A Report on
Sandwell Health and Wellbeing Board’s Stakeholder Event

14 November 2013

Final version (January 2014)
1. Introduction

The aim of Sandwell Health and Wellbeing Board’s stakeholder event in 2013, which was well attended by approximately 120 people, was to:

- review progress on the Health and Wellbeing Board’s four key priorities (early years / adolescent health; long-term conditions and integrated care; frail elderly and dementia; and alcohol)
- seek views on how we can all work together to build on what we have done so far and make sure these plans succeed
- respond to any questions that are raised

We have seen some organisational changes over the last 12 months due to the Health and Social Care Act which came into effect in April 2013. The Board is now a statutory committee of the local authority working with Sandwell and West Birmingham Clinical Commissioning Group, the NHS England area team for Birmingham, Solihull and the Black Country and Healthwatch Sandwell.

We have steered work on the Board’s four key priorities and development of the Joint Strategic Needs Assessment process and the Joint Health and Wellbeing Strategy for 2013-15. We have also considered children’s safeguarding issues and future partnership and pooled budget arrangements that will enable us to work together in a more robust way.

2. Progress on the Board’s four Key Priorities

A summary of key points from the presentations is provided below.

Early Years / Adolescent Health

- The focus is on Early Help and working with families at a much earlier stage to prevent crises from happening, so resources that have been spent on crisis services in the past now focus more on prevention.
- A single access point for services is being set up with:
  - seven community operating groups (COGs) in the six localities (two in West Bromwich) to share issues around the family
  - a multi-agency safeguarding hub (MASH) where social workers, police, health and other agencies are based together to provide a quicker, joined up response
  - a directory that the public can access showing what services are available in their area
- A stakeholder forum will be set up in January to find out what the Board should do to improve the health and wellbeing of children and young people.
Long-Term Conditions / Integrated Care
- The aim is to provide practical support for people who have multiple long-term conditions and for their carers. A number of ‘experience led commissioning’ workshops are being held to seek views on what improvements are needed and produce a specification that will influence how services are developed from next year onwards.
- Ambitious plans are also being developed for working closely together across health and social care services. This is in response to the Integration Transformation Fund, a national programme over the next two years. Existing NHS funds will be transferred to local authorities into a single pot of money that is to be spent on jointly agreed plans.
- Local plans will be developed over the next few months and signed off by the Board. They will focus on providing support at an earlier stage and helping people to look after themselves; this will prevent the need for more intensive acute hospital care. There will be some national targets to meet.

Frail Elderly and Dementia
- There are a range of issues that lead to older people becoming frail. Work has focused initially on dementia, since a review has been done to identify what works well and gaps in the service following wider engagement. Plans are being developed based on a single care pathway for accessing support.
- Work is also being done in other areas to help older people remain as independent as possible:
  - falls prevention - to map existing services and decide on other interventions that need to be put in place, since people often lose confidence after a fall
  - earlier diagnosis - to prevent the need for more intensive support, including identification of older people who are vulnerable and isolated
  - housing - since most people want to stay in their own homes, as well as good quality aids and adaptations and the need for more specialist housing as people grow older e.g. extra care housing.

Alcohol
- The diagram in the presentation on ‘potential years of life lost’ shows that people in Sandwell are starting to die from cirrhosis of the liver in their mid 20s and alcohol is likely to cause more years of life lost for people in their 50s than heart disease or cancer.
- Early intervention work starts with ante-natal care for mothers trying to conceive and continues into pre-school, schools and colleges, employers and people in later life providing support and advice about alcohol.
- Detailed plans include:
  - strengthening links with domestic violence, mental health and drug misuse services
  - supporting work on licensing test purchases
  - engaging with service users when commissioning a new alcohol service
  - organising an Alcohol conference next year
  - working differently to ‘stem the tide’ of cheap and available alcohol

The following questions and comments were raised about the presentations:

<table>
<thead>
<tr>
<th>Question / Comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Years / Adolescent Health</strong></td>
<td></td>
</tr>
<tr>
<td>Do we know the number of young carers in Sandwell caring for parents and the support available? This is due to concerns about how their education is affected.</td>
<td>There is more that the Board can do. We need to focus more on issues identified by children and young people. Young carers are disadvantaged and we need to consider how they are supported.</td>
</tr>
<tr>
<td>Why are the extended number of health visitors only being employed to work with those aged 0-5 years? They previously received expensive training to work from ‘cradle to grave’ and are now being deskilled.</td>
<td>NHS England is responsible for commissioning and the current policy is to double the number of health visitors for 0-5 years of age, as part of early years development for children and providing support for families.</td>
</tr>
<tr>
<td>There are cultural issues why children are going to school not knowing how to look after themselves, due to the way they are nurtured by their grandparents.</td>
<td>Work in Children’s services initially focused on child protection and there are now moves to ensure that children aged 3.5 years are school ready e.g. by working with Children’s centres.</td>
</tr>
</tbody>
</table>

**Long-Term Conditions / Frail Elderly and Dementia**

<table>
<thead>
<tr>
<th>Question / Comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the problem of home adaptations for the elderly taking too long to be done (e.g. two years) due to the lack of funding?</td>
<td>The amount of money available to the council is being reduced, so the Board needs to find ways to improve the system and speed up the process since there will be no new money available.</td>
</tr>
<tr>
<td>Dementia is on the rise and GPs are detecting this too late, so what is being done to educate GPs on this?</td>
<td>Many GP practices are signed up to a ‘direct enhanced service' for dementia which enables them to develop greater expertise. One practice is trialling early identification in the Smethwick area.</td>
</tr>
</tbody>
</table>
3. Breakout Discussion and Feedback

During the breakout session discussion groups based on the four key priorities were asked for their views on the following two questions:

i) How do you feel about the presentations you have just heard?
   This included an exercise showing happy, OK and sad faces

ii) How do we contribute to make sure these plans succeed?
   This included an exercise with personal pledges being made to take action

A summary is provided below on key messages that were reported back at the event and responses to the above questions and exercises.

All of the flipchart material has been typed up and is available on request. It will be sent to the key priority workstreams for them to take into account when developing the detailed plans.

Early Years / Adolescent Health

Key Messages

- need for consistent services and arrangements that will continue in future
- working more closely with voluntary and community sector organisations who are advocates for and provide support to children with disabilities, young carers and children and young people with mental health and emotional wellbeing needs

Views on the Presentation

Happy:
- welcome the stakeholder event
- pleased that the next steps focus on children with disabilities
- it ties in with children’s services road shows – evidence of joined-up working
- good to see progression, but voluntary sector has always focused on early help and prevention
- a single over-arching strategy and plan for children and young people

OK:
- early help has been introduced from above and is not truly owned
- emotional health and wellbeing needs to move up the agenda for both children and adults
- needs, gaps, priorities and budgets are identified – need to focus on developing effective services
- noticed some changes but they may be due to budget pressures
- what do children and young people, their parents and carers say they want?
- presentations needed case study examples to show new work in practice
- what plans are in place to support parents with disabilities and their children (young carers)?

Sad:
- want to see how things are in the next 12 months – didn’t hear anything new
- no mention of links between adult health issues and early help for children
- need to focus more on ‘whole of life’ and not just ‘children’ and ‘adults’ e.g. for those aged 0-25 years with special educational needs or disabilities
- gaps in service provision for children and young people with mental health and emotional wellbeing needs

Making Sure the Plans Succeed
The personal pledges included:
- supporting children, young people and their families – particularly those with special educational needs or disabilities and mental health and emotional wellbeing needs; and young carers
- raising the voice of the child and providing a voice for parents of children with special educational needs or disabilities
- communicating information about the Board’s future plans so that service users, carers and providers can contribute to their ongoing development

