# SANDWELL HEALTH AND WELLBEING STRATEGY 2022

Sandwell
Metropolitan Borough Council

“

THE POWER OF COMMUNITY TO CREATE HEALTH IS FAR GREATER THAN ANY PHYSICIAN, CLINIC OR HOSPITAL.

”

MARK HYMAN MD

ACKNOWLEDGEMENTS:

THANK YOU TO NICOLE ROBINS FOR CO-ORDINATING THIS STRATEGY WITH SUPPORT FROM LISA MCNALLY, LINA MARTINO AND JASON COPP.

# CONTENTS

# FOREWARD

Healthy, resilient communities where everyone is supported to thrive are at the heart of Sandwell's 2030 Vision. This Health and Wellbeing Strategy for Sandwell sets out our ambitions for achieving good physical and mental health for people of all ages, working together to prevent the causes of ill health and ensure that everyone can access the right care at the right time and at the right place.

It is more important than ever to tackle the socioeconomic challenges and health inequalities faced by many in the Borough. Sandwell's rich cultural diversity and industrial heritage are community strengths and assets we can draw on to improve the social determinants of health - the conditions in which we are born, live, grow, work and age. This means working in partnership with professional organisations such as the NHS, but also collaborating with people in our communities and recognising them as the experts in their own lives and needs.

This Strategy looks back at some of what we have already achieved together and looks forward to how we can build on this in the future. It places the voices of our residents and community groups at the centre and makes them active partners in the work we do so that everyone is heard, and no-one is left behind.

With the Sandwell Health & Social Care Partnership looking into the system to innovate, and the Sandwell Health & Wellbeing Board looking out to engage communities, we can work seamlessly in partnership to improve the lives and opportunities of people in Sandwell and support every one of our citizens to have the best health that they can.

## COUNCILLOR SUZANNE HARTWELL

### CABINET MEMBER FOR ADULTS, SOCIAL CARE AND HEALTH

# SECTION ONE
# ABOUT SANDWELL

## WHO ARE OUR PEOPLE?

Sandwell is located within the heart of the West Midlands, comprising the six towns: Oldbury, Rowley Regis, Smethwick, Tipton, West Bromwich and Wednesbury. According to the latest population estimates from the Office of National Statistics, Sandwell has a population of around 341,900. Approximately 27% (93,200) of these are children and young people aged under 19, and 15% (49,700) are 65 and over.

Sandwell's population size has increased by 11.0% over the last decade, from around 308,100 in 2011 to 341,900 in 2021. This is higher than the overall increase for England (6.6%) and reflects more rapid growth among children and working age adults, meaning that our population is ageing less quickly than in other parts of the country. Sandwell is also ethnically diverse, with 34% of residents from black and minority ethnic communities, the same as that of the West Midlands but higher than the England average of 20%.

## OUR PLACE

As part of the Black Country, the borough has a proud industrial heritage. The local area's economy was historically based on its rich coal and ironstone reserves, experiencing major industrial growth following the development of the canal network during the 18th century.

Sandwell has a unique position within the region of being 'landlocked' by other urban local authority areas, bordering with Birmingham, Wolverhampton, Dudley and Walsall. Despite the industrial environment and the challenges this brings, the borough has a wealth of parks and green spaces and has achieved 14 prestigious Green Flag awards.

Sandwell's rich industrial heritage and cultural diversity are key strengths and community assets which can be developed through place-based approaches to improving the wider determinants of health. The six towns each have their own distinct cultures, identities and demographics despite common factors across the borough.

## HEALTH INEQUALITIES

Sandwell is characterised by rich cultural diversity and vibrant communities but faces considerable socioeconomic challenges and health inequalities too.

Sandwell was ranked as the 8th most deprived Local Authority out of 317 in England (ONS Indices of Deprivation 2019). Life expectancy at birth in Sandwell is 76.1 years for males and 80.7 years for females compared to 79.4 for males and 83.1 for females in England. Our residents also spend more years in poor health. Healthy life expectancy at birth is 61.6 years for males and 60.5 for females (63.1 and 63.9 years in England respectively).[1] A high proportion of Sandwell residents work in healthcare, manufacturing or retail, and the borough has the poorest air quality outside London.

Overall levels of socioeconomic deprivation and inequalities in physical and mental health have meant that the area has been among those hit hardest by the COVID-19 pandemic, austerity and climate change. It is therefore even more important that agencies work together to provide the right care, to the right people, at the right time and in the right place.

[1] Source: Public Health Outcomes Framework

# PARTNERSHIP WORKING

Collaboration is key to achieving better health and wellbeing in Sandwell and will be facilitated by the Sandwell Health & Wellbeing Board and the Sandwell Health and Social Care Partnership. This means collaborating with professional organisations such as the NHS as well as collaborating with people in our communities.

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 take action. 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.

The Sandwell Health & Social Care Partnership brings professional agencies and the voluntary & community sector together in a slightly different way. This is a space where they can design new ways of working and new approaches to address system wide problems. As a subgroup of the wider Black Country Integrated Care Board, the focus is on reducing health inequalities. The Partnership brings together Public Health, Children's Services and Adult Social Care partners with those from Primary Care, Secondary Care, Mental Health, Learning Disability and the Voluntary & Community sector.

This Partnership brings together the strengths of each of the two boards, with the Sandwell Health & Social Care Partnership looking into the system to innovate, and the Sandwell Health & Wellbeing Board looking out to engage communities. We also link with the Sandwell Children's Safeguarding Board, Sandwell Safeguarding Adults Board, Children and Families Strategic Partnership and the Safer Sandwell Partnership to achieve our strategic objectives.

The overall aims of the entire partnership include the 3 P's; People, Patients and Population. For people the objectives are to cultivate and sustain happy, productive and engaged staff. For patients, it's to be good or outstanding in everything we do. The Population section is about working seamlessly with our partners to improve lives.

## SANDWELL SAFEGUARDING ADULTS BOARD

Sandwell Safeguarding Adults Board shares the Health and Wellbeing Boards ambition to create effective partnerships between all the statutory boards in Sandwell.

Sandwell Safeguarding Adults Board continues to support the board managers meeting together and opportunities for the independent chairs to meet and agree joint priority work streams. All statutory boards in Sandwell have contributed to a document that clearly identifies joint workstreams and the governance arrangements including which board is leading in which area.

