



Health and Wellbeing Together

26 April 2023

Time 10.00 am **Public Meeting?** YES **Type of meeting** Oversight
Venue Committee Room 3 - 3rd Floor - Civic Centre

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country ICB
Professor Farzad Amirabdollahian	University of Wolverhampton
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Ian Darch	Wolverhampton Voluntary and Community Action
John Denley	Director of Public Health
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Marsha Foster	Chief Executive, Black Country Healthcare NHS Foundation Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
Stacey Lewis	Manager, Healthwatch Wolverhampton
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Councillor Beverley Momenabadi	Cabinet Member for Children and Young People
Sally Roberts	Chief Nursing Officer, Black Country and West Birmingham CCG
Samantha Samuels	Group Commander Operations North, West Midlands Fire Service
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Opposition Leader
Becky Wilkinson	Director of Adult Social Services

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

Contact Shelley Humphries
Tel/Email Tel: 01902 554070 email:shelley.humphries@wolverhampton.gov.uk
Address Democratic Services, Civic Centre, 1st floor, St Peter's Square, Wolverhampton WV1 1RL

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Agenda

Part 1 – items open to the press and public

Item No. Title

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]
- 6 **Health and Wellbeing Together Forward Plan 2023 - 2024** (Pages 11 - 18)
[To receive the Health and Wellbeing Together Forward Plan 2023 - 2024.]

ITEMS FOR DISCUSSION OR DECISION- PART 2

- 7 **Health Inequalities Dashboard Deep Dive: RWT Health Inequalities Steering Group Update**
[To receive a presentation focused on the progress of the RWT Health Inequalities Steering Group.]
- 8 **Draft Proposal for the Prevention Concordat for Better Mental Health** (Pages 19 - 60)
[To receive a presentation outlining the Draft Proposal for the Prevention Concordat for Better Mental Health.]
- 9 **Right Care, Right Person - West Midlands Police Local Context**
[To receive a presentation on Police response to Concern for Welfare calls and consideration on partnership opportunities in respect of vulnerability.]
- 10 **Board Governance Review: Updated Terms of Reference** (Pages 61 - 70)
[To approve a refreshed Terms of Reference for Health and Wellbeing Together.]
- 11 **Other Urgent Business**
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]

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Health and Wellbeing Together Minutes - 18 January 2023

Attendance

Members of Health and Wellbeing Together

Cllr Jasbir Jaspal (Chair)	Cabinet Member for Public Health
Paul Tulley (Vice-Chair)	Black Country ICB
Prof. Farzad Amirabdollahian	University of Wolverhampton
Emma Bennett	Executive Director of Families
Cllr Ian Brookfield ^v	Leader of the Council
John Denley	Director of Public Health
Sally Evans ^v	Royal Wolverhampton NHS Trust
Marsha Foster ^v	Black Country Healthcare Partnership Foundation Trust
Cllr Linda Leach ^v	Cabinet Member for Adults
Stacey Lewis	Healthwatch Wolverhampton
Lynsey Kelly	Head of Communities
Saffi Price	Wolverhampton Voluntary and Community Action
Samantha Samuels	West Midlands Fire Service
Cllr Wendy Thompson	Leader of the Opposition
Becky Wilkinson	Director of Adult Services

In Attendance

Brendan Clifford	Working for Councils in Black Country Integrated Care System
Andrea Fieldhouse	Principal Public Health Specialist
Madeleine Freewood	Public Health Partnership and Governance Lead
Sheila Gill	Healthwatch Wolverhampton
Shelley Humphries	Democratic Services Officer
Alison Hinds	Deputy Director of Social Care
Kate Lees	Partnership Manager
Michelle Marie-Smith	Principal Public Health Specialist
Cllr Susan Roberts	Chair of Health Scrutiny Panel
Richard Welch	Head of Partnerships (Public Health)

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies were received from Professor David Loughton CBE, Ian Darch and Chief Superintendent Richard Fisher.

- 2 **Notification of substitute members**
Sally Evans attended for Professor David Loughton CBE and Saffi Price attended for Ian Darch.

- 3 **Declarations of interest**
There were no declarations of interest made.

- 4 **Minutes of the previous meeting**
Resolved:
 That the minutes of the meeting of 18 January 2023 be approved as a correct record and signed by the Chair.

- 5 **Matters arising**
There were no matters arising from the minutes of the previous meeting.

