandum of understanding, to be submitted to UNICEF UK, which outlined the commitment to uphold the principles of the UN Convention on the Rights of the Child.

The programme was due to be announced at an external launch event on 19 September 2024 at a primary school, to be attended by Cabinet Members, stakeholders and young people. This event would commence the discovery phase of the programme.

The discovery phase would last for an estimated six months and was to include the following activities:

- Safeguarding – evidence that the robust and clear safeguarding arrangements were in place.
- Baseline Study – the completion of a baseline study against which impact would be monitored and evaluated.
- Communications – the establishment of a communications plan to increase local knowledge of the programme.
- Participation – assurance that local participation and engagement teams understood the programme and children and young people had opportunities to influence its development.
- Governance – a committed and informed governance structure in place, including Child Friendly Communities Champions.
- Badges – determination of which three thematic badges (priority areas) to work towards alongside the three foundation badges.

A Discovery Day was due to take place with stakeholders and partners in October to progress the programme.

The Board and the Integrated Care Board welcomed the progress made and thanked those involved for their hard work.

27/24

Interim evaluation of the Sandwell Suicide Prevention Strategy and Action Plan 2022- 2025

The Board received an overview of the Suicide Prevention Strategy 2022- 25.

The Strategy had been developed by the Sandwell Suicide Prevention Partnership and had six core objectives:

- To work in partnership to fulfil the 'Zero Suicides' Ambition.
- To ensure the highest quality of care and support guaranteed by professionals.
- To encourage a better awareness of suicide within local organisations and our communities.
- To reduce the chances of suicide in high-risk populations.
- To create an open culture where we listen to those with lived experience.
- To reduce access to the means of suicide.

The interim evaluation had aimed to measure the success of the strategy and its impact on measurable outcomes.

Methodology had included the assessment of data on suicides and self-harm, consultation with the Sandwell Suicide Prevention Partnership (including surveys and in-depth interviews) and an analysis of an action plan log against strategy objectives.

Data from 2019- 24 showed that on average 22 suicides per year were committed within the Borough, and of these 80% were men. Data from the coroner's reports indicated that of the deceased, almost 50% were previously known to mental health services and over 33% had previously self-harmed or attempted suicide. The interim evaluation report had determined that suicide remained a significant issue within Sandwell and that social isolation and financial problems were notable risk factors.

It was reported that the strategy had raised awareness of suicide, had provided suicide prevention training in workplace settings and had included community led projects.

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Recommendations of the interim evaluation included:

- The Sandwell Suicide Prevention Strategy should be restructured.
- That primary care links should be strengthened.
- Consideration of establishing a suspected suicide surveillance system to improve data quality and enable a rapid response.
- That male mental health should be prioritised.
- That the cultural appropriateness of the suicide prevention offer should be investigated.
- That future versions of the strategy should be co-produced with experts by experience and partners.

It was reported that suicide rates within Sandwell did not differ significantly from the West Midlands and England.

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

- Support for children at risk of suicide who had been excluded from education was available from the inclusion support service in education. Assistance was also available for children who were home educated from the home- schooling team who had received suicide prevention training.
- The needs of young people and older adults had been identified as areas to be improved within future versions of the strategy.
- It was agreed that a coordinated health approach best supports those at risk of suicide and self- harm.
- West Midlands Police were assisting efforts to monitor and assist those at risk of suicide.
- The suicide prevention training was enhanced for those in frontline roles including teachers and those who worked with young people.
- Support was also provided by the voluntary and community sector – including services for those who were long- term unemployed.
- Primary Care Networks supported doctors working within general practice to receive intensive training around suicide, self- harm and mental health warning signs.

28/24

Evaluation of the COVID-19 Community Champions Programme

The Board received an overview of the evaluation of the West Midlands local authority Covid- 19 Community Champions (CCC) Programme.

Community Champions were typically volunteers from a local area who acted as a 'bridge' between people and healthcare services, signposting community members to services and communicating health messages to communities.

The CCC Programme focused on a community- based approach which addressed vaccine hesitancy during the Covid-19 pandemic. Data showed that there were significant disparities in vaccine uptake, particularly within ethnic minority communities, deprived areas and lower socio- economic groups.

The evaluation of the CCC programme took place in three phases.

Phase One - Analysis

Data was used to create maps which visualised ccc activity cross- referenced to vaccine uptake and GP registrations.

Phase Two – Qualitative interviews with programme coordinators and community champions

Key themes were identified following thematic analysis of interviews conducted, these included:

- Positive community networks and trusted sources enhanced communication, whilst language barriers hindered engagement.
- The CCC programme required ongoing learning and funding in order to be sustainable.
- Lived experience of champions relating to vaccine side effects and lack of responsiveness from local government contributed to vaccine distrust.
- The CCC Programme's collaborative model could be transferred to other public health projects.

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Phase Three – Community Surveys

Community surveys were conducted with members of the public in July 2023. These evidenced that the biggest increase in trust was from religious and faith communities and that informal communication methods were most effective.

The evaluation concluded that a successful CCC programme should encourage trust amongst champions through engagement and collaborative working with the local authority. It was also concluded that key messaging should be translated in ensure it is delivered to diverse communities.

Recommendations of the evaluation included:

- A community of trusted champions, with clear guidance and expectations, supported public health messaging.
- The role of the CCC should be expanded to encompass a broader range of public health initiatives.
- Funding should be allocated to facilitate regular meetings and communications with community champions.

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

- Community leaders had assisted the communication of the link between community foods and diabetes as part of the Healthwatch Sandwell Diabetes in Sandwell report.
- The Council had adapted the model during the Cost of Living Crisis to communicate key messaging including supports and the location of food banks to members of the public.
- The programme could be adapted to access hard to reach patients who did not engage with healthcare professionals.

29/24

Better Care Fund Update and Section 75 Agreement

The Board received an overview of the Better Care Fund (BCF) which supported people to stay safe, well and independent at home for longer.

The BCF financed services which delivered adult social care within the community rather than a hospital setting. It delivered a jointly agreed plan between local health and social care

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leaders which had been approved by NHS England in August 2024.

The BCF had a £70 million budget which had established integrated out of hospital care and support pathways and funded services including the Harvest View Health Centre and commissioned nationally recognised dementia support.

The programme also invested approximately £1.2 million annually in voluntary and community sector services including care navigation and practical support post- hospital discharge.

A section 75 agreement was required to be in place to enable access to BCF funding which was to be signed by 30 September 2024.

Representatives from the Black Country Integrated Care Board endorsed the joint commissioning of services which had taken place.

30/24

Healthwatch Sandwell Annual Report

The Board received a presentation relating to the Healthwatch Sandwell annual report and the work which Healthwatch Sandwell had completed over the previous year.

Over the previous year Healthwatch Sandwell had published 26 reports about the improvements members of the public would like to see in health and social care services in Sandwell. 349 individuals had approached Healthwatch Sandwell for advice and 41,533 had been reached via digital engagement.

‘Guided by You’ workshops had taken place in each of the Boroughs six towns had taken place to understand what health issues mattered to local people where they live.

The annual report highlighted that existing services were available within the locality; however, members of the public were unaware that they are operating.

Under the Enter and View statutory powers 14 health and social care venues had been reviewed, with recommendations having

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been made to improve patient's experiences. The most common recommendation was to ask providers to inform service users of how to partake in the comments and complaints procedure.

31/24 Work Programme 2024/ 25

The Board noted its Work Programme for 2024/ 25.

Meeting ended at 7.14pm.

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