Working together as a system maximises opportunities to create significant impact and benefit for the people of Sandwell and minimises the risk of duplication. This is an identified ambition of the Health and Wellbeing board in this strategy and one clearly identified in the Safeguarding Adults Board strategic plan 2022-23.

Sandwell Safeguarding Adults Board support several task and finish groups and sub groups and welcome the participation in this activity of members of public health representatives. One example of this activity is the learning disability and autism advisory group. This group consists of professionals in the field of learning disability and autism who worked tirelessly together throughout the pandemic to ensure that families and adults with learning disabilities and/or autism had access to appropriate and accessible information and vaccinations, including a specialist vaccination clinic in Tipton. This group continues to work together to provide a specific project focus and guidance to professionals, and statutory Boards. Recent examples include, training on good oral health and developing a toolkit approach to disseminating accessible information across the borough. Moving forward,

Sandwell Safeguarding Adults Board is committed to working together across all systems, profiling work undertaken in relation to Safeguarding Adult Reviews and how to better profile all learning making Sandwell a safer place.

## BETTER CARE FUND

The Better Care Fund (BCF) spans both the NHS and Local Government, integrating health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The BCF encourages integration by requiring local partners to pool budgets and agree spending plans together. This has offered Sandwell Partners a genuine opportunity for health and social care to develop effective and sustainable services capable of meeting the unique needs of our local people and communities.

### BCF SUCCESSES IN SANDWELL

**STRONG GOVERNANCE**
Strong local leadership crucial to achievements of the BCF and delivering an effective system-wide response to the pandemic.

**DISCHARGE TO ASSESS**
Extensive community and home-based intermediate care options to support out of hospital assessments under a 'home first' ethos.

**EARLY DISCHARGE PLANNING**
Early planning supported by VCS and community care ensures timely and effective discharges.

**SYSTEMS TO MONITOR PATIENT FLOW**
In-house system monitors local community bed capacity to efficiently allocate vacant beds and reduce voids.

**SEVEN DAY SERVICES**
All key council and NHS services central to discharge planning and hospital avoidance now operate over 7 days to support the Covid response and D2A policy.

**MULTI-AGENCY DISCHARGE TEAMS**
Strong multi-professional collaboration to support discharges and ensure people get the right care in the right place when they need it.

**TRUSTED ASSESSORS**
Trusted assessors relieve care providers of the assessment burden, reducing delays and supporting flow.

**SUPPORTING CARE HOMES**
Significant investment in wrap-around support to improve support to care homes and residents.

## CHILDREN'S SERVICES

The strategic outcome for children and young people as detailed in the corporate plan: The best start in life for children and young people.

The critical early period from pregnancy to a child's second birthday provides the foundation for how they will develop, grow and learn; and for their future life chances. We know that poverty can limit nutrition, affect cognitive development, the ability to do well in school and ultimately earn a good living later. It can contribute to vulnerable environments. Therefore, we have placed the emphasis on the importance of the first 1,000 days of a child's life and the importance of families securing the support available to them.

We want children to be ready for school and for schools to be ready for children. Families and communities being able to support that readiness are vital, so we are introducing specific additional measures for this early period and to prepare young people for adult life and skills, with a focus on vulnerable children.

Our vision for children and young people: In 2030, Sandwell is a thriving, optimistic and resilient community. Our children benefit from the best start in life and a high-quality education throughout their school careers with outstanding support from their teachers and families.

## YOUNG PEOPLE

We know that our young people are the future of Sandwell and we want to make sure that their views influence the detail in our plan. We ran virtual workshops with seven schools in the Borough and attended the SHAPE Forum and Care Leavers Forum. In designing our approach to talk to young people we used Sandwell's Children and Young People's Engagement Strategy as this sets the standards for engaging with young people in the borough. Officers appreciated the vibrant session with young people to help shape the young people's priorities.

The following schools contributed significantly:

- Grove Vale Primary School
- Christchurch Primary School
- St Phillip's Primary School
- St Michael's Secondary School
- Shirelands Secondary School
- Q3 Langley
- Q3 Tipton

Going forward we will build on opportunities to undertake further work with young people to progress aspects contained in the Corporate Plan.

## PARTNERSHIP WIDE STRATEGIC PRIORITIES:

The Children and Families Strategic Partnership, chaired by the council's Director of Children's Services has agreed and is prioritising 6 overarching strategic priorities which also feature as part of the ICS / Place developments across the borough:

- Early Help
- Early Years and the development of Family Hubs
- Mental Health, with an emphasis on services for vulnerable groups
- SEND – overall improvement agenda, including focus on transition
- Children in Care – including access to mental health provision, NEETs
- Educational attainment.