- 6 **Health and Wellbeing Together Forward Plan 2022 - 2023**
Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together Forward Plan 2022 – 2023 and outlined future agenda items.

Members were invited to suggest items for presentation at future meetings by contacting either the Chair, Madeleine Freewood or Democratic Services.

Resolved:
 That the Health and Wellbeing Together Forward Plan 2022 – 2023 be noted.

- 7 **Health Inequalities Dashboard Deep Dive - Physical Inactivity**
Madeleine Freewood, Public Health Partnership and Governance Lead introduced the Health Inequalities Dashboard Update by outlining the current position in relation to the Joint Health and Wellbeing Strategy, how the Dashboard supported the oversight of current workstreams and research into the groups affected by physical inactivity.

Richard Welch, Head of Partnerships (Public Health) and Andrea Fieldhouse, Principal Public Health Specialist delivered the Deep-Dive presentation with a focus on the partnership work undertaken on the Physical Inactivity priority. This included an overview of the outcomes the Strategy had already successfully achieved and aimed to achieve and proposed next steps which included the launch of the Competence and Confidence Workforce Survey to gather data to establish the training and development needs of the system.

In terms of engagement, members were asked to support and engage with the Physical Inactivity needs assessment consultation as well as encourage staff within

their organisations and wider networks to complete the Competence and Confidence Workforce Survey.

It was noted that work around physical inactivity could be aligned with work around promoting healthy eating and nutrition.

It was noted that the proposed incentive schemes would be beneficial in encouraging more residents to participate in physical activity with a potential added benefit of gathering further data on what activities residents preferred. A launch and extensive promotion programme would be coming soon and further detail on this would be provided in due course.

In addition to the Competence and Confidence Workforce Survey, it was highlighted that the City Lifestyle Survey was now live, which was designed to gather information on health and physical activity habits. It was hoped this would inform the types of physical activity residents already enjoyed doing or wanted to do, as well identifying any potential barriers. Partners were encouraged to share this widely and would be provided with the link via email.

It was suggested that further consideration be given to how to utilise resources to target specific groups such as parents using the Strengthening Family Hubs or children and young people in education and school settings. It was also suggested that the impact of the cost of living crisis on disposable income be considered when promoting activities.

Resolved:

1. That Health and Wellbeing Together agree to support and engage with the Physical Inactivity needs assessment consultation
2. That members of Health and Wellbeing Together promote and advocate for staff to complete the Competence and Confidence Workforce Survey to help establish training and development needs of the system.

8 **Initial Integrated Care Strategy 2022 - 2024**

Brendan Clifford, Working for Councils in Black Country Integrated Care System presented the Initial Integrated Care Strategy 2022 – 2024 and highlighted salient points.

Thanks were extended to John Denley, Director of Public Health for support and leadership as well as the Public Health team, partner organisations and colleagues for their contributions to the Strategy, which was echoed by the Chair.

It was highlighted that further engagement events were planned to continue to develop the dialogue over time, including any feedback from patient voices. A workshop session was due to take place on 26 January 2023 and a larger scale event scheduled for March 2023, which members were encouraged to attend where possible.

It was noted that resident surveys had revealed that access to GPs and urgent care, face to face appointments and quality of care were priorities for many.

Resolved:

That the Initial Integrated Care Strategy 2022 – 2024 be received.

9 **Financial Wellbeing Strategy Progress Review**

Alison Hinds, Deputy Director of Social Care and Kate Lees, Partnership Manager delivered the Financial Wellbeing Strategy Progress Review presentation. This provided an overview of work undertaken to build an understanding of issues faced by Wolverhampton residents as a result of the cost of living crisis and how to offer support, as well as the progress of initiatives already in place.

It was highlighted that a number of interventions had been devised which included provision of advice on managing finances, support in accessing financial support and benefits and access to Community Food shops offering reduced groceries to members.

It was acknowledged that in-work poverty was also an emerging issue, which affected the demographic who were working and financially impacted by rising costs but entitled to few or no benefits. Work was already underway to understand how to tackle this.

It was suggested the Financial Wellbeing Strategy could be informed by the Physical Inactivity Strategy work as it was noted that costly gym memberships were often the first cuts made when households scaled back on spending disposable income. It was noted that promoting or providing options for the public to access free or subsidised physical activities were being explored.

The report was commended by partners, particularly the initiative providing suitable beds which was not always a well-known issue. A query was raised around whether the Warm Spaces were still being used as some residents preferred to stay in their own home. It was noted that support and advice had been made available in respect of keeping homes as efficiently warm as possible.

