Walsall Council

Health and Wellbeing Board

19 September 2024 at 17:00pm

Meeting Venue: Conference Room 2 at the Council House, Lichfield Street, Walsall

Livestream Link

Elected Members:

Councillor W. Rasab (Chair)
Councillor M. Coulson
Councillor S. Elson
Councillor G. Flint
Councillor K. Pedley

**Non-Elected
Voting Members:**

Dr H. Baggri	Lead GP, NHS BC Integrated Care Board (Vice-Chair)
Dr N. Inglis	Interim Director of Public Health
Ms. K. Allward	Executive Director, Adult Services
Ms C. Male	Executive Director, Children's Services
Mr R. Nicklin	Healthwatch Walsall
Ms P. Mayo	Interim Managing Director, NHS BC Integrated Care Board
Ms S. Cartwright	Group Director, Place, Walsall Healthcare NHS Trust
Ms M. Foster	Black Country Healthcare NHS Foundation Trust
Ch. Supt P. Dolby	West Midlands Police
Ms S. Samuels	Group Commander, West Midlands Fire Service
Ms J. Davies	Voluntary and Community Sector locality leads representative
Ms F. Shanahan	Housing Sector
Ms R. Davies	Walsall College
Vacancy	Black Country Integrated Care Board

NHS England representative invited to join the Board for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy.

Quorum: 6 Members

Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function in addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind and avoid predetermining any decision that may come before the health and wellbeing board.

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012
Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.

Securities	Any beneficial interest in securities of a body where:
	
	(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and
	
	(b) either:
	
	    (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
	
	    (ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1.   Information relating to any individual.

2.   Information which is likely to reveal the identity of an individual.

3.   Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4.   Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

5.   Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6.   Information which reveals that the authority proposes:

      (a)   to give any enactment a notice under or by virtue of which requirements are imposed on a person; or

      (b)   to make an order or direction under any enactment.

7.   Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

8.   Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:

      (a)   Constitutes a trades secret;

      (b)   Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);

      (c)   It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Part 1 – Public Session

1.   Welcome

2.   Apologies and Substitutions
To receive notice of any apologies or substitutions for a Member of the Committee for the duration of the meeting.

3.   Minutes
To approve and sign the minutes of the meeting held on 13 June 2024

4.   Declarations of Interest
[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]

5.   Local Government (Access to Information) Act, 1985 (as amended):
There are no items for discussion in the private session of the agenda.

6.   Health and Wellbeing Board Priorities – Revised Annual Report
Report of the Director of Public Health (deferred from the last meeting)
enclosed

7.   Infant Feeding Strategy
Report of the Director of Public Health – **enclosed**

8.   Children's Alliance and We Are Walsall 2040 Children and Young People Strategy
Report of the Executive Director, Children's Services **- enclosed**

9.   Children's and Adolescent Mental Health Service
Report of the Chief Executive Black Country Healthcare NHS Trust – **enclosed**

10.   Delivery of the Mental Wellbeing Strategy
Joint report of the Black Country Healthcare Trust, Walsall Together and Walsall Public Health **– enclosed**

11   Suicide Prevention Strategy
Report of the Director of Public Health **- enclosed**

12   Care Quality Commission Inspection
Presentation – Executive Director, Adult Social Care **– enclosed**

13   **Healthwatch Walsall Annual Report**
Summary report of Healthwatch Walsall **– enclosed**

14.   **Health Protection Annual Report**
Report of the Director of Public Health – enclosed

15.   **Work Programme**
Copy - for information - **enclosed**

Date of next meeting – 12 December 2024 – 5pm. In Person.

Health and Wellbeing Board

Minutes of the meeting held on Tuesday 13 June 2024 in a conference room at the Council House, Walsall at 5.00pm

Present in person

Councillor W. Rasab (Chair)
Councillor M. Coulson
Councillor S. Elson
Councillor G. Flint
Dr N. Inglis, Consultant in Public Health
Dr. H. Baggri, Lead GP, NHS Black Country Integrated Care Board
Ms J. Pugh, Director, Adult Care
Mrs S. Kelly, Director, Children's Services
Ms P. Mayo, NHS Black Country Integrated Care Board
Mr R. Nicklin, Healthwatch Walsall
Ch. Supt. Dolby, West Midlands Police
Ms J. Davies, Voluntary & Community Sector locality leads representative
Ms C. Jennings, Housing Sector

Present – Remote

Ms K. Kaur, Black Country Healthcare NHS Foundation Trust
Mr A. Rust, NHS Black Country Integrated Care Board
Ms. S. Cartwright, Group Director, Place, Walsall Healthcare NHS Trust

In Attendance- in Person

Mrs H. Owen, Democratic Services Officer

058   **Welcome**

Councillor Flint opened the meeting by welcoming everyone and explained that there were some members of the Board who were attending remotely however, whilst he would consult all Board members on their views if a vote was required, only those Board members present in the room were able to vote and that this would be by way of a show of hands.

He directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Introductions took place and a quorum of members present in-person was established.

059   **Apologies and substitutions**

Apologies for absence and notice of substitutions were received as follows:
- Apologies – Cllr Pedley

- Substitutions:
  Ms J. Pugh for Ms K. Allward
  Mrs S. Kelly for Ms C. Male
  Mr A. Rust for Ms P. Mayo
  Ms K. Kaur for Ms M. Foster
  Ms C. Jennings for Ms. F. Shanahan

060   Election of Vice-Chair

The Chair advised that Board had previously agreed that the vice-chair should be a member from the Integrated Care Board and should be the Lead GP. Accordingly, he proposed that Dr. Baggri is appointed as vice-chair for this municipal year.

The motion was seconded by Councillor Flint and it was:

Resolved

That Dr. H. Baggri be appointed as vice-chair of the Board for the municipal year 2024/25

061   Minutes of the last meeting

Resolved:

That the minutes of the meeting held on 19 March 2024, a copy having been sent to each member of the Board be approved and signed by the Chair as a correct record.

062   Declarations of interest

There were no declarations of interest.

063   Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

064   We are Walsall 2040

In attendance: Mr. R. Upton, Partnership and Engagement Officer

Mr Upton gave a presentation which provided the latest partnership update on the delivery of the Plan.

(See annexed)

Dr Baggri said that as a GP he was seeing worsening inequalities regarding persons from minority ethnic communities and those with language barriers, who were experiencing adverse outcomes from covid and asked how these inequalities were being addressed within the strategy. Members noted that this report was a snapshot of the 2040 ambitions and that addressing inequalities featured throughout the plan. Dr Inglis advised that there was also a population health

inequalities group within Walsall Together and said that she would discuss with that group how to make the inequalities work more visible.

Resolved:

That the update be noted.

065   **Better Care Fund**

In attendance: Ms N. Chauhan-Lall, Better Care Fund Manager

(a)   202324 Year End Position

Ms Chauhan-Lall presented a report which retrospectively informed members of details contained within the BCF End of year reporting template, as per national requirements.

(see annexed)

The report was discussed, during which time members were concerned that Walsall seemed to be an outlier in falls prevention and asked for assurances around addressing this. It was noted that the falls prevention service was being led through the community sector and that discussions were ongoing about how the BCF could be involved more in this.

Resolved

That the Board retrospectively receives and agrees the BCF 2023-24 End of ear Reporting template following national submission in May 2024.

(b)   2024-25 report

Ms Chauhan-Lall presented a report which provided

(see annexed)

Resolved

That that the Board retrospectively receives and agrees the BCF 2024-24 Planning template following national submission June 2024 as per national assurance

(c)   Additional report

Ms Chauhan-Lall presented a report which informed of the Market Sustainability and Improvement Fund 2024-25 capacity plans to ensure that returns were consistent with returns submitted via the BCF.

(see annexed)

Resolved

That the capacity plan reports set out in appendix 1 and 2 be noted.

066   **Health and Wellbeing Board Priorities – Annual Report**

The Interim Director of Public Health, Ms N. Inglis, advised that this report had been re-presented as the original submission to the March meeting had omitted the contribution of the Housing Sector however, as the board member for the Housing Sector was not in attendance this evening, Ms Inglis suggested that the report be deferred to the next meeting.   Members concurred and it was:

Resolved:

That the report be deferred to the next meeting.

067   **Health and Wellbeing Board New Priority**

The Director of Public Health, Dr Inglis, presented the report which provided an overview of the new priority identified by the Board at its last meeting. It set out the key proposed new workstreams linked to this priority and the reporting mechanisms to oversee the delivery of the priority

(see annexed)

The report was discussed, particularly regarding both primary and secondary prevention work, during which time, members asked for further information on the Children's and Adolescent Mental Health Service (Camhs); falls prevention medication reviews and how visits by blue light services were used to ensure the most vulnerable with health needs were referred to appropriate support.

Resolved

1) That the Board approve the new key workstreams outlined in this report linked to the new priority: Older people and prevention, namely:
    a. Falls Prevention
    b. Develop pathways to independence that improve wellbeing through adult social care, NHS and voluntary and community sector collaboration
    c. Dementia prevention and management

2) That the board partner organisations include this priority in their 6-month update as well as through the formal annual review of progress, to provide assurance that the priorities of the Board are being delivered with progress related to the key workstreams being reported on a six monthly basis to the board, and outcomes linked to the Walsall Wellbeing Outcomes Framework

3) To note that formal reports on specific issues identified linked to this priority can also be submitted to the Board, should this be required

068   **Update report for the Walsall Local Area SEND improvement programme**

A report was presented which provided an update on the implementation of the programme as required as part of the governance arrangements.

(see annexed)

During the ensuing discussion, Mr Rust confirmed that the ICB were working with the Council through the Place Integrated Commissioning Committee to develop a joint commissioning and transformation plan which would be submitted to Walsall

Together as part of the governance arrangements and therefore there would be an integrated commissioning and integrated delivery system which matched each other. He said that the Children's and families part, and the SEND elements had already been worked up in detail following the inspection by the Care Quality Commission.

Resolved:

1) That the Health and Wellbeing Board consider the content of this report and acknowledge the progress made and improvement of SEND services as outlined in the 12 month Accelerated progress Plan (APP) review with DfE and CQC.

2) That the Committee acknowledge the requirements of the new SEND and AP Local Area Framework.

3) That the Committee confirm they are assured that the Local Area is sighted on the requirements of the new inspection framework and are satisfied with the plans to develop the Local Area Improvement Plan aligned to the framework.

4) That the Committee confirm that they are happy with the proposed governance and oversight for the development and implementation of the improvement plan and inspection preparation.

5) That the Committee recognise the change in focus of the Local Area Improvement Board), now the Local Area Inclusion Board (LAIB), from oversight of the original Written of Statement (WSOA) to the role of SEND and AP Inclusion partnership board.

069   **Pharmaceutical Needs Assessment Supplementary Statement**

The Interim Director of Public Health presented a report which informed the board of the publication of a supplementary statement to its Pharmaceutical Needs Assessment originally published on 1 October 2022 and which detailed changes and impacts to pharmaceutical service provision in Walsall since its initial publication.

(see annexed)

Dr Inglis responded to questions from members, particularly around the importance of the pharmacy contraception service to help reduce high rates of teenage pregnancy and said that the pharmacy contraception service should be free at the point of access however she undertook to clarify this.

Resolved:

That the Board notes the supplementary statement and key requirements for PNAs.

070   **Child Death Overview Panel**

The Interim Director of Public Health, Dr Inglis, presented a report which updated on activity and data for the statutory Black Country Child Death Overview Panel for the period 1.4.22 to 31.3.23; and outlined the challenges, issues and responses seen in Walsall relating to child deaths in this period.

(see annexed)

Members discussed the report, particularly the importance of the health visiting service and were concerned that the recommended number of health visitors per children were low. It was noted that the recommended ratio was 1 health visitor to 250 children however, Walsall was 1:1000 as the service was significantly understaffed. Ms S. Cartwright, Walsall Healthcare Trust, said that this was a difficult to recruit to service nationally and that it was a priority for Walsall Together. She said that locally, the service was under new leadership and that the number of vacancies were reducing considerably.

Dr Inglis advised that public health service which funds the service had prioritised uplifts. She also said that to the figures relating to the ratio of health visitors to children, were complicated by the fact that in order to support recruitment, the skill set required of health visitors had changed however, work had been undertaken with children's social care to look at pathways as to how the services could work better together and this has resulted in more families seen at more of the mandated heath checks so was a good marker of improvement.

Ch. Supt Dolby said that, as the Chair of Walsall Safeguarding Partnership, this was something the partnership want to support as a key priority and was keen to ensure that the relevant boards work together on this.

Resolved

That the Board:

1)   Notes the report

2)   Agrees to receive future reports and any accompanying recommendations for learning from the strategic Child Death Overview Panel process

3)   agrees that board members disseminate the learning and recommendations across their respective organisations an implement these as relevant.

071   **Integrated Care Partnership (ICP) Implementation - Progress report**

In attendance:

Mr T. Mtemachani, Director of Transformation Partnerships and population health academy and ICP Executive lead.

Mr Mtemachani presented a report which updated the Board on the development of the ICP and its Integrated Care Strategy. It set out the key points of discussion and work undertaken to engage Health and Wellbeing Boards on the refresh of the Strategy.

(see annexed)

Members recognised that the health governance arrangements were complicated and thought it would be useful for an explainer leaflet to be produced which set out the structure of Integrated Care Partnerships, Boards and Strategies to ensure a wider understanding.

Resolved:

To note the progress to date.

073 **Work programme**

The work programme was noted. Noted that updates on Camhs and Mental health were scheduled for the next meeting in September.

073 **Date of next meeting**

19 September 2024.

The meeting terminated at 6.30p.m.

Chair:

Date:

Health and Wellbeing Board

13 June 2024

2023-24 Health & Wellbeing Board Annual Report on Priorities

For Information

1.   Purpose

A Health & Wellbeing Board Annual Report reviews members' achievements and confirms priorities for the ensuing year. The 3 priorities[1] in the Joint Local Health & Wellbeing Strategy (JLHWBS) 2022-25 will be the key focus for the life of the strategy, for the Chair to publish on the delivery of the outcomes identified against those priorities, and any other specific priorities identified by the Board. This report has been updated with contributions from whg which were omitted inadvertently from the previous report.

2.   Recommendations

2.1   That the Annual report on the delivery of the Health and Wellbeing Board priorities be noted.

2.2.   That the Health and Wellbeing Board partner organisations provide a 6-month update for discussion at an informal workshop, arranged for that purpose, to provide assurance that the priorities of the Board are being delivered.

2.3   Formal reports on specific issues identified in this annual report to be subsequently submitted to the Board, should this be required.

2.4   That the Health and Wellbeing Board decide if additional priorities should be considered by Members over the next year.

3.   Report detail

3.1   The priority outcomes in the JLHWBS 2022-25 are set out separately in different documents and monitored accordingly by the relevant member organisations and provides a governance diagram, which shows reporting into the HWBB by the various agencies/forums.

3.2   For this annual report (2023/24) Board members have submitted progress reports for information and assurance, responding to the following questions:

• How the priorities have been approached this year
• Any challenges identified / support required
• Any partnership developments

[1] Children & Young People, Digital Approach, Mental Wellbeing

• Plans for 2024/25

Members' individual updates are in the appendix document.

3.2 Walsall's Joint Local Health & Wellbeing Strategy (JLHWS) for 2022-25 maps out the priorities identified by Walsall's Health & Wellbeing Board over a 3-year period. Alongside the 3 priority areas, Board members are focused on reducing health and social and quality of life inequalities.

3.3 Each member of the Health & Wellbeing Board is obligated to update the Board to provide assurance that the priorities of the Board are being delivered.

3.4 The 2023-24 Health & Wellbeing Board Annual Report on Priorities is the latest report on the 2022-25 Priorities, as per the JLHWS.

Examples of how members have approached the priorities this year:

❖ 4 family hubs continue to provide access to support, with a dedicated website and service directory [CYP]
❖ There are ongoing developments in the Healthy Child 0-19 programme, with 97% of pregnant women and increasing numbers of families being visited as part of mandated checks [CYP]
❖ Community and Voluntary sector support for the Holiday Activities and Food programme continues, and Healthwatch is completing their Young People's Teenage Pregnancy project [CYP]
❖ whg supported 55 families through the Assisting Children to Excel programme focused on childhood asthma and home environments, and have continued to hold Kindness pop up shops distributing previously loved children's clothes.
❖ West Midlands police have assigned intervention officers to 20+ secondary schools in the borough. This has been a huge success with excellent feedback from headteachers. [CYP]
❖ The Walsall Prevention Concordat for Better Mental Health is complete and due to be submitted to Office for Health Improvement and Disparities [Mental Wellbeing]
❖ Public Health's Thrive mobile wellbeing unit supported 4759 people in the last year [Mental Wellbeing]
❖ Whg supported 121 individuals who were lonely or isolated through befriending support, engagement in activities, and providing opportunities to meet others, and continue their social prescribing programme. 2192 random acts of kindness were delivered via the whg Kindness Champions.
❖ There has been ongoing development of Talking therapies and Wider Determinants programmes through VCSE partners [Mental Wellbeing]
❖ There are a range of digital access programmes (and research projects on this topic) being undertaken in the borough [Digital]. For example, whg supported 300 people with getting online, and distributed 288 digital devices and 72 digital dongles, and are now encouraging engaged residents to access the Lloyds Bank delivered IT and finance courses.
❖ New digital interventions are being tested out e.g. digital stop smoking pilot [Digital]

Examples of Challenges identified during 2023- 24

❖ Co-design and collaboration with residents, service users – ensuring this happens across programmes and on an ongoing basis
❖ Ensuring good communication and promoting opportunities that are available across the Borough.

- ❖ Family Safeguarding and Family hubs – sustainability risks
- ❖ Ability for citizens in the borough who do not have access to technology to be fully included
- ❖ Ensuring that equality, diversity and inclusion is embedded across all our work and by our partners
- ❖ Ensuring inclusion of Mental health partners as part of ongoing community safety work

Examples of Plans for 2024/2025

- ❖ Further work to be undertaken linked to Population outcomes framework and wellbeing service directory
- ❖ Dementia strategy will be developed, with ongoing work to implement Walsall's Mental Wellbeing strategy including a robust VCSE offer, and progressing trauma-informed work
- ❖ Children's 2040 strategy will be published and implemented
- ❖ Mental Health work to include specific consideration of homeless communities, veterans, and asylum seekers,
- ❖ Commissioning and service improvement work to continue
- ❖ A 5-year strategic multi-agency approach will be developed, with a focus on working differently with communities in Blakenall, Bloxwich and Mossley

4.   Implications for Joint Working arrangements:

There are no joint financial, legal, or other resource implications.

Appendix

H&WB 2023-24 Annual Priorities Report

Background papers

JSNA - Walsall Insight (walsallintelligence.org.uk)

Walsall Joint Local Health & Wellbeing Strategy 2022-25

Author

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Health and Wellbeing Board Priorities 2023/24

WE ARE WALSALL 2040

Introduction

This Report is the second annual update on the delivery of the three priorities agreed in the [Walsall Joint Local Health & Wellbeing Strategy 2022-25](#):

    (i)   Mental Health and Wellbeing

    (ii)   Children and Young People

    (iii)   Digital Footprint / Approach

Our Board membership covers all aspects of service and, therefore, each organisation/department will have their own specific approach to these priorities; but all are united on a focus of reducing inequalities and making the most of potential.

Each member has submitted an update covering four points:

- How the priorities have been approached this year

- What challenges have been identified

- What partnerships and developments have been identified

- Plans for 2024/2025

WE ARE WALSALL 2040

Members' Update

Children and Young People

Walsall Together and Children's Services

- The Family Hub and Start for Life Programme was launched in April 2022. Walsall was awarded £3,869m funding over a three-year period from April 2022- March 2025.
- There are 4 Locality Family Hubs in Walsall which provide a welcoming space where children, young people aged 0-19 and up to 25 for those young people with additional needs and their families can go to get advice and support when they need it.
- The Family Hubs are in the heart of communities, services such as Midwives, Health Visitors, School Nurses, Speech & Language Early Help, Children's Social Care, DWP Housing and Police have come together to provide a central access point for families to get help and support.
- A comprehensive needs assessment has been developed to inform the implementation plan and help identify where additional resources / support is required in the areas of poorest outcomes.
- A dedicated website for Walsall Family Hubs www.walsallfamilyhubs.co.uk is available providing advice and information for parents. The website also includes a service directory of all services available to parents who have children aged 0-19.
- Several apps have been commissioned to help families to get the right support around giving their children the best start in life.
- A Family Hubs outcomes framework is being developed which will identify how well the services are performing against the outcomes we want to achieve.

West Midlands Police

- The Schools and Intervention Officers assigned to each of the 20+ secondary schools in the Borough, which were also reported on last year have been a huge success with excellent feedback from head teachers, staff, pupils and parents/carers. We have maintained these roles, despite significant staffing challenges, as we believe that what they are doing is so important.
- The role of the SIP Officer is to work in partnership with key stakeholders within their locality to operationalise co-ordinated early intervention and embed our trauma informed policing as part of a holistic and structured intervention plan for children and young people.
- Interventions will be data led and can be on an individual level (where the most appropriate agency can also lead on the completion of an Early Help Assessment) or as a group intervention and/or prevention session. The completion of an Early Help Assessment supports a collaborative approach with a young person for a more formal arrangement. Being part of a multi-agency team will enable the SIP to consider thresholds and pathways for involvement.

One Walsall

- The voluntary and community sector continues to deliver the holiday activity and food schemes successfully.
- The family hubs programme is well underway and the sector is engaged in the work. There has been progress across all key areas including a parenting volunteering programme. Although successful, there are challenges around the longer-term sustainability of the programme.

WE ARE WALSALL 2040

Public Health

- The Healthy Child Programme 0-19 services continue to develop and are linked into regional and national initiatives to increase health visitor capacity. The Health in Pregnancy team saw 97% of women at 12 weeks, offering emotional/physical health advice.
- Launched the Dadpad app for expectant/new fathers in September 2023, with over 300 new downloads to date. Downloads to December 2023 equated to 28% of new fathers downloading the app in Walsall.
- Designed and commissioned a consultation with children and young people, exploring what keeps them emotionally well and increases mental resilience (reaching 192 young people, parents and professionals)
- Redesigned and procured a Children and Families Healthy Eating Programme that will work in schools and communities, thereby increasing access to good food for families.
- Pharmacies, Family Hubs and Health Centres are now providing Healthy Start Vitamins to eligible families to increase accessibility. Publicity produced and shared with partners to promote this free offer.
- Collaborated with Family Hubs, the Integrated Care Board and other organisations to raise awareness of key topics related to children and families such as breastfeeding and infant feeding, Healthy Start, advice for families and vaccinations.

Healthwatch Walsall

- Healthwatch Walsall has almost concluded the Young Person project linking to teenage pregnancy during the second half of the work year.
- This work has focussed on an independent evaluation of two prevention programmes [Thrive] and [Teens & Tots}.
- General youth engagement work will recommence across the Borough.
- Healthwatch Walsall is pleased to have been able to support Walsall College by having 2 young student work placements. Since commencing this initiative, the students have been supporting the work of Healthwatch Walsall.
- Healthwatch Walsall have successfully recruited a young person onto the Healthwatch Advisory Board.

WE ARE WALSALL 2040

Childrens and Customer

- The Children's Alliance is driven by their commitment to regularly consider how the lived experience of children and young people in Walsall can be improved. Therefore, over the last 12 months the alliance has reflected on following key pieces of work to inform the development of the Children's 2040 Strategy:

  - Walsall 1001 days needs assessment.
  - Reformation 2 – the System: documentary made by black and mixed heritage boys around the issue of dis-proportionality.
  - MindKind/Sheffield university consultation with children and young people in Walsall on Mental resilience and wellbeing
  - Big Conversation January 2024 – a programme of activities engaging with 495 children and young people aimed at speaking and listening to children, young people about their views on what needs to be addressed as part of a 2040 strategy.

- On the 23rd of June 2023 the Alliance held its first 'Children First' Summit, bringing together 55 leaders from across Walsall to start a collaborative approach in developing the Children's 2040 Strategy. The Summit used scenario planning as a strategic planning tool to ensure that the Strategy is setting out flexible long-term plans to achieve our agreed goals.

- The Alliance has established a collaborative strategy writing group who are pulling together the learning from the above activities in the final 2040 Strategy which is scheduled to be signed off by the Alliance on the 22nd March 2024.

whg

- During the last 12 months whg have continued to deliver A.C.E (Assisting Children to Excel). This is a health and housing partnership programme with whg, Black Country Integrated Care Board , the NHS Clinical Lead for Asthma and Walsall Healthcare Trust (Walsall Manor Paediatric Ward).
- Our target group continues to be children or young people who live in a whg home and have asthma which is poorly controlled and engagement in health services is low.
- This year whg's Social Prescribers and Community Asthma Nurses have engaged and supported 55 families in the programme. Social Prescribers use coaching and motivational interviewing skills and low-cost incentives such as food and fuel vouchers to encourage take up and trust. Overall, 103 Children have benefitted.
- Since April 2023 we have undertaken 55 home visits, provided Coats and Childrens shoes where children met the threshold of Child Poverty. We have supported parents to co-create 40 Asthma plans with asthma nurses. whg Surveyors have made 30 joint visits to ensure that there are no environmental factors making the child's asthma worse.

- To encourage even greater take up the team organised a family event for children with asthma and their siblings . The event was very successful with 10 families attending and 15 Children taking part. This directly led to families reengaging with asthma services. A paediatric consultant from Walsall Manor hospital attended the event and was really pleased to see children who are more frequently in hospital and do not generally respond to appointment letters taking part. She is very keen to do more of this engagement recognising the low cost of the event when compared to both the financial and health costs to children been admitted to hospital.
- We continue to host Kindness Pop Up Shops distributing previously loved children's clothes as part of the circular economy. We use the Kindness Shops to begin engagement with families who may be described as hard to reach. Following on from the Kindness Shop Community Champions continue to engage with families to encourage take up of whg's five step confidence and skills building programme

- During Christmas whg delivered their annual initiative the 12 Days of Christmas. Children and Young People who live in families with financial disadvantage were provided with presents and hampers. Whg are committed to supporting customers, but use initiatives like this as a start to begin the development of trust which over time leads to engagement in services which can ultimately maximise their income by moving them into work, improving their financial management skills or ensuring they are in receipt of benefits that they are entitled to.

WE ARE WALSALL 2040

Mental Health and Wellbeing

Walsall Together

- The Walsall multi-agency stakeholder panel has been running for a year. It is currently being refreshed to focus on strategic priorities across Walsall and streamlined reporting/governance.
- In collaboration with BCHFT we are developing the integration and reach of talking therapies, involving the third sector, and enabling those with long term conditions to access timely help.
- We are coordinating approaches to physical health checks for those with severe mental illness across primary care and BCHFT.
- The dual diagnosis pathway for BCHFT inpatients has been developed and is likely to be extended to Walsall Healthcare Trust (WHT). Primary care support for dual diagnosis has also been improved.
- Adolescents with complex needs is a partnership approach to support a very vulnerable group of young people who can "fall through the net" to avoid reaching crisis point.
- The development of a partnership strategy for dementia is in progress, including a needs assessment, current and future commissioning arrangements, and involvement of the third sector.
- The Prevention Concordat for Better Mental Health, being co-ordinated via Public Health, has had significant partnership input. It has been approved by Office for Health Improvement and Disparities and is due to be signed off by Chief Executive at Walsall Council for submission nationally.

Black Country Healthcare NHS Foundation Trust (BCHFT)

- Priorities have been approached through a multi-agency partnership group comprised of BCHFT, Public Health, Walsall Together, local VCSE groups and stakeholders.
- The group has focussed on a partnership approach to delivering the Mental Wellbeing strategy along with the delivery of partner's priorities that required a multi-agency approach such as the delivery of the national Community Transformation Programme, the development of the Talking Therapies model and delivery of physical health checks for those on the severe mental illness register.
- The group has been refreshed for 24/25 to focus on strategic priorities across Walsall with a streamlined reporting and governance.
- The group is now well-established with a broad range of attendees from across the health & social care network.
- BCHFT have invested £400k over 23/24 (£200k) and for 24/25 (£200k) in local organisations led by Brownhills Community Association as part of our Community Transformation Programme to provide interventions that support the wider determinants of health. This was informed by partnership priorities and the local needs assessment.
- £50k was invested into Welfare Rights support for citizens with SMI.
- Recovery college has opened its base in Walsall in partnership with Walsall YMCA. They have also expanded the Recovery College course provision by commissioning courses from local VCSE providers in order to reach previously underserved communities.

One Walsall

- The sector was significantly involved in the development of the pioneering Walsall Wellbeing outcomes framework which will now be implemented over the coming months. One Walsall has started to promote the framework with member organisations and explore ways to include the framework in evaluation reports.
- 29 VCSE organisations across the sector have secured funding from a small grants programme, met by health inequalities monies. A report is being completed by the end of the financial year outlining the learning from the work.
- BCHFT has issued a number of opportunities for the sector to engage with to creatively carry out mental health support. One Walsall has been asked to lead a multi organisation proposal to deliver Talking Therapies proposal. The learning from the proposal will be used to inform future delivery of services.
- The sector has also been involved in supporting work around suicide prevention and men's mental health.

WE ARE WALSALL 2040

Public Health

- The Thrive mobile wellbeing mobile unit supported 4759 people (Nov 22 – Oct 23), 3892 wellbeing plans were distributed (some taken for family members and friends); 399 sessions held via Citizen's advice

- Mustard seed counselling service have delivered 659 Counselling sessions between November 2022 and August 2023.

- Walsall bereavement service have delivered 213 (target for period 208) counselling sessions over a 5-month period; over 80% of clients are from areas of significant deprivation.

- Mental wellbeing and suicide prevention training was commissioned and began delivery in August 2023, and 6 multi-agency public facing mental wellbeing events were held over the course of the year.

- Where I Am men's programme - an Invitation to Quote to deliver phase 1 of coordinating interventions and programmes to improve men's wellbeing in Walsall closed on Wednesday, 7th February 2024, and is now being evaluated.

- Men's wellbeing development group is now established - approximately 38 partners are engaged in the Men's Development Group. The group meet monthly.

- Young people's enterprise grants (supporting young people to develop mental wellbeing projects) have been awarded – 3 projects confirmed subject to timelines and 3 further to be determined.

- Small mental wellbeing grant awards to support wellbeing projects focusing on men/wider community wellbeing: Caldmore Village; Mettatminds; MindKind Projects; Nash Dom CIC, Aaina and Walsall Black Sisters.

Healthwatch Walsall

- Whilst Healthwatch Walsall have not had a specific project on mental health, we have undertaken a project on the experience of maternity services for Black and Asian Women [Report published early February 2024). Recognising the significance of maternal mental health, the project scope was expanded to explore whether women feel comfortable sharing their mental health concerns with professionals and to see if they would feel at ease seeking support when needed.

- The Healthwatch Walsall work project on Long COVID-19 shows that people's mental health has been impacted. Our final report was published in February 2024.

- It is also anticipated that our Young Person project relating to teenage pregnancy currently being undertaken will also flag up issues around mental wellbeing.

West Midlands Police

- In April 2023, West Midlands Police moved to a new operating model which is focused around locally based policing teams rather than central directorates. As a result, we are seeing dramatic improvements in respect of recorded crime (so fewer victims, incl. Domestic Abuse and Violence), the speed at which calls for service are answered, the speed at which incidents are attended, large increase in arrest (but still only 23% are juveniles), a more focussed and effective approach to Domestic Abuse offences and a large rise in outcomes (charges, cautions, etc). The reduction in those offences which cause harm contributes to the health of the community.

Childrens and Customer

- Current members of the Alliance include: Walsall Healthcare Trust (WHT), Black Country Integrated Care Board – CYP and Maternity; Walsall Together, Primary care and Black Country Healthcare NHS Foundation Trust; Walsall Council – Resilient Communities, Voluntary Sector, Walsall Learning Alliance, Walsall Council Children's Services, Public Health; Police; Education, WHG; Safeguarding Board; Wolverhampton University.
- The Alliance is supported by The Staff College as a critical friend, bringing in in best practice, research evidence and healthy challenge.
- The Alliance agreed to focus on joining the dots between key partnership Boards to ensure they maximise opportunities to advocate and influence the right issues/topics in the right place in relation to children. As a result the Alliance is currently 'nudging' the following programmes:
  - Development of Family hubs
  - Walsall Town centre regeneration
  - Community Safety partnership – Violence Reduction Strategy including research project.
  - Walsall learning Alliance – work around exclusion and belonging
  - Walsall Together - Poverty proofing services.

whg

- whg continue to deliver Social Prescribing support to people with poor mental and physical health. We are seeing an increasing number of customers who are hoarding and self-neglecting.
- whg are members of the Hoarding Steering Group and the neglect subgroup ensuring we are working in partnership to meet our customer's needs.
- whg colleagues have attended the training to use the hoarding toolkit and we have begun to ensure that customers who hoard or self-neglect are linked to the correct pathway for support for their mental health.
- We have continued to support people who are lonely or isolated with **121** customers provided with befriending support, engagement in activities and opportunities to meet new people.
- In addition, whg Kindness Champions have delivered **2.192** Random Acts of Kindness since the team was established 18 months ago. We have just celebrated RAOK day and said thank you to a number of unsung community heroes . Research shows the health benefits of kindness (both physical and mental), so although RAOK might seem a nice thing to do it is an evidence based therapeutic tool which creates positive mental health. We also use kindness as an incentive to engage people in a confidence building programme which leads to people developing important self-care skills. The case study below is an example of how kindness can be used as a currency for positive change.

Case study

- MH was referred to the Kindness Champion Team by a colleague in the Stronger Communities Social Prescribing Team who identified MH was lonely. MH had experienced a bereavement during Covid of her only child and there was a mistrust of health services as a result. MH had self-neglected and isolated due to her grief which had resulted in her living conditions being poor and her personal hygiene non-existent. MH had matted and tangled hair and was experiencing headlice.
- MH was not confident to engage in her community due to her appearance and lack of self-esteem MH had a dog, and this was the only thing she would speak to each day. MH and the Kindness Champion created a Perma plan to create some goals for her to achieve. The goals set were to ensure MH could see small changes which would increase self-belief. As a starting point we needed to motivate MH to take her first steps to leaving the house.This began by walking to the end of the street to build her confidence. This gradually increased where MH agreed she wanted to take part in social activities, but felt she could not do this as her hair and appearance was not what it could be. MH was supported to attend a session at Walsall College beauty school and was given a new haircut. The first haircut she had received in 7 years. Part of whg's support was assessing her living environment and alongside the support to improve her self care and build self-esteem she will soon be moving to whg's new over 55 Wellbeing Scheme. This will be a new start for MH and will provide her with the opportunity to make new friends and continue to take part in health and wellbeing services.

WE ARE WALSALL 2040

Digital approach

Walsall Together

- Implementation of Shared Care Record with access to our partners in sharing relevant information to improve care.
- Establish digital priorities in relation to the Borough-wide Digital Strategy
- Development of Walsall Wellbeing Outcomes Framework with an emphasis on mapping project and initiatives to Citizen Outcomes.
- Delivery of Phase 1 of New Well-being Service Directory

One Walsall

- As a key partner, the VCSE has continued to support the Walsall Connected programme.

Public Health

- Digital approaches used to streamline NHS health check reporting and payment processes in Public Health.
- New interactive digital approach being used for Public Health planning.
- Digital stop smoking intervention currently being piloted and will be reported on

Healthwatch Walsall

- Last year Healthwatch Walsall had a new website and a new Feedback Centre which is the platform for the public to provide feedback on health and care services.

- Statistics on the number of views and feedback left on the digital platform are reported on a quarterly basis as part of our contract monitoring report.

- Healthwatch Walsall linked in with Healthwatch England regarding its work around digital inclusion.

- Healthwatch Walsall will be meeting regularly with the ICB in Walsall Place to discuss digital access/primary care engagement.

- Ensuring we have the right digital systems and data processes in place is critical to the local and national work of Healthwatch.

- Healthwatch check compliance, including how we store data securely and have agreements in place with organisations, including other Healthwatch organisations, when we share data.

WE ARE WALSALL 2040

whg

- whg Community Champions have engaged with 300 residents who required support to get online. Overall they distributed 288 digital devices and 72 Digital Dongles providing free internet access. This was a partnership programme being delivered with Walsall Connected. The devices were issued to customers in pre agreed postcodes, with deprivation being the main factor ensuring a targeted approach to the device distribution to those who needed them most. Reasons for accessing the device scheme was varied and was taken up by a wide range of customers from young care leavers, unemployed customers so they could manage their benefits and job search, and to wellbeing, social prescribing and health focused customers who were looking to upskill and manage their own health using new e-health platforms. We know that issuing devices is not in itself enough .
- As part of Lloyds Bank social value scheme, they have a free varied programme of activities which develop I.T and Finance Skills. The 300 customers who are engaged will be encouraged to take up the offer from Lloyds. Lloyds will provide whg customers with digital equipment and training, offering this in a way and within environments which are accessible and feel safe. Once confidence and basic skills are built we will encourage customers to move onto accredited training with Walsall College.
- Key outcomes we are focused upon is gaining access to e-health including the NHS App, gaining access to training and employment, online banking and connecting with others.

WE ARE
WALSALL
2040

Challenges

Childrens and Customer

- The Alliance is ambitious around their strategy and although there is good engagement from strategic partners we are worried about the capacity within the system to continue meaningful codesign and collaboration with children and young people as none of the partners have a designated resource for this.
- HWBB support in securing designated resource to support participation to ensure the strategy is co- delivered with children and young people.
- Effective data sharing between partners remains an issue and will impact on how we can measure impact and outcomes. This is a long-standing issue impacting a number of Partnership Boards. Support in securing effective data sharing is required.

Public Health

- Ongoing intensive work is taking place to support health visiting workforce challenges and to support the service to undertaken their critical primary prevention role – partnership discussions are supporting this, with Children's Services, Early help colleagues and Safeguarding partnership colleagues
- Partnership support for our new Children and Families Healthy Eating programme, and the Walsall Food plan in development will be critical to their success.
- Support is needed by partners to continue to promote the above Public Health commissioned services, alongside those commissioned by Black Country Healthcare Foundation Trust.
- Support also needed for raising awareness of simple things people can do to improve their own mental wellbeing, through use of wellbeing plans.

Healthwatch Walsall

- Challenges faced relate to access to services across all workstreams.
- Reaching digitally excluded citizens in the Borough. Availability of technology and its use in health and social care provision.
- Availability and consistency of young people to support Healthwatch activities
- To support the above, need to consider incentivising young people to a long-term commitment - local authority support would be welcomed.
- Partnership support to sharing information (access to groups)

Black Country Healthcare NHS Foundation Trust

- Governance and reporting has been refreshed to avoid duplication in reporting and meetings.
- A review of priorities was required to ensure that all partners were clear on focus and expectations.

Walsall Together

- Family safeguarding is a successful model with both national and local evidence of impact. Currently we are struggling to identify a partnership approach to sustainable funding that meets the fidelity of the model for the mental health support for parents whose children are in children's social care (child in need/ child protection)

One Walsall

- Family Hubs work – some of the key risks around programme sustainability have been escalated.
- Further work is required around digital exclusion in communities. Some work is already underway across various partners. One Walsall is seeing similar issues identified by our Impact team's work which it will feed into key stakeholders.
- Ensuring that equality, diversity and inclusion is embedded across all our work and by our partners.

West Midlands Police

- This remains the same as last year - across the areas of Community Safety within Walsall borough, it is our ambition to encourage a greater participation from Mental Health colleagues in respect of the work around the Safer Walsall Partnership, the Safeguarding Partnerships, the CONTEST Strategy etc.. Mental Health is a regular feature within the lives of vulnerable victims and offenders, is incredibly prevalent, and seems to continue to be a rising tide.

WE ARE
WALSALL
2040

Future Plans

Walsall Together

- Primary care mental health redesign will consider work with the homeless and work with veterans.
- Plans for the Family Hub programme will be updated in accordance with the guidance from the DofE.
- Continued development of Shared Care Record and development of an integrated borough-wide digital strategy
- Continued Development of Wellbeing and Population Outcomes Framework
- Continued enhancement of the Well-being Service Directory

Black Country Healthcare NHS Foundation Trust

- We are working with Walsall Together to develop an improvement plan for severe mental illness physical health checks.
- The development of a partnership strategy for dementia is in progress, including a needs assessment, current and future commissioning arrangements and involvement of the third sector.
- Summer 2024 will see the opening of our new Older Adult Mental Health Hospital on the Dorothy Pattison site.
- Continued delivery of the Walsall Mental Wellbeing Strategy
- Delivery and evaluation of the VCSE offer for the wider determinants of health and the Talking Therapies Plus model
- Using the group to provide a link between the local Suicide Prevention Group and the development of the Black Country Suicide Prevention strategy.

One Walsall

- Once mobilised the learning from the mental health programmes including the Wider determinants of Health & Talking Therapies will be shared.
- Further work to explore how Walsall can become a trauma-informed borough with all partners will evolve.
- One Walsall is reviewing its business development tool, that it uses with members ensuring EDI & health and wellbeing principles are embedded. One Walsall will highlight the learning from the new mental health funded programmes.
- One Walsall is keen to work with Public Health through research opportunities around issues of poverty which affect all 3 priority themes.
- One Walsall will continue to promote and showcase the work of the VCSE using various media and events.
- One Walsall is reviewing its 3-year strategy and will embed the priorities within its future plans.

WE ARE WALSALL 2040

Public Health

- Ongoing partnership work through Family Hubs work programme (Public Health lead the Infant Feeding workstream) and with our 0-19 healthy child programme.
- Implementation of our new Children and Families Healthy Eating programme will also take place, alongside a proposed update to our Stop Smoking in pregnancy programme
- Review of all mental wellbeing programmes commissioned via Public Health will be undertaken during 2024/25 (currently being delivered using non-recurrent funding) – reprofiling funding into future years, and prioritising certain programmes for recurrent funding should this become available.
- Ongoing process of identifying digital opportunities for progressing public health programmes, both within the Public Health team and working with our provider services.
- Digital stop smoking pilot results will be shared, and will guide future decision making re digital tools to support quits.

Healthwatch Walsall

- Under the Healthwatch Walsall governance process, the work programme for 2024/2025 will be discussed at the forthcoming Advisory Board Meeting being held on 21 February. Following ratification of the work programme an Annual Work Plan will be published on the Healthwatch Walsall website.
- Proposals for the forthcoming year will be on:
  - Young carers
  - Cancer services
  - Urology services
  - GP access, including GPIP
- The Healthwatch England transformation is a long-term project which will continue through 2024/2025.
- Results from listening survey will be taken into account.
- Continued engagement with ICB digital team re primary care access.
- Will continue to liaise with young people throughout the Borough to seek intelligence about issues they are facing in health and social care services.
- Young carers project to be undertaken during 2024/2025 once ratified by the Advisory Board.
- Young people support the Enter & View programme.

Childrens and Customer

- The Children's 2040 strategy will be in place by April 2024 - this will then be 'socialised' through the various partnership boards to inform implementation plan (contribution of each partner/ship to the strategy with regular monitoring on progress and impact)
- The Big Conversation was our first phase in collaborating with children and young people in the strategy. Additionally we have following activities planned with children and young people:
  - Phase 2 – February – Summer 2024 – Big Collaborate - Opportunity to collaborate with children and young people on the actions to implement the strategy
  - Phase 3 – Summer 2024 and beyond – Big Action – Co-production on the delivery of the strategy

WE ARE WALSALL 2040

West Midlands Police

- A new multi-agency, ambitious approach to the communities of Blakenall and Bloxwich, looking at a 5-year strategy and some really innovative working;
- The 10-year Alcohol and Drugs Strategy (along with Public Health and other colleagues) with some innovative partnership working in development around on-street drinking mixing in health, diversion and enforcement options.
- A continued multi-agency approach under Operation ARGONITE, which has reduced violence and vulnerability within the Walsall Night Time Economy, along with recent additions such as a 'safe space' and Street Pastors;
- 2023 saw the launch of the Walsall Serious Violence Duty, a multi-agency Strategy delivered under the leadership of the safer Walsall Partnership. The issues of Serious Youth Violence, Knife Crime, Exploitation, Vulnerability, Violence Against Women & Girls, etc. are addressed within this.
- Keeping people safer through the introduction of the Protect Duty (aka 'Martyn's Law). This has not gone through Parliament yet as it had been scheduled but we are working locally to introduce many of the measures anyway because they keep people safer;
- A review of the pertinent and recent Domestic Homicide Reviews to look for cross-cutting themes and opportunities for learning and improvement;
- The extension of the capabilities within the multi-agency Exploitation and Vulnerability Hub, including a new pro-active local police team focussing upon Serious Organised Crime and Exploitation – hopefully to be realised this year.

whg

- **Using Sensors to Make Sense of Asthma.** We want to increase our understanding of how the environment within a home may impact negatively or positively on children and young people with asthma. We plan to place environmental sensors in families' homes where children have asthma, where income levels are low, where parents find it difficult to heat their home and where children are more frequently admitted to hospital due to asthma. The sensors will monitor air quality, ventilation, carbon dioxide levels, and temperatures in the homes. We will involve 10 families in the study placing sensors in 4 areas of the home (child's bedroom, kitchen, living room and bathroom). We have established a partnership with an organisation that can provide the sensors and have set up a task and finish group to set out the parameters of the study. We will collect 12 months of data and will report on outcomes at a later date.
- **Other Work** whg continue to be active members of the Walsall Childrens Alliance. We are currently involved in a subgroup who are co creating and writing a strategy for children in Walsall. whg are committed to ensuring that children who live in social housing have their needs represented in this strategy.

WE ARE WALSALL 2040

Walsall Council – Health and Wellbeing Board

For Meeting 19th September 2024

Walsall Infant Feeding Strategy

For Endorsement

1.   Purpose

1.1   This report seeks endorsement from members of the Walsall Health and Wellbeing Board for the aims, actions and proposed governance arrangements for the Walsall draft Infant Feeding Strategy 2024-2027.

2.   Recommendations

2.1   That members support the work undertaken by the multi-agency Family Hub partnership group which has developed the Walsall Infant Feeding Strategy contributing to ensuring babies have the best start in life.

2.2.   That the Walsall Health and Wellbeing Board (HWBB) provides overall governance for the Infant Feeding Strategy, with Walsall Together's Clinical Professional Leadership Group overseeing the new developing partnership Strategy on a quarterly basis. Reports on activity will also be submitted to the Childrens Alliance and Family Hub steering group.

2.3   That the HWBB oversight role will include the expectation that the Chair of the strategic group feeds back the progress, impact and achievements of the Infant Feeding Strategy to HWBB annually.

2.4   That HWBB members use their strategic influence to support changing the culture of Walsall to one where breastfeeding is seen as the norm.

3.   Report detail

3.1   Breastfeeding and human breastmilk promotes health, prevents disease, saves lives and contributes to reducing a broad range of inequalities. There are benefits for baby, mother, the wider family, the environment, and estimated cost savings for health services. However, breastfeeding can be hard and currently eight out of ten women stop breastfeeding earlier than they would want to.

3.2   The Walsall Infant Feeding Strategy draws on national and local policy and guidance as well as local information to outline a series of actions to ensure local families are supported in their choices for feeding their infants, and to improve breastfeeding rates across the Borough. This requires actions for all organisations, and individuals, working together to achieve the best outcomes for Walsall children.

3.3   Nutrition in the initial 1,001 days from conception to a child's second birthday is critical, as sound infant feeding practices during this phase yield important benefits including optimal growth and development, reduced susceptibility to infections and chronic diseases, and enhanced emotional well-being and parent-infant bonding. Breastfeeding has many long-term benefits for parents and babies. There is evidence that breastfed babies from low-income families are likely to have better health outcomes in early life than a child from a more affluent background fed with formula milk, so compensating for some of the disadvantages of poverty. In addition, breastfeeding has been shown to reduce the risk of obesity in later childhood and is associated with a decreased risk of dental decay. [Breastfeeding in the UK - Baby Friendly Initiative (unicef.org.uk)](#)

3.4   In 2020/21 59.1% of babies born in Walsall had a first feed of breastmilk. This figure is *significantly below* the West Midlands regional rate of 68.3% and the national rate of 71.7%, and has been the trend for several years. [Public Health Outcomes Framework, Office for Health Inequalities and Disparities, 2024](#)

Table 1 Trends in breastfeeding prevalence in Walsall.
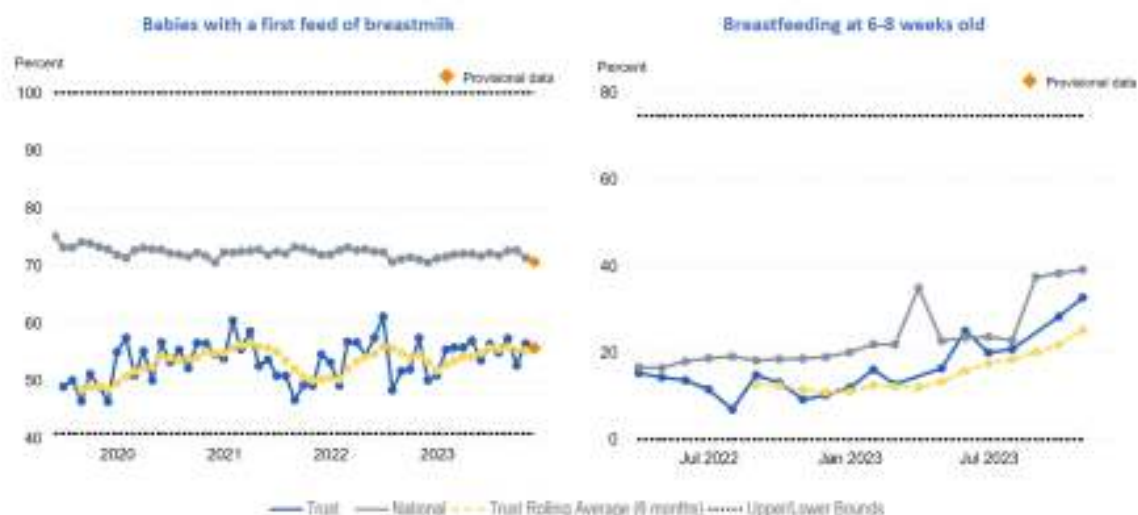
3.5   In addition, in Walsall, only around 1 in 3 babies are still totally or partially breastfed at 6-8 weeks, which is also significantly lower than the national rate. Although the breastfeeding rate in Walsall as a whole is low, it is however higher in some areas of our borough than others. Research indicates that there are many cultural, demographic and socioeconomic differences in attitudes and behaviours to breastfeeding.

