

<b>Scrutiny Board :</b>	Health and Adult Social Care Scrutiny Board
<b>Report Title</b>	End of Life Care Provision in Sandwell
<b>Date of Meeting</b>	Monday, 1 September 2025
<b>Report Author</b>	Suni Patel, Healthy Ageing Project Manager Kate Hickman, Vulnerable Groups Programme Manager Dr Anna Blennerhassett, Consultant in Public Health
<b>Lead Officer</b>	Frances Howie, Director of Public Health
<b>Wards Affected</b>	(All Wards);
<b>Identify exempt information and exemption category</b>	Choose an item.  N/A
<b>Appendices (if any)</b>	<ol style="list-style-type: none"> <li>1. Better Endings Sandwell End-of-Life Care Strategy 2021-2026</li> <li>2. Revised Compassionate Communities group measures – our ambitions and objectives</li> </ol>

## **1. Executive Summary**

- 1.1 To consider End-of-Life Care Provision in Sandwell.
- 1.2 This report is to provide an update on the collective work for Sandwell on end-of-life care from a Public Health perspective. This includes the actions as per the six promises of the current Sandwell Better Endings End-of-Life Care Strategy 2021-26 (see Appendix 1). This report will give an overview of our current workplan and activities which support Sandwell residents to talk about death & dying, end-of-life care and bereavement support.

## **2. Recommendation**

That the Board considers and comments upon the End of Life Care Provision in Sandwell and determines whether it wishes to make any recommendations to the Executive.

## **3. Background and Context**

- 3.1 End-of-life care is an approach that improves the quality of life of adults, babies, children and their parents, families, and carers when they are facing problems associated with life-limiting conditions. It works best through early identification, assessment, and treatment of pain and other physical, psychological, social or spiritual problems. It is important that this work involves families and communities, working with health and social care professionals and other relevant groups or organisations. It is also important to start conversations around death and dying early and encourage open and inclusive communication. In Sandwell, a strategy was created following consultation and collaborative work which included Sandwell Council, Sandwell Health & Wellbeing Board, Sandwell & West Birmingham Hospitals NHS Trust, Sandwell and West Birmingham Clinical Commissioning Group (now Black Country ICB) and various community organisations representing Sandwell communities. The strategy aims are that it:

- Continues to encourage a borough wide conversation and awareness about end of life
- 'Opening up' of conversations about death and dying, moving towards a culture which sees death as a natural part of life rather than something to avoid discussing
- Linking up partners and providing necessary skills / education to enable people to access information and support about death & dying

### **3.2 National Context**

The national ambitions for palliative and end-of-life care (updated in 2021) talked about our rapidly ageing society and changing patterns of illness with more people living with long term conditions and facing the challenges of dying, death and bereavement. This document outlined a vision for shared ambitions and urgency ([UK National End of life strategy.pdf](#)).

### 3.3 Regional Context

Aligning with these national ambitions, the Black Country Palliative and End-of-Life Care Strategy 2023-2026 set out their vision to be in a position of working collaboratively and equitably across the Black Country to enable a higher quality palliative and end-of-life care citizen experience.

([Black Country ICB PEOLC Strategy.pdf](#)).

Additionally, the Public Health profile indicators for palliative and end-of-life care for NHS Black Country Integrated Care Board include regional figures for deaths that occur in hospital, deaths that occur at home and deaths that occur in care homes. In the Black Country in 2024, 5,395 people died in hospital (44.7%, higher than England) and 5,810 people died at home or in a care home (48.2%, lower than England). These indicators demonstrate that despite preferences for individuals to die at home, the majority of deaths in the region are still occurring in hospital. We had requested a profile for Sandwell to map if these trends were similar within the borough to utilise as a measure against our local strategy promises. This is included in the information for Sandwell detailed in the next section.

