

Minutes of Health and Wellbeing Board

Wednesday, 3 December 2025 at 5.30 pm at Council Chamber - Sandwell Council House, Oldbury

Councillor Jackie Taylor	Chair and Cabinet Member for Adult Services, Health, and Wellbeing
Dr Sommiya Aslam	Vice- Chair and Local Commissioning Clinical Lead – Black Country Integrated Care Board
Dr Frances Howie	Interim Director of Public Health
Michelle Carolan	Sandwell Managing Director – Black Country Integrated Care Board
Adele Hickman	Head of Primary Care and Place Commissioning – Black Country Integrated Care Board
Amritpal Randhawa	Chair of Healthwatch Sandwell
Alexia Farmer	Healthwatch Sandwell Manager
Mark Davis	Chief Executive of Sandwell’s Council of Voluntary Organisations
Kim Maddil	Chief Superintendent - West Midlands Police

In attendance:

Sophie Pagett	Service Manager Health Protection, Public Health
Lina Martino	Consultant in Public Health
David Knight	Democratic Services Officer

Apologies:

Rashpal Bishop	Executive Director of Adult Social Care
Sally Giles	Executive Director of Children and Education Services
Kat Rose	Group Chief Integration Officer - Sandwell & West Black Country Healthcare NHS Foundation Trust
Marsha Foster	

71/25 Declarations of Interest

There were no declarations of interest made.

72/25 Minutes

Resolved that the minutes of the meetings held on 24 September 2025 are approved as a correct record.

73/25 Urgent Additional Items of Business

There were no additional urgent items of business to be considered at the meeting.

74/25 Sandwell Pharmaceutical Needs Assessment 2025

Further to Minute No. 57/25 (29 July 2025) the Board received and reviewed the final draft of the Pharmaceutical Needs Assessment (PNA), following completion of the statutory 60-day consultation period. Arising from the presentations, questions, and comments, the following items were of particular note:-

- ❖ Healthwatch had found the PNA consultation crucial for ensuring community pharmacy services meet local needs, using the consultation process to highlight patient experiences and to identify gaps in service provision and influence future planning.
- ❖ Healthwatch proposed that the Board increase the involvement of people with disabilities and learning difficulties when developing the PNA. Healthwatch highlighted that ensuring the voices of these communities were heard was essential for creating accessible, equitable health services, particularly in pharmacy and community care.
- ❖ young people felt overlooked in consultations for health planning, often leading to low participation rates. The barriers preventing young people from engaging in PNA and health consultations included not being marketed in ways that reached younger audiences, such as through social media or mobile-first platforms.
- ❖ engagement with young people in health consultations was critical to improve health outcomes, enhance service accessibility, and build trust, ensuring that care was structured to their specific, often overlooked, needs.
- ❖ Involving young people in the co-production of health services ensured care was relevant, safe, and effective by developing their lived experience to shape design and delivery. This partnership with young people would improve service uptake, build trust, and encourage youth to manage their own health.

Resolved that the

Sandwell Pharmaceutical Needs Assessment 2025 is approved publication.

75/25 Sandwell Joint Strategic Needs Assessment (JSNA) Update

Further to Minute No. 69/25 (24 September 2025) the Board received the recommendations made by the JSNA Task and Finish Group for revising the JSNA production process, governance, and structure. Arising from the presentations, questions, and comments, the following items were of specific note:

- ❖ An end-of-life needs assessment that focused on dying with dignity was vital to ensure a person was treated as an individual, with respect, compassion, and without unnecessary suffering, in their preferred surroundings. identification of the physical, emotional, social, and spiritual needs to maintain a person's quality of life until the end was very important. Having to travel out of Sandwell for end-of-life care was seen as inappropriate due to the physical toll on the patient and the separation from their home and family.
- ❖ Involving charities and the voluntary sector (VCS) was essential for developing end-of-life care needs assessments in Sandwell. Such a

collaborative approach would ensure that services were compassionate, inclusive, and tailored to the diverse needs of the local population.

- ❖ Actively working with the voluntary sector to build "compassionate communities" would encourage local groups to support residents, reducing the fear, stigma, and taboo around death and dying.
- ❖ Accurate and granular ethnicity data would be essential for the Board to understand, monitor, address health disparities and design targeted interventions that would address the cultural, linguistic, and social barriers to care.
- ❖ The JSNA Steering Group and Operational Group would now be convened to focus on implementing these recommendations and developing the revised JSNA. It was proposed that the final JSNA would be live from April 2026.

Resolved that:-

1. the proposed next steps and timescales for updating the current JSNA are approved;
2. the Board endorses the need for appropriate multi-agency representation be on the JSNA Steering Group.

76/25 Sandwell Joint Health and Wellbeing Consultation and Strategy

Further to Minute No. 70/25 (24 September 2025) the Board received and noted the findings from the consultation on the next Sandwell Joint Health & Wellbeing Strategy 2026 to 2031. Arising from the presentations, questions, and comments, the following items were of particular note.

- ❖ Residents, communities, and stakeholders were consulted on the (a) core principles of the Strategy; (b) criteria for identifying priorities; (c) priorities themselves; and (d) next steps in turning strategy to action.
- ❖ The consultation survey had been completed by 754 respondents from across Sandwell.
- ❖ There had been responses from a range of ethnicities although 'white other' ethnicities were slightly overrepresented with 57% of responses, as were women who made up 72% of respondents whilst the age of respondents was disproportionately aged 35 and over.
- ❖ The next step should be a focused, high-level meeting on a specific topic that would be essential for driving collective action, fostering collaboration, and achieving concrete, actionable results. a single-subject event would allow for in-depth discussion that would lead to more tangible outcomes.
- ❖ When establishing delivery workstreams it would be important to break down large-scale projects into smaller, manageable themes that would increase efficiency, clarity, and accountability.
- ❖ Successful workstreams must not duplicate existing activity, have defined goals, dedicated ownership, and clear integration with broader project work.
- ❖ effective communication between the different partner agencies and steering groups must be the foundation for multi-agency activity as it enabled coordination, builds trust, and ensures alignment of priorities across the partnership.

Resolved that

the Sandwell Joint Health & Wellbeing Strategy 2026-2031 is approved.

77/25 Sandwell and West Birmingham Neighbourhood Health and Partnership Update

The Board considered and commented upon the first of a series of updates on the work of the Sandwell and West Birmingham Neighbourhood Health and Partnership. Arising from the presentation, questions, and comments, the following items were of particular note.

- ❖ Neighbourhood Health would be a key component of the NHS 10-year plan.
- ❖ A unified and standardised approach to social prescribing across different public health organizations would be needed to ensure consistent, high-quality care, reduce health inequalities, and enable better data sharing and improved patient outcomes.
- ❖ Empowering community members with a better understanding of how to access health services would be crucial for improving health outcomes, enhancing service quality, and reducing health inequalities. This would develop informed decision-making and ensure a more efficient use of healthcare resources.
- ❖ The need to have a health and social care model that prioritised discharging patients from hospitals back to their own homes (or a temporary community setting) with rapid, short-term care support to enable recovery, rehabilitation, and assessment in a familiar environment, reducing risks of infection associated with long hospital stays was crucial.

The Board would be kept informed of the work being undertaken through the Sandwell Health & Care Partnership on the approach and development of Integrated Neighbourhood Health.

78/25 Work Programme

The Board received and noted its Work Programme.

Meeting ended at 7.05 pm