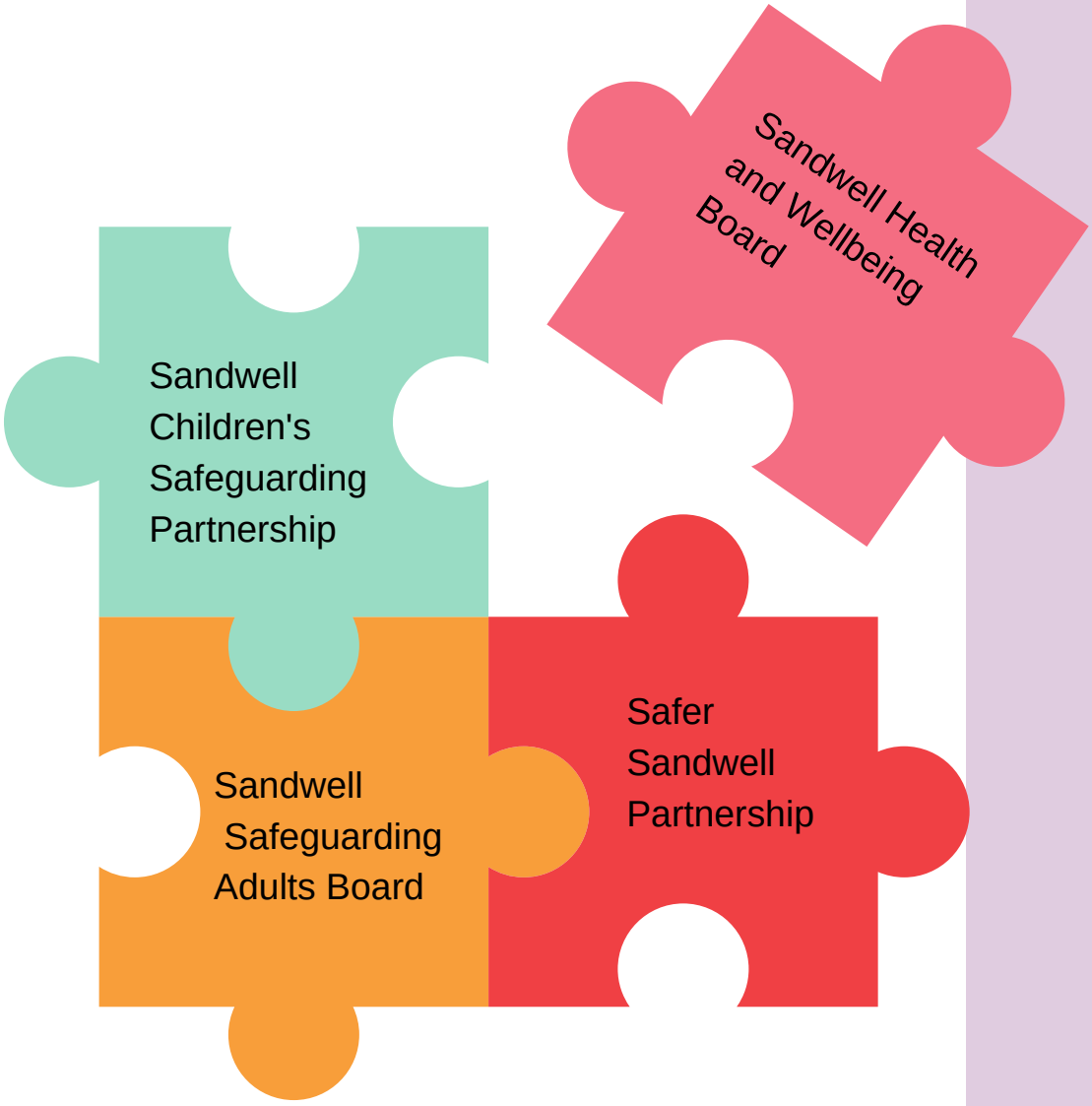
## THE HEALTH AND WELLBEING STRATEGY

This Strategy is jointly owned by both boards. The next section will look back at some of our recent work, showing how we work together and what we have achieved, and some of the challenges we have faced.

Section 3 will look forward, describing our shared outcomes and joint workstreams across the system. Here we will explain how we will measure and monitor what we achieve.

The Strategy is not an exhaustive account of our work, but an illustration of how partnership working can help to improve the health and wellbeing of people in Sandwell.

The purpose of this strategy is not to overlap with other strategies from key boards and partnerships but to demonstrate where the pieces fit together. We recognise that there will be some crossover in interest in the work done by other boards and that not everything can be included in this strategy. Rather than duplicating that work, our aim is to look at how we can link together to improve the health and wellbeing of people in Sandwell.



# SECTION TWO
# HOW WE WORK

In Sandwell we seek to improve health and wellbeing by doing our work with our residents and not to them. At the core of our work is our community, those with gifts and skills and local knowledge. We recognise that the people in Sandwell are its asset and the experts on what they need. By working with our residents, we can build on our existing community strengths, and develop solutions where there are gaps. By investing time and money into our communities we can create environments where Sandwell residents can thrive and help each other, which will reduce demand on some services and in turn improve health outcomes. We take this approach across a wide range of public health priorities and outcomes including during the Covid-19 pandemic, our drugs and alcohol work, physical activity and more.

## COVID-19

### COVID-19 IN SANDWELL

The COVID-19 pandemic has brought challenges for physical and mental health, both from the direct effects of the virus and indirectly through social and economic impacts on people's lives. It has changed the way traditionally close communities interact, and how residents access help and support. Existing inequalities in Sandwell, and in the West Midlands and England overall, have deepened. The lifestyles of people in Sandwell were more susceptible to the virus, as an area that has many people working in sectors where social distancing wasn't possible, it had the potential to spread fast and wide.

Sandwell was one of the first Councils to establish a local Contact Tracing team alongside the national Test and Trace function. Our innovative model was cited as an example of best practice by the Local Government Association and was replicated by almost every Council in the country. We developed a supportive offer in partnership with the voluntary and community sector whilst also recruiting internal staff across departments to assist with the emergency response.

By understanding the Black Country culture and offering a familiar voice or language over the phone, we were able to increase engagement and reach more local people. In the last week prior to the launch of this service in July 2020, the national contact tracing service was failing to reach over 35% of COVID-19 contacts in Sandwell. This was the second worst performing local authority in the West Midlands region. One year after the launch of the Sandwell service the failure rate had reduced to less than 4% of contacts. Compared to the rest of the West Midlands, this was the best performance in the region of any upper tier local authority.

In addition, Sandwell ranked 80th out of 149 upper tier local authorities for infection rates and had the 3rd lowest case rates in the Black Country, just after Dudley. This is in stark contrast to what would be expected given the levels of deprivation in the borough and can be largely attributed to putting our community at the heart of the response and adapting support where it was needed. There is nevertheless no doubt that the pandemic has been devastating for many individuals, families and communities, and has left a legacy of health needs and economic impacts.

# COVID-19 IN COMMUNITIES

We know that Sandwell is rich in community assets, and this was brought to the forefront during the COVID-19 pandemic. Our community and faith leaders continued to support residents with key information to help them keep safe during unprecedented times - often working with groups who were more vulnerable to COVID-19 and less able to access this information themselves. Despite having to completely change the way they interacted, from face-to-face to virtual and over the phone, they maintained contact with those who needed support. As the pandemic developed, our local community groups continued to adapt to ensure continued access and provide information around vaccinations.

In 2021 we won the Local Government Chronical Award for our work to increase vaccination uptake in the borough, with a focus on black, Asian and minority ethnic groups, which traditionally have lower vaccination uptake rates. We worked in partnership with NHS and voluntary and faith organisations to provide vaccination clinics in mosques, gurdwaras, community centres and other venues, and with the Sandwell 'Vaccination Bus' at The Hawthorns Stadium. The public health team also trained influential people in the community to support people to get vaccinated. The 'Community Vaccination Leaders' course trained around 180 local people including faith leaders, community organisers and voluntary sector workers. The course proved so popular that other council teams in the UK came to Sandwell to learn how to deliver the course in their areas.