4.   The Strategy

4.1   The multi-agency strategy group, consisting of representatives from Family Hub Children's Services, Midwives, Health Visitors, community groups and Public Health, have been instrumental in developing the multiagency strategy. This group will continue to drive the agenda should Family Hub funding cease at the end of 2024/25.

4.2 Our vision is to create a supportive environment in Walsall that protects, promotes and supports breastfeeding. It will enable all parents to optimise the nutrition of babies and infants as they make their infant feeding choices and therefore develop healthy children and close, loving parent-infant relationships.

4.3 The Walsall Infant Feeding Strategy aims to;

- Protect, support and promote breastfeeding and healthy infant feeding
- Create a Borough that supports and normalises breastfeeding
- Support the introduction of solid foods to aid child development

4.4 While Family Hubs are funded only until March 2025, the infant feeding strategy has gained partnership commitment to embed aims and work towards its vision over the next five years. This will be monitored within Walsall but also through mandatory national reporting.

4.4 Walsall Together have agreed that the strategy group chair will report on a quarterly basis to the Walsall Together Clinical Professional Leadership Group and also report any issues of escalation or risk by exception.

5. Implications for Joint Working arrangements:

5.1 **Financial implications:**

The strategy brings no additional funding implications for consideration by the Health and Wellbeing Board at this time. However, Public Health are putting aside some non-recurrent funding for 2025/26 to support some of the aspects of Family Hub infant feeding work should the Family Hub national funding cease. Please note that this is not an ongoing commitment.

5.2 **Legal implications:**

There are no legal implications linked with this strategy work.

5.3 **Other Resource implications**

Staff time to support strategy objectives is already factored in within the partnership.

6. Health and Wellbeing Board Priorities - impact:

6.1 The work programme for infant feeding supports the 2022-25 Council plan that "Our children should have the best possible start and be happy, healthy, and learning well" and also that every child in Walsall deserves the best possible start in life as set out in We Are Walsall 2040

6.2 The strategy and actions within it supports the priorities of the Health and Wellbeing Strategy, specifically in relation to children and young people and contributes to the reduction of health inequalities.

6.3 Safeguarding: There are no adverse implications for safeguarding.

Background papers

Infant Feeding Strategy

107088 Infant
Feeding Strategy 2024

Appendices:

None

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Walsall Infant Feeding Strategy
2024 – 2029

Walsall Council

Please note: An accessible PDF is currently being worked on, if you (or anyone you know) needs this information in an alternative format please email Esther.Higdon@walsall.gov.uk & we will work with you to meet your / their needs.

Contents

Foreword

Cllr Flint

The Walsall Infant Feeding Strategy indicates Walsall's commitment to the health and well-being of the youngest in our community. The journey towards improving infant feeding practices is underpinned by the belief that every child in Walsall deserves the best possible start in life as set out in We Are Walsall 2040, and it is our shared responsibility to provide the support and guidance necessary to ensure their optimal development.

Infant feeding is not just a personal choice; it is a public health imperative. The first 1,001 days of a child's life, from conception to their second birthday, are a critical window of opportunity that shapes their future. Proper infant nutrition in this period influences growth, cognitive development, and immunity. It reduces the risk of infections and chronic diseases, fostering emotional well-being and securing a healthy foundation for adulthood[1].

UNICEF Baby Friendly Guardian (Dr Paulette Myers)

Feeding your baby is a special time when caregivers and babies get to know each other. This is partly how babies develop healthy emotional and social attachment.

Breastfeeding has many long-term benefits for parents and babies.

There is evidence that breastfed babies from low-income families are likely to have better health outcomes in early life than a child from a more affluent background fed with formula milk, so compensating for some of the disadvantages of poverty.

Weaning on to solid foods is an important milestone in babies' lives and ensuring we offer a wide variety of foods including fruits and vegetables, but avoiding foods with a lot of fat, salt or sugar will set habits and tastes throughout their lives. With the large amount of conflicting information available, families often need clear guidance on the best approaches to feeding infants.

There are some important actions for all agencies and communities to take to support families with infant feeding. This includes, ensuring the right support and advice is available at the right time, that we create an environment that supports breastfeeding across the borough and ensuring support for all parents, regardless of their choice of method of feeding.

This strategy builds on the great work already underway in Walsall and provides a direction for optimal infant feeding to ensure as set out in the Walsall Health and Wellbeing Strategy 22-25 Walsall children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities[2].

Executive Summary

Breastfeeding and human breastmilk promotes health, prevents disease, saves lives and contributes to reducing a broad range of inequalities. There are benefits for baby, mother, the wider family, the environment, and estimated cost savings for health services. However, breastfeeding can be hard and currently eight out of ten women stop breastfeeding earlier than they would want to[3].

The Walsall Infant Feeding Strategy draws on national and local policy and guidance as well as local information to outline a series of actions to ensure local families are supported in their choices for feeding their infants, and to improve breastfeeding rates across the borough. This requires actions for organisations, and individuals, working together to achieve the best outcomes for Walsall children.

Nutrition in the initial 1,001 days from conception to a child's second birthday is critical, as sound infant feeding practices during this phase yield important benefits including optimal growth and development, reduced susceptibility to infections and chronic diseases and enhanced emotional well-being and parent-infant bonding. Breastfeeding has been shown to reduce the risk of obesity in later childhood and is associated with a decreased risk of dental decay.

The Walsall Infant Feeding Strategy is carefully aligned with global, national, and local guidelines. It emphasises the importance of exclusive breastfeeding for the initial six months of an infant's life, early initiation of breastfeeding, and the introduction of complementary foods while continuing to breastfeed. It also however recognises that some parents may choose or are unable to breastfeed and ensures support is provided for all families to provide healthy nutrition to their children.

Walsall's breastfeeding rates consistently fall below regional and national averages, and the strategy includes ambitions to improve these rates for the benefit of our children.

What is infant feeding?

This strategy is written to cover the feeding journey for families from the birth of their child to age two years, that impacts on a baby's healthy growth and development.

Breastfeeding has numerous health benefits for both parents and babies, and skin- to-skin contact is an important bonding experience. We recognise that some parents may decide that formula feeding is the correct choice for them, either as an alternative or in conjunction with breast milk. Information about the benefits of breast milk and options such as expressing, pumping, and combination feeding are essential to support more families to offer breast milk to babies.

Weaning on to solid foods is an important milestone in babies' lives and ensuring families offer a wide variety of foods including fruits and vegetables, but avoiding foods with high fat, salt or sugar will set habits and tastes throughout children's lives.

With the large amount of conflicting information available, families often need clear guidance on the best approaches to feeding infants.

Feeding choices should not create anxiety for new and expectant parents and for some, it may not be physically possible for the infant to receive breast milk. Parents and carers should not feel judged for the choices they make for their infants. It is therefore important that breastfeeding and other infant feeding messages are promoted in a sensitive manner.

Vision

Our vision is to create a supportive environment in Walsall that protects, promotes and supports breastfeeding. It will enable all parents to optimise the nutrition of babies and infants as they make their infant feeding choices and therefore develop healthy children and close, loving parent-infant relationships.

Aims and Objectives

This Strategy aims to support all families in Walsall by providing information and guidance to support informed choices about how they feed their infants. **The aims are:**

Protecting, supporting and promoting breastfeeding and healthy infant feeding

Creating a borough that supports and normalises breastfeeding

Supporting the introduction of solid foods to aid child development

Protecting, supporting & promoting breast-feeding and healthy infant feeding

Objectives

- **Increase** the proportion of newborns where babies are given breast milk within the first 48 hours from 51.9% (2020/2021) to 60% in 2024/25, and 70% by 2027/2028.

- **Increase** the proportion of babies who are exclusively or partially breastfed at 6-8 weeks to 45% by 2024/25 and to national levels by 2027/28.

- **Increase** the rate of exclusive breastfeeding to 6 months and continued breastfeeding with a good balance of complementary foods until 12 months or longer.

- **Uphold** The International Code of Marketing of Breastmilk Substitutes policy for the promotion and marketing of infant formula and breastmilk substitutes within Walsall through strengthening the available regulatory arrangements to cease inappropriate marketing and distribution.

- **Increase** the reach of our training programme for health, care and voluntary sector staff to enhance their knowledge and skills in breastfeeding promotion. to ensure breastfeeding mothers receive expert guidance and support. Create pathways for individuals interested in training.

- **Create** and distribute guidelines for the safe preparation, handling, and storage of infant foods. Emphasise hygiene and sanitation practices. These guidelines should be easily accessible to caregivers

- **Increase** the proportion of eligible families receiving Healthy Start vouchers

Creating a borough that supports and normalises breastfeeding

Objectives

- **Increase** year on year the number of venues implementing the UNICEF Baby Friendly Initiative to create breastfeeding-friendly environments. This will help create breastfeeding-friendly environments where mothers can comfortably initiate and continue breastfeeding

- **Establish** local breastfeeding support groups with trained infant feeding specialists to provide culturally sensitive, inclusive assistance in community locations.

- **Encourage** and facilitate the formation of peer support groups for new parents. Train and certify facilitators from diverse backgrounds to ensure inclusivity and cultural sensitivity.

- **Increase** the number of community awareness campaigns on the long-term benefits of breastfeeding and that highlights the lifelong health benefits of breastfeeding. Utilise various media channels and involve local celebrities and influencers to amplify the message.

- **Forge** partnerships with local media outlets to ensure regular coverage and promotion of breastfeeding. Keep the public informed and engaged in discussions surrounding breastfeeding and its benefits.

- **Increase** the proportion of families participating in antenatal education programmes to provide information, skills and confidence on all aspects of infant feeding. These programmes should be accessible and culturally sensitive.

- **Implement** educational programmes in all schools and community centres to inform future generations of the advantages of breastfeeding and healthy weaning. These programmes should incorporate practical knowledge and skills.

- **Develop** a comprehensive plan to address social stigma associated with breastfeeding. This includes public awareness campaigns, community dialogues, and local leader involvement. The aim is to normalise breastfeeding and promote an open dialogue about the topic.

- **Advocate** for policy changes at the local and national levels to protect the rights of breastfeeding mothers and their infants. Ensure that supportive workplace policies and lactation rooms are mandated and enforced.

7

Supporting the introduction of solid foods to aid child development

Objectives

- **Consistent** and accessible information is available to families on introducing solid foods to infant diets.

- **Develop** and distribute clear guidelines for parents on the timely introduction of complementary foods. These guidelines should emphasise nutrient-rich and diverse food options. Ensure they are available through healthcare providers and community centres.

- **Provide** nutrition education programmes in healthcare facilities, schools, and community centres. Include workshops, cooking demonstrations, and collaborations with local nutritionists and chefs to showcase healthy complementary foods for families.

- **Optimise** infant feeding practices across the borough to increase the percentage of children starting school at a healthy weight.

- **Support** a year-on-year increase in the number of Early Years providers exceeding the national food standards.

In addition to implement a robust data collection and analysis system to track key performance indicators related to infant feeding. Regularly evaluate the impact of strategies, identify areas for improvement, and make data-driven decisions.

To achieve these objectives, a collaborative effort involving local healthcare and family support professionals, community organisations and the broader Walsall community will be essential.

Adequate resources, funding, and educational programmes is required to fulfil these objectives beyond the current lifetime of funded Family Hubs, creating a supportive environment for infant feeding in Walsall.

Introduction

The Walsall infant feeding strategy will focus on addressing the challenges and opportunities within local infant feeding practices to improve child health and contribute to public health. It is designed to serve as a roadmap for local stakeholders, policymakers, healthcare professionals, and community members in Walsall; outlining strategies and actions to optimise infant nutrition and well-being.

Infant feeding plays a pivotal role in shaping the physical, cognitive, and emotional development of children. During the early stages of life, infants are particularly vulnerable, and their nutritional needs are unique. The first 1,001 days, from conception to a child's second birthday, are critical for laying the foundation of lifelong health[4,5].

Infant feeding during this period is associated with:

Optimal Growth and Development:
Adequate nutrition in infancy supports healthy growth, brain development, and cognitive function. For example, research has shown that breastfeeding is linked to improved IQ and academic achievement in later life[6].

Reduced Risk of Infections & Chronic Diseases: Breast milk provides essential antibodies & nutrients that protect infants from infections, reduce the risk of childhood illnesses, and lower the chances of chronic diseases in adulthood.

Enhanced Bonding & Emotional Wellbeing:
Breastfeeding fosters a strong emotional connection between the infant and caregiver, promoting emotional security and well-being.

Positive Community Impact:
Beyond individual well-being, the collective effects of infant feeding can significantly impact on the public's health. Lower healthcare costs, reduced disease burden, and improved productivity are some of the benefits that result from a healthy population with a strong foundation in infant nutrition.

National and Local Policy Drivers

Healthy Infant Feeding guidance is detailed in various national & local policies, including;

Better Births (The National Maternity Review 2016)	1001 Critical Days (2013)	The UN Sustainable Development Goals	The WHO Global strategy for infant and young child feeding
NHS The NHS Outcomes Framework 2015-16	Walsall Council The Public Health Outcomes Framework 2016-19:	The Healthy Child Programme (2015)	The UNICEF UK Baby Friendly Initiative (BFI)
NHS Healthy Start	Children's Healthy Weight Strategy 2017-2020	**NHS** Long Term Plan (2019)	NICE clinical guidelines
Walsall Family Hubs Supporting families to live happier lives	Walsall Health and Wellbeing Board	WE ARE WALSALL 2040	

More information on each of these policies or drivers can be found here

The Royal College of Paediatrics and Child Health (RCPCH) has called on the UK Government to finally implement mandatory guidelines on the amount of sugar and salt that baby food can contain[7]. In spite of proposing guidelines in 2020, nothing has been confirmed and there are no limits or restrictions on how much sugar and salt can be in these products. This is in a situation where the UK has high levels of obesity and tooth decay in children starting school.

"All women and their partners should be provided with impartial, evidence-based information so that they can make informed decisions on how they would like to feed their new-born baby. If their choice is not to breastfeed, then they must be offered support and advice on how to use infant formula safely and correctly.

(NICE Guidance, 2008)

"There's not nearly enough information on feeding this way, it really needs to be improved as this could dramatically improve the breastfeeding numbers, we were able to wean my daughter off formula once she returned to her birth weight and now I am exclusively breastfeeding 8 weeks later!"

(Infant Feeding Survey 2022)

Infant Feeding in Walsall: Where Are We Now?

Infant Feeding

In 2020/21 **59.1% of babies born** in Walsall had a first feed of breastmilk. This figure is **significantly below** the West Midlands regional rate of 68.3% and the national rate of 71.7%, and has been the trend for several years[8].

Breastfeeding has been found to generally reduce a child's current and future risk of overweight and obesity[11]. In Walsall, around a **quarter of children** are overweight or obese in Reception year of primary school, which is significantly higher than the national rate for England[11].

Although the breastfeeding rate in Walsall as a whole is low, it is however higher in some areas of our borough than others[12]. Research indicates that there are many cultural, demographic and socioeconomic differences in attitudes and behaviours to breastfeeding.

In addition, in Walsall, only around **1** in **3 babies** are still totally or partially breastfed at 6-8 weeks[9], which is also significantly lower than the national rate.

Skin-to-skin contact soon after birth has been shown to increase successful breastfeeding[10]. It has varied and multiple benefits including stimulating the release of hormones to support breastfeeding in the mother and stimulating digestion and an interest in feeding in the infant.

On average, around **65%[2] of babies** born in Walsall in 2022 and 2023 had skin to skin contact with their mother within 1 hour of birth, which is the similar to the national rate for England.

Infant feeding behaviours & perceptions in Walsall

In 2023, Walsall Council conducted a small project which aimed to apply behavioural insights to understand infant feeding behaviours, attitudes and experiences of Walsall mothers. The project involved conducting a literature review, a small survey with local mothers and the application of behavioural science frameworks to analyse the findings and generate some recommendations.

Walsall mothers were invited to take part in the survey either face-to-face in Walsall Family Hubs and infant feeding support groups, or to complete an online survey that was shared through various social media and online communication channels by the Council and partners.

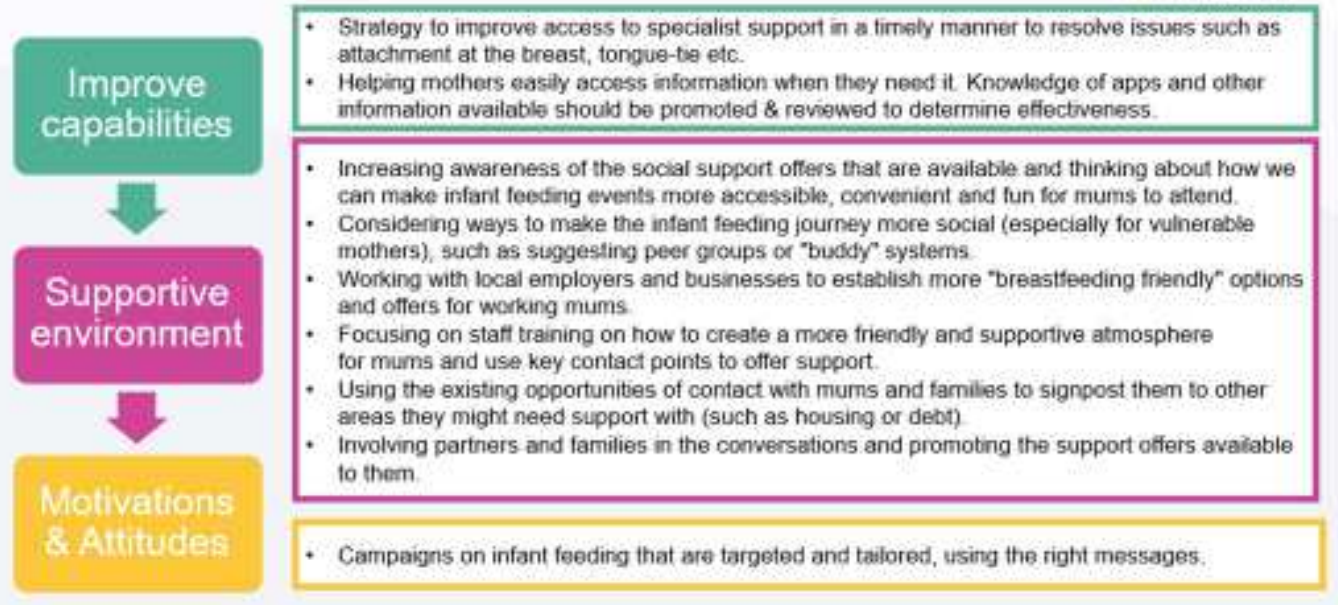**52 responses were received as part of the survey, and of those:**

- **44% of mothers** reported breastfeeding their child, while 29% used formula and 27% chose a mix of both.

- The main reasons for choosing to breastfeed were personal choice, past experiences and convenience, while the main reasons for choosing formula were difficulties with attachment at the breast, being unable to breastfeed for various reasons and early return to work or time constraints.

- **58% of mothers** felt they had enough information to make a fully informed decision about their choice of feeding, and the main sources of information were friends and family, independent research and private classes, midwives and support teams, and social media.

- **53% of mothers** who used formula said that if advice and support were offered differently, they may have considered breastfeeding. Support they suggested included resolving physical issues (like tongue-tie, difficulty with attachment at breast, milk supply and expressing), better visibility and access to support services, fewer social pressures or guilt and better support with returning to work and partner involvement.

- **67% of mothers** surveyed reported that they did not receive any help in making their feeding decisions (it was their own decision and determined by personal choice), while majority of those who did receive advice received this from healthcare professionals, with not all advice supportive or helpful.

- **Mothers had generally positive experiences** with their chosen method of feeding, but also faced some challenges such as pain, low milk supply, tongue tie, lack of support, guilt, and social stigma.

- **Some mothers expressed a need for more information**, advice or support on topics such as attachment at breast, milk allergies, weaning, tongue tie, preparing for feeding challenges, and early-stage support.
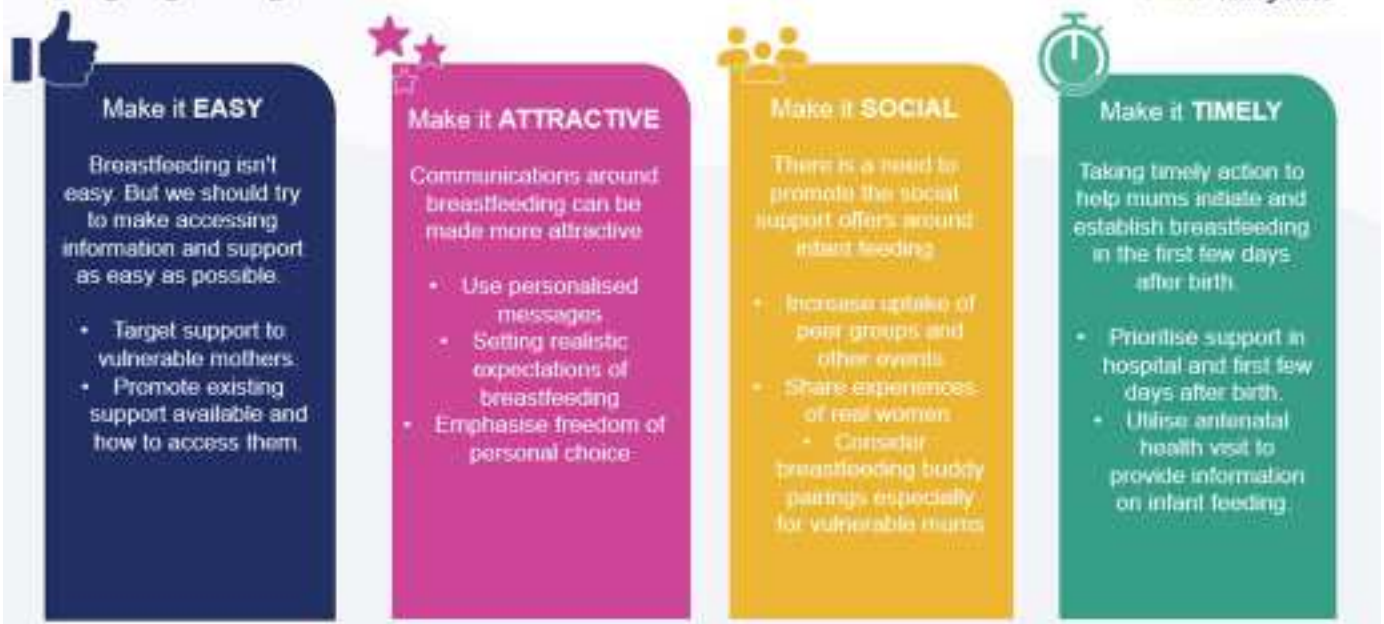
Summary of key recommendations:

The key recommendations generated from this work utilised behaviour change frameworks and are summarised in the diagrams below. These include insights from the COM-B model of behaviour change (Michie et al., 2011) and EAST framework (Behavioural Insights Team, 2012).

Key recommendations based on behavioural insight

Family Hubs

Improve capabilities
- Strategy to improve access to specialist support in a timely manner to resolve issues such as attachment at the breast, tongue-tie etc.
- Helping mothers easily access information when they need it. Knowledge of apps and other information available should be promoted & reviewed to determine effectiveness.

Supportive environment
- Increasing awareness of the social support offers that are available and thinking about how we can make infant feeding events more accessible, convenient and fun for mums to attend.
- Considering ways to make the infant feeding journey more social (especially for vulnerable mothers), such as suggesting peer groups or "buddy" systems.
- Working with local employers and businesses to establish more "breastfeeding friendly" options and offers for working mums.
- Focusing on staff training on how to create a more friendly and supportive atmosphere for mums and use key contact points to offer support.
- Using the existing opportunities of contact with mums and families to signpost them to other areas they might need support with (such as housing or debt).
- Involving partners and families in the conversations and promoting the support offers available to them.

Motivations & Attitudes
- Campaigns on infant feeding that are targeted and tailored, using the right messages.

EAST – overarching principles to consider when designing strategies and interventions

Family Hubs

Make it EASY

Breastfeeding isn't easy. But we should try to make accessing information and support as easy as possible.

- Target support to vulnerable mothers.
- Promote existing support available and how to access them.

Make it ATTRACTIVE

Communications around breastfeeding can be made more attractive

- Use personalised messages
- Setting realistic expectations of breastfeeding
- Emphasise freedom of personal choice

Make it SOCIAL

There is a need to promote the social support offers around infant feeding

- Increase uptake of peer groups and other events
- Share experiences of real women
- Consider breastfeeding buddy pairings especially for vulnerable mums

Make it TIMELY

Taking timely action to help mums initiate and establish breastfeeding in the first few days after birth.

- Prioritise support in hospital and first few days after birth.
- Utilise antenatal health visit to provide information on infant feeding.

Formula Feeding

The percentage of Walsall babies exclusively formula fed is known and there is anecdotal evidence that some families feel this allows more sharing of responsibilities and facilitates early return to work for mothers. Local support services should ensure guidance is given around best practice on making up formula milk, hygienic preparation and storage and issues to monitor e.g. constipation, which is more common in formula fed infants. Including guidance on responsive feeding for formula fed babies is essential for parent training forums. This will help with parent-infant cues on stopping and starting feeding.

Infants with specific feeding needs

There are a range of situations where babies have problems with feeding (including prematurity, tongue-tie, milk intolerances). Data is not available on the number of children with these difficulties, but all who advise and support families with infant feeding have been trained to be flexible and responsive to the range of issues.

Weaning

Solid foods are recommended to be introduced to infants from 6 months of age. There is useful national guidance available, which if used, would help with consistent messages being provided and accessed for all families[13].Unfortunately, there is very limited data on what children are being fed aside from breast milk at this age and no local data are collected. It would be useful to start collecting this data across the borough.

We do know, however, that there needs to be important changes made to the baby food industry. This is a crucial period for forming dietary habits and food preferences and it is therefore disappointing to see that the baby food industry is failing in several areas to align their products to national infant feeding advice. Currently there are no restrictions on permitted amounts of salt and sugar in baby food, and some baby foods are highly processed.

According to the British Dental Association, many baby food pouches intended for infants under 12 months old may have more sugar by volume than Coca-Cola. Excess sugar is one of the leading causes of tooth decay, which is the most common oral disease in children, affecting nearly a quarter of five year olds. It is the most common reason for hospital admission for 5-9 year olds[14].

A recent independent review found clear inconsistencies between national infant feeding advice and how some commercial baby food and drink products are presented[15]. It found that:

- some foods marketed as healthy snacks are amongst those with the highest sugar content
- sweet snacking is being encouraged
- misleading product labelling and marketing encourages the introduction of solid food before official advice recommends
- some product names don't reflect the balance of ingredients
- products do not always provide clear feeding instructions
- Clearly, this makes it difficult for parents and carers to make informed choices about healthy nutrition for their young children.

There is a responsibility for us all (individuals, communities and organisations) in Walsall to join together to lobby for mandatory limits on the sugar and salt content of baby food.

We should all be encouraging families to "make their own" baby food, highlighting the reduced cost and the reassurance of knowing the content of their children's food. This would give benefits in terms of better infant nutrition, longer term health, exposure to a wider variety of foods, less packaging, and lower cost to families.

Healthy Start Scheme

Healthy Start is an NHS scheme which provides milk, fruit, vegetables and vitamins for all pregnant women and families on low incomes or who receive specific benefits, and with at least one child under 4 years old. Children aged between six months and four years are entitled to vouchers for free vitamin drops. The vitamins contain the recommended amount of vitamin A, C and D for young children, and folic acid and vitamin C and D. However, in Walsall 3 in every 10 eligible families are missing out on their entitlement and each month 1400 local households do not claim the vouchers. This equates to over £23,000 worth of vouchers being missed.
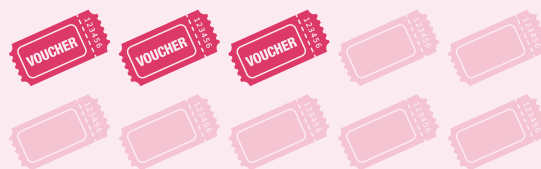
In spite of national and local promotion, knowledge and uptake of Healthy Start could be improved. There are still around **3 in every 10 eligible families** missing out, especially with vitamins.

Up to **1400 Walsall households** are missing out every month; that's at least £23,800 worth of Healthy Start vouchers not being claimed each month, which could benefit the health of Walsall's mothers and young children. The economic crisis affecting families in Walsall, makes the task to improve this situation even more pressing.

Are you pregnant or have children under the age of 4?

You could get help to buy:

Plain cow's milk
Fresh, frozen or tinned fruit and vegetables
Fresh, dried, and tinned pulses
Infant formula milk
You can also get free Healthy Start vitamins.

www.healthystart.nhs.uk
@NHSHealthyStart

Walsall Public health worked with Aston University on research with local families to explore the reasons why people were not taking up the healthy start scheme. The findings were:

- Complicated eligibility and application processes
- Lack of awareness of scheme
- Lack of understanding of what is included in Healthy Start Scheme
- Some vulnerable groups ineligible
- Lack of outlets accepting vouchers
- Stigma and social unacceptability of taking up free vouchers

A series of actions are needed to optimise local access and uptake to this scheme. All organisations in Walsall should prioritise actions to improve the processes for access, distribution and uptake of Healthy Start Vouchers.

What works to support breastfeeding?

The World Health Organisation has developed detailed guidance and policies in it's Ten Steps to Successful Breastfeeding package[16]:

Research[17,18,19,20] has shown that interventions that increase successful breastfeeding involve:

- **Targeted, personalised support** to overcome breastfeeding difficulties, and rewarding mothers for their efforts
- Receiving sufficient **help with breastfeeding** in hospital and being provided with contact details for breastfeeding support groups
- Timely and **parent-centred** breastfeeding support, particularly in the immediate postnatal weeks
- Providing **realistic** rather than idealistic antenatal preparation and expectations around breastfeeding
- **Knowledge** from seeing breastfeeding in action rather than theoretical information
- **Effective social support** combined with reassurance and guidance from skilled practitioners

Local services which support infant feeding

A range of organisations provide training, advice and support for families around infant feeding. This includes midwives, health visitors and infant feeding teams in healthcare and family hub settings. General practitioners, dieticians and paediatric teams support families of children with additional needs or challenges. There is a local formulary which details the various milks and preparations for tackling issues such as reflux, milk intolerances and allergies. Even in these instances, it is usually possible for mothers to still breastfeed their babies by following a strict milk - free diet themselves.

A range of online applications are also available for families to access. The **Walsall Baby Buddy** and Dadpad apps are designed to support mums, dads, and carers, to build their confidence and parenting knowledge from conception up to their child's early birthdays covering topics such as feeding, talk and play, mental health, and local support services in Walsall.

A number of venues welcome breastfeeding and it is an objective of this strategy to increase this number across Walsall.

There are voluntary and community organisations providing teaching on essential cooking skills across Walsall. Walsall is looking to expand this provision to support families with infants. We do not know how supportive our local businesses are of mothers who return to work and wish to continue breastfeeding, but work is underway to ensure that agencies, organisations and workplaces in Walsall are contributing to making the borough a welcoming one for breastfeeding.

Walsall Infant Feeding Strategy Recommendations

1. *Enhance Early Initiation: Prioritise efforts to increase the percentage of infants in Walsall who receive breastmilk as their first feed. Achieving this should be a central goal of the strategy.*

2. *Promote Antenatal Education: Develop and implement comprehensive antenatal education programmes to raise awareness among expectant mothers and their families about the importance of breastfeeding. These programmes should be accessible and culturally sensitive.*

3. *Recruit Infant Feeding Specialists: Invest in the training and certification of more infant feeding expertise to ensure breastfeeding mothers receive expert guidance and support. Create pathways for individuals interested in training.*

4. *Baby-Friendly Healthcare and Family Hubs: Collaborate with healthcare and family hubs to implement and maintain the UNICEF Baby Friendly Initiative accreditation. This will help create breastfeeding-friendly environments where mothers can comfortably initiate and continue breastfeeding.*

5. *Community Awareness Campaign: Launch a powerful and sustained public awareness campaign that highlights the lifelong health benefits of breastfeeding. Utilise various media channels and involve local celebrities and influencers to amplify the message. Utilise evidence and input from behavioural science to inform campaign messaging and effective targeting to different groups.*

6. *Educational Initiatives: Implement age-appropriate educational programmes in schools and community centres to inform young mothers and future generations about the advantages of breastfeeding. These programmes should incorporate practical knowledge and skills.*

7. *Local Media Engagement: Forge partnerships with local media outlets to ensure regular coverage and promotion of breastfeeding. Keep the public informed and engaged in discussions surrounding breastfeeding and its benefits.*

8. *Integration of Complementary Feeding Guidelines: Develop and distribute clear guidelines for parents on the timely introduction of complementary foods. These guidelines should emphasise nutrient-rich and diverse food options. Ensure they are available through healthcare providers and community centres.*

9. *Nutrition Education Programmes: Continue to provide nutrition education programmes in healthcare facilities, schools, and community centres. Include workshops, cooking demonstrations, and collaborations with local nutritionists and chefs to showcase healthy complementary foods for families.*

10. *Addressing Stigma: Develop a comprehensive plan to address social stigma associated with breastfeeding. This includes public awareness campaigns, community dialogues, and local leader involvement. The aim is to normalise breastfeeding and promote an open dialogue about the topic.*

11. *Policy Advocacy: Advocate for policy changes at the local and national levels to protect the rights of breastfeeding mothers and their infants. Ensure that supportive workplace policies and lactation rooms are mandated and enforced.*

12. *Food Safety Guidelines: Create and distribute guidelines for the safe preparation, handling, and storage of infant foods. Emphasise hygiene and sanitation practices. These guidelines should be easily accessible to caregivers.*

13. *Peer Support Groups: Encourage and facilitate the formation of peer support groups for new parents. Train and certify facilitators from diverse backgrounds to ensure inclusivity and cultural sensitivity.*

14. *Data Collection and Analysis: Implement a robust data collection and analysis system to track key performance indicators related to infant feeding. Regularly evaluate the impact of strategies, identify areas for improvement, and make data-driven decisions.*

We recognise the journey ahead is not without its challenges, and it will demand a collaborative effort from local stakeholders working with the wider community.

The recommendations span from the promotion of antenatal education to enhancing early initiation of breastfeeding to supporting continued breastfeeding. It requires all partners to ensure baby friendly, breastfeeding welcoming facilities while addressing social stigma and advocating for policy changes that protect the rights of breastfeeding mothers. We are committed to disseminating guidelines for the safe introduction, preparation and storage of infant foods, as well as encouraging the formation of peer support groups and providing support for further training at all levels. Robust data collection and analysis will track our progress and allow for data-driven decision-making.

We believe that, together, we can create a Walsall where every child receives the best possible start in life through supportive infant feeding practices. With the collective will, dedication, and resources of our community, we will secure the health, well-being, and future success of the next generation.

The Walsall Infant Feeding Strategy is not merely a document; it is a pact with our community and a promise to our children. Together, we will provide them with the nurturing environment and support they need to thrive and grow, laying the foundation for a healthier, happier, and more prosperous future.

Acknowledgements

We would like to acknowledge and thank Barnet and Bradford City Council for the sharing of their infant feeding strategy which supported the development of Walsall's Infant Feeding Strategy

Useful resources

The Healthier Together initiative aims to support parents when worried about their child's health and provides information about what can be done and where support can be sought. It also provides information to healthcare professionals to ensure that the child receives the same quality of care irrespective of where they are seen. **www.what0-18.nhs.uk**

Wants to ensure that everyone working to support mums-to-be and young families has access to independent, expert and practical 'eating well' resources. Provides up-to-date information on infant milks for sale in the UK and promote better regulation and marketing of breastmilk substitutes. **www.firststepsnutrition.org**

Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. **www.healthystart.nhs.uk**

We are committed to enabling women to make informed choices for their baby; we want all mums to feel supported and have the confidence to achieve their infant feeding goals.
www.walsallhealthcare.nhs.uk/our-services/maternity/infant-feeding
www.unicef.org.uk/babyfriendly/

Walsall Council – Health and Wellbeing Board

19 September 2024

Children Alliance and We Are Walsall 2040 Children and Young People Strategy

For Information, Discussion and Assurance.

1.   Purpose

1.1   To provide members of the Health and Wellbeing Board with an overview of the work of the Children and Young People Alliance.

1.2   To provide members with an overview of the 2040 Children and Young People Strategy aligned to We Are Walsall 2040 and progress against the 4 priorities.

2.   Recommendations

2.1   That members endorse the Strategy

2.2   That members are assured the Alliance are making good progress in the development of a meaningful 2040 Children and Young people Strategy that will respond effectively to issues identified for children and young people growing up in Walsall.

2.3   That members consider how we can maximise opportunities to ensure we continue to respond to what children and young people have told us are key priorities to improve outcomes for all growing up in Walsall. Particularly in terms of opportunities in involving children and individuals in decision-making processes and holding us accountable.

3.   Report detail

3.1 Walsall's Children and Young Peoples Strategic Alliance is a partnership group that is responsible for the delivery of our Children and Young Persons Strategy. The Alliance was launched in March 2023 and involves Walsall Council, West Midlands Police, Walsall NHS Healthcare Trust, Black Country Integrated Care Board, Black Country Healthcare NHS Trust, Walsall Together, Walsall Housing Group, Walsall College, University of Wolverhampton, and Community Organisations. Recognising that today's children will be adults in 2040, its objective is to develop new ways of thinking and new ways of working informed by the voice of children, young people and their families.

3.2 This report continues from a previous one presented to the HWBB in September 2023, which detailed the vision, purpose, and focus areas of the children and young people Alliance.

3.3 After a comprehensive public consultation, Walsall has set itself an ambitious vision for where it wants to be by 2040. The We are Walsall 2040 Strategy seeks to make Walsall the most improved borough in the region, a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances. The key ambitions underpinning this strategy are that we want to be

Healthy and Well, Thriving and Happy, Prosperous and Innovative, and Proud of Our Borough.

3.4 The Children and Young People Alliance has taken on the responsibility of developing a 2040 Children and Young People Strategy to achieve the above outcomes.

3.5 On the 23rd of June 2023 the Alliance held its first 'Children First' organisational leaders' Summit, bringing together 55 leaders from across a diverse range of organsiations in Walsall to start a collaborative approach in developing a meaningful Children and Young Persons Strategy 2040 for Walsall that will create a compassionate, healthy, economically strong, and successful place that has children and young people at its heart.

The Summit used scenario planning as a strategic planning tool to ensure that the Strategy is setting our flexible long-term plans to achieve our set out goals. Scenario thinking is a group activity which encourages knowledge exchange and development of mutual deeper understanding of central issues important to the future of the way in which we deliver services and specifically in our case, the develop our collective Children and Young People 2040 strategy.

3.6 In February 2024 the Alliance used the insight of the scenario mapping to consult with children and young people. The consultation engaged with 503 children and young people through 3 activities:
- The Big Conversation pack - a simple consultation tool we provided to anyone who was working directly with children and young people to use during January 2024 to gather children and young people's views
- Future planning workshops in schools, led my MindKind
- Virtual engagement using Minecraft Education Edition led by TENSTAR.

**What children and young people told us:**

- Children's main worries/concerns around growing up in Walsall are being safe, their environment, including living in and having access to clean and green, opportunities to good education that meet need and jobs for the future.
- Children in more deprived areas feel more negative about how they feel about growing up in Walsall now and about their future opportunities.
- Children are sceptical about whether we will take positive action as a result of what they say and secure more positive outcomes.
- Children identified that having a good and sustainable network of support (through friends, Family and trusted adults) provides them with the foundations of the best start in life as well as feeling safe and developing into a successful adults.
- Some of our children conveyed a level of discouraged acceptance that they are treated differently in various settings and that racism was a part of their everyday lives.
- Help and support is not always easy to get or is not provided in a way that is engaging or meet their needs. Having access to support that will help with meeting children and their families basic needs (food, clothes, education housing) is as important as supporting children with more complex issues.

3.4 We Are Walsall Children and Young People Strategy:

Based on what children have told us and the learning from scenario planning, strategy development is focusing on 4 key areas:
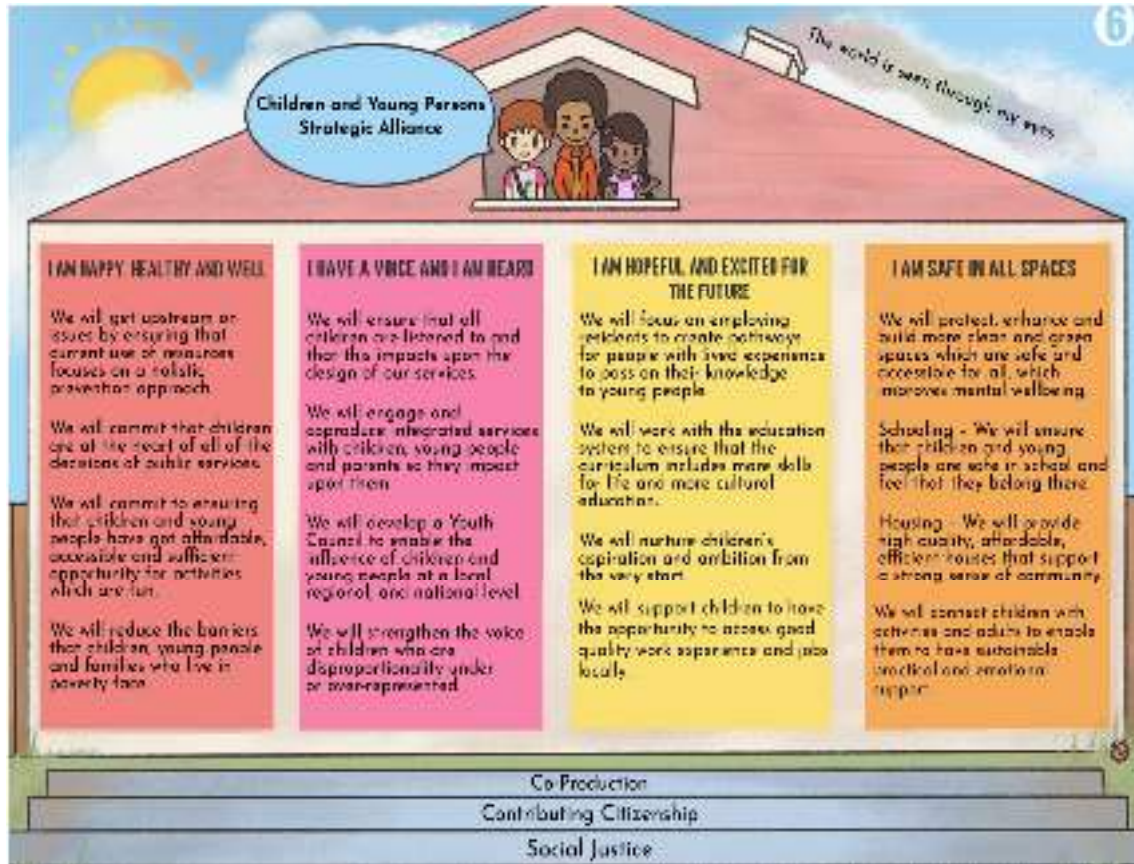
The strategy document has been designed by 2 Care experienced young people. The strategy will be formally published in October 2024 – **see appendix1**

3.5 Progress against the strategy

Despite the strategy not yet being released, the Children Alliance has advanced specific programmes of work to drive forward the four priority areas:

I am Happy, Healthy and Well	Refreshed infant feeding strategy and plan Establishment of a best start for life offer including family hubs Development and implementation of the Family first for children pathfinder Climate Action Fund – our shared future bid
I am Safe in All Spaces	Strategic Summer Planning to reduce risk of youth ASB, Violence and Exploitation Development of a youth offer Development of a belonging Strategy with schools Cohesion and Integration Strategy
I have a Voice and I am Heard	Summer Youth Engagement programme around creating safe spaces and clean and green spaces Participation Summit "Shaping my Tomorrow" Development of a Walsall participation strategy and implement a Youth Council
I am Hopeful and Excited for the Future	Walsall Learning Alliance Belonging Conference Building Aspirations and Developing Local Workforce Working Group

3.6 Collaboration with children and young people

During the development of the Strategy, the young people we worked with clearly expressed their desire to be actively involved in decision-making and be part of taking action to enhance outcomes for children growing up in Walsall. Therefore the Strategy, in addition to its 4 priorities, sets out 3 key foundations:
- Co-production
- Contributing Citizenship
- Social Justice

As a response we held an 'Shaping My Tomorrow' Youth Summit on the 14th August 2024 as an opportunity for young people aged 9- to 25-year-olds to come together to explore their priorities for action. We additionally explored the opportunities of forming a Youth Council that would authentically represent the perspectives of children and young people in Walsall.

95 young people attending the event identified the most important issues they would like to have a say on are:
- Crime and Safety
- Environment – including clean and green spaces and climate
- Education and learning
- How organsiations spend their money
- Support services

We asked young people if they felt that adults in key decision making positions made sure their views and opinions are heard and taken into account. They responded as follow:
- 82% of young people said they felt that parents did
- 63% of young people said they felt teachers did
- 58% of young people said they felt Community Leaders did
- 33% of young people said they felt managers of service did
- 22% of young people said local Councillors or MP's did

This demonstrate the need to drive forward the strategies priority "I have a voice and I am heard"

The majority of young people said that the development of a youth council as a way to get young people involved in decision making and hold leaders to account was a

key priority for Walsall. But in doing so they thought it was important to consider following:

- Connectivity and maximising opportunities through existing participation groups
- Create many chances for participation to make sure that all voices are represented – including those who are rarely heard and individuals who do not yet feel confident to speak up.
- Make it fun
- Ensure the right support is in place to ensure it is not just a one off.
- Emphasizing communication with all - even if young people are not interested in decision-making roles, they may still have opinions and want to know how their feedback has led to improvements. This, in turn, might increase their confidence in the system and encourage future participation.


3.7 Measuring impact

We have developed following outcomes framework to help us measure the impact of the strategy:

4.   Implications for Joint Working arrangements:

4.1 As a partnership we agreed to focus on making the right <u>connections and maximising opportunities</u> rather than focus on formal governance arrangements.   In order to do this the alliance are joining the dots to ensure they maximise opportunities to advocate and influence the right issues/topics in the right place in relation to children:
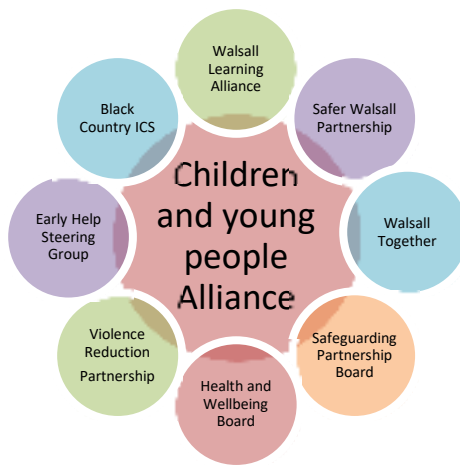
4.2 The Alliance recognises that our schools and education settings are an important part of this collective model. The Alliance have therefore secured connectivity with the Walsall Learning Alliance ensuring that wider system issues affecting children's learning is consistently considered and improved.

4.1 **Financial implications:**

The children and young people Alliance provides opportunities for maximising resources across the partnership as well as securing additional external funding. For example, the alliance is currently applying for Big Lottery funding to secure additional resources to develop participation work and the youth council. Additionally, the alliance is supporting a bid to the Climate Action Fund for the development of community gardens.

4.2 **Legal implications:**

There are no legal implications

4.3 **Other Resource implications**
The Alliance is facilitated through the Council who provides the coordination and administration support through existing resources within children services and Policy and Strategy teams.

5. **Health and Wellbeing Board Priorities - impact:**

5.1 The We Are Walsall 2040 Children and Young People strategy fully integrates the Marmot objectives by addressing the key themes within the Joint Local Health and Wellbeing Strategy.

Our strategy aims to secure better outcomes for all children growing up in Walsall, however by including a foundations on Social Justice sets out the partnerships commitment through the implementation of the Strategy to closing the gap on inequalities that exist for children throughout the borough.

By focusing on improving children's long-term outcomes through our 4 strategic priorities it will ensures that actions taken are fundamentally ensuring the partnership reducing health inequalities and enhancing the quality of life for all individuals in the borough.

Background papers

Big Conversation report

Appendices:

Children and young people Strategy.

Author

Isabel Vanderheeren, Director Early help and Partnership
Walsall Council, Children Services

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WALSALL CHILDREN AND YOUNG PEOPLE ALLIENCE – BIG CONVERSATION 2024

"By 2040, Walsall will be a borough where all people feel safe, where communities and people do more to help each other and themselves, and children have the best start in life".
Big Conversation Consultation – Results - We are Walsall 2040
Isabel Vanderheeren, Nike Morris

CONTENT

1. Introduction

2. What is our BIG CONVERSATION?

3. ACTIVITY 1: BIG conversation pack

4. ACTIVITY 2 - Walsall 2040 – Future planning workshops in schools

5. ACTIVITY 3 : Virtual engagement using Minecraft Education Edition led by TENSTAR

6. Reflections on what young people have told us through this consultation

7. Recommendations

1. INTRODUCTION

The Children and Young People Strategic Alliance (The Alliance) recognises that *"today's children are upstream adults"* and is driven through a "Children First" vision to create a collaborative space critical to developing new ways of thinking and new ways of working driven by the voice of children, young people and their families.

Partners, as part of the alliance, have signed up to working to one moral purpose:

"To regularly consider how the lived experience of children and young people in Walsall can be improved."
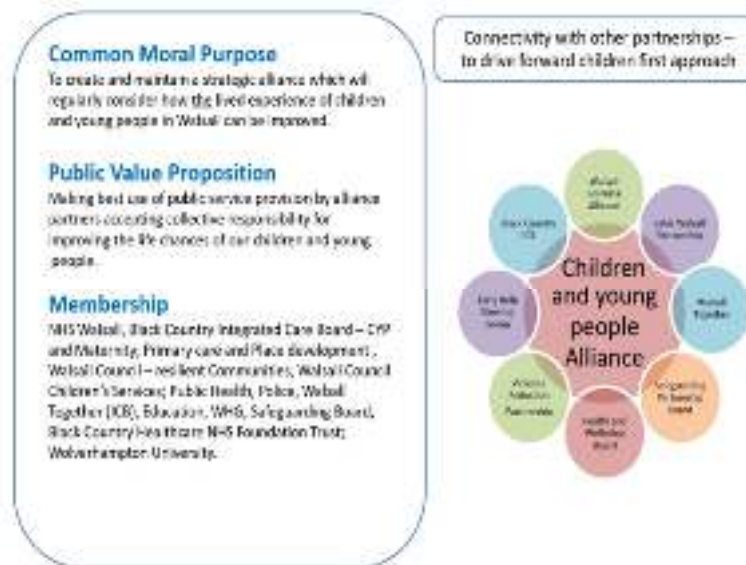
The Alliance is currently in the process of developing a **Children and Young People (2040) Strategy for Walsall.** The strategy is aiming to develop Walsall as a **Child Friendly borough** – **a compassionate, healthy, economically strong, and successful place that has children and young people at its heart**.