It was also noted that extensive work was being undertaken targeted at individuals with learning disabilities and SEND.

The face-to-face element was commended as it was recognised that not all residents have access to devices or internet.

The Community Shops initiative was commended as a thoughtful way to provide significant savings on essentials whilst retaining dignity and consumer choice. It was highlighted that the shop was open to everyone and there was no requirement to be in receipt of benefits to become a member.

In respect of Warm Spaces, it was reported that a Wolverhampton school had also been offering free use of laundry facilities and this prompted discussion on exploring other similar initiatives. It was also announced that plans were underway to introduce community chefs to the Community Shops to deliver workshops teaching residents how to cook healthy yet economical meals.

It was highlighted that the Bilston Community Shop was trialling increasing the face value of Healthy Start vouchers when redeemed in the shop, as well as stocking Healthy Start vitamins.

Professor Farzad Amirabdollahian, University of Wolverhampton raised a query around how the work would be evaluated as there was great learning potential and offered to engage in terms of how the University of Wolverhampton could support this.

The community chef initiative was commended as a helpful way to steer residents away from cheaper, less nutritious convenience foods whilst keeping within tight budgets.

Resolved:

That the Financial Wellbeing Strategy Progress Review be received.

10

Update - Alcohol Harm in Wolverhampton

Michelle Smith, Principal Public Health Specialist presented the Update - Alcohol Harm in Wolverhampton briefing note and highlighted salient points. The briefing note provided Health and Wellbeing Together with an update on the current position on alcohol harm in Wolverhampton with reference to alcohol-specific mortality. It also set out plans for addressing alcohol harm within the City, which included reducing the supply and use of alcohol and increasing pathways to treatment and recovery support services.

It was highlighted that although Wolverhampton's rate for alcohol-specific mortality were the worst in the country, other data sets showed that the successful completion rate for residents who had received drug and alcohol treatment in Wolverhampton was better than the national average.

In respect of the point around training GPs to make referrals to relevant support services if a patient presented with alcohol problems, it was queried whether there was a consistent approach and if there had been any data collected on referrals made. It was noted that a Quality Outcomes Framework Plus (QoF+) scheme existed where participating GPs would screen for alcohol harm outside of their contracted service requirements, which offered a standardised approach to assessing patients.

It was suggested it would be helpful to steer public perceptions away from confusing the recommended alcohol unit limit for recommended intake, which the UK Chief Medical Officer had reportedly stated as none.

The point was raised that the increase in alcohol intake amongst ethnic minorities was not following the same trend as at national level therefore a targeted intervention may be necessary.

In response to a query around the data presented it was confirmed that, where stated, analytics were specific to Wolverhampton and did not encompass neighbouring authorities.

Following a point raised around the availability of alcohol, including concerns of single can sales from off licences, it was confirmed that the Council, police and other relevant partners were working together with premises licence holders.

It was acknowledged that alcohol misuse was often a hidden problem in families or communities and alcohol consumption had been normalised. It was concluded that initiating open conversation around moderating alcohol consumption and removing the stigma of seeking treatment would support the reduction of alcohol-related harm.

Resolved:

That the Update - Alcohol Harm in Wolverhampton briefing note be received.

11

Other Urgent Business

In response to a query around forthcoming strikes, it was confirmed that none of the planned NHS strikes directly impacted Wolverhampton services at present.



Report title	Health and Wellbeing Together Forward Plan 2023 - 2024	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Governance	
Accountable employee	Shelley Humphries	Democratic Services Officer
	Tel	01902 554070
	Email	shelley.humphries@wolverhampton.gov.uk

Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2023 – 2024.

1.0 Purpose

- 1.1 To present the Forward Plan to Health and Wellbeing Together for comment and discussion in order to jointly plan and prioritise future agenda items for the Executive Group and Full Board.
- 1.2 The Forward Plan will be a dynamic document and continually presented in order to support a key aim of the Health and Wellbeing Together Full Board and Executive Group – to promote integration and partnership working between the National Health Service (NHS), social care, public health and other commissioning organisations.

2.0 Background

- 2.1 As agreed at the meeting of the Full Board in October 2016, the attached Forward Plan document seeks to enable a fluid, rolling programme of item for partners to manage.

3.0 Financial implications

- 3.1 There are no direct financial implications arising from this report.

4.0 Legal implications

- 4.1 There are no direct legal implications arising from this report.