### 3.4 In Sandwell

For Sandwell this has meant using previous stakeholder engagement outcomes such as a change in culture / attitude to dying, an opportunity to choose where they die, communication across professionals involved in care and training for all professionals involved in end-of-life care. One of the key pieces of communication for engaging and raising awareness was a collaborative doodle video which is accessible online. This can be viewed here - <https://www.youtube.com/watch?v=-Rc5YEAXoel>

A Health Needs Assessment completed by Public Health in 2024 reported that despite the fall in the proportion of deaths in hospital, there were still a higher proportion of deaths in hospital for Sandwell residents compared to England (47.2% for Sandwell compared with 43.4% for England). One of our key aims was to ensure that individuals have an informed choice about their preferred place of death however, these indicators are still showing that the majority of deaths in Sandwell are happening in hospital. The collaborative work that is ongoing in Sandwell commenced with plans on creating an appropriate strategy.

The Sandwell strategic group worked hard on creating an accessible strategy and action plan for Sandwell. The group wanted a strategic document (see Appendix 1) that could enable delivery of the key action points and support involvement of all partners as follows:

- Conversations in preparation: - Focusing on the benefits that making plans in advance of dying have and how this can help those left behind.

- Talking openly about death and dying: - Exploring how communities in Sandwell are joining the conversation.
- Knowledge for all: - educational opportunities including for children & young people.
- A confident workforce: - With many people wanting to die at home, discussions about how working with care homes and primary care teams can make a difference to how people can live well until they die.
- Care designed with our communities: - implementing the concept of compassionate communities.
- Policy: - discussing employers and bereavement as many people who are bereaved are also working with a personal experience of bereavement and how workplace policy can affect bereavement.

### 3.5 Governance

Since the launch of the Sandwell Better Endings End-of-Life Care Strategy in 2021, the Sandwell End-of-Life Care Strategic group (now the Sandwell Health Equity & Compassionate Communities Thematic group) has been working alongside the Black Country Integrated Care Board on taking forward palliative and end-of-life care support in Sandwell. Palliative and end-of-life care has a project management approach, and the strategic work outlined above has been spearheaded by Public Health.

This approach has been for service improvement/change management and is accountable to the Black Country System Palliative and End-of-Life Care Oversight Group as well as the Sandwell Health and Care Partnership and Health and Wellbeing Boards.

This work reflects the statutory duties of Public Health including the Director of Public Health to contribute to and influence the work of NHS commissioners, providers and other Integrated Care Systems (ICS) partners, helping to lead a whole systems approach to public health across the public and private sector to improve health and care outcomes and experiences across the whole population.

Direct oversight and governance is via the Sandwell Palliative and End-of-Life Care (PEoLC) Board which meets on a monthly basis. Five thematic groups are accountable to the PEoLC Board, clinical care, primary care, education & training, compassionate communities & bereavement and children & young people.

For the purposes of the update provided in this report, the following information is from the Health Equity & Compassionate Communities (HE &CC) Thematic group (the Healthy Ageing Project Manager in Public Health is the vice chair for this group). There are also other Sandwell Council staff that are part of the membership of this group including representatives from Public Health and Housing.

This programme of work is also linked to both the Sandwell Suicide Prevention and the Sandwell Better Mental Health strategies. For the Better Mental Health Strategy in particular against these two recommendations:

- Recommendation 2. Ensure mental health services and community-based solutions are able to support all of Sandwell's diverse communities
- Recommendation 7. Ensure the bereavement offer is suitable for all people in our community

We have plans to set up a Bereavement Task & Finish group which will report to the Better Mental Health Strategic group.

### 3.6 Key objectives

The key objectives for the Health Equity & Compassionate Communities (HE & CC) Thematic group are as follows:

- To address health inequalities that exist in death and dying across Sandwell.
- To ensure that community partnerships between different faith groups and cultural communities, as well as the diverse organisations that support people living with different life shortening illnesses are developed across Sandwell.
- To develop a compassionate communities approach across Sandwell to ensure end-of-life care services meet the diverse needs of the population and to ensure that the community has the resources and are ably supported to do their part.