Collaboration with children and young people as a key partner on the development and implementation of the strategy is vital to ensure our strategy is effective.

We have made a commitment to collaborate with children and young people in the development and implementation of the strategy through 3 phases:

Phase 1 - January 2024 we will be using our **Big Conversation** approach – A programme of activities, aimed at speaking and listening to children, young people.

Phase 2 – February – Summer 2024 – **Big Collaborate** - Opportunity to collaborate with children and young people on the actions to implement the strategy

Phase 3 – Summer 2024 and beyond – **Big Action** – Co-production on the delivery of the strategy

2. WHAT IS OUR BIG CONVERSATION?

During January 2024 we ran a programme of activities, aimed at listening to what children and families are saying about what they think will be important actions we need to take to ensure we start to work towards a 2040 where:

- ✓ All children in Walsall , irrespective of background or ability, have access to good education and can lead fun, safe and healthy lives.
- ✓ All services are there now and, in the future, to support children and families and that they can access a range of activities to have fun, grow, learn, and thrive locally.
- ✓ Resilient children and thriving families are key to ensure Walsall's children can achieve their potential become successful adults from 2040 and beyond.
- ✓ Close the gap in child poverty and educational inequalities and create a borough of opportunity for children and young people.

During phase one we are running following 3 different activities to engage children:

- ✓ The Big Conversation pack - a simple consultation tool we provided to anyone who was working directly with children and young people to use during January 2024 to gather children and young people's views
- ✓ Future planning workshops in schools, led my MindKind
- ✓ Virtual engagement using Minecraft Education Edition during our HAF activities, led by TENSTAR.

During Phase 1 we engaged with 503 children. This report brings together the information gathered through the 3 activities and provides a overview of the themes and considerations in the development of our strategy and to inform phase 2 and 3 in our collaboration with children and young people.

3. ACTIVITY 1: BIG conversation pack

Methodology:

We requested practitioners to facilitate a conversation with children, young people they were working with to gather their view on a number of key topics.

We provided them with a facilitators pack provides topics and questions to explore children and young people views on during January 2024

When and how they introduced the **conversations** was at the discretion of the practitioner, on the basis they know best from the relationship with the child how to do best introduce this.

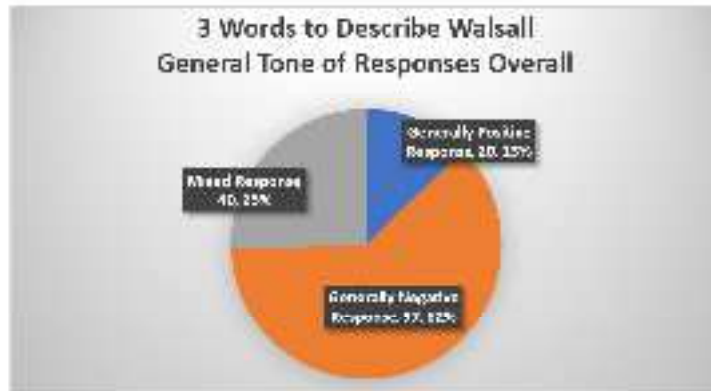| TOPIC	QUESTIONS EXPLORED
Life in Walsall Today (2024)	In **3 words** describe Walsall as you experience it now *Explore a little further on why they chose those words* How do they feel about growing up in Walsall?
Belonging in Walsall	What does "**belonging**" mean to you? Please tell us 2 situations or places that give you a feeling of 'belonging'? Do you feel represented and valued in the community you live in? Are there particular people in your community who help give you a feeling of belonging? How can Walsall make sure all children and young people living in Walsall feel they belong in their area? What can have a negative influence on your feeling of belonging?
Providing all children in Walsall the "Best Start in Life"	"Giving every child in Walsall the best start in life" – what does that mean to you? What prevents children in Walsall having the best start in life? What needs to be done to address these barriers? What actions need to be taken to ensure that by 2040 ALL children have the best start in life in Walsall?
All Children are Thriving	**1**In 2040 you will be an 'successful' adult – Who will you be? Where will you be? What will you be doing? What help and support will children need to grow up to be a 'successful' adult in Walsall. What will prevent children in Walsall from becoming a successful adult? What action can we take to overcome these barriers and ensure all children growing up in Walsall can reach their ambition. If you said you were not going to be living in Walsall in 2040, what would need to happen to change your mind and stay (live and work) in Walsall?
Walsall in 2040	In 3 words describe what you think Walsall will be like for children to grow up in by 2040 • *Tell me a little more on why you chose those words?*
Call to Action	Pretend you are an adult in 2040 and we have given you the power to travel back in time to 2024 (now) - what advice would you give decision makers (bosses of Walsall) on the actions they need to take <u>now</u> to ensure that Walsall becomes <u>the best place</u> for children to grow up by 2040. What actions to you think you could take to make Walsall a better place for children to grow up?

Respondent profile
A total of 181 individual children took part in these conversations.

Age	**0-5**	**1.1%**
	6-10	**13.6%**
	11-14	**24.3%**
	15-18	**22.0%**
	18+	**0.6%**
	Unknown	**38.4%**
Gender	**Male**	**40.1%**
	Female	**26.0%**
	Non-Binary	**0.6%**
	Prefer not to Say	**0.6%**
	Not Specified	**32.7%**
Ethnicity	**Arab-Egyptian**	**0.6%**
	Asian/Asian British	**5.6%**
	Black/African/Caribbean/Black British	**9.6%**
	British	**1.1%**
	Mixed/Multi-Ethnic Group	**2.8%**
	Prefer not to Say	**1.1%**
	White British	**40.7%**
	White Other	**1.7%**
	White and Black African	**0.6%**
	Not Specified	**36.2%**
Additional Characteristics	**Additional Need/Disability**	**15.8%**
	Young Carer	**0.6%**
	Care Experienced	**9.0%**
	No Response/None of These	**74.6%**

How Would you Describe Walsall in 3 Words?

3 Words to Describe Walsall
General Tone of Responses Overall

3 Words to Describe Walsall
Tone of Responses by Gender

- Most responses were negative in tone.
- There was little difference in positivity vs negativity between male and female respondents.
- However, children and young people in older age groups gave more negative responses than those in younger age groups.
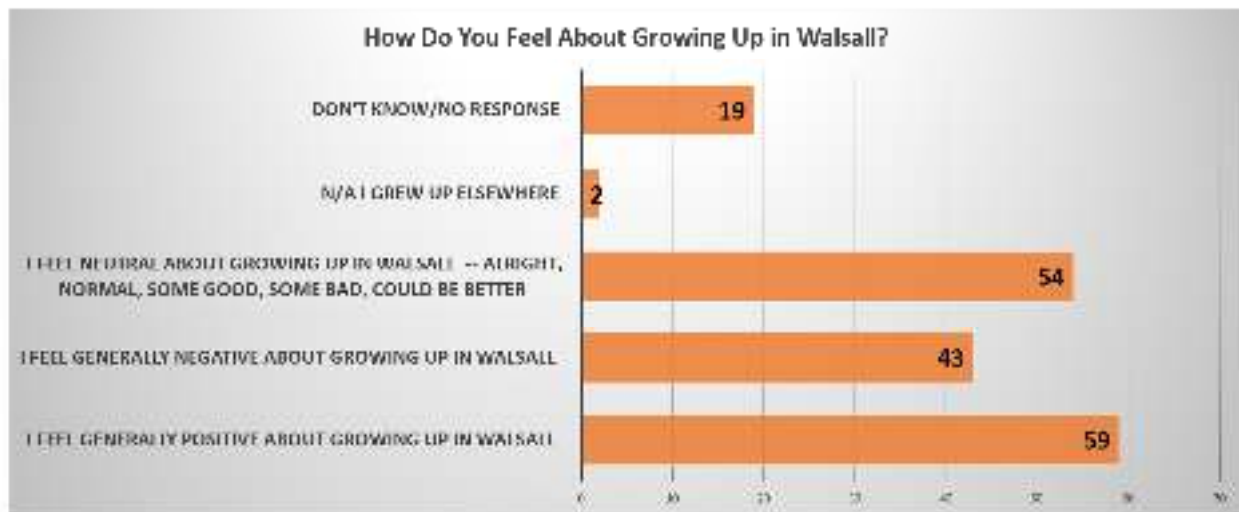

3 Words to Describe Walsall
Tone of Responses by Age

How would you describe Walsall in 3 Words: Emerging Themes

How Would you Describe Walsall: Themes
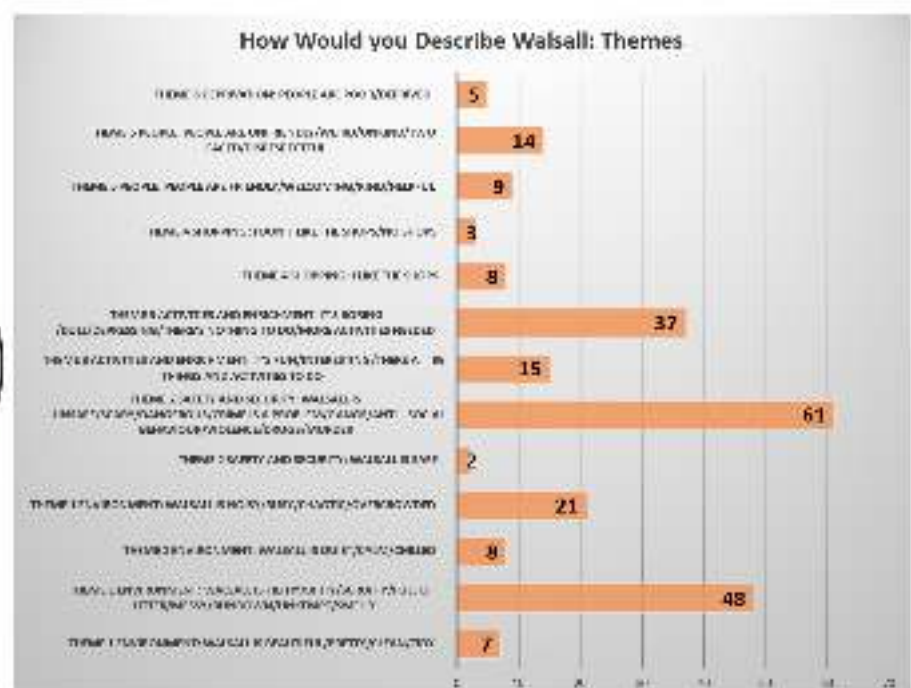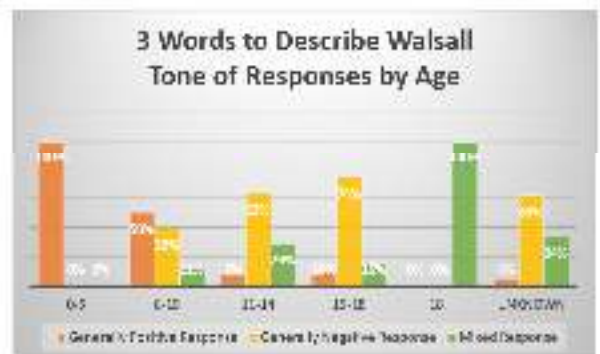
How Would you Describe Walsall in 3 Words: Respondents Choosing the Top 3 Themes

Respondents Choosing Top 3 Themes by Age

Respondents Choosing Top 3 Themes by Gender

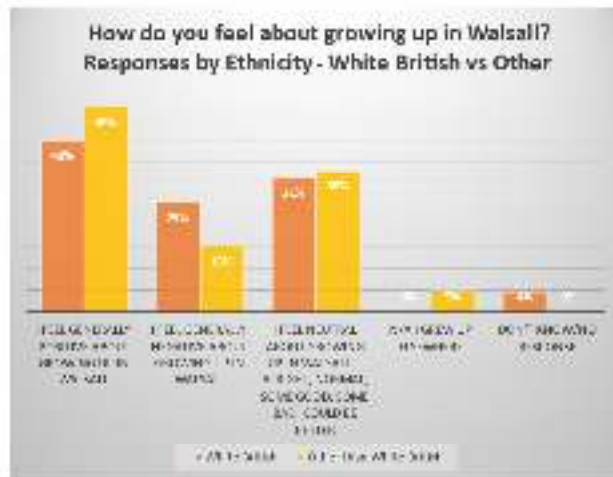**Respondents Choosing Top 3 Themes by Characteristic**
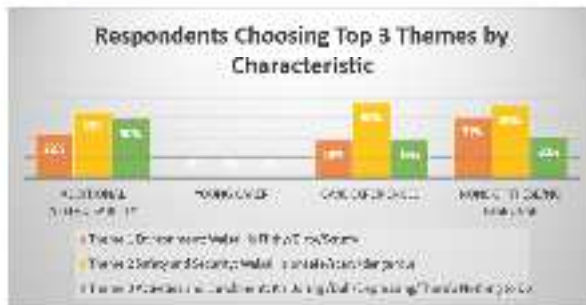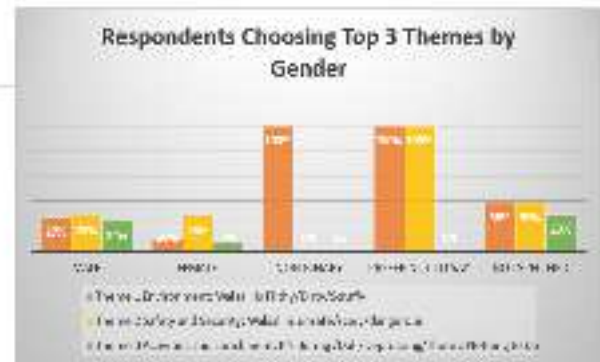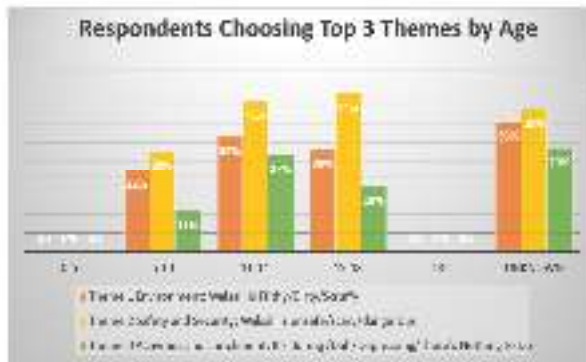
- A greater proportion of 11-18 year olds said that Safety and Security was a concern than younger age groups.
- A similar proportion of female respondents to male said that Safety and Security was a concern.
- A smaller proportion of female respondents than male said that the environment or lack of activities were a concern.
- Almost a third of those with an additional need or disability said that there is a lack of things to do.
- A lower proportion of care experienced young people than their peers said that the environment was a concern.

"Popular, brilliant schools, fabulous"

"good, boring and funny"

"Rough, filthy, scary"

"Terrible, Unsafe, Deprived"

"1. Dangerous, 2. Big, 3. Fun things to do (if you have money to pay)"

"Fun, Expensive, Split"

"Scary, Boring, Crap."

"It's very beautiful"

How do you Feel about Growing Up in Walsall?– General

How Do You Feel About Growing Up in Walsall?

Category	Value
DON'T KNOW/NO RESPONSE	19
N/A I GREW UP ELSEWHERE	2
I FEEL NEUTRAL ABOUT GROWING UP IN WALSALL -- ALRIGHT, NORMAL, SOME GOOD, SOME BAD, COULD BE BETTER	54
I FEEL GENERALLY NEGATIVE ABOUT GROWING UP IN WALSALL	43
I FEEL GENERALLY POSITIVE ABOUT GROWING UP IN WALSALL	59

How do you feel about growing up in Walsall? Responses by Ethnicity.

How do you feel about growing up in Walsall? Responses by Ethnicity - White British vs Other

How do you feel about growing up in Walsall? Responses by Ethnicity - White British, Black/African/Caribbean/Black British and Asian/Asian British

- Caution recommended in drawing conclusions from the data due to the low number of respondents in ethnic groups other than White British (39), and the high number of respondents who didn't provide information on their ethnicity (54).
- However, responses show a greater proportion of White British respondents saying that they feel negative about growing up in Walsall.
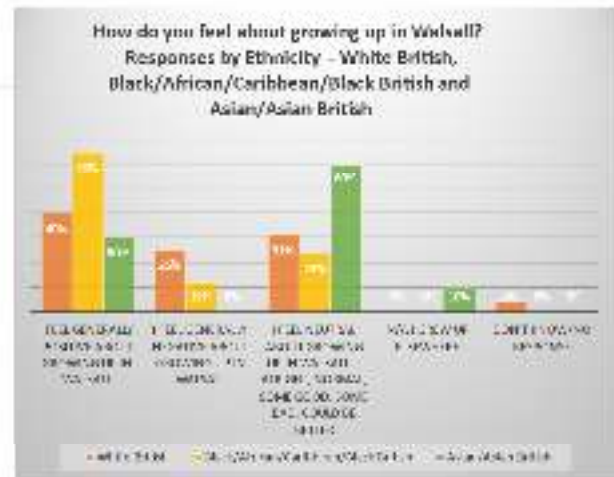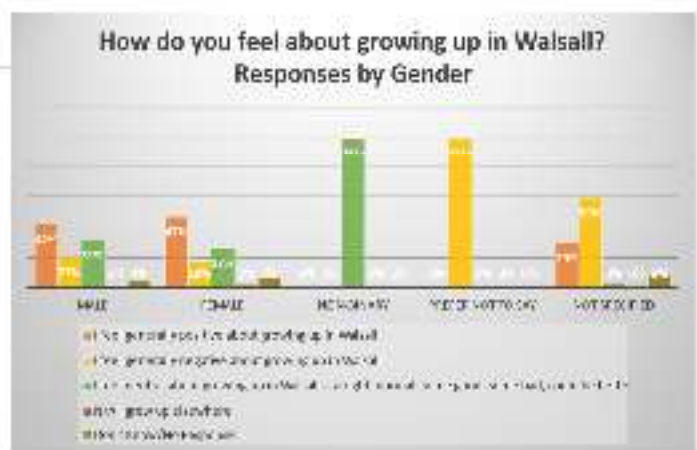
- Responses indicate that respondents of Black/African/Caribbean/Black British heritage are more likely to say that they feel positive about growing up in Walsall than White British or Asian/British respondents.
- No Asian/British respondents said that they felt generally negative about growing up in Walsall.

How do you feel about growing up in Walsall? Responses by Age/Gender

How do you feel about growing up in Walsall? Responses by Age Group

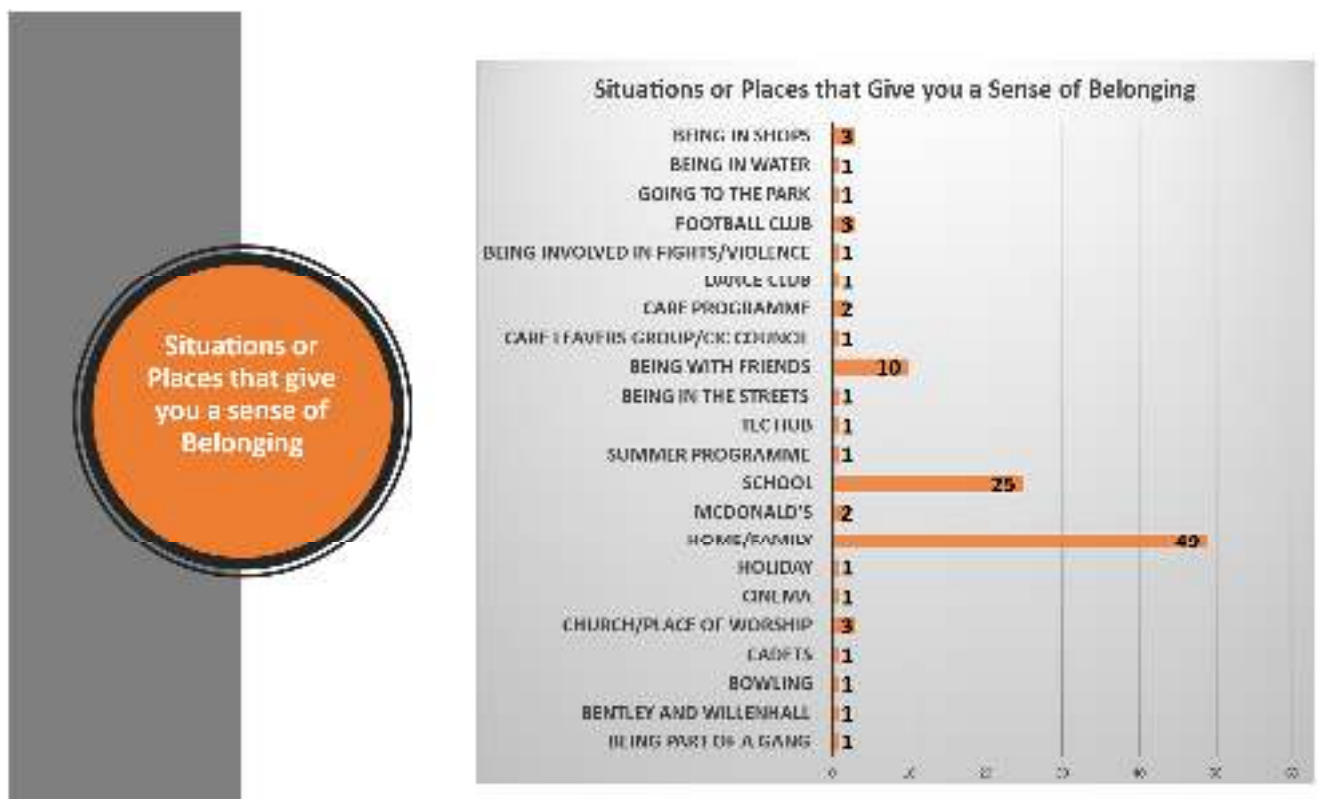How do you feel about growing up in Walsall? Responses by Gender

- A greater proportion of 11-14 year olds felt negative about growing up in Walsall than other age groups.
- No children in the 0-5 or 6-10 age groups felt negative about growing up in Walsall.
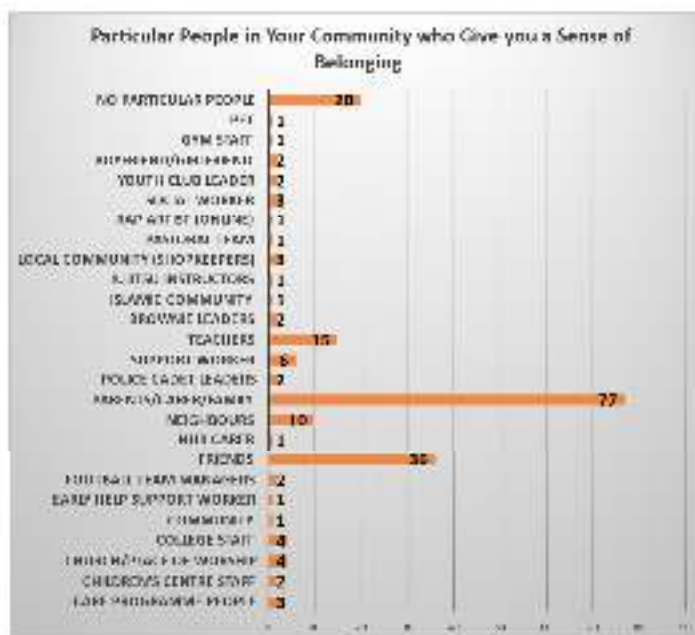- Positivity reduces as age increases.

- A slightly higher proportion of female respondents felt positive about growing up in Walsall than male, although feelings are broadly similar amongst male and female respondents.
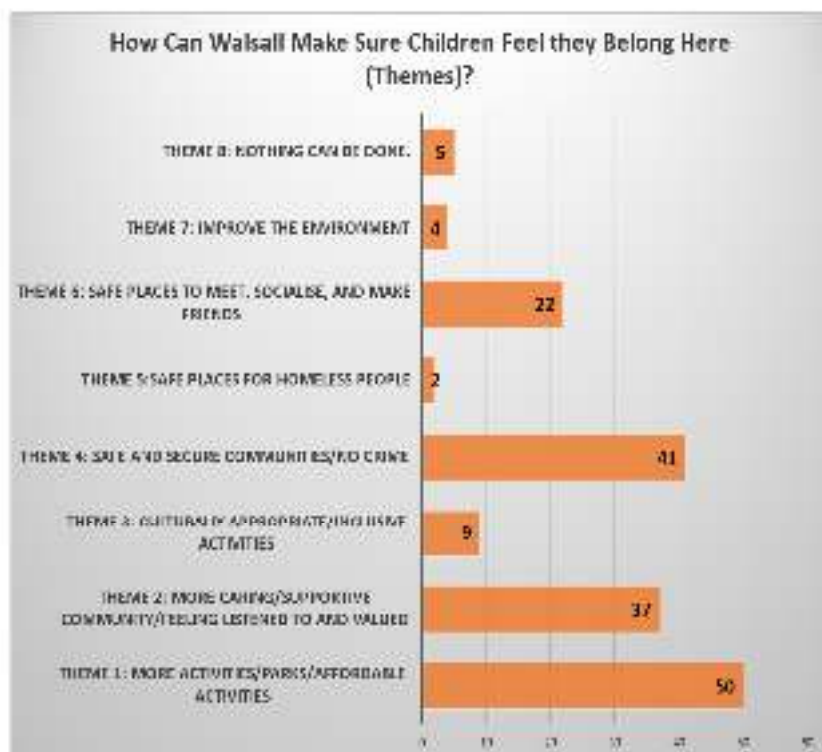
Topic 2 - <u>Belonging in Walsall</u>
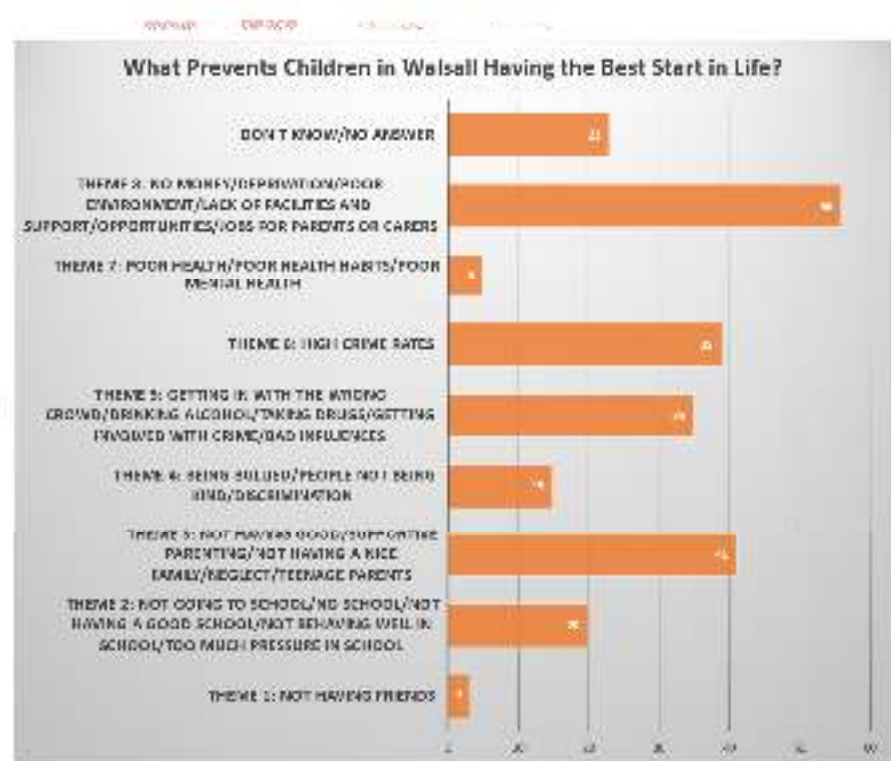
What does belonging mean to you?

Situations or Places that Give you a Sense of Belonging

People who give you a Sense of Belonging

Particular People in Your Community who Give you a Sense of Belonging

Category	Value
NO PARTICULAR PEOPLE	20
PET	1
GYM STAFF	1
BROWNIE/BROWNIE LEADER	2
YOUTH CLUB LEADER	2
YOUTH WORKER	3
RAP ARTIST (ONLINE)	1
FAMILY	77
LOCAL COMMUNITY (SHOPKEEPERS)	3
SPORTS INSTRUCTORS	1
ISLAMIC COMMUNITY	1
BROWNIE LEADERS	2
TEACHERS	15
SUPPORT WORKERS	8
POLICE CADET LEADERS	0
PARENTS/CARER/FAMILY	77
NEIGHBOURS	10
HER CARER	1
FRIENDS	38
FOOTBALL TEAM MANAGERS	2
EARLY HELP SUPPORT WORKER	1
COMMUNITY	1
COLLEGE STAFF	4
PLACE OF WORSHIP	4
CHILDRENS CENTRE STAFF	2

How can Walsall make sure all children and young people living in Walsall feel they belong in the city?

How Can Walsall Make Sure Children Feel they Belong Here (Themes)?

Theme	Value
THEME 8: NOTHING CAN BE DONE.	5
THEME 7: IMPROVE THE ENVIRONMENT	4
THEME 6: SAFE PLACES TO MEET, SOCIALISE, AND MAKE FRIENDS	22
THEME 5: SAFE PLACES FOR HOMELESS PEOPLE	2
THEME 4: SAFE AND SECURE COMMUNITIES/NO CRIME	41
THEME 3: CULTURALLY APPROPRIATE/INCLUSIVE ACTIVITIES	9
THEME 2: MORE CARING/SUPPORTIVE COMMUNITY/FEELING LISTENED TO AND VALUED	37
THEME 1: MORE ACTIVITIES/PARKS/AFFORDABLE ACTIVITIES	50

Topic 3: <u>Providing all children in Walsall the "Best Start in Life"</u>

What Prevents Children in Walsall from Having the Best Start in Life?

What Prevents Children in Walsall Having the Best Start in Life?

DON'T KNOW/NO ANSWER

THEME 8: NO MONEY/DEPRIVATION/POOR ENVIRONMENT/LACK OF FACILITIES AND SUPPORT/OPPORTUNITIES/JOBS FOR PARENTS OR CARERS

THEME 7: POOR HEALTH/POOR HEALTH HABITS/POOR MENTAL HEALTH

THEME 6: HIGH CRIME RATES

THEME 5: GETTING IN WITH THE WRONG CROWD/DRINKING ALCOHOL/TAKING DRUGS/GETTING INVOLVED WITH CRIME/BAD INFLUENCES

THEME 4: BEING BULLIED/PEOPLE NOT BEING KIND/DISCRIMINATION

THEME 3: NOT HAVING GOOD/SUPPORTIVE PARENTING/NOT HAVING A NICE FAMILY/NEGLECT/TEENAGE PARENTS

THEME 2: NOT GOING TO SCHOOL/NO SCHOOL/NOT HAVING A GOOD SCHOOL/NOT BEHAVING WELL IN SCHOOL/TOO MUCH PRESSURE IN SCHOOL

THEME 1: NOT HAVING FRIENDS

What Actions are Needed to ensure All Children have the Best Start in Life? Quotes

"More life lessons and involving parents more in their kid's lives"

"That everyone has a good education"

"Educational system a lot of teachers don't have patience with challenging students"

"Buy them food so they don't have to starve and get them toys. Hot water so that they can have a bath and shower"

"Make it a nicer and safer environment so that they would feel comfort in themselves to do better. Environments play a big role in how you act as a character."

"Give out nappies and milk formula for free"

"Better schools, less racism and more understanding of cultures"

"More things helping before it happens and goes wrong."

"Not overlooking the fact that just because that a child is in a high earning family, they may be struggling. These sorts of families seem to fall through the cracks."

In 2040 you will be a successful adult -- who will you be? Where will you be? What will you be doing?

84 Respondents **Specified the Career** they would like to Pursue.

13 Respondents said they would definitely **stay** in Walsall.

33 Respondents said they would definitely **leave** Walsall, but stay in the UK.

17 Respondents said they would **live overseas**.

7 Respondents said they would live where their **family** is.

Children and Young People's Aspirations

Career	Count	Career	Count	Career	Count
Business Owner	8	Barrister	1	Engineer	1
Footballer	6	Beautician	1	Financial Analyst	1
Mechanic	4	Boxer	1	Horse Owner & Trainer	1
Social Worker	4	Bricklayer	1	Interior Designer	1
Artist	3	Builder	1	Lawyer	1
Construction Worker	3	Business Manager	1	Midwife	1
Doctor	3	Car Rental Company Worker	1	Navy	1
Gamer	3	Care Worker	1	Neurosurgeon	1
Paramedic	3	Carpenter	1	Rapper	1
Police Officer	3	Celebrity	1	Salon Owner	1
Actor	2	Celebrity Chef	1	Self-employed	1
Nurse	2	Chartered Accountant	1	Sportsperson	1
Teacher	2	Chef	1	Supercar salesman	1
Accountant	1	Clothes Designer	1	Uber driver	1
Animal Therapist	1	Computer Game Designer	1	Vet	1
Art Teacher	1	Dance Teacher	1	Working with Horses	1
Bar Worker	1	Dentist	1	Youtuber	1

Topic 5: **Walsall in 2040**

Topic 6: **Call to Action**

We asked children what actions leaders in Walsall should take to ensure Walsall becomes a better place for children to grow up. The themes for actions children identified:

1. Make Walsall Safer
2. Make Walsall greener and cleaner
3. Provide me with places where I can connect with others
4. Support children to get good education opportunities
5. Listen to us

4. ACTIVITY 2 - Walsall 2040 – Future planning workshops in schools

GOOD ENVIRONMENT FRIENDLY WORLD

MAKE THE WORLD A BETTER PLACE

WALSALL DESERVES BETTER

THE WORLD WE WANT

THE WORLD WE HAVE

WALSALL NOW
- Dull
- Unsociable
- Depressing
- Scary
- Shabby
- Tempting
- Upset
- Annoying
- Dull
- Nervous
- Anxious

WHAT WALSALL DESERVES
- Positive
- Happy
- Safe
- Sociable
- Free
- Loved
- Excitable
- Welcoming
- Clean
- Kindness
- Funny
- Smartness

Research background

The Walsall Council led "We Are Walsall 2040" is a strategic vision aimed at ensuring Walsall will be the "most improved borough in the region, a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances."[1] This collective vision, informed through consultations with residents and cross-sector allied organisations and professionals is a means of ensuring the success, health and wellbeing of future residents.

The "Children and Young People (CYP) 2040 Strategy" is currently being developed, focusing specifically on the needs and aspirations of the younger generation.in line with the wider partnership work of the Walsall Children and Young People Strategic Alliance and the wider 2040 strategy. .

In June 2023 the inaugural 'Children First' summit took place bringing together members of the Walsall's Children and Young People Strategic Alliance and other allied organisations to begin planning for the future generations of Walsall residents. Within this summit participants were asked to future scenario plan based upon current and potential future drivers of change. Within these in-school workshops children were asked their thoughts and the likelihood of these potential 4 scenarios that were created from the summit :

Recovering World

World 3 - In 2040, where negative social change is coupled with a recovering world, unsurprisingly the communities guard is up while this "reset" is taking place.

World 4 - In 2040, where positive social change is coupled with a recovering world, communities are extremely tight-knit and there is a real sense of belonging and purpose as the world recovers.

Negative Social Change ———————————————— **Positive Social Change**

World 1 - In 2040, a disappearing world where negative social change has impacted on society has, unsurprisingly, led to an erosion of many of the positive aspects of life today.

World 2 - In 2040, a disappearing world where positive social change has impacted on society has brought families and communities closer together in order to deal with the impacts of the disappearing world.

Disappearing World

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[1] https://go.walsall.gov.uk/WAW2040

In order to ensure that the CYP 2040 Strategy gives young people a voice and influence in shaping their future and the future of the borough The MindKind Projects have conducted seven in school workshops with over 250 participants. These workshops were designed to invoke and understand how young residents currently view Walsall, what their own personal visions of Walsall 2040 currently is and what they feel needs to happen to ensure that Walsall is a vibrant place where people are proud to live and residents in all areas of the borough.

Our Approach

The MindKind Projects used a quantitatively and qualitatively-driven multiple-method approach to collecting insights from participants. Opinions and insights were gained by working through a workbook that included open questions, future vision drawings, group discussions and whole class opinion polls.

Whilst the exact delivery for each workshop changed to meet the needs and allotted times dictated by the schools hosting each workshop loosely followed this itinerary.

Activity	Approach	Notes
Introduction and Ice-Breaker - Sit down/stand up - 'Ice Cream or Cake', 'Invisibility or Flying' and 'Cats or Dogs', 'Walsall - Good or Bad Place To Live?'	By beginning by asking questions unrelated to the strategy - such as we were able to create an environment in which individual opinions were central.	The icebreaker involved asking participants to sit down or stand up depending on their opinions.
Workbook Questions - 'What Is It Like Living In Walsall Now?' and Positive and Negative Questions and Pie Chart Priorities Now Activity	These questions were generally unprompted to ensure answers were not guided and data gained was reflective of participants' genuine opinions.	In some workshops prompts and support was given. Prompts were general such as "What don't you like? What do you like? What are the best things?' etc. We advised that it can be feelings, places, people, events.
Workshop Questions - What	By placing participants in the	We asked participants to first

will you look like in 2040? What will you be doing? Pie Chart Priorities 2040 Activity	future, at the age they will be and draw their futures invoked unrestricted imagination and ambition.	work out their ages (with support) and draw what they will look like doing whatever job they were in .
Workshop Questions - What Will Life Look Like In Walsall in 2040?	Participants were asked to think about the wider Walsall population in order to remove any personal positivity bias towards their future (invoked previously).	Worksheet prompts - Think About If People ...... Are Healthy? Have Money? Have Jobs? What Kind? Talk to Each Other? Feel Safe? Use Technology and How? Think About Climate Change Are People Happy?
Walsall 2040 4 Scenarios Read and Write	Please see appendix for scenarios.	Narratives were read out based upon the 4 scenarios created within the initial Children's Summit and participants were asked to give their thoughts. It was reinforced that these scenarios are not more important or likely than participants thoughts.
Walsall 2040 4 Scenarios Diary Entry		Participants were asked to choose 2 scenarios and write a short diary entry based upon what it would be like living in this scenario.
Walsall Of The Future Poster Design		Participants were asked to draw the future they want for Walsall in 2040 or their likely future.
'King of Walsall' Future Thinking Activity	An activity designed to empower participants to make aspirational suggestions unrestricted by current systemic challenges by evoking a character with unlimited resources and strategic power.	
Walsall 2040 Pledge	An activity to invoke a sense of collective ownership and call to action to young participants	Participants were asked to make pledges linked to making Walsall 2040 a positive place.

In order to address the fact that the workshops were undertaken in school settings it felt necessary to address the idea that participants were being 'tested.'Across all sites the importance of individuals' opinions and insights and the idea of no 'right' or 'wrong' answer were reinforced. Our participants were told that "There is no such thing as a right or wrong answer today. Only your answer." When participants asked if they could write a certain answer it was reinforced to the whole group that the answer was always yes.. We reinforced this message by allowing the participants to address the facilitators by their first name and shout answers out during some sections.

Participants

A total of 7 workshops were conducted across 5 schools. Across all of these workshops 251 participants took part. These participants were approximately 52% White British and 48% from ethnic minority backgrounds with an almost even split between participants that identified as male and those that identified as female. In order to ensure that the results were representative schools with catchment areas that covered different levels of deprivation were chosen. The ages and school years of participants were dictated by school availability.

Rushall Primary School -

28 Year 6 children took part in the workshop. Around 82% of participants were White British. . The school falls within an area in the 20% most deprived in England and has a catchment area ranging from areas belonging to the 50% least deprived areas in England to the top 10% most deprived area in England according to the Indices of Multiple Deprivation 2019[2]
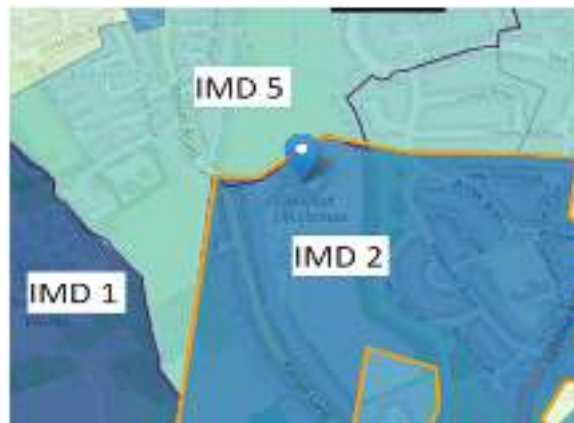
Figure 1 - Map showing location of Rushall Primary School and Indices of Deprivation

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[2] https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Croft Academy

29 Year 6 children took part in the workshop. Around 60% of participants were from ethnic minority backgrounds and the majority of participants were British Asian, in line with the local population. The school is within an area of high deprivation, falling within an area in the 10% most deprived in England according to the Indices of Multiple Deprivation 2019.

Figure 2 - Map showing location of Croft Academy and Indices of Deprivation

St Michael's Church of England Primary School

 56 Year 4 children took part in the workshop. Over 80% of participants were White British. The school is within one of the least deprived areas of Walsall and is situated in one of the 40% least deprived areas in England and parts of it's catchment zone includes areas belonging to the 50% most deprived according to the Indices of Multiple Deprivation 2019.
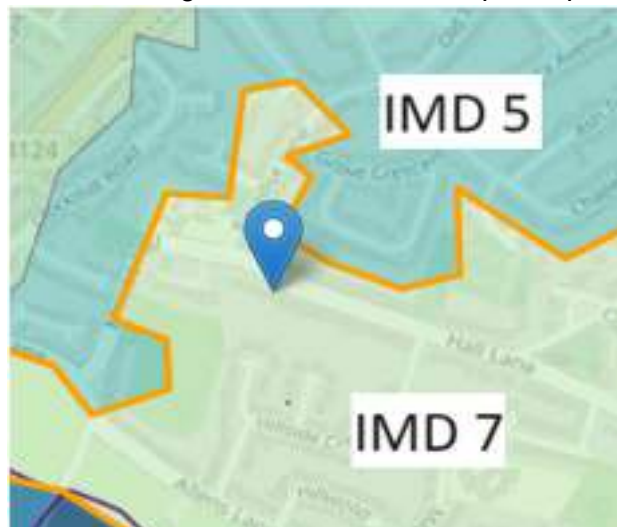
Figure 3 - Map showing location of St Michaels and Indices of Deprivation

Whitehall Junior School

83 Year 6 children took part in the workshop. Around 79% of participants were from ethnic minority backgrounds. The school has a catchment area containing areas that individually are shown to be within the 10%, 20% and 40% most deprived in England according to the Indices of Multiple Deprivation 2019.
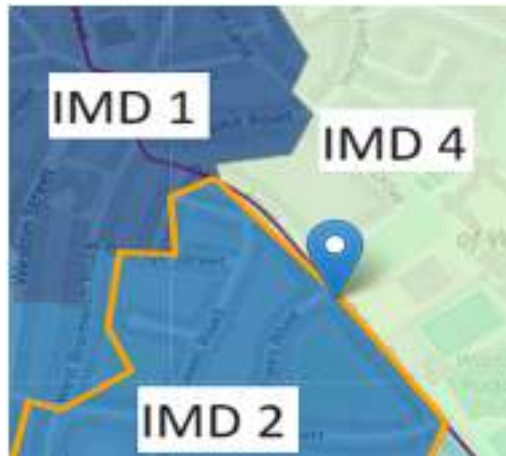
Figure 4 - Map showing location of Croft Academy and Indices of Deprivation

Blakenall Heath Junior School

55 Year 6 children took part in the workshop. Around 67% of participants were from White British backgrounds. The school is within the top 10% most deprived in England and has a catchment area containing areas that individually are shown to be within the 10% and 20% most deprived in England according to the Indices of Multiple Deprivation 2019.

Figure 5 - Map showing location of Blakenall Health Jnr School and Indices of Deprivation

Findings

Current Views of Walsall

Demographics and Intersectionality

Just over 65% of all participants stated that Walsall was not a good place to live when asked the closed question of if Walsall was an overall good place or bad place to live. When asked to write answers to the question "What Is It Like Living In Walsall Now?" around 60% of respondents wrote an answer that was overwhelmingly negative with 65% of respondents writing answers that were generally negative with some positive aspects. Schools that were in areas of higher deprivation or had catchment areas that contained areas of higher deprivation generally correlated with more negative responses to these questions. For example at Croft Academy, a school in the 10% most

deprived areas of the country just over 75% of participants gave predominantly negative responses compared to 40% of participants from St Michaels Primary School.

Participants who were from ethnic minority backgrounds were more likely to give negative responses to the question 'What Is It Like Living In Walsall Now?'. The majority of participants from ethnic minority backgrounds participated in workshops delivered within schools that were within deprived areas. Findings pointed towards negative responses not simply being linked to deprivation. For example participants from ethnic minority backgrounds within the St Michael's Primary School workshops, a less deprived area of Walsall, approximately 10% more likely to give a negative response compared to their White British classmates. This was mirrored within the Blakenall Heath Junior School workshops, a workshop conducted within an area of higher deprivation with a predominantly White British cohort in which ethnic minority participants were 5% more likely to give generally negative responses.

The data suggests that gender does not play a decisive role in whether present day Walsall is viewed in a positive or negative manner, as evidenced by an early even gender distribution observed across the workshops. Despite minor variances, the consistency in gender splits reinforces the conclusion that gender is not a significant determinant in this context.
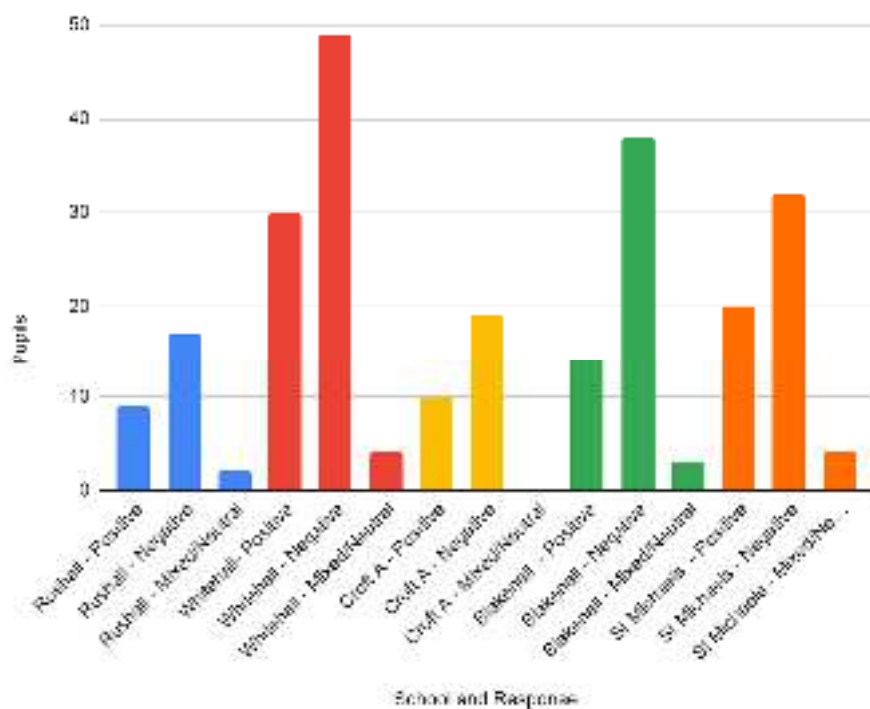
Figure 7- Chart Showing Nature Of Responses To THe Question - 'What Is It Like Living In Walsall Now?'

What Is It Like Living In Walsall Now?

Good Things

the good thing is faming

Bad Things

litter

Best Thing

Shopping with friend and faming

Worst Thing

Murder.
homicid

Good Things

Its a nice quiet place and peaceful,
shops like town.

Bad Things

litter
Racist people.

Best Thing

The nice nature and my house,
friends.

Worst Thing

Crimes

Good Things	Bad Things
Shops Schools	Litter Vandalism

Best Thing	Worst Thing
Home Family	Stabbings Death Shootings

It really difficult because of following reasons : Lots of pollution, lots of illnesses, stabbing and lot bad medical.

What Is It Like Living In Walsall Now?

horrible

Bad

upseting

I hate it

dirty

to many
People
doing crime

unbarable

unsafe

crime

killing

Key Themes

Key positive factors that transcended localities were linked to food, shopping and leisure infrastructure, particularly within Walsall town centre. Town centre facilities such as the''Ninja Warrior' adventure site, swimming pool, Tenpin bowling, cinema and shops were all mentioned across workshops as well various takeaways and restaurants within localities. School was also mentioned as a key positive factor by a number of participants in every workshop.

Social connections through family and friends were also seen as one of the key reasons participants would feel positively towards Walsall as well as a sense that being born and/or raised in Walsall was a key factor in feeling positively towards it. Again the importance of social connections were detailed in the majority of workshops as being one of the key positives for Walsall's children regardless of where the children lived and went to school.

Across localities there was a tangible sense of feeling unsafe as a key driver for negative responses towards Walsall. Crime in various forms featured heavily in responses including murder, stabbings and gang activity. Whilst this sense of danger was present across all localities it was clear that participants in certain areas of Walsall felt the impact of this more strongly and this resulted in a more negative view. Between 60 and 70% of participants within the Rushall Primary and Whitehall Primary workshops and 70% to 80% of participants within the Croft Academy and Blakenall Heath Primary School workshops cited some sort of violent crime as one of the bad or worst things about living in Walsall now. Within all localities apart from St Michaels Primary School crime was the primary reason Walsall would be seen in a negative light and these answers transcended demographic considerations including ethnicity and gender although worth noting is that a small number of participants from ethnic minorities mentioned racism within the Blakenall Heath, Whitehall Juniors, Rushall Primary and Croft Academy workshops.

Litter and a sense of Walsall being 'dirty' or 'unclean' was heavily represented across localities also. Around 60% of participants who filled in the 'bad and worst things about Walsall' section stated that littering was an issue. This was also represented within class discussions at all workshops. Pledges made by participants also showed that Walsall children that took part in the workshops directly link litter with their visions of Walsall in the future with just under 50% of participants pledging that they will make Walsall a happier, healthier place in the future by litter picking.

Beyond this a small number of children also mentioned that living away from family members was also a key reason they didn't like Walsall. This included 6 pupils across

workshops that cited family members living in another country as being a key reason they may feel negatively towards Walsall.