5.0 Equalities implications

- 5.1 None arising directly from this report.

6.0 All other implications

Health and Wellbeing implications

- 6.1 The health and wellbeing implications of each matter will be detailed in each individual report submitted to the Group.

7.0 Schedule of background papers

- 7.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.
- 7.2 Agenda Item Request Forms.



Health and Wellbeing Together: Forward Plan

Last updated: April 2023

Health and Wellbeing Together is comprised of a Full Board and an Executive group.

Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Joint Health and Wellbeing Strategy. The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

KEY

Items in **red** are new or amended from the previous version.

Items in **bold** are regular or standing items.

Thematic areas: Growing Well, Living Well, Ageing Well, System Leadership

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

1. Early Years
2. Children and young people's mental wellbeing and resilience
3. Workforce
4. City Centre
5. Embedding prevention across the system
6. Integrated Care; Frailty and End of Life
7. Dementia Friendly City

[E] Executive

[FB] Full Board meeting

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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB: 26 April 2023			Health Inequalities Dashboard Deep Dive: RWT Health Inequalities Steering Group Update	Dr Kate Warren, CWC	Slides	Standing Item
			Draft Proposal for the Prevention Concordat for Better Mental Health	Dr Jamie Annakin, CWC	Slides	
			Right Care, Right Person - West Midlands Police Local Context	Chief Supt. Kim Madill, West Midlands Police	Slides	
			Joint Health and Wellbeing Strategy 2023- 2026 and Board Governance Refresh	Madeleine Freewood, CWC	Report Terms of Reference	
FB: 21 June 2023	System Leadership		Joint Health and Wellbeing Strategy 2023-2026 and Associated Governance Refresh	Madeleine Freewood, CWC	Strategy	
	All	1 to 7	Public Mental Health and Suicide Prevention Needs Assessment	Dr Jamie Annakin, CWC	Findings and Recommendations	

[This report is PUBLIC
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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
E: 27 July 2023	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	System Leadership		ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	System Leadership		Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
FB: 13 Sep 2023			Health Inequalities Dashboard Deep Dive	TBC	Standing Item	
	System Leadership		Domestic Abuse Strategy	Clare Reardon / Emily Rowley, CWC	Stakeholder Engagement	
E: 23 October 2023	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	System Leadership		ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	System Leadership		Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
FB: 7 Dec 2023			Health Inequalities Dashboard Deep Dive	TBC	Standing Item	

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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
E: 29 Jan 2024	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	System Leadership		ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	System Leadership		Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item
FB: 13 March			Health Inequalities Dashboard Deep Dive	TBC	Standing Item	
E: 22 April 2024	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC	Verbal Update	Standing Item
	System Leadership		ICS Development Update	Paul Tulley, Black Country ICB	Verbal Update	Standing Item
	System Leadership		Update on Mental Health Services in the Black Country	Marsha Foster, Black Country Healthcare NHS Foundation Trust	Verbal Update	Standing Item

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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
<i>To be Scheduled</i>			Joint Public Mental Health and Wellbeing Strategy	Dr Jamie Annakin, CWC		[Sept/ October 2023]
			Suicide Prevention Strategy	Parpinder Singh, CWC		[Sept/ October 2023]
	Growing Well, Living Well and Ageing Well	2, 3, 4, 5 and 6	Getting Wolverhampton Moving More Strategy	Richard Welch, CWC	Strategy	
	Early Years		Family Hubs and Start for Life Programme	Nicola Harris / Alison Hinds, CWC	Update	

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**Prevention Concordat for
Better Mental Health**

Update Item

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City of Wolverhampton

**Health &
Wellbeing
Together**

Agenda Item No: 8

Discussion points

- Response to request from Health and Wellbeing Together to explore potential benefits of becoming a signatory of the national **Prevention Concordat for Better Mental Health**
- Concordat overview, commitments and implications
- Questions regarding any possible progression of expression of interest to become a Concordat signatory

About the Prevention Concordat

- The [Prevention Concordat for Better Mental Health - GOV.UK](#) is a commitment from system leaders to work to prevent mental health problems and promote mental health and wellbeing.
- The Concordat is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.
- The Concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach is enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.
- The Concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across LAs, ICSs, NHS, Social Care, public, private and voluntary and community enterprise (VCSE) sector, educational settings, employers, emergency services, justice systems.