This work stream also pledges to use the Health Equity Assessment Tool (HEAT) toolkit as a measure to support with reducing health inequalities.

As mentioned in section 3.4, the Public Health Research and Intelligence team completed a health needs assessment that provided detailed information regarding the number of deaths in Sandwell, main causes of death, place of death etc. This report has been useful in enabling the thematic group to:

- Complete asset mapping to build up an overview of compassionate communities' activities in Sandwell including ethnicity data.
- Explore how existing resources can be engaged to support the development of compassionate communities.
- Work with local communities to address health inequalities around death and dying
- Actively engage with local communities to create solutions / appropriate support around death, dying and living with loss.
- Create a framework for bereavement support including existing services and identifying gaps.
- Contributing to the planning of raising public awareness e.g., Dying Matters Awareness Week.
- Learn from this research evidence and best practice of developing compassionate communities (survey)
- Influence and support with appropriate and integrated commissioning practice to best represent the diverse community needs in Sandwell.
- Support with the delivery of the objectives set by the PEOLC Board.
- Ensure communications are appropriate, accessible and inclusive of diverse communities.
- Achieving Compassionate City charter status.

### 3.7 Achievements to date

The following includes achievements / activities completed against each of the strategy promises:

#### **Promise 1: Conversations in preparation**

##### **Key achievements:**

- Dying Matters Awareness Week events in 2024 we had 44 attendees and in 2025 this increased to 149.

In both 2024 and 2025, we successfully planned and delivered activities during this national annual event. This would not have been achieved without the support of the Healthy Ageing Development Officer and the HE & CC Thematic group members. Activities included:

- Sandwell Council staff coffee morning attended by our Chief executive in 2025 and covered in weekly newsletter for staff.
- Memory walk in Sandwell Valley – we already have plans to expand to a memory walk in each of Sandwell's six towns next year.
- Will writing workshops – these were a mix of staff and community organised events facilitated by Public Health.
- Creative workshops and other similar activities.

We have created a 'tree of life' with positives messages written on its' leaves which we use at different events to enable affirmative conversations around death, dying and grief. We have worked in partnership with a number of organisations including Marie Curie, Macmillan, St Elizabeth Hospice, Sue Ryder which has included access to training, resources and setting up bereavement support groups with local organisations in Sandwell.

#### **Promise 2: Talking openly about death and dying**

##### **Key achievements:**

- 4 will writing workshops attended by over 90 people
- 1,750 bereavement leaflets printed
- Healthy Sandwell promote these leaflets at events /referrals

In 2024, Public Health undertook a survey questionnaire based around the current strategy promises and bereavement support in Sandwell.

- We received 339 responses which exceeded the amount we required for effective analysis.
- Summary analysis indicated that nearly **24%** of people completing the questionnaire were not comfortable talking about death / dying.
- **73%** of respondents were not aware of available support.
- **56%** said communication from healthcare professionals was not clearly explained / was not early enough and was confusing.
- Barriers identified for accessing bereavement support were that there were long waiting times, support was not localised and there was a lack of suitable language support.

In response to this survey, Public Health created a bereavement support information leaflet, which has been reprinted in 2025. The leaflet has information on free national and local services that provide support including

organisations supporting specific groups such as young people, those that have been bereaved by suicide or supporting those that have had the loss of a family pet etc. Following on from feedback received, this leaflet has also been designed in large print for those that need it. Addressing the lack of knowledge and communication, we have delivered a number of bereavement workshops including during the launch of Sandwell's Better Mental Health Strategy event in October 2024 and for a development training event for Admiral Nurses in December 2024.

### **Promise 3: Knowledge for all**

#### **Key Achievements:**

- Attendance at Faith Sector Network meeting
- Information stand / workshops at events including Health Ageing & Better Mental Health event in September 2023 and launch of Better Mental Health Strategy in October 2024.
- Bereavement leaflet and updated bereavement directory and websites for Sandwell.

Our aim is to ensure that all information is appropriate and accurate following health literacy guidelines.