Walsall 2040 - Participants Views on The Future and Suggestions For Change

no crimes
healthy People
People talking to each other
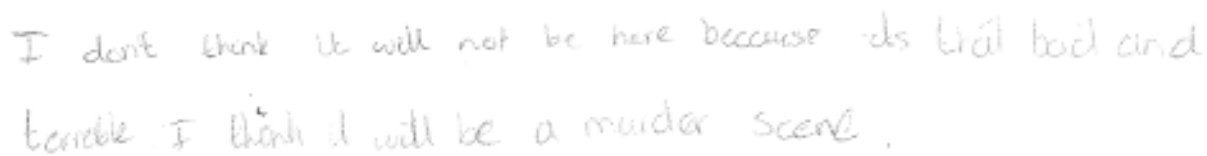no arguing
everyone getting along
no smoking
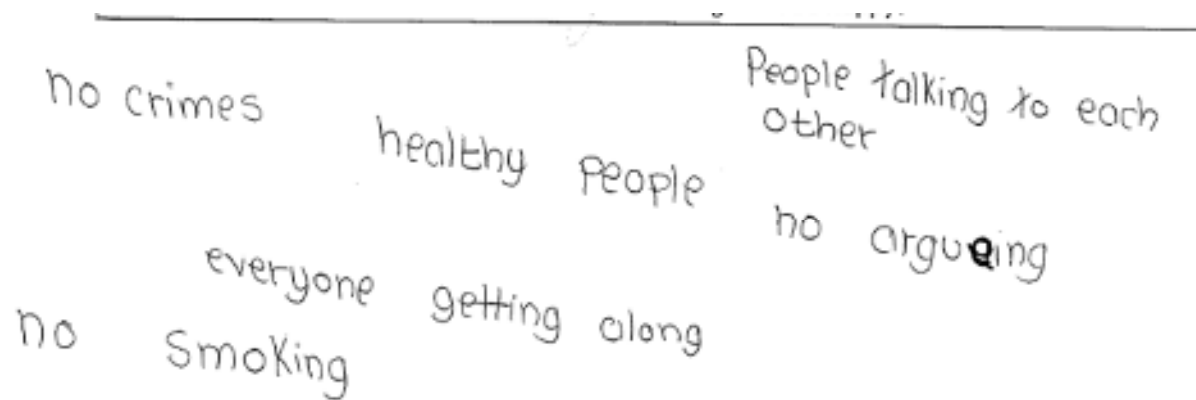
Across all workshops approximately 60% of pupils felt that Walsall would not be a positive place to live in the future. When asked which of the 4 future scenarios would be most likely 60% stated that scenario 1 - 'Poor Environment, Less Friendly World" would be most likely with the only exception being with the St Michaels workshops. Whilst this number generally correlates with that given to the current view of Walsall it is worth noting that a number of participants' view of the future was not impacted by their current view of Walsall. As such a number of participants that felt that Walsall was a negative place to live now felt that Walsall in 2040 would be a better place to live and vice versa. Many of the key future changes and drivers for future change (such as A.I/Technology) were the same regardless of if the future overall vision of Walsall was a positive or negative one, although the impact and effect of these drivers differed .

When asked specifically "What Will Life Look Like In Walsall In 2040?" positive, negative and mixed responses were represented across all workshops, regardless of location. As represented below the percentage of participants who responded with an overwhelmingly negative response ranged from approximately 57% within the St Michaels workshops to 69% within the Blakenall Heath workshops, again pointing towards deprivation having an impact upon perspectives of the future.

Future Safety and Crime

One of the primary responses from participants across all workshops related to feelings of safety and future occurrence of crime. The majority of responses around this theme were negative. Ranging from a generalised feeling of 2040 Walsall being unsafe and

feeling 'dangerous' to more specific responses relating to an increase in murder, stabbings, gangs and violence. Whilst the majority of responses were negative a smaller percentage of participants felt that the future would feel safer with more police, less crime and a generalised feeling of future safety. Many workshops were conducted in schools with catchment areas within wards[3] with higher crime and anti-social behaviour rates including Croft Academy (Birchills-Leamore), Blakenall Heath and Whitehall Junior School (St Matthews/Palfrey). Participants within these areas were marginally more likely to mention crime and safety concerns when envisioning Walsall in 2040. When asked to write postcards to the 'King of Walsall' many suggestions were related to decreasing crime including hiring more police and punishing people for crimes.

I don't think it will not be here because its that bad and terrble I think it will be a murder scene.

Finance and Jobs

Children from areas of high deprivation were more inclined to focus on issues relating to employment and money, although similar responses were represented across locality. Approximately one third of respondents across all workshops mentioned finances and/or employment when discussing Walsall in 2040, pointing towards primary aged children being aware of the impact that finances will have on their lives in the future. Around a third of all participants across localities mentioned the need to either create more jobs, ensure workers get paid more money or reduce costs within 'King of Walsall' responses.

The majority of participants that mentioned jobs or finances felt that these issues would negatively impact life in Walsall, pointing out that people will have less financial resource due to a lack of money and/or jobs (with some connecting this to A.I/robots) and things costing more. However a minority of participants felt that the future will result in people having more money and/or jobs. Those that discussed the drivers for future prosperity generally pointed towards this being linked to future technological advances.

Homes and Homelessness

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[3]https://www.walsallintelligence.org.uk/home/profiles/ward-profiles/#:~:text=Walsall%20Borough%20comprises%2020%20wards,services%20that%20they%20may%20require.

The need for adequate homes and to address the perception of homelessness in the future is clearly important to participants. Just under 15% of all participants cited the need for homelessness to be addressed by the fictional 'King of Walsall' and a number of participants pledged that they would directly address this to ensure that the future of Walsall is positive. Across all workshops only a very small percentage of participants directly detailed the feeling that residents in 2040 will have less adequate homes than today, although an increase in the financial drivers of homelessness was detailed by a large cohort of participants, as detailed above . When asked "What Will Life Look Like In Walsall In 2040?" answers directly relating to homes and homelessness were generally seen through a positive lens with some participants feeling that Walsall in 2040 will be better positioned to address these issues.

Dystopian Visions Of Walsall 2040

Approximately 8% of responses to the question relating to what Walsall in 2040 will look like felt that Walsall would either not exist or be a 'war-zone.' These visions of Walsall in 2040 were shared amongst participants across all workshops with only very slight variations based upon ethnicity, gender or levels of deprivation. Reflecting upon workshops it was noted by facilitators that when asked about this view participants who were of Asian British heritage were more inclined to link these concerns directly to current world events, particularly the current conflict in Israel/Palestine compared to drivers of this view being more generalised amongst other ethnicities. However the anecdotal nature of these observations underscores the complexity of the issues at hand and highlights the diversity of experiences within the community. While these individual accounts provide depth to our understanding, they do not necessarily constitute a comprehensive or statistically significant dataset from which broad, generalisable conclusions can be drawn.

A small number of participants also expressed concerns over technological advances having a very negative, almost dystopian impact upon Walsall with concerns around 'robots taking over' expressed.

Environment and Nature

Across all workshops nature and the environment was a key aspect of the young participant's vision of the future with around 20% of participants mentioning these issues through answers given within the 'What Will Walsall Look Like in 2040?' task, the 'King of Walsall' activity and 'Participants' Pledges'.

A small minority of participants felt that Walsall would have more green spaces, parks and nature and that issues relating to pollution, global warming and the climate crisis

would be 'resolved' and improved from today's position. In most responses a general optimistic view of the future was given without elaboration on the reasons for these changes. When key reasons and drivers were given participants put this down to improvements in technology such as electric cars and society coming together to address these issues.

The vast majority of participants that mentioned 2040 environmental issues and nature within the 'What Will Walsall Look Like in 2040?' task presented these themes through a negative lens. These participants felt that Walsall will be more polluted, with less parks and the detrimental impact of global warming being felt. Participants suggestions within the 'King of Walsall' task include less trees being cut down, more parks being created and pollution being addressed.

The importance of nature and it's necessity for a positive 2040 was reinforced within posters created by a number of participants. The majority of drawings and posters completed that envisioned and wished for a happy, healthy Walsall in 2040 included a clear depiction of nature including trees, parks and fields.

Leaving Walsall

Just under 10% of participants advised that they will be looking to leave Walsall in the future. Those that envisioned leaving all detailed overwhelmingly negative feelings towards present day Walsall with crime and antisocial behaviour often noted. Around three quarters of those that stated they would be looking to move away from Walsall were from schools with catchment areas in high deprivation.

Future Ambitions

How Old Will You Be in 2040...............

26

...What Will You Look Like?

Nurse to help people

....

Footballer

debt card
cash.+ 999999999
due-50000

£7 mil

...What Will You Look Like?

How Old Will You Be in 2040...............

26

...What Will You I

Scientist

Across all workshops participants were ambitious about what jobs they wanted in 2040. Just under 20% of participants wanted to be a footballer when they grow up, the most represented answer for boys. Just under 14% of participants stated that they would like to be Youtubers or gamers in the future. Around 8% of participants stated that they wanted to be health professionals including doctors, surgeons, nurses and dentists and around and a similar percentage wanted to be some kind of a 'businessperson.'

Author 1.6%
Dancer 2.4%
Solicitor 2.4%
Actor 2.4%
Scientist 2.4%
Artist 2.4%
Chef 2.8%
Singer 2.8%
Teacher 3.2%
Other Sports 4.4%
Vet 5.2%
Blue Collar Worker 5.2%
Health Professional 8.0%
Footballer 19.9%
Youtuber/Gamer 13.9%
Other 9.2%
Business Person 8.8%
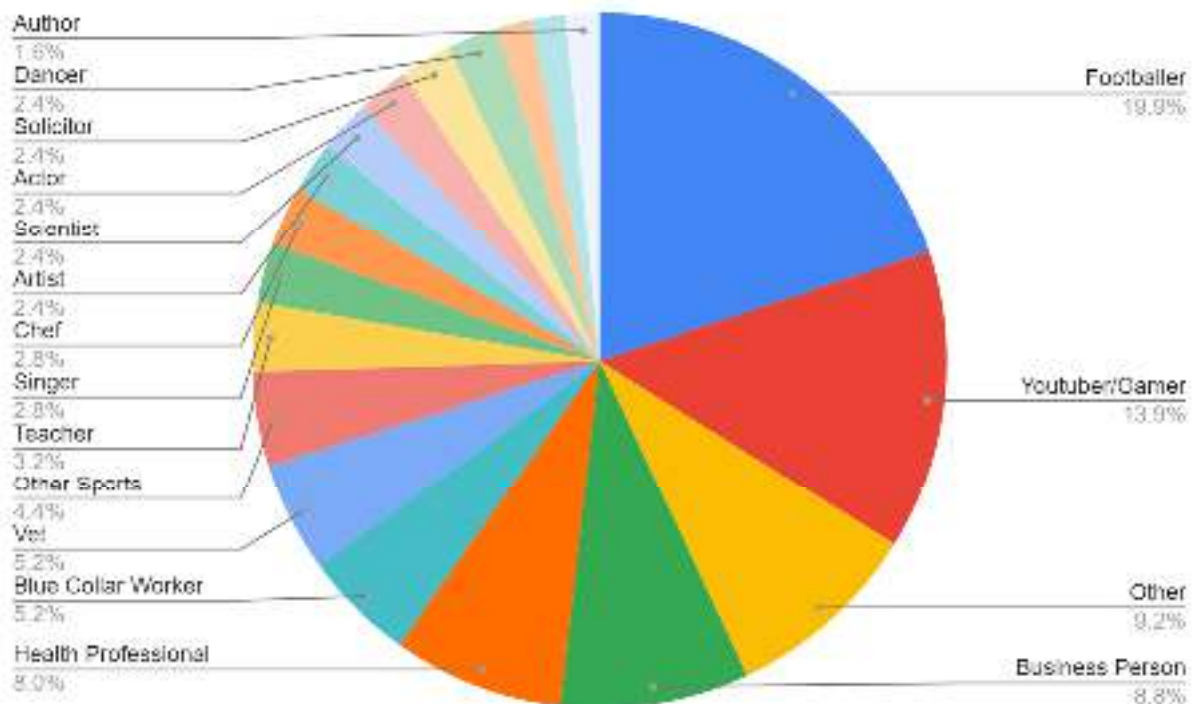
Social Connectedness and Kindness

A key theme running throughout each aspect of the workshop was the importance of the nature of human connectedness to present feelings towards Walsall as well as opinions on what the future will look like. This theme runs throughout concerns related to crime and antisocial behaviour, family and friendships seen as positive factors influencing opinions on Walsall and other key themes including but not limited to homelessness and concerns around social breakdowns. One of the key ways in which this is evidenced is found in the fact that of those that made pledges approximately 45% of respondents advised that they will ensure that Walsall 2040 is a happy, healthy place by interacting with those in their community in a positive manner. Examples of this include but are not limited to acts of charity, generally being kind to one another and helping others.

POSTCARD

I think they need to talk to others about getting along with each other and respecting one another and how to and to spend money to upgrade Walsall.
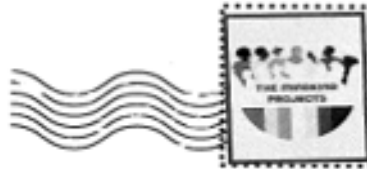
To the king of Midlands

Walsall Castle

Walsall, UK

Your Pledge To Making Sure Walsall in 2040 is A Happy, Healthy Place

I, ... will help make Walsall a
friendly, happy, healthy and environmentally friendly place
to live in the future.

I will do this by........
donating charity, protest, stop littering, pick up litter

I will do this by....... no littering and respecting this town/city

I, ▬▬▬▬ .... will help make Walsall a
·iendly, happy, healthy and environmentally friendly place
to live in the future.

I will do this by......*don't drop litter*
and give to charity.

I, ...▬▬▬▬................................ will help make Walsall a
·iendly, happy, healthy and environmentally friendly place
to live in the future.

I will do this by.*Work together because*
~~peope~~ none cares about walsall

Hello, to make this earth better
you can make more advanced technology. **POS**
make a law to stop crimes, throwing litter.
Also, give what every country need.

MAke WalSall a better place

Walsall

this im my opinon of how 2040 will Look Like·

(hopfully good).

↓

have you ever wonderd how 2040 will be like?

well today is your day!!! well its your opion not mine·

here

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5. **ACTIVITY 3 : Virtual engagement using Minecraft Education Edition led by TENSTAR**

Methodology
TENSTAR is a local provider who uses gaming to engage children in positive and educational activities. They used Minecraft Education to engaged children virtual in our 4 scenario's created through the Children Summit. In each world they created a Character the player would take on their lives off.
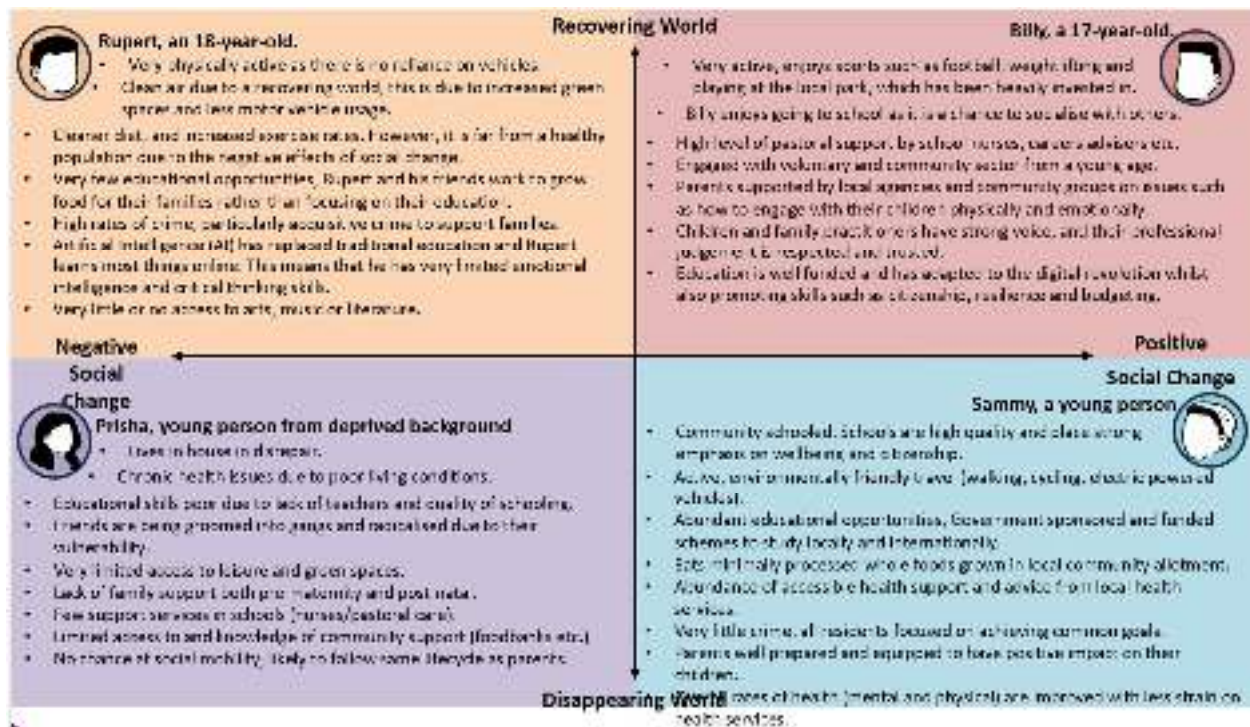
Children where given tools appropriate to each world and a task to complete. At the start of each session children were al asked to describe Walsall now and in the future.

At the end of each session the players where asked a number of questions.

participants
71 individual children aged 5-19 engaged in the Minecraft Programme through 5 youth club sessions:
CARE group - 9
Lifegate - 18
North locality Early Help - 6
south locality Early Help - 5
young carers youth group - 33

Findings

How would you describe Walsall Now:

Dirty* (49)
Dangerous* (32)
Scary (24)
Boring (22)
Sh**Hole (19)
Nice (14)
Big (11)
Gangs (10)
Fun* (9)
Home (4)

What do you think Walsall in 2040 will be like–

Fun (17)
Boring (14)
Sh**hole (9)
Futuristic (7)

Children feedback on each of the worlds:

World 1 saw the person explore a future scenario where green spaces are limited by class and sparse.
39 young people completed this world.

Questions explored with young people in this world:

How did Prisha's house make you feel? (No green space)
37 Negative reactions to Prisha's house 2 Positive

How did Kofi's house make you feel? (Green space)
39 Positive Reactions to Kofi's house 0 Negative

Name 3 things you changed to Prisha's house?
Most used changes -
Greenery (32)
A bed (29)
Food (19)

Would you like to see more green spaces in Walsall?
36 Yes 3 No

The young person decided to create a wooden 'warm' house for Prisha with a bed and stove and a basement for (more room) they also added flowers to the outside because they felt in the future everyone should have flowers and nice things.

World 2 The young people explored a future 2040 Walsall with positive social change.
28 young people completed this world.

Questions explored with young people in this world:
How does the village make you feel?
Positive (26) Negative (2)
Name the village
23 kept the name Walsall with some small additions.
How is the 2040 school different to your own? Do you like it?
Enjoy the idea (24) Did not (2) Unsure (2)

World 3 ; The young people were faced with a 2040 world impacted by AI and technology.
29 young people completed this world.

Did you choose to destroy the AI?
Yes (27) No (2)
Do you use social media over 3 hours a day?
Yes (17) No (11) N/A (1)
Do you think AI poses a risk in 2040?
Yes (24) No (4) Unsure (1)
How did the future world controlled by AI make you feel?
Positive (0) Negative (27) Unsure (2)

World 4 - Here young people were instructed to build a representation of what they would see in a 2040 Walsall.

69 young people completed this world.
List of builds-

Homeless Shelter (4)	Family (2)
Race Track (2)	A shopping mall (3)
Free Gym (6)	A time machines (1)
A fishing Pond (2)	Trees (3)
Football pitches (4)	Lights in parks (2)
Parks (14)	Skatepark (2)
A safe place (like the way) (4)	Roads (1)
A science amusement park (2)	Basketball court (1)
An ice rink (4)	Esports centre (1)
Clean (1)	Tesla factory (1)
Police station (1)	Flowers (1)
Better Houses (4)	Schools (3)

An underground house for the homeless

Themes are seen throughout the builds with Parks, green spaces, safe places, and housing being stand-out options.

Summery of key issues identified through the activities:
The key issues highlighted from the 2040 Minecraft Project are:

Litter/Dirt
Young people used 'Dirty' as a descriptive word for Walsall both now and for the future almost more than any other.
During world #1 and #4 they decided to prioritise green space and nature over anything else.
We also gathered verbal feedback from countless young people who showed distaste for the litter in their area. The stand-out word especially from those aged 11-16 was 'ashamed'.
We feel this feedback shows a focus on the environment and litter maybe even involving young people would benefit the community and younger generations.

Safe Places
A focus on safe places to socialise was also a focus. This includes gyms, youth centres with more to do and even more lighting in parks so they can go there.
Young people on the whole feel bored and as if the council do not care. We feel focusing on the previous point of litter and the environment may encourage maintaining spaces that usually would be seen as dangerous.
Danger and knife crime were also hugely pointed to – with young people as young as 5 scared to play out due to gang activity.

As you know – this is a cycle. The would-be gang members need intervention and places to go and feel safe and have fun when younger to combat this.

"My family safe"

Overall

The overview seems to be mostly negative.

Smaller issues seem to pile up and cause a true dislike for their areas.

They seem keen to get involved with things such as litter picks, green spaces, and community efforts.

"A safe space to Chill"

6. Reflections on what young people have told us through this consultation:

This reports encapsulates the collective insights and aspirations of over 503 children aimed at shaping the strategic vision for Walsall's future. The Big conversation, through the three separate activities, sought to directly engage with a wide range of children about their current lived experiences of Walsall and their hopes for the borough by 2040. This consultation has illuminated the concerns, desires, and priorities of Walsall's younger generation, providing a crucial perspective to enable to develop the borough's strategic planning processes.

Key findings from the workshops reveal a nuanced view of life in Walsall, with a significant proportion of participants expressing concerns over safety, environmental cleanliness, and the need for more inclusive recreational and vocational opportunities where they have the opportunity to learn and connect with others. Despite these challenges, there was a strong sense of community and a desire for positive change, particularly in relation to creating safer, greener, and more vibrant public spaces.

The themes highlighted by children in this consultation are consistent with those highlighted through other consultation we have done in Walsall since 2020 (can put a link to the overview here) and this is an important issue leaders will need to reflect on. Children are not convinced that their voice will make a difference and leaders will act on the findings of the consultation.

In Walsall, we have worked hard over the last 2 years to develop strong foundations through the development of the Children and Young People's Alliance, to establish effective collaborative leadership and long-term decision making, across the Partnerships with a collective focus on improving the lived experiences of children growing up in Walsall.
This consultation and the development of the 2040 Children and young people strategy provides a pivotal moment for the Children Alliance to come together and maximise power and resource in identifying and ACT on solutions that will address the key issues identified by children that prevents them from thriving.
By doing so, The Alliance can ensure that the borough evolves into a place that not only meets the current needs of its residents but is also prepared to support the well-being and success of future generations.

7. Recommendations

This consultation demonstrates that on the whole Walsall's children and young people are committed to ensure that Walsall 2040 is a positive and thriving place to live, learn and work. Whilst our young people are on the whole feeling pessimistic about the town's future and skeptical that leaders will take positive actions, it is an opportunity to galvanize our collective powers and resources to create system change to create the outcomes children and young people **want and deserve**:

1. Relentless focus on ensuring young people feel safe in all spaces.

Develop community-Led Initiatives by implement and expand community-led safety initiatives that empower residents, including young people, to contribute to a safer Walsall. This could involve the development or enhancement of neighborhood watch programs, youth advisory councils to local police, and children and young people community forums where residents can voice concerns and collaborate on solutions. Investing in lighting, surveillance, and other infrastructure improvements in key areas could also enhance public safety.

Develop a strategic focus on belonging in education. Children identified that when education settings provides them with a sense of belonging it creates solid foundations for the future.

Therefore, it will be important to develop a belonging strategy for education with a focus on
- Supporting education settings to provide culturally responsive teaching practices that honor students' diverse backgrounds, experiences, and identities. Encourage the integration of culturally relevant content and perspectives into the curriculum to promote engagement and relevance for all students.
- community-building activities and events that foster positive relationships among students, teachers, and families and connect students with the right support beyond the school environment.
- Empower students to take an active role in shaping their school and community environment

2. Protect, Create, Enhance and Expand Safe Green Spaces in the Community

Children said that their environment has an important impact on their emotional wellbeing and future aspirations. Green spaces do not only encourage children to be physically active, but also provides them with an opportunity to connect with others and learn in an unstructured way.

Develop stewardship programs through encouraging residents, schools, and community groups to take an active role in caring for green spaces and creating a sense of ownership. This could include volunteer opportunities for planting, clean-up days, and educational programs on environmental conservation. Special consideration must be made to ensuring these green spaces are seen as safe community assets.

Foster Collective Ownership and Pride through Litter Reduction Initiatives by Launching a borough-wide campaign that positions litter reduction as a cornerstone of community pride and future well-being. This initiative should include school-based programs where students lead litter

clean-up efforts and recycling projects, linking these activities to broader lessons on environmental stewardship and civic responsibility. Encourage local assets and community leaders to support and participate in these efforts, showcasing litter reduction as a shared goal that benefits everyone. Incentives to support

3. Social Connections

Children identified that having a good network of support (through friends, Family and trusted adults) provides them with the foundations of the best start in life as well as feeling safe and developing into a successful adult. Therefore following will be important key in the development of an effective strategy:

- Creating activities and places where children can safely interact and explore with peers in leisure time
- Implement peer mentoring programmes where children and young people can develop meaningful and sustainable relationships with roll models and trusted adults providing them with the earliest support
- Leverage technology to facilitate social connections in safe and monitored ways

4. Children as active citizen

This consultation clearly demonstrated that children and young people don't want to be passive bystanders, they want to play a active role in creating a better future for their peers and future generation of children.

Development of a youth council as a key link to the Strategic Alliance to enable continuous involvement of children and young people in decision making.

Empower Youth Leadership in Educational and Vocational Training and Development through youth-led educational and community service projects and programs and training opportunities that are directly aligned with the future career interests expressed by young people, such as in sports, gaming, vlogging, healthcare, and business. This is essential given the documented concerns relating to job and financial prospects. These projects not only provide practical experience and may support future prosperity but will also instill a sense of civic responsibility and community engagement, particularly when linked to wider future drivers of change including environmental.

Future focused activities such as litter picks should be linked to the leisure commodities pinpointed by children and young people.

WE ARE WALSALL

2040

Child friendly Borough

Our Future

Our Borough

Version 1

September 2024 - April 2026

CONTENTS

Dear Children and Young People of Walsall,

We, the Walsall Strategic Alliance, are proud to present to you the Walsall Children and Young Persons Strategy.

This strategy is the result of lots of learning from listening to children, young people, and professionals to understand your current lived experiences and the drivers for change that will influence what Walsall looks like and feels like for children and young people in 2040.
Our goal is to make Walsall a child-friendly borough where all children grow up healthy, happy, and achieve their potential.

This strategy sets out a direction we want to travel in, but it's more than just getting to the end goal; it's about the journey and what we learn from what you said along the way. We'll keep checking our compass with to make sure we're on the right track, reflecting on what we've done, and learning from it. We'll make changes when needed so we can reach our goals and truly make a difference to your lives.

We are committed to working together to turn the curve on current projections and ensure that Walsall is a vibrant place where you are proud to live and people in all neighbourhoods have the same life chances.

We hope that this strategy will serve as a guide for our collective efforts to make Walsall a better place for all of our children and young people.

Sincerely, The Walsall Children and Young People Alliance

If we do not take action, we predict that:

The overall population of Walsall will grow by

5.5%

between now and 2040.
Those aged under 16 will increase by

8%.

There will be an increase to around 1/17 children and young people with Special Educational Needs (SEN), an increase of

66%

by 2040.

We predict that

63%

of young people aged 16 and under will live in relatively low-income families.
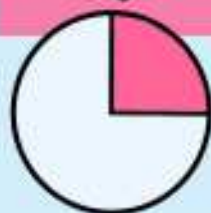
There will be a

20%

fewer children and young people aged 5-18 doing 60 minutes of activity per day.
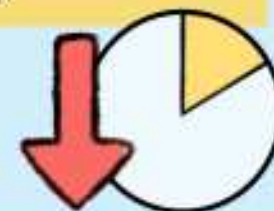
25%

of children will show signs of dental decay.

Walsall will be behind England's average for those achieving

5+

GCSE's.

During 2040, we asked over 500 children and young people about what it's like to live in Walsall and what their thoughts and hopes for the future were

60% of children felt that Walsall would not be a positive place to live in 2040

41% of children said feeling safe is important for making them feel that they belong in Walsall

75% of children who said they would leave Walsall before 2040 are from deprived areas

We'd like you to meet four children. Each of these children has a similar life to some children in Walsall today.
Their worlds have been created based on the effects of climate change and social change; two key issues which greatly impact our futures.
Professionals have used these four worlds to understand how we can stop the negative things from happening and to understand how to promote the positive aspects through our strategy.

Positive Social Change

Negative Social Change

Disappearing World

Recovering World

Hi! I'm Prisha
This is what my life looks like.

Struggles with reading and writing so is dropping out of school.
Has to get a job so she can help with paying the bills
and buying food for her family.
Impacted by Climate Change.
Lots of community tension.

What we'll do

Improving the quality and accessibility of education
and health, increasing access to clean and safe spaces
and connecting young people with activities and
positive role models

Hi! I'm Sammy
This is what my life looks like.

Teachers understand bad things that have happened
in Sammy's life and know how to support him.
Sammy feels ready for independent life.
Good academic knowledge.
Has been taught life skills such as cooking and budgeting

What we'll do.

Develop school curriculum to include environmental
and life skills, support existing strategies.

Hi! I'm Alex
This is what my life looks like.

Must walk everywhere as has no other means of transport.
Has access to lots of green spaces.
Eats very healthily.
Struggles to access education as must support family.
There aren't many opportunities for Alex other than online.

What We'll Do

Ensure that our work takes care of all parts of our health and prevents
issues before they start. Empower communities to help themselves and
each other and use a family and locality model for planning and
delivering our services.

Hi! I'm Jayden
This is what my life looks like.

Very active and likes playing football at the local park.
Eats home grown foods.
Volunteers at local charity teaching IT to the elderly.
Received government grant to study abroad.
Has lots of friends and meets them regularly.

What We'll Do

Ensure we collaborate with our communities to create solutions, increase
the availability of parks and green spaces and make sure education gives
children and young people skills and emotional resilience for the future.

Children and Young Persons Strategic Alliance

The world is seen through my eyes

I AM HAPPY, HEALTHY AND WELL

We will get upstream on issues by ensuring that current use of resources focuses on a holistic prevention approach.

We will commit that children are at the heart of all of the decisions of public services.

We will commit to ensuring that children and young people have got affordable, accessible and sufficient opportunity for activities which are fun.

We will reduce the barriers that children, young people and families who live in poverty face.

I HAVE A VOICE AND I AM HEARD

We will ensure that all children are listened to and that this impacts upon the design of our services.

We will engage and coproduce integrated services with children, young people and parents so they impact upon them.

We will develop a Youth Council to enable the influence of children and young people at a local, regional, and national level.

We will strengthen the voice of children who are disproportionality under or over-represented.

I AM HOPEFUL AND EXCITED FOR THE FUTURE

We will focus on employing residents to create pathways for people with lived experience to pass on their knowledge to young people.

We will work with the education system to ensure that the curriculum includes more skills for life and more cultural education.

We will nurture children's aspiration and ambition from the very start.

We will support children to have the opportunity to access good quality work experience and jobs locally.

I AM SAFE IN ALL SPACES

We will protect, enhance and build more clean and green spaces which are safe and accessible for all, which improves mental wellbeing.

Schooling - We will ensure that children and young people are safe in school and feel that they belong there.

Housing - We will provide high quality, affordable, efficient houses that support a strong sense of community.

We will connect children with activities and adults to enable them to have sustainable practical and emotional support.

Co-Production

Contributing Citizenship

Social Justice

I'M HAPPY, HEALTHY, AND WELL BECAUSE:

- I walk to school, through green spaces and I feel safe doing so.

- My healthy life was prioritised from the start with my parents, once I was old enough, I understood the importance of making healthy lifestyle choices.

- I feel able and supported to cope with life's challenges. I'm able to work through them, recover from them and learn from them to improve my future.

- I'm actively engaged in my community.

I HAVE A VOICE AND I AM HEARD BECAUSE:

- I feel proud of growing up in Walsall because I can be apart of building Walsall's future.
- I understand and feel connected to Walsall's history and excited about its future as a place and feel I can contribute to this.
- I get regular communication to what changes are being made because of what I have said.
- I'm being asked if things are getting better for me on a regular basis.
- I have lots of opportunities to get involved in shaping services and making decisions on issues that are important to me.
- No matter my background, ethnicity or whether I feel confident or not in speaking out, I feel my voice is equally represented

CHILD FRIENDLY BOROUGH

I AM HOPEFUL AND EXCITED ABOUT MY FUTURE BECAUSE:

- I'm ready for school.
- I have an environment that supports me in learning.
- I have a great understanding of the world around me.
- I'm positive engaged with in education that meet my needs.
- I want to continue to live and work in Walsall.
- I have the skills that will help me in getting a good job and be resilience.
- I feel that Walsall is providing me with lots of opportunities to skill up young people for being part of developing a greener future

I AM SAFE IN ALL SPACES BECAUSE:

- There has been lots of improvements in my area it looks and feels better.
- I use green space near where i live to meet up with my friends or meet new friends.
- I can afford to live and stay in Walsall
- I have a house which is of good quality, spacious for my family and has access to green space
- There are lots of safe and affordable activities for me to engage with and meet friends
- No matter my background or ethnicity I feel I belong in my community

I'M HAPPY, HEALTHY, AND WELL

- Smart places measurement of use of parks during school time.
- Health data - healthy weight, inequality data, reducing gaps, infant mortality rates.
- Reduction of number of children that need (repeat) specialist statutory interventions.
- Reduction in waiting list and children who do not attend appointments
- Reduction in under 18 conception rate.

I HAVE A VOICE AND I AM HEARD

- Improved uptake of universal services.
- Positive feedback.
- Number of children involved in decision making and make up (diversity).
- Evidence of feedback loop in decision making.

I AM HOPEFUL AND EXCITED ABOUT MY FUTURE

- Numbers of pupils achieving a good level of school readiness and development at the end of the Early Years Foundation Stage.
- Number of pupils reaching expected standard at key stages.
- Increased number of children engaged in further education
- Exclusion rates.
- Increased number of young people in apprenticeships
- Positive destinations of young people with special educational needs and/or a disability when they leave school.
- Number of young people positively engaged in education and achieving good level of attendance

I AM SAFE IN ALL SPACES

- Regular survey with kids.
- Reduction in anti-social behaviour and knife crime.
- Less representation of black and mixed heritage boys in the youth justice system.
- More young people engaged in positive activities within communities.
- Reduction in racisms and hate crime

You are Here

Walsall Council

Walsall Healthcare NHS Trust

Black Country Healthcare NHS Foundation Trust

Black Country Integrated Care Board NHS

West Midlands Police

University of Wolverhampton

Walsall College

Walsall F.C. Foundation

The Mindkind Projects

whg

Staff College

Walsall Community Network

Walsall Learning Alliance

THIS STRATEGY IS BROUGHT TO YOU BY...

Our walsall strategy has been illustrated and designed by Armani Preet and Pav Moore our two young people who have helped bring the strategy to life through illustration and graphics.

Where to find us?

If you're interested in contacting us to help design your strategy or think we can best help you visualise your upcoming ideas then get in touch!

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THE BIG CONVERSATION

Walsall Health and Wellbeing Board
19th September 2024

Reference:	Agenda item no:		Action ref (if any):		Enclosure no:	
Title of report:	**Update about the Black Country Mental Health and Emotional Wellbeing Services across the I Thrive Model in Walsall**					
Author:	Mags Courts and Sarah Hogan					
Presenter:	Mags Courts					

Purpose of the paper:	This paper is presented to: (tick one)
	☐ **Approve:** To formally receive and discuss the report and approve its recommendations or decide on a particular course of action.
	☒ **Receive**: To receive and discuss, in depth, noting the implications without formally approving it.
	☐ **For information**: To note the report for the intelligence without in-depth discussion.
	This report outlines the collaborative work across Walsall between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people. It describes:
	• Mental health and wellbeing needs among infants, children and young people in Walsall.
	• The THRIVE framework for system change which is an integrated, person centred and needs led approach to delivering mental health services for infants, children, young people and their families.
	• Interventions and services available in Walsall to support mental health and wellbeing in infants, children and young people.
	• Next steps for collaborative working in Walsall.

Background:

Black Country Healthcare NHS Trust is now the Lead Provider for Mental Health, Learning Disability and Autism Services in the Black Country from 1st of July 2022.   This means we will be working pro-actively with our partners and friends in health and care, the voluntary sector and our communities to deliver services that meet the needs of our infants, children and young people population in Walsall.

Mental health is as important to a child's safety and emotional wellbeing as their physical health. It can impact on all aspects of their life. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping infants, children and young people to develop and thrive.

Mental health plays a key role in a child's overall wellbeing and can be affected by various factors, including abuse and neglect, family circumstances, environment, stress, loneliness or social isolation. There is strong evidence that the foundations for emotional health and wellbeing are laid in the first 1,001 days (from conception to 2 years of age), with parent-infant relationships (PAIRs) are one of the core elements of early development, resilience, and a child's later ability to weather life's challenges. Negative experiences can adversely affect a child's mental health, just as positive experiences can help improve it.

In the Black Country each year, at least 15% of babies experience a significantly disrupted, disturbed or disorganised relationship with their main carer(s). This is over 2,100 new births each year, and over 4,300 babies under 2 at any one time. It is estimated that 80% of maltreated children will come from this group of babies.

There are an estimated 67,200 children aged 0-17 living in Walsall. This represents just under a quarter (24%) of the population. Most of our children do well and meet their potential, however many face challenges of poverty and deprivation, exacerbated by the coronavirus pandemic. Walsall is the 27th most deprived local authority in the country. In Walsall, over 1 in 4 children live in a low income household (25%). This is more than the England (17%) and the West Midlands average (20.3%). Just under a third (32.5%) of children live in poverty before housing costs, rising to two-fifths (41%) after housing costs. Significantly more Walsall children (18.8%) receive free school meals than their counterparts in the West Midlands (15.9%) overall, and in England (13.5%).

In 2023/24, 17.5% of Walsall school pupils with an EHC plan have a primary need identified as social, emotional and mental health, higher than the West Midlands (14.6%) and national (15.5%).
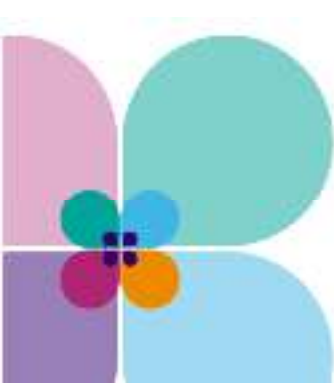
19.5% of Walsall school pupils with SEN support have a primary need identified as social, emotional and mental health, comparable to the West Midlands (19.6%), but lower than national (22.3%) in 2023/24.

Evidence suggests that some groups of children and young people are disproportionately impacted by mental health problems largely driven by a complex interplay of social and environmental determinants of poor mental health. This includes the following:

- People who identify as LGBTQ+ have higher rates of common mental health problems and lower wellbeing than heterosexual people.
- Black boys and young men report lower levels of diagnosable mental health difficulties at the age of 11 years than white or mixed heritage boys.
- Refugees and asylum seekers are more likely to experience poor mental health than the general population.
- Children and young people with learning disabilities are more than four times more likely to develop a mental health problem than average.
- Autistic children and young people are more likely to experience a range of mental health problems as are children who are care experienced.
- The prevalence of mental health needs amongst children within the youth justice system has also been found to be higher than within the general population of adolescents.

These are some of the key risk factors that contribute to poor mental health:

- Children from low-income families are four times more likely to experience mental health problems by the age of 11 than children from higher-income families.
- Around a third (32%) of children aged 0-15 live in a household where an adult has moderate or severe symptoms of mental ill-health. While most parents with mental health problems are responsive and sensitive parents, this remains a consistent risk factor for children.
- Children who experience maltreatment, violence, abuse, bullying, or bereavement are much more likely to experience mental health problems. An estimated one in three adult mental health conditions is thought to be associated with adverse experiences in childhood.
- Around one in three young carers are estimated to experience a mental health problem.
- Young people with a mental health condition are nearly twice as likely to be bullied, and more than twice as likely to be cyberbullied.
- Emerging evidence also suggests that there are other key risk factors including racism, discrimination, poor housing and the climate crisis. Impact on education

Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. As children move through the school system, emotional and behavioural wellbeing become more important in explaining school engagement, while other characteristics become less important.

- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.
- Children with better attention skills experience greater progress across the four key stages of schooling in England.
- Children who are bullied are less engaged in primary school, whereas those with positive friendships are more engaged in secondary school.

Children and young people with mental health problems are more likely to miss school. While it is not possible to identify school absences from poor emotional health or mental health wellbeing in the statistics, Walsall school absence data in 2022/23 shows:
- Overall absence was 7.6% in the Black Country and 10.6% for those eligible for free school meals. The West Midlands overall absence rate was also 7.6%, but higher at 10.8% for those eligible for free school meals. National overall absence was lower at 7.4%, but again higher for those eligible for free school meals at 11.1%.
- In 2022-23, 3.4% of school absences in the Black Country were due to illness, lower than the regional (3.8%) and national averages (3.7%).
- In 2022-23, 24% of Walsall pupils had persistent absence (attendance below 90%) in line with the West Midlands (24%) but higher than England (21%). For Walsall children on free school meals, persistent absence was 23%.

Providers are reporting an increase in children and young people presenting with mental health needs and there is an increase in emotionally based school avoidance. This is a national issue and not confined to Walsall. The most frequently mentioned issue in the "Growing up in Walsall" report was mental wellbeing (particularly since the Covid-19 outbreak). Mental illnesses in young people represent a significant burden on health and is associated with adverse and long-lasting consequences for educational attainment, employment and social relationships.

Over the past decade, there has been increasing need for mental health services. The pandemic resulted in a greater number of children and young people presenting with mental health disorders, often with complex needs requiring care or medical stabilisation, within a paediatric or acute setting. Increasing need, coupled with winter pressures, has put a strain on systems.

In the Black Country there has been a 57% rise in children in touch with mental health services between April 2021 and February 2023. In total for CAMHS in 2019/2020 for patients resident in Walsall at the time of their appointment there were 21962 contacts. This is the last date when it is possible to pull out specific data for Walsall.

This section summarises the THRIVE Framework which is the accepted best practice in addressing and improving the mental health and wellbeing needs for children, young people and families, and which Walsall aims to follow. A young person or family struggling with their mental health in an area implementing THRIVE would experience:

- No 'wrong door', meaning anyone a young person talked to about their mental health would be able to provide them with support or signpost them to available support options.
- Whoever was helping a young person with their mental health would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there was genuine shared decision making about ways of helping.
- Signposting to things the young person, their family and friends could do to support the mental health needs of the young person who was struggling, including accessing community groups and resources such as drama, sport and volunteering.
- Whoever was giving a young person more specialised mental health help would support the young person to evaluate their progress towards their goals and to check that what was being tried was helping.
- Supportive but transparent conversations about what different treatments were likely to lead to, including their limitations.

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:

The characteristics of these needs-groupings are:

Thriving: support to maintain mental wellbeing Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support

around their mental health issues. They may however benefit from system level prevention and promotion initiatives.

Getting Advice: those who need advice and signposting: includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting specialist input.

Getting Help: focussed goal-based input: comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group providing targeted, outcomes-focused help.

Getting More Help: more extensive and specialised goals-based help: similar to Getting Help but the small number of children and young people within it will need extensive resource allocation and coordination across services. It includes for example, children or young people who are completely unable to participate age appropriately in daily activities (e.g. at school) or they need constant supervision and experience distress on a daily basis.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services: may have some or many of the difficulties outlined in other groups BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others. Risk management is the sole focus.

In addition to the THRIVE Framework, there is also NICE guidance for specific aspects of mental health and wellbeing which sets out evidence-based, cost-effective practice for specific areas. This includes guidance for example on each of the specific mental health conditions and disorders, maternity and early years, transitions between different types of settings, practice in schools, and for those in care.

Mental health and emotional wellbeing provision in Walsall

These are the current initiatives and services in Walsall commissioned by Walsall Council (Public Health and Wellbeing or Children Services) or Black Country Health Care (NHS lead provider for mental health) to support the mental health and emotional wellbeing of children and young people.

Thriving: support to maintain mental wellbeing

- Family Hubs: universal support for parent-infant relationships.
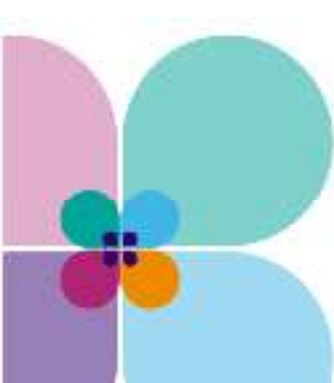
- Nurture and Resilience offer in Schools through PHSE: supporting schools to understand relational approaches and attachment awareness, developing theory and evidence-based practice to ensure that settings provide a supportive and safe space in which children and young people can learn and develop.
- Senior Mental Health Lead in Schools: DfE accredited training will have been offered to all eligible state-funded schools and colleges by 2025 to support the implementation a whole school or college approach to mental health and wellbeing. Walsall currently has a good uptake of this training.

Across the borough, there are also many community groups including sports clubs, activity groups, uniformed youth groups etc. that provide this level of support to help maintain good emotional health and wellbeing.

Getting Advice: those who need advice and signposting

- Health Visitors: dedicated nurse support for children under 5 and their families including for mental health wellbeing, including some roles new specialist Parent-Infant Emotional Wellbeing Health Visitors currently funded through Family Hubs.
- Family Hubs: targeted support for parent-infant relationships and mild-moderate perinatal mental health (PMH), with training for all First 1,001 Days workers, and two new PAIRs evidence-based interventions: Video Interactive Guidance and Triple P for Babies.
- School Nurses: a universal service delivering the healthy child programme and providing the first point of contact for Mental Health support, signposting, and referral.
- KOOTH: an online service specifically designed to support young people's mental wellbeing.
- Wysa app: an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it.

There are also national helplines available e.g. Samaritans, Young Minds Childline, BEAT and Papyrus, etc., for children and young people to obtain advice and support.   Local organisations include – Positive Outcomes Project and Mindkind

Getting Help: focussed goal-based input

- Mental Health Support Teams in Schools: to provide support and extra capacity for early intervention and help for mild to moderate mental health issues and promotion of good mental health and wellbeing. In Walsall, over 59% of schools have MHSTs.
- WPH: Offers a range of free, caring and confidential counselling services where young people aged 8 – 17 can receive support if they are feeling sad, angry, upset, lonely,
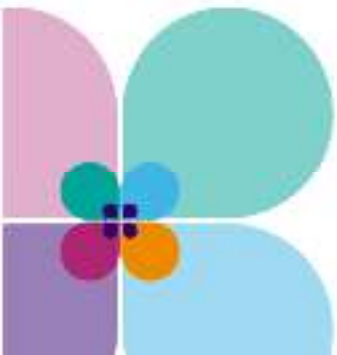
worried? Or are having trouble sleeping, doing their schoolwork, concentrating, enjoying things they normally would? Or if things just do not feel 'quite right'?

- Rethink: the Sanctuary Hub is a safe place where you can access support outside of usual mental health service hours. Rethink also offer bereavement services across the Black Country.
- Positive Steps: The aim of the service was to support CYP resident in Walsall who experienced significant emotional mental health and well-being difficulties, ensuring they had timely access to an assessment and intervention with successful resolution or management of the difficulty within their local educational setting and social setting. The service provides assessment and targeted treatment of mild to moderate mental health presentations, therapeutic interventions and consultation. Their focus is to provide secondary mental health input with the idea of goal setting in specific areas and short-term guided psychoeducation. The service identifies it should be the child's/young person's first engagement with CAMHS. It is a short-term intervention service which offers support for up to 8 sessions.
- Educational Psychologists: The team commissioned via Walsall Council carry out statutory work in order to identify, assess and monitor children, young people and young adults with special educational needs. They include support for SENCos through the allocation of an identified Link EP and the 'SENCo Support & Share' offer, critical incident support across the Council, support for Walsall children with complex needs who are educated outside of the borough, and strategic work related to the Council's Special Educational Needs and Disability and Inclusion Strategy.

Local charities and community interest companies also offer support at this level for example, Positive Outcomes Project, MindKind, House on the Corner Community Project

Getting More Help: more extensive and specialised goals-based help

- CAMHS: is a specialist mental health service providing interventions to those children, young people and their families who are experiencing moderate to severe mental health difficulties. Within the Specialist CAMHS teams at this level there is access to the following teams: Eating Disorders, Core CAMHS, Children in Care, Early Intervention in Psychosis, Psychiatrists, Learning Disabilities and Intensive support to children and young people with Autism to prevent hospital admission.
- Single Point of Access (SPA): following successful implementation in neighbouring Black Country areas and research evidence of effectiveness, a SPA was established in Walsall in 2023 with professionals being able to make referrals into all commissioned CAMHS services so that referrals can be appropriately and consistently triaged so there is equity in access to services. This is going to be developed further in line with other areas of the Black Country where all referrals for commissioned emotional mental health and wellbeing services are received and triaged. The intention of a SPA is to make it simpler for those

referring children and young people for mental health support – referrers do not need to know all of the specific services available. It is particularly important where there are multiple needs or when the most appropriate service to address a child's needs is not clear. Professionals can also contact the SPA for advice. The SPA will also provide a single view of the mental health needs of Walsall's children and young people and whether there are gaps in capacity, as the SPA will collect all data on referrals.

Getting Risk Support: those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services
This offer is commissioned either through Black Country Health Care or through NHS specialist commissioning for Health and Justice.