Long-Term Conditions / Integrated Care

Key Messages
- how to ensure the Integration Transformation Fund works for carers

Views on the Presentation
Happy:
- glad to hear about children with disabilities in the Early Years presentation
- pleased to see experience led commissioning – about time too!
- reference to person centred planning is good, but need more people to do it
OK:

- need regular stakeholder input and effective communication using language that they will understand – taking a more ‘hands on’ approach
- ‘re-inventing the wheel’ due to organisational changes – loss of skills, knowledge and legacy of work previously done
- what difference has been made to health and wellbeing last year? It’s too removed from people’s experiences on the ground – want more information about the Board, progress, success stories and what will happen next
- look after the needs of carers and young carers – they are at the hub of everything and it makes economic sense to provide support
- the amount of money available will define all that can be done

Sad:

- include service users or organisations who work on prevention in the community on the Board; talk to the voluntary sector about co-production
- no improvement in the last 12 months – progress is very slow; there are not enough staff on the ground to oversee and run services
- what measures will improve things? Public health could have a lot to offer
- integration should be about early social care – want details on the Integration Transformation Fund and real examples of outcomes, impact and integration
- what about children and young people with long-term conditions? Also, the health of carers who are unrecognised and unsupported
- black people who have long-term mental health needs should be helped to have better life chances, the same as the rest of the population
- funding is still an issue – self-help groups get no financial help at all

Making Sure the Plans Succeed

The personal pledges included:

- offering practical help to own family member
- treating people with decency, tolerance and understanding; and being aware of the daily challenge for people living with long-term conditions
- encouraging parents to join their patient participation group
- finding out more about the experience led commissioning approach for mental health service users
- supporting disabled people and enabling them to get their voices heard
Frail Elderly and Dementia

**Key Messages**
- carers came across strongly in recognising their contribution
- access to information about services
- early diagnosis and make sure support is out there
- remember early onset dementia
- wider awareness of dementia

**Views on the Presentation**

**Happy:** Some are general comments, which are marked *
- there should be third sector representative(s) on the Board *
- meeting to provide a list of single points of contact for seeking assistance; need community navigators e.g. located in a GP surgery
- early diagnosis is important especially with dementia, which is viewed as important
- need stronger partnership arrangements with voluntary and community sector organisations since they can draw down money from the lottery *
- provide experiential learning and emotional support to promote health and wellbeing, including how to reduce the risk of getting dementia *
- hopeful future – more education in care homes; a more positive attitude to older people
- identify quick wins and plan for each stage to get to complete actions *
- feedback more frequently to today's attendees e.g. monthly updates to show progress on what has happened in the community since last year *

**OK:**
- need a single source of information for everyone to know what the options are and help with navigating the system – right information at the right time
- make accessing services easier – use the third sector; identify gateways into services; access for all e.g. different languages and cultural expectations
- dementia does not just effect the frail elderly – there is young onset dementia which is becoming an increasing problem
- how will work on Frail Elderly and Dementia and Long-Term Conditions be joined up?
- what difference has been made? Provide practical examples of what has changed or projects implemented; explain where we are now and where we need to get to
‘head off’ conditions that are preventable to promote good health; if people are supported to live in their own home, move money out of hospitals!

will the Sandwell Dementia Strategy be re-launched? Are there any plans for a multi-agency safeguarding hub for vulnerable older people?