The Vision 2030 COVID-19 grants enabled groups to identify what was needed in their communities and put the right support in place. With over £250,000 grants funded to more than 25 community groups a huge range of tasks were completed, and support provided; proactive writing and calling to service users, social media coverage, 1-on-1 and group conversations and support, translation of guidance and culturally appropriate messaging, practical support to access vaccinations, vaccination champions and promotion of vaccination clinics.

"*Feedback from parent carers was very positive. Many said they were anxious about the vaccine but that the information we were able to provide was factual and timely and allowed them to make informed decisions. We were also able to provide information on vaccine clinics, pop ups and opportunities through pharmacies etc that families were not aware of. Parent carers were also able to register with their GP as a carer which will have longer term benefits for them and their healthcare.*"

"*Focus groups created some change in understanding and attitude towards the vaccinations. The involvement of our 2 vaccine champions, Kurdish medical professionals and the Romanian health professional in RUDA's Facebook live session was extremely helpful in addressing some of the myths around vaccines.*"

Sandwell Metropolitan Borough Council has provided £1.1m Covid-19 Emergency Funding to support voluntary organisations to meet the demand for emotional wellbeing services for children. This programme is being administered by SCVO and is funding additional capacity in the areas of counselling, mentoring and sports-related activities. The aim of the programme is to meet the increasing demand for emotional wellbeing and mental health support and prevent needs from escalating into more specialist mental health services.

## COVID-19 IN ADULT SOCIAL CARE

Adult Social Care had oversight and coordination of vaccination uptake monitoring and promotion in care homes and non-residential ASC services. They developed and updated trackers to support mandatory vaccination requirements and carried out extensive provider engagement to identify barriers to vaccination, market impact, risk mitigation and business continuity plans. This also involved developing education interventions in collaboration with Public Health colleagues to promote vaccine uptake in addition to supporting access to vaccination, including signposting, liaison with hospital and CCG teams and collaboration with the Public Health team to deliver pop-up sessions for local care providers. Finally, assurance reporting to internal and external forums, including responses to ADASS and DHSC requests.

At the beginning of the pandemic Stoney Lane management team became the main distribution route for PPE in Sandwell, setting up a storage and distribution process that would put Amazon to shame. By working as a team to help each other navigate challenging times and devising new forms for booking in and out PPE, we worked hard to ensure everyone had the PPE they needed to keep themselves safe. This included: residential homes, in-house and private sectors, direct payment recipients, boxes of PPE for schools and finally, support to providers to access the local offer for fit-testing for FFP3 masks through liaison with SWBH team.

Throughout the pandemic, staff at Adult Social Care's (ASC) first point of contact, Sandwell Enquiry, continued to work at their office-base at the Independent living Centre, to respond to the huge surge in calls and emails that came in. New staff members and re-deployed colleagues had to hit the ground running from March 2020.

They answered around 27,000 calls and received around 35,000 emails whilst also dealing with ambulance logs, safeguarding concerns, blue badge processing, missing people and so much more. This means that, during the early stages of the pandemic, our team had contact with about 20% of Sandwell's residents!

"*Kerry would like to thank us for everything we have done. Her father was very grateful for his parcel, and when he saw there were teacakes it made him smile. She said we should all be very proud of ourselves.*"

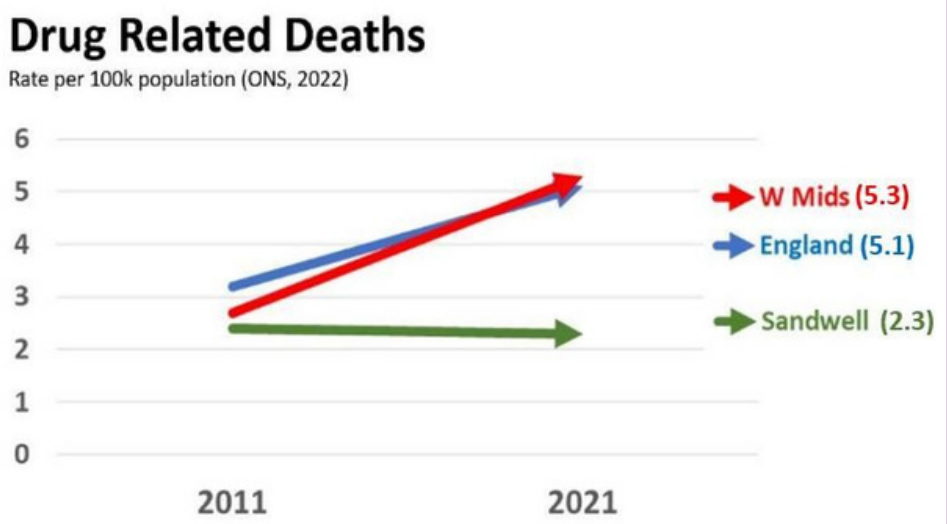
## DRUGS AND ALCOHOL

The young person's substance misuse service (DECCA) is commissioned by Sandwell Public Health and based in Sandwell Children's Trust. The service consists of three elements – universal prevention, early intervention and specialist treatment. Interventions that contribute to reducing admissions include work with education services to ensure young people are aware of the risks of substances, training for professionals to be confident when having conversations and providing accessible, non-time limited specialist treatments.

Continuity of care between prison and community substance misuse services is vital for improving offender health, reducing drug and alcohol related harm and reducing reoffending. Rates of continuity of care in Sandwell are higher than both the regional and national averages. Effective partnership working and communication between probation services, prison healthcare, Sandwell's substance misuse services and wraparound support such as housing plays a key role in successful outcomes for this group. Timely access to services is also vital and in Sandwell, Cranstoun are able to offer appointments on the day of release where required. Cranstoun Sandwell provides free and confidential advice and support to adults in Sandwell who would like to talk about alcohol or drugs.