- Created a bereavement leaflet which is utilised alongside other resource materials to provide information and guidance to Sandwell residents around death, dying and grief.
- All end-of-life care information is available on a number of websites including both Sandwell Council and Healthy Sandwell websites, Route 2 Wellbeing for Sandwell, our NHS partners etc.
- This information has been standardised and is updated on a regular basis with Sandwell & West Birmingham Hospitals NHS Trust (SWBH), the Connected Palliative Care Service, Black Country Integrated Care Board (ICB) to ensure that the information provided is the same.
- Sandwell Bereavement Directory has been updated and published in 2025.

### **Promise 4: A confident workforce**

#### **Key achievements:**

- St Elizabeth Hospice Training completed by Healthy Sandwell team plus a session held during Dying Matters Awareness Week 2025 attended by 42 people.
- Staff training event at Sandwell Hospital in May 2024 attended by 98 staff
- 35 people completed the Compassionate Communities Foundation training

### **Promise 5: Care designed with our communities**

#### **Key achievements:**

- Development of Compassionate Communities Action Plan
- Embedding end-of-life care within other Public Health programmes e.g. SHIP (Sandwell Health Inequalities Programme) including workshop delivery, links to resources including digital information, hosting events during Dying Matters Awareness Week etc)

Public Health were instrumental in funding the Compassionate Communities UK Foundation training.

- 35 trained members as part of the network who are currently involved in developing the action plan for Sandwell.
- The action plan is based on 14 measures to enable us to achieve Compassionate City Charter Status.
- Covering a variety of areas from workplaces, schools, community organisations, healthcare settings, places of worship etc.
- Both the core and wider members of the network include children & young people services, care services, NHS partners, workplaces, faith sector, community & voluntary sector, neighbourhoods, care homes and EDI (Equality, Diversity & Inclusion) teams.
- The action plan will also enable us to demonstrate how we are meeting the strategic promises for Sandwell.

### **Promise 6: Policy**

#### **Key achievements:**

- Sandwell Council Bereavement Policy to include Compassionate Leave and Bereaved Support Guide.
- Launch of online training by National Bereavement Service in 2025.

All these activities show how we are working collaboratively in aiming to meet our strategy promises as well as responding to the feedback received from the survey completed in 2024.

### **3.8 Next steps**

The Compassionate Communities network, having mapped and scored against the 14 measures that form part of the Compassionate City Charter status action plan, are due to meet for a face-to-face workshop event in October 2025. This workshop will enable the network to assign responsibilities and tasks against the action plan.

We continue to meet our governance requirements with reporting to the PEoLC Board and have been tasked with providing an update presentation at the next meeting.

The current Sandwell Better Endings End-of-Life Care Strategy will need to be refreshed next year. Again, this work will be facilitated by Public Health and will involve consultation engagement events with residents and organisations across Sandwell, information and intelligence updates and national / regional guidance. We continue to link this important work with other services and areas including mental health, suicide prevention etc particularly around the impact of long-term grief, impact on carers, supporting open, inclusive conversations and a MECC (Making Every Contact Count) approach.

- 3.9 This programme of work provides the opportunity to have a profound impact on individuals, their families, friends and carers, to encourage open conversations on death and dying and to highlight that working in partnership for a compassionate community approach can leave a lasting legacy.



## **4. Consultation**

- 4.1 We completed a survey questionnaire to gain insight from Sandwell residents regarding the six promises of the current Sandwell Better Endings End-of-Life Care strategy. These surveys could be completed online, or we also provided printed versions. We approached various community organisations to speak with groups regarding the survey. We received 339 responses (which exceeded the target number needed that we were assigned by our Public Health Research & Intelligence team). 74% of respondents said that local community organisations were the best place to talk about death & dying. They also gave suggestions for better communication and localised support through how messages were delivered including sharing of lived experiences, additional languages and better wraparound services. Overall, the responses received showed a positive response to our approach and that this is an important subject matter. We have already commenced additional follow-up work by setting up a Bereavement task & finish group as part of the strategic Better Mental Health Partnership as well as working with the Suicide Prevention Strategic group in particular the impact of bereavement by suicide.

