Sandwell Health & Wellbeing Board

4 December 2024

Subject:	Integrated Care Strategy Update
Presenting Officer and Organisation	Tapiwa Mtemachani, Director of Transformation & Partnerships Black Country Integrated Care Board
Purpose of Report	Information

1. Recommendations

1.1 To consider and comment upon the Integrated Care Strategy Update.

2. Links to Workstreams Set out in the Health and Wellbeing Strategy

Healthy Communities	A prevention and personalisation strategy forum supports the endevours of the Black Country Integrated Care Partnership (ICP).
Primary Care	
Integrated Town Teams	
Intermediate Care	
Care Navigation	

3. Background

3.1 In February 2024 a refreshed set of guidance for the preparation of Integrated Care Strategies was published which set out the expectations of Department of Health and Social Care upon local systems.

3.2 The ICP met in April 2024 to consider the guidance and its implications – a process to refresh our Initial Integrated Care Strategy ensued.

3.3 The ICP requested from Health and Wellbeing Boards and Healthwatch any engagement feedback from local communities which was duly sent through in May 2024.

3.4 Work to synthesise and distil the feedback was conducted with early findings shared at the ICP meeting in July 2024 – the emerging themes were broadly consistent with the areas highlighted in our initial strategy and set out against the life course approach which is consistent with the format of most health and wellbeing strategies.

3.5 At the July ICP meeting it was agreed by the Partnership that targeted engagement with inclusion groups be conducted and led by each of our Places. ICP members who also sit on Place leadership boards were tasked with leading that discussion within respective Places.

3.6 VCSE partners convened an engagement exercise that concluded on 11 October 2024. A full report outlining the outputs from May through to October are included in the appendices.

3.7 This report sets out a summary of the findings and also starts to set out what the refreshed Strategy will cover.

4. Key Points

4.1 The Integrated Care Strategy (ICS) refresh is in progress and is being informed by the place population engagement collation and synthesis as well as the ambitions for the enabling infrastructure endorsed in July's Integrated Care Partnership session.

4.2 The enabling infrastructure is primarily how the ICS will organise itself and develop a coherent, collaborative and systematic mechanism for ongoing engagement of local communities beyond organisational structures and also defining a process that takes into account where the partnership adds value i.e. beyond just NHS services.

4.3 It was on that basis the targeted engagement work was undertaken over the summer – engaging our underserved communities on the delivery of wellbeing measures that as evidence has it, have a greater impact on health than health interventions on their own. **A full report of the findings is included within the appendices.**

4.4 From a macro-policy perspective, there are some significant drivers for transformational change – including the missions of the new government, which as it pertains to Health and Care are then distilled

into the ‘3-shifts’ moving from analogue to digital, hospital to community and treatment to prevention – the government has already signalled these will be magnified within the impending NHS 10year Plan – all of that within the context of a report from Lord Ara Darzi on the performance of the NHS which does have a material impact on the integration agenda.

4.5 These macro-policy drivers necessitate a local reflection on how the partnership needs to organise itself to deliver more effectively and as regards the ICP to set a cogent and deliverable strategy and ensure that the role of the ICP truly adds value to local Places.

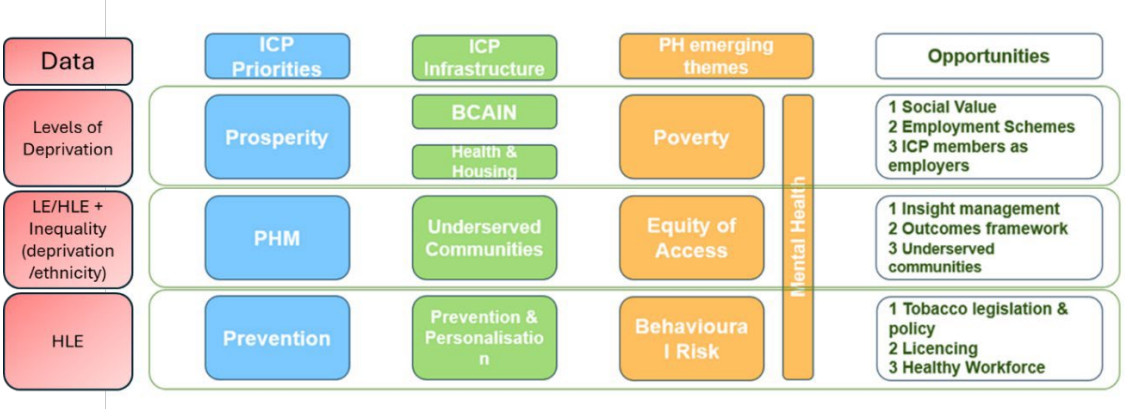
4.6 With that in mind and considering the primary role of the ICP is to prepare a coherent, deliverable and localised strategy – the Partnership has been considering how best to strengthen the link between the ICP and Place decision making fora. A particular consideration has been the role of Local Authority CEOs in leading that strategic integration conversation at a Place level.

4.7 The local policy drivers take into account a recognition of the challenges we face and subsequently the opportunities that present to drive both lasting change and health improvement and these build to a greater extent on some of the great work already happening within the Black Country that we can harness, learn from and widen including feedback from our local communities as outlined above.

4.8 Black Country Directors of Public Health have also agreed a list of priorities that could be done at a Black Country level – these are summarised under the following thematic headings:

- Poverty Reduction
- Equity of Access
- Behavioural Risks/Lifestyle

4.9 Work has been undertaken to look at that against some of the work already underway and the data/insight that compels us to act – all of which is captured in the schematic below:



4.10 The Integrated Care Strategy will inform the Joint Forward Plan and upon publishing of the NHS 10 Year plan, the Partnership will also reflect on what impact that has on the local strategy:

- **November 2024:** Draft strategy areas identified from place population engagement and synthesis work and ICP strategy forums.
- **December 2024: E**ngagement with HWBB's and stakeholders (Integrated Care Partnership partners, Place Based Partnerships, Directors of strategy etc) on strategy areas and collaboration opportunities.
- **January 2025:** draft strategy tabled at Integrated Care Partnership session.
- **February 2025:** Feed in population themes and agreed approaches from engagement analysis into the Joint Forward Plan (anticipated themes pending publication).
- **March 2025:** Work with Integrated Care Partnership partners and system stakeholders to develop plans for delivering Integrated Care Partnership strategy areas/meeting population needs.
- **May 2025:** Align agreed strategy delivery plans with Joint Forward Plan /10year plan deliverables (timing dependant on 10-year plan publication)
- Publish Integrated Care Strategy.

5. Implications

Resources:	Not Applicable.
Legal and Governance:	To ensure that the Health and Wellbeing Board acknowledges the direction of travel
Risk:	Not Applicable.
Equality:	Not Applicable.
Health and Wellbeing:	To ensure that the Health and Wellbeing Board acknowledges the direction of travel
Social Value:	Links to the following ICB Corporate Objectives; • Population health • Addressing inequality • VFM/productivity • Supporting broader socio-economic development
Climate Change:	Not Applicable.
Corporate Parenting:	Not Applicable.

6. Appendices

Appendix One – Summary of Black Country Community Feedback and Engagement Reports September 2024

7. Background Papers

None.

Healthier Futures
Black Country Integrated Care System

Summary of Black Country Community Feedback and Engagement Reports September 2024

Introduction

This document has been produced by NHS Integrated Care Board (ICB) colleagues on behalf of the Black Country Integrated Care Partnership (ICP). It brings together a range of community insight reports sourced from the Black Country four Healthwatch organisations, its four Health and Wellbeing Boards (HWB), and community conversations undertaken by the ICB Involvement Team in 2023 and 2024. These sources provide a rich range of insights about the lived experiences and needs of different populations living in the Black Country, drawing predominantly on qualitative feedback and engagement methods. One excellent example is 'Growing up in Dudley - A qualitative exploration of underrepresented communities' needs and experiences' which provides in-depth feedback from a range of groups.

This is the start of a journey to bring together community insights from the Black Country. We know that ICP partners, be those voluntary, community, faith or social enterprise organisations (VCFSE), or other publicly funded bodies, are continuously engaging with the populations they serve and support. As a partnership we feel it is important to start sharing these insights more systematically at Place and System level to drive our priorities and improve services to meet communities' needs.

ICB colleagues have started exploring this at a System level for development of an ICP Strategy, and to begin to explore community insights from across the Black Country. Aligned to this, Place leads committed to source, co-ordinate and share additional community insights from across their Place partnership with the ICP. From these additional sources, ICB colleagues have identified community insights which address gaps in the initial summary, focusing particularly on inclusion groups, and have incorporated key findings from these into this paper.

The next step will be to have conversations with System partners to explore how community insights should be coordinated and responded to at a Place level, and to define the role of the ICP in bringing Place-level insights into a Black Country-wide view. Partners working in this space know how important it is to listen and act on what our communities tell us, and not to ask communities to repeat the same messages. Developing more mature arrangements to collate and share a range of community insights in Place partnerships is an ambitious but integral aim to enable the ICP to improve outcomes in population health and healthcare, tackle inequalities, and support social and economic development.

The Black Country Nine Wellbeing Themes

To enable the ICP to understand and respond to population needs in their broadest sense, a set of nine shared wellbeing themes have been co-produced. This work originates from an initiative in Walsall, with a particular focus on creating an in-depth understanding of population inequalities.

The nine wellbeing themes cover the wider determinants of health and provide a framework against which the outcomes and impact of interventions across the Black Country can be measured. At ICP level, partners have signed up to the principles of this framework, and work is progressing to familiarise Place partners with the nine wellbeing themes and how projects can be mapped against them.

To underpin this, the ICP has created an online tool, the Population Outcomes Framework. This currently contains a range of existing quantitative measures that are publicly available and can be used to demonstrate the impact of interventions linked to a wellbeing theme. For example, measures include air quality, employment rates, educational attainment levels, levels of housing without central heating, cancer screening uptake, obesity levels, and social isolation, to name a few.

The next step in the development of the framework will be to explore if measures of lived experience can be incorporated into the online Population Outcomes Framework tool. Bringing together qualitative community feedback and engagement insights (as described in the introduction of this report) will provide a foundation upon which to design these lived experience measures. The summary of feedback and engagement sources reviewed to date included in this report are aligned to the nine wellbeing outcomes, which are:

Under each of the nine wellbeing themes in the Population Outcomes Framework, there are four sub-levels. The fourth sub-level 'drivers' are a range of factors which influence whether people have a good or poor quality of life under that wellbeing theme. Interventions to improve peoples' quality of life should be designed to target these influencing factors.

(Technical Note: The summary analysis contained in this document represents the most common and pertinent themes raised in the feedback and engagement sources reviewed to date. In the main, the phrase – People reported X, People experienced X, etc. is used. We do not attempt to include a description of the number, or volume of people providing the different feedback messages included, as often this is not included in the original source, and the variety of methodological approaches taken within the sources means this cannot be standardised. By using the phrasing 'People reported' it is not assumed that the statements included here are representative of or can assume to be held by all members of the general population, or of the population sub-groups referred to).

Wellbeing Theme: Health

Outcomes	Objectives	Headline Findings
Feeling good and functioning well	**Healthy behaviours** **Sub-Objective:** **Maintaining a healthy balance (Body & Mind)**	**Driver: Lifestyle Behaviours** **Food and Healthy Eating** Feedback showed that people understand the importance of eating well, but experience barriers maintaining healthy eating, including: the rising cost of food, the lower cost of unhealthy food, reliance on food banks and the need for more, and uncertainty of how and where people will get enough food from (food insecurity) (Refs: 40). People with busy, demanding and stressful lives describe using convenience food as an easier option to manage these pressures. Long working hours and juggling different demands means people do not have the time to cook from fresh, leading to an increased reliance on convenience food. The number of fast-food outlets in local areas also increases the likelihood people will turn to highly accessible unhealthy food, highlighting the need for planning systems and leads to be linked into this agenda (Refs: 24; 38). A healthy eating survey in Walsall (2023) found just less than half of parents/carers felt their family has a healthy diet. The mostly commonly cited barriers being: not having the time to cook, that family members will not eat certain foods, not being able to buy healthy food to cook and not knowing what to cook. The fifth most common barrier cited was that takeaway food is cheaper. 64% felt their family were consuming the recommended five fruit and vegetables per day at least 4 or more days per week. People would like more ideas about what to cook, education on what constitutes good food, healthy eating vouchers, help making healthy eating more appealing and cheaper (Refs: 62). People said they need support to develop their skills around healthy cooking, for example through free cooking clubs (Refs: 24). In Wolverhampton 57% of KS2 and 53% of KS3-4 children had taken part in cooking or food preparation lessons in the last year, for KS3-4 this had increased from 41% in 2022 (Refs: 53). Other people said they are already making positive choices to eat healthily, including fresh fruit and vegetables, and drinking plenty of water (Refs: 51). Food often forms an integral part of people's culture and ways of living, and enjoying food can be an important social event, making healthy eating harder. For example, in Afro-Caribbean communities, traditional food can make managing diabetes difficult. This is understood, but changing traditional diets is challenging. Older members of the community can be more resistant to changing the diet they have grown up with. People describe how they found it easier to maintain a healthy diet in the Caribbean with more accessible home grown and fresh ingredients (Refs: 26; 38; 46).

Outcomes	Objectives	Headline Findings
		People who need financial support to buy food talk about experiencing stigma accessing free food and food vouchers. Lack of awareness, understanding how to apply for financial assistance, eligibility for schemes, etc. also prevent people from receiving support (Refs: 38). Children are going to school hungry, which impacts on their ability to concentrate. There should be more breakfast clubs, free school meals and after school clubs. (Refs: 2; 4; 5; 24; 38; 40) In Wolverhampton many children wanted to see improvements in food provided by schools at break and lunchtimes, at 49% of KS2 and 66% of KS3-4, which is an increase on previous years. 26% of KS2 children wanted more choice of food, again an increase from 17% in 2022. There has been a small increase older children agreeing they rarely eat takeaway or fast food, at 33% KS3-4 in 2024, compared to 29% in 2022 (Refs: 53).
		Driver: Physical Activity
		People talk frequently about the importance of having green spaces and other appropriate facilities in their local area for sports and leisure activities, and the lack of these impacting particularly on children and young people (CYP). They also talk about the links between physical activity, good physical health and positive mental wellbeing, and having the opportunity to do physical activities with friends and family and making new social relationships (Refs: 51). The reports highlight the need to increase levels of physical activity, and that activity levels in the Black Country are comparatively low. Groups experiencing inequalities are also more likely to be less active (Refs: 13). People say there is a need for free or affordable physical activity facilitates in the community, this may include swimming and gyms, as well as outside activities. People in Sandwell want subsidised/low-cost physical activities to be mapped, so it is clear what help there is for people to engage in prevention activities. People in Dudley talked about the importance of physical health, and its relationship with good mental health, for example helping Young People (YP) manage anxieties and low mood. Whilst YP want to use green spaces for exercise they are put off as they do not feel safe due to gangs and people taking drugs (Refs: 13; 24; 29; 51). People recognise the growing levels of obesity, the relationship this has with unhealthy eating and the need to increase physical activity. They also talked about links to increasing diabetes levels and the need to lose weight. People want to see partners making strong commitments to help reduce obesity through exercise (Refs: 24; 26). Some said local people lack the motivation and drive to increase their physical activity levels and to engage in initiatives like active travel schemes. In Wolverhampton physical activity levels are thought to be low. This has been impacted by the pandemic, with fewer school pupils having experience of regular exercise and activities like swimming lessons. People want more opportunities for CYP to exercise outside of the school day, in community venues that are hyper local and accessible (Refs: 10; 13; 24).