In Sandwell we stick to the five principals on drug harm reduction. These include a holistic approach of wrap around support with housing, finance, legal problems, physical and mental health and social relationships. We also ensure we maintain our partnerships, as without a strong link between prison staff and the drug treatment teams there are gaps our residents could fall through. Cranstoun, as previously mentioned, are the third part of our principles, their first-class treatment using expertise and commitment through every level of staff from commissioner to the provider ensures that everyone's needs are met. By taking the work to the people who need it rather than waiting for them to come to us we make sure life-saving naloxone and other interventions are provided in the right place and at the right time. Finally, maintaining investment in these resources over the years

has ensured a continued level of support and the ongoing support from stakeholders from seeing the cost-effective treatment reduce demand on other systems and services. Thanks to this approach we have achieved the lowest drug related deaths in the West Midlands and are within the lowest ten in the country.




## BETTER MENTAL HEALTH PROGRAMME

Last year Sandwell Council successfully secured £391,272 of funding for the Better Mental Health Programme. The Better Mental Health Programme works alongside community partners to develop exciting and innovative projects to improve mental wellbeing for the whole community. These projects recognise the importance that good mental health has to our overall wellbeing. Strong established relationships between Sandwell Council and the voluntary and community sector have been key to the success of the programme, providing the ideal opportunity to build on our unique assets and work with communities to reduce inequalities in mental health and wellbeing that were made worse by the pandemic. Our Better Mental Health programme is informed by what our communities have told us they need and what is important to them.

Ten diverse and unique projects to improve mental wellbeing were rolled out to the community as part of the programme. These were:

1. **Changes** – offers support for parents, helping them to navigate their parenting journey through a range of activities. This project has enabled a wider choice of Early Years, Primary School Years and Secondary School Years courses to be offered for Sandwell parents to join.
2. **Activities for New and Expectant Parents** – provides free activities to promote physical health during pregnancy, selfcare and mindfulness, develop new friendships and peer support. Better Mental Health project funding has enabled a wide variety of activities and courses to be held in Sandwell's 6 towns.
3. **Sandwell Libraries and Archives** – libraries provide a safe and inclusive community hub. This project aims at providing parents and carers of under 5's with a range of social activities such as Play Talk Read and the Sandy Bear Scheme.
4. **Anti-bullying** - Children and young people in Sandwell have repeatedly highlighted bullying, including cyberbullying, as a key mental health issue. We are working to tackle this by delivering a whole school antibullying intervention and activities such as online training and classroom-based input. We're building on initiatives such as the successful Anti-Bullying Roadshow delivered during Anti-Bullying Week 2020 and adopting a whole-school approach to raising awareness for children and young people, teachers, parents and wider communities.
5. **The Voluntary and Community Sector Well-being Charter Mark** - Having successfully embedded the Schools' Wellbeing Charter Mark to adopt a whole school approach to mental health improvement across Sandwell, we aim to extend this throughout the community and voluntary sector in the hope to build emotional resilience by engaging in hobbies, interests and communities.
6. **Team Talk Albion** - The project aims to engage men (aged 18+) living in Sandwell with weekly 5 a side football matches located at the Portway Lifestyle Centre aiming to improve health and wellbeing through football.
7. **Tough Enough to Care** – These sessions include a 45-minute interactive presentation covering mental health basics and dispelling common myths about mental illness. The project also includes peer support groups which are open to all men aged 18+ from the Sandwell area.

8. **Ideal for All** - Supporting minority ethnic communities through targeted peer support, information and activity sessions. This project offers befriending and improved mental wellbeing through gardening and companionship.
9. **Mental Health Literacy** - This project has 3 elements, the first being “i-Act Understanding & Promoting Positive Mental Health & Wellbeing” training courses. The next is the development of Community Mental Health Champions who can help raise awareness of mental health and challenge stigma within their respective communities. The last is through the charity Kaleidoscope Plus Group who have been delivering accredited courses such as the popular Mental Health First Aid course.
10. **Community Mental Health Grant Programme** - A grant programme focusing on promoting positive community mental health with funding being available to support activities that are run by local people for local people.

By the end of March 2022, a total of 1,402 unique beneficiaries had been reached, with a significant improvement in self-rated wellbeing among those participating in the programme. Projects have been very well received in our communities, and feedback from participants and service users highlighted social connection, improved confidence and wider wellbeing as key benefits. The success of Sandwell’s Better Mental Health Programme to date gives us strong foundations to build on and sustain its legacy, both through increased capacity in the voluntary & community sector and additional funding to continue and expand the programme.

“*Sandwell Council has a strong track record of working closely with the voluntary and community sector, and their Better Mental Health programme is a clear example of asset-based community development in action. Feedback to date has been very positive and not only demonstrates immediate benefits of support for clients and community groups, but also a longer-term legacy for mental wellbeing promotion and reducing inequalities in mental health*”.

-Paul Sanderson, Health & Wellbeing Programme Lead, OHID West Midlands

"*I am getting my confidence back as a mother because I am able to stay calm and talk to my kids instead of shouting at them and telling them off. We now discuss problems instead.*"

"*I loved learning new things. I've had the confidence to attend other courses and the library.*"

-Feedback from parents, Changes Antenatal and Library Project

"*The project has helped us to reach a much wider and more diverse audience that we may not have really crossed paths with if we weren't involved in this project. The links we have established throughout Sandwell have not only helped us to grow as a charity but we are now in a much stronger position to support others and it has confirmed our thoughts that people do want to talk about mental health in Sandwell, but they never really had an outlet, this project has allowed us to become a route for these discussions and has helped 100 s of local residents.*"

-Stu Bratt, CEO, Tough Enough to Care

## COMMONWEALTH GAMES LEGACY

Sandwell was proud to host the swimming and diving events for the Birmingham 2022 Commonwealth Games in Sandwell. The Sandwell Aquatics Centre is a world-class sporting facility that will benefit Sandwell people for decades to come when it becomes a public leisure centre in spring 2023 following the Games.

We have welcomed thousands of athletes and spectators over the summer, giving us the perfect opportunity to show what a friendly and diverse place Sandwell is on the world's stage. It has been a great time to celebrate our rich diversity, culture and heritage.

The new leisure centre is bringing to Sandwell a 50m Olympic-sized swimming pool, 25m diving pool, community swimming pool, activity studios, sports halls, gyms, cycling studio, dry diving centre, sauna, football pitch, urban park, children's play area and café. This will be a place where local people will gain immeasurable health, fitness and social benefits and where everyone is welcome and able to access activities that are suitable for them.