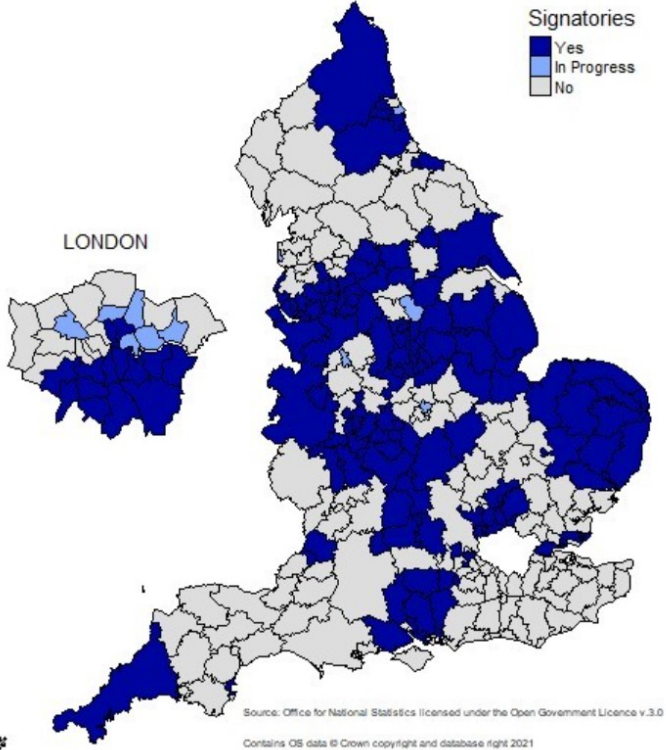
Background

In 2021/22 the national **Better Mental Health** programme focused on the most deprived Upper Tier Local Authorities with grant funding to pilot mental health prevention and promotion initiatives.

Recipients of grant funding were encouraged to consider signing up to the **Prevention Concordat for Better Mental Health** to sustain **system wide focus on prevention and promotion.**

- Over 260 Concordat signatories across England
- Across 124 local authority areas
- 2 Integrated Care Systems

Map showing local authority and local health partnership signatories



Map produced by: Public Health Analysis Directorate, OHID
Map last updated: March 2023

Better Mental Health 2021-22

The Prevention and Promotion Programme for Better Mental Health 2021-2022

73% of people engaging in mental health support interventions lived in the **30% most deprived lower super output areas** (LSOAs) in England, **18% disclosed having a disability**, and **39% of people were from ethnic minority backgrounds**



357 people who attended suicide prevention awareness training are now able to support someone experiencing suicidal ideation



The **'Look out for Wolverhampton'** suicide awareness and prevention campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum helping people learn more about the campaign and where they can seek support for suicide

141 people belonging to some of the groups disadvantaged by COVID-19 pandemic took part in co-creation programmes to improve mental wellbeing



996 adults

completed our in-depth **#WolvesWellbeingandMe** survey



205 people facing complex life challenges supported by the Head4Health pilot programme offering wellbeing sessions, social contact, physical activity, 'Walk and Talk' and 'Extra Time' initiatives



61 people facing complex barriers to work benefited from targeted skills and learning support to improve access to employment

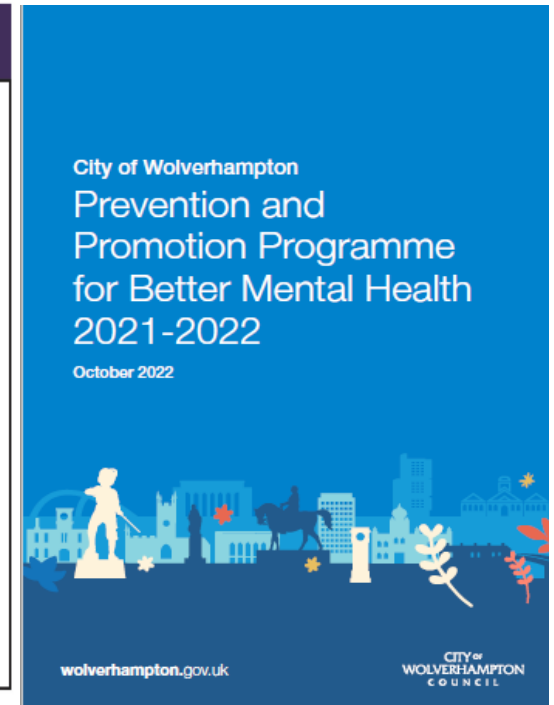
150