Sad:

- concerns about needing longer GP appointment times (10 minutes is too short) and having to wait too long for appointments
- need a single point of access for information on all of the services available (including housing) and navigators to help find a way round the system
- When dementia is diagnosed why do you need a GP referral to access ongoing help? e.g. able to self refer in social care
- Are we confident about the things that ‘already work’ and that people with dementia and their families / carers have had input to the consultation?
- Why have frail elderly and dementia been put together? Dementia does not just affect older people. What about Korsakoff’s and early onset dementia
- Want to see clear action plans for the four priorities and specific examples of how things have improved; no targets were set last year so how is the Board accountable?
- more education is needed for schools on the nature of elderly illnesses and helping carers develop a better understanding of dementia
- There is not enough involvement of patients and carers

Making Sure the Plans Succeed

The personal pledges included:

- taking care of own family member; and treating people with dementia with tender loving care
- offers from various voluntary organisations about:
  - helping to implement the Dementia Strategy
  - working together on the integration agenda
  - reaching local community groups, black and minority ethnic and new migrant communities
  - providing peer support and information relating to visual impairment
- measures to combat social isolation by the library service enabling people to access information, activities and support services

It was also suggested that the Health and Wellbeing Board make a pledge – ‘Say what you do and Do what you say!’
Alcohol

**Key Messages**
- Strong views about integration of services
- Clear definitions and clear pathways to get help when it is needed
- Making A&E pathways better
- Connections with domestic violence / domestic abuse
- Work with children and young people

**Views on the Presentation**

The group discussion focused on the above issues:
- co-working with other agencies to develop links with children, young people, families and young parents; and work on long-term conditions and dementia
- addressing repeat A&E attendances for people in their 40s and 50s
- piloting joint work where people have alcohol and mental health / other service needs (dual diagnosis)
- developing services for victims and perpetrators of domestic violence and domestic abuse, including support for young carers
- taking action before alcohol becomes a problem by focusing on life events, changing people’s behaviour and working with local communities
- working with probation, criminal justice and other partners to promote key health messages when people come into contact with services and through local publicity campaigns

**Making Sure the Plans Succeed**

The group discussion identified some priority areas:
- A range of health behaviours that need to be challenged
- Integration – alcohol underpins all risk areas and Health and Wellbeing Board priorities
- Increase prevention agenda
- Look at lesson from smoking – change culture
- Responsibility of employers, especially big local employers
- ‘Nudge’ on the licensing side – pubs and clubs offering other things apart from alcohol
## 4. Question and Answer Session

<table>
<thead>
<tr>
<th>Question / Comment</th>
<th>Panel Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children and Young People</strong></td>
<td>The main concern for children's services is getting the transition arrangements right. More resources are also going into transition work in adult social care to improve the support for children going into adulthood.</td>
</tr>
<tr>
<td>Pleased that children and young people are on the agenda and would like to know what steps are being taken to focus on children with disabilities and consult more with parent carers ?</td>
<td></td>
</tr>
<tr>
<td>What is being done about developing parenting programmes making better use of existing resources by working together ?</td>
<td>There are still significant monies that can be drawn in by the Board by supporting organisations to co-ordinate single proposals for Sandwell going forward. The clinical commissioning group has done work to evaluate the effectiveness of schemes.</td>
</tr>
<tr>
<td><strong>Long-Term Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>What will you do to integrate physical and mental health issues ?</td>
<td>The approach that is being taken on the experiences of people with various long-term conditions and multiple needs addresses the whole person. Physical and mental health needs are inter-related and cannot be separated. Work is being done in primary care on mental wellbeing.</td>
</tr>
<tr>
<td>Is there any chance of Sandwell cardiac club having some financial support for the work that they are doing ?</td>
<td>It is difficult to pledge financial support without knowing the particular circumstances. The Board is looking at how to apply the money identified to support prevention and independence, so it may be part of that work.</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
<td></td>
</tr>
<tr>
<td>People with mental health problems often self-medicate with drugs and alcohol. Detox counselling needs to be co-ordinated with timing of the detox treatment</td>
<td>The presentation talked about how people’s needs overlap between substance misuse and mental health. The Board needs to make sure that the different agencies understand their particular role. People with dual diagnosis can be passed between agencies and do not receive a service (adult drug treatment will address dual diagnosis)</td>
</tr>
</tbody>
</table>
What is being done about setting up services for people that will be sustainable for the future?
The Drug and Alcohol partnership and providers are looking at opportunities for people in recovery to sustain activities and groups over a period of time e.g. places where people can drop in.