We now have a task to build and create a legacy from the Commonwealth Games with our residents to get people, especially young people into physical activity. We have already started to invest more into free swimming, now over £300,000 per year will be spent on free access to swimming as well as swimming lessons in Sandwell.


Photo credits to Getty Images

# PHYSICAL ACTIVITY

The latest Sport England survey shows that children in Sandwell are on average the most active in the West Midlands and fourth most active in England. The Active Lives Children and Young People Survey by Sport England looked at what proportion of children aged 5 to 16 are meeting the national physical activity guidelines of an average of at least 60 minutes moderate-vigorous intensity exercise per day. The percentage of Sandwell's children meeting physical activity guidelines has risen significantly over the last four years, to the current high position in 2020/21 with 59.7% of children meeting the target despite the disruption of the pandemic.

We are currently working with activity groups across all six towns, covering a range of activities such as; dance, football, martial arts, basketball, cricket, swimming, gymnastics, athletics and many more! It is important to maintain these activity levels throughout the life course to help reduce the risk of some major illnesses and as we know physical activity can help improve our mood, sleep quality and reduce risks of stress. We have ongoing work with adults to help them increase their physical activity levels and maintain them. From the Covid19 pandemic many people became more familiar and reliant on parks and green spaces, because of this we will have new activities happening across all of the towns for adults to engage with their local spaces and ensure they get the most out of it. In addition, we are working to increase cycling opportunities across the borough, so people not only feel more confident on a bike but are also able to access bikes locally to them.

There are already some great projects happening in Sandwell allowing children, young people and families to get involved with different activities such as cycling. The Sandwell Valley Explorer, a short family friendly guided bike ride for all abilities is just the beginning of our cycling work. Benson Community Project is also offering family bike rides and learn to ride sessions in Smethwick. This is providing a great way to learn new skills, help others and get more active. Led rides are also already running at Lightwoods Park, but we are also exploring opportunities to train more volunteers to help run similar activities across other areas of Sandwell. Cradley Community

Link are one such group looking to train young people as some cycle champions to not only lead rides but also share skills on how to look after a bike.

# SECTION THREE
# LOOKING FORWARD

This section is about looking forward and setting out our shared outcomes and joint workstreams across the system. Over the last two years we have built and grown relationships with the health sector and wider partners. Our ambition in 2022 is to continue to develop this integrated working.

## SANDWELL HEALTH AND CARE PARTNERSHIP

In 2022 Sandwell organisations launched the Sandwell Health and Care partnership, with membership from Adult Social Care, Health Partners and third sector organisations.

- Partners will take **decisions together** through a shared decision-making model.
- **Shared leadership** and coordination roles.
- **Pooling budgets and resources** and reducing red tape.
- **Oversight** that will make local places truly **accountable** for delivery and decision making.
- **Digital innovation** across wider system areas to remove post code curtains.
- **Workforce development and sharing**.
- **Focusing** on the **needs of the population** rather than the objectives of the partners or the organisers.

## SANDWELL'S APPROACH TO INTEGRATED WORKING

Sandwell's vision and approach align broadly with the direction set out in the Government white paper Joining up care for people, places and populations (Feb 2022). A Place Based Partnership Board has been established, along with a Senior Management team that works on behalf of the partnership to deliver integration objectives. A programme of work has been developed comprising five workstreams: Healthy Communities, Primary Care, Integrated Town Teams, Intermediate Care and Care Navigation. The programme links with the Midland Metropolitan University Hospital (MMUH) delivery programme to ensure appropriate community provision.

The figure below shows how each of the five workstreams contributes to our place-based approach to improving population health and wellbeing, and the lead organisations within each workstream. As each workstream progresses, we will move towards a more holistic, integrated system of care where partner organisations work together to align healthcare needs with wider wellbeing and ensure that people receive the right care at the right time. Placing a greater emphasis on prevention and community wellbeing will reduce the need for acute services and relieve pressure points across the system.

While each workstream is distinct, they are all co-ordinated and linked with one another, underpinned by core themes: reducing inequalities, building on community strengths, and providing person-centred care. There are also several cross-cutting areas that are integral across workstreams, including mental health, children, estates management, digital innovation, safeguarding and workforce development.

### HEALTHY COMMUNITIES

- Drug Harm Reduction
- Alcohol Harm Reduction
- Smoking Cessation
- Weight Management and Physical Activity
- Children's Health and Education
- Housing and Environment
- Social Isolation and Community Development

### PRIMARY CARE

- PCN DES Oversight & Delivery
- Demand Management
- Workforce Planning
- Restoration, Recovery & Re-imagination
- Pathway development
- Investigations
- Data/ Business Intelligence
- Primary & Secondary Care Interface
- Mental Health

### INTEGRATED TOWN TEAMS

- Co-location of teams
- Single leadership structure
- Alignment of known resources inc. accommodation options
- Coordination of activity (Demand and capacity MDT's/ Generic Complex MDT's)
- Family safeguarding
- Care home in reach and management
- Step down support
- Single referral processes - two way
- Proactively supports high risk citizens supported by the use of population health data
- Develop shared data and records.

### INTERMEDIATE CARE

- Step Up/ Step Down/ Rehabilitation
- DTA: Pathways 1-4
- STAR Review
- Single Handed Care
- Digital
- Intermediate care provision - Harvest View
- Rowley and Leasowe beds
- 2 hour response
- Mental Health
- Integrated Discharge Hub

### CARE NAVIGATION

- Virtual wards
- Single navigation function for professionals, 999/111 and known service users
- Virtual complex case management
- Central demand and capacity overview
- Ops centre
- Advice and guidance for remote professionals
- Virtual multi-disciplinary teams
- Mental Health

Cross Cutting: Mental Health/ Children's/ Estates/ Digital/ Safe Guarding/ Workforce

## HEALTHY COMMUNITIES

This workstream takes an asset-based approach to improving the wider determinants of health and wellbeing – the conditions in which our residents are born, live, grow, work and age. SMBC's Public Health and Housing teams will work closely with the voluntary and community sector to reduce social isolation and promote self-care. Ensuring that people are appropriately supported through preventative services will reduce the need to progress to primary care and urgent care.