Outcomes	Objectives	Headline Findings
		Surveys with CYP Wolverhampton found over half (54%) of KS1 children travel by car to school, and only 38% walk. Slightly fewer older children travelled to school by car at 43% of KS3-4. The level of enjoyment CYP get from physical exercise decreases with age, particularly amongst girls reducing from 58% enjoying this in Year 2, down to 18% in Year 10 (Refs: 53). In contrast, a Sports England survey of CYP in Sandwell found they have the most active CYP in the West Midlands, and their activity levels are increasing (Refs: 20). Certain groups self-report higher levels of physical activity. Good physical health and regular exercise is valued highly by members of LGBTQ+ communities and is seen to have a clear link to overall wellbeing (Refs: 21). Other groups, particularly vulnerable populations, experience barriers to engaging in physical activities, such as finance, having the right equipment, travel, etc. (Refs: 21). Some populations are put off by practical factors like poor weather. For example, Afro-Caribbean people with diabetes said they were more likely to exercise in the Caribbean due to the warm weather (Refs: 26; 46). Others are deterred by safety factors like dangerous driving (Refs: 13). People also talk about the challenges of trying to exercise and be active when they suffer from different medical conditions that restrict what they can do, and which mean they experience high levels of pain (particularly joint and back pain). Caring and work responsibilities limit how much exercise people can do, with a lack of time and life stresses presenting barriers. Poor mental wellbeing, stress and anxiety (not being able to stop thinking) stop people from being active. The worry caused by spending limited funds on exercise activities also limits what people can do (Refs: 51).
		Services to Support Healthy Lifestyle Behaviours **Local Support** People want services to support them with a healthy lifestyle. These services are particularly accessible and valued when provided through local community venues. People talk about the critical role of the VCFSE sector in providing community-based health and wellbeing services, and they want to see more investment in VCFSE local services like these. This may include raising awareness of priority areas like cancer and diabetes, promoting screening services and health checks, providing advice on dementia, supporting mental health and providing wider wellbeing support like debt advice. People stressed the importance of staff and volunteers having community language skills when providing support in these spaces. (Refs: 5; 10; 23; 24). Corona Virus Disease (COVID) demonstrated the powerful role of the VCFSE sector in accessing communities, approaching health issues from a position of trust and utilising existing relationships. In Sandwell, outreach activities successfully increased vaccinations amongst ethnic minority populations by working through Voluntary and Community Organisations (VCOs), and training 180 community vaccination leaders. People supported by the project were given advice and guidance so they could make an informed decision whether to have the vaccine or

Outcomes	Objectives	Headline Findings
		not. Vaccination promotion was also dovetailed by wider services, e.g. supporting carers to access appropriate benefits (Refs: 22). Residents from Black communities in Sandwell have said they would like to see the same kind of investment in diabetes community champions, involving people with lived experience who can share experiences in their community. The need for outreach for Type 2 diabetes was stressed in several engagement sources, for example to educate people around risk factors causing diabetes and management strategies. (Refs: 23; 24; 26; 46) Feedback tells us this type of community-based outreach is particularly important for populations such as migrants, asylum seekers and refugees who are less familiar with health and wellbeing support in the UK. Community advocates and outreach staff from mainstream services can work together in these settings to deliver a range of activities including raising awareness on key health issues, undertaking health checks and supporting people with processes like General Practice (GP) registrations. (Refs: 12; 33). People feel there is too much reliance on accessing GP practices to gain health advice and onward support. They want other organisations to be able to do this and refer people onto relevant services. The VCFSE sector has a strong basis to provide local health information through accessible community venues (Refs: 24). There is also a limited number of pathways by which health professionals can refer people into services for support with physical activity (Refs: 13). **Tailored Communications** Many population groups talked about the need for tailored communications and approaches when accessing health and wellbeing support, and these comments apply equally to wider public, private and voluntary services. The D/deaf population experience specific challenges accessing services and facilities due to the dominance of telephone and verbal communications, and a lack of British Sign Language (BSL) interpreters with sufficient level of skill, etc. This means they are reliant on others to help with accessing services, including basic activities like repeat prescriptions, in turn reducing their independence. People with sight conditions experience similar barriers, and other people, for example those with Learning Disabilities need professionals to adapt their communications style and approach to meet their needs. (Refs: 5; 2; 47; 48) Patients said the availability of appropriate interpreters is often better in primary care, in comparison to secondary care, where staff are more familiar with individual patient needs. Likewise, staff in primary care settings are more likely to make communication adaptations for patients. For migrants, asylum seekers and refugee populations, communication adaptations, service awareness raising, and interpretation support are critical. People from these groups report layers of barriers, e.g. understanding how to book a GP appointment and then having the appropriate interpretation support during the appointment to be served effectively. Vulnerable groups with lower levels of UK health literacy need help understanding healthcare and other services, and understanding the technical language used by professionals. (Refs: 12; 24; 32; 33).

Outcomes	Objectives	Headline Findings
		Feedback tells us that health and well-being resources, designed for the general public, need to be more broadly accessible and available in a variety of formats. Literacy levels are lower in the Black Country as a whole, requiring plain English and non-technical sources (Refs: 24). Some groups also struggled more during COVID with communications, as face masks made this difficult, e.g. older people (Refs: 12). **Lack of Awareness** People across all groups report they are not sufficiently aware of services and support available to them. This has a greater impact on vulnerable groups who are most in need of help. For example, people highlighted they did not understand: what services are available for people with dementia and their carers; services available for people with sight issues; services for homeless people and how these are co-ordinated (Refs: 8); services for the LGBTQ+ community (Ref: 21); services for older people whose first language is not English; what services to access when people cannot get a GP appointment and the availability of out of hours services needs promoting (Refs: 24). People feel primary care staff do not have a clear view of available services, reducing their ability to effectively signpost people onto relevant help. They also feel there is not enough communication between health professionals in primary and secondary care settings, including social care (Refs: 24). When people are signposted onto services, they have reported subsequent issues, when the signposted provider maintains their service does not cover people's needs. People may then be sent back to the originator, or onto another service; people describe being 'passed from pillar to post'. This process takes time and resources and is frustrating for people who need help. People talked about a lack of flexibility by some professionals who would not support needs which seemed to be within their scope, slightly outside it, or open to interpretation (Refs: 1;2;4)
		Understanding and Accessing Primary Care Services Patients' lack of awareness of services includes those provided by primary care. In Sandwell people talked about the need to have a better understanding of services provided by GP practices and that these need to be promoted more effectively (e.g. GP weekend appointments). The changes introduced in primary care since COVID need to be more widely understood and better communicated by GP practices (Refs: 24). Patients would like services to be mapped out for them, so they understand what to use and when, and the range of professionals available for different needs. Patients do not understand why they are directed to other professionals and are concerned about triage appointment processes undertaken by non-clinical staff. Patients need and want to be more informed about changes to and new developments in primary care service models, particularly vulnerable groups (Refs: 24; 32). A group in Wolverhampton who seemed to be well informed want to see more appointments with wider health professionals to cut waiting lists, including Podiatry, Asthma nurses, Dieticians, and lung function clinics. Where online forms are used to request an appointment, patients have reported they have to wait for the form to be triaged. Patients would like to understand more about the online triage process (Refs: 32).

Outcomes	Objectives	Headline Findings
		Patients feel they have less continuity of care with their GP following COVID, and the relationship between doctors and patients has suffered, meaning patients feel they are less known and understood by the GP they see. Patients also feel the number of doctors has reduced. Some patients have been turned any when asking to register with GP practices based on not having ID documents or a fixed address (Refs: 32). Patients talked about being confused and experiencing difficulties in navigating around services. This has led to patients to attend Urgent Treatment Centres because they do not know what alternative services are available, or because they cannot get an appointment (Refs: 24; 42). The increased challenges experienced by people trying to access Primary Care since the pandemic is well known and impacts the whole country. Patients talked about issues including: • Being unable to get appointments, including the 8am rush to call their Practice and issues getting through on the telephone. These issues are even more challenging for some, e.g. people with physical disabilities having to queue to physically book an 8am rush appointment, or people with alternative communication needs struggling to use phone booking processes. • Patients want mixed methods, phone and online services to book appointments. However, older adults are less likely to use online bookings and some need websites to give very clear instructions about how to book appointments step by step. Often people still prefer to book appointments over the telephone, even with long waits. Patients want to see improvements in GP telephony systems, people say they are not working for them. • People feel there is not enough choice between virtual and face-to-face appointments, and lack of access to extended hours appointments. • There is inconsistency in access to GP practices even within the same area and huge variation in levels of communication between GPs and their patients. • Patients with additional communication needs, e.g. those with learning disabilities, community languages etc., report they are more likely to experience barriers with digital services (both App based and online services). • People have been experiencing difficulties accessing dentist appointments for some time, being able to afford treatments, and travel to appointments. People are confused with dentist pricing methods. They also feedback long waiting lists for appointments and difficulties finding dentists who will take new registrations. Twenty-four percent of Key Stage (KS) 1 children in Wolverhampton report they have never been to a dentist. (Refs: 16; 22; 24; 32; 40; 41; 48; 53) Barriers to accessing services have deterred people from booking appointments at all, or led to delays, resulting in deteriorating health prior to attendance. One example of this is people with mental health needs waiting until they are in crisis. There is also reference to CRISIS teams being overly stretched and the need to improve services, resulting in an increased risk of self-harm amongst those in need (Refs: 24). Patients have also resorted to over-reporting issues to get GP appointments (Refs: 32). Patients would like Practices to consider new approaches, for example offering longer appointments to people with multiple needs to reduce the number of separate appointments they need and reduce time taken off work to

Outcomes	Objectives	Headline Findings
		attend. People want to be able to book appointments in advance, to have consistent signposting to other services when appointments are not available, and for appointment allocations to be prioritised based on patient risk, rather than who can contact the Practice first (Refs: 32). Developments such as online forms are working well for some, for example requesting prescriptions online and quick follow-up calls from the GP rather than attempting to get an appointment. However, in Dudley around half of patients report they struggle with accessing healthcare online and through Apps; approximately one quarter are very uncomfortable with technology. Patients also have very different levels of understanding about what can be done via the NHS App (Refs: 32). Barriers accessing primary care also create barriers accessing secondary care services. People are struggling to get in with their GP to get referrals onto the more specialist services they need (Refs: 24). The views of young people accessing health services are less commonly reported in the documents reviewed, however Sandwell Healthwatch ran a survey of 16 – 18-year-olds and found (Refs: 22): • Many did not know who their GP was, and few booked their own appointments. • For those who did book their own appointments, the preferred way to do this was face-to-face at their doctor's reception. The least popular ways to book appointments was via the NHS App, and online booking. • Young people had a good knowledge of places they could go to for support if primary care was not an option, including 111, Pharmacy and A&E. However, if they could not get an appointment, most said they would wait until the next day or the next available appointment, with just a small number saying they would search for advice online. • Some young people were put off approaching health services because of poor access perceptions. **Pharmacy Services** Pharmacies play an important role providing symptom advice and management, and people use them as an alternative to GP services. People talk about having good relationships with their local Pharmacists, the good customer service they receive, and the time staff take to support them. The largest challenge Pharmacies experience assisting their local populations is being able to communicate in a range of community languages. People said Pharmacists are skilled at advising them both about their prescribed medications and over the counter products. Some people report difficulties getting prescribed medications from Pharmacies due to availability. People value Pharmacists helping them to overcome prescribing problems, for example directly communicating with Practices on behalf of patients to resolve issues. (Refs: 22; 25)
		LGBTQ+ Health Service Experiences Members of the LGBTQ+ community report some negative experiences of health care services (Refs: 21). People find medical professionals have varied levels of understanding around the community's health needs which can lead to poor treatment, misgendering, not being heard and homophobic treatment.

Outcomes	Objectives	Headline Findings
		People feedback that LGBTQ+ health knowledge is poorer in primary care than secondary care. They report poor treatment during GP appointments and in interactions with wider staff such as receptionists, sometimes overhearing staff talking negatively about them as patients. Younger LGBTQ+ people were most likely to report these negative experiences. Poor treatment and inappropriate staff behaviour can mean LGBTQ+ community members do not always tell professionals the whole truth about their health, this also makes them less likely to access support when needed.
		Carers Support People highlight gaps in the services carers need for the individuals in their care, and also the services they need for themselves. Support for carers is mixed. Carers feel the trauma they experience throughout their caring experience is not acknowledged or supported. For example, support needed to cope with the personality changes exhibited by loved ones with dementia, and services for carers when they experience a crisis themselves due to the daily pressures they live with (Refs: 19; 24; 39). Carers are often turning to VCOs for assistance. People are using hospices for much needed support which is not accessible from the NHS. For example, for dementia, Alzheimer's, and Parkinson's disease, bereavement and mental health support. People said services need to improve by: (Refs: 24). • Providing more information to carers when their loved ones are in hospital. • Providing better access to care from Adults Social Services. • Providing better quality support workers paid for by Local Authorities. • Providing support for carers experiencing crisis. • Addressing long waiting times for dementia support services. • Providing families and carers with more information about the signs, symptoms and decline of people with dementia meaning they are more aware of what to look out for, know when to seek help, and to be more emotionally prepared. Taking into consideration that different cultures may have different perceptions of dementia, for example in African and Caribbean populations dementia can carry a stigma. • Adapting more to the needs of dementia patients, for example undertaking assessments at home where people are comfortable and less likely to become stressed. • Providing information on day centre activities for people with dementia and increasing the number of dedicated activities in line with increases in people with dementia.
		Health In Pregnancy and Support in Early Parenthood **Pregnancy and Experiences of Labor** Engagement activities with women from Black and Asian backgrounds reported mixed experiences of pregnancy services and midwives. Some felt really involved, safe, listened to and had positive stories. Others felt they were

Outcomes	Objectives	Headline Findings
		left alone, that staff were not responsive, lacked compassion, and they felt unnecessarily frightened by staff. Communications also need to be improved with fewer medical terms (Refs: 43). Engagement activities with Women from migrant populations also found some women felt their concerns were dismissed, that they were not sufficiently monitored throughout their labour and that there was a lack of pain relief options (refs: 56). Around half of women who had raised issues about their care did not feel this had been taken seriously and that this needed to improve. Some of the women felt they were being treated differently and being brushed off (due to their ethnic background), but they also felt this could be down to staff fatigue (Refs: 43). Another piece of work by Sandwell Healthwatch investigated the experiences of parents with Autism during pregnancy and birth. Parents reported a lack of information and the overwhelming impact having a child placed on their mental health. The report was presented back to healthcare professionals with recommendations for staff to receive more education and training about the needs of Autistic parents, how they may respond differently than others to pregnancy and birth, and how to adapt practice, in particular to meet parents' sensory needs (Refs: 22). The 'Growing Up in Dudley' report goes into some depth about pregnancy and early parenthood. It talks about mixed experiences of pregnancy during COVID. First time mothers were particularly concerned and felt their preferences about labour and after birth care were not taken seriously. Young mothers felt they were treated differently and were not given adequate advice and support, for example with breast feeding. Mothers who already had children felt there was an assumption they did not need as much support. They felt overwhelmed and left to fend for themselves, whilst also trying to support new parents around them (Refs: 29). During COVID pregnant women often had to give birth without their partners and they returned home without the follow-on face-to-face support new parents would normally receive. Parents felt more anxious and less confident in their parenting abilities, and reported their children had development and socialisation delays because of growing up in the pandemic (Refs: 29). **Early Days of Parenthood** Parents with a good support network of peers and family nearby reported more positive experiences of early parenthood providing them with practical and emotional support. Younger and single parents experienced more ups and downs when adapting to becoming new parents; they were more alone, and did not want to cause a fuss out of fear they would be judged (Refs: 29). Mothers reported mixed experiences of support with postnatal depression. Some found good support through GPs and health visitors, describing this as a lifeline. Others felt let down from a lack of support from health visitors, and did not have the start to parenthood they had hoped for. Things were more difficult during COVID, with services paused. Mothers talked about not wanting to share how they felt for fear of being judged, this left them feeling desperately alone. Parents also had feelings of being overwhelmed, of anxiety and feeling low. There did not appear to be services to help build emotional resilience, unless they reached crisis when more services are available. Parents experiencing premature births highlighted the need for consistent mental health support during the journey of intense care (Refs: 29).

Outcomes	Objectives	Headline Findings
		Younger parents, and care leavers who have experienced trauma growing up, are worried about being judged and are less likely to ask for support, however they are more likely to need more personalised and trusted support (Refs: 29). Parents value continuity of care with their health professionals and developing a relationship with them so that professionals understand what else is happening in their lives. Some parents felt passed around between workers and that they did not have enough appointments to develop trust. Having a closer relationship with, and a deeper understanding of parents, meant staff knew when parents needed more help and when it was appropriate to refer them on for additional support. This included mental health, financial assistance and housing (Refs: 29). Fathers report feeling left out of conversations about their partner's pregnancy and baby's health, and felt unsupported in new parenthood. Fathers who are working are juggling the demands of work but also want to be able to step in when they get home. They are aware that their partners have done so much and do not want to talk about their own exhaustion. There is not enough support for fathers' mental health and the need for dad-support networks where men can be encouraged to talk in a comfortable setting (Refs: 29).
		Mental Health Engagement reports from across the Black Country demonstrate mental health is a priority across all population groups. Local people want partners/providers to make this one of their top priorities, and to work together to provide effective support services (Refs: 39). A common issue was people being unaware of what services are available to them in their area, and the different levels of need they cater for. Access to and long waiting lists were frequently highlighted, as were gaps in services for certain population groups. Many reports highlighted that people often cannot get help until they are in crisis and resources are concentrated at this part of the pathway, meaning less is available in early help and prevention. Provision delivered by VCOs is based on short-term funding, reducing service stability (Refs: 39). **Vulnerable Groups** The impact of COVID on the mental health of the general population was widespread, however people from vulnerable groups reported they were disproportionately impacted. People with disabilities, refugees, children and young people, individuals from ethnic minority backgrounds, people living in poverty and women reported lower levels of wellbeing following COVID. Other feedback tells us people from LGBTQ+ groups, victims of domestic abuse, D/deaf YP, Eastern European and Traveller communities experience more mental health issues, but also experience more barriers accessing relevant services (Refs: 10; 19; 20; 21; 22; 29; 39). Engagement with different populations suggests that mental health needs within ethnic minority groups are sometimes hidden, resulting in undiagnosed and unsupported needs. People fed-back that specialist services are needed to overcome these issues and to support patients (Refs: 24).