## **5. Financial Implications**

- 5.1 Public Health have contributed a considerable amount of finances to this area of work with the involvement of both the Healthy Ageing Project Manager and Healthy Ageing Development Officer in management and administrative duties as part of their current workplans.
- 5.2 Public Health also funded the cost of the Compassionate Communities UK Foundation Training at £8,000.00 following a robust process of presenting a brief to Public Health Commissioning Board and gaining approval from the Value for Money panel.
- 5.3 Public Health funded the bereavement leaflets printing and reprinting costs including the large print version for a total sum of £1,145.00. This was for 1,750 leaflets.
- 5.4 Potentially a reduction in healthcare utilisation and costs. Investing in palliative care and bereavement support can lead to significant cost savings by reducing the need for emergency care, hospital admissions and other healthcare costs, mental health services including the long-term impact of grief e.g. drug/alcohol dependency, suicide risk, those unable to work and therefore financial implications etc. Additionally, home-based palliative care shows consistent reductions in hospital visits, inpatient length of stay, and overall costs – this could also include support provided by the local community and voluntary sector (role of compassionate communities).

## **6. Legal and Governance Implications**

- 6.1 There were no Legal and Governance Implications associated from this report.

## **7. Risks**

- 7.1 The risks of not providing appropriate support are the impact on mental health services particularly with the consequences of long-term grief. We have also already identified financial implications for example with Sandwell Council tenants not having a will, this was addressed with our Housing team colleagues who include this in their initial questionnaire potentially avoiding the financial repercussions if a tenant dies without a will in place.

## **8. Equality and Diversity Implications (including the public sector equality duty)**

- 8.1 Our aim is to be inclusive for all communities in Sandwell, ensuring representation and meeting the needs of our diverse residents. We have completed the Health Equity Assessment Tool (HEAT) for this work. This toolkit provides a structured framework to assess and address health equity issues within programmes and services.

Some of the key findings from the analysis, which will be addressed by Public Health through the Compassionate Communities, Better Mental Health and Suicide Prevention work, were:

- Ensure every person who is approaching the end of their life will be seen, heard and cared for by people who understand their needs and who are available when needed.
- Give Sandwell residents access to appropriate information on death, dying and bereavement and to enable them to make informed choices and plans.
- Improve early identification of individuals in their last year of life to improve the experiences of patients, families and carers.
- Include support that is appropriate including for minority ethnic groups, the homeless population, young people, those living in poverty (e.g. impact on decision to take people home to die due to cost of running equipment for example), those with lower education and training attainment levels, those with learning disabilities, the LGBTQ+ population, those experiencing mental health and drug & alcohol dependence issues and those at risk of suicide. (Please note that these are all being addressed via the Compassionate Communities work and action plan in development as well as wider work with Public Health Mental Health & Suicide Prevention leads).

Facilitating the development of compassionate communities will reduce stigma and fear around death, dying and loss. Activities to transfer knowledge and skills from professionals will enable communities to increase their confidence and take ownership of end-of-life as a life event and not just a medical event. We wish to ensure that there is parity and health equity built into the programme so that it is inclusive and accessible to local residents and communities. Also, the social determinants of health impact inequalities and contribute to poor health outcomes so our aim would be to improve the quality of care in the community by investing in preventative programmes, equip and invest community organisations to support their local communities.

## **9. Other Relevant Implications**

- ***Workforce and Human Resources (HR) implications (for example, Transfer of Undertaking, Protection of Employees – TUPE), restructure)***

Promise 6 of the Sandwell strategy covers policy, and implications are to ensure that local organisations lead by example in the review and implementation of policies which we have done at Sandwell Council. Implications for council staff include a compassionate leave policy and access to national online bereavement training.