## CHILDREN'S HEALTH AND WELLBEING

The recent census in 2021 showed that population increases in Sandwell is greatest among children and young people. While there has been an increase of 6.1% in people aged 65 years and over and an increase of 11.0% in people aged 15 to 64 years, we have seen an increase of 14.5% in children aged under 15 years.  We plan to continue investing in the services that keep children healthy, including school nursing and health visiting, while also looking at new ways to improve outcomes for our youngest groups. A key development will be the implementation of a new Family Hubs model which will integrate existing services for children and families, ensuring that they cover the age range 0-19 (25 for young people with SEND). There will also be new investment for essential services in the crucial Start for Life period from conception to age two, and services which support parents to care for and interact with their children. Our vision is to create a seamless, integrated offer of support for all families delivered through a family hub model with tailored support available for those who need it most. This will mean that every family receives the support they need when they need it.

## DRUG RELATED HARM

Building on the outstanding success described in Section 2, we will aim to keep drug-related deaths and hospital admissions as low as possible. We will do this by investing extra funding into treatment services, harm reduction initiatives and preventative work. We will also enter into a new partnership arrangement with the Police and Crime Commissioner and other Local Authorities in our region. This will allow us to better address cross boundary issues more effectively, including enforcement and drug-related crime, while retaining autonomy at a local level on treatment and community development work.

## ALCOHOL MISUSE

Our Blue Light programme has already won two national awards and is a platform on which we can continue to build an effective approach to reducing alcohol-related harm. While maintaining effective treatment options for those struggling with alcohol dependency, we will also work with our community to raise awareness of binge drinking and regularly exceeding recommended alcohol consumption limits. In addition, we'll work with Licensing Teams to ensure that we prevent under-age sales and with schools to make sure our young people are very aware of the dangers of alcohol.

## HOUSING AND ENVIRONMENT

We are currently working with the University of Birmingham on a number of research projects (indoor air quality, use of personal monitors, noise monitors that can identify traffic types, behaviour change interventions and climate change), commissioning a climate change adaptation plan for the Borough, supporting community climate change and faith sector air pollution projects across the Borough, and working to improve the energy efficiency of Sandwell's housing stock.

## PRIMARY CARE

Led by Primary Care Networks and the Integrated Care Board, this workstream aims to improve access to primary care services and the management of longer-term health conditions. Primary care networks (PCNs) were introduced at the beginning of January 2019 as part of the NHS Long Term Plan, supported by significant additional investment. PCNs build on existing primary care services through GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. This enables a shift from reactively providing appointments to proactively caring for the people and communities they serve, with greater provision of personalised, coordinated and more integrated health and social care for people close to home.  Within this workstream current access to Primary Care services will be reviewed and will inform the delivery of the Network Contract Direct Enhanced Service (DES) underpinning the role of PCNs. The DES helps to empower general practice within the wider NHS and improve the range and effectiveness of primary care services.

## INTEGRATED TOWN TEAMS

SMBC's Adult Social Care team will lead with SWBHT and BCHC NHS Trust to establish care teams aligned to each of the six towns in Sandwell. Within each town, community and primary care providers will work together as a single, integrated team to manage citizens' care directly and proactively, simplifying their journey through the system. In addition to improving people's experiences of care pathways and considering the unique needs and assets in each town, removing duplication across providers will allow us to make better use of resources and reduce demand for secondary care beds.

Here in Sandwell we have a strong history of working together in partnership to support residents. However, we need to do more to support people to have the best possible lives and reduce health inequalities. We are developing Integrated Town Teams within each of the 6 Sandwell towns to provide holistic support tailored to the needs of citizens. Each town will have 1 core team consisting of physical and mental health providers, Public Health, Social Care and voluntary services that will respond to people exactly when required.

Our Town Teams will eliminate the need for multiple individual referrals and instead provide a 1-team approach with the ability to provide holistic care and support with continuity of care, built on trusted relationships to avoid missed opportunities. The multi-professional, multi-agency teams will have the skills and knowledge to provide person / family-centred care and eliminate multiple hand-offs and missed opportunities.

Each town will have a family hub working in partnership with the core town teams to specifically support our children, young people and families to ensure the best start in life. Using population health data and shared intelligence, the teams will have knowledge of the residents who are most at risk and provide proactive support to reduce urgent care demand and crises. Our data shows clear health inequalities between each of the Sandwell towns and we are prioritising the following areas:

- Improving outcomes for children and young people
- Improving Mental Health
- Reducing unplanned, emergency hospital admissions
- Reducing morbidity from respiratory disease
- Reducing morbidity from cardiovascular disease
- Improving care for older adults
- Improving End of Life Care so more people can die in a place of their choosing

In addition, we know that the specific town in which you live will affect the likelihood of you developing poor health and needing urgent emergency care. By working and co-producing care with citizens and all partners, we will aim to reduce inequalities between towns through a town focussed, needs based approach.

Improving mental health is a key priority for our Town Teams. We are developing a new model of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs, and complex mental health difficulties associated with a diagnosis of a ‘personality disorder’, among other groups.  This new model will seek to remove barriers to access to treatment and support at the earliest point of need. The new model will:

- Provide continuous care across primary and secondary services to ensure there is care and support available for those who do not meet existing thresholds for secondary care, and to avoid people losing care and support following discharge from community mental health teams (CMHTs).
- Improve access to evidence-based, meaningful care to help people feel better and stay feeling well.
- Span both transformed core primary/community provision and dedicated community-based services for the following groups, ensuring improved access to high quality, evidence-based care and reduced waits.

## INTERMEDIATE CARE

As with the Integrated Town Teams, the aim of this workstream is to establish more efficient care pathways that remove duplication across providers and enable more co-ordinated, seamless care for citizens. The Adult Social Care team will work with NHS partners (ICS and SWBHT) to implement a single team managing the whole pathway from admission to discharge to rehabilitation. As a result, long-term care costs will be managed more effectively and there will be fewer wasted acute and community bed days, which in turn will allow us to be more responsive to urgent care needs.

## HARVEST VIEW

Reducing the time patients spend in hospital once the acute care they need has been delivered is vital to improving health outcomes. This is especially true for older people, who are at increased risk of falls, infection and injury the longer they stay in hospital. Sandwell Council and Sandwell and West Birmingham Hospitals NHS Trust (SWBH) has developed a comprehensive Discharge to Assess (D2A) process. Working with other partners from the community and voluntary sector, the D2A process ensures people get home as quickly as possible. At the heart of the process sits a fully integrated Discharge Hub, with health professionals working in partnership with local authorities to design packages of care to help people return safely and confidently to the comfort of their own home.