Outcomes	Objectives	Headline Findings
		Engagement activities demonstrate that experiences of trauma and the need for mental health support are common amongst people who have experienced or are experiencing homelessness, alcohol dependency and substance use. Taking a non-judgmental position is essential in encouraging people with experience of homelessness to seek and continue to engage with support services (Refs: 8). Care leavers and other populations who have experienced trauma, also face additional barriers when seeking help and need more intensive support (Refs: 29). Migrant, asylum seeker and refugee populations may have witnessed and been victim to significant trauma. This can have a damaging long-term impact on individuals who may also be anxious about those left behind. Their feedback tells us they have limited knowledge about how to gain support whilst settling in the UK, and fewer contacts with others who have similar experiences and may be able to offer support. (Refs: 33; 39). Individuals in LGBTQ+ populations report higher levels of mental health needs, and these have increased because of COVID. Key concerns include self-harm and negative eating habits. People experience barriers accessing services, which is compounded by a lack of services tailored and responsive to issues experienced by LGBTQ+ populations. There is also a lack of understanding about where people can find support. (Refs: 10; 20; 21; 39). Feedback from stakeholders tells us that the impact of living in more deprived neighbourhoods and the relationship with poor mental health is not sufficiently understood and recognised by professionals. More education is needed around the role of the wider determinants of health and their impact on mental wellbeing (Refs: 20; 39). **Gaps and Barriers** Across a range of population groups, people talked about gaps and barriers in accessing mental health support, and improvements that are needed. (These have been grouped under four broad headings, however often the points being made may have links across multiple headings). **Access** • Difficulties accessing support for unemployed young people with mental health needs (Ref: 12). • Carers, unemployed people, people from ethnic minority populations, and those with existing mental health needs are most likely to reach crisis, and least likely to receive or seek help (Refs: 39). • The need to meet thresholds is a barrier to accessing mental health support (Refs: 12). • The need to address the short-term nature of mental health support, which is often limited to six weeks. When this ends people are confused around accessing further support, e.g. do they need to go back to their GP to be re-referred, can they self-refer and, if so, how, how can they access different levels or types of support? (Refs: 17; 19; 24). • People with mental health needs want better access to talking therapies, and to mental health and social care support. Talking therapies are harder to access for certain population groups. For example, people experiencing homelessness can find that numerous referrals are made for them, and they are triaged, but they experience long delays accessing support in earnest. People experiencing homelessness are less likely to have access to a GP and would like VCOs to be able to make referrals to mental health services for them,

Outcomes	Objectives	Headline Findings
		however mental health services in the sector have reduced due to funding issues. Homeless people are more likely to attend Accident and Emergency than other health services and would like more mental health and substance support to be made available at hospital sites (Refs: 8; 17). **Lack of Services** • New mothers who need support with parenting anxieties and to build their confidence (Refs: 29). • Lack of support for fathers who struggle with mental health, but have fewer support options (Refs: 29). • In general, there are a lack of conversations about mental health with men and poor understanding of the services available (Refs: 39). • Parents of children with special educational needs (SEND), experiencing barriers for their children and themselves (Refs: 29). • Young men of Black and Mixed ethnicity backgrounds report experiencing a lack of early help and effective interventions, and long waits for support through Child and Adolescent Mental Health Services (CAMHS). (Refs: 29). • A lack of services for D/deaf YP providing therapy or counselling using BSL (Refs: 22). • A lack of mental health services in Wednesbury (Refs: 24). • A lack of early intervention services, and a more consistent level of compassion and care from staff (Refs: 19; 20) **Need for Tailored Services** • Support for individuals from ethnic minority backgrounds, ensuring this is culturally appropriate (Refs: 19; 39). • Young people transitioning through different developmental and life stages, report a lack of support. They said available support is not tailored for their psychological and emotional needs, and as a result some self-soothe with drugs and alcohol. (Refs: 29). • The importance of and lack of sufficient bereavement services for different age and population groups is evidenced in the engagement reports. People say existing support is also adult focused and needs to be adapted for different groups such as children, people with Learning Disabilities and/or Autism, etc. These groups also experience different and more intense reactions to bereavement. (Refs: 17; 24; 39). • The need to strengthen support for people with long-term physical disabilities, and where possible to support people to improve their physical health, as a route to improving mental health (Refs: 19). **Education and Awareness Raising** • People want more mental health education for the general population including how to self-care, when to seek support and how. Feedback highlights that work is needed to overcome the stigma of talking about mental health in some communities, so that people are more likely to understand their needs and reach out for support. As well as education for the general population, people feel professionals need more training on mental health issues (Refs: 35; 39).

Outcomes	Objectives	Headline Findings
		• People in Sandwell talked about the need for mental health champions in the community, and for safe places in the community where they can speak about their mental wellbeing health concerns. Raising awareness about the importance of mental health and overcoming myths, particularly in terms of encouraging men to understand and seek support for mental health concerns is also needed. • There needs to be better communication amongst the general population, non-clinical and clinical staff to improve access to mental health services (Refs: 19). **Children and Young People's Mental Health** CYP and their families talked about their lack of routine during the COVID pandemic. Both school and specialist support services were closed, and there was no respite support for parents. People fed back the negative impact of no educational activities and routine, the need to adapt to remote and online learning, and the lack of socialisation opportunities. This was pressurising and difficult for both CYP and parents/carers and had a significant impact on mental health (Refs: 12; 29). Although remote learning was introduced, CYP are anxious they have gaps in their knowledge because of this and felt they had become lazier from remote teaching (Refs: 12). In terms of mental health, lockdown learning made CYP more isolated. As with other services, issues were raised about mental health services ability to meet CYP's communication needs, for example, the lack of counselling and mental health services for D/deaf CYP (Refs: 24; 47). Some CYP were able to spend more time with family during COVID and appreciated this time together, however many experienced isolation as they were unable to meet with friends and to get out the house. CYP were anxious that someone close to them would get COVID, and some had lost friends or family members. Following COVID some CYP felt a knock affect experiencing anxiety about returning to school and meeting new people (Refs: 61). Levels of mental health needs vary. Amongst CYP, girls and LGBTQ+ individuals report poorer levels of emotional wellbeing. CYP want more accessible counselling and more well-being sessions in schools. (Refs: 12; 21). There appears to be a negative trend, with primary and secondary school pupils self-reporting a decrease in their wellbeing and happiness (Refs: 10). Parents find it harder to spot issues and talk to teenagers about their mental health. Parents need accessible advice centres, counselling and education about how to manage issues like anxiety. Waiting times for CAMHS services are typically long (Refs: 29). Teenagers and young adults worry about their friendships/falling out with friends, being bullied, feeling isolated and that no-one cares about them. Reports of bullying included CYP feeling they have been body shamed by peers and the impact of having a negative body image. They are concerned about their future in terms of education, exams, homework and employment. They are also worried about family life, family relationships, arguments and breakups. These issues impact significantly on emotional wellbeing and mental health, and suggest teenagers and young people need support to develop emotional resilience (Refs: 61). CYP do not find lessons in emotional development effective. A school's survey in Wolverhampton found that approximately only a third of pupils at KS 3 and 4 felt lessons on relationships and wellbeing were useful. (Refs: 10; 11).

Outcomes	Objectives	Headline Findings
		YP report mixed experiences when seeking mental health support in school settings. Some felt well supported by teachers, others felt belittled. YP also want services provided by community, schools, and statutory mental health services to be better joined up (Refs: 29). **Experiences of Child and Adolescent Mental Health Services** A Black Country-wide Healthwatch report summarising engagement with CYP on their experiences of CAMHS found that (Refs: 17): • CYP want to be able to refer themselves to CAMHS rather than having to see a professional first, to speed up the process. • CYP prefer face-to-face appointments or video calls. • CYP experience waiting lists with 43% waiting more than six months. • Only 38% knew where to go if they had a crisis. When CYP had used crisis team services in the past, their experiences were mostly negative. • CYP are worried they will not get enough support for Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) if they are diagnosed, and that needs are overlooked. • CYP would like to have been given more information by the service, including support contact numbers and useful websites. • CYP had mixed experiences moving from CAMHS to adult mental health services, and felt the latter needed a better understanding of childhood conditions. They also said children's and adults' services need to improve their information sharing. The report also includes calls for more trauma-informed interventions for vulnerable children, for example those who have been victims of child exploitation and violence. Another report with feedback from YP in Dudley reinforced messages of long waiting lists, not being understood and listened to by CAMHS, and having to find their own ways to cope with mental health issues, including self-soothing with alcohol and drugs (Refs: 29).
		Urgent Care Services Experiences of urgent care highlight a range of themes (Refs: 9; 42). People want to be seen promptly by services such as Accident and Emergency. They also provide feed-back on the type of service experiences they want, including: • Person centred care, where they are listened to, treated with respect, and cared for by skilled staff, and that carers and family members are effectively involved. • As with other services, patients want communication needs to be catered for to enable effective access and treatment. This needs to be embedded from first point of contact, e.g. reception desks, throughout the patient journey.

Outcomes	Objectives	Headline Findings
		• A clearer flow of communication from health professional to patient and between health professionals, and clearer messages; and progress updates to patients on triage, waiting times etc. • Service settings that meet patients' practical needs like access to refreshments, clean and safe surroundings, sufficient seating, and space that allows for some privacy and confidentiality. People report that many factors come into play when they are deciding what urgent care service to access when experiencing pressing health needs. This can range from parking to perceived waiting times, location and transport, the severity of the issue, and friends and family experiences. There also needs to be more awareness raising about changes and developments in Urgent Care Services so people have a better understanding where to go, this should include what support is available and also what is available for varying needs (Refs: 9; 42). Certain groups like homeless people are more likely to use Accident and Emergency as they find it difficult to access other mainstream services (Refs: 8).
		Driver: Safe Sex
		The reports reviewed to date contain very few engagement insights into Safe Sex. Some insights were found on CYP's understanding of conception and STIs; see the 'Education and Training' theme and evidence under 'Connectedness and Self-Preservation'. A community conversation with predominantly middle-aged Asian women highlighted that Asian girls have little in the way of sex education (Refs: 63).
		Driver: Smoking and Substances
		Drug, Alcohol, Smoking and Gambling Experiences There was less feedback than might have been expected on drug and alcohol use in the reports reviewed to date. Work in Wolverhampton by the ICB Involvement Team reported people's concerns about the use of cannabis and alcohol by CYP, stressing the urgent need to address this. People talked about dealers targeting children with lower-level drugs and creating dependencies which escalate to the use of stronger drugs. The importance of VCOs was highlighted in raising community awareness around substances, supporting education and providing alternative leisure activities. People in Sandwell also feel that more YP are using cannabis (Refs: 24). In 2024 Wolverhampton conducted a survey with school aged CYP on smoking, substances and gambling (Refs: 55), key findings include: • Around 20% of CYP reported living with parents who smoke and 30% of KS 3-4 children said they had been exposed to second hand smoke. • Around 20% of CYP said their parents use e-cigarettes, this has increased on previous years. 19% of KS 3-4 children have tried e-cigarettes themselves at least once or twice, and 7% of KS 2 children report trying them.

Outcomes	Objectives	Headline Findings
		• The level of students 16-year-olds and over who have tried smoking or currently smoke has reduced to 11% from 17% in 2022. • 9% of KS 3-4 children say they have been drunk, 7% have been offered cannabis, and 2% of Year 10 children have used cannabis in the last month. 19% of 16-year-olds and over had been offered cannabis, a reduction from 26% in 2022. • 27% of KS 3-4 pupils said they lied about the money they spent on gambling and 20% spent more than they can afford. 23% of students 16-year-olds and over said they lied about the money they spent on gambling and 12% spent more money than they can afford. People spoke about the stigma experienced by people with drug and alcohol issues when accessing NHS services. People can be reluctant to tell others they have an issue due to fear and embarrassment. This links back to the work of VCOs who have volunteers and workers with lived experiences who can effectively engage and support people with recovery (Refs: 24). Engagement feedback clearly demonstrated the strong link between alcohol and substance use, and people who have gone through stressful life experiences, or trauma. People report that tobacco, alcohol and substances are used as a coping mechanism to deal with very difficult circumstances. Issues include family breakdowns, job related stress, depression, loneliness, homelessness and other challenging life events such as COVID (Refs: 8; 10; 24). An engagement project with young men from Black and Mixed ethnic backgrounds reported how young people had used substances as self-medication for mental health issues and because of a lack of coping strategies. The men explained that professionals do not always recognise the root causes, and do not prescribe medication, leaving them without alternative support. (Refs: 30). People from LGBTQ+ populations are more likely to experience mental health issues than the average population. Engagement work by Sandwell HWB found that 40% felt they were dependent/becoming dependent on something; that could be smoking, spending money, self-harm etc., but interestingly, 80% of those providing feedback had never taken recreational drugs, highlighting there are a range of negative coping strategies that can be viewed as a dependency (Refs: 21). For example, in other groups this might take the form of gambling dependency (Refs: 10). (Also see the 'Where we live section' of the report – for feedback under the heading 'Service Access').
		Secondary Care Experiences **NOTE: Section under Development – Most health intelligence sources reviewed to date have focused on Primary Care** People are finding that they are on long waiting lists for secondary care specialist services and elective surgery, which has a huge impact on quality of life and mental health. Sometimes hospital appointments are cancelled with short notice and patients do not receive updates on the next steps. Getting hospital appointments is a challenge (Refs: 24). When appointments and operations are booked, people do not have the confidence they will actually go ahead (Refs: 48).

Outcomes	Objectives	Headline Findings
		People report delayed stays in Walsall Manor and Sandwell hospitals due to issues in community discharge and gaining the necessary adaptations and help to return home (Refs: 24). Communication between GPs and professionals in secondary care needs to be improved, including reliable shared records (Refs: 24). Communication about hospital appointments and during hospital appointments can be very hard for people who are D/deaf, have impaired vision or other communication needs. Phone communication is inaccessible for the D/deaf, and provision of interpreters for appointments is very variable (Refs: 48). People are frustrated about the need to travel to multiple sites for treatment, sometimes some distance, for example for cataracts operations at Cannock, requiring family to take time off work to provide transport (Refs: 48). (Also see the 'Where we live section' of the report – for feedback under the heading 'Service Access').
Feeling good and functioning well	**Healthy behaviours** **Sub-objective:** **Management of existing health conditions**	**Drivers: Pain and Symptom Reduction and Management**

		Long Term Conditions (LTC)
		Diabetes
		Several engagement activities have focused on experiences of living with diabetes in the Black Country. (These include community conversations by the ICB Involvement Team and two diabetes engagement projects by Sandwell Healthwatch. The Healthwatch reports contain more detail than summarised here and are valuable sources). People talked about a range of themes in these activities including:
		• The importance and lack of regular diabetes health checks, and that these were not being automatically arranged by GP practices. Recommendations are that more guidance should be given to patients on how to book these and what to expect from their GP Practice, and that GPs processes and policies for regular checkups should also be reviewed.
		• The need for a dedicated programme of activities to improve Type 2 diabetes education and condition management within ethnic minority populations who have higher levels of risk, including activities targeted towards men. VCOs should play a key role in this, increasing awareness in populations and support with how to manage diabetes effectively.
		• There needs to be more education on what pre-diabetes means and access to a pre-diabetes support service. This should include targeted promotions amongst ethnic minority populations (Refs: 24).
		• The need for more support:
		  ○ For carers of people with Type 2 diabetes.
		  ○ Around diet and nutrition in Type 2 diabetes.
		  ○ For the mental health of people with diabetes, from diagnosis through to self-management.
		• A gap in intelligence on the needs of patients developing gestational diabetes, and for this to be fed into service improvements.

Outcomes	Objectives	Headline Findings

		• The value of community champions with lived experience of diabetes, particularly in ethnic minority communities, who can share messages more effectively. The higher level of diabetes in ethnic minority groups means there needs to be dedicated and tailored activities.
		• Patients from Afro-Caribbean populations highlighted:
		  ○ They are anxious about the increased risk of diabetes in ethnic minority groups and experience stress when multiple family members are diagnosed. People would like targeted testing in high-risk populations, and to start education around the risks early during teenage years.
		  ○ They do not receive sufficient information about diabetes, e.g. understanding the symptoms, how to live with diabetes, what is meant by pre-diabetes etc.
		  ○ They had not taken diabetes seriously enough and as a result have experienced complications. This included denial amongst men and older patients when diagnosed with diabetes, and more resistance to change their lifestyle to control the condition. People also do not understand, or do not pay enough attention to the impact of diabetes on different parts of the body.
		  ○ The need to increase support groups and ensure the people hosting these have good training and resources.
		(Refs: 23, 24; 26; 38; 46; ICB Involvement Team Community Conversations)
		Long Term Condition Management
		The themes people raised under diabetes management are likely to apply to other long-term conditions (LTCs). Patients are experiencing issues managing LTCs due to difficulty accessing primary care, and sometimes resort to attending Accident and Emergency. People report communication issues with health providers and the arrangement of regular checks, blood tests etc, which are needed for condition management. Mistakes in the timing and sequence of these can disrupt patients' medication routines, treatment, management effectiveness, etc. (Refs: 23; 24; 32). Newly arrived populations to the UK can also experience challenges gaining support for LTC diagnosed abroad, and the prescribed medications they need to manage their conditions (Refs: 56).
		To reduce levels of LTCs people need education about the preventative measures they can take and steps to reduce risks of developing respiratory, heart, kidney conditions etc. (Refs: 24).
		Managing Long Term Arthritis
		The ICB Population Health Team conducted an in-depth exploration into the experiences of people living in deprived areas and their needs relating to their hip and/or knee arthritis conditions (Ref: 49). This covered their whole pathway journey including primary, community and secondary care services. This engagement piece also highlights several themes that people with other LTCs are likely to be experiencing, including:
		• The lack of regular checkups for their arthritis by their GP Practice, and the difficulty of explaining their complex conditions and needs in short GP appointments. Many had multiple LTCs which interacted with each other, making peoples' situations and needs even more challenging to explain.