- ***ICT / digital implications (for example, impact on the infrastructure or apps and how additional resource needs are being addressed)***

Where possible we wish to promote digital inclusion and provide information such as the bereavement support leaflet online and send e-versions to our community partners. We regularly update our website information to ensure accuracy and relevance.

- ***Corporate parenting – Implications for Corporate Parenting responsibilities.***

We do provide information that supports children who have been bereaved and access to appropriate services as well as the same support for parents.

- ***Social Value – Implications for social value and how the proposals are meeting this (for example, employment of local traders/young people.)***

The impact on informal carers through compassionate communities work may mean that they are able remain in work contributing to the borough's economy.

- ***Health and Wellbeing – Implications of the proposals on health and wellbeing of our communities.***

Improves patient quality of life & emotional wellbeing. Palliative care optimises symptom control—including pain, nausea, fatigue—while offering emotional and spiritual support, significantly enhancing patients' comfort and quality of life. It also strengthens communication and continuity across care settings

Supports families and carers. Families benefit from reduced anxiety and better preparedness. Also, advance care planning helps reduce stress, anxiety, and ensures care aligns with the patient's wishes (preferred place of care).

Enhances health system efficiency. By reducing unnecessary hospital admissions and high-intensity interventions, palliative care allows better allocation of resources across the system. This would be the advantage of advance care planning and the support of nurse practitioner services as well as our compassionate communities approach. Investing in long-term care, including end-of-life care services and bereavement support yields economic resilience, social cohesion, and supports informal carers.

Public Health Outcomes Framework (PHOF) provides specific indicators to enable us to measure this work against with the following most relevant:

A01b: Life expectancy at 65  
 A01c: Disability free life expectancy  
 A02a: Inequality in life expectancy at 65  
 B08a: The percentage of the population with a physical or mental long-term health condition in employment  
 B19: Loneliness percentage of adults reporting feelings of loneliness  
 C28a-d self-reported wellbeing

**10. Background Documents - None.**

**11. How does this deliver the Outcomes in the Council Plan?**

- Healthy in Sandwell – outcomes:
  - People to lead healthy lives in their community and live well for longer.
  - Peoples needs for care and support are reduced or prevented through early intervention and prevention programmes.
  - People remain as independent as possible for as long as possible and lead fulfilled lives (reablement).
  - Carers feel supported in carrying out their caring role.
  - Residents are protected from harms to their health and wellbeing.
  - Health outcomes for Sandwell's most vulnerable groups are improved, and health inequalities are reduced.
- One Council One Team Approach.
  - High quality inclusive services for all of our customers.
  - Clear and transparent decision making and effective governance (data driven)
  - All of our residents, including our children and young people, are active participants in influencing change – through being listened to, their opinions are heard and valued.

**11.1 Public Health Outcomes Framework (PHOF)**

A01b: Life expectancy at 65  
 A01c: Disability free life expectancy  
 A02a: Inequality in life expectancy at 65  
 B08a: The percentage of the population with a physical or mental long-term health condition in employment  
 B19: Loneliness percentage of adults reporting feelings of loneliness  
 C28a-d self-reported wellbeing

**11.2 Adult Social Care Outcomes Framework (ASCOF)**

1B: quality of life of people who use services - adjusted to account only for additional impact of local-authority funded social care on quality of life  
 IC – quality of life of carers  
 3B: the proportion of carers who report that they have been involved in discussions about the person they care for  
 3C: the proportion of people and carers who use services who have found it easy to find information about services and/or support  
 5A: the proportion of people who use services and carers, who reported that they had as much social contact as they would like.

**11.3 Plus, the Ageing Well - State of Ageing in Sandwell report - End-of-Life**

Care. This can be found at <https://www.sandwelltrends.info/jsna-2/>

“The considerable benefits of identifying patients in need of palliative care include providing the best health and social care to both patients and families and avoiding crises, by prioritising them and anticipating need. Identifying patients in need of palliative care, assessing their needs and preferences and proactively planning their care, are the key steps in the provision of high-quality care at the end-of-life”.