Underpinning the D2A process are the questions “why not home?” and “why not today?”. This helps the team focus on finding solutions and overcoming potential barriers to someone being able to go home.

The latest major milestone to support D2A in Sandwell is the new Harvest View social care and health centre in Rowley Regis, which is set to open in September 2022. The £14million centre will provide on-site specialist support from social care and health staff, to help get people back home from hospital or provide structured support to avoid a hospital stay altogether. Sarah Oley, a directorate lead for primary care at SWBH, said: “Harvest View represents another exciting opportunity to deliver integrated health and social care services across our system for the people of Sandwell, building on the positive work we have already started with Discharge to Assess.

"*The unit will have a strong focus on 'home-first' reablement and supporting individuals to live as independently as possible following a social care or health crisis and avoiding unnecessary placements for people in long term care facilities.*"

The £14 million centre, which is set to open in November 2022, will provide on-site specialist support from social care and health staff to help get people back home from hospital or provide structured support to avoid a hospital stay altogether. It will include 80 individual bedrooms, communal areas, and state-of-the-art facilities. The centre will also include features that will ensure accessibility throughout the building for wheelchair users and people with limited mobility. It will be the first of its kind in the region and will support D2A in Sandwell. Residents will experience better care and lower lengths of stay than in hospital or in a community bed by benefiting from a care ethos that meets holistic needs – including maintaining social connections to the community.

## CARE NAVIGATION

A central co-ordination point will be developed for partners, providing a single navigation function for professionals, 111/999 and known service users. The virtual space will provide new opportunities to develop innovative and efficient approaches to care planning, delivery and monitoring, bringing partners together through virtual multidisciplinary teams, virtual wards and virtual complex case management, and providing advice and guidance to remote professionals. Having a central overview of demand and capacity will help to manage demand and prevent admissions through earlier intervention.

## FAIR COST OF CARE

For domiciliary care and older peoples residential services – mandated by Government to support accelerating costs within the care and support market.

We plan to also apply this approach to other markets including supported living, extra care and day services. This work will have a significant impact on budget requirements. To address the urgent cost pressures being experienced by providers we have agreed an interim arrangement to support the sustainability of care and support provision whilst we work towards the Cost of Care outcomes expected in October 2022.

This work is critical to support a diverse and sustainable care and support market in Sandwell, a requirement of the Care Act, which can respond quickly to provide quality services to meet the assessed needs of our citizens.

## CARE CAP

From October 2023, the government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. The cap will not cover the daily living costs (DLCs) for people in care homes, and people will remain responsible for their daily living costs throughout their care journey, including after they reach the cap.

From October 2023, anyone assessed by a local authority as having eligible care and support needs, either new entrants or existing social care users, will begin to progress towards the cap. Costs accrued before October 2023 will not count towards the cap. To enable this, the local authority in whose area the person is ordinarily resident will start a care account, which is personalised to the individual and will monitor their progress towards the cap. Before the cap comes into effect, local authorities need to work to identify people who currently meet their eligible needs themselves, to ensure that they can begin progressing towards the cap from the point it comes into effect.

# JOINT OUTCOMES FRAMEWORK

The Joint Outcomes Framework sets out the priority outcomes for each organisation which will support the delivery of these workstreams and enable us to monitor our progress.

## JOINT OUTCOMES FRAMEWORK – OUTCOMES

| ORGANISATION | OUTCOMES |
| --- | --- |
| ADULT SOCIAL CARE | • Further promotion of 'Home First' to support people to promote independent living at home.<br>• Workforce Strategy.<br>• Asset/ strength- based practice.<br>• Having a strong community offer that improves and supports prevention.<br>• Improve the digital tools to allow for greater choice and independence for residents to remain in their own homes longer.<br>• Managing the market to ensure customers have a choice of quality and affordable providers to meet their care and support needs. |
| BLACK COUNTRY PARTNERSHIP | • Estimated diagnosis rate for people with dementia.<br>• Dementia care plan reviews.<br>• People with severe mental illness (SMI) receiving a full annual physical health check (PHC).<br>• Learning disability registers and annual health checks delivered by GPs. |
| CHILDREN'S SERVICES | • Domestic abuse - children, victims and perpetrators.<br>• CYP SEND, Mental Health and Wellbeing.<br>• Early help - early intervention and prevention aligned to family hubs model.<br>• CYP educational attainment inc. a focus on NEET for care leavers (19+) and Early Years, language development a step on from EYTA work.<br>• The youth offer aligned with wider regeneration opportunities to include employment and skills alongside apprenticeships. |

| | |
|---|---|
| PRIMARY CARE NETWORK | • Improve the diagnosis of patients with hypertension by 1.2% from current baseline.<br>• 80% of all women have had screening for cervical cancer within the last 3 years if aged between 25-49 years and last 5 years if aged between 50-64 years.<br>• All care home residents will have personalised care and support plans agreed or reviewed at least annually at a MDT.<br>• 90% patient eligible for influenza and pneumococcal immunisations will have received their vaccinations.<br>• 95% of all children will have received vaccinations as per the National childhood immunisation schedule as appropriate to their age. |
| PUBLIC HEALTH | • Reduce Smoking Related Harm.<br>• Reduce Alcohol Related Harm.<br>• Reduce Drug Related Harm.<br>• Reduce Obesity Related Harm.<br>• Public Health support to the Voluntary Sector.<br>• Public Health support to Infants. |
| SANDWELL AND WEST BIRMINGHAM HOSPITAL TRUST | • Reduce the total number of hospital bed days for people aged 65 and over.<br>• % of people achieving their preferred place of death.<br>• Improve the survival rates for people with a cancer diagnosis.<br>• Number of urgent (unplanned) readmissions to hospital within 30 days of discharge and benchmark against regional and national data.<br>• Improve the outcomes for children and young people - best start. |

“

EMPOWERMENT OF INDIVIDUALS AND COMMUNITIES IS ABSOLUTELY CENTRAL. GETTING THE COMMUNITY INVOLVED IN ORGANISING THEIR OWN DESTINY HAS GOT TO BE A KEY PART OF IT

”

SIR MICHAEL MARMOT