- Crisis Helpline: the NHS mental health crisis helpline is open 24 hours a day, seven days a week and is open to people of all ages. The number is 111 (Option2). There is an option for immediate mental health assessment.
- CAMHS Crisis Intervention and Home Intervention: this team offers community support for children and young people in mental health crisis 24/7 through a blended model of care. The main aim of the service is hospital admission avoidance, where appropriate, seeing young people within a shorter period of time and within their home environment. Children and young people are currently seen within 4 hours of referral. Where home intervention is not clinically appropriate, they are advised to attend the Accident and Emergency department with a potential for admission to the Paediatric Assessment Unit.
- Inpatient admission to a children and young people's Mental Health Unit: an inpatient admission is considered necessary when community support will not provide enough interventions to be able to impact on the young person's mental health either by understanding fully the needs or providing interventions that can only be supported as an inpatient. The CAMHS Crisis Intervention and Home Intervention team assumes responsibility for all inpatient admissions. Supporting children and young people during an admission and preparing them for discharge back into the community is also the responsibility of this team.
- Health and Justice: this team work with children and young people, who have been arrested and are in the Custody suite to assess if they have any emotional mental health issues as part of their health and wellbeing assessments. They also see those who are issued with Court Resolution Orders. If the Liaison and Diversion team identify Mental Health needs, they refer to the local mental health team via the SPA. They may also contact the Mental Health Support teams in schools, if appropriate, as well as the Forensic CAMHS (Youth First) service which is also commissioned on a wider West Midlands footprint.

Activity which is currently taking place or due to take place in the Black Country:

CYP Core and Crisis

•   **T**he age range In Core CAMHS in Walsall is now up to 18 years.
•   Capacity in the CAMHS crisis teams has also been increased across the Black Country.
•   A 24 hours a day, 7 days a week CAMHS Medics rota and a 24 hours a day, 7 days a week rota on CAMHS crisis is now available across the Black Country.

Eating Disorders

•   There has been continued development of an all age eating disorders service in Walsall to ensure alignment across the Black Country.
•   Funding is now available over 3 years under Community Transformation Programme to develop an outreach service and support reducing hospital admissions**.**

18-25 Younger adult's transition

•   As part of the Community Transformation Programme a wraparound service for Young Adults aged 18-25 is being established to provide a seamless transition from CAMHS to AMHS services when Young Adult turns 18. This is particularly relevant for those young people who do not necessarily easily meet thresholds for adult mental health services and will include care leavers and children who have been subject to the criminal justice system. There is ongoing work regarding the development of policy principles to be agreed with senior leads in AMH services.

CYPF Intensive Support Team

•   An intensive support team for CYP with LD and/or ASD has been developed across the Black Country and is currently operational within Walsall although only open to small numbers of young people who are at risk of admission to inpatient mental health beds and are receiving support via the Dynamic Support Register.

Mental Health Supports teams in Schools

•   All funding waves have now been received and posts have been recruited to. Initially the service was set up with input from Educational Psychologists. However, over time, this funding did not appear to add value to the teams or increase access for our young people so this was decommissioned at the last academic year. Discussions ongoing with
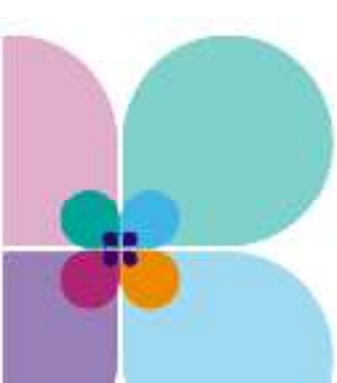
secondary schools not yet incorporated into wave 10 - engagement attempts ongoing with one school in Walsall to ensure appropriate numbers of schools are engaged.

There are MHST in schools in the following settings:

Primary Schools 43 of 86 – 50%

Secondary Schools 20 of 20 – 100%

Special/PRU Schools 5 of 10 – 50%

We have 5 primary schools on the waiting list at present waiting for allocation to the team. This results in an overall % of schools where there are MHSTs present of 59%.

Working within the acute trusts:

• We had additional non-recurrent funding in the Black Country which we used to pilot some work around delayed discharges. This evolved into commissioning a third sector organisation to provide key worker roles to provide support to children on wards to CYP who are experiencing mental distress. The roles have been so successful that it has been agreed to continue the contract for another 12 months. These teams have been working as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission.

Digital Offer

Currently BCHFT commission 2 digital offers within the Black Country as part of the 'signposting and getting advice' services and the 'getting help' services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group.

The offers are –

1. Kooth which offers the following:

• A chat function for a young person to drop in to speak to a readily available counsellor
• A messaging function for young people to contact the service
• A schedule function to provide booked sessions with a named counsellor on a regular basis
• A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
• Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
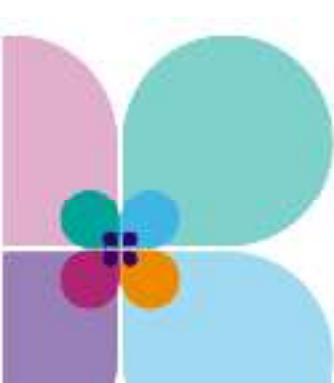
- An online magazine will full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

2. Wysa which offers the following:

    It is an AI wellbeing coach that allows full access to all of Wysa's self-help tool packs, covering everything from mindfulness and meditation to therapy tools for anxiety and depression for 12 months from when you download it. It is 24/7 A.I. accessible via QR code (to identify the place) of a link to a laptop/tablet. WYSA provides guided listening that guides users through 150+ evidence based exercises including:
    - Thought reframing
    - Relaxation techniques
    - Behavioural activation
    - Goal setting

3. Speek which we have commissioned as a pilot project for parents/carers of 150 young people who are self-harming.
    Speek is a digital mental health platform that bridges the gap between families affected by self-harm and the skills, community, and personalised support they need to find stability (while on the waitlist at CAMHS or engaged with the Crisis Service). Support includes: access to an individualised programme of bespoke therapeutic modules; access to Group therapy sessions with clinical phycologist (2 x month); access to asynchronous chat function with Speek clinical team.

The current digital offer is to be reviewed in the Black Country in light of the change in landscape since the original model was commissioned and there are now more opportunities to support children and young people and their parents/carers in need of Getting Help or while waiting for Getting More Help services. The traditional model needs to be adapted to meet the needs of children and young people who find in person access more difficult and also to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities. The service specification for this service will be co-produced with our young people and stakeholders to ensure it meets their needs.

Embedding I thrive Model

The I -Thrive framework was proposed as part of the Future in Mind national policy document as a method of grouping children and young people together according to their level of need, allowing children and young people to move more flexibly around and between services. In order for this to occur, it will be important to understand and map all of the services that are available across the framework including those that are non-commissioned and commissioned via BCHFT and the Local Authorities/Childrens Trust. This will include those services that are considered thriving all the way up to getting risk support.

The I-Thrive model replaces the currently recognised tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs. It also helps to identify groups of CYP and the range of support they may benefit from. The I-thrive model also ensures CYP and their families are active decision makers.

We have been continuing to promote the I Thrive model across the system with awareness sessions being delivered system wide in the Walsall locality. Evidence of I Thrive language has started to be seen across the Trust and embedding of the language continues.

Getting Help services

In each of our 4 areas of the Black Country 'Getting Help' services are either commissioned by BCHFT alone or with the Local Authority (in some of the areas) with some Local Authorities Commissioning these services by themselves. These services are commissioned, recurrently in some instances, from local voluntary sector organisations in each of the four areas and they are able to enter the activity onto the Mental Health Service Data Set (MHSDS), when commissioned via the NHS. Other services are commissioned in some of the local authorities/ children's trust but are non-recurrent. There are significant differences across the Black Country in terms of the commissioning arrangements and work is to be undertaken to clearly understand what is available and the capacity required following a needs led assessment that is occurring in each area.
We are looking to create an opportunity to increase the commissioned activity available from Getting Help Service for CYP in Walsall ensuring a minimum of 1000 CYP can have access to an emotional, mental health and wellbeing service reflecting the offers across the other 3 localities. This will be as a result of moving funding around from one service to another. Market engagement with organisations has started to support this opportunity.

Children in care/care leavers services

A full review of services for children in care and care leavers commissioned through the lead provider model has been undertaken across the Black Country with a new service specification developed for specialist CAMHS input for CYPIC.   This review identified a need for an increase in workforce recruitment which has now commenced for Walsall for this staff group. Stakeholder engagement is ongoing with a need to clearly articulate how care leavers can access services (looking at 18 – 25 offer at this time). Operationalising the new model in Walsall has begun.

Youth Justice Services

A full review of the current offer for Children and Young People who are part of the Criminal Justice system commissioned through the lead provider model has been undertaken across the Black Country. It included the following steps:

•   Scoping out current provision from CAMHS to the criminal justice system in all areas
•   Liaison with stakeholders
•   Identification of finances associated with each of the CAMHS posts into the criminal justice system
•   Liaising with contracts re SLA

- Identification of best practice in the country for CYP who are part of the criminal justice system
- A New Offer has been developed from CAMHS to the Criminal Justice System across Black Country which also ties in with the new offer from the Liaison and Diversion Service which has recently been awarded to MPFT. This will significantly increase the level of support available for young people who are part of the YJS going forward and is focused on a needs led approach, including children and young people who are known to Walsall YJS and 'at risk' of entering the Youth Justice System as well as those subject to legal orders. All of this proposal has been co-produced with the managers for the YJS.

Partnerships for Inclusion of Neurodiversity in Schools (PINS):

Project has commenced and making good progress. Self-evaluation forms, parental surveys and children's voice surveys have been completed and triangulated which are being used to inform the unique bespoke programs of work being developed for each school based on a detailed Menu of Support developed by each of the commissioned services. (North Star Advisory Team). In Walsall 9 out of 10 schools have had formal meetings prior to the summer term with North Star Advisory Team. The Menu of Support has been developed and dates for implementation are being booked with the schools. PCF meetings in schools have commenced with some excellent engagement reported by the Parent Carer Forum Chair.

Actions:

1. Meet with a range of stakeholders to discuss what we think a strategy should look like for the Black Country.
2. Needs Led Assessment for Emotional Mental Health and Wellbeing for CYP in Walsall to continue to be developed so that it can support us to understand what the needs for CYP in Walsall are and how they can be met.
3. Stakeholder sessions to be put in place to look at the Needs Led Assessment and understand what the Emotional Mental Health and Wellbeing Strategy for Walsall should contain.
4. Embedding the I Thrive model across Walsall to ensure a common language across the system when talking about Children and Young People's Emotional Mental Health and Wellbeing.
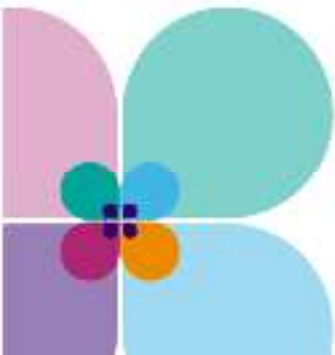
ACTIVITY FROM SERVICES COMMISSIONED:

WPH Counselling (Commissioned to provide services for 335 CYP for 2024/2025)

This year in receipt of an additional £40,000 of non-recurrent funds to deliver to an additional 80 CYP. Normal activity is for 250 CYP

	Emotional and Well-Being Service
Average waiting time from referral to assessment/first contact (weeks)	16
Average time from assessment to intervention (weeks)	16
Number of CYP assessed awaiting intervention	0
How does the service propose to tackle this to reduce the waiting times (if appropriate)	N/A
Percentage of CYP who complete a goal-based outcome measurement tool that report an improvement.	93%

Wysa – data specific to Walsall – July 2023 - 2024

Number of total Downloads in Walsall until end of July 2024	451
Increase in downloads in one month in Walsall	5.3%
High adherence with numbers returning to use app after initial download and first session.	96.5%
User satisfaction scores for Walsall	86.5%
No of returning users exceeding 10 or more sessions	67%
Predominant reported issue	Sleep

Kooth – data specific to Walsall – Q!

Service Users using Kooth from Walsall	211
Logins Per Service User	4.3
Commissioned Hours Delivered – community support hours and targeted intervention hours	73% used
CYP Answered that Kooth was a useful source of support	90%
Predominant reported issue	Anxiety and stress

CAMHS ACTIVITY:

Referrals to CAMHS

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Number of Referrals	344	355	333	318	160
Referrals that met threshold for tier 2/getting help services	16	15	12	12	8
Referrals that met threshold for assessment from specialist CAMHS	74	60	45	52	
Number of initial contacts completed in month	89	75	70	59	48
Referrals that met threshold for intervention from specialist CAMHS	7	8	2	6	
Number of CYP contacts within BCH*	2004	1918	1820	1679	1047
Average waiting time from referral to assessment/Seen (weeks)**	6	5	5	4	4
Number of patients who did not attend prior to 1st contact	28	20	34	32	22
Number of patients who cancelled prior to 1st contact	17	23	19	18	8
Re-Referrals received within 12 months to SPA for the same reason	8	4	2	2	1
Re-Referrals received within 12 months to SPA for a different reason	11	9	13	16	22
Average length of episode in days (referral to discharge date)	378	257	340	376	303
Number of Referrals discharged from services	200	210	181	199	153
Eating disorders waiting times - number of urgent referrals seen within 7 days	2	4	1	4	1
Eating disorders waiting times - number of urgent referrals not seen within 7 days	0	0	0	0	0
Eating disorders waiting times - number of routine referrals seen within 28 days	6	3	5	5	2
Eating disorders waiting times - number of routine referrals not seen within 28 days	0	1	0	0	0
Number of referrals to MHST	87	88	76	43	10
Number of referrals that receive support from MHST (excluding group activities)	223	242	247	252	170
Number of MHST referrals on to SPA	0	0	0	0	0
Number of under 18s under EIP services	4	2	2	1	2
% of young people/adults that are known to Camhs and return to access Adult mental health services	N/A	N/A	N/A	N/A	N/A

* This information has only been captured electronically since July 2022

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Additional referral information - summaries					

Referral Outcomes (Discharge Reason)

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Admitted elsewhere (at the same or other Health Care Provider)	1	1	0	1	1
CLIENT did not attend	9	13	18	21	16
CLIENT refused to be seen	1	2	0	0	1
CLIENT requested discharge	12	13	7	6	5
Did not opt in	5	10	2	9	10
Moved out of the area	9	5	4	4	2
No further treatment appropriate	46	41	32	38	45
Treatment completed	117	125	118	120	73

Source and Number of Referrals

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Acute Secondary Care: Emergency Care Department	0	0	2	0	4
Child Health: Community-based Paediatrics	19	23	16	20	9
Child Health: Hospital-based Paediatrics	48	48	36	40	16
Child Health: School Nurse	2	0	0	4	2
Independent sector - Medium Secure Inpatients	0	0	0	0	1
Internal Referral	1	1	2	2	0
Justice System: Police	0	0	2	0	0
Justice System: Youth Offending Team	1	0	1	0	0
Local Authority and Other Public Services: Education Service/Educational Est'mnt	107	98	97	40	1
Local Authority and Other Public Services: Housing Service	0	0	0	0	1
Local Authority and Other Public Services: Social Services	11	9	20	20	22
Mental Health Drop In Service	0	1	0	0	0
Other Independent Sector Mental Health Services	5	3	10	1	3
Other Primary Health Care	1	1	1	2	1
Other secondary care specialty	1	8	0	7	3
Other SERVICE or agency	2	0	3	3	0
Other: Telephone or Electronic Access Service	0	1	2	1	0
Permanent transfer from another Mental Health NHS Trust	1	0	0	1	0
Primary Health Care: General Medical Practitioner Practice	134	154	132	163	87
Self-Referral: Carer/Relative	11	6	8	12	10
Self-Referral: Self	0	1	1	1	0
Talking Therapies	0	1	0	1	0

	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Additional referral information - summaries					
Referrals by Age Group					
2. 1 to 4	13	13	10	10	8
3. 5 to 9	83	83	73	85	41
4. 10 to 15	188	203	213	185	79
5. 16+	60	56	37	38	32
Gender					
Female	189	191	180	171	87
Male	155	163	153	147	72
Not Specified	0	1	0	0	1
Ethnic Description					
Asian or Asian British - Any other Asian background	0	1	0	3	1
Asian or Asian British - Bangladeshi	5	1	1	1	0
Asian or Asian British - Indian	9	7	9	3	5
Asian or Asian British - Pakistani	12	19	11	14	9
Black or Black British - African	4	2	6	2	1
Black or Black British - Any other Black background	1	1	1	0	2
Black or Black British - Caribbean	1	3	6	5	2
Declined to State	12	15	14	24	7
Mixed - Any other mixed background	3	2	5	4	3
Mixed - White and Asian	1	3	6	5	2
Mixed - White and Black African	1	1	2	1	1
Mixed - White and Black Caribbean	10	11	12	17	5
Not known	29	34	31	21	9
Other Ethnic Groups - Any other ethnic group	3	2	1	2	1
Other Ethnic Groups - Chinese	0	0	0	1	0
White - Any other White background	10	5	9	6	0
White - British	243	247	219	207	111
White - Irish	0	1	0	2	1

Children In Care

KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24
1. Referrals received	8	1	3	2	2
2. Current Children in Care caseload	62	27	26	29	27
3a. Referrals (external) that were assessed within specialist CAMHS	2	0	3	1	0
3b. Number of initial contacts completed in month	1	1	2	0	0
4. Referrals that were allocated for intervention from specialist CAMHS	1	1	1	1	1
5. Number of contacts within BCH	86	70	77	22	10
6. Average waiting time from referral to seen (weeks) - routine referrals	4	3	11	0	0
7. Number of patients that DNA before first contact	1	0	0	0	0
8. Number of patients that cancel before first contact	0	1	0	0	0
11. Average length of episode (referral to discharge date in days)	50	232	622	755	151
12. Number of Referrals discharged from services	1	2	5	1	4

Additional referral information - summaries

Referral Outcomes (Discharge Reason)

CLIENT refused to be seen	0	0	1	0	1
Did not opt in	0	0	0	0	1
Moved out of the area	0	0	1	0	0
No further treatment appropriate	1	1	0	1	1
Treatment completed	0	1	3	0	1

Source and Number of Referrals

Child Health: Community-based Paediatrics	0	0	0	2	0
Child Health: Hospital-based Paediatrics	2	0	0	0	0
Local Authority and Other Public Services: Housing Service	0	0	0	0	1
Local Authority and Other Public Services: Social Services	5	0	2	0	0
Other SERVICE or agency	1	0	0	0	0
Primary Health Care: General Medical Practitioner Practice	0	1	1	0	0
Self-Referral: Carer/Relative	0	0	0	0	1

KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Referrals by Age Group					
3. 5 to 9	4	0	0	0	0
4. 10 to 15	2	1	2	2	1
5. 16+	2	0	1	0	1
Gender					
Female	5	0	2	0	2
Male	3	1	2	2	0
Ethnic Description					
Declined to State	1	0	0	0	0
Mixed - White and Asian	1	0	0	0	0
Mixed - White and Black Caribbean	0	0	1	0	0
White - British	6	1	3	2	2

Health and Wellbeing Board

19 September 2024

Delivery of the Mental Wellbeing Strategy through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership

For Assurance

1. **Purpose**

   The report is to update the Health & Wellbeing Board on progress made by the Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership in delivery of the [Walsall Mental Wellbeing Strategy](#) (2022 – 2032) - "Together We Can".

2. **Recommendation**

   To note the content of this bi-annual progress report.

3. **Report detail**

3.1 This report is a bi-annual progress report on activities undertaken to date in delivery of the Walsall Mental Wellbeing Strategy. A report to Health and Wellbeing Board in March 2023 outlined new governance arrangements for the Mental Wellbeing Stakeholder Partnership, and the board has been provided with an update every 6 months from this point.

3.2 The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership is committed to taking forward:

   a. A universal partnership approach to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations.

   b. A focused and partnership approach to community-based early help and support for emerging mental illness.

   c. A proportionately targeted approach to reduce inequalities in mental wellbeing and health, to consider the clear mental health inequalities, both in terms of those who experience the greatest risk of poor mental health and in terms of unequal access to interventions.

   d. Opportunities to lobby and link mental health and wellbeing into wider population health and partnership activity across Walsall.

3.3 The Partnership has been meeting monthly and is co-chaired by The Head of Mental Health Transformation & Integration from Black Country Healthcare Foundation Trust (BCHFT) and Consultant in Public Health responsible for Mental Wellbeing at Walsall Council. It includes wide ranging membership across the partnership from the Council, the third sector, social housing (whg) and Walsall Together (health and care place-based partnership).

3.4   For current priorities identified for the Walsall Multi-Agency Mental Wellbeing Partnership and allied partnerships see Appendix 1

4.   Implications for Joint Working Arrangements:

The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership reports to both Walsall Place (accountable to the Health and Wellbeing Board with regular updates also being fed into Walsall Together Partnership Structures) and BCHFT Lead Provider governance. The Community Mental Health Partnership (of commissioners, statutory and voluntary sector provider organisations) is accountable to the Stakeholder Partnership, and there is appropriate information sharing with a number of other allied groups, including the Children and Young People's Emotional Wellbeing Strategy group.

5.   Health and Wellbeing Priorities:

5.1   Mental Wellbeing is one of the current priorities outlined in the Health and Wellbeing Strategy. Below is a summary of activities undertaken over the last 6 months linked to delivering the Walsall Mental Wellbeing Strategy and the above priorities.

Mental Wellbeing Priorities

5.2   Birmingham Mind is continuing to deliver suicide prevention and mental wellbeing training and has been reaching into communities. A wide range of multi-agency stakeholders continue to receive training, which receives positive feedback.

5.3   The Where I Am Men's programme is in place and running. This programme aims to coordinate initiatives which focus on improving the mental wellbeing of men in Walsall.

5.4   8 Steps to Wellbeing plans continue to be delivered in communities to improve the population's mental health and wellbeing and tackle stigma. These are being delivered through multi-agency partners, community engagement and through a range of other services.

5.5   The Walsall Suicide Prevention Strategy has been refreshed. It was launched in partnership on Suicide Prevention Day, September 10th, 2024.

5.6   The Draft Walsall Dementia Needs Assessment has been written and is currently under consultation with partners in the Dementia Steering Group. The needs assessment will underpin the writing, delivery and measurement of outcomes for the Walsall Dementia Strategy which is due to be refreshed in 2024-25.

5.7   Mental wellbeing grant funded projects are being delivered for Walsall residents, focusing on both the general public and specific projects for men. Projects are being delivered through a range of community organisations including: Caldmore Village; Mettaminds; MindKind Projects; Nash Dom CIC, Aaina and Walsall Black Sisters. Several men's mental wellbeing projects are also being established through Crowdfunding.

5.8   A Neurodiversity Wellbeing Programme, which aims to empower people with a lived experience to develop interventions that improve wellbeing for people who are neurodivergent was launched in March 2024, in collaboration with the Thrive

NHS programme delivered through the mental health trust. Six grants were awarded up to a value of £5000 for each individual grant.

5.9   Four Young People's enterprise projects have been commissioned and are mobilising.

5.10   The Thrive Mental Wellbeing Mobile unit continues to successfully deliver across Walsall, supporting people with challenges which influence their mental health and wellbeing. This partnership between Bloxwich Community Partnership, Manor Farm Community Association, Citizens Advice Sandwell and Walsall and Walsall Community Transport continues to support the delivery of wellbeing plans for people in Walsall. An update on the evaluation is due to be presented at the mental wellbeing multi-agency partnership meeting 9th October 2024.

5.11   Community Bereavement and Counselling services also continue to deliver and receive positive feedback.

Mental Health partnership priorities

5.1   Brownhills Community Association and a consortium of local providers have begun delivery of a programme of support for the Wider Determinants of Health:

5.2   Initial data received from the programme shows extensive use of the offer from Brownhills, Citizens Advice Bureau, Manor Farm and Mindkind. Support is being offered to other providers to increase activity. An end of year evaluation will be completed in Quarter 4 of 24/25 to support decision making on future commissioning. This evaluation will be taken through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership.

5.3   Recovery College commissioned additional course provision from local VCSE providers in Walsall to expand the offer in diverse communities. The evaluation has shown that the VCSE commissioned courses had a higher uptake from BAME communities. Additional courses for the new prospectus are in the process of being commissioned.

5.4   Ablewell have been commissioned by BCHFT to improve access to Welfare Rights support for people with Severe Mental Illness.

5.5   Across the Black Country there has been an intensive period of coproduction for a new Talking Therapies (TT) model for the Black Country which will maintain the core NHS Talking Therapies model and then expand to include a Plus offer which will support people with a more holistic offer provided by multiple provider partners (TTPlus).

5.6   There are several VCSE organisations who have collaborated on the proposal for TTPlus in Walsall and have requested that One Walsall act as Lead Organisation. The TTPlus pilot is due to begin delivery in October and evaluation of the project will be taken through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership.

> Walsall TT Plus
> Lead Organisation:
> One Walsall
> Aiana Hub
> Aspire 4 U
> Dorcas
> EWA CIC
> Mettaminds
> Mindkind Project
> Restoration Therapy
> WPH Counselling

5.7   We now have seven Primary Care Mental Health Workers, funded jointly from primary care and BCHFT in post. They will act as a "first point of contact" for those contacting primary care with mental health needs.

5.8   Work is in progress to develop an improved pathway for those with Severe Mental Illness (SMI) to enable them to better access health checks.

5.9   We have developed and are implementing a dual diagnosis pathway for those accessing secondary care having both mental health and drug and alcohol issues.

Background papers

None

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Appendix 1

Priority area and oversight group	Overview	Proposal measure at Place	Walsall Together Response
1)Mental Health Prevention, Promotion & Health Equity Mental Wellbeing Stakeholder Group	Building local intelligence across the lifecourse (including MH needs assessments and community engagement) to inform a more coordinated and informed approach to service development and resource allocation. Delivery against Prevention Concordat Mental wellbeing awareness raising within communities Consideration of wider determinants of health as they link to mental health Consideration of specific inequalities	• Design dashboard for monitoring progress against mental wellbeing strategy, for sign off by Health & Wellbeing Board • Social value distribution of funding to community-based universal and targeted services • Reduction in need for referral to secondary MH services • improve citizen and patient outcomes, as evidenced through mental wellbeing dashboard (to be developed) • impact of wider determinants of health VCS workstreams	May need a shared oversight of VCSE work with resilient communities Also needs careful management of interdependencies with determinants work and Talking therapies plus, see 7) below
3)Physical Health of SMI and LDA cohort Mental Wellbeing Stakeholder Group	A coordinated programme across partners that not only meets the health targets (e.g. for physical health check completion or vaccination) but also offers pro-active intervention and explores preventative opportunities to improve and prioritise access for these at risk groups. Roll out of national 'Reasonable Adjustments' requirements for LDA cohort across all health and care partners.	• SMI and LDA Physical Health Checks and Vaccinations targets • Outcome/experience measure relating to impact of checks • Effective monitoring of health check outcome • Waiting times for SMI/LDA cohort across key physical health pathways • Compliance with national tobacco dependency measures • Taking learning from above to initiate focused effort on maintaining physical health of all patients (not only SMI/LDA) alongside supporting patient mental health improvement	Good progress already at place for this.
4)Dual Diagnosis Mental Wellbeing Stakeholder Group	Increasing integration across mental health services and place-based substance misuse services to avoid people falling through gaps, providing more seamless pathways and development of workforce skills and competencies.	• Pathways for secondary and primary care in place, monitored and using process and outcome measures	Secondary care element now moving to closedown/business as usual for Walsall Together, with fast track for escalation to CPLG if required
6)Neurodevelopmental Mental Wellbeing Stakeholder Group	Coordinate the local delivery of improvements and recommendations including those identified through the co-produced Black Country All-Age Autism Framework Embedding shared care arrangements (e.g. for ADHD) across primary and secondary care services	• TBD - Citizens and families reported improvements • No. of GP's & PCN'S who operate MH shared care practices	Need to consider links across all ages, and more than just autism possibly. May need a specific and new project as lots of threads to coordinate and areas where currently little activity or provision Again links to children's alliance re SEND cohort. Propose an adult project for Walsall Together
7)Integrated community mental health pathway Mental Wellbeing Stakeholder Group	Increasing the range of preventative and early help mental health interventions delivered through the voluntary and community sector close to local communities Embedding more seamless pathways and shared care arrangements across primary care and secondary mental health services Making every contact count	• Outcome measures linked to Tier 1 and Talking Therapies Plus interventions (TBA) • Number of PCNs receiving transformed MH offer • Reduction in need for referral to secondary MH services, and related reduction in waiting times • Meeting 4 week target • No. of GP's & PCN'S who operate MH shared care practices • Impact of Talking therapies VCS workstreams	Links to integrated primary care teams and primary care development Also a line of sight through to family safeguarding

Priority area and oversight group	Overview	Proposal measure at Place	Walsall Together Reponses
9|Building local relationships and networks across professionals **Mental Wellbeing Stakeholder Group**	Networking opportunities to continuously improve working relationships across multi-agency professionals Developing opportunities to share learning and provide operational feedback locally across professionals/teams Opportunities to share changes and transformation plans across professionals/teams Building joint intelligence (data) and communication systems/channels	Qualitative feedback	Some good linkages emerging with social prescribers and physical health teams in MH. We could purposefully and incrementally build these connections around topics of shared interest, and monitor/report on this through MW &MH meeting, shouldn't need a formal project. Pulling forward the 8 Steps to Wellbeing programme across place partnerships
10|Enablers **Mental Wellbeing Stakeholder Group**	• Estate - Developing opportunities to locally co-locate services to improve access and productivity • Workforce - Developing local recruitment campaigns and promoting health and care as a career choice		Understanding impact – communities, data, inequalities. Also shared project support

PRIORITIES OVERSEEN BY OTHER GROUPS

Priority area and oversight group	Overview	Proposal measure at Place	Walsall Together Reponses
2|Suicide Prevention **Suicide Prevention Group**	In addition to the Trust prioritisation of suicide prevention of people in services, each Place based partner to be actively involved in the development of a Place Based Suicide Prevention plan that recognises that a higher proportion of people that complete suicide are not known to MH services. Collectively progressing holistic and systematic approaches to improving the mental health and wellbeing of local people as a joint priority including raising awareness of suicide, encouraging help-seeking behaviour amongst high risk groups and tackling the social, health and economic factors that increase suicide risk.	• Sign off of Suicide Prevention Plan by Health & Wellbeing Board, with KPIs agreed	Governance sits within council for this work, with dotted line to Mental Wellbeing Stakeholder Partnership
5|Children and Young People's Emotional MH and Wellbeing (Getting Advice) **CYP Emotional Wellbeing Group**	Building common understanding and coherent and resource efficient advice and signposting mental health and wellbeing support for children, young people and families, and specifically those who need support for usual challenges but are struggling to navigate them independently with the usual 'thriving' support. *Note – we would like to avoid duplication of the existing governance established locally for this priority through the CYP Emotional MH and Wellbeing Boards – see next slide.*	• Children, young people and families reporting easier access to appropriate support and better awareness of where support is available. • Numbers of referrals to Getting Help+ CYPMH services • Reduced waiting times for Getting Help+ CYPMH services.	To be discussed in Children's Alliance. Governance through local and regional Children and Young People Emotional Wellbeing Boards. Links to existing project, adolescents with complex needs.
8|Reducing unnecessary mental health admissions / delays **System Operational Group**	Developing a coordinated approach to providing support for housing, homelessness and those with no recourse to public funds Jointly developing high intensity service user model (HISU) across each place (already in Wolverhampton) Consider interface with adult social care	• No. of MH inpatients who were homeless • No. of MH inpatients with no recourse to public funds • HISU measures – activity, experience and A&E attendance	A more acute conversation, maybe not the right people in the partnership, and so proposal that system operational group leads on this priority

| **Health and Wellbeing Board** |
| **19 September 2024** |

Walsall Multi-Agency Suicide Prevention Strategy 2024-2029

1. Purpose

1.1 The purpose of this report is to present the Walsall Multi-Agency Suicide Prevention Strategy 2024 - 2029, for endorsement by the Health and Wellbeing Board (HWBB).

2. Recommendations

2.1 That the HWBB endorse the Walsall Multi-Agency Suicide Prevention Strategy 2024-2029.

2.2 That the HWBB continue identify mental health champions from their respective organisations to drive forward the prioritisation of mental health and suicide prevention.

3. Report detail

3.1 The Walsall Multi-Agency Suicide Prevention Strategy 2024 - 2029 supersedes the 2018 -2023 Walsall Suicide Prevention Strategy. This strategy has been produced by the joint efforts of a wide range of partners who either contributed to the writing and design or provided data and information.

3.2 In recent years, there was a continually increasing rate in Walsall, which, as of 2016, was higher than both the regional and national average rates. However, the rate has been decreasing more recently, and Walsall now has a lower rate than England and the West Midlands. In England, there were 198 (1.3%) more suicides registered in 2021 than in 2020. The age-standardised rate has also seen an increase nationally, with 10.74 persons per 100,000 dying from suicide in 2022, compared with 10 per 100,000 in 2020.

3.3 A suicide prevention audit conducted in 2022 highlighted seven key themes for focus: Bereavement; Physical Ill-Health/ Disability; Social Exclusion (Neurodiversity); Acute Financial Stresses; Familial Estrangement; Offenders (alleged and convictions for violent and sexual offences); Abuse and Trauma (Sexual or physical abuse as a child/ young person, domestic violence, ex-service personnel – Post traumatic stress disorder).

3.4 A multi-agency consultation workshop was held involving a wide range of stakeholders in January 2024. Further consultation has been ongoing, with partners contributing throughout the development of the strategy, and through the process of data review the risk factors were updates (See strategy page 24)

3.5 Members of the partnership are from a range of diverse statutory, non-profit and private bodies. This group is to be further expanded to facilitate coordination of effective partnerships in suicide prevention across sectors, including statutory, third sector and for-profit organisations. These will include any local organisation whose remit includes activity relevant to suicide prevention or with information pertinent to local deaths by suicide.

3.6 The Walsall Multi-Agency Suicide Prevention Strategy takes a broad approach to improving the mental health and wellbeing of people living in the borough. It seeks to raise awareness of suicide, encourage help-seeking behaviour amongst high-risk groups and tackle the social, health and economic factors that increase suicide risk.

3.7 The vision is that: ***We individually and collectively aspire to reduce self-harm and prevent all deaths by suicide in Walsall, offering hope, support and recovery to those experiencing mental distress.***

- we see a continuing decrease in the number of suicides and incidence of self-harm in Walsall
- every person in Walsall understands how to protect their own mental health and knows how to access adequate support and we know there is not adequate support available
- all partners see suicide prevention as their business and are skilled in responding appropriately
- information and data are timely and sufficiently detailed to inform prevention
- those affected by suicide have access to timely and appropriate local information and support
- the means of suicide are dramatically reduced
- those supporting the bereaved are equipped to provide preventative suicide support
- local media deliver messages sensitively

4.   Implications for Joint Working arrangements:

4.1 Suicide prevention is most effective when it comprises part of wider work addressing the social and other determinants of poor health, wellbeing or illness. This strategy seeks to tackle and address the 'risk factors' for suicide and encourage and support the 'protective factors'.

4.2 Aligning this strategy with the broader mental health agenda, mental health commissioning vision and financial plans is a real challenge. The success of this strategy is reliant on the prioritisation of suicide prevention by all stakeholders in Walsall.

- Financial implications: This strategy will require resourcing to develop targeted initiatives, support services and suicide prevention training.
- Other resource implications (e.g. staffing): This strategy requires resourcing i.e. intelligence and project support officer time and programme coordination

Health and Wellbeing Priorities:

2

The strategy contributes to Mental wellbeing – especially social isolation and the impact of COVID-19 by addressing the Walsall Multi-agency Suicide Prevention Strategic Themes.

SPT1
Awareness raising activities to prevent suicide & self-harm

SPT2
Suicide Prevention Interventions Targeting High Risk Groups

SPT3
Reduce the access to means of suicide suicide prevention competency through training

SPT4
Reduce the access to means of suicide

SPT5
Support the media in the sensitive reporting of suicide

SPT6
Improve local data & intelligence on deaths by suicide

SPT7
Improve information & support to those bereaved by suicide

Walsall Multi-Agency Suicide Prevention Themes

SPT = Suicide Prevention Theme

It also contributes to the We Are Walsall 2040 vision and ambitions by seeking to:
- Be a healthy borough
  - We are thriving and happy
  - We are healthy and well

And to *The Walsall Economic Strategy and Action Plan* by increasing appropriate skills and training and opportunities for taking up volunteering

Background papers

Walsall Multi-Agency Suicide Prevention Strategy 2024-2029

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3

Walsall Multi-Agency Suicide Prevention Strategy

2024 - 2029

PROOF

Walsall Council

Wellbeing Walsall
No Wrong Door
We are here to help

Healthy WALSALL
Starting Well • Living Well • Ageing Well

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And all who have taken the time to provide feedback.

Definitions and abbreviations

BCHFT: Black Country Mental Health Foundation Trust

Child and Adolescent Mental Health Services (CAMHS): a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing

Dual Diagnosis: the occurrence of a mental illness alongside substance misuse

In-Patient Suicide: death by suicide of a person who was registered as being an in-patient within a ward/unit/hospital at the time of their death, irrespective of the exact location of their death

ICB: Integrated Care Board: A statutory NHS organisation responsible for making a health plan for meeting the health needs of a population, linking with social care

LGBTQ+: lesbian, gay, bisexual, transgender, queer, questioning and Asexual, which are terms used to describe sexual and gender identity

Mental Health Literacy: knowledge and understanding of mental health

NEET: young people Not in Education, Employment or Training

NHS Talking Therapies for Anxiety and Depression programme: (formerly known as Improving Access to Psychological Therapies, IAPT) was developed to improve the delivery of and access to evidence-based, NICE recommended psychological therapies for depression and anxiety disorders within the NHS

NICE: The National Institute for Health and Care Excellence. They provide national guidance and advice to improve health and social care

Patient Suicide: death by suicide of a person who had been in contact with mental health services in the 12 months before their death, but excluding the NHS Talking Therapies programme and other primary care-based mental health services

PSHE: Personal, Social, Health and Economic Education. Delivered in both primary and secondary schools

Self-Harm: Causing intentional harm to ones' body - usually a way of coping with or expressing overwhelming emotional distress

Suicide: The act of deliberately taking one's own life

Suicide Rate: the number of suicides per 100,000 population, adjusted to take into account epidemiological variations in populations (groups of people) such as age, gender, number of people receiving a service, etc

WHT: Walsall Healthcare NHS Trust

WPH: Walsall Psychological Help - counselling service

Foreword

Suicide is a major issue for society and is a major cause of life years lost. More lives are lost to suicide each year in England than to road traffic accidents. We need to recognise that suicide is not inevitable; many deaths through suicide are preventable as suicide is often the endpoint of a complex pattern of risk factors and distressing events.

The effects of these suicides are often felt in the wider community and, in particular, by those who have had their lives shattered by the loss of a loved one. Each suicide is a tragedy and one that has a devastating effect on friends and families. Many organisations across Walsall are working hard to support people who are struggling to cope and experiencing feelings which may lead to suicide.

Suicide prevention is a complex public health challenge that requires close working between the different NHS and partner organisations. This strategy builds on the priorities set out in the 2018 – 2023 Walsall Multi-agency Suicide Prevention Strategy, the Suicide Prevention in England: 5-year cross-sector strategy (2023) and existing and emerging evidence around suicide, such as from the National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report (2023).

According to research evidence, the risk of suicide in the whole population increases in times of financial difficulty, so activity to support suicide prevention must be maintained as a priority over the next few years. The risk factors that contribute to suicide are wide-ranging and complex. Hence, the task of preventing suicide requires action from all parts of society and across organisations from the public, private and voluntary sectors. It is a task we all have a duty to address. Multi-agency stakeholders are at the centre of the action to reduce suicide.

As a partnership, we will build relationships and develop new initiatives across organisational and professional boundaries to recognise and showcase good practice. This is an adult focused strategy which draws attention to the challenges addressing suicide and seeks to influence stakeholders to take action.

The strategy recognises the risk of suicide in children and young people and interfaces with the Children and Young People's emotional wellbeing agenda. The key interface of this strategy is the Walsall Children and Young People's Emotional Wellbeing partnership, responsible for developing and improving pathways, services, and interventions to improve and prevent the decline of emotional and mental wellbeing in children and young people.

Introduction

The Walsall Multi-Agency Suicide Prevention Strategy (2024-2029) takes a broad approach to improving the mental health and wellbeing of people living in the borough. It seeks to raise awareness of suicide and self-harm, encourage help-seeking behaviour amongst high-risk groups and tackle the social, health and economic factors that increase suicide risk in young people and adults.

Why do we need a strategy?

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events; however, it is not inevitable. By working together, we can lower the rate of suicide in the borough.

Each life lost to suicide impacts negatively on many others that they are connected to, such as family, friends, work and education colleagues and carers.

The current suicide prevention work requires further development, and mechanisms need to be formalised into a strategy to ensure people in distress have increased options for support and are given information clearly and consistently. We want a society where people in distress receive appropriate and timely early intervention, prevention and crisis support services.

Our ambition

We individually and collectively aspire to reduce self-harm and prevent all deaths by suicide in Walsall, offering hope, support and recovery to those experiencing mental distress.

The ambition will have been achieved when:

- we see a continuing decrease in the number of suicides and incidence of self-harm in Walsall

- every person in Walsall understands how to protect their own mental health and knows how to access adequate support and we know there is not adequate support available

- all partners see suicide prevention as their business and is skilled in responding appropriately

- information and data are timely and sufficiently detailed to inform prevention

- those affected by suicide have access to timely and appropriate local information and support

- the means of suicide are dramatically reduced

- those supporting the bereaved are equipped to provide preventative suicide support a

- the local media delivers messages sensitively

Background

National Policy Drivers

The strategy is aligned with the Department of Health and Social Care's national strategy:

- Suicide prevention in England: 5-year cross-sector strategy, Department of Health and Social Care, (2023)

Other drivers for suicide and self-harm prevention include:

- Consensus statement for information sharing and suicide prevention, Department of Health and Social Care (2021)

- Health and Care Act, UK Parliament (2022)

- The National Confidential Inquiry into Suicide and Safety in Mental Health Annual Report. The University of Manchester (2023)

- The National Confidential Inquiry into Suicide and Safety in Mental Health: Suicide by children and young people. The University of Manchester (2017)

- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Suicide by middle-aged men. The University of Manchester (2021)

- The NHS Long Term Plan. NHS (2019)

- Self-harm: assessment, management and preventing recurrence. National Institute for Health and Care Excellence (2022)

- University Mental Health Charter Framework, Hughes, G. and Spanner, L. (2019)

  In addition, the national strategy acknowledges several other drivers and strategies relating to specific high-risk groups and topic areas, of which this strategy is cognisant. These include:

- Domestic Abuse Act, UK Parliament (2021)

- From harm to hope: A 10-year drugs plan to cut crime and save lives, Home Office, Department of Health and Social Care, Ministry of Justice, Department for Work and Pensions, Department for Education, and Department for Levelling Up, Housing and Communities (2021)

- Gambling-related harms: evidence review, Office for Health Improvement and Disparities and Public Health England (2019)

- High stakes: gambling reform for the digital age, Department for Culture, Media and Sport, (2023)

- Loneliness annual report: the fourth year, Department for Culture, Media and Sport (2023)

- Loneliness, suicide and young people, Samaritans (2019)

- National strategy for autistic children, young people and adults: 2021 to 2026, Department of Health and Social Care and Department for Education (2021)

- NHS employee suicide: a postvention toolkit to help manage the impact and provide support, NHS Confederation (2023)

- Online Safety Act 2023, UK Parliament (2023)

- Relationships and sex education (RSE) and health education, Department for Education (2019)

- Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019-21, MBRRACE-UK (2023)

- Tackling Domestic Abuse Plan, Home Office (2022)

Local drivers

The key local strategies influencing the direction of travel include:

- Domestic Abuse Strategic Needs Assessment for Walsall (2024)
- Walsall Alcohol and Drug Strategy (2023 - 2028)
- Walsall Joint Local Health and Wellbeing Strategy (2022 – 2025)
- Walsall Multi-agency Mental Wellbeing Placed Based Strategy "Together We Can" (2022 – 2032)
- Walsall Suicide Audit (2022)
- We are Walsall 2040 Borough Plan

How have we written the strategy?

This strategy is a refresh of the 2018-2024 Walsall Multi-agency Suicide Prevention Strategy which integrates national aims, guidelines, and evidence, including those set out in the 'Suicide prevention in England: 5-year cross-sector strategy'. A suicide prevention consultation event was held in January 2024, where strategic partners came together to inform the development of this strategy.

This strategy also draws on information gathered from Walsall Suicide Audit (2022) and utilised expertise within the Walsall Multi-agency Suicide Prevention Strategic Partnership.

The partnership will continually learn from local experience, using individual and service-user lived experience and local data, alongside regional input and national policy, to deliver and support the best possible actions to reduce suicide, and also care for those affected by suicide.

The Walsall Multi-Agency Suicide Prevention Strategic Partnership

The Walsall Multi Agency Suicide Prevention Strategic Partnership is led by Public Health Walsall Council and reports to the Health and Wellbeing Board. The group also shares information with the Walsall Mental Wellbeing Stakeholder Partnership. Members of the partnership are from a range of diverse statutory, non-profit, and private bodies, including:

- Birmingham MIND
- Black Country ICB
- Black Country Mental Health Foundation Trust
- British Transport Police
- Carer organisations
- Citizen's Advice Bureau
- Coroner's office
- Drug and Alcohol Services
- Employment support services
- Faith leaders
- Housing associations and providers, i.e. WHG, Accord and WATMO
- Network Rail
- Older people's services
- Organisations and Community Interest Companies representing diverse groups at an increased risk
- at-risk groups Inc. ethnic group, LGBTQ+, men, young people and employers
- People with lived experience and their families
- Probation Service
- Rethink Mental Illness
- Samaritans
- Schools and colleges
- University of Wolverhampton
- Voluntary sector, including One Walsall
- Walsall Bereavement Support Services
- Walsall Council Public Health
- Walsall Council Social Care
- Walsall Healthcare NHS Trust
- Walsall Psychological Help
- West Midlands Clinical Network
- West Midlands Fire Service
- West Midlands Police
- West Midlands Ambulance service

National and local suicide data

Data informing this strategy is from the Office of National Statistics, the Black Country Mental Health Trust the Birmingham and the Black County Coroner Service. The review occurred between October and December 2023 within the Walsall Health Care Trust and the Black Country Healthcare Foundation Trust.

Suicide Trends

Walsall generally has had a lower suicide rate than the West Midlands and National average since 2001.

Figure 1. The suicide rate in Walsall, compared to the West Midlands regional average and the overall rate for England between 2001 – 2021.
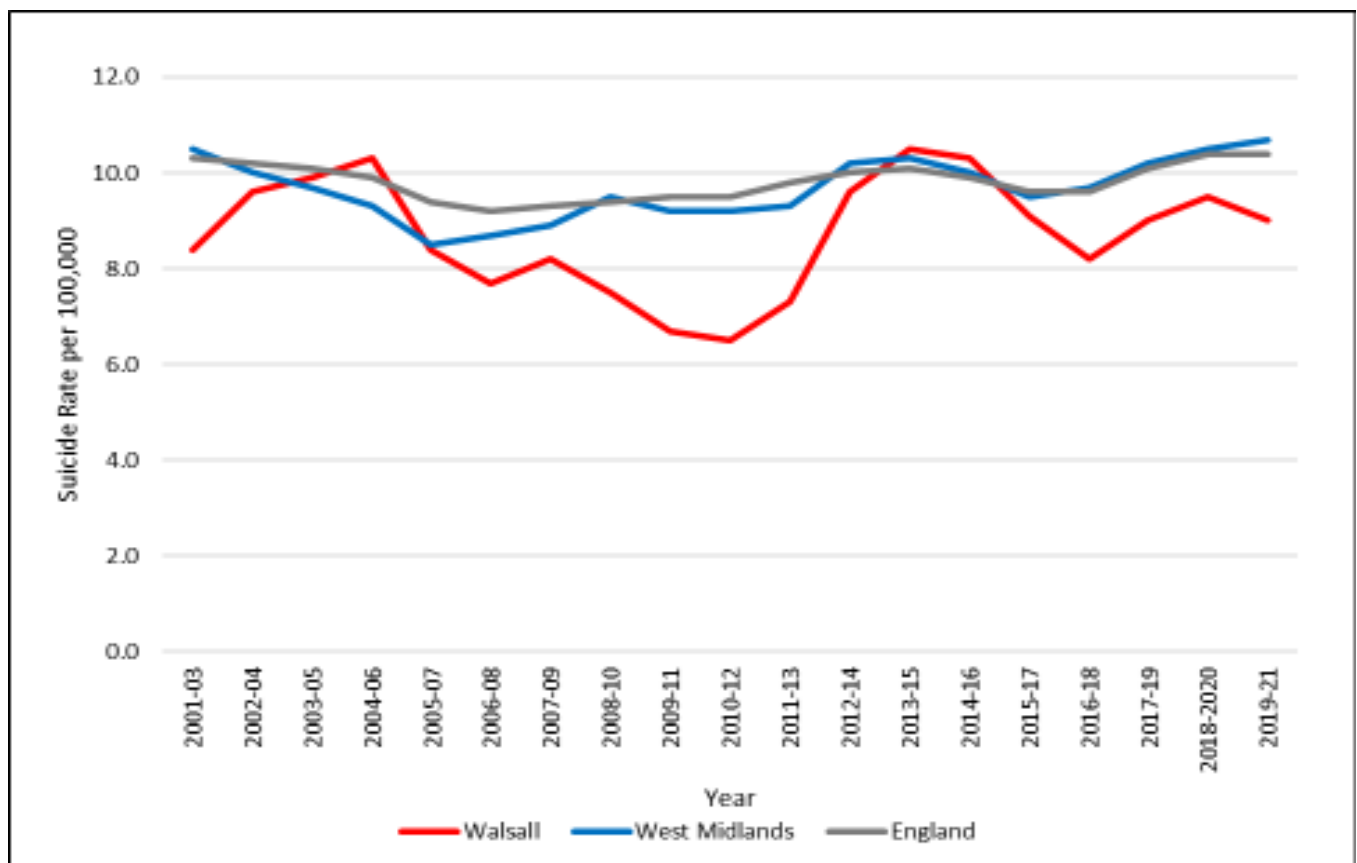

Source: Public Health Profiles (OHID)

In recent years, there was a continually increasing rate in Walsall, which, as of 2016, was higher than both the regional and national average rates. However, the rate has been decreasing more recently, and Walsall now has a lower rate than England and the West Midlands. In England, there were 198 (1.3%) more suicides registered in 2021 than in 2020. The age-standardised rate has also seen an increase nationally, with 10.74 persons per 100,000 dying from suicide in 2022, compared with 10 per 100,000 in 2020.

Suicide Trend by Sex

In England and Wales, age-standardised suicide rates generally decreased between 1981 and 2022. Following the economic recession in 2008, suicide rates in males in subsequent years increased to reach a peak of 10.3 deaths per 100,000 in 2013.

Of the 5,642 suicides registered in England and Wales in 2022, a total of 4,179 were male, and 1,463 were female. The current age-standardised suicide rate for England and Wales is 16.4 per 100,000 for males and 5.4 per 100,000 for females.

Figure 2. The trend in suicide rates in men and women in England and Wales between 1981 and 2022
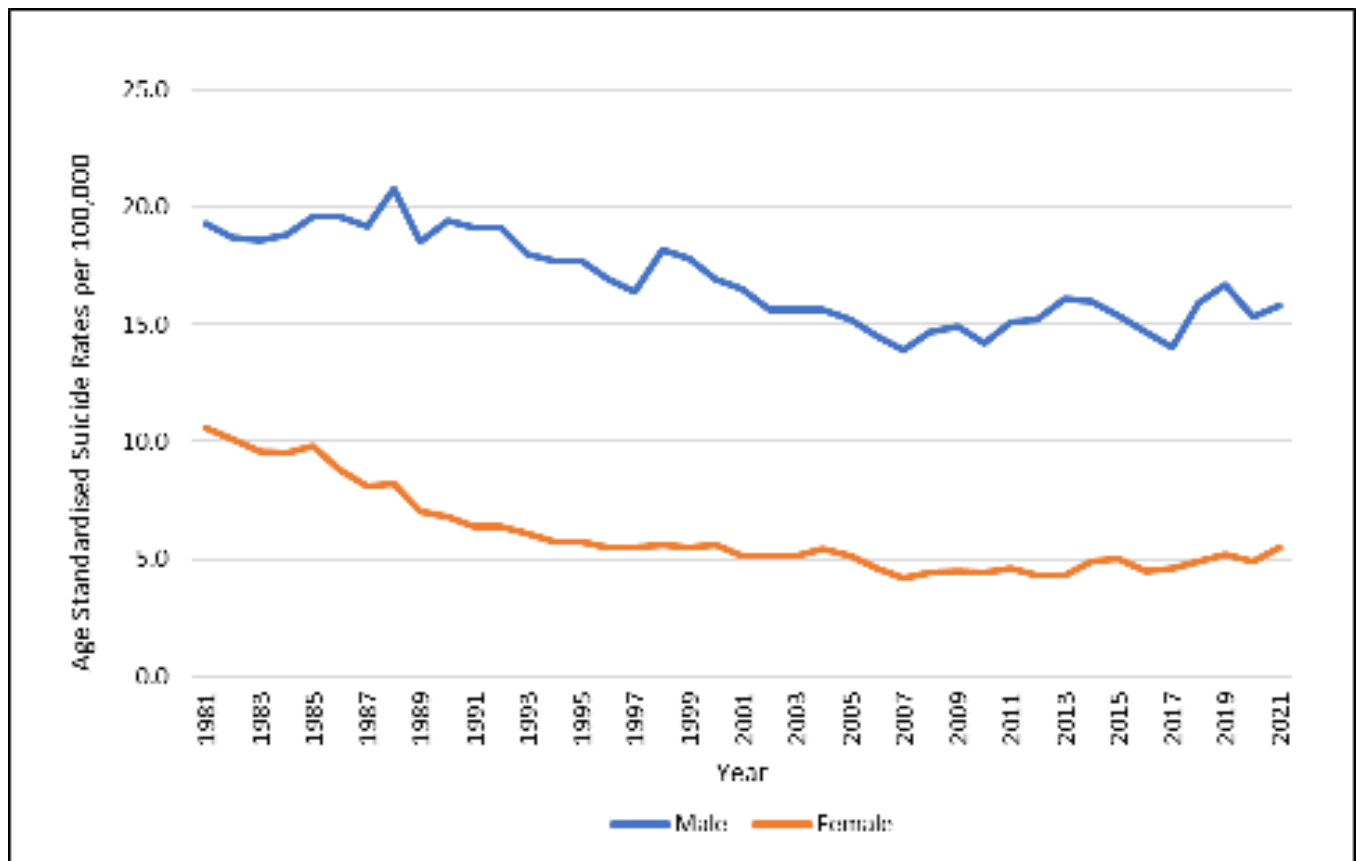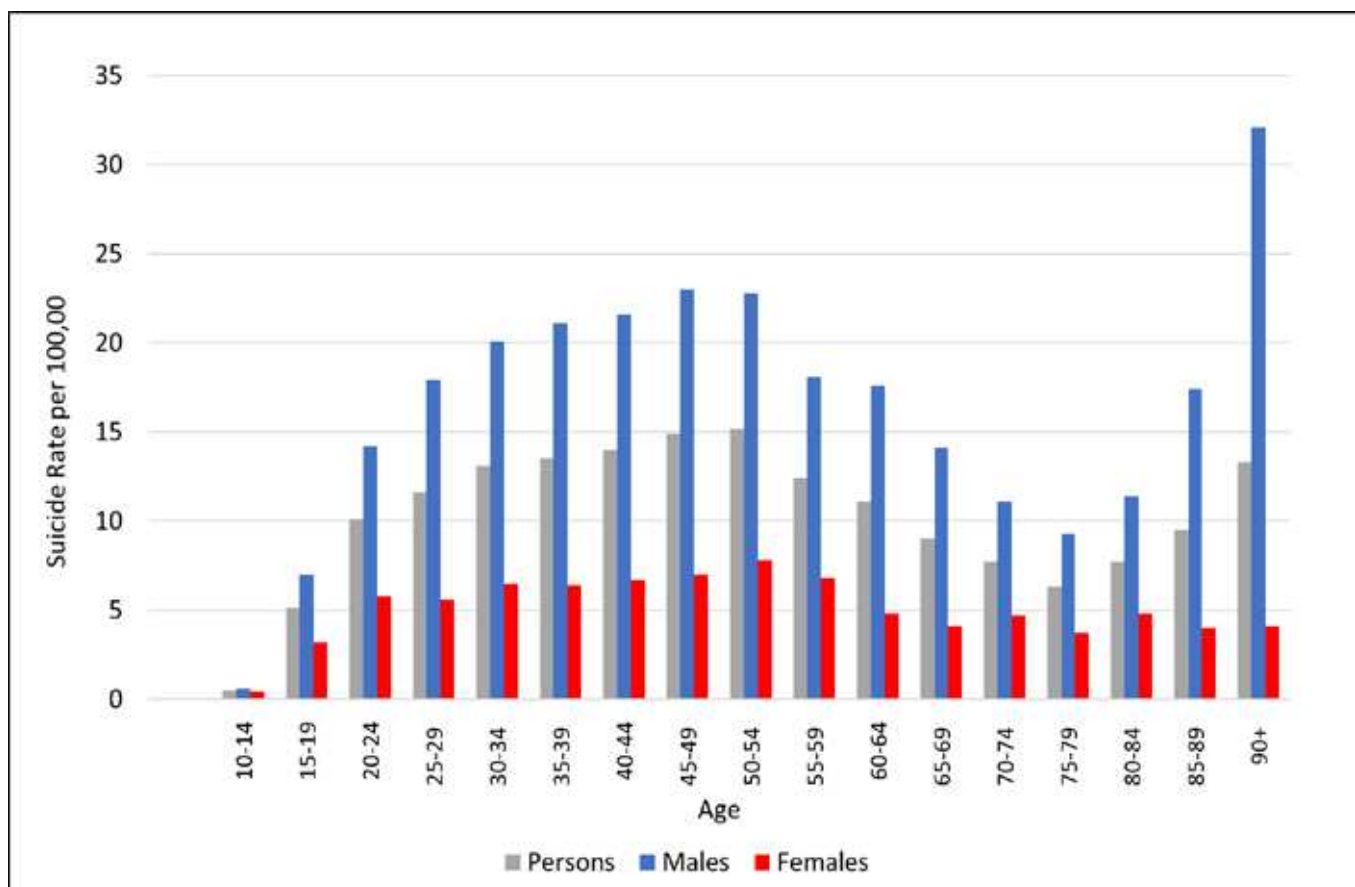

Source: Office for National Statistics

From 2007 onwards, there was an increase in the age-specific rate for men aged 45 to 64 years, from 15.9 per 100,000 in 2007 to 20.4 per 100,000 in 2022. Men are currently almost three times as vulnerable to death from suicide as women.

Gender and Age of Those Dying by Suicide

Figure 3. The age specific rates of people dying by suicide in the UK in 2022


Source: Office for National Statistics

In 2022, in England and Wales, age-specific suicide rates increased with age to a peak for those between 30 to 54, was lower in people aged 55 to 79 and then increased from 75 years to 90+ year-olds. The rate is significantly lower than average between the 55-59 age groups and 15-19-year-old age group and higher than average for those in the over 85-year age group. Persons aged 50-54 years had the highest age-specific suicide rate at 15.2 per 100,000. The 90+ age group had the highest rate among males at 30.4 per 100,000, while females aged 50-54 had the highest rate amongst females at 7.7 per 100,000.

Overall, the England and Wales age-specific male suicide rate is approximately three times higher than the female rate. The greatest suicide rate increases were seen in age groups 80 years and over in both males and females. Males in this age group are more than five times more likely to die by suicide than females and are most likely to complete suicide. Many factors contribute to this, such as the deterioration of mental and physical health, bereavement, social loneliness and poverty (Mushtaq et al., 2014).

Accident and Emergency (A&E) Attendances for Self-harm

Rates of emergency hospital admissions for intentional self-harm are statistically similar in both Walsall and England. For the period 2021-22, in Walsall, there were 170.9 emergency hospital admissions for intentional self-harm per 100,000, whilst for England overall, it is only slightly lower with 163.9 per 100,000.

Figure 4. Emergency Hospital Admissions for Intentional Self-Harm, 2021-22
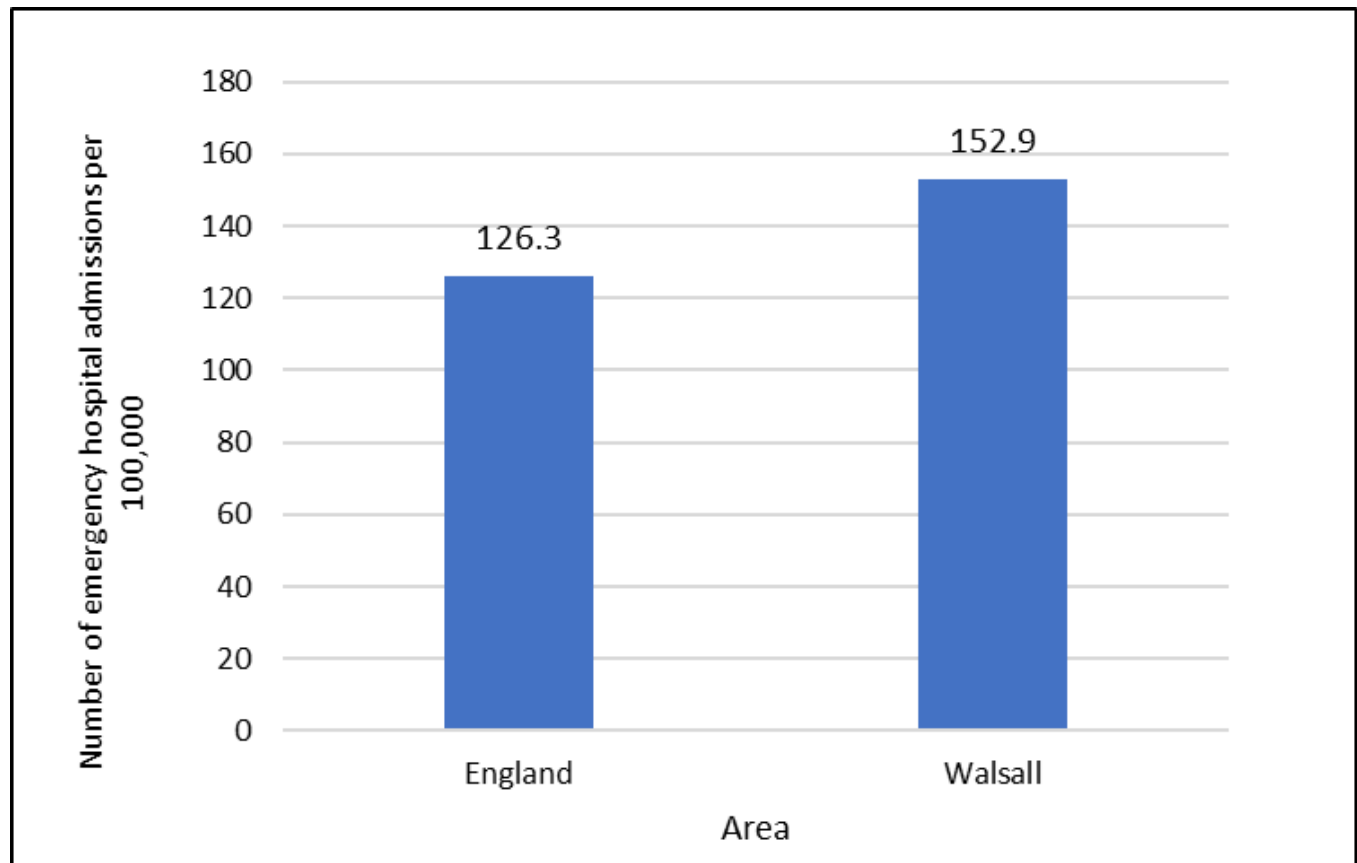
Source: Public Health Profiles (OHID - Fingertips)

Suicide in Mental Health Patients

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness found that between 2010 -20, 27% of all suicides in the UK were by people who had had contact with mental health services in the last 12 months. Overall, rates of suicides amongst those under mental health care have fallen since 2010, although it has stabilised since 2016 (Nuffield Trust 2023). National data suggests that 63% of those who die by suicide have a mental health diagnosis (University of Manchester, 2014).

Young People and Suicide

Suicide is the leading cause of death among young people aged 20-34 years in the UK. In 2021, 1,905 young people took their own lives. Every year many thousands more attempt or contemplate suicide, harm themselves or suffer alone, afraid to speak openly about how they are feeling (Papyrus, 2023).

Perinatal Mothers

Up to one in five women are affected by mental illness during pregnancy or within the first year after birth (Royal College of General Practitioners, 2018). The Confidential Enquiry into Maternal Deaths in the UK in 2018-20 showed that nationally, 40% of deaths occurring within a year after the end of pregnancy were from mental-health related causes (suicide and substance misuse), with suicide being the leading cause (MBRRACE-UK, 2022). More local data is required to understand the incidence of self-harm and maternal deaths by suicide in Walsall.

Risk of Suicide in LGBTQ+ People

Our LGBTQ+ communities are at an increased risk of death by suicide. Although being LGBTQ+ in itself is not a risk factor for suicide, there are higher risk indicators for suicide and self-harm among people identifying as LGBTQ+. Among LGBT youth in the UK, one in two reported self-harming at some point in their life, and 44% reported having thought about suicide (PHE, 2015). More local data is required to understand the incidence of self-harm and deaths by suicide amongst people identifying as LGBTQ+ in Walsall to ensure that suicide prevention interventions are targeted appropriately.

Deprivation

Figure 5. The suicide rate per deprivation decile in England 2012 – 2019
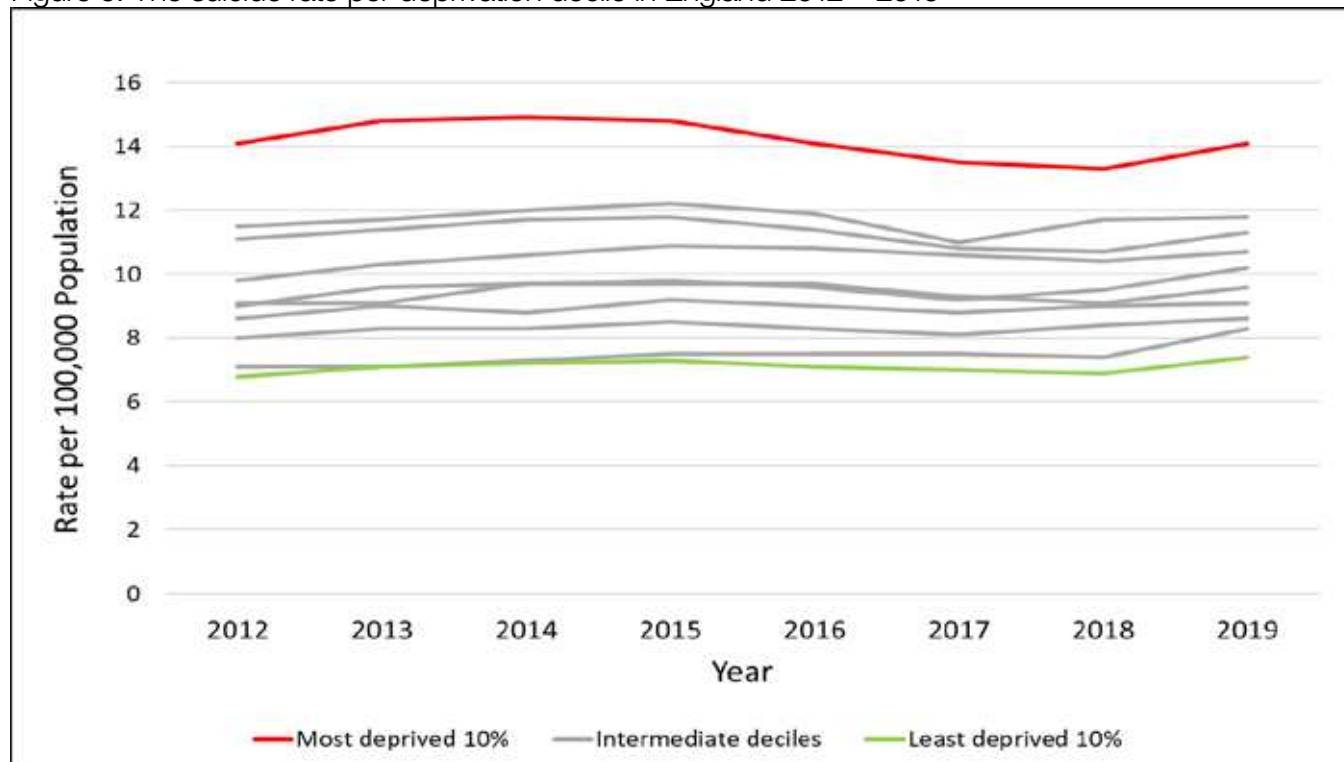
Source: Suicide Prevention Data (OHID)

People among the most deprived 10% of society are almost twice as likely to die from suicide than the least deprived 10% of society (14.1 per 100,000 compared to 7.4 per 100,000, respectively).

According to the Index of Multiple Deprivation (2019), almost half (48.3%) of the population of Walsall live in ten electoral wards in the most deprived decile across England. This equates to 139,710 people. This is a significant issue that needs to be addressed in the future.

The Association of Unemployment with Suicide

A study conducted across various regions of England between 2000 and 2010 showed that levels of unemployment correlate strongly with suicides. Each year during this period saw a 1.4% increase in the number of male suicides in correlation with increasing unemployment. According to the National Confidential Inquiry into Suicide and Safety in Mental Health (2023), 30% of men aged 45-54 who died by suicide were unemployed. The association between unemployment and suicide among women was not significant.

In Walsall, the unemployment rate has been consistently higher than the average in the West Midlands region or Great Britain. Walsall has followed the regional and national unemployment trends, with the levels increasing following the 2008 financial crash and reducing from April 2013 to March 2014. Walsall has higher unemployment rates than the West Midlands.

Figure 6. Unemployment rate, Jan 2004-Jun 2023
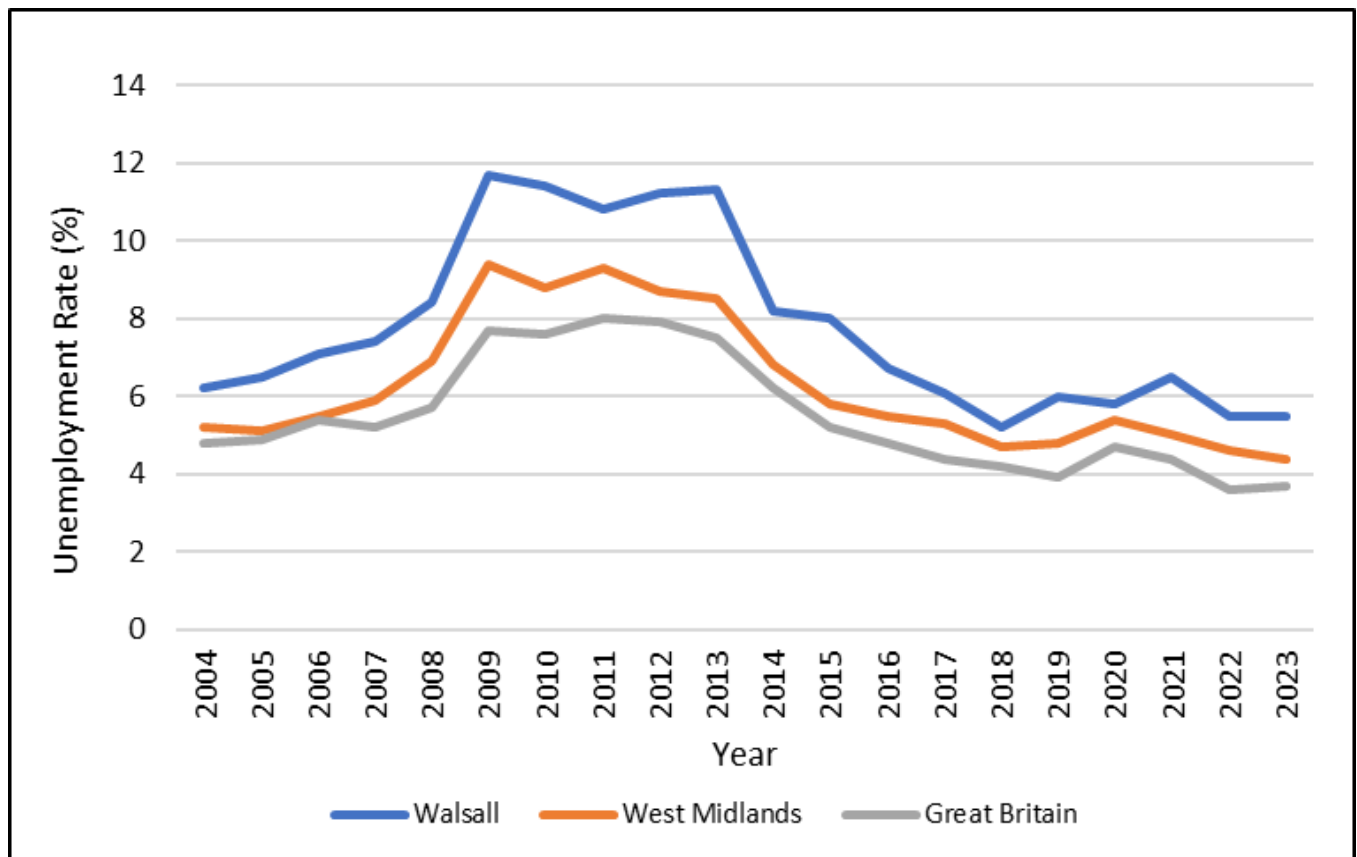
Source: Labour Market Profile, Walsall

The Association of Occupation with Suicide

Figure 7. Incidence of suicide in each of the major occupational groups, as classified by the Standard Occupational Classification (Version 2010), in males and females, during2011 – 2015 in England.

Males
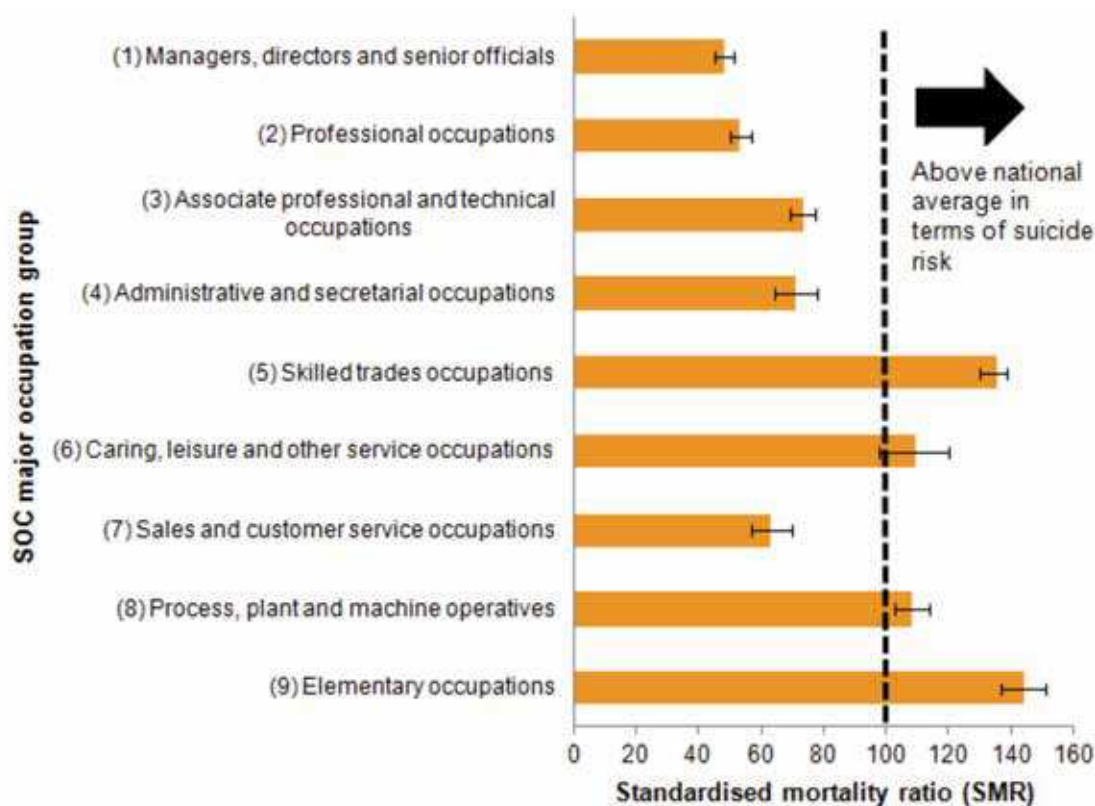
Females

Figure 7: Female suicides in each major occupational group, deaths registered in England, 2011 to 2015
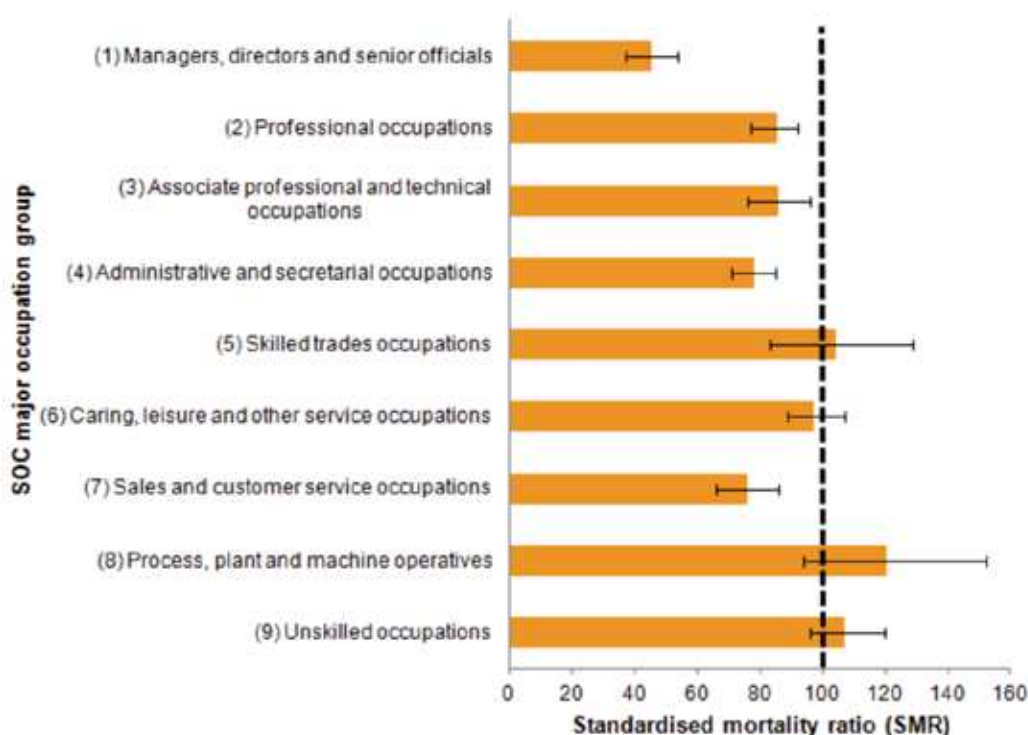
Source: Suicide by Occupation, England – Office for National Statistics

Amongst the 9 major occupation groups (Figure 7), elementary occupations (that is, low-skilled workers) had the highest risk of suicide, which was 44% higher than the national average. Suicides in this group accounted for 17% (1,784 out of 10,688) of all male suicides with an occupation recorded. Elementary occupations can be subdivided into "elementary trades and related occupations" and "elementary administration and service occupations".

The risk of suicide varies widely between these 2 groups; for elementary trades, the risk was almost 3 times above the national average, but for elementary administration and service occupations, the risk was no different to the national average (ONS, 2017).

Males working in skilled trades, for example, plasterers and decorators, also had more than double the risk of suicide. Other high-risk groups include female culture, media and sports professionals (69% higher) and female health professionals (24% higher), particularly female nurses. (ONS, 2017).

Occupation was not analysed in the suicide audit due to low numbers with occupation recorded. National data shows that certain occupations are associated with a higher risk of suicide. Individuals working in roles as managers, directors and senior officials had the lowest risk of suicide. In fact, in corporate managers and directors, risk factors for suicide were more than 70% lower for both sexes.

Job-related features such as low pay, low job security and having access to, or knowledge of, a method of suicide increase risk, i.e. doctors, dentists, nurses, vets and agricultural workers such as farmers were at increased risk of suicide.

In 2021 in England and Wales, out of 5,175 suicides in those aged 16 years and over, 253 suicides occurred in UK armed forces veterans. Overall, after accounting for age, there was no evidence of a difference in the rate of suicide between male UK armed forces veterans and the male general population. However, male UK armed forces veterans aged 25 to 44 years had a higher rate of suicide compared with males aged 25 to 44 years in the general population. (ONS, 2021).

Relationships

Figure 8. Rates of suicide in men and women by marital status in England and Wales between 2006 and 2015
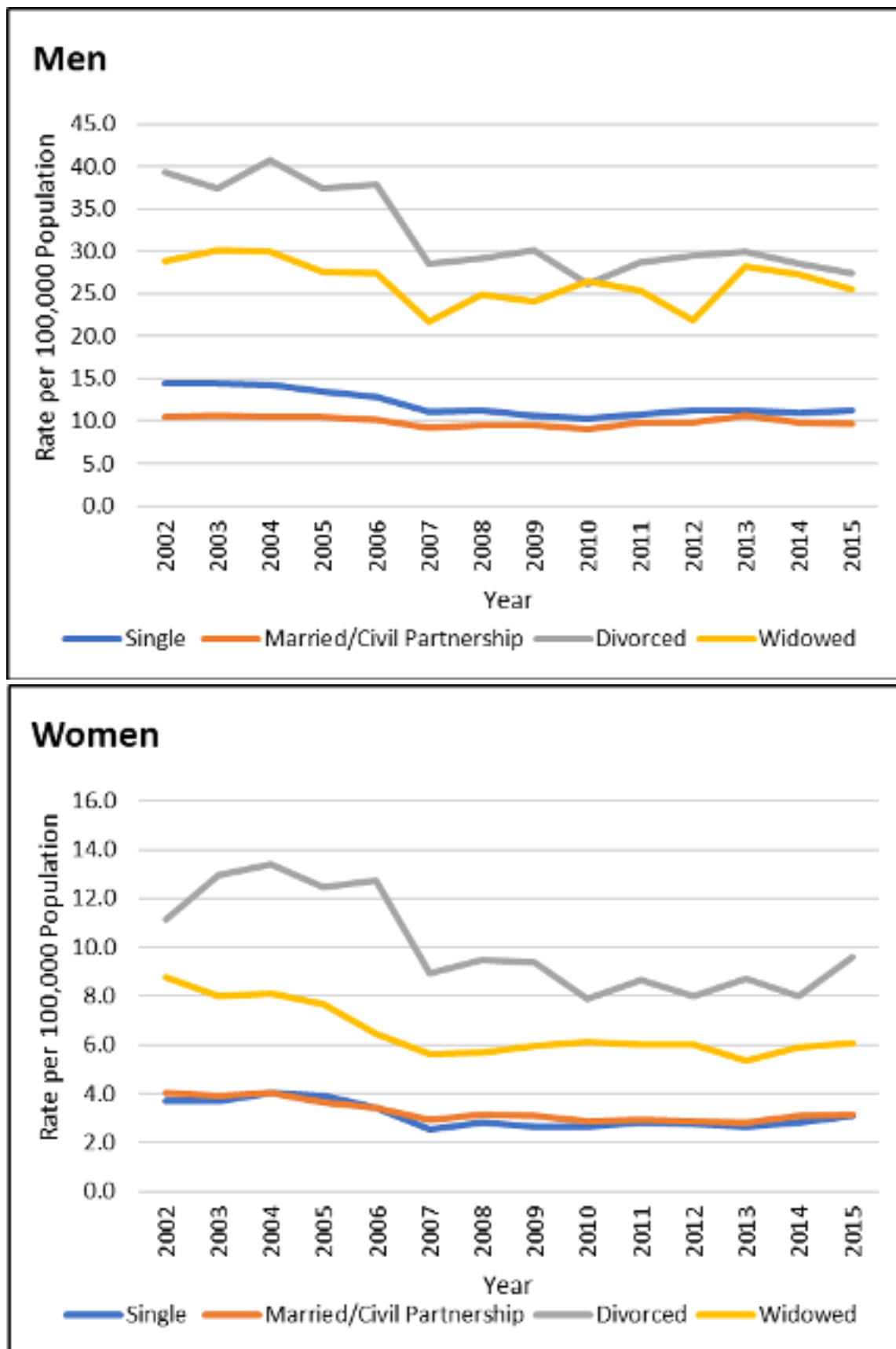
Source: Sociodemographic inequalities in suicides in England and Wales - Office for National Statistics (ons.gov.uk)

Relationship breakdown can also contribute to suicide risk. The greatest risk exists among divorced men, followed by widowed men who in 2015 were over two and a half times more likely to end their lives than men who were married or in a civil partnership.

Method of Suicide

In 2021, in the UK, the most common method of suicide for both males and females was hanging, suffocation and strangulation. Although this has been the case for many years, the proportion of deaths from hanging has steadily been increasing.

Figure 9. Proportion of suicides by method, from deaths registered in 2021 in the UK.
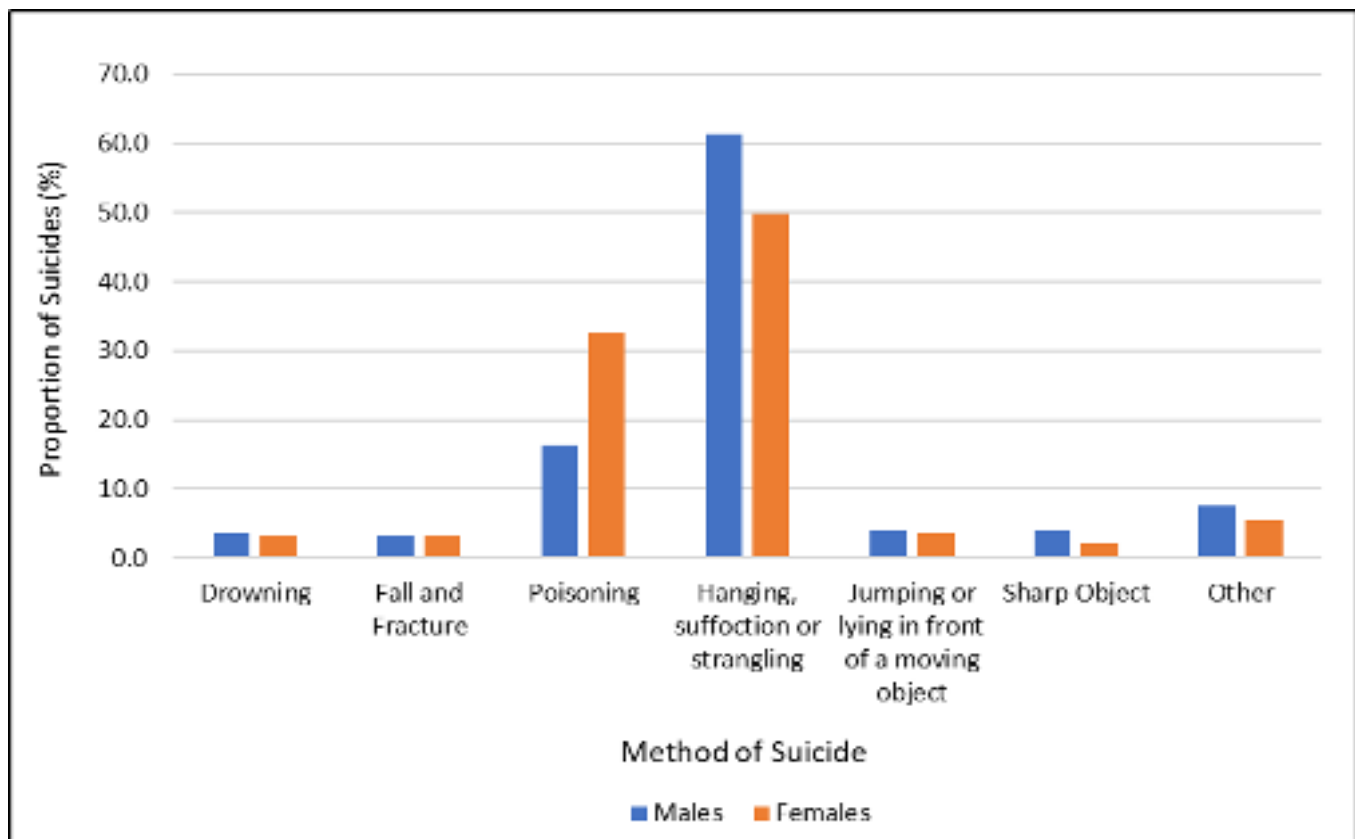
Source: Suicides in England and Wales (Office for National Statistics – ONS)

Of all suicides occurring during this period, 61.3% of males and 49.9% of females were either hanged, suffocated or strangulated, followed by poisoning, which was the second most common method of suicide for both males (16.3%) and females (32.7%). The proportion of deaths from drowning falls, and other methods have generally remained consistent for both males and females.

This is broadly comparable with the situation in Walsall. From September 2019 to December 2023, the majority of suicides were from Hanging (74%). 13% were from "Overdoses", which is slightly lower than the national average.

Figure10. The number of suicides by method, from deaths registered September 2019-December 2023 in Walsall

Method of Suicide	Number of Death	Method of Suicide	Number of Death
Hanging	52	Fall from Height	<5
Multi drug overdose	5	Fatal Drowning	<5
Bilateral Wrist Lacerations	<5	Fatal Polytrauma	<5
Carbon Monoxide Poisoning	<5	High Speed Rail Injury	<5
Codeine Overdose	<5	Self-inflicted Stab Wound	<5
Drowning	<5		

Source: Coroners Data Dashboard – Power BI

Real-Time Suicide Surveillance

The Office for Health Improvement and Disparities produces data from different Police Force Areas (PFAs) and is supplied to the National Police Chief's Council (NPCC) monthly. The data is not used for specific areas and is aggregated for England. It includes data from 27-31 of the 38 PFAs across England. Between August 2022 and October 2023, out of 4,813 deaths:

- 3,596 (74.7%) were in males and 1,217 (25.3%) in females

- 429 (8.9%) were in people aged 10 to 24, 1,805 (37.5%) in people aged 25 to 44, 1,887 (39.2%) in people aged 45 to 64, and 692 (14.4%) in people aged 65 and over

Figure 11. monthly trends in deaths by suspected suicide (directly standardised rate) per 100,000 population in England, persons, August 2022 to October 2023
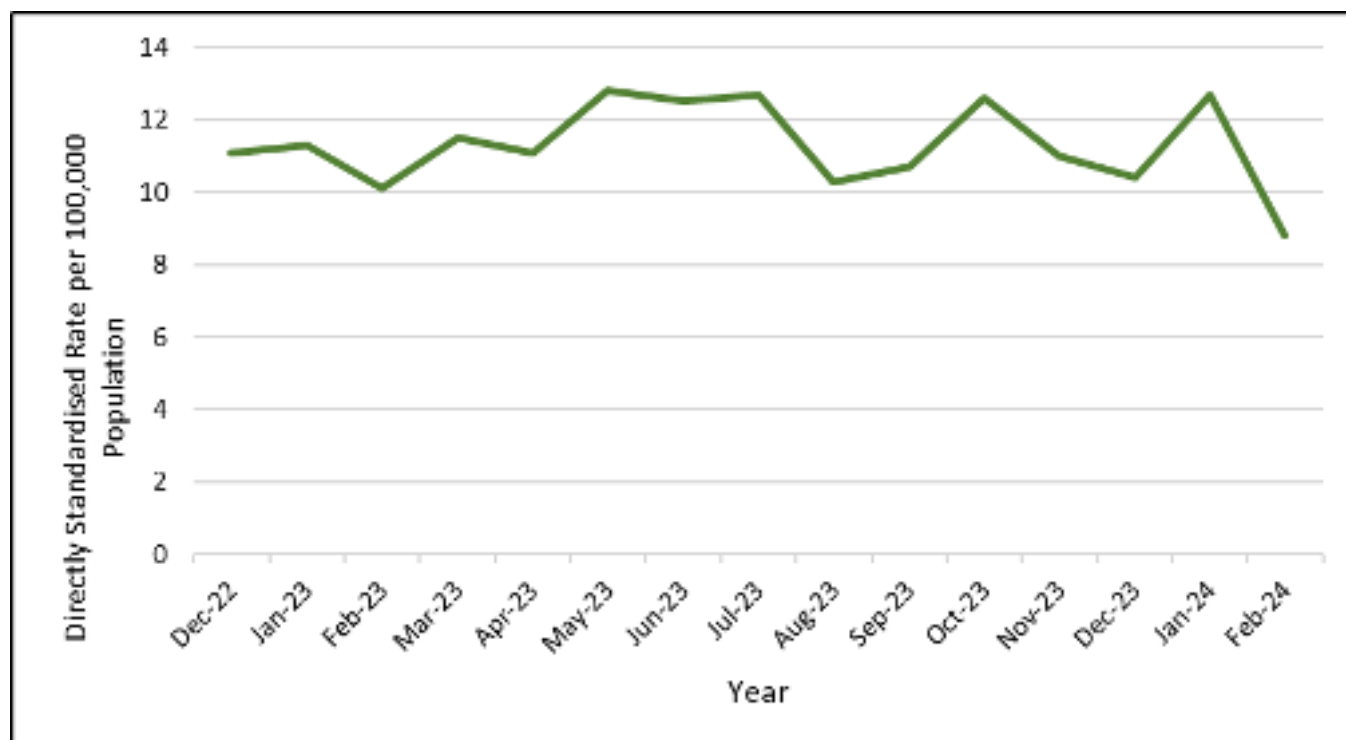
Source: Statistical report: near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to February 2024 (GOV.UK)

Methods

Figure 12. Proportion of deaths by suspected suicide method type, in England, persons, quarter 1-3, 2023
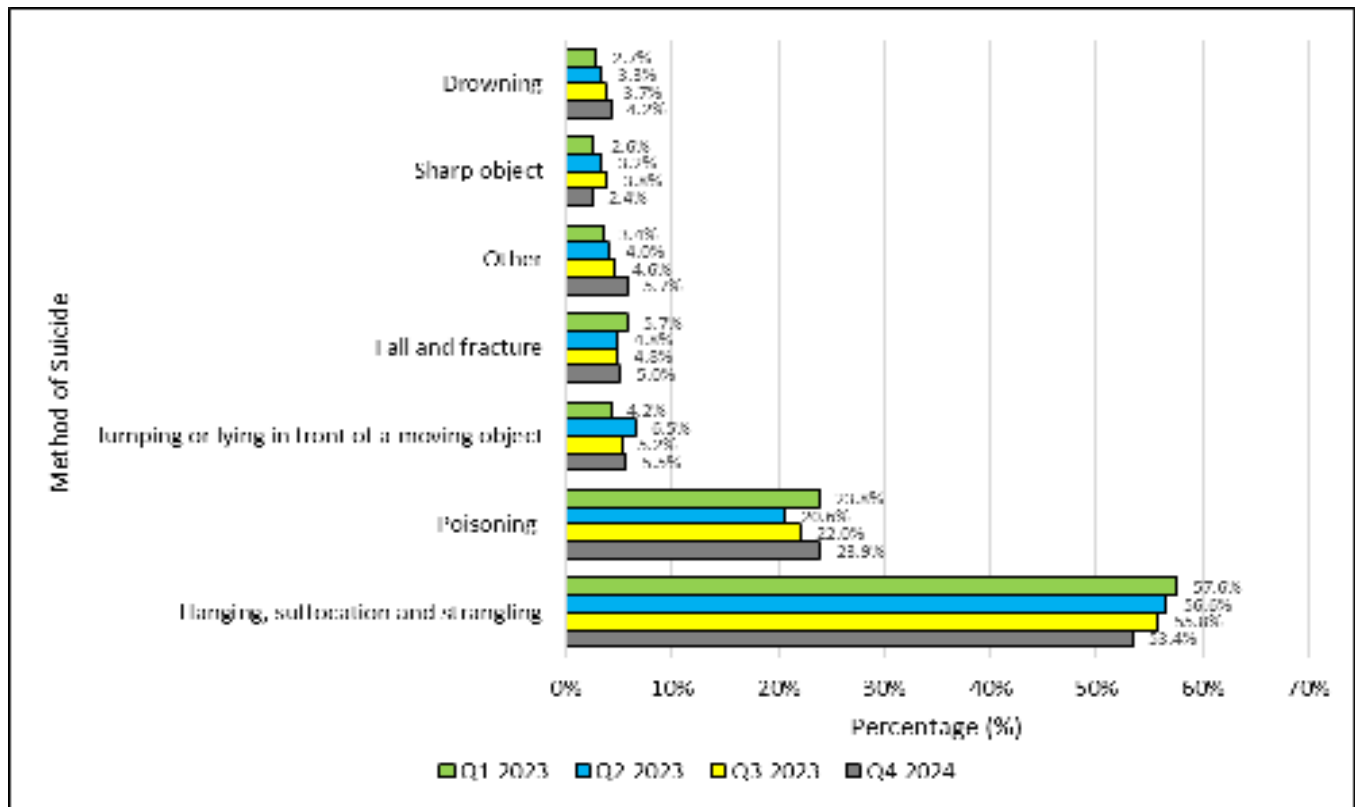
Source - Statistical report: near to real-time suspected suicide surveillance (nRTSSS) for England for the 15 months to February 2024 (GOV.UK)

In all reported quarters, hanging, suffocation, and strangulation were the most common methods type. It accounted for more than half of all deaths. However, this proportion appears to be decreasing over time.

Poisoning is the second highest method type across all quarters, accounting for over 20% of all deaths.

Drowning shows a continual increase across the quarters reported, with the latest quarter (Q3, 2023) highest at 3.7% of all cases, an increase from 2.3% in the same period of the previous year - as the number of deaths is small, this trend will be monitored.

Other methods are also increasing, and we will also be monitored.

Understanding Suicide Risk

The national and local data demonstrate that suicide risks are often multi-faceted and complex. Factors that can increase suicide risk include the following (University of Wolverhampton, 2023; Walsall, 2022; WHO, 2023):

Anyone can be at risk of suicide but the following identifies some of the groups at higher risk of suicide

Young to middle aged adult male	History of self-harm	Contact with mental health services	Experience of alcohol and substance misuse
Chronic physical/acute mental health	Access to means of suicide	Imprisonment or contact with criminal justice	Occupational groups i.e. nurses, armed forces
Exposure to suicide	Relationship breakdown	Unemployment/low income/debt	Depression/stress
Academic and exam pressures	Experience of abuse or neglect	Bullying and discrimination	Affected by domestic violence
Disability	Neurodiversity	Economic adversity	Being LGBTQ+;
Increased family breakdown, leaving more men living alone	The decline of many traditionally male-dominated industries	Social expectations about masculinity, lifestyles and being less inclined to seek help	
Isolation	Bereavement	Trauma	

Although these are significant predictive suicide risk indicators, this does not inevitably mean that individuals with these risk factors cause personal increased risk or that suicide is inevitable.
This strategy seeks to prevent suicide across the population and in high-risk groups.

Walsall Strategic Suicide Prevention Model

Seven strategic themes were identified in the previous suicide prevention strategy as key points for suicide prevention. Following the consultation event with key stakeholders, these themes have been amended to reflect new evidence and local circumstances. The strategy is set out in the following themes.

SPT1
Awareness raising activities to prevent suicide & self-harm

SPT7
Improve information & support to those bereaved by suicide

SPT2
Suicide Prevention Interventions Targeting High Risk Groups

Walsall Multi-Agency Suicide Prevention Themes

SPT6
Improve local data & intelligence on deaths by suicide

SPT3
Reduce the access to means of suicide uicide prevention competency through training

SPT5
Support the media in the sensitive reporting of suicide

SPT4
Reduce the access to means of suicide

SPT = Suicide Prevention Theme

SPT1 Improve Mental Health Literacy and Wellbeing and Increase Resilience in All

In line with the national mental health and suicide prevention agenda, we in Walsall believe that everyone, irrespective of where they live, should have the opportunity to achieve good mental health and wellbeing. This strategy supports enhancing individual wellbeing, reducing mental ill-health, and building community resilience.