<table>
<thead>
<tr>
<th>How the Board Operates</th>
<th>The Children and Families stakeholder forum to be convened in December or January will be a good way of reaching children and young people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the Board should come and speak to organisations on the ground to get a better understanding of things, as well as working at a strategic level</td>
<td>The Children and Families stakeholder forum to be convened in December or January will be a good way of reaching children and young people.</td>
</tr>
<tr>
<td>Can we see a copy of the Board’s agreed plan of action showing month by month intentions?</td>
<td>The Board has a programme of work for the four key priorities and seeks a progress update each time they meet. The next phase of work on integration will have a more detailed project plan and this will go to a Board meeting where the public can attend as observers.</td>
</tr>
<tr>
<td>Representatives from the fire service, education and police are attending the event but there is no-one from pharmacy here.</td>
<td>An invite was sent to Sandwell local pharmaceutical committee. We note that there may be difficulties in pharmacists attending during the daytime. Pharmacists are represented on the primary care substance misuse group.</td>
</tr>
<tr>
<td>What is being done about contacting voluntary and community sector organisations to discuss setting up services?</td>
<td>There are already relationships with the organisations that sit on the Board. Voluntary and community sector (VCS) organisations are a diverse group, so we are working with SCVO to engage them in the planning work. The door is always open to discuss plans with VCS organisations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Issues</th>
<th>There are significant budget pressures but we are able to pool budgets and get the maximum benefit by joining together local authority and NHS funds.</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is always said at council meetings that there are financial cutbacks.</td>
<td>As long as we are able to pool budgets and get the maximum benefit by joining together local authority and NHS funds. We are able to hold out for the maximum benefit.</td>
</tr>
<tr>
<td>What reassurance can you give that these plans will be implemented? If there are cutbacks next year we may not be able to carry them forward.</td>
<td>Adult social care will make further sizeable budget cuts over the next three years. A pooled budget with the NHS provides opportunities to look at the position across health and social care.</td>
</tr>
<tr>
<td>With the reducing funds how will you get all agencies that have contracts to provide the same level and quality of service?</td>
<td>We want to maintain the quality of service and there is a minimum baseline that is expected. So far we have reduced management and ‘back office’ costs but the focus is now shifting to how much is spent on actual services. We will see a reduction in some services in future.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Sandwell Community Caring Trust gets paid for care packages but staff have put in extra hours to care for someone who is terminally ill. People are suffering since providers are not funded to provide certain aspects of care.</td>
<td>This issue will be followed up after the event. There have already been major cuts in the adult social care budget and a further £35 million has to be found over the next three years. The Board will focus on what we can do rather than what cannot be done. There are opportunities to do things differently, by working together we can still make progress. We need to strike the right balance in recognising the scale of the problem and opportunities to improve things.</td>
</tr>
</tbody>
</table>

### 5. Final Comments and Next Steps

Everyone was thanked for attending the event and their contribution towards shaping work on the Board’s four key priorities. A report on key themes and messages from the day will be produced and circulated after the Board has considered what further action needs to be taken.

The report to the Board will advise that the following general themes had emerged from the event:

- Supporting carers and young carers
- Working together with service users, carers and voluntary and community sector organisations as partners
- Providing regular progress updates that give examples on what has changed / improved and explain where we are now and where we need to get to
- Concerns whether the plans will be put in place due to the sizeable budget cuts that have to be made
- Joining up work across the four key priorities (e.g. alcohol is an underpinning issue; concerns about where dementia should fit; meeting the needs of children with long-term conditions)

**Contact**  
Lynn Jackson, Health and Wellbeing Programme Manager, Sandwell MBC  
Tel: 0845 352 7661 / Email: lynn_jackson@sandwell.gov.uk