Outcomes	Objectives	Headline Findings
		• A lack of medication reviews for their arthritis management, particularly for pain medication. GPs did not ask questions about how effective their prescribed medications were, and people did not raise this themselves. This was sometimes because they felt the GP would say they are on the maximum medication level and there are no other options. Sometimes they thought GPs would tell them they needed to take more pain relief, and they did not want to. Either way, medication reviews did not appear to be taking place sufficiently. • People felt they needed GPs to refer them onto a specialist in secondary care. They did not understand the role of wider musculoskeletal professionals, and that these professionals may be more appropriate in supporting their condition. Some people were frustrated when they did not get referred, and felt they needed to push for this. • Many people were disappointed when they got to secondary care and were told they were not eligible for joint replacement surgery after waiting considerable lengths of time to get to this stage, sometimes several years. People were told their condition was not progressed sufficiently, their Body Mass Indicator (BMI) was too high, or other LTCs were not sufficiently well-managed meaning surgery was considered inappropriate. People talked about feeling lost within the pathway, powerless and left without support. Often people were not effectively connected to other relevant services like physiotherapy, diabetes and diet support. • Some people said they did not understand what consultants had said to them in appointments, what the way forward was, and felt they were not given appropriate information. Others felt their consultant had done a really good job at explaining the condition and options. • Many people did not have sufficient knowledge of how the NHS worked to self-navigate the pathway and to play the role of an active patient. They did not have the knowledge of orthopaedic services, or the confidence to chase up lack of progress when waiting for referrals, appointments, physio, surgery dates. etc. They wanted someone to help them navigate their journey. **Women's Health** There was not a significant amount of feedback in the reports about women's health. Some reports highlighted the need to improve support for women around perimenopause, menopause etc. Women said GPs and professionals in primary care need more specialist training in women's health and the need for improvements in how they support women with the long-term symptoms and management of menopause (Refs: 24). Women in Walsall spoke about not knowing where to go for information about the menopause and women's health advice in general. A women spoke of being dismissed by her GP when experiencing heavy bleeding, and having to push them in order to get an appointment; she was then rushed to hospital and had emergency surgery (Refs: 63). It was noted that the health and social care sector is heavily dependent on its female workforce, and women want menopause support to be prioritised by employers (Refs: 24). (Also see above section on Health in Pregnancy and Support with Infants). **Long COVID**

Outcomes	Objectives	Headline Findings
		Long COVID is a new LTC resulting from the pandemic. Walsall Healthwatch conducted a dedicated public engagement project to look at people's experiences and views around the support needed. This found: • Long COVID impacted on people's physical health and mental wellbeing, their employment and finances, levels of independence and social/personal relationships. • People had issues accessing primary care appointments with long wait times, and without this they could not access (be referred onto) other sources of support. Some had experiences where their GP did not agree they had long COVID. • People did not know where else they could go for information, advice, and support. • More ongoing and wrap-around support was wanted, including help for those who work and services for CYP. (Refs: 44) The reports reviewed to date focus on a limited number of LTCs. We envisage there is more existing evidence on conditions like cancer that we have yet to review, but it will be important to see what gaps there are in the LTCs covered and what further work is needed.

Wellbeing Theme: Meaningful Connections

Outcomes	Objectives	Headline Findings
Having relationships that make people feel happy and safe	**Quality Relationships** **Sub-Objectives:** **Building trusted relationships** **And** **Maintaining trusted relationships**	**Drivers: Social Networks and Social Skills** **Social Networks and Informal Support** **Important for Wellbeing** The importance of social networks and relationships came very high up on people's list of things they say support their health and wellbeing. This was across ages and population groups, but reliance on them for mutual support and resources is particularly true for vulnerable groups who need more help. People talked of how COVID enhanced levels of informal support and how vital this was. The engagement reports describe a strong sense of community in the Black Country, with people pulling together through local connections and the pride they have in their local area. People want to be linked to their family and friends, and to contribute to the community (Refs: 1; 2; 4; 5; 10; 12; 28; 35; 39). Some people experience higher levels of social isolation. In 2022 a Sandwell residents survey found the highest levels of social isolation were in Wednesbury, followed by West Bromwich and then Smethwick. Residents in Tipton, Oldbury and Rowley Regis reported lower levels (Refs: 19). Isolation and loneliness are also a key concern for older

Outcomes	Objectives	Headline Findings
		adults (Refs: 24). Around 40% of adults in Walsall with social care needs say they do not have as much social contact as they would like (Refs: 39). **Forms of Informal Support** Feedback tells us that social networks and informal support can take various forms, for example, activities in places of worship, community cafes and resource centres, walk and talk mental health activities, and dementia cafes for carers and patients. People talked about a range of benefits they gained, including accessing social activities alongside support and advice, having safe and comfortable settings to develop friendships, having someone to talk to and reducing isolation, signposting peers to services and word of mouth recommendations, bonding through common needs, concerns and interests, providing the opportunity to learn new skills, and gaining connections into wider events and things to do. Having universal access to these, without the need to meet eligibility criteria and thresholds is important for people needing support. The benefits of good emotional and mental health were highlighted in feedback, alongside the need to increase conversations about mental wellbeing in the community to reduce barriers and ensuring that people know how to get help. The need for more conversations around mental health amongst men also needs to be developed further. (Refs: 1; 2; 4; 5; 10; 12; 35) **People Who Need Informal Support** Many population groups rely on informal support, for example young carers who need time out for themselves accessing peer support and activities (many struggled to attend because of caring for family, travel etc. Ref: 3;); people with mental health needs, dementia patients and carers, adults with Learning Disabilities who want somewhere to talk to others and build confidence, and homeless people who develop trusting relationships with VCOs and are mentored by others with lived experience (Refs: 8). These types of social connections are important for new migrants, asylum seekers and refugee communities, helping them make connections with other families, gain mutual support, share knowledge of services, socialise etc. (Refs: 12; 33). Young carers talk about the need for spaces to spend time outside the home to relax and for activities such as completing homework. They want spaces for YP with similar experiences to share their challenges amongst others who understand. Youth groups are important sources of support (Refs: 29). People say social and community events are an important opportunity for services to reach out and raise communities' awareness of available services and how they can be accessed. For example, in Dudley, community events were used to reach new Syrian populations with NHS staff sharing information about primary care services, diagnosing issues such as high blood pressure, and supporting GP registrations etc. To make these events successful, staff talked about the time they took to recognise and celebrate the Syrian culture, including traditional food and music. This created the right trusting and relaxed environment to welcome the Syrian families, to start promoting support available in the UK, and to provide some immediate help (Refs: 33). For communities such as LGBTQ+ groups, there is a huge sense of community and mutual support that takes place. People leading and organising LGBTQ+ groups talked about the automatic role they need to adopt in mentoring and

Outcomes	Objectives	Headline Findings
		supporting, particularly for younger people, as they come forward with significant needs around mental wellbeing. They also highlighted the need for them to have enough training and the right skills to fulfil this natural role (Refs: 21). Findings from Sandwell highlighted that young LGBTQ+ people have more limited peer networks, the support that brings around common issues and experiences, and advice on where to get help. Whilst there are some networks in schools, young people would like networks outside of the school. They would like a hub for support, providing a range of support, advice etc.; this would include reducing young people's anxieties about using healthcare services (Refs: 21). As well as young LGBTQ+ people, feedback identified other groups such as elderly people, who do not have as many social networks, and experience loneliness and isolation. Support for fathers is often overlooked, with limited options to meet and interact with their peers and share experiences. Other young people also need more connections, for example young men of Black and mixed ethnicities, who had been involved in Youth Justice Services spoke about a lack of father and positive supportive role models in their lives. (Ref: 30) Feedback tells us that funding cuts are a threat to the continuation of these informal support groups and the activities they deliver. For example, a coffee morning providing essential connections and assistance for homeless people had to close due to lack of funding, removing this much needed outreach support and the opportunity to build trusting relationships with VCOs (Refs: 8; 39).
Having relationships that make people feel happy and safe	**Leaving unhealthy relationships**	**Drivers: Social and Emotional Support**
		Unhealthy Relationships **Need for More Evidence** From the reports reviewed to date, the theme of unhealthy adult relationships has not had a significant focus. We envisage our partners, and their networks will have valuable intelligence on this theme, e.g. on domestic abuse experienced by women and children, perhaps less so on male victims. Likewise, that partners will have explored issues of child exploitation, county lines and modern-day slavery. **Domestic Abuse** A Healthwatch report from Sandwell summarising local people's priorities did include the need for more support and awareness around domestic abuse, and the impact it has on CYP (Refs: 24). LGBTQ+ adults reported that levels of domestic abuse in gay relationships is hidden and widespread, and that there is a need for targeted support. More needs to be understood about the extent of this issue, what domestic abuse looks like in gay relationships and how appropriate support can be provided (Refs: 21). As noted above, we need to collect more intelligence from partners on domestic abuse in its broadest sense. **Bullying and Discrimination**

Outcomes	Objectives	Headline Findings
		Some engagement activities did explore bullying, e.g. there are indications around 18-26% of school age children are being bullied (Sandwell). Further, Sandwell secondary school children said the things they were least happy about were a lack of confidence, their appearance, and how to communicate with others; all essential elements of forming heathy, positive relationships. 29% of KS3-4 school children in Wolverhampton say they have experienced controlling relationships. Secondary school children reported they have fewer trusted relationships at school than younger children. Some said there was no advice around bullying at school, and around half did not think lessons on relationships and managing feelings were effective. CYP put friendships very high up on their priorities, but they worry about them, and they want stronger connections with friends. (Refs: 10; 11; 12; 51, 52) For more feedback on CYP's relationships and experiences of bullying, see the following sections: Education and Training – 'Negative Connections - Bullying and Discrimination'; and Digital – 'Online safety' for feedback on online bullying and the impact of social media.

Wellbeing Theme: Access to Transport

Outcomes	Objectives	Headline Findings
Having the freedom to travel	**Connecting people and places** **Sub-objective =** **Access to work, friends and family, & leisure**	**Drivers: Time, Safety, Cost**
		In the engagement sources reviewed to date, people did not typically raise issues about transport in relation to work, seeing friends and family, and accessing leisure activities. A few talked about barriers travelling to support groups or clubs, preventing them from accessing these. In the ICP Wellbeing survey the most common form of transport people reported was private car ownership, with many reporting direct car ownership, and others being supported to travel in other family members' cars (Refs: 51). In Sandwell there were references to the need for buses to be cleaner and better value for money. Poor local bus services were also linked to isolation (Refs: 24). CYP feedback on transport highlighted issues with the cost of transport, the need for better transport and for initiatives like young people's disabled bus passes to be better advertised (Refs: 12).
Having the freedom to travel	**Connecting people and places**	**Drivers: Distance, Cost, Mobility**
		Older people with mobility issues raised challenges they experience when using public transport to travel to appointments, this is especially problematic when having to take several buses, and when using wheelchairs on public transport. They also highlighted issues with the reliability of transport (Refs: 4; 12).

Outcomes	Objectives	Headline Findings
	Sub-objective = Access to amenities & services	Issues were raised regarding using public transport to travel outside the Black Country for specialist medical appointments, or having to take several buses to reach services within the Black Country. This was reported by older people for travelling to hearing services, and LGBQT+ members when accessing gender reassignment services much further afield (Refs: 48). Some residents were also having to travel between a range of locations for different appointments presenting logistical issues and the need for careful planning, for example, between Russell's Hall, City, and Sandwell Hospital sites. Relocation of services can also present transport concerns and access issues (Refs: 48). People said improvements are needed with ring and ride transport for older people and adults with Learning Disabilities for whom the service is very important. (Refs: 4) A few population groups, notably migrant, asylum seeker, refugee, and homeless people, raised the dilemma of using the little money they have to either pay for a meal, or to pay for transport to access services, and therefore having to go without food (Refs: 8). **Evidence Gap** Overall, there was a very limited amount of feedback about experiences of using transport, whether transport is accessible and a satisfactory standard, and whether people can access work, shopping, services and other places using transport.

Wellbeing Theme: Money

Outcomes	Objectives	Headline Findings
Having enough money to always live comfortably	**Financial Security** **Sub-Objective = Having a source of adequate income** **And**	**Drivers: Wages and Benefits** **Low Incomes** Engagement tells us that having enough income is a top concern for local people and particularly for vulnerable groups in the Black Country. People want stability and to be able to provide for themselves and their families. People fed back that they are finding it harder to cover the cost of living with employment income and/or benefits, that more people are moving into arrears and debt, more people are using 'loan sharks', zero-hour contracts have increased, there is more unemployment, and people are struggling to pay bills. People have already changed their energy use, spending habits, lifestyle and social life activities because of these pressures (Refs: 24; 39; 40; 51). Income worries and the challenges of living on a low budget is reported by many people to be a great source of strain and significantly impacts on mental wellbeing (Refs: 24). This is particularly true for vulnerable groups

Outcomes	Objectives	Headline Findings
	Managing Finances	including older people and carers, migrant, asylum seeker and refugee groups, young adults, and groups with higher rates of unemployment. There is a need to teach YP to budget before they move into adulthood (Refs: 33). A third of 16 to 25-year-olds in Walsall are worried about themselves/or their families not being able to afford the things they need. This older age group worried far more about finances than 10 to 15-year-olds who were asked the same question (Refs: 61). Families receiving benefits can access many free activities, but many are on the borderline of income levels, just getting by without benefits, and are not eligible for free activities. This impacts their health and wellbeing, reducing activities they can engage in (Refs: 24). People do not have enough money for: • Physical activities, gyms, children's sports • Medicines (some were buying these less) and sanitary products • Healthy food and enough food, making them more reliant on food banks • Energy bills for heating and cooking • Dental and prescription costs • Nursery fees so they can return to work. There is clearly a significant link between these pressures and individuals' overall health and mental wellbeing. For example, being unable to afford medication can make conditions worse; poorly heated housing increases the likelihood of ill health, as does a lack of access to and being able to cook healthy food. (Refs: 10; 19; 24; 38; 39; 40). Black and mixed ethnicity young men with experience of the Youth Justice System and their support workers talked about how growing up in low-income households can put pressure on young people to find other income sources and lead to criminal activity. (Ref: 30) Income is greatly restricted for migrant, asylum seeker and refugee groups who cannot work legally (Refs: 12).
		Benefits Benefits and allowances are much needed sources of income for vulnerable groups, but people report issues accessing benefits including a lack of awareness of existing benefits and eligibility, bureaucratic and complex application processes, being on the threshold for eligibility and being unable to apply, etc. Households are missing out on benefits (Refs: 38, 40). People need help such as welfare services to access benefits, to ensure they know what they can apply for, as well as practical support with completing forms. People experience a range of challenges including: • Being unable or deterred from applying due to the complexity of processes to gain Carer's Allowance. • A lack of awareness of Blue Badge and Personal Independence Payments. • Difficulties getting help from Adults Social Care for Carers. • Help is needed to access housing benefits.

Outcomes	Objectives	Headline Findings
		• A lack of awareness and promotion of the Holiday Activities Fund (HAF). • Homeless people not having recourse to public funds (ineligible) or not knowing if they did (Ref: 54) (Refs: 1; 2; 19) Help to access benefits is sought from friends and family, a range of VCOs (e.g. CAB, Age Concern), and Local Authorities support services. People felt an online directory of support services would be helpful, and it could be shared through different sources such as social prescribers, Local Authority website pages on cost of living, through VCOs, etc. (Refs: 40).
		Managing Finances People fed-back that they need help to manage their income and outgoings better, e.g.: • Rent arrears. • Bill payments. • Budget management, (e.g. how to cover the cost of living when relying solely on benefits). • How to manage when benefits are stopped. People also need practical support with cost saving strategies, e.g.: • How to stay warm and heat homes on a tight budget. • Advice on affordable cooking, and how to make sure CYP are getting enough food. • Signposting to affordable leisure. • Accessing financial help for travelling to medical appointments. (Refs: 38; 39; 40). The ICP Wellbeing survey talked about the stress people live with trying to manage budgets with insufficient funds, in a situation where costs keep on increasing, and the need to focus on bills and the very basics to get by (Refs: 51). There was very little in the reports about cultural and population group-based practices around family finances. One report however, highlighted that in some Asian communities where women may be less likely to be in employment, their husbands and/or wider family members manage the household money. This makes women very dependent on them and it has been used as a form of abuse and control (Refs: 63).
		Drivers: Retirement / Pension
		None of the reports reviewed to date explored how people view retirement and living on pensions. This may be for a few reasons, including that thinking about their current financial security takes precedence.
		Drivers: Access to capital/assets (e.g. savings, loans, etc).

Outcomes	Objectives	Headline Findings
		There were no references to local people having assets, but rather of needing to manage debts and having strategies to live within current incomes. Discussions on savings and borrowing money is also potentially a more sensitive topic that individuals might not bring into open forums. Whilst it does not fit under this outcome area, is it worth noting that people do talk about community assets including VCO, belonging to the local community and pride. These are covered under other outcome headings.
Having enough money to always live comfortably	**Financial Security Sub-Objective = Preparing for the future**	**Drivers: Budgeting and Outgoings/cost of living**
		Primarily the focus of outgoings and cost of living was discussed in terms of people's present situations, and concerns that costs, particularly food, energy and household basics bills would increase even more in the future. This is particularly true among vulnerable groups. People do not know how they will cope, and what further changes they could make. (Refs: 10; 19; 24; 38; 39; 40). The focus of concerns rests on current financial issues and the immediate future; unsurprisingly financial preparation for the long-term has not been a point of discussion in this climate.

Wellbeing Theme: Meaningful Activity

Outcomes	Objectives	Headline Findings
Having a sense of identity and purpose	**Active participation** **Sub objective=** **Being valued for your contribution to society/ community**	**Driver: Employment and Volunteering**
		Importance of and barriers to work The current engagement reports do not contain a significant amount of local feedback on employment, including how people view the importance of employment and barriers to work in the general population and within vulnerable groups. In terms of the importance of employment, young people with mental health needs said they feel lost without work and the focus it gives. Other people with mental health needs stressed the role employment plays in the process of recovery and wellbeing. Unemployed people report low levels of self-esteem and feelings of helplessness. Unstable employment, zero-hour contracts and general fear of losing work impacts very negatively on the most vulnerable. People in employment also want more focus on good mental wellbeing and support in the workplace (Refs: 12; 19; 29). There are high levels of families with multi-generational unemployment, low aspirations and poverty. Some YP do not think there are good employment opportunities locally and plan to leave their hometown, others said they would stay but also felt there were limited opportunities (Refs: 29; 39).