Our Current Local Position	Our Current Local Challenges
• Walsall continues to develop its local approach to improving mental health literacy and tackle mental health stigma and discrimination. • Walsall's NHS Talking Therapies for anxiety and depression programme is established, and Mustard Seed and WPH deliver community counselling services. • Mental health and suicide prevention training and mental health first aid training are offered to people across Walsall communities. • The Walsall Mental Health Enablement service undertakes road shows to raise mental health awareness. • Walsall has Community Hubs and Walsall Family Hubs. • Walsall Thrive mobile unit delivers wellbeing interaction in the most deprived neighbourhoods across Walsall. • Wellbeing grant-funded projects are improving mental wellbeing literacy. • Suicide prevention training is provided to GPs across multi-agency partners and communities. • The Samaritans and Network Rail's prevention campaign focuses on priority locations across Walsall. • Self-help, crisis advice and support are accessible through No Wrong Door partnership organisations. • The children's emotional wellbeing signpost toolkit was updated in 2023, and the 'My Wellbeing' tool for children in schools is well established. School nurses offer wellbeing support for young people and families; PSHE school curriculums address social media's positives and negatives. • A new application, Wysa, supports mental health in targeted and focused ways. • Increased focus on the mental health needs of looked-after children.	• Stigma remains a considerable barrier to recognising and addressing mental ill-health for the public and for those dealing with mental health conditions and symptoms. • There is difficulty reaching people who are not in mental health services. • There is a need to ensure accurate data is available locally. • Some Walsall schools do not have wellbeing leads among school staff. • There are long waiting lists for mental health services. • Children who have never been to school may not be on any one's radar • There may be seasonality in need, such as that created by greater financial pressures approaching Christmas. • There is low digital literacy in the community. • Too few health, care and educational professionals have appropriate training; more training is required so that they do not feel under pressure or lacking in skill when someone seeks support. • Limited availability of funding

Where we want to be

- All people in Walsall know how to access information and support when in crisis and have mechanisms to do so.
- Prioritise the promotion of rollout of safety plans across the Walsall population.
- Improved partnership delivery on suicide prevention
- Intervention services are responsive to all those in mental health need.
- To have a range of services available in Walsall to improve the population's mental health in general, and in particular for groups at high risk of poor mental ill-health.
- With stigma eliminated, people are empowered to access support.
- Achieve Walsall-wide wellbeing resilience and mental health literacy.
- Create an environment where mental health stigma is openly challenged.
- Provide appropriate, locally accessible early intervention and prevention services.
- Everyone in Walsall knows the '8 steps to wellbeing' and how to implement them.
- All staff in schools support mental wellbeing and have a mental health lead.
- Businesses are provided with information to support mental wellbeing of their workforce
- Preventative and early intervention is provided in schools and is directed towards looking after children, care leavers, and NEETs.
- All women and their families understand the signs of perinatal depression and can easily access support when in need.
- The transition from CAMHS services to adult services is improved.
- All professionals have the confidence and skills to be able to talk openly and supportively to anyone who states they are in distress and considering suicide.

SPT2 Activities Raising Awareness and Preventing Suicide and Self-harm and Increasing Resilience in Specific Groups

Having a number of protective factors in combination can significantly reduce a person's risk for mental ill-health, self-harm and suicide. These factors include being in the presence of reasons for living, hopefulness and optimism, being in control of behaviour, high self-efficacy, physical activity, family connectedness, a good job, having aspiration supportive school and work environments, and religious beliefs and traditions.

The partnership feel that statutory, private, community and voluntary sector organisations all have an important role to play in reducing suicide and self-harm and the stigma surrounding these. Activities seeking to prevent suicide and self-harm must also consider the social and economic factors affecting the individual, such as domestic abuse, family breakdown, income, employment, debt and housing.

Suicide prevention involves taking an appropriate and timely approach to those in need. Suicide occurs in all population groups, and self-harm is a risk indicator affecting all groups. High-risk groups are diverse and include men, people who misuse substances, people under the care of mental health services, socially excluded groups, and people experiencing social and economic stressors. Reducing suicide risk in these high-risk groups, therefore, requires appropriate targeting.

This theme focuses on high-risk groups in Walsall such as men, linked to the men's development programme.

Our Current Local Position	Our Current Local Challenges
• We have developed a mental health Concordat which coordinates system action to improve mental wellbeing. • A crisis café is available in Walsall. • We promote and facilitate financial counselling and access to employment and benefits advisors for those in financial distress. This is available through a mobile unit and signposting via 24-hour helpline. • Health visitors, midwives and other partners are trained to identify perinatal mental health needs and to provide support for pregnant women and new mothers. • A mental health recovery service for people experiencing mental ill health is available. • The Making Connections Walsall service is available to reduce isolation and loneliness in older people. • Walsall MBC has developed an '8 steps to wellbeing' resource, which they promote at events and through various media outlets. • Beacon (our alcohol and drug misuse provider) and BCHFT are now piloting the new dual diagnosis pathway. • Bereavement and palliative services exist to support people.	• We need to build on the services available to appropriately meet the needs of high-risk and socially excluded groups such as men, ethnic minorities, LGBTQ+, young people, and carers. • A long-term recurrent budget is required to ensure services are sustainable and joined-up. • Those at the most risk are less likely to seek help (unemployed, men and ethnic minority groups). • There are significant gaps in wellbeing services for people who are neurodiverse. • The diversity of language and culture in Walsall can create barriers to engagement. • Men can be more challenging to engage in prevention services • Channels through which people can seek support can be a barrier. Much provision is through phone lines, which are a barrier to people who are hard of hearing • There can be variability in available services, some only during office hours. • The current cost of living pressure puts additional stress on people in Walsall.

Where we want to be

- All professionals across services are competent and confident in having a conversation about suicide and providing appropriate support.
- Walsall communities understand suicide risk and how to intervene appropriately.
- More organisations are signed up to the Walsall No Wrong Door network.
- In keeping with the recommendation of the Suicide Prevention in England: 5-year cross-sector strategy, we aim to drive forward the multi-agency borough-wide suicide prevention strategies and plans.
- Each agency within the wider partnership identifies its own suicide prevention objectives and priorities and commits to taking forward joint action to prevent suicide.
- More consistent recording of ethnicity data to inform and enhance our suicide prevention approach.
- Local organisations implement NICE guidelines on self-harm.
- Every young person and adult experiencing domestic abuse is supported for their mental health needs.

SPT3 Improve Suicide Prevention Competence in the Workforce, Community and Within Families

Raising suicide awareness beyond the health and social care workforce professional boundaries is key to preventing suicide amongst identified vulnerable groups.

Our Current Local Position	Our Current Local Challenges
• Walsall Council currently has a workplace health service in place. • A number of partners, including Walsall Council and BCHFT, offer mental health first aid training to Walsall stakeholders. • BCHFT Mental Health Suicide Prevention Group prioritised training and supporting the workforce • GPs across the Black Country have been trained in Suicide prevention.	• Lack of information on where to signpost people with suicidal thoughts. • A clear Black Country suicide prevention pathway is not available • Limited capacity of organisations available to respond to and engage proactively with individuals in distress and those at risk. • Lack of confidence in practitioners in asking questions about issues contributing to self harm andsuicide prevention, such as domestic violence, etc. • There are concerns from professionals that they might attract blame. • Not all the partner organisations are known, and no one agency manages all the partners.

Where we want to be
• To support the development of a clear Black Country suicide prevention pathway. • To have a coordinated whole-system suicide prevention workforce across strategic partners, including service users, the voluntary sector, and statutory and private organisations. • For everyone to have an awareness of suicide, and to be skilled in suicide prevention and intervention. • One-to-one peer support to be delivered: "A Compassionate Cuppa" is available in all workplaces. • BCHFT ICB to continue to make available Suicide prevention training for GPs across the Black Country have been trained in Suicide prevention. • Suicide prevention is integrated into workforce policy and standard professional practice. • Suicide prevention is addressed through dual diagnosis and multi-agency working. • Frontline staff have the confidence and capability to engage with distress and appropriately support those in need. • All workplaces actively promote, protect and improve workforce wellbeing and are equipped to address underlying mental health sickness absence effectively. • Staff across all organisations including job centres are informed of organisations available to help with poor mental health. • Staff receive visits from outside organisations with whom they can talk without affecting work relationships. • Training is extended to voluntary groups, religious bodies and other agencies, including service industries such as hairdressers and barbers. • More support available in the workforce to be able to identify risks of suicide and self harm, what to do over the longer term and what sources are available.

SPT4 Reduce Access to the Means of Suicide

Reducing access to the means of suicide is one of the most evidenced areas of suicide prevention. It can include physical interventions (e.g., barriers on bridges) and opportunities for positive interventions.

Our Current Local Position	Our Current Local Challenges
• Advertisements for help from The Samaritans are placed at locations of priority. • Prescribers follow appropriate guidelines on prescription medicines, e.g. paracetamol, through medicines management and trust policies. • BCHFT work to identify and mitigate potential ligature risks in in-patient settings.	• Walsall has a number of locations of priority for suicide, including the Black Country Junction 10 bridge. • Access to medication, availability of medicines online and stockpiling present risks in people's homes. • Potential ligature risks in in-patient settings are also of local concern.

Where we want to be
• We want it to be more challenging in Walsall for people experiencing emotional distress to have access to the means to take their own life. • Individuals approaching a high-risk location receive a message of hope and are signposted to easily accessible support. • We want to learn from people who have attempted to take their lives by suicide. • Retail staff feel comfortable questioning people buying lengths of rope or cord, knives or other potential means for self-harm.

SPT5 Supporting the Media in the Sensitive Reporting of Suicide

According to the Samaritans. "Research shows that inappropriate reporting of suicide may lead to 'imitative' behaviour. For example, if vulnerable groups such as people with mental health problems and young people are provided with details about the method of suicide used, it can lead to more deaths using the same method."

Our Current Local Position	Our Current Local Challenges
• The suicide prevention strategic partnership has communication leads across organisations, which are being harnessed to support the media in raising awareness and sensitively reporting incidents of suicide. • We have access to the Samaritans' Media Guidelines for Reporting Suicide. • These guidelines have been shared internally with Walsall Council's Communications team, alongside a 'notes to editor' page for reporting suicide, to facilitate appropriate communication amongst other comms departments.	The partnership raised concerns about the following: • The role of the media in publicising high-profile cases and celebrity suicides • The media's representation of suicide and mental illness potentially results in stigmatisation or "copycat" deaths • The potential to cause distress to bereaved families and individuals who have attempted suicide (e.g. use of terms such as 'commit' or 'failed attempt') • The use of social media in cascading information about suicidal incidents

Where we want to be
• We want to adopt the Samaritans' Media Guidelines for Reporting Suicide, which is aimed at those reporting suicide in any media, guiding towards factual description rather than dramatic portrayal. • We want to have a policy in place which guides the local media to take a sensitive approach to suicide and mental illness reporting to reduce stigmatisation and copycat deaths. • We want to use the media appropriately to promote messages of mental health resilience. • Any media reporting of suicide should be linked to contact details for appropriate support.

SPT6 Improving Local Data and Intelligence on Deaths by Suicide

Accurate and timely suicide statistics are vital to measure the success of any strategy. Analysis of circumstances surrounding suicide can identify risk factors, highlight trends and patterns and inform interventions to prevent further suicides.

Our Current Local Position	Our Current Local Challenges
• BCHFT publish a 3-yearly suicide prevention strategy and an annual suicide prevention plan. • Population-level surveillance of suicide and self-harm data continues. • We continue working with the Black Country Coroner service to analyse data on completed suicides. • BCHFT is implementing a real-time suicide and self-harm surveillance system across the Black Country • A dashboard is now available from the Office for Health Improvement and Disparities (OHID) to support local near-to-real-time suicide surveillance. • A suicide prevention audit of coroner data has been completed.	• Limited suicide data is available on some risk groups, e.g. homeless service users, ethnic minority groups, LGBTQ+ and transient populations. A concerted effort is required to achieve improvement. • Sharing suicide data between partners requires improvement, i.e. GPs, hospitals, community services, etc. • Suicide data by Domestic violence is consistently captured. • Suicide data is not consistently systematically collected across all services for communities of all ethnicities. • Until 2024, in the UK, data on veteran suicide have not systematically been recorded, and Walsall Suicide Data on veterans is not available. Currently it is difficult to identify veterans

Where we want to be
• Effectively utilising near-to-real-time surveillance data to inform prevention approaches. • Assuring alignment of the local surveillance process with the objectives of the national strategy. • Ensuring consistent, coherent and high-quality reporting of self-harm and suicide within different services to support systematic population surveillance including high risk groups e.g. veterans • Learning lessons following every attempted or completed suicide in Walsall. • We share and receive knowledge across the Black Country with other suicide prevention partners.

SPT7 Improve Information and Support to Those Bereaved by Suicide

It is well recognised that people affected by suicide also have an increased risk of suicide themselves and that the closer the relationship with the deceased, the greater the risk. Addressing the impact of suicide and ensuring appropriate information and messages are given to the bereaved is key to reducing the adverse effects on others (Pitman et al., 2016). The bereavement support required varies according to the individual and their relationship with the deceased.

Our Current Local Position	Our Current Local Challenges
• WPH provides general counselling support services, including for those affected by suicide. • Walsall Bereavement Support Services provides support for children and adults. • School nurses will go into schools and work with affected staff and students. • Black-Country wide 'postvention' support is available for anyone affected by suicide.	• There is a time lapse between an incident and support to those bereaved. • Services struggle to meet the needs of diverse populations. different people need different support at different time • People do not know about available local services. • Widespread awareness of the Black-Country wide 'postvention' support available is limited. • Domestic arrangements post-suicide, e.g. funerals and pensions, are of concern.

Where we want to be

• Widespread awareness of the Black Country wide 'postvention support available so that people know how to access bereavement support in a timely fashion.
• Commissioners, providers and users in the Black Country collaborate to ensure appropriate suicide bereavement support is available.
• Long-term support is available for staff and school pupils when a child in the school dies by suicide.
• Gain better understanding from those affected about what support is required

Where to go for help in Walsall

There are a range of mental wellbeing and suicide-prevention resources, services and support available either nationally or locally.

Someone to talk to in time of need

- Black Country 24/7 Urgent Mental Health Helpline: This service offers a free 24/7 helpline for those who require support on urgent mental health concerns. Tel: 111 (option 2) or Text message: 07860 025 281 Visit: Black Country 24/7 Urgent Mental Health Helpline (www.rethink.org)

- Samaritans 116 123 (free to call) Samaritans offer emotional support 24 hours daily.

- Walsall Sanctuary Hub (rethink.org)

- CALM: is a national helpline for men to talk about any issues they are feeling, which exists to prevent male suicide in the UK - 0800 58 58 58 – an online web chat service is also available at www.thecalmzone.net

- Papyrus www.papyrus-uk.org is a dedicated service for young people up to age 35 who are worried about how they are feeling or anyone concerned about a young person. 0800 068 41 41 - www.papyrus-uk.org text 07786 209697 or email pat@papyrus-uk.org.

- Rethink national advice service - 0845 456 0455.

- SANEline provides mental health information and support between 4.30 pm – 10.30 pm daily 0300 304 7000 www.sane.org.uk

- Childline | Childline (0800 1111) provides information, support and activities on a range of different issues that children and young people face

If you are concerned about an immediate risk of harm to yourself or someone else, call:

- 999 or go to your nearest A&E department.

- Black Country Mental Health Foundation Trust Crisis service

Advice and guidance

- NHS Choices: 24-hour national helpline providing health advice and information - 111.

- Citizen's Advice Sandwell and Walsall - 0808 278 7812

- Walsall Council Welfare Rights and Debt - 01922 652250

- Walsall Council Early Help – 0300 555 2866 (Option 1)

- Walsall MASH - 0300 555 2866 (Option 2)

Bereavement

- Survivors of bereavement by suicide 0844 561 6855

- The road ahead: a guide to dealing with the impact of suicide from 'if u care share' foundation. I have lost someone to suicide | If U Care Share

- Help-is-at-hand after the suicide: booklet providing practical support and guidance for those bereaved by suicide. It also contains a more extensive listing of other relevant resources. www.supportaftersuicide.org.uk

How we will Monitor, Evaluate and Review Strategy Impact

No local evaluation has been undertaken to understand the impact of the economic downturn on mental health. We will evaluate the impact of the strategy through the following means:

- Inviting and monitoring the views and experiences of stakeholders, including professional staff, service users and their carers, people who have been affected by suicide, community groups and individuals;

- Monitoring local suicide rates;

- Exploring opportunities to gather information on suicide attempts and incidents of self-harm;

- Continuing to promote the Black Country 24/7 urgent mental health helpline;

- Continue to use 'Fingertips' and the lifestyle survey to monitor depression, anxiety and wellbeing.

Governance Diagram

```
                    Walsall Health and
                    Wellbeing Board
                           |
                    Walsall Public
                    Health Oversight
                           |
         +-----------------+------------------+
         |                                    |
  Walsall Mental                       Walsall Suicide
  Wellbeing                            Prevention
  Partnership                          strategic
                                       Partnership
                                            |
                                +-----------+-----------+
                                |                       |
                          Walsall                  Mens
                          Community                Development
                          Mental Health            Partnership
                          Partnership

  Resilient
  Communities
```
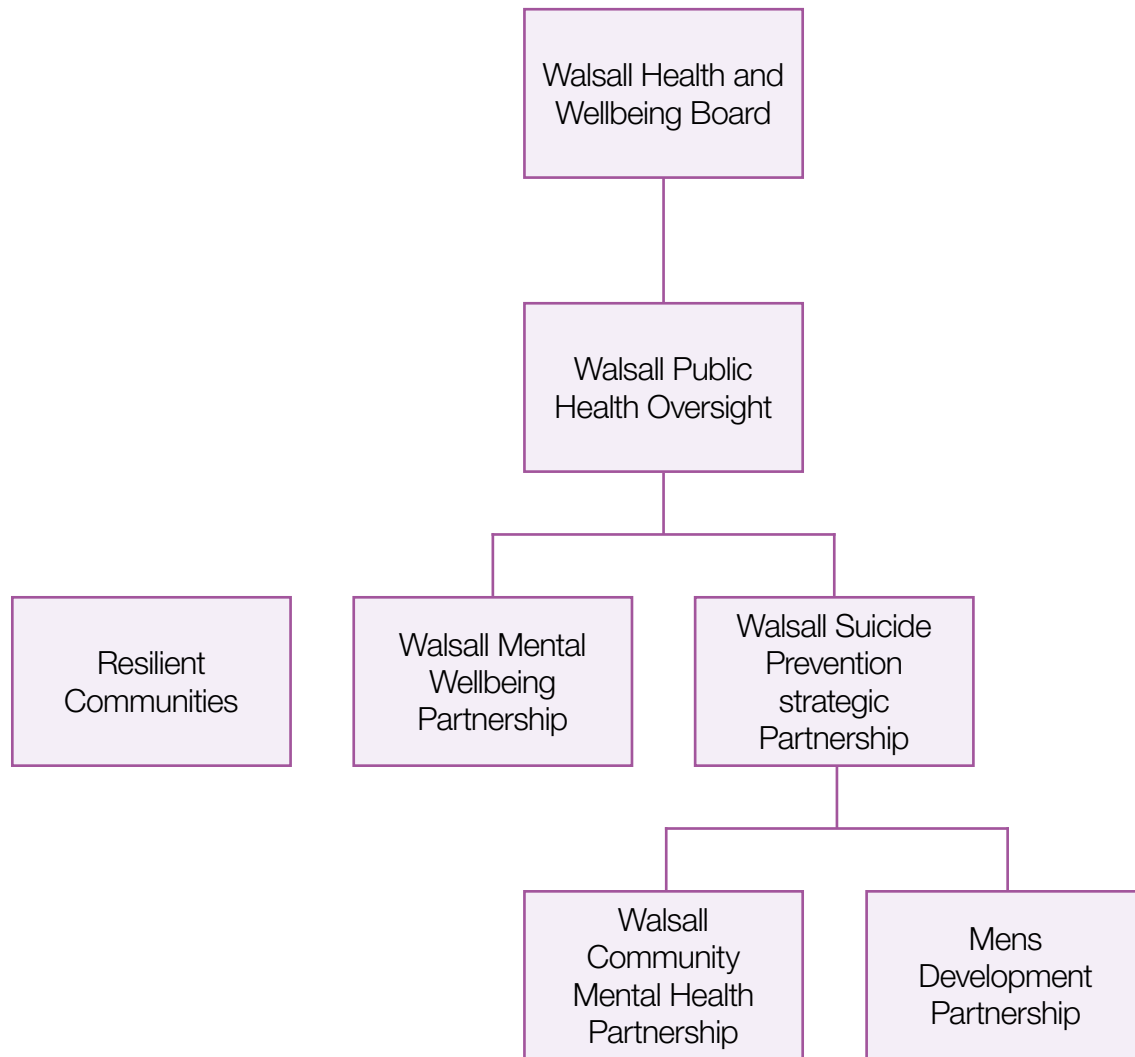
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8 Steps to Wellbeing

Be Active

Learn Something New

Take Notice

Hydration and Nutrition

Connect

Sleep for Wellbeing

Give Something to others

Hope for the Future

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

CQC Readiness

19th September 2024

Walsall Council

IMPROVE
outcomes and
customer experience

IMPROVE
employee satisfaction
and engagement

IMPROVE
service efficiency
and performance

Background

The Health and Care Act – April 2022, awarded new powers to CQC, allowing CQC to undertaken a meaningful and independent assessment of care at local authorities in England, specifically assessing delivery of their duties under the Care Act (2014).

Aim to understand the quality of care in a local area or system and provide independent assurance to the public on the quality of care in their area.

CQC have developed a single assessment framework, to provide standardisation in approach across all regulated service types including Local Authorities.

5 Pilot sites completed end of 2023.

Currently CQC have completed and published 9 assessments
3 - Requirement Improvement
6 - Good.

24-month window to complete all 153 assessments.

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PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Summary Context

● The assessment framework for local authorities comprises 9 quality statements mapped across 4 overall themes.

● For each theme CQC set out the I statements and quality statements which form the basis for the assessment:

● These statements are largely based on Think Local Act Personal's 'Making It Real' framework.

- Quality statements are the commitments that local authorities must commit to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

- I statements are what people expect.

Local Authorities: The Care Act Duty Themes

The Approach: Core Care Act Duty Themes

Theme 1 Working With People	Theme 2 Providing Support	Theme 3 Ensuring Safety	Theme 4 Leadership
• Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support	• Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working	• Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care	• Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability

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Theme 1: Working With People - the Quality Statements

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

- I have care and support that is co-ordinated, and everyone works well together and with me.

Theme 2: Providing Support - the Quality Statements

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

- I have care and support that is co-ordinated, and everyone works well together and with me.

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

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Theme 3: How the local authority ensures safety within the system - Quality Statements

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

- I feel safe and am supported to understand and manage any risks

Theme 4: Leadership - the Quality Statements

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Information and Evidence that will form part of the assessment

Care Quality Commission (CQC) will gather and consider a range of evidence based on:

- What they **already have** from national data and insights
- What they **need to request** from each local authority (for example, specific strategies, feedback, self-assessment)
- What they **actively collect** (for example case tracking, surveys with providers or drop-in sessions with staff)

CQC will see to use feedback directly from people using services and carers, aswell as feedback from community groups, partners and care providers, and feedback from staff and leaders. Key to the inspection is the completion of a self-assessment. A number of areas of strength and development have been identified from within the self-assessment which will form part of Adult Social Cares improvement planning and governance.

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Our Recognised Strengths & Developments

Theme 1 - Working with People - Strengths	Theme 1 - Working with People - Developments
• Our proactive management of demand across assessments, reviews and deprivation of liberty safeguards requests. • Our existing and evolving prevention offer, ensuring earliest stage access to multidisciplinary, community-based support, advice and guidance. • Our Intermediate care service, as an integrated service model, supporting hospital avoidance and discharge	• Finalise and mobilise our all-age carers strategy. • Enhancing our community front door offer, levering in whole system contributions. • Build on partnership working to improve outcomes, across Mental Health, Learning Disability and Younger Adults services. • Improve our financial assessment and charging for services arrangements, ensuring greater transparency and clarity for people who access services.
Theme 2 - Providing Support - Strengths	**Theme 2 - Providing Support - - Developments**
• Our commitment to promoting wellbeing. • Our market capacity both community and residential. • Our equity and fairness in approach to provider rates.	• Improve levels of quality across the care market. • Work in partnership to develop fit for future models of care, building on existing market capabilities and digital opportunities. • Embedding co-production with people who access support and better engagement with our care market

Walsall Council

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Our Recognised Strengths & Developments

Theme 3 - Ensuring Safety in the System - Strengths	Theme 3 - Ensuring Safety in the System - Developments
• Our Safeguarding Adults Board - demonstrating strong partnership commitment. • Our pathways and quality assurance arrangements, in managing safeguarding concerns and section 42 enquiries.	• Develop greater provider market assurance, averting provider failure at the earliest opportunity. • Ensure we hear and act upon the voice of people who access and connect with services. • Improve outcome planning for young people who transition from Children's to Adult's Services.
Theme 4 – Leadership -Strengths	**Theme 4 – Leadership - Developments**
• Our system wide approach to developing and embedding improved outcomes at a place level. • Our ongoing commitment to practice development and improvement.	• Promote our strategic delivery ambitions to secure whole system commitment. • Improve our system of communication and engagement, with a strong focus on equality, diversity and inclusion. • Co-produce our workforce strategy, to optimise building whole system workforce resilience.

CQC's Approach

Approach deployed by CQC:

- Issue notifications to assess requesting the submission of a detailed information return within 21 days.
- The information return contains 38 items made up of processes; pathways; quantifiable and qualitative evidence and spans where relevant a 12-month.
- Submission is analysed and triangulated
- Notification to undertake site-based assessment
- During the assessment process CQC will want to engage with Teams delivering Care Act duty – we'll discuss how we'll prepare you and what your involvement will be at the next engagement session.

Five Key Questions CQC will ask in order to determine a scoring

- CQC uses evidence to reach judgements about quality of care.

- CQC will produce a report and include ratings which shows the overall judgement of quality of care.

- CQC's findings are on each of the five key questions mean for people who use services.

- CQC will describe good practice they find and report any concerns they may have and make recommendations.

Are they safe? — Safe: you are protected from abuse and avoidable harm.

Are they effective? — Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Are they caring? — Caring: staff involve and treat you with compassion, kindness, dignity and respect.

Are they responsive to people's needs? — Responsive: services are organised so that they meet your needs.

Are they well-led? — Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

CQC Ratings

- Ratings are given with an overall score/rating.

Outstanding
The service is performing exceptionally well.

Good
The service is performing well and meeting our expectations.

Requires improvement
The service is not performing as well as it should and we have told the service how it must improve.

Inadequate
The service is performing badly and we've taken action against the person or organisation that runs it.

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Summary of Activity to date

- Dedicated CQC resource to support CQC activity now in place.

- Completion of Information Returns and Evidence refresh plan.

- Governance and oversight through the CQC Working Group and CQC Board.

- Highlight reporting

- CQC Working Groups have weekly focused CQC Readiness sessions.

- Engagement with staff and providers is underway.

- Programme and Logistics plan in place to monitor CQC Readiness progress and assurance.

CQC Published Ratings

	May-24			Aug-24					
	West Berkshire	London Borough of Hounslow	Hertfordshire County	Bracknell forest	County durham	Derby city	Debyshire County	London borough of brent	london borough of harrow
	64%	70%	78%	64%	67%	53%	67%	62%	59%
Overall	good	good	good	good	good	requires improvement	good	requires improvement	requires improvement
Assessing need	good	requires improvement	good	requires improvement	requires improvement	requires improvement	requires improvement	requires improvement	requires improvement
Supporting people	requires improvement	requires improvement	good	requires improvement	good	requires improvement	good	requires improvement	requires improvement
Equity	requires improvement	good	good	requires improvement	requires improvement	requires improvement	requires improvement	requires improvement	good
Care provision, integration & Continuity	requires improvement	good	good	good	good	requires improvement	good	requires improvement	requires improvement
Partnership & communities	requires improvement	good	outstanding	good	good	good	good	requires improvement	good
Safe systems	good	good	good	requires improvement	good	requires improvement	good	good	requires improvement
Safeguarding	good	good	good	good	requires improvement	requires improvement	requires improvement	good	requires improvement
Governance	good	good	good	good	good	requires improvement	good	good	requires improvement
Learning	good	good	good	good	good	requires improvement	good	good	good

Any questions?

The value of listening

healthwatch
Walsall

Annual Report 2023–2024

Contents

> **"Over the last year, local Healthwatch have shown what happens when people speak up about their care, and services listen. They are helping the NHS unlock the power of people's views and experiences, especially those facing the most serious health inequalities."**
>
> Louise Ansari, Chief Executive at Healthwatch England

Message from our Chair - Ross Nicklin

In looking back on 2023/2024, it's pleasing to report another successful year for your local Healthwatch in Walsall.

We have managed to engage with more people, both face to face and via all other mediums, at the same time signposting more of them to access services.

The varied programme of work we undertook throughout the year allowed us to listen to and include people from all across the Borough.

For example, our work on Black & Asian women's experiences of Maternity services, enabled us to hear directly from these service users. Some of our recommendations have been considered and discussed between the commissioner and provider and have been included in the Maternity Action Plan.

In addition, we have acted on feedback that you, the public have given us, regarding health and social care services. After our survey of patients visiting the new Urgent and Emergency Care Centre at the hospital, our ensuing report brought about changes which the public wanted to see, such as clearer signage.

We have also worked collaboratively with key stakeholders within the integrated health and care system. We have done this not only locally with the Hospital Trust and Walsall Council, but also with other Healthwatch at Black Country level when meeting with the Integrated Care Board.

In all instances, we have ensured that your voice has been heard, especially as some services are being reorganised and as a consequence patient pathways changed.

Despite the widely publicised constant pressure on finances, things can always be improved, even if this is in a small way. Indeed, it is only by working together in partnership that meaningful changes can be effectively brought about.

Considering this, our work plan for the year 2024/2025 will include projects that look at key services that directly impact on Walsall people.

Specifically, we will be looking at both **Cancer and Urology Services** and we will also be examining the impact of **unmet Social Care needs for young carers.**

We will also be continuing our **Enter & View** work, looking at service user experience of using health and care settings such as Care Homes and GP surgeries.

Undoubtedly, as the year unfolds, there will be other important topics that the people of Walsall will bring to our attention.

On this note, you will be able to access us in person, out and about across the Borough, whether this is through the Community Outreach team or in our public meetings. Naturally, we are also available for your comments across all the major social media platforms.

However, you choose to reach out to us, be assured that your individual and collective voices about the services you use will have impact.

About us

Healthwatch Walsall is your local health and social care champion.

We make sure NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

We are completely independent and impartial and anything you say is confidential. Our service is free, simple to use and can make a real difference to people in Walsall.

Our vision

A world where we can all get the health and care we need.

Our mission

To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.

- **Including** everyone in the conversation – especially those who don't always have their voice heard.

- **Analysing** different people's experiences to learn how to improve care.

- **Acting** on feedback and driving change.

- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out

5,880 people

were engaged with face to face across our communities, meetings or virtually on our themed online public events.

29,528 people

were engaged with via surveys, Enter and View visits, newsletters, social media posts, updates, meetings, emails receiving updates and information and more over the year.

1,693 people

shared their experiences of health and social care services with us, helping to raise awareness of issues.

3,631 people

were given advice, information and were signposted to support or services to help meet their health or social care needs.

Making a difference to care

We published

35 reports

from our projects for the year, including the issues, themes and possible improvements people would like to see to health and social care services.

Health and care that works for you

We are lucky to have been supported by

16 volunteers

outstanding volunteers who have given their valuable time to make care better for our community.

We are funded by our Local Authority. In 2023-2024 we received

£190,450
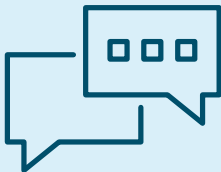
which is the same as the previous year.

We employed

6 staff

How we've made a difference this year

Spring

We continued to inform the public about Extra GP Appointments when they were unable to get an appointment with their own GP.

We published our Young Persons communication report which highlighted issues they were facing when accessing health and social care services.

Summer

Healthwatch Walsall looked at patient experiences of accessing NHS dentistry to understand the impact on people in Walsall.

We continued to be out and about in the Walsall communities offering information, advice and signposting people to support they needed.

Autumn

We continued our Enter and View visits to social and nursing care homes and GP services. We listened to service users and their relatives about their experiences of care and health services.

We presented our 2022/2023 work projects at our Annual General Meeting with guest speakers and over 13 support organisations present to assist members of the public.

Winter

We published Black and Asian Women's experiences of maternity services in Walsall report.

We highlighted the issues faced by homeless and rough sleepers when trying to obtain urgent and routine medical care.

How we've reached people this year

Engagement

We attended **418** events in various communities in Walsall and **82** online sessions.

We spoke to **2,688** people during our engagement events and with online conversations this increased to **5,880.**

Website

We had **11,054** visitors to our website, of which **7,195** people were new visitors.

We had **35,389** views of our web pages.

Social Media

We had **3,147** social media followers across all of our platforms.

We made **1,110** social media posts and reached **37,532** people and had **1,933** engagements from those posts.

Signposting & escalations

We signposted **127** people to appropriate pathways, services and support.

We escalated **71** urgent/important issues to service providers, commissioners and statutory organisations.

Listening to your experiences

Services can't make improvements without hearing your views. That's why, over the last year, we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

The Maternity Experience of Black and Asian Women in Walsall

Last year, analysis of maternal deaths, stillbirths and neonatal deaths, showed mothers and babies from Black/Black British and Asian/Asian British ethnic groups have poorer outcomes than that of their white counterparts.

The UK has one of the lowest maternal mortality ratios in the world. There are, however, glaring and persistent disparities in outcomes for women depending on their ethnicity. Maternal mortality for black women was almost four times higher than for white women. Similar disparities also exist for women of Asian and mixed ethnicity. These disparities have existed and been documented for at least 20 years, but only received mainstream attention and Government action since around 2018.

Walsall is a culturally diverse town with minority ethnic groups accounting for 32.6% (1 in 3) of Walsall's population. In 2021 40.7% of live births recorded were of ethnic minority.

Healthwatch Walsall wanted explore how Black and Asian women in Walsall truly felt during their maternity journey. Did women feel as though they are listened to and valued as individuals? Did women feel they were treated with respect and compassion.

These are major factors in the quality of treatment a patient feels they have received. Furthermore, we wanted to ask women if they felt their ethnic background influenced the treatment and care they received. Gathering such patient experiences helps to give a small insight into the maternity journey for Black and Asian women in Walsall.

Cultural Consideration

Our findings highlighted positive aspects of cultural consideration and support during maternity journeys. We found there was inclusive care and comments received expressing positive experiences, with mentions of receiving food from 'home' or being given preferred cultural foods whilst on the ward. We saw comments emphasize the positive interactions with staff, describing them as 'lovely.'

While there is no evidence of discrimination based on ethnic background at Walsall Manor Hospital (WMH), it is noteworthy that a few women communicated a perception of different treatment. Acknowledging these concerns, even if expressed by a minority, is important for addressing potential issues. These were noted in the recommendations in our report.

What difference did this make?

- Our report was discussed at the Clinical Quality Review meeting between the commissioner and the service provider and our recommendations have been included in the maternity action plan.

Why representation matters in healthcare

We were supported in our project by Equality and Diversity Lead midwife, Carol King-Stevens. During our project engagement we produced a video interview to talk about what Walsall Manor Hospital are currently doing to address inequalities, how they will ensure this work will continue and the importance of representation in healthcare.

We discussed the importance of representation in healthcare and talked about how this can build a trust between patients and staff. On one visit where we attended the maternity department, we observed there were few pictures displaying cultural parents and children. When we raised this, we were advised this is something the department are working on and are working with parents to acquire more material for such displays. The staff also had made cultural displays using graphics to be more inclusive. The department also offers Word 360, which is an interpreter service, with iPads available for non-English speaking service users which enables them to have face-to-face translators when in hospital or at appointments. This can also be used for service users who need BSL.

To see the full conversation with Carole King-Stephens click this link: **https://tinyurl.com/53p75x7j**

How will Walsall Manor Hospital ensure these initiatives will carry on and be taken forward.

We were advised *"This will be done using the recommendations of Healthwatch we will have a guidance. It is not something that can be done overnight, we cannot take our foot off this pedal, once we see improvement we must keep on. There are many surveys but we are not getting the voice of every single body".*

Following our interview, we visited Primrose Ward at WMH on numerous occasions and we were given positive feedback from all but 2 women. They said the staff were kind, caring and helpful. The women painted a truly great picture of the team on Primrose Ward, and we believe this is something that should be shared in our report. Even on the busiest days, with limited staff and a high number of patients, the women expressed 100% satisfaction with their treatment and care.

We heard from Carol King-Stephens 5 months after our report was published and she told us – *"The hospital are now working on the recommendations made by Healthwatch Walsall. The findings from the report have staff raised awareness, which we are now using to make improvements"*

To read or download the full report, click on the link: **https://tinyurl.com/3t439ft5**

Shades by Chidiebere Ibe – Medical Illustrator

We read a sentence by Chidiebere that said *"You don't know something is missing until you see it".*
Representation in healthcare matters and we wanted to use a piece of art that was not only impactful but also timeless. Shades by Chidiebere Ide is the first medical illustration of a black pregnant woman and foetus.

Our project lead approached Chidiebere and asked permission to use the wonderful illustration 'Shades' for our maternity project. We were absolutely thrilled to be given permission to use this artwork which you can see below.

NHS 111 Project

Healthwatch Walsall carried out a project that looked at people's experiences of using the NHS 111 service following the change of provider from West Midlands Ambulance Service (WMAS) to DHU Healthcare.

We explored how using NHS 111 related to providing assistance for service users. We also wanted to look at whether the advice given by NHS 111 was impacting on attendance at the Urgent and Emergency Care Centre.

We asked about communication issues with the NHS 111 service operator

- 66% of respondents had no communication issues with the operator.

- 30% of respondents had communication issues with the operator.

- 4% of respondents had some communication issues with the operator.

We asked service users to rate their experience of using NHS 111

44% of participants reported finding NHS 111 service to be very good.

38% rated the service as good.

18% rated the service as mixed, poor or very poor.

This suggests that a majority of users are satisfied with their experience, offering a positive perspective on the service.

We explored how easy people found it to speak to the NHS 111 service

- 77% of respondents found it very easy or easy.

- 13% of respondents found it very difficult or difficult.

- 9% of respondents found it neither easy or difficult.

- 1% of respondents chose not to answer this question.

To read or download the full report, click on the link: **https://tinyurl.com/fpt6kbcj**

What Long Covid Support is there in Walsall?

An estimated 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported Long Covid (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (Covid-19) infection that were not explained by something else) as of 5 March 2023.

Long Covid symptoms adversely affected the day-to-day activities of 1.5 million people (79% of those with self-reported Long Covid), with 381,000 (20%) reporting that their ability to undertake their day-to-day activities had been "limited a lot". Long Covid is an emerging phenomenon that is not yet fully understood.

Healthwatch Walsall wanted to look at the local vs national situation with regard to the level of support given to people with Long Covid in the Borough. We wanted to explore if there was sufficient support in primary care, secondary care, social care and employment. From a local perspective, the Long Covid Support Team have had circa 1360 referrals into their service since January 2021.

What did you tell us Long Covid support in Walsall

- There needs to be better testing and diagnosis for Long Covid to improve referral to services.
- There are long wait times to access to GP appointments to be referred to covid support services.
- Information given to people needs to be more accurate, clear and in ways that it is more understandable and accessible to all.
- More support is needed for those people in work.

55% of respondents said they felt more could be done for Long Covid sufferers.

What difference did this make?

- It shows that a greater awareness of Long Covid is needed by both the general public and medical professionals, as people may not be aware that they are/may be suffering from Long Covid.

- It highlighted that due to a lack of GP access, there is an impact on referrals into the support services.

- It highlighted that the affects of Long Covid is varied and diverse across individuals and has long lasting effects on peoples health, care and life in general.

- It highlighted that there is a need for 'Wrap Around' services to address the varied and long journey that Long Covid sufferers endure to address individual needs.

   To read or download the full report, click on the link: **https://tinyurl.com/4ssf7tfs**

Following the publication of the report, it was pleasing to note that the NHS Black Country ICB Long Covid toolkit was shared with GP practices and system staff.

For Long COVID support visit the Black Country Integrated Care Board, **Click Here**

Accessible Information Standard

Guidance from NHS England states: 'From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard.'

The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Healthwatch Walsall wanted to find out how people in our diverse communities are communicated with. To see what methods, formats and styles that services use to enable people to feel involved and informed in their health and social care services.

Those communities included: the hard of hearing/Deaf, Visually impaired/Blind and people with Learning Disabilities and or complex needs.

We had a survey online, paper copy and an Easy Read version so that people could take part. We organised three focus groups and visited them and discussed how services communicate with them.

What people told us

"Electronic patient check in system no good to a blind person"

"No audio at GP, have to rely on names being called out on TV screen"

"No support, have to use a chaperone"

'But not consistent"

"GP records not checked"

As a result, what we have recommended

From the initial survey we were able to suggest some recommendations as noted below:

- Service providers should assess if they are currently communicating effectively with their service users to meet their needs.

- The need for verbal or face-to-face communication is important for service users. Therefore, providers should be able to readily access interpreters.

- Providers should have suitable formats and technology to communicate with all service users in a way that is required and that these are working and readily available.

Healthwatch Walsall have formed valuable links to these communities and strive to include their voices and views in all aspects of its work.

Some of these communities were also invited to contribute in the design/development of the new Urgent and Emergency Care Centre and aspects of communication and signage was discussed in meetings with the Architect and the Trust representative.

NHS England - What you can expect from services link to video: **http://tinyurl.com/mrxsk28j**

To read or download the full report, click on the link: **https://tinyurl.com/bdh5htex**

Walsall Urgent and Emergency Care Centre

The former A&E department at Walsall Manor Hospital was relocated and renamed the Urgent and Emergency Care Centre, integrating both emergency care and the Urgent Treatment Centre in one place. This is a purpose built facility incorporating departments and new machinery all in one place, We wanted to find out how its working for people.

Last year Healthwatch Walsall was pleased to have been contacted by Walsall Manor Hospital Trust to invite cohorts of service users from our sensory loss and disability groups to visit the new department during the latter stages of its construction.

The purpose of this was for the Trust to hear first hand the views of these groups with regards to the suitability of the facilities. Following on from this and six months after the opening of the new Urgent and Emergency Care Centre, Healthwatch Walsall wanted to hear from patients directly to find out about how the new facilities and services were working for them.

What people told us

"A new building but service levels are still unacceptable"
"You are failing in duty of care for your customers"

" Would be great to have a water fountain and a tea and coffee machine. Also, somewhere to buy sandwiches"
"Arrange food and drink, 14 hours with no sleep, lack of proper food and water supply"
"Larger with more seats"
"Cleaner than the previous centre"
"Same old, same old"

As a result, what we have recommended

From the initial survey we were able to suggest some recommendations as noted below:

- Patients found signage confusing on arrival at the Emergency Department.

- Despite a new facility, difficulties are still prevalent with waiting times, especially around communication.

- Information is provided to the public about the departments in the new Centre and what services it offers.

- Trust gives consideration to microphones being available at reception areas to improved audibility.

- Waiting time information for both areas of the Centre are displayed in waiting rooms on installed TV screens.

- There is no TV screen in the parent and children area.

What difference did this make?

- Our report was discussed between the commissioner and the service providers and our recommendations have been included in the action plan. It was pleasing to note that signage has been made clearer.

To read or download the full report, click on the link: **https://tinyurl.com/3bckt3fn**

Access to NHS dental care in Walsall

Nationally access to NHS dental care has been recognised as a growing issue. Challenges with access existed before the pandemic but have deteriorated progressively since then. Healthwatch England found in 2022/2023 that dentistry was 'the second most common issue' reported to Healthwatch with access being the most frequent reason for the feedback.

Many Walsall people shared the already worrying National trend of not being able to access NHS dental care.

The impact of Covid 19 had already meant that people had not received treatments or regular preventive care appointments. Those who were NHS registered patients were now faced with needing to access emergency or general treatment care. With the rising costs of NHS dental pricing and the combination of the 'Cost Of Living Crisis' it seemed an uphill struggle for people to secure the affordable and timely care they needed.

44% of respondents said they were not given information on how to get NHS Dental care.

People said:

"Help should be available for people on low incomes who are working and don't claim benefits"

"Perhaps all dentists should be required to take a percentage of NHS patients"

What did you tell us about NHS dental care access?

- 43% of respondents had been removed from their original NHS dentist patient register.
- Most respondents commented that they would self-medicate using over the counter 'painkillers' such as 'ibuprofen' or 'co-codamol'. Some would try to access their GP for medication.
- 40% of respondents said it had an affect on their health.

What difference did this make?

- The report highlighted the problems that some, not all, people face getting NHS dental care in Walsall.

- It highlighted that NHS dental charges was an issue amongst some employed and retired people and most people who were unemployed.

- It also highlighted that people may already or may have to consider travelling further to an identified NHS dentist and this of course may impact people on lower or strained incomes.

- We were able to signpost patients to NHS Dentists that were still registering NHS patients.

- It showed how other services may be affected if patients seek pain relief and do not access dental care readily.

To read or download the full report, click on the link: **https://tinyurl.com/365pkpfa**

For more information about NHS Dentistry **Click Here**

Three ways we have made a difference in the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

Throughout our engagement during our Maternity Project, we gathered various patient experiences and comments, yet one we heard stood out prominently, leaving a lasting impact on the parent involved. This woman had a C-Section procedure and did not receive satisfactory treatment and care following her surgery. We were able to capture this story and share it with Walsall Manor Hospital to ensure they are aware and can take the necessary precautions to avoid this happening again. We also included this in our recommendations.

Getting services to involve the public

Services need to understand the benefits of listening to people to help provide a new and improved service.

Walsall Manor Hospital recently had built a new large Urgent and Emergency Care Centre. Prior to the build Healthwatch Walsall was able to organise community representatives from the hard of hearing/Deaf, visually impaired/Blind and the Learning Disabilities groups to input any previous experiences around access treatment and care in the older facility.

Those voices were listened to by the Architect and Walsall Trust representatives so that it could help shape the new facility. This year we asked people how the new facility was meeting Walsall peoples needs a public report is available on our website.

Helping to improve care over time

It is important to remember those voices that are rarely heard, who are cared for in residential and or Nursing home settings. Enter and View visits allow us to listen to them.

We have maintained an ongoing schedule to visit a range of services and venues across Walsall. There is an emphasis of visiting care and nursing homes to speak with cared for and relatives experiences of the service and care they receive. We are able to share feedback with the service provider. During a visit a resident shared with us their wish to have steak on the menu. Overhearing this, other residents shared this same view. This issue was raised with the home Manager and very shortly afterwards steak was added to the menu choice.

To read or download the full report, click on the link: **https://tinyurl.com/mr2ukcuc**

Our reports for the year

healthwatch Walsall
Teens & Toddlers and Thrive Courses Feedback Report
March 2024

Homeless and Rough Sleepers Report
December 2023

New Urgent and Emergency Care Centre Report

Long COVID support in Walsall report
February 20[..]
healthwatch Wal[..]

Artwork called 'Shades' appears by kind permission by Medical Illustrator Chidiebere Ibe.
The Maternity Experience of Black and Asian Women in Walsall Report.
January 2024
Engaging Communities Solutions
healthwatch Walsall

Access to NHS Dental Care in Walsall
October 2023
healthwatch Walsall

NHS 111 Patient Experience Report
March 2024

Enter and View Report
St. Lukes Surgery
healthw[..]

Accessible Information Standard Report
March 2024
healthwatch Walsall

To read or download any of these reports, visit our website: **https://tinyurl.com/5n6zyxwd**

Hearing from all communities

Over the past year, we have worked tirelessly to make sure we hear from everyone within our local area. We consider it important to reach out to all communities we hear from less frequently to gather their feedback and make sure their voices are heard, and services meet their needs.

This year we have reached many local communities by:

- We undertook our Accessible Information Standards project for people with sensory impairments.

- We continue to share information about food banks., debt management and signposted those suffering during the cost of living crisis to support organisations in their local community.

- We visited a local Mosque to speak to the women there about their maternity experiences at Walsall Manor Hospital.

- We had a regular slot at NASHDOM Community Hub in Palfrey Walsall.

- We visited a number of groups and day care centres meeting people from Deaf/hard of hearing, Blind/visually impaired and Learning Disability groups.

- We visit the local Migrant & Refugee and Homeless Centres support centre on a regular basis to speak to people about access to services to meet their needs.

- We continue to engage with young people.

Listening to the maternity stories of Black and Asian women in Walsall

When listening to the patient experiences of Black and Asian women in Walsall, it was important to reach every corner of the community.

We were lucky to secure a regular engagement slot at NASHDOM Community Hub in Palfrey Walsall, where a diverse range of people live. At NASHDOM we spoke with women who attended post-natal clinics, support groups and drop ins. This gave us chance to speak to women who had the most recent experiences at Walsall Manor Hospital. We also received the support from Councillor Ali who promoted the work within his constituent area.

We heard the patient experiences of 82 women in total during our engagement and all these experiences were shared with us face-to-face.

When listening to women we ensured we were in a private space and allowed adequate time for them to express their opinions, thoughts, issues and concerns. This allowed women to give us a whole picture rather than a snapshot of a journey.

Creating person-centred, culturally competent maternity care

Our recommendations were made from our service user engagement in order to gain maximum impact for Black and Asian women during their maternity journey.

Not only did we visit community groups, but we also held a focus group at a Mosque in Walsall. (We are choosing not to name this Mosque to ensure the anonymity of the women who attend). We also attended baby groups, Walsall Midwifery Led Unit and Primrose Ward. This was to get a clear picture from as many different groups and areas as possible.

From listening to all the women we engaged with, we found there were issues around treatment and care, barriers and communication. We used recent experiences to highlight changes that need to be made by WMH to ensure their patients believe they are treated equitably and fairly.

A snapshot of our recommendations is below.

- **Treatment and Care** - The Trust to review their policies and procedure on treatment and care for patients following C section surgery and increase support and individualised care where needed.

- **Ethnicity** - The Trust to ensure its staff continue to tackle ethnic and racial inequalities during a patient's maternity journey.

- **Communication** - The Trust should review its communication (including its use of interpreters and translation) policies and procedures within 6 months so as to improve the experience of users from ethnic diverse backgrounds.

To read or download the full report, click on the link**: https://tinyurl.com/3t439ft5**

Teens and Toddlers

The second part of the year saw us engage with young people in Walsall who attend courses to help them improve their well-being and school engagement in order to succeed at school and in life.

We visited these young people at their place of education or where the course was being facilitated. We held open discussions allowing the young people to share their feelings about the courses they are attending. We asked questions to encourage conversation and sharing.

The young people told us they felt more confident in the presence of their peers and course facilitators within the group, highlighting a supportive atmosphere. One young person shared how the group assisted a classmate with dyslexia during a moment of concern about spelling, showcasing a collaborative and encouraging environment.

Giving young people an environment to thrive in

The main thing that stood out to us is how happy, confident and inspired the young people are who attend these courses. Showing motivation to support their team, experiencing personal growth to develop positive learning and working relationships and a positive impact on concentration and learning.

"Oh wow this is fantastic feedback. I always rave about how good the programmes are, but this is more meaningful coming from an independent source, thank you I can't wait to share it with staff, young people and the wider partnership in Walsall."

Comment from Carol Williams, Teenage Pregnancy Operational Lead

Some comments from the students are below

"Everyone here is just nice to each other, we don't get shouted at, we have rules, and we all stick to them so it's nice for everyone."

"We get spoken to with respect here, not just treated like a stupid kid in school."

"I used to think I would never pass my GCSE's, I think I will do ok though."

"I remember when I wanted to do a different job because I thought I wouldn't be able to work in a nursery, but now I know I could do that."

"I really want to be a teacher, I never said it before, but I do."

"I don't get anxiety like before, it's different here, you don't get angry."

"I feel empowered, I feel like I can choose what job I would like to do."

"I like writing, my dream job would be an author, I will do that."

To read or download the full report, click on the link: **https://tinyurl.com/5697zjup**

Homeless and Rough Sleepers

Healthwatch Walsall was successful in a bid for a micro grant from the Black Country ICB to undertake engagement with the homeless and rough sleepers in the Borough of Walsall. The aim of the work was to understand the issues faced around planned and urgent care.

Healthwatch Walsall visited homeless people to find out their patient experiences of accessing healthcare, what's important to them when they are unwell and the barriers they face when trying to get the help they need to keep them healthy.

> Waiting times are important to homeless people when they are accessing the care they need, but feeling listened to, understood and not being scared to speak up are important aspects as a patient when feeling unwell. Being treated with respect, not facing discrimination, feeling secure and having understanding from staff was valued highly.

Access to the right care for homeless people

Accessing healthcare when you have no means of transport, no mobile phone, no registered GP or address can be hard.

Homeless people told us how they have struggled to get the medication they need as they do not have a GP and cannot get a prescription. Transport issues, particularly getting back from hospital were a common problem.

> For homeless individuals with a history of drug problems, accessing care was even more difficult due to perceived judgement and the necessity to address their mental health and substance misuse first.

Identifying barriers to healthcare

Homeless people told us to make accessing healthcare easier there needs to be less barriers around language and the way staff communicate and NHS ensures equal access for all their patients.

We are now regularly visiting the homeless shelter in Walsall and offering an advice, information and signposting service to try and help the service users access the care they need.

Healthwatch Walsall would like to thank The Glebe Centre for their support in promoting the focus group, to hosting the event on 14 December 2023 and for their hospitality and welcome. And a huge thanks go to the service users who gave up their time to share their views with us.

To read or download the full report, click on the link: **https://tinyurl.com/mva7xjve**

Advice and information

If you feel lost and don't know where to turn, Healthwatch Walsall is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, making a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up-to-date information people can trust on services available to them, including food banks for people struggling during the cost of living crisis, emotional and wellbeing support and how to make a formal complaint.

- Helping people access the services they need such as NHS Dentistry, Primary Care ort Extra GP Appointments.

Impact stories

Just some examples of how we helped people when they contacted us.

Patient attending hospital appointment, arrived but told cancelled but had received no notification of the cancellation which had happened on two previous occasions. They had mobility issues and paid for a taxi as they feared falling on public transport.

Healthwatch Walsall contacted the hospital Patients Liaison Service (PALS) and with patient permission passed on details for them to look into. PALS issued an apology to the patient and re-imbursed the patients travel costs and another appointment was booked.

A Walsall resident was admitted to Birmingham Hospital, but their relative did not receive any progress updates about the patient.

Healthwatch Walsall contacted the hospital Patients Liaison Service (PALS) and shared the relatives concern. After this the relative received regular patient progress updates direct from the ward Doctor.

Resident at Nursing Home received Covid booster vaccination in spite of expressly not consenting for vaccination.

This issue was escalated to the Quality In Care Team' who looked into the incident and the re-enforcement of vaccination protocol and checks was recommended and communicated to ALL staff in delivering the vaccination process in care and nursing homes.

An update from a patient we spoke with.

"Hi. Don't know if you remember me but I had the all-clear call from my consultant last week.

Thanks for offering a friendly ear".

Young adult no longer under care of Child And Adolescent Mental Health Services (CAMHS) nor being picked up by Adult Mental Health Services required medication check and other intervention care.

This issue was escalated to CAMHS and Dorothy Pattison Hospital to identify who and what should be done for the person in service transition. Patient now being offered support and an appointment with Adult Services to support.

Information and change we were able to get for patients.

"Following your email regarding difficulties some patients were having when trying to contact the POD service, please see below".

The provider has confirmed:

* The answering machine message has been uploaded and is functional detailing the closure/new timings and alternatives to ordering a repeat prescription.

* The POD phoneline is being answered Monday to Friday 10-2 until the end of May.

Supporting young people to get the mental health support they need

Healthwatch Walsall hear on numerous occasions that the mental health support in Walsall does not meet needs. We have been helping people who call us by getting them the support they need.

We were contacted by the parent of a young person who needed a follow up appointment regarding their mental health and medication. Unfortunately, the service they were under was not able to help as the patient was now over 18. Adult mental health was also unable to help as they had not yet received any information on the patient and could not prescribe the medication they needed.

Healthwatch Walsall contacted adult services and explained the severity of the patients condition. We were given the contact details of an on duty nurse who could help. We contacted them and they said they would now call the parent and organise an appointment. The patient was moved up the list and got the help they needed

Making a difference to a couple who needed help

A married couple each with a range of conditions and needs tried to access their GP services but found getting in touch a big problem.

After trying for almost a week they called Healthwatch Walsall and told us how they had both been trying to get an appointment and their several health queries answered. A Healthwatch Walsall team member listened to their situation and with their permission contacted the GP practice. After discussing the issues with a senior member of staff, a same day appointment was found.

Healthwatch Walsall listen to Walsall peoples experiences and when we can we can take direct action.

A range of help was organised from just one call.

- Relevant referrals to the necessary clinical teams were made.

- Contact with a Consultant was enabled for potential surgical intervention.

Getting a test that was needed but not authorised

A patient with a uncommon condition required a special blood test, which was not being carried out by the laboratory at the local hospital.

After contacting Healthwatch Walsall, and discussing the need and barriers that may be affecting their treatment, the service user was signposted to 'Time2Talk' the customer service arm of the Black Country Integrated Care Board.

Time2Talk liaised with the hospital laboratory and it was agreed that the patient's GP could now contact the laboratory directly to advise of the test that was required to be carried out. This test was undertaken and will also be carried out in the future.

What our working partners say about us

During each year Healthwatch Walsall meet with a range of services representatives and commissioners....

Cllr Gary Flint, Chair of Health & Wellbeing Board, Walsall Local Authority

Healthwatch Walsall is a key statutory partner on the Walsall Health and Wellbeing Board and a key member of the Walsall Together Partnership Board. They have undertaken some excellent work this year scrutinising the work of our teenage pregnancy service, understanding the maternity experience of Black and Asian women, and seeking the views of residents with regard to access to dental care.

Ensuring the voice of residents is heard is a critical part of what we do as a health and care partnership, and Healthwatch Walsall play an important role in this work. We look forward to what opportunities the year ahead will bring in terms of our ongoing collaboration with Healthwatch and our wider partners, as we continue our focus as a Health and Wellbeing Board on children and young people, mental health and wellbeing, our digital approach and a prevention focus for older people.

Shelley Price, Head of Quality & Safety – Walsall Place, System Portfolio Lead: Health Protection & Prevention NHS Black Country Integrated Care Board

The Black Country Integrated Care Board (BC ICB) is extremely grateful for the professional and valued work that Healthwatch undertakes on behalf of Walsall in ensuring the populations voice is heard and acted upon in order to improve care, services and patient experience.

Healthwatch play a key role in a number of BC ICB meetings to share intelligence, data and provide insight into areas that require improvement or support. The comprehensive reports such as the 'Enter and View' for Care Homes, the recent Emergency and Urgent Care Department and experiences of Black and Asian women in Walsall enabled us to use this intelligence to gain assurance around our commissioned services within Walsall.

The BC ICB have a strong working relationship with Healthwatch who appropriately escalate any patient safety or experience concerns so they can be investigated and themed for potential future intelligence. We hope to continue to work closely and collaborate with Healthwatch colleagues to ensure we have the highest quality care, services and experience for the population of Walsall.

Garry Perry Associate Director Patient Voice (Experience) Walsall Healthcare NHS Trust & The Royal Wolverhampton NHS Trust

'As local NHS leaders, we greatly value the vital role that Healthwatch Walsall plays in ensuring the Patient Voice is heard and appreciated. Their comprehensive feedback reports, such as the review of the new Emergency and Urgent Care Department and the detailed examination of the maternity experiences of Black and Asian women in Walsall, provide essential insights that help us identify and address areas for improvement.

Healthwatch Walsall's dedication to raising awareness about the support and advice they offer is equally important. Their accessibility and active participation in community events alongside healthcare providers cement their reputation as a trusted advocate for the residents of Walsall. We deeply appreciate their commitment to enhancing healthcare services through patient-centred feedback and collaboration.'

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in peoples health and social care services.

This year our volunteers:

- Visited communities to promote Healthwatch Walsall and what we do.

- Help collecting experiences and supported their communities to share their views.

- Carried out enter and view visits to local services to help them improve.

Throughout the year we have worked with our volunteers to help deliver our work projects and our Enter and View visits. We are delighted to have new volunteers joining us from the Core Connector 20+ work. These volunteers will bring their experience and enthusiasm to help people in all the work they get involved in.

Toyin – Volunteer

Joining Healthwatch in 2023 as one of the Core 20 connect (core20 plus) volunteer was based on interest and the strategic vision of Healthwatch and with great passion to contribute my little part by make a difference in my community. Understanding some of the challenges immigrants faced in the UK, such as not been able to access the health and social services, can be a barrier towards their well-being.

My passion for helping and supporting people gave me the ability to volunteer by listening to people in my community about their health and social care issues when they access those services, their experiences and stories about inequality to accessing the facilities brings attention towards amplifying their voice for better improvement to health and social care services.

Volunteering provides opportunities for learning, building capacity and networking, I am hoping to gain more valuable knowledge and confidence by giving my very best to the Healthwatch vision.

Gabriel – Volunteer

I started off with Healthwatch Walsall as a Volunteer under the Core20Plus where I had the role of a Community Connector. I have the passion to help people to access the right information and services and Healthwatch Walsall created that platform for me.

This gave me the opportunity to reach out to individuals helping them know that their voice counts. Listening to their story, experiences with public health services and their views about how better they think things can be handled, gave me a sense of fulfilment.

These to me are incredible moments helping the community have a voice and a say in the way things are done without facing prejudice as an ethnic minority, sexual orientation, social and economic status amongst many other things.

Moving further to being a trained Enter and View Volunteer opened me up to a wider horizon of possibilities. First, an opportunity to actually see the processes that lead to surveys and reports and an action by the necessary authorities were required. Secondly, I get to be exposed to a great learning curve and gain experience being a natural advocate for fairness and justice.

So, whether I am in the field for Enter and View or behind the computer putting together reports or any other responsibilities, I am enjoying every step of the way as a volunteer at Healthwatch Walsall.

Deborah - Volunteer

I joined Healthwatch Walsall to contribute my own quota to the community and it has been an interesting experience all the way.

Do you feel inspired to volunteer?

We are always on the lookout for new volunteers, so please get in touch today.

🌐 **www.healthwatchwalsall.co.uk/**

📞 **0800 470 1660**

✉ **Email: info@healthwatchwalsall.co.uk**

Our Walsall College Work Placements

From November 2023 we were pleased to have been supporting work placement opportunities for two Walsall College students Uti and Freya. They carried out work with us on our public outreach sessions at Walsall Manor Hospital and in the wider Walsall communities. They supported our work projects engaging with members of the public and undertaking surveys. They talked to and encouraged service users to get involved and 'Have Their Say'. We would like to thank Uti and Freya for their work that they have done with us and work they have agreed to support in the near future.

Uti - Walsall College Student

Gaining work experience at Healthwatch Walsall has been so rewarding. I have gained skills that has enriched my personal and professional life. As an aspiring Midwife there was certain crucial skills I was lacking. Such as, improving my communication skills. They have improved during my time by taking directly to members of the public. I have also improved my team work and problem solving abilities. These are transferable skills I will apply to other areas of my work and life.

Participating in the research and surveys has helped me learn about the diverse needs of the people of Walsall. It has been such a rewarding experience I have no regrets.

Freya - Walsall College Student

When I first joined Healthwatch Walsall, I was looking to boost my confidence and skills. Communication was a key thing for me to focus on. I feel that my confidence has grown whilst working with the team. Improving my communication skills immensely.

When looking at my future job, I hope to be a Cancer Nurse specialising in family grief. It was important to me that I shadowed real time professionals to gain extra knowledge on how to be professional, when I enter the world of work. With Healthwatch Walsall I feel I have achieved this.

Finance and future priorities

The funding we receive funding from our local authority under the Health and Social Care Act 2012 is shown below.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£190,450	Expenditure on pay	£180,630
Additional income	£36,208	Non-pay expenditure	£21,851
		Office and management fees	£43,208
Total income	**£226,658**	**Total expenditure**	**£245,689**

Additional income is broken down by:

- £300 received in the form of a micro grant from the Black Country ICB to work with homeless and rough sleepers to understand their experience of accessing care services.

- £34,008 for 7 months of the Core Connector 20+ project.

- £1,500 from Healthwatch England to help with the migration of Central Records Management (CRM).

Next Steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will continue our work in tackling inequalities that exist and work to reduce barriers when accessing care, regardless of where someone lives, ethnicity or income backgrounds.

We will continue to collect feedback from everyone in our local communities to give them a voice to help services improve.

We will also continue to engage with partners, the Walsall Safeguarding Board, Health Overview & Scrutiny, Health and Wellbeing Board, Walsall Place ICB and Walsall Together Partnership Board. Healthwatch Walsall has a seat on the Black Country ICB on behalf of the 4 BC Healthwatch.   We will continue to work with our Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Our top three priorities for the next year are:

1. Patient experience of cancer services at Walsall Manor Hospital.

2. Patient experience of urology services at Walsall Manor Hospital.

3. Unmet social care needs for young carers.

Statutory statements

Engaging Communities Solutions CIC holds the contract to deliver Healthwatch Walsall.

Healthwatch Walsall is based at Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall WS3 1LZ.

Healthwatch Walsall uses the Healthwatch Trademark when undertaking statutory activities as covered by the licence agreement.

To visit Engaging Communities Solutions website:

https://www.weareecs.co.uk/

The way we work

Involvement of volunteers and lay people in our governance and decision-making

For 2023/2024 the Healthwatch Advisory Board was made up of 5 members who worked on a voluntary basis to provide direction, oversight and scrutiny of our activities. The Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2023/2024, the Board met 4 times and made decisions on matters such as the approval of our project reports, schedule of Enter and View visits and the 2024/2025 work programme.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services. During 2023/2024, we have been available by phone, and email, provided a web form on our website and through social media, as well as attending meetings of community events, groups and forums. As well as have our own out and about engagement schedule.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, distribute to our network of subscribers, partner organisations and all of our social media platforms.

Link to our last Annual Reports: **https://tinyurl.com/mwbbv9uw**

Responses to recommendations

We had 10 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences that have been shared with us.

In our Local Authority area, for example, we take information to the Health and Wellbeing Board, Safeguarding Performance Quality & Assurance Committee, Walsall Together Partnership Board and Team Walsall. This is not an exhaustive list.

We also take insight and experiences to decision-makers in the Walsall Place Based Partnership where we provide regular patient experiences of Walsall primary care and Hospital services on a regular basis. This offers the commissioner of these services a service user experience and view of how these services are or are not meeting peoples needs. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made 10 Enter and View visits. We made 56 recommendations as a result of this activity. To read any of the reports and see the findings, recommendations and provider feedback visit our website: https://tinyurl.com/82fkxtuf

Location	Reason for visit	What you did as a result
Swan House	Insight of resident/relative service experience.	Report and recommendations shared with provider and published. This report formed part of the evidence of a Walsall Place table top review.
Selwyn Court	Insight of resident/relative service experience.	Report and recommendations shared with provider and published.
Pleck Health Centre	Insight of patient experiences when using GP services.	Report and recommendations shared with provider and published.
Cedar Falls	Insight of resident/relative service experience.	Report and recommendations shared with provider and published. Impact for service users regarding additional menu choice.
Gorway House	Insight of resident/relative service experience.	Report and recommendations shared with provider and published.
The Willows Nursing Home	Insight of resident/relative service experience.	Report and recommendations shared with provider and published.
Palfrey Health Centre	Insight of patient experiences when using GP services.	Practice Manager actioned several points from report findings.
Highgate Lodge	Insight of resident/relative service experience.	Report and recommendations shared with provider and published.
St. Lukes Surgery	Insight of patient experiences when using GP services.	Practice Manager outlined a number of steps to be taken in response.
Lockstown Practice	Insight of patient experiences when using GP services.	Practice Manager outlined a number of steps to be taken in response.

Feedback from a Practice Manager after our Enter and View visit

"Thanks again to the Healthwatch Team for undertaking the Enter and View visit. The team was accommodating prior to the visit and also attentive to details during conversations with the practice team during the visit. It was beneficial to gain the insights and experience of the Healthwatch Team from the visit and the resulting report. I would also like to thank them advice and guidance".

Healthwatch Representatives

Healthwatch Walsall is represented on the Walsall Health and Wellbeing Board by Ross Nicklin, Chair of the Healthwatch Advisory Board.

During 2023/2024 our representative has effectively carried out this role by presenting an update on last year's Annual Report and mid-term update along with providing regular updates on how Healthwatch Walsall supports the HWBB strategic priorities.

Healthwatch Walsall is represented on Black Country Integrated Care Board by Aileen Farrer, Manager of Healthwatch Walsall. This representation is on behalf of the 4 Black Country Healthwatch for which there is a Memorandum of Understanding in place.

2023 – 2024 Outcomes

Project/activity	Outcomes achieved
NHS 111 – Patient experience	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.
Urgent & Emergency Care – Patient experience	Report discussed between commissioner and provider and a recommendation about clearer signage has been addressed.
Accessible Information Standards – Services users experiences	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.
Walsall NHS Dentistry services -Services users experiences	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.
Long Covid Support in Walsall	Black Country Integrated Care Board Long Covid toolkit shared with GPs and staff.
Teens and Toddlers and Thrive Courses Feedback	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.
The Maternity Experience of Black and Asian Women In Walsall	Report discussed between commissioner and provider and Healthwatch Walsall recommendations will form part of the Maternity Action Plan.
Homeless and rough sleepers report	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.
2022/2023 Annual Report	Public report issued and shared with providers, service commissioner, stakeholders and Walsall public.

Healthwatch Walsall is delivered by Engaging Communities Solutions CIC (ECS), a Community Interest Company with the vision to inspire change and improve outcomes. At ECS, our mission is to be the voice of the public in the design and delivery of public services. Across England, we deliver seven Healthwatch services, two advocacy services and offer bespoke research, consultation and engagement services. Each year, we look back and reflect at the collective impact our local Healthwatch have had. Here are our highlights in numbers for 2023/24:

ECS in Numbers 2023/24

ECS are the providers of 7 local Healthwatch services and this shows the overall reach across the whole business.

35,736 people signposted by local Healthwatch.

180,446 website views.

28,628 Social Media Followers.

16,238 people engaged with in person.

200 people took part in additional research projects.

82 Volunteers provided 1111 hours of support.

14,872 people engaged with online.

Engaging Communities Solutions

healthwatch Walsall

How to contact us

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𝕏   X (formerly Twitter): HWWalsall

📷   Instagram: healthwatchwsl

▶   YouTube: Healthwatch Walsall 2020

Engaging Communities Solutions

Healthwatch Walsall is a hosted Healthwatch, delivered by:
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Health and Wellbeing Board

19 September 2024

Health Protection Annual Report

For Assurance

1. Purpose

To provide the Health and Wellbeing Board (HWBB) with oversight of the work to protect the health of the population from infectious diseases, screening for cancers, monitor vaccination programmes, and respond to health emergencies.

This annual report details the situation with respect to key health protection issues, and the work being done to address them. This report covers the period from 1st April 2023 to 31st March 2024.

2. Recommendations

2.1 That the Health and Wellbeing Board (HWBB) note the annual report for health protection for 2023/24.

2.2. That the Board consider, as part of future business, any opportunities for collaboration on joint issues.

3. Report detail

3.1 The health protection work programme aims to ensure that every person, irrespective of their circumstances, is protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health. This is done by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.

3.2 The annual health protection assurance report April 23 – March 24 provides an overview of the status of health protection priorities and key achievements of 2023/24 for the following areas:
- TB
- Immunisations
- Population screening programmes including cancer screening
- Sexually transmitted infections
- Antimicrobial resistance
- Infection prevention and control programmes
- Blood borne virus (BBV)
- Environmental Health / Trading Standards
- Health emergency Planning
- Air Quality

- Oral Health and Fluoridation

3.3 Some of the key health protection challenges during 2023/24 were as follows:
- Childhood immunisation uptake rates have remained low in 2023/24, which has led to an outbreak of measles in Walsall and the wider West Midlands area in 23/24, linked to a national increase in cases.
- Infection prevention and control (IPC) standards have reduced in the care home sector over the last year due to a combination of various reasons such as reduced staffing capacity and high staff turn-over.
- Reduced staffing and resources has had a major impact on the delivery of key services such as the community TB service and environmental health.
- There has been an increase in health care acquired infections such as Clostridium difficile in Walsall mirroring regional and national trends.

3.4 These are the health protection priorities that will be addressed in the coming year in our work plan:

- Immunisations – improve the uptake of all immunisations, particularly MMR, and reduce inequalities in the uptake of immunisations.
- Work as a local system to reduce the incidence of syphilis in Walsall through the implementation of the Syphilis Action Plan.
- Work with NHS partners to support the introduction of latent TB screening and awareness raising in the community on signs and symptoms of TB.
- Complete targeted education on the management of urinary tract and respiratory infections to reduce healthcare associated infections in collaboration with NHS partners.
- Refresh pandemic preparedness plans for Walsall and create an exercise to test it.
- Develop a Walsall Air Quality Strategy and Action Plan for Walsall

4. Implications for Joint Working arrangements:

Making it Happen, Leadership, Partnership & Resources

To address health protection challenges across Walsall, it is vital to work as part of a wider strategic system, which takes into account the social and other determinants of mental wellbeing. The Health Protection Forum provides strategic leadership and is accountable to the HWBB for delivering the Health Protection Strategy and work plan

The key partner organisations responsible for delivering health protection are the UK Health Security Agency (UKHSA), NHS England, the Black Country ICB, Walsall Healthcare Trust, Black Country Healthcare Foundation Trust and Walsall Council Public Health/Environmental Health/Protection

A Memorandum of Understanding is in place between UK Health Security Agency, the Black Country ICB and local authority health protection teams in the Black Country. This document delineates the roles and responsibilities of these key organisations in the event of a health protection incident or outbreak.

4.1   Financial Implications

There are no financial implications directly associated with this report.

4.2   Legal Implications

There are no Legal implications directly associated with this report.

4.3   Other Resource implications

There are no other resource implications directly associated with this report.

5.   Health and Wellbeing Board Priorities-impact:

5.1   The work programme for Health Protection supports the following Council priority ==“people are supported to maintain and improve their health, wellbeing and quality of life”.== (need to check this is correct)

5.2   The work programme for Health Protection supports the priorities of the Health and Wellbeing Strategy, specifically in relation to children and young people, as well as the additional fourth priority linked with older people and prevention.

5.3   This work programme contributes to the reduction of health inequalities, particularly in the uptake of immunisation and screening. In addition, tuberculosis and sexually transmitted infections are more likely to impact vulnerable communities more severely.

5.4   Safeguarding: there are no adverse implications for the most vulnerable sectors in the community.

Background papers

The overview detailed above relates to the Health Protection Annual Report for 2023/24 which is attached.

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PROUD OF OUR **PAST**, OUR **PRESENT** AND FOR OUR **FUTURE**

Walsall Health Protection

Annual Report 2023/24

Walsall Council

IMPROVE
outcomes and
customer excellence

IMPROVE
employee satisfaction
and engagement

IMPROVE
service efficiency
and performance

Foreword

Welcome to my first Health Protection Annual Report as Interim Director of Public Health for Walsall. The report will summarise the great work done by Walsall colleagues in the wide-ranging area of Health Protection. I hope that you find it an engaging and reassuring read.

Health Protection services in Walsall aim to prevent and reduce the harm or impact on the health of the local population caused by infectious diseases or environmental hazards, major incidents and other threats, alongside reducing health inequalities.

In Walsall, Health Protection services continue to respond, and make improvements to the health needs of our residents. These services co-ordinate their actions through local and regional networks, the Walsall Health Protection Forum and associated working and steering groups to ensure that the function is delivered as efficiently as possible.

A big thank you to all who have contributed to this report and to those who work tirelessly to protect the health of the people of Walsall.

Dr Nadia Inglis
Interim Director of Public Health

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE
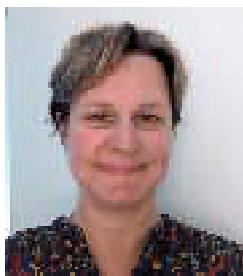
Background

- This annual report details the functions and activities of Walsall's Health Protection Forum and wider support system.

- It aims to provide assurance to the Health and Wellbeing Board that the health of Walsall residents is being protected. The report presents the current situation and analysis of health protection issues in Walsall during 2023/24, and identifies future actions.

- The report provides an overview of the Health Protection priorities focusing on protecting the residents of Walsall including infectious diseases, environmental hazards, and other threats to health.

- The purpose of this document is to:

  - provide a clear overview of the current health protection situation within Walsall,

  - celebrate the successes and achievements of the past year,

  - identify on-going challenges or issues, so that remedial solutions can be actioned,

  - ensure that all the agencies that support and deliver health protection across Walsall are engaged in a process of continuous improvement,

  - provide assurance that there are robust civil contingency mechanisms in place to protect Walsall's residents and ensure business continuity and

  - allow the Director of Public Health to provide assurances to the Health and Wellbeing Board, elected members and the public that the health of Walsall residents is being protected in a proactive and effective way.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Governance Structure for Health Protection in Walsall

The scope of Health Protection is broad and there is a range of partners involved in protecting the health of the population of Walsall. The Health Protection Forum has oversight of health protection in Walsall and is chaired by the Director of Public health or Consultant in Health Protection lead. It is accountable to the Health and Wellbeing board.
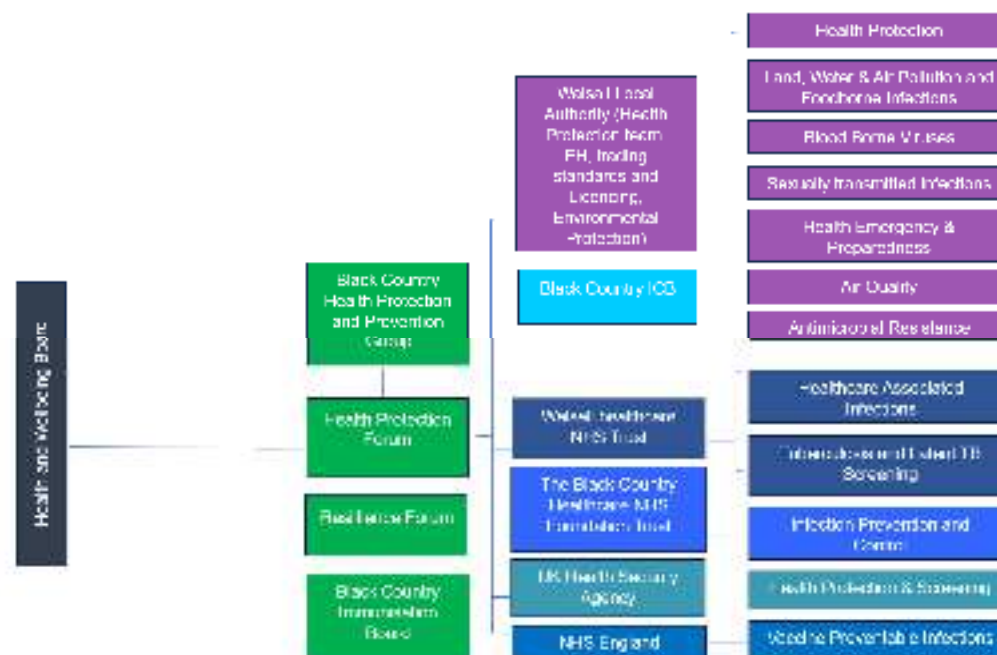
Key Insights for 2023/24

Flu vaccination coverage in the over 65s in Walsall achieved the >75% target in 2023

Childhood immunisations have decreased in Walsall & are below target coverage rates, leading to local outbreaks of measles.

Screening coverage for breast and bowel cancer in Walsall is significantly lower than the national average. However, for cervical screening, coverage is similar to the national average.

Antenatal and newborn screening achieved all targets in 2023/24.

The rate of new STI diagnoses (excluding Chlamydia in under 25s) in Walsall is significantly lower than the national rate, however we also have a lower testing rate.

HIV Testing Coverage, in all target groups, is significantly higher (better) in Walsall than the national average. However, HIV late diagnosis is higher than target threshold at 54.5%

There were 35 cases of TB in Walsall in 2023. The incidence is significantly higher than the national rate.

Air Quality:

The concentration of particulate matter (PM2.5) has decreased in Walsall since 2019 but is still higher than regional and national averages.

Walsall Council

PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Immunisations

Achievements in 2023/24

Walsall Public Health have:

- worked with the voluntary sector using peer support to increase the uptake of measles, mumps, rubella (MMR) vaccine across Walsall and have now put out bids for a second round following the pilot's success.
- commissioned a creative art team to work in the ante-natal clinic at Walsall Healthcare Trust to promote Flu, COVID-19 and Pertussis vaccination. This has been very successful, with the team engaging with over 900 pregnant women. There are plans to replicate this across the Black Country.
- worked with the ICB to offer enhanced GP clinics to help increase the uptake of MMR vaccinations. Several pop-up vaccination clinics were also offered. There was a 4% rise in uptake of MMR from 81% having had 2 doses by age 5 in quarter 1 of 2023/24 to 85% in quarter 4 of 2023/24.
- had great engagement with the Walsall Cohesion team – we were able to plan targeted immunisations approach for ethnic minorities such as: Roma, Romanian, Gypsy, travellers, African and south Asian residents.

Risks and Challenges

- Walsall Public Health and partners were not able to offer as many MMR pop up clinics as we would have liked due to resource constraints.
- Childhood immunisation uptake rates remained low in 2023/2024, which led to an outbreak of measles and pertussis in Walsall and the wider West Midlands area.
- There is an ongoing issue of vaccination hesitancy in some communities, resulting in poor uptake of vaccines.

Priorities for 2024/25

Walsall Public Health will continue to work with partners to:

- increase the uptake of the Pertussis vaccine among pregnant women within Walsall
- increase the uptake of winter vaccines such as Flu and COVID-19 vaccines
- continue to increase the uptake of childhood immunisations (MMR) with the support of a newly created immunisation support officer role

Walsall Council

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Tuberculosis

Achievements in 2023/24

The Community TB service:

• had over a treatment completion rate of over 97% for 2023.

• have trained primary care professionals on TB.

Risks and Challenges

The Community TB service has been short staffed - Walsall Healthcare Trust (WHT) are in the process of recruiting more staff currently. This has meant that there has been:

• Reduced ability to raise awareness in the community and inability to carry out latent TB testing due to lack of capacity.

• Difficulty in following up complex cases of TB (homeless/substance misusing communities, asylum seekers and refugees etc.).

Priorities for 2024/25

• Walsall Healthcare Trust (WHT) is planning to increase the TB service staffing and team capacity.

• Walsall Public Health together with WHT will implement a campaign to raise awareness of signs and symptoms of TB to promote early diagnosis in the community.

• Walsall Public Health and WHT will continue to educate primary care professionals about TB.

• Walsall Public Health will work with WHT to plan the implementation of latent TB services in Walsall.

Walsall Council

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Infection Prevention and Control
(Walsall Public Health Protection Team)

Achievements in 2023/24

Walsall Public Health:

- have conducted verified audits for all residential and nursing homes. Care homes were scored, and RAG rated with 25 homes being green, 34 homes amber, and 5 care homes red
- offered bespoke Infection Prevention and Control (IPC) training for homes of concern by Health Protection (HP) practitioners with good feedback
- delivered quarterly face to face infection prevention and control link worker sessions for care home staff with good feedback from staff and managers
- have worked collaboratively with environmental health colleagues, UK Health Security Agency, ICB and the Quality in Care Team (QiCT) to improve infection prevention and control in the community
- have undertaken audits to review oral and catheter care in all residential and nursing homes

Risks and Challenges

- Fall in IPC standards as evidenced by a reduction in the number of green rated homes – 29 in 2022/2023 vs 25 in 2023/2024
- Link worker training sessions have not been as well attended as expected
- Reduced laboratory capacity for receiving swabs, resulting in some delays in identifying outbreaks
- Reduced capacity in the Walsall Health Protection Team which impacts on capacity to offer bespoke IPC training and audits

Priorities for 2024/25

Walsall Public Health will:

- carry out IPC audits across care homes in Walsall (71 care homes) in collaboration with the ICB and Quality in Care team.
- offer quarterly link worker sessions with IPC link workers from care homes, as well as bespoke training where appropriate
- improve catheter care and oral care in care homes in Walsall

Walsall Council

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Antimicrobial Resistance

Achievements in 2023/24

Walsall Public Health have:

- reviewed and audited catheter use in all care homes in Walsall. As a result, we have improved training, catheter management in care homes, and strengthened the contract for catheter management.
- worked collaboratively with the ICB's FREED (Frailty, Recognising End of life and Escalating Deterioration) team for education of health & social care staff.
- The Black Country NHS Foundation Trust have implemented quality improvement projects on oral health and catheter care to reduce inappropriate prescribing of antibiotics.

Risks and Challenges

- Catheter associated urinary tract infections (UTIs) and acute respiratory infections (ARIs) requiring antibiotics remain high in some care homes.

Priorities for 2024/25

Walsall Public Health:

- aim to identify care homes with an increased incidence of acute respiratory infections (ARI)/catheter associated urinary tract infections (CAUTI) or C. difficile infections and complete targeted education on basic care to reduce health care associated infections (HCAI). This will be done in collaboration with the Quality in Care team/ICB.
- plan to offer workshops for school nurses/ health visitors using the TARGET resource on infection prevention control and bacterial vs viral infections.
- plan to review the use of prophylactic antibiotics in urinary tract infections and create a pathway for reviewing prophylactic antibiotics.
- plan to collaborate with NHS partners to evaluate initiatives on catheter care and oral healthcare.

Walsall Council

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Sexually Transmitted Infections

Achievements in 2023/24

Walsall Public Health have:

• redesigned the Primary Care Sexual Reproductive Health (SRH) delivery model both in General Practice and Pharmacy to ensure increased access, choice and proximity for women.

• developed and opened a new Town centre Sexual and Reproductive Health Clinic in Hatherton Street.

• recruited two senior Sexual Reproductive Health nurses to deliver both a town centre and community outreach service.

• developed a draft Walsall Sex Worker strategy, to be ratified in December 2024.

• procured an incident reporting system as a quality improvement tool, called 'Datix'.

• completed a number of audits linked to: long-acting reversible contraception (LARC) provision by GPs, the syphilis care pathway, and PrEP provision.

Risks and Challenges

• Resource constraints in primary care may have a negative impact on the delivery of the sexual health offer through primary care.

• Resource constraints across health and care partners may have a negative impact on the implementation of the Sex Worker Strategy.

• A recent audit of PrEP has shown that some high-risk groups in Walsall have low awareness of, and are not accessing PrEP.

Priorities for 2024/25

Walsall Public Health will:

• develop and implement an outreach programme for sexual health in Walsall.

• work with providers to ensure that a robust Syphilis care pathway is implemented.

• audit HIV late diagnosis in Walsall, and monitor and maintain equitable access to PrEP for high-risk groups, implementing audit recommendations.

• work together with partners to reduce sexual health inequalities across Walsall.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Blood borne viruses (BBV)

Achievements in 2023/24

- Walsall Public Health have improved Hepatitis B vaccination rates within the Alcohol and Drug service, with increased access, promotion and a review of practices.
- Case files have been reviewed and ensured all service users have been offered screening.
- Change Grow Live (CGL), our alcohol & drug service provider have started recruitment for a BBV nurse to enhance capacity.

Risks and Challenges

- Failure to hire the BBV nurse will impact ability to deliver services to the drug and alcohol community.
- Failure to meet micro elimination target for Hep C could negatively impact the Alcohol and Drug funding due to grant conditions.
- Work to reduce BBV is focused on service users in alcohol and drug services, but does not consider the wider need for BBV screening and management in Walsall.

Priorities for 2024/25

- Walsall Public Health will work towards micro-elimination of Hep C among the alcohol and drug service users.
- Walsall Public Health will introduce additional sites to engage those not otherwise engaged in Alcohol and Drug treatment services within the BBV testing offer.

Air Quality

Achievements in 2023/24

- Walsall Public Health established the Air Quality Alliance in 2023 in partnership with Environmental Protection, West Midlands Combined Authority (WMCA), Transport, Planning and Licencing.
- Environmental Protection published the Air Quality Status Report for Walsall for 2023 in January 2024.

Risks and Challenges

- Although there were no exceedances in Walsall in 2023 against national guidelines, we do not meet the WHO guidelines for air quality.
- Behaviour change is challenging as various factors deter individuals from adopting new, healthier behaviours with regard to active travel.
- A lack of awareness and common misconceptions about the economic impact of measures to improve Air Quality could have a negative impact on our ability to implement change.

Priorities for 2024/25

 Walsall Public Health will:

- work with partners, including UK Health Security Agency, Transport & planning, EP, and WMCA to develop a local Air Quality Strategy and workplan.
- collaborate with WMCA to undertake a Behaviour change pilot project on improving air quality in the construction industry.
- implement training for councillors and senior management about Air Quality.
- raise public awareness of the health impact of air pollution, and encourage them to take action to reduce air pollution.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Environmental Health and Trading Standards

Achievements in 2023/24

Environmental Health:

- responded to 160 complaints about unfit food and to 106 complaints about the hygiene of food premises
- registered 135 new food businesses, and inspected 252 food businesses, including rated and unrated businesses.
- responded to 329 Infectious Disease notifications (Notifiable diseases statutorily notified to the EH team by UK-Health Security Agency)
- undertook targeted health and safety interventions at 11 businesses using national intelligence and 96 businesses using local intelligence
- registered 78 businesses and persons carrying out specialist treatments (tattooing, ear and cosmetic piercing, semi-permanent skin colouring, electrolysis and acupuncture).
- Environmental Health also initiated local health and safety projects, and these are ongoing with the following objectives: increasing men's engagement in health and wellbeing support, raising workplace mental wellbeing awareness., enhancing local intelligence on healthy options at takeaway outlets, leading key actions in the Tobacco (and Vaping) Control Strategy, addressing non-compliance with age-restricted sales through targeted programmes, suppressing communicable infections and preventing violence and aggressive behaviour, with a focus on mental health.

Risks and Challenges

- Scrutiny and escalation of action by the Food Standards Agency (FSA) due to a backlog of overdue food safety inspections and increasing number new registrations of food businesses leading to a potential failure to meet inspection frequencies designated in the Food Law Code of Practice (England) 2023.
- Complex and prolonged ongoing health and safety case concerning Lead in Blood Level Exposures of workers and their contacts at a firing range, will continue during 2024/2025 diverting resources from other health and safety matters.

Priorities for 2024/25

- Environmental Health will enhance team resilience and capacity through recruitment of 3 Environmental Health Officers (EHOs).
- Environmental Health will inspect all food premises in accordance with the frequencies set out in the Food Law Code of Practice, using a flexible approach to tackle backlog of outstanding inspections.
- Environmental Health will aim to increase men's engagement in health and wellbeing support as well as raising workplace mental wellbeing awareness.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Health Emergency Planning

Achievements in 2023/24

- Walsall Resillience Unit created an Adverse Weather and Health Plan to support the organisation to prepare, build, and respond to adverse weather events to protect lives and promote health and wellbeing. The plan brings together and builds on the previous Heatwave Plan for England, and the Cold Weather Plan for England and is underpinned by new impact-based Weather Health Alerts.
- Walsall Resillience Unit updated Walsall's Health Protection and Outbreak Management Plan for managing a community outbreak or significant public health incident. The Plan provides a co-ordinated framework to enable a healthy economy wide response to ensure swift and efficient management of an incident or outbreak and is underpinned by the Memorandum of Understanding which sets out the agreed contribution to Emergency Preparedness and Service Delivery.
- Walsall Resillience Unit undertook a Winter Preparedness Exercise to explore the ability of the LA, NHS, ICB and other partners to respond to severe winter pressures in the event of a prolonged severe weather episode.

Risks and Challenges

- A pandemic will inevitably involve some level of national coordination but there is a delay in central government issuing guidance or legislation that will inform the response arrangements being put in place at a local level, therefore guidance and legislation may be issued with very short lead times before they come into effect. In addition, some measures may be open to different interpretation in different situations.

Priorities for 2024/25

Walsall Resillience Unit will:

- produce a Walsall Local Pandemic Plan and create an exercise to test it.
- review and update the Adverse Weather and Health Plan (AWHP) based on the recommendations of the AWHP 2023 to 2024 midterm report.
- review and update the local Health Protection and Outbreak Management Plan

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Oral Health and Fluoridation

Achievements in 2023/24

- Walsall Public Health have started the planning and delivery of evidence-based oral health improvement programmes in Walsall in partnership with the Local Authority Public Health team, Community dental teams and The Black Country ICB and Oral Health Improvement Network. This includes evidence-based programmes to increase fluoride availability to children residing in the most deprived areas of Walsall.
- Walsall residents continue to benefit from community water fluoridation in the borough.

Risks and Challenges

- The national dental recovery plan was recently published. Information relating to the oral health prevention aspects of the plan are still to be fully considered.
- For Walsall's population to benefit from the full effect of community water fluoridation, it is key for other methods of fluoridation to continue to be made available, especially to those most at risk of dental decay. This includes the use of targeted community fluoride varnish programmes which, due to awaiting a national consultation on medicines management and scope of practice for wider dental team members, are difficult to plan and initiate.
- There are challenges in the capacity and resources of the dental workforce across the dental system, which can create challenges in the expansion of community programmes. These challenges are felt across the region and nation.

Priorities for 2024/25

Walsall Public Health will:

- implement 'Brilliant Brushers' a supervised toothbrushing programme in Walsall Nursery schools.
- take part in the evaluation of supervised toothbrushing programmes by the National Institute for Health and Social Care Research. This will also gather lessons and feedback from key stakeholders, to suggest improvements for future programmes.
- develop the oral health workforce training offer and support resources.
- finalise the Walsall Oral Health Needs Assessment.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Cancer Prevention and Screening

Achievements in 2023/24

Walsall Public Health:

- collaborated with partners to organise five community cancer drop-in sessions in the borough from January 2024 – April 2024. Residents had the opportunity to meet and receive crucial information and support from clinical experts, local providers, and other topic specialists on cancer prevention, screening and treatment close to their home or workplace. Anecdotally, these sessions were well received by the community and resulted in the identification of cases of cancer.
- collaborated with the Black Country ICB to develop a six-month joint Cancer screening inequalities plan for Walsall. This document outlines the objectives, strategy and actions that will be taken by the local health system to improve cancer prevention, diagnosis, treatment and care for the population.

Risks and Challenges

- Under 75 mortality rates for all cancers in the borough are significantly higher than the England average.
- Due to funding implications, the ICB Cancer Manager and Facilitator roles for Walsall are due to finish on 30 September 2024. This will have a significant impact on the partnership and collaborative approach to reducing inequalities, improving screening prevalence and reducing mortality rates.

Priorities for 2024/25

Walsall Public Health and partners will:

- deliver the actions outlined in the six-month Walsall Place Cancer Screening Inequalities Plan – to be evaluated in October 2024.
- explore cervical screening inequalities in the borough for people with a learning disability, autism or both.
- work with the other Black Country Local Authorities, ICB and Breast Screening team to review screening data and locations of mobile breast screening units.
- prepare for Targeted Lung Health Checks (TLHC) in the borough.

Walsall Council

PROUD OF OUR PAST OUR PRESENT AND FOR OUR FUTURE

Cancer Prevention and Screening

Case Study- Measles outbreak in Walsall

In the early months of 2024, Walsall saw the highest number of confirmed measles cases within the Black Country. There have been 68 cases in total in Walsall to date (56 confirmed), with outbreaks in educational settings. Cases were mainly in the under 5s, with the majority being amongst deprived communities in Walsall. Infants with measles were most likely to be hospitalised.

Outbreak response:

• **Short term**

  • Walsall Public Health supported Incident Management Team meetings organised by UKHSA to manage the outbreak.

  • MMR pop-up clinics were offered in various community locations; extended hours clinics were also offered by general practices.

  • Walsall Public Health undertook extensive communications and engagement to promote the MMR vaccine.

  • Walsall Public Health organised MMR training webinars for schools and MMR coffee mornings at schools.

  • We have seen a 4% rise in uptake of MMR in Walsall from 81% having had 2 doses by age 5 in quarter 1 of 2023/24 to 85% of the relevant cohort in quarter 4 of 2023/24.

• **Long term**

  • Walsall Public Health will continue to liaise with partners to work collaboratively to promote MMR uptake in the Black Country.
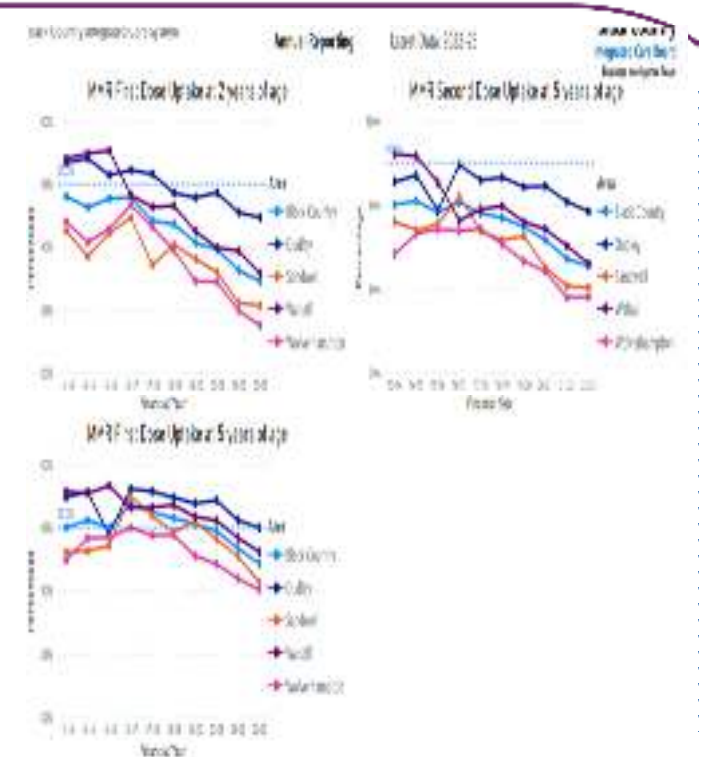
Key Themes Emerging in this Report

Key areas of success

- Increased communications campaigns on immunisations and immunisation offers - pop-up clinics, GP extended hours clinics.
- Multi-agency working with partners has strengthened particularly in the area of immunisations, screening and infection prevention and control (IPC).
- The standards of catheter care in care homes has improved significantly following training for the care sector on the prevention and management of catheter associated urinary tract infections.

Key risks and challenges

- The continued decline in routine immunisation uptake in children over the past 10 years has led to the emergence of outbreaks of vaccine preventable diseases. In particular, the decline in the uptake of the MMR vaccine has led to a local outbreak of measles in Walsall.
- Reduced staffing and resources has had a major impact on the delivery of key services such as the Community TB Service and Environmental Health.
- Infection prevention and control (IPC) standards have reduced in the care home sector over the last year due to a combination of reasons, such as reduced staffing capacity and high staff turn-over.

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Action Plan for 2024/25

Immunisation and Vaccination
- Walsall Public Health will continue to work on improving the uptake of both childhood and seasonal immunisations.

Air Quality
- Walsall Public Health will develop a Walsall Air Quality Strategy and workplan.

Tuberculosis
- Walsall Public Health will work with NHS partners to support the introduction of latent TB Screening and awareness raising in the community on signs and symptoms of TB.

Healthcare Acquired Infections and Antimicrobial resistance
- Walsall Public Health will complete targeted education on the management of urinary tract & respiratory infections to reduce Healthcare Associated Infections in collaboration with NHS partners.

Sexually Transmitted Infections
- Walsall Public Health will reduce the incidence of sexually transmitted infections including syphilis in Walsall through the implementation of the Syphilis Action Plan and reduce the rate of late diagnosis of HIV through enhanced outreach work.

Pandemic Preparedness
- Walsall Public Health will refresh a Walsall Local Pandemic Plan and create an exercise to test it.

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Glossary

ARI	Acute respiratory infection
AWHP	Adverse Weather and Health Plan
BBV	Blood borne viruses
CAUTI	Catheter associated urinary tract infection
C diff	Clostridium difficile
COVID or COVID-19	Coronavirus disease (COVID19)
DHSC	Department of health and Social Care
DPH	Director of Public Health
EHO	Environmental health officer
EP	Environmental Protection
FREED	Frailty, Recognising End of life and Escalating Deterioration
HCAI	Health Care Acquired Infections or Health Care Associated Infections
HIV	Human Immunodeficiency Virus
HPF	Health Protection Forum
HPV	Human papillomavirus
ICB/ICS	Integrated Care System and Integrated Care Board.
IPC	Infection Prevention and Control
LA	Local Authority
LARC	Long-acting reversible contraceptive
MMR	measles, mumps and rubella vaccine
Mpox	Previously known as Monkey Pox
MRSA	Methicillinresistant Staphylococcus aureus
MSM	Men who have sex with men
OHID	Office for Health Improvement and Disparities
PHOF	Public Health Outcomes Framework
PrEP	Pre exposure prophylaxis
SAIS	School Aged Immunisation service.
SRH	Sexual and Reproductive Health
TARGET	Treat Antibiotics Responsibly, Guidance, Education and Tools
TB	Tuberculosis
UKHSA	UK Health Security Agency.
UTI	Urinary tract infection
WMCA	West Midlands Combined Authority

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