Outcomes	Objectives	Headline Findings
		Specific groups reported barriers to employment, including adults with physical disabilities, ASD and Learning Disabilities, homeless people, certain ethnic populations with lower literacy levels, care leavers, those in pupil referral units, disadvantaged young people, and people with mental health needs. For women who have multiple caring roles, these competing demands also present a barrier to work (Refs: 8, 12; 39). Migrants, asylum seekers, and refugees experienced additional barriers, for example they have trade skills, but need to learn enough spoken/written English before they can gain employment. They may also need to gain legal permission to work (Refs: 12). In Walsall, people talked about a lack of access to good education and work, wanting better and more skilled employment prospects, also that available employment is lower skilled and lower paid, the need for businesses to support mental wellbeing at work, and the challenge of businesses closing which is reducing available jobs (Refs: 39). (Also see feedback under 'Education and Training' for insights into employment). **Evidence Gap** More engagement is needed on what type of support specific population groups need to gain good employment and it is likely other ICP partners such as the Local Authorities will have this. **Volunteering** In the current engagement reports, there was also limited insights into people's perceptions and experiences of volunteering. It is likely that VCO partners will have important insights to share. There were some comments about the value of volunteering in terms of skills development, helping others, providing peer support, enjoyment and satisfaction. For example, positive experiences of volunteering in Dudley with migrant, asylum seeker and refugee communities. People also feel that the resourcing needed to underpin volunteers is not recognised, for example in terms of investment in volunteering infrastructure which is needed (Refs: 28; 33; 35).
		Being Valued in Society People talk about the importance of being valued in terms of being treated with respect, compassion, having a voice, and wanting local partners to recognise the value of local people (Refs: 29). Local support for Syrian populations in Dudley included traditional Syrian music, food and dance during outreach events to demonstrate that Syrian people are valued as part of the local community. This is important for new groups such as migrant, asylum seeker and refugee populations, who are making a home in the Black Country (Refs: 33). Some groups talked about not being valued and being stigmatised in society. However, this was not covered in detail, and there is likely to be significant existing insights to bring into this review from partners.

Outcomes	Objectives	Headline Findings
		Feedback indicates that homeless people experience name calling, physical attacks, judgemental attitudes from service providers and the effects of stigma. This impacts seriously on mental health and safety, and the way people feel about their position in society. People said that there needs to be more education and awareness about how and why people become homeless, and about the role that traumatic experiences play. They recommend more lived experience workers, and more wrap-around services supporting people to be housed and to remain in suitable housing (Refs: 8). Young Black and Mixed ethnicity men report experiences of racism by the police, feeling they are stopped because of their ethnicity, and stereotyped as 'trouble'. Racial discrimination was reported in Dudley and Tipton. As a coping strategy, men may adopt a strong defensive layer of emotional resistance (Refs: 24; 29; 30). In the Walsall Mental Health Wellbeing strategy young people talked about wanting to have higher aspirations, for people to value them, and to have more value in themselves (Refs: 39).
Having a sense of identity and purpose	**Active participation** **Sub objective=** **Recognising your contribution to society/ community**	**Driver: Religion and Faith**
		Supporting Health and Wellbeing The engagement sources reflect the role faith-based organisations and recognised community leaders can play in physical health and mental wellbeing, for example in raising awareness of health issues, tailoring messages for communities, signposting to services, encouraging people to use services and breaking down engagement barriers (Refs: 10). Many services also understand a range of religious beliefs and practices, and recognise that to effectively serve different populations, health care and wider services need to be designed to meet religious and cultural needs. (e.g. choice of male/female workers; religious practices around death; fasting periods; religious dates/festivals, etc. (Refs: 2; 4). **Religious and Cultural Relationships with Health** What is perhaps less recognised and understood are religious practices and cultural beliefs, and how experiences of other health systems impact on the likelihood people will access 'western' health and wellbeing services. Whilst understanding is improving, this is an important area to be developed further to address inequalities in access, experience and outcomes. More engagement work is needed to explore perceptions and experiences of services, and to identify where it would be appropriate to work with communities to change beliefs so that people can benefit from services and have better life outcomes. Conversations with community groups highlights that different populations have different understandings and concepts of western medicine, and that religious and cultural beliefs can act as a barrier to good health and wellbeing, for example:

Outcomes	Objectives	Headline Findings
		• People in some Black communities believe God can heal illnesses such as cancer. As a result, Black women are less likely to attend breast screening, and likewise men are less likely to have prostate checks. These beliefs may have a huge impact on life outcomes, but they are not commonly discussed with health professionals. • People in Nigerian communities traditionally focus more on natural remedies and believe cancer does not exist until there are visible characteristics. People also have less trust in healthcare professionals. • In some Asian households it is felt that the eldest man should lead on the whole family's health having an impact on outcomes for family members, for example, women in the family might not be given their appointment letters to attend smear tests. • In Ethiopia most of the population does not have access to healthcare and lives in isolated villages. Medical knowledge is not widespread, for example, many do not know what cancer is, and if they did, the majority would not be able to access medicine or treatment for such illnesses. • Iraqi and Iranian people may believe more in natural and spiritual healing, such as herbal treatments and having a strong connection with God. People believe speaking about cancer invites it into the home. If people have health concerns, or are diagnosed, they are less likely to attend follow up appointments out of fear, and the belief their family would not encourage them to have medical intervention. • Across different communities there are also stigmas around discussing and accessing mental health support. Community representatives and local community professionals can also help wider partners understand the influence of cultural and religious beliefs. (Refs: 2; 4) (It is important to recognise that beliefs, practices, etc, should never be assumed, or generalised to whole population groups, but they are important points to be aware of and respectfully explore/address).
Having a sense of identity and purpose	**Enjoying the activity**	**Drivers: Leisure and Hobbies**
		Important for All Engagement feedback shows that taking part in enjoyable activities in free time is incredibly important for wellbeing in its widest sense. This was a common theme across different population groups and ages, with people speaking about the need for free outdoor activities, access to sports facilities and activities like walking, swimming, exercise classes and social activities (Refs: 12; 13; 51). Walsall's Mental Wellbeing Strategy also talked about the importance of being able to access creative and cultural activities, the need for more places to eat, drink and socialise, and for more entertainment and events in the local area (Refs: 39). In the ICP Wellbeing survey people said that their relationships with friends and family act as an enabler to take part in activities, not having these relationships was seen as a barrier. People want access to affordable local activities that are welcoming, and that are available at different times to accommodate people's working schedules. Not having sufficient finance, not having enough time in the week after work, and caring responsibilities stopped people

Outcomes	Objectives	Headline Findings
		engaging. People also said that having the confidence, motivation and mental wellbeing to take part is important, similarly poor physical health can mean people cannot take part (Refs: 51). **Children, Young People and Families** Hobbies and leisure are important for CYP, however, across the Black Country people report a lack of appropriate leisure and sports activities and facilities for CYP. Often this relates to the lack of outside space, and in particular there is not enough for teenagers to do. Provision outside of school requires investment and improvement, and existing facilities are not always accessible. Low-income households, single parents, migrants, asylum seekers and refugee families talk about the challenges of affording leisure and physical activities, buying accompanying equipment and for educational school visits (Refs: 12; 13; 29). YP say there is nowhere to socialise or for activities, there are very few youth clubs, and many rely on the VCO provision. YP felt judged about socialising in public places, with the assumption being made that they will cause trouble. They said sports and physical activity is important for their wellbeing, and that these provisions need to be affordable. Gym equipment in parks often does not work, and sports pitches and courts have broken nets and are littered with broken glass. Whilst there appears to be activities for pre-teenage children, teenagers report a lack of provision (Ref: 24; 29; 30). For low-income households enjoying leisure activities can be a financial challenge. The cost of entertainment and leisure becomes increasingly problematic when budgeting for several children. It is also hard to find activities that successfully engage different aged children for whole family outings (Refs: 29). People said that YP often spend lengthy amounts of time in their bedrooms. The lack of space and activities leads YP to meet at alternative venues like fast-food outlets, having a further negative impact on health through poor diet. YP who have experience of the Youth Justice System echoed these experiences, and said that boredom can lead to anti-social behaviour. YP people also talked about vaping out of boredom (Ref: 24; 29; 30). **Special Educational Needs and Disabilities** Parents say there is a lack of inclusive facilities and activities for CYP and families living with special educational needs and disabilities (SEND) in Dudley and Wolverhampton. Activities are not tailored sufficiently to CYP's needs, and activities do not run at suitable times (Refs: 12; 29). **Supported Living** The value of accessible leisure activities on wellbeing was highlighted by adults living in temporary supported accommodation. They wanted housing providers to provide relaxation areas, equipment for activities such as art, cooking and exercise, and for digital support. The housing provider in Dudley worked actively with residents to introduce more resources and activities following their feedback (Refs: 34).

Wellbeing Theme: Co-creation (Having a Say)

Outcomes	Objectives	Headline Findings
Governing change & protecting what is important	**People have a voice** **Sub-objectives =** **Selecting leaders and representatives** **Allocating funds** **Informing Policy and Legislation**	**Drivers: Attitude, Personal Needs/Circumstances, Values** The engagement evidence reviewed to date does not explore these sub-objectives. There were a few references to local Councillors and councils not listening to people's concerns (Refs: 51). Perhaps the only reference was from discussions with people who have lived experience of homelessness and the stakeholders working with them. This feedback told of the importance of the VCOs in working successfully on homelessness, and the need to see a shift in resources from short term pilot funding to sustainable services, and for more joined up approaches across providers. (Ref: 4; 8)
Governing change & protecting what is important	**Influencing the way services, business and activities operate**	**Drivers: Ambitions, Goals, Expectations** **Public Engagement Activities** There are a range of examples where members of the public have been involved in influencing the shape of local services through engagement activities, including more in-depth examples of co-production. People talked about how important these opportunities are, and the importance of adopting the right approach where local people are listened to, respected and valued, and people are engaged in familiar spaces that give them the confidence to fully participate. The importance of accommodating for varying languages and providing accessible formats was also highlighted, as was the damage caused when people are patronised, upset and not meaningfully involved (Refs: 51). Examples of involvement and co-production included: • Walsall Healthwatch conducted in-depth engagement work with YP around communications, experiences and preferences around health and social care services. They co-produced the engagement tools with YP, received 134 survey responses and held group discussions with 20 YP between 14 and 24 years of age. Healthwatch tailored their methods, meeting YP in their place of education or training, or talking through social media channels resulting in 121 conversations. The work highlighted the need for information on available services to be shared more widely with YP, and a broader range of professionals in education and community settings to be better informed and able to signpost to appropriate services. The work also demonstrated that professionals encourage YP to take the first step to accessing services, such as booking appointments, and this can be daunting (Refs: 45). • To ensure the wellbeing framework project represented population views on wellbeing, Walsall place-based partnership hosted a series of co-production sessions with over 27 representative and community-based groups,

Outcomes	Objectives	Headline Findings
		as well as population focus groups and a published evidence review, to develop the Walsall Wellbeing Framework. Groups helped ratify published literature and identify drivers of wellbeing, such as the importance of social networks, as well as develop 'I statements' to ensure each theme was accessible and meaningful to the population. This evidence-based and co-produced framework is now supporting the ongoing thematic analysis of system-wide engagement for the ICP. • In Wolverhampton the Council engaged 141 people living with long COVID (from groups disproportionately impacted by COVID) in forums to co-create projects. Feedback from the forums described protective factors that were working well for people, challenges they faced, and things they wanted more investment in to support mental health. The groups included CYP, unemployed YP, refugee and asylum seeker representatives, women, people from ethnic minority backgrounds, and older people with disabilities (Ref: 2; 10; 12). • HY5! are a group of YP with special educational needs and disabilities based in Wolverhampton who want to raise awareness of the issues they experience and to help drive improvements. The group created a training programme to educate others about their lived experiences, how they are treated by services and professionals, and what needs to change. The YP delivered the programme to decision-makers in the Council, education sector, mental health services, NHS, and wider representatives to raise awareness of their needs, barriers, the impact of stigma, and practical issues they face when accessing services and support resources (Ref: 48). • Dudley Council engaged the community in Netherton and Dudley wards to understand people's views on the development of a new vaccination and cancer screening service. The views of 142 people were collected through visiting a range of family community services, schools and play groups. This found that, as well as support with their physical health and mental wellbeing, people wanted wider support with things such as healthy lifestyle, cost of living, autism awareness, housing and SEND services. (Ref: 27). • In Dudley, Healthwatch consulted with patients on the relocation of High Oak GP Surgery. People were concerned about access to the new site due to the cost and issues with travel and wanted the original surgery to be reopened. As a result, some GP appointments were returned to the original site, and the surgery's long-term plans were opened for review (Ref: 31). • Dudley Healthwatch trained volunteers to undertake patient-led assessments of care provision. As a result, the volunteers became part of the staff and governor teams visiting the Dudley Group NHS Foundation Trust outpatient departments, the hospital grounds and its wards, and provided valuable feedback from a patient perspective (Ref: 31). • Policy makers are keen to be more inclusive and change the way people's voices are represented in decision making settings. For example, Sandwell's Health and Wellbeing Board has been transforming board meetings by inviting community groups to share their stories and experiences. Hearing directly about community work has led to more dynamic discussions and created new ideas for local action (Refs: 20). • Sandwell Healthwatch undertook a series of workshops across its six local towns working with the ICP. Over 250 local people were encouraged to give their views on local priorities and the wider determinants of health. In

Outcomes	Objectives	Headline Findings
		each town the results are being used to create multi-agency plans bringing health and social care partners together. The plans have an emphasis on community services, prevention, early help, better transitional care, and providing the right care, in the best place at the right time (Refs: 22). **Influencing through Lived Experience** People who have experienced significant and traumatic life events often go on to become lived experience support workers; engagement sources emphasise the value these roles bring. People with lived experience can understand and advocate for clients, linking this with their knowledge of how to access and influence services. Stakeholders want the number of lived experience workers employed in supportive services to increase (Ref: 8). **Engagement Gap** Whilst there are examples of engagement in the sources reviewed, the spread of engagement initiatives and the depth of engagement varies across services, places, needs and population groups. 'Growing up in Dudley' is an example of an in-depth engagement project which captured the views of families. Parents, carers and YP said they often feel that their feelings and opinions are overlooked by services. Similarly, YP with SEND feel excluded and want more opportunities to influence decisions about their lives, their future and their communities. In general, CYP, parents and carers want services to better reflect their experiences and voices, particularly those from marginalised and vulnerable groups. Those involved in the research project said having this type of opportunity to give their views was rare, and they want more opportunities to influence the shape of local services. (Ref: 29). Similarly, people in Walsall want to be more involved in the development of services. They would like policy makers to understand the lived experience of service users, to 'walk in their shoes', and use this insight to plan services more appropriately. People also spoke of the lack of funds for meaningful engagement and to implement service improvements (Ref: 35). **Knowledge of Feedback and Engagement Mechanisms** As well as the need to create new opportunities for influence, it is clear people are not aware of existing routes by which they can make a difference with their feedback and opinions. The ICB Involvement Team found people are often struggling with service issues, but they do not how or who to contact to feedback these problems, or how to make complaints. In numerous instances the Involvement Team connected people with Patient Advice and Liaison Services (PALS) and complaints processes to help them resolve ongoing issues, suggesting this information needs to be more readily understood and available. People want a re-fresh of patient participation groups (PPGs) to give them a stronger voice, and to provide more transparency about the roles of Primary Care Networks (PCNs) (Refs: 24).

Wellbeing Theme: Education and Training

Outcomes	Objectives	Headline Findings
Living with increased confidence & autonomy	**Knowledge & skills acquisition** **Sub-objective=** **Growing creatively &/or intellectually**	**Drivers: Independence**
		Children and Young People's Education The engagement sources reviewed contain limited feedback about CYP's opinions and experiences on gaining independence through their education and training. Engagement work in Wolverhampton found an increase in the number of primary school pupils saying that they get useful information about growing up from lessons, and their parents and carers. They are also more likely to feel happy about growing up than in previous years (Refs: 10; 11). (Also see further feedback under this section on 'Developing Life Skills'). **Adult Education** There is limited intelligence on adults' opinions and experiences on gaining independence through education and training. There were a few messages about adults needing and wanting education around life skills, budgeting, and parenting skills. People want to increase their independence by developing their digital skills so they can do more for themselves online, and to support their children with schoolwork (Refs: 12; 24). This is covered under the Digital wellbeing theme in this report. People whose first language is not English fed-back the importance of English for Speakers of Other Languages (ESOL) programmes and language classes in the community, and the issues they experienced when these were not available during COVID. (Refs: 12; 33). People also report that a lack of spoken/written English stops them from being able to access other types of training and courses that are delivered in English (Refs: 51). People also want more training and skills in cooking and nutrition and worry that CYP are not learning these skills in school (Refs: 38). In Wolverhampton 57% of KS2 and 53% of KS3-4 children had taken part in cooking or food preparation lessons in the last year, an increased from 41% in 2022 (Refs: 53). We envisage partners will have more intelligence to add to this section on education and training, both for CYP and adults.
		Drivers: Money
		The engagement sources did not include any explicit discussions around education and training, and links to money/income. This should be explored further, for example: • Could this reflect lower aspirations around education?

Outcomes	Objectives	Headline Findings
		• Do CYP and adults see a direct link between educational attainment and skills development, and a good income? • Are there good role models in education settings and in the community demonstrating the benefits education and personal development brings? • Are people overwhelmed by managing challenges in the present, that the deferred benefits of education and development are not considered and prioritised?
		Drivers: Expectation/Requirement
		Attitudes Towards and Aspirations for CYP's Educational Achievement People in Sandwell feel that attitudes towards education need to be improved at primary and secondary school level. They believe some families have low aspirations, and that school attendance and pupil discipline needs to be managed better. This not only impacts CYP who are disengaged, it takes time and resources away from other CYP's education. In Walsall people also feel there are issues with parents' approaches and views on education, and that CYP have a lack of positive role models (Refs: 24). Residents want there to be access to good education, however there are mixed opinions about the quality of local schools in Walsall. Some feel they are good, and others said they need improving. There needs to be more provision for CYP who are not in education, employment or training (Refs: 24). Residents talk about the significant impact the pandemic had on teaching and literacy, leading to a decline in some CYP's educational attainment. CYP talked about the increased stress they experienced through remote learning because of COVID. They feel they have gaps in their knowledge, and that they have become lazier from remote teaching methods. Primary school children said the thing they are least happy about in their lives is schoolwork (Refs: 29). Some CYP felt they had experienced a positive period of increased family time during COVID, appreciating the extra time they had with family, and new skills they had learnt being at home (Refs: 61). During COVID, school closures also meant that CYP with SEND were not receiving the specialist support they needed, and their routine was broken. Parents had no respite and felt abandoned by services (Refs: 12; 29). Migrant, asylum seeker and refugee parents stressed how important it is that their children get the opportunity to learn and have a career following the trauma and disruption they have experienced from war and displacement. They want their children to have more opportunities than themselves. Parents are worried about the impact of COVID, and this additional gap in their children's education (Refs: 33). Families whose children have SEND needs experience significant barriers to suitable education and may need to travel some distance to an appropriate school which is not always possible. Similarly, trying to find nurseries that accommodate, and welcome younger children is very difficult, and families feel stigmatised by other parents' responses in infant play settings (Refs: 29).

Outcomes	Objectives	Headline Findings
		The analysis of reports gathered to date demonstrates we need to understand more about local perspectives and experiences of education, training and personal development, aspiration levels, and how to build parents and CYP's aspirations. **Support For CYP's Education** In-depth research amongst CYP in Walsall found they are concerned about their future in terms of education, exams, homework and employment prospects. The stress of exams is considerable, with pupils recognising the significant impact exam results will play in securing employment. Pupils are particularly aware of this pressure living in areas of high unemployment like Walsall. Career path decisions are also daunting. These stressors reinforce the need to support CYP develop emotional resilience (Refs: 61). Parents want adult education courses, running alongside their child's education, to enable them to better support their CYP through the different education stages: early years, primary and secondary school. CYP want better educational clubs (Walsall), and support with exams and planning for the future (Sandwell). Young people want to understand more about accessing training, education and careers support (Walsall). In some schools, language is a barrier to learning and a good education. These barriers start to embed inequalities at a young age, which can go on to impact a CYP's whole life opportunities. (Sandwell). Migrant, asylum seeker and refugee parents would like their children to have extra tuition to help catch up from periods of missed education. Parents also need support to ensure their children have the equipment and uniform required, hence solutions such as uniform/school resource banks are needed (Refs: 33). **Attitudes Towards and Aspirations for Adult Education** The engagement sources reviewed so far include generalised messages about adult education, and do not indicate adults' aspirations for formal education opportunities, and to what extent adults link formal opportunities to personal development and employment aspirations. In the ICP Wellbeing survey, women of Asian-Pakistani heritage in particular reported the importance of providing local training opportunities and the role of VCOs in supporting people through courses. Often the women had not been able to engage in opportunities due to family and caring commitments and having the time and also the financial support to do so. Language is also a barrier, as is having the confidence to take part, especially where people have had negative experiences in education in the past. In addition, poor health meant some were unable to pursue opportunities (Refs: 51).
Living with increased confidence & autonomy	**Knowledge & skills acquisition** **Sub-objective=**	**Drivers: Stability, Enjoyment and Self-Confidence**
		Vocational Opportunities Engagement activities in Sandwell captured views on vocational training. People talked about the need for more apprenticeships, and the challenges of YP taking on apprenticeships when pay is low (Refs: 24).

Outcomes	Objectives	Headline Findings
	Acquiring vocational competence	Similarly, people feel that the removal of bursaries supporting health and social care students is a disincentive for people to study towards these vocations, and there is a failure to invest in a growing health and social care workforce. There is also a shortage of people skilled in and wanting to work as Community Support Workers and Care Workers, leaving the sector fragile overall (Refs: 24). There are people from migrant, asylum seeker and refugee communities in the local population who have vocational qualifications, but they cannot afford to get these converted to register with professional bodies in the UK (Refs: 24; 33).
Living with increased confidence & autonomy	**Knowledge & skills acquisition** **Sub-objective= Developing life skills**	**Drivers: Connectedness and Self-Preservation** **Connections And Support** Wolverhampton conduct regular surveys with school aged children in KS - 1, 2, 3, and 4, exploring different elements of connectedness and support in education settings. Key findings in 2024 (Refs: 52), include: • 69% of KS1 children have lots of friends to play with. 35% KS1 worry a lot about friendships; 35% also say they are left out by friends each week. Slightly less KS2 worry about friendships at 29%. • 73% of KS1 children say there is an adult they can talk to if they are worried. • 29% of KS2 children know how to contact the school nurse. 12% of KS3-4 children have seen the school nurse for advice and 45% know when their school nurse is available (this is a good increase on previous years). • 29% of KS3—4 children would like to be able to get contraception advice from school nurses (this is a reduction from 37% in 2018 and 42% in 2016). 29% know where they can get condoms free of charge (this has reduced from 42% in 2016). The top places pupils said they would like to get contraception included GP (65%), pharmacy (48%) and sexual health services (29%). • There was a reduction in KS3-4 children who know what chlamydia is at 40%, compared with 52% in 2018. • 57% of KS2 children find information provided by school about relationships, growing up and body changes useful. More at 76% got useful information from parents. • 48% of KS2 children feel like they know enough about the body changes they will experience growing up. 62% feel happy about growing up and changes to their body. 77% know what periods are. • 41% of KS3-4 children received useful information about sexual health and relationships from parents/carers. (Refs: 52). A community conversation with predominantly middle-aged Asian women in Walsall highlighted that mothers and grandmothers traditionally did not speak to young girls about periods, menopause or sex, as it was a forbidden subject. This caused young girls/teenagers a lot of upset and embarrassment when girls started their periods or had to have sanitary wear and were not prepared for this (Refs: 63).

Outcomes	Objectives	Headline Findings
		In 2023 Walsall funded an in-depth research project into CYP's wellbeing and connections, the headlines include: • CYP were asked how open they are to talking to different people about their emotional wellbeing. The results found CYP aged 10-15-years old are more likely to say they would be open with parents/carers than friends; being open with adults at school was lower down their list. As CYP get older (16-25-years-old) they say they are more likely to be open with friends, overtaking parents/carers, whilst talking to adults in school/education or work remains less likely. These overall trends hide more nuanced trends by ethnicity. • BAME CYP at 10-15-years old are more likely than White CYP to say they are open to talking with parents/carers about emotions. However, the number of BAME CYP saying they would be open with parents/carers then reduces at 16-25-years-old (from 69% to 46%), whilst the number of White CYP saying this increases (from 64% to 82%). However, whilst less likely to be open with parents/carers, BAME CYP 16-25-years-old are more open to talking to siblings at home than White CYP. • When CYP were asked who they had actually spoken to about emotional support, family still ranks highest, but teachers increase to the second highest for both age groups. CYP also indicate other adults at school they have spoken to namely, wellbeing officers and safeguarding officers. • Male CYP appear to be less likely to access a range of support professionals compared to female CYP, with this gap increasing into the older age group. In particular far fewer 16 to 25-year-olds males say they would talk to teachers, doctors, counsellors/therapists, and wellbeing officers. • The results also indicate that in the older group BAME CYP are less likely to engage with CAMHS, youth workers and doctors around emotional wellbeing. One explanation explored is that within the Pakistani population mental health issues are seen as a weakness and CYP may be less likely to openly acknowledge issues and seek support. (Refs: 61 - See the full report for more results and details). In Sandwell LGBTQ+ CYP said support and LGBTQ+ peer groups in schools are limited. Not all wanted to attend groups like these in their school/educational setting, but they said there are not enough out of school groups. LGBTQ+ CYP want wider activities and peer support through youth clubs and a broader range of partners outside of education (Refs: 21). **Life Skills** People in Sandwell would like to see schools teaching CYP more life skills including cooking, paying bills and money management (Refs: 24). Adults also want more advice and training around these life skills (Refs: 40). Children with experience of growing up in care in Walsall felt they had not had the opportunity to learn much needed life skills, like how to gain appropriate housing, paying bills, etc., and not having appropriate role models at home (Refs: 61).
		Negative Connections - Bullying and Discrimination

Outcomes	Objectives	Headline Findings
		CYP in Wolverhampton reported an increase in online bullying at primary and secondary school level, and evidence demonstrated a decrease in the number who said schools are dealing well with bullying. CYP in Dudley want their schools to understand their needs better, including mental health and bullying issues (Refs: 10; 11). 18% of primary school and 26% of secondary school CYP in Sandwell reported that they have been bullied in the last 4 weeks. Over a quarter of secondary school pupils in Sandwell said their school does not manage bullying well, but primary school pupils were more likely to say their schools are doing better at this (Refs: 19; 20). Certain population groups experience more bullying than others, including LGBQT+ and CYP with SEND. These CYP also have higher levels of emotional difficulties, suggesting they will be more negatively impacted by bullying (Refs: 29). In Wolverhampton the number of secondary school pupils saying their school challenges racism and racist bullying is reducing. In Dudley engagement work with young males who have experience of the Youth Justice System, and were of mainly Black and Mixed ethnicity, reported that this group often experienced racism and bullying at school from teachers. This caused them to disengage from school, and negatively impacted on their mental health causing them to internalise justified anger (Ref: 10; 11; 29; 30). YP in Dudley often feel that their schools do not understand their needs, especially around mental health issues and bullying. Some YP will talk to family and teachers when they have good relationships, however, other YP keep things to themselves or only tell very close friends. There is stigma about reaching out to teachers for help, and when they do reach out YP have mixed experiences. YP are worried what adults will do in response to the information they share with them about bullying. They want more accessible information on sources of support and for gaps in mental health services to be identified and addressed (Refs: 29). Teenagers and young adults worry about their friendships, being bullied and being isolated (Refs: 61). Pupils want improvements in the way schools approach bullying, and feel they need to embed a culture which encourages people to call out racism and support victims. Vulnerable CYP want more wellbeing support and mentoring to help them succeed at school and negotiate these issues (Refs: 24).

Wellbeing Theme: Where we Live

Outcomes	Objectives	Headline Findings
Being in safe, secure and comfortable living environment	**Quality Living Conditions & Surroundings** **Sub-objective = Having access to acceptable inside conditions**	**Driver: Shelter (Housing)** **People Vulnerable to Homelessness** Difficult life events can result in people becoming homeless. Support needs to be provided when people are experiencing these events to safeguard against homelessness. Support is also needed to ensure housing is permanent once this is secured. People at risk of homelessness include those experiencing family breakdowns, YP leaving care when they turn 18, victims of domestic abuse, people who have been admitted to hospital for a mental health condition, people transitioning from prison into the community, and those experiencing bereavement, destabilising housing provision. People from minority ethnic backgrounds and men are also more likely to experience homelessness (Refs: 8; 39; 54). A deeper understanding and further engagement are required around the experiences of different vulnerable groups, the housing issues they experience, the current support which is available and the help that people need. Partners in our Local Authorities, social housing providers and those in VCOs supporting people around housing are likely to have greater insights to share. Stakeholders stress that when mapping the needs and experiences of people who have experienced homeless, the scope must move beyond people sleeping on streets/sleeping rough to include those who are sofa surfing, those in emergency accommodation because they are homeless, people in supported accommodation for rough sleepers and those with tenancies with support from a rough sleeper service (Refs: 54). **Housing Quality and Availability** Vulnerable people report significant issues with available housing which impacts greatly on their wellbeing. Issues include: • Poor quality rented housing provided by private landlords and the lack of sufficient regulation to enforce good housing standards. Change is needed to enforce housing standards and improvements by landlords. • Private landlords increasing rents. • Poor quality housing of multiple occupancy and bedsit accommodation. Vulnerable people can find themselves placed in this type of housing, where they have no influence over the people they live with. People report living in the same building, or communal accommodation with people they find threatening, dangerous and anti-social. • There is not enough social housing, and new developments need to include social housing provision. People do not understand how social housing is allocated.

Outcomes	Objectives	Headline Findings
		• There is not enough social housing for larger families. Housing can be cramped and not allow individual family members to relax. • There is a lack of properties suitable for people with physical disabilities. • Available housing is in areas of high pollution impacting on people's health. • There is old housing that is not well maintained and repaired, and residents experience delays with repairs. • People are living in cold and damp accommodation. Migrant, asylum seeker and refugee groups report that they are placed in poor housing, have very limited housing options and sometimes experience abuse from neighbours, making both children and adults feel unsafe. Accommodation is not secured long term, and residents can be given short notice to vacate. People are advised that, to be provided with a home, they need to be homeless, which can lead people to make themselves homeless to access support. This is very frightening for families. People from minority ethnic backgrounds are more likely to live in poor quality housing. Everyone wants access to decent quality housing and financial stability (Refs: 39). In line with residents' feedback, VCO housing providers and housing support organisations tell us that the availability of quality housing for homeless accommodation is an issue, as are regulations on the development of supported living that meets individual needs. (Refs: 8; 12; 24; 33; 35; 39; 40).
		Housing Support Needs People need help with obtaining housing, for example with housing applications, bidding processes and securing housing when seeking refuge from abusive partners. As documented above, people experience a range of issues when they secure housing, and they need help to overcome these, e.g. repairs, household amenities, anti-social behaviour, etc. Some people need a more holistic package of support. The ICB has obtained feedback from people who are homeless or have experienced homelessness, and from VCOs employing lived experience workers. This engagement stressed the importance of working with the whole person and the inter-related nature of support needs. When people secure accommodation they continue to need wider support, such as with substance and alcohol use, and the root causes of their trauma. They also need help with logistical issues such as paying bills, managing budgets, and securing household items (Refs: 8; 39). Integrating support for people's mental health and rehabilitation is critical when introducing homeless people into supported accommodation and transition housing, however funding has stopped for Housing First, a wraparound support service for homeless people to transition into homes with intensive person-centred support. Providers and homeless representatives describe how a focus on funding short-term pilots and interventions is presenting significant barriers to providing sustainable services, and results in a stop/start cycle (Refs: 8).

Outcomes	Objectives	Headline Findings
		People living in temporary supported living want whole life support, including help with mental health, communal areas to relax, resources for social and leisure activities, e.g. cooking classes, digital facilities, art materials, and exercise equipment, signposting to other support services, etc. (Refs: 8). Homeless people stress the central role of VCOs in supporting them from a multi-needs' perspective, and how VCOs have changed their lives. The work of P3 VCO in Sandwell, and the Good Shephard in Wolverhampton was acknowledged. Representatives say that public services are working in silos which is preventing a wholistic approach, and this hinders joint funding for the VCOs and joint working across all partners (Refs: 8).
Being in safe, secure and comfortable living environment	**Quality Living Conditions & Surroundings** **Sub-objective = Having access to acceptable outside conditions**	**Driver: Service Access** **Service Experiences** Engagement reports provide us with a breadth of information about different groups experiences of successfully or unsuccessfully accessing services. **Accessible Communications** Many people talk about the importance of and whether services are provided in a way that meets their communication needs, for example: • Whether services offer both digital and non-digital service methods, and if these are equally accessible, e.g. sufficient face-to-face delivery. • Ensuring services are translated into community languages and that interpreters (of the necessary competency level) are available for an adequate amount of time during service delivery (interpreters may be needed pre appointment, e.g. at reception, for completing forms, and similarly post-appointment). The lack of interpreters and relying on family and friends, also greatly restricts people's privacy and confidentiality. Lack of ESOL classes to develop people's English is a service barrier, and can result in mistakes, for example with patients taking medications incorrectly due to misinterpreted instructions. • Whether services are meeting accessibility communication requirements, e.g. easy read, BSL, braille, large font. Whether services are heavily reliant on phone communications and virtual appointments, and whether they provide satisfactory alternatives for people with hearing issues. This can present problems booking and taking part in appointments, to the frustration of service users, who are then unable to access services until friends/family are available to assist. There were reports of patients being expected to lip read or read written English when interpreters were not provided (Refs: 22; 47; 48) • The extent to which non-technical language is used and that professionals check people have understood the key messages to meet overall literacy and health-literacy needs. Health literacy includes additional challenges for groups who are not familiar with what services are available in the UK, how to access them, who is eligible etc. This can be a significant barrier for people who were born abroad where services, including health services, may have been quite different.

Outcomes	Objectives	Headline Findings
		• Is service provision sensitive to an individual's experiences. For example, giving vulnerable people the option of male or female workers, and considering traumatic experiences people have been through and who they are most likely to trust and communicate well with. (Refs: 2; 32; 33) Communication issues and the need for improvements in tailored communication was highlighted as a prevailing trend amongst the engagement sources. People raised issues about contacting Sandwell Council. People said that phones are not answered and that not everyone has the skills and resources to go online for services. When issues are reported online, there is no response (Refs: 24). People with learning disabilities and autistic people shared with Dudley Healthwatch (Refs: 31) a range of ways they need professionals to tailor their communications and approach to provide effective services, this includes: • Being prompt and making sure people do not need to wait long for appointments • Introducing themselves and asking people how they are feeling • Having an informal chat to make the people feel at ease • Talking through what is going to happen and explain why it is important • Making sure they talk directly to person and not their carer • By answering questions in clear language • Asking for consent before any and each process **Service Awareness and Signposting Amongst Adults** A key barrier to accessing services is lack of awareness, and the role professionals need to play in signposting and raising people's awareness and understanding of services. The engagement reports demonstrate that organisations like Healthwatch and wider VCOs play an important role in connecting local people with services. Similarly, when the ICB Involvement Team runs engagement activities across communities and groups, they connect residents with services to address the issues they raise in discussions. People also said social housing and local authority housing should work with tenants to raise awareness of community services (Refs: 24). Signposting is important for vulnerable groups who need more support, and who are less likely to be aware of how to access services. Accessing and navigating services, being able to communicate your needs and understand advice, is also more challenging when English is not your first language (Refs: 12). Research with migrant, asylum seeker and refugee populations in the Black Country has highlighted the need for newly arrived populations to have early education on how to navigate the NHS and on their rights and entitlements to healthcare (Refs: 56). Services such as Social Prescribers are also important for migrant, asylum seeker and refugee populations, however Social Prescribing services are not available for all vulnerable population groups who need them, and work is needed

Outcomes	Objectives	Headline Findings
		to map existing services and provide accessible service directories through digital and non-digital routes. Groups such as refugee, asylum seeker and migrants, and people from minority ethnic populations are also more likely to experience digital exclusion, so understanding and ensuring there are non-digital routes is critical (Refs: 12; 24). LGBTQ+ people told us that social and peer groups are important connections in the community through which they share awareness and experiences of services, as well as breaking down barriers and anxiety that might prevent people using services. Whilst these connections are very common in the adult LGBTQ+ community, feedback highlighted the need for more LGBTQ+ (non-educational based) social and peer groups for YP to develop a similar supportive mutual network, and the need to formalise existing local organisations (Refs: 21). The LGBTQ+ community would also like more guidance on relevant community resource and for professionals to be able to signpost them. People want services to include LGBTQ+ sensitive support such as advice on the legal process of changing identity (Refs: 21). Some raised the issue of duplicated activities and services being delivered by VCOs and the need to better map and co-ordinate support (Refs: 24). Parents said it is difficult to find relevant services, they do not know where to go to get advice and searching for help can be overwhelming. Websites such as Health Visitor web pages are not reliably up to date and parents do not know who to ask about services. They report being passed around services (being signposted rather than referred), and the frustration of not getting the help they need. Parents miss the facilities which use to be provided by Children's Centres which are now unavailable, and they did not know about Family Hubs. Parents rely on word of mouth and neighbourhood Facebook pages for local activities, identifying pages they can trust to keep themselves up to date. When it comes to wider needs such as eating conditions parents turn to parent led sources such as Mumsnet and post their questions online (Refs: 29). **Service Awareness and Signposting Amongst Children and Young People** Engagement activities with CYP in Walsall on health and social care services found face-to-face is CYP's most preferred method of service delivery, followed by phone, few wanted video calls, text or email (Refs: 45). In a research project specifically on emotional wellbeing, 75% of CYP in Walsall said their preferred way of receiving emotional and mental health support is face-to-face, within only 8% showing a preference for online (Reds: 61). CYP talked about needing to build up their confidence to contact services and to learn how to speak to professionals. When they did contact services some YP felt they were not taken seriously due to their age, were judged and misunderstood, their issues were dismissed, professionals did not listen, and professionals could have been more empathetic. YP are put off by the lengthy processes they experienced when trying to make appointments and access services, and many gave up (Refs: 45). YP rely on schools and their parents for information, and they often feel there is an information gap when they leave school. They would like events and support to be advertised better, for example, Pride celebrations are under advertised, as is practical support, such as disabled bus pass schemes for YP (Refs: 29; 45).

Outcomes	Objectives	Headline Findings
		In contrast, many of the young men who were involved with Youth Justice System from Black and Mixed ethnicity backgrounds, had very good, trusting relationships with their social workers. This is possibly because these workers will have been specially trained and have experience of working with YP with complex needs who need intensive support (Ref: 30). In Sandwell people talked about the importance of maintaining a range of community health services for CYP, including school nurses, health visitors and family hubs. These are needed to support and help parents develop the skills they need to care for their children (Refs: 24). **SEND Services** Families whose children have SEND experience significant challenges accessing appropriate support. They describe being 'passed from pillar to post'. Parents do not know where and how to get a diagnosis and find it very challenging. Parents noticing initial signs and developmental issues feel ignored when they approach professionals and are viewed as paranoid. There are long delays with the process, getting the diagnosis feels like a significant step and parents say they then have an anxious fight to gain practical support. Families want information on available services to be more widely distributed. Parents/carers do not understand what help they can access, e.g. allowances and support at home. It is hard to get Education Health Care Plans (EHCP) in place for children (Refs: 12; 24; 29). Families often rely on peers and charities to work their way through the system and connect the dots between services for themselves. People find providers do not communicate with each other; hence they rely heavily on VCOs to navigate the system and access support. Families want earlier prevention activities, better access to services, inclusive activities and play spaces, and better support for parents. Parents want better mental health support for their children and more involvement in the design of SEND family services. They highlight how VCOs and support networks have helped them to cope and stress there is an urgent need for more services and practitioners with the appropriate skills to meet SEND needs (Refs: 12; 29). Often once families have managed to get into a service, such as physiotherapy, they gain good support, but the services themselves are not visible enough (Refs: 29). Parents spend considerable time and energy trying to access SEND services and supporting their SEND children. They worry about the impact this has on their other children and feel guilty they may not be meeting their needs fully. The feeling they are letting their family down impacts significantly on their own mental health (Refs: 29). **Locally Based Services** People often want to access services that are delivered in their local area and to have good facilities in close proximity. They want local venues such as shops, schools and community centres to distribute information about available services. They want local professionals such as Neighbourhood Officers to have this information to share. At a local level, issues accessing services in Wednesbury were repeatedly highlighted, and people say they feel forgotten. This included a lack of mental health services, limited after-school clubs, and no urgent walk in provision. There were also concerns around which hospital local residents would access or be taken to in an emergency when

Outcomes	Objectives	Headline Findings
		the new hospital opens. People in Bearwood also felt providers forget them when it came to communications and services (Refs: 24). People want investment in local facilities and venues such as Community Centres or Hubs and Youth Clubs. They want the return of programmes such as Sure Start and Family Centres to provide more support for children, young people and families. They also want more focus on prevention and early help, and not having to wait until crisis to be eligible to access services. People are concerned the services YP do use face a significant lack of funding (e.g. youth clubs, museums and libraries). Whilst some clubs such as boxing and football seem quite common, YP want more diversity into other areas such as coding clubs, gender mixed clubs, and outside activities like bushcraft (Refs: 29; 39). People would like locally based walk-in services and information hubs/one-stop-shops. They want service providers to work better with each other, to provide more joined-up support and to be able to access multiple services at the same time. Being sent from one professional to another, being told your issue needs to be dealt with by someone else, is frustrating. People report wasted journeys, incorrect signposting and being turned away (Refs: 39). Residents say they are finding it harder to access support because communications from public services have reduced. VCOs also tell us projects are stretched, and activities have stopped resulting in less support being available (Refs: 39). **Accessing Mental Health Services** As reported under the 'Health' outcome theme, many people talked about the need for more mental health services and support. When we think about this in terms of access, feedback points to the requirement to consider individuals' needs in terms of how people are made aware of services and how they are delivered. People talked about needing more culturally appropriate mental health services for a diverse range of population groups, particularly in inpatient settings. This is a major barrier to engagement in mental health services by people from ethnic minority groups and it impacts recovery (Refs: 39). There is a lack of understanding about what services are currently available for, and targeted towards, men, who may be less likely to seek help (Refs: 39). Representatives fed-back that seldom heard and vulnerable groups need more confidence around accessing mental health services. More conversations are needed to understand how this should be approached; however, it is likely these conversations will be most effectively led by VCOs and social networks amongst these groups, and through professionals delivering outreach activities in these settings (Refs: 10). Professionals who are in a position to advise people, such as Social Prescribers and other support services, need more mental health awareness so they are better able to signpost people (Refs: 39). When accessing mental health support, people also need services to support other aspects of their life, as the wider determinants of health are clearly interrelated with mental wellbeing. **Service Needs and Access Amongst the Homeless**

Outcomes	Objectives	Headline Findings
		The 'Shelter/Housing' section above describes the issues people who are homeless experience with access to housing provision, and the need for wider support to help them to successfully transition into and remain in housing. Engagement reports also included wider findings on service access amongst the homeless, including: • Homeless people and support workers do not have sufficient awareness of services available locally, including wellbeing services. • Homeless people's interactions with service providers are impacted by stereotypes and stigma. Homeless people want more positive interactions with professionals which would foster trust and help people engage more successfully. • Workers with lived experience of homelessness are great assets in service access and can forge close relationships and mentor people through personal change. • There needs to be better inter-agency working with a joint focus, so that services are brought together more effectively. Homeless people have poor experiences of referrals and transitions between services, this needs to improve so people can gain a range of support for their holistic and multiple needs. • The importance of outreach work which develops relationships with homeless people and provides help in the community, and in outside spaces. • Homeless people face various barriers accessing services, including a lack of identification documentation, criminal records, eligibility criteria, and limited definitions of homeless e.g. 'sofa surfing' being omitted. • There needs to be a greater emphasis on prevention and early intervention across the system. People talk about having to make themselves homeless before they can access support. (Refs: 5; 8; 39) A Homeless Joint Strategic Needs Assessment in Wolverhampton in 2023 provides considerable details of the lived experiences and needs of people experiencing homeless, nearly 80% of which were male (Ref: 54). Headline findings include: • Physical Health: 54% of people experiencing homeless consider themselves to have a disability. Nearly 80% are living with multiple physical health problems. Musculoskeletal pain, dental issues and sight problems are common. 40% want treatment or more treatment with their issues. Around three quarters smoke, of which around a quarter had been offered smoking cessation support. Of those smoking a third would like to stop. • Mental Health: Just over three quarters consider themselves to have one or more mental health conditions, this compares to 12% nationally. 90% experienced depression, compared to 16% nationally. People reported the most common support accessed were for medication (61%), Mental Health Workers (42%) and talking therapies (32%). A third wanted either more support if they were accessing this, or to start receiving support if they were not. Common barriers to support include difficulty accessing appointments and drug and alcohol use. Over a third feel they have a cognitive development, or learning disability, or difficulties. • Drug and Alcohol use: Nearly half use drugs and alcohol to cope with their mental health. 55% had used drugs in the last year, most commonly cannabis, crack and heroin. 30% used drugs daily, 60% of which did not think

Outcomes	Objectives	Headline Findings
		this was problematic. 49% were receiving treatment or support and felt as though it met their needs. One to one support, prescribed medication and group support were the most accessed. Nearly three quarters had drank alcohol in the last year. 20% were recovering from an alcohol problem, of which 28% were accessing support they were happy with. People experienced long waits for support services and again difficulty accessing appointments. • Service Access: 90% were registered with a GP, far fewer with a dentist at 58%. Homeless people are more likely to attend A&E, and 29% reported being admitted to hospital in the last year. Admissions were for physical health conditions (and not for drug use or domestic violence as found in other research). In Wolverhampton more homeless people were more likely to be discharged into suitable accommodation than in other areas, however 10% were discharged to the street and 13% to unsuitable accommodation. • Staying Healthy: A third said their health was worse than a year ago, 40% said it was the same and just over a quarter felt it had improved. 60% were taking prescribed medications. Around a quarter had poor knowledge of where to access sexual health support and free conception. Levels of women attending breast screening (for those eligible) was low at 20%, smear testing was better at just over 50%. People had poor nutrition and food insecurity, having fewer meals and less fresh food.
		Drivers: Local Spaces, Local Environment (Air, Noise, Water) and Safety
		Where People Live People talk about the importance of having access to safe, clean, welcoming spaces, both inside and outside. People value spaces where community activities, leisure and sports can take place, where friends and family can meet, and where people of all ages and backgrounds can socialise. Parks, canals, green spaces, and communal areas are important local assets (Refs: 35; 51). Outside and green spaces became even more important during COVID and generally people speak about the positive impact green spaces have on their wellbeing. People want green spaces to be protected and well looked after, and to ensure these spaces are not built on. One report suggested that more green spaces should be looked after by the community (Refs: 24; 28). People report a lack of safe outdoor play spaces for children, and outdoor social spaces for teenagers. Inside spaces for teenagers, such as youth clubs, are also important to people for improvements. Parents want more local outdoor activities to encourage older children and teenagers to spend more time offline, with current provision aimed more towards early years. Communities stress the importance of providing places where YP can meet for positive pastimes, rather than meeting up on streets which increases the potential for antisocial behaviour (Refs: 10; 29). In Dudley, younger children were more positive about outside spaces and feeling safe, whilst some teenagers talked more about antisocial behaviour, litter and not seeing Dudley as a place they want to grow up in (Refs: 29). Some people talk about feeling safe in their homes and their local areas, with low levels of crime and anti-social behaviour. They also emphasise the value of having family and friends close by, and of good neighbors (Refs: 51).

Outcomes	Objectives	Headline Findings
		Local air quality is a concern in Sandwell, impacting on children's development and health. Sandwell is impacted by its proximity to local motorways, and industrial history, Wednesbury is highlighted as an area facing road pollution. Dudley residents highlight concerns with fly tipping and litter in the streets, and the need for physical regeneration of towns and local areas. People in Sandwell and Walsall also reported fly tipping and issues with rubbish on the streets (Refs: 4; 20; 24; 28; 36). People, most notably CYP, talk about their concerns for the environment, however, the engagement reports reviewed to date do not detail what actions people would like to see. CYP are concerned about climate changes and losing green spaces (Refs: 29). In Walsall there have been discussions about climate change and the impact of food wastage, packaging etc, on the environment. People talked about their varied ability to buy foods that are more environmentally friendly due to cost (Refs: 38). Desire to be more sustainable and greener when accessing services was raised by the ICB Involvement Team's work in Dudley. People wanted to have more information about how long it takes to cycle or walk to services to make a more informed choice (Refs: 58). In terms of safety, more people say they feel safe in venues like shops, sports facilities and entertainment venues. People report they feel less safe using outside spaces such as parks and green spaces, and some will avoid these so that they are less at risk. This limits what YP do, with parents often worrying about their safety from knife crime, antisocial behaviour and drug use. YP also feel worried walking and using public transport to get to places where they can socialise and exercise. People would like more visible policing in public areas (Refs: 29; 36; 39). People report local drug use and dealing in places such as parks and streets. They would like to see more police presence to act as a deterrent. Poor outside lighting at night, in local and town settings, is also felt to attract antisocial behaviour and crime. People in Sandwell and Walsall reported issues with antisocial behaviour in general, and Dudley people highlighted the issue in the town centres. In Wolverhampton, engagement with girls and women on safety found they would like more lighting, more CCTV, and improved safety on public transport (Refs: 14). Older people also have concerns about their safety in cities (Refs; 12). In Sandwell concerns are reported around the influence of open drug use and dealing by local YP, and an increase in gang violence. There are concerns about county lines rings operating and a raise in knife crime, creating fear in YP. Irresponsible driving of illegal and uninsured motorbikes causes antisocial behaviour in local neighbourhoods, and there is an absence of police patrols. Similarly, people in Walsall voice concerns about knife crime and the need for more police, and for strengthening probation and community payback (Refs: 24). Some population groups reported they are more likely to experience abuse when outside their home. This includes adults with Learning Disabilities who said they are subject to bullying on transport, in shops, parks, etc. which discourages them from going out and about (Refs: 4). People from the LGBTQ+ community also talked about frequent bullying, discrimination and hate crime throughout their youth and into adulthood, and that hate crime is under reported and can cause people to move out of the area. Transgender YP do not feel able to express themselves and they change their clothes to avoid attention when

Outcomes	Objectives	Headline Findings
		out and about to avoid being verbally assaulted. Other vulnerable groups such as older people also feel trapped at home and fear going out, and girls and women in Wolverhampton highlighted the need to raise awareness of violence against women. YP also said there is a lot of shame and secrecy around being assaulted, feeling they are to blame, and the need for more police presence (Refs: 2; 14; 21; 29; 39).

Wellbeing Theme: Digital

Outcomes	Objectives	Headline Findings
Having the skills and opportunity to use information, communication, technology	**Digital Equity Sub-objective= Having the necessary infrastructure Having the right equipment**	**Driver: Infrastructure (Signal, Hardware/software) AND Equipment (Security, Cost, Complexity)**
		Engagement Gap From the engagement sources reviewed to date there is limited intelligence about the digital infrastructure and equipment residents have, and any support they need with this. The fact it has not been a major engagement theme does not mean that residents have sufficient resources. For example, people may be getting by with what they have, but there may be many things they are missing out on, and ways to improve their quality of life with up-to-date digital resources. It may be that people only use digital methods for a limited number of tasks and activities, so that having more advanced equipment may be less important, or appears to impact their life less. For example, in Walsall it was reported that a significant proportion of the local population do not have digital access and cannot access online services (Refs: 39). Vulnerable groups are likely to need more help. Older people said they need access to new or second-hand equipment. Similarly, migrant, asylum seeker and refugee communities talked about needing equipment and resources in terms of free minutes and texts. Not having this impacts their ability to engage with online resources, processes, etc, and also to stay in touch with family and friends (Refs: 1). People experiencing the impact from the cost-of-living crisis report they are in the difficult position of choosing between heating their homes, or buying phones/data that will help them access services (Refs: 58). VCOs play a pivotal role connecting providers with offers of IT equipment and vulnerable groups, helping to address digital inequalities (Refs: 60). The engagement reports do not cover areas such as school pupils' access to digital infrastructure and equipment, how this varies among different population groups and the impact this has on education, homework, personal development, wellbeing, etc. Partner organisations are likely to have valuable information about inequalities experienced by pupils, but also in the general population, impacting on people's abilities to use online services,

Outcomes	Objectives	Headline Findings
		research services and support, undertake continued professional development, and complete processes such as online application forms or benefits applications.
Having the skills and opportunity to use information, communication, technology	**Sub-objective= Understanding technology (Confidence and Skills)**	**Drivers: Necessity of Use**
		There is a move towards more online and self-service methods across all services. As this becomes the case, the necessity to use technology increases. Engagement activities by ICB Involvement Team in Wolverhampton (September 2024) included a discussion around Artificial Intelligence (AI) and scope for ChatGPT, for example to help neurodivergent people and people with learning disabilities to access help completing documents. It was suggested that this could be set up to in the first instance to support people to complete online forms and identify where they need the help of a human, which the AI could automatically detect and send a message to staff for support. AI could also be useful for medicines compliance and diagnosis. People also want better access to wellbeing information via phone apps (Refs: 12; 57). People said that social media can be a good way to get advice and to find out what is happening locally, for example, for parents and carers seeking parenting support and local groups. Social media can be more reliable and informed than other online sources, for example websites can be out of date (Refs: 29; 58). Similarly, people suggested that Instagram and council e-bulletin were also popular communications methods and might be helpful ways to promote new services (Refs: 29). Some people talked about technology being necessary and important to stay connected with friends and family, for example, YP with mental wellbeing needs, and older people with Learning Disabilities (Refs: 12). To date, the sources reviewed under this theme are limited and there will be more detailed reports on digital service access and inclusion/exclusion which could supplement this section. Often reports focus on an individual provider (e.g. specific GP Practice), it may be more valuable to review sources covering service areas and population groups.
		Drivers: Knowledge and Behaviours
		Online Safety In Sandwell and Wolverhampton engagement with CYP reported their concerns around online bullying impacting on mental wellbeing, this increased during COVID due to increased usage of social media. In Wolverhampton between 17% and 25% of school children (% varying with age) say they are bullied online, representing an increase in both primary and secondary school age children (Ref: 10; 11; 19). (Also see the 'Education' theme). People would like more information and support about how to keep CYP and vulnerable people safe online (Refs: 24). CYP in Walsall experience 'compare-ism' where they compare themselves to how others look online. This creates an unhealthy and pressurising mindset comparing themselves with idealist and modified social media content particularly on TikTok and Instagram. CYP also see parents comparing themselves. However CYP also cited the

Outcomes	Objectives	Headline Findings
		positive mental health benefits of resources like meditation and mental wellbeing videos, and one suggested a site that could counter this trend by providing people with positive body comments (Refs: 61). CYP who report online abuse do not feel they are supported with this, and some groups are impacted more than others, for example LGBTQ+ groups (Refs: 21). People would like to see more restrictions on social media and electronic devices to safeguard YP online (Refs: 57). In terms of online security, older people and carers are anxious they may be the target of online and digital scams, and have fears around online confidentiality. People feel there should be more support building peoples' confidence to use online sources safely (Ref: 4; 58). **Digital Exclusion and Other Barriers** People raised concerns that vulnerable groups do not have the confidence and skills to use technology, and that they need (free) support to avoid digital exclusion. They would like community-based support groups and training to develop their confidence and knowledge to use technology. This included older people, whose first language is not English and who may struggle translating websites, forms, etc. People also said they are not clear what services are available via websites and online methods, and if services like appointments can be booked online (stating if the later was true, they would need easy step-by-step instructions to do this successfully) (Refs: 4; 12; 24;39). These messages were reinforced through the ICP Wellbeing survey. Many of the people responding were Pakistani women reporting their top digital barriers were a lack of skills, understanding and experience, as well as not knowing how to use the internet. They feel professionals/staff expect they will be able to do things online which they cannot, and often they need to depend on other family members. They also reported issues with affording internet connections and devices. As English was not their spoken language, they said it would also be much harder to understand internet sources. Many were accessing IT training through a local VCO (Refs: 51). Feedback from the ICB Involvement team also tells us that we also need to be thinking about digital exclusion on a very basic level, with people telling the team they only use their mobile phone to make/receive calls, and they do not necessarily use the text function. Service providers need to be careful not to assume people use mobile phones, as SMART phones. One lady talked about waiting for a hospital appointment and receiving nothing, when her relative checked her phone, the lady had received a text message from the NHS App with the appointment. This lady did not know the NHS App even existed. Other people had received text messages from their GP to book flu jabs online, but they do not have the internet to do so (Refs: 63). Barriers to using online services are not limited to digital skills. Some people have concerns about sharing personal data online; others worry they will get things wrong online and stick to conventional interventions to avoid this (Refs: 58). For example, patients completing an online MSK assessment process in Sandwell, were concerned they may not have understood questions well enough, and/or that their recall was not good enough to answer them correctly. As a result, they worried their condition would not be diagnosed correctly and may not be referred to the correct service or professional. Often patients with these concerns wanted a face-to-face diagnosis to communicate their condition, and to be assured professionals had understood what was wrong (Refs: 59).

Outcomes	Objectives	Headline Findings
		People who do not speak English as a first language have additional barriers using online services. There are questions about the extent to which online text can be offered in a range of community languages and in a way that addresses cultural practices, beliefs, lifestyles, etc., so that content effectively engages with different audiences. The needs of people with other communication and accessibility needs must also be considered. Completing forms can be challenging for people under conventional settings, and even more so online (Refs: 58). People with sight loss want to embrace digital tools, like the NHS App, however, they experience challenges booking appointments and accessing healthcare online and over the phone. They worry about being left behind in the digital world; they want to improve their IT skills and need support with this. The idea of 'Digi-Days' was co-created whereby service professionals could meet local people in places they feel comfortable to listen to their experiences and support them to develop their online/App skills and confidence (Refs: 60). People highlight inconsistencies in the way that different healthcare services communicate with them, and they would like to be able to select a preferred method (Refs: 58). The NHS App is cited frequently in public engagement reports, with feedback on levels of App awareness, understanding the different functionalities included and levels of usage. However, on reflection there must be a range of other public service Apps and online services local people could benefit from knowing about and being upskilled to use. It would be useful to understand what these are, current levels of public awareness and engagement with them, etc. to consider joint communications and support activities in the Black Country. Increasing the proportion of services and other experiences (e.g. remote home working) also has the knock-on impact of reducing human interactions. For some the convenience it provides, and the comfort of familiar surroundings is a great benefit. For others the incremental move to increasingly more online and fewer physical interactions can reduce peoples' confidence to leave their homes, impacting on mental wellbeing (Refs: 58). **Mixed Service Offer** Alongside digital services, people talked about the continued importance of non-digital, more conventional service provision. Providers should not assume everyone has access to and the knowledge to use digital services, and service providers must offer sufficient face-to-face appointments (Refs: 39). Whilst some people would like to become more digitally confident to use online services, many want to continue using more conventional means (some of these people have digital skills, both do not want digital services) (Refs: 58). People want online resources (e.g. websites) to improve the way they present and promote different service routes, for example by making phone numbers more obvious, and linking to other relevant services more easily. Sometimes people (across a range of ages and population groups) feel they are being forced into using online routes (Refs: 58; 59). Whether people decide to opt for an online or conventional service will come down to a range of factors, such as the type of service need they have, the transport involved in accessing conventional services, and the physical service settings itself. Access to digital appointments is useful for people who are anxious about using public

Outcomes	Objectives	Headline Findings
		transport and people with physical disabilities, giving them the option to stay in their familiar surroundings. It also reduces the need to take time off work to see professionals and avoids travel costs (Refs: 58). An evaluation of a self-directed physiotherapy App, found people who did not want to use the App when initially offered, often wanted to see a professional first to have their condition diagnosed in person and to be given reassurance about the exercises they should do, and treatment they needed. After seeing someone they felt they might be happy to use the App alongside fewer or no face-to-face appointments. This suggests people who are less likely to want online/digital services, may be able to use this in part, if offered a hybrid model (Refs: 59). YP using CAMHS services want a mixed offer. They would like an App to message someone 24-hours a day, but stressed that the messages should be "with an actual person not a bot". The App could also be used to arrange face-to-face support/appointments. YP feel App content could include raising awareness around the dangers of believing and being drawn into messages online, for example messages from social influencers who are sponsored to endorse energy drinks, fast food or weight loss injections. Alongside an App YP want a telephone service for YP who want to speak with someone, particularly in more severe situations. Overall, YP stressed online resources have their place but should not be at the expense of face-to-face support (Refs: 57). 75% of CYP in Walsall said their preferred way of receiving emotional and mental health support is face-to-face, within only 8% showing a preference for online (Reds: 61).

Report Glossary

- ADHD – Attention Deficit Hyperactive Disorder
- ASD - Autistic Spectrum Disorder
- BMI – Body Mass Index
- BSL – British Sign Language
- CAMHS – Child and Adolescent Mental Health Service
- CYP – Children and Young People
- D/deaf – Deaf or Hard of hearing
- GP – General Practitioner
- HWB – Health and Wellbeing Board
- ICB – integrated Care Board
- ICP – Integrated Care Partnership
- KS - Key Stages (of education through Primary to Secondary school)
- LGBTQ+ - Lesbian, Gay, Bi-sexual, Transgender, Queer
- LTC – Long Term Conditions
- PALS – Patient Adv
- SEND – Special Educational Needs and Disabilities
- VCO – Voluntary and Community organisations
- VCFSE – Voluntary, Community, Faith and Social Enterprise (Sectors)
- YP – Young People

Document Reference List

1. ICB Involvement Team Community Conversation Report: September 2023: Includes conversations with the following organisations:
    - The Grand Theatre – Dementia Memory Café Dudley
    - St Andrews Church – Community Cafe
    - Alz Café
    - First Abide
    - Bilal Academy
    - Friendship Group Walsall
    - We Love Carers Dudley
    - Sandwell Health literacy Project
    - NHEI Sandwell
2. ICB Involvement Team Community Conversation Quarter Report: October to December 2023: Includes conversations with the following organisations:
    - Dementia Carer Support Group "Husbands Group”

- Low Hill Community Centre
- Wellbeing City Walk - Walsall
- P3
- LGBT sparkle
- SUIT (substance misuse)
- Wolverhampton 360
- Guru Nanak Gurdwara
- Park Village
- One Walsall – Health & Wellbeing Group
- Community Engagement Centre - Pleck
- Pelsall community Centre
- Midland Hangar
- Mary Stevens hospice - Dudley
- Parent & Toddler Group – Walsall
- Healthwatch – Walsall
- Dementia café – Walsall
- Me, Myself and I – Dudley
- Dudley Achieves
- The Crystal Gateway – Dudley
- Patient navigators – Dudley
- George Road Community Centre – Sandwell
- Health & Wellbeing Club – Sandwell
- Sandwell Community Dementia Support Service
- Brushstrokes – Sandwell
- Atlantic house - Dudley
- THIA - Women's Enterprise And Community Hub

3. ICB Involvement Team Community Conversation Report: August 2023: Includes conversations with the following organisations:
    - Oldbury Health Centre Coffee morning
    - Business Improvement District – Wolverhampton
    - Aspire 4 U – Dudley
    - Dudley Carers Group/Crossroads
4. ICB Involvement Team Community Conversation Report: January 2024: Includes conversations with the following organisations:
    - Wall Heath Evangelical Free Church
    - Home Instead
    - Glebefields Library
    - Manor Farm Community Organisation
    - Friendship Group – Wolverhampton

- Mencap – Gateway Forum
- Hope Community Project
- Educare – Precious Memories Dementia Café
- Guru Nanak Satsang Gurdwara

5. ICB Involvement Team Community Conversation Report: Feb 2024: Includes conversations with the following organisations:
    - High- Flyers
    - Beacon Centres
    - Place of Welcome multiple events
    - Walsall Healthcare Trust – Self-Care Event
    - Wolverhampton Central Library
    - Starfish
    - P3 & BCH
    - HOPE Forum
    - Health Inequalities Cancer Bus Tour
6. ICB Involvement Team Community Conversation Report: March 2024: - Month TBC. Includes conversations with the following organisations:
    - Social Prescribing Day - Community Information Event
    - Friends of Dartmouth Park
    - Let's Talk
    - Mature students with lived experience
    - European's Welfare Association (EWA)
    - Bangladeshi Women's Association
    - Hub 4 Grub
    - History Society
    - BUV and Canal River Trust (CRT)
7. ICB Involvement Team Mental Health Workshop Report: P3 February 2024
8. ICB Homelessness Event Write up: May 2024
9. ICB Involvement Team Microgrants Urgent and Emergency Care 2023: Includes conversations hosted by the following organisations:
    - Action Deafness - Black Country
    - Mettaminds CIC - Walsall
    - Layole - Walsall
    - The Friendship Café Walsall CIC - Walsall
    - Congolese Community Group - Walsall
    - Walsall Housing Group - Walsall
    - Plasma of Hope - Walsall
    - Healthwatch Walsall
    - X2Y LGBT Youth Group - Wolverhampton (& surrounding areas)
    - Beacon Centre - Wolverhampton

- The Social Sanctuary Project CIC - Wolverhampton
- Haven - Wolverhampton
- Dudley Carer Wellbeing Team - Dudley

10. Wolverhampton Joint Local Health and Wellbeing Board Strategy 2023-2028
11. Wolverhampton Children and Young People's Health Related Behaviour Survey 2023
12. Wolverhampton Prevention and Promotion Programme for Better Mental Health 2021-2022
13. Wolverhampton Physical Activity Strategy 2023
14. Safety of Women and Girls Survey 2023
15. Wolverhampton Healthwatch Primrose Hill Nursing Home Enter and View Report October 2023
16. Wolverhampton Healthwatch Improving access to GPs in Wolverhampton March 2024
17. Joint Healthwatch Black Country Wide Children's Mental Health Report 2022
18. Aging Well in Sandwell Report - The State of Aging March 2024
19. Sandwell Better Mental Health Strategy 2023-2026
20. Sandwell Joint Local Health and Wellbeing Strategy 2022
21. Sandwell LGBTQ+ Community Health Needs Report 2022
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24. Sandwell Healthwatch Guided by You Report 2023
25. Sandwell Healthwatch Enter and View analysis of visits to Pharmacies March 2023
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27. Dudley - Family Health and Wellbeing events scoping exercise - Netherton and Dudley Ward (date unknown)
28. Dudley Health and Wellbeing Strategy - Working together for longer, safer, healthier lives. Our vision for Dudley in 2028
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30. Dudley Healthwatch Over-Representation of Minority Ethnic Young People in the Youth Justice System Report 2024
31. Dudley Healthwatch Annual Report 2022-2023
32. Dudley Healthwatch Exploring Access to GP Services in Dudley May 2024
33. Dudley Healthwatch Listening to Migrant Communities January 2023
34. Dudley Healthwatch Saltbrook Place Report - Supported Accommodation - Jan 2024
35. We Are Walsall 2040 Strategy: Borough Plan 2022
36. We are Walsall 2040 Engagement Feedback, Consultation Summary 2023
37. We are Walsall 2040 Ambitions and Themes
38. Walsall Director of Public Health Annual Report 2022 - Feeding our Future, Walsall Council
39. Walsall Multi-Agency Mental Wellbeing Place Based Strategy 2022-2032
40. Walsall Healthwatch Cost of Living Crisis Report March 2023
41. Walsall Healthwatch Access to dental care in Walsall Oct 2023
42. Walsall Healthwatch New UEC Centre: Walsall Manor, March 2024
43. Walsall Healthwatch Maternity experiences of Black and Asian Women in Walsall Jan 2024
44. Walsall Healthwatch Long COVID Support in Walsall Report February 2024

45. Walsall Healthwatch Young Person's communication around health and social care services Report April 2023
46. Walsall Healthwatch conversations about diabetes with African/Caribbean communities
47. Involvement Team Community Conversation Reports ICB: Action for Deafness: July 2023
48. ICB Involvement Team Community Conversation Reports: July 2023: Includes conversations with the following organisations:
    - Green Square Accord – Walsall
    - Action for Deafness Coffee Morning - Bloxwich
    - Walk with a Mental Health Nurse – Brierly Hill
    - HY5! Young People Inspiring Change - Wolverhampton
    - Rake Gate Resident's Association - Wolverhampton
    - Shared Lives - Wolverhampton
49. BCICB Healthier Futures Academy. Exploring MSK Patient Pathways. Patient Experiences: Facilitators and Barriers. And The Way Forward. June 2023
50. Walsall Joint Local Health and Wellbeing Strategy, 2022-2025
51. Black Country ICP Wellbeing Survey 2024
52. Wolverhampton CYP Relationships and Sexual Health Survey 2024
53. Wolverhampton CYP Healthy Lifestyles Survey 2024
54. Wolverhampton Joint Strategic Needs Assessment – Homeless Health Needs Audit 2023
55. Wolverhampton CYP Smoking, Substances and Gambling Survey 2024
56. Black Country Health Plan for Asylum Seekers and Refugees 2024
57. Wolverhampton People Panel, September 2024
58. Dudley People Panel, Lets get digital, September 2024
59. Evaluation of Sandwell MSK Phio Assessment (online triage) and Phio Engage (online physiotherapy tool), April 2024
60. ICB Involvement Team Community Conversations with the Macular Society Dudley, Sandwell, and Wolverhampton Groups, and with the Walsall Society for the Blind. November 2024
61. Public Health Walsall: A Consultation with Young People Around Mental Resilience, August 2023
62. Walsall Children and Families Healthy Eating Programme – Equality Impact Assessment Document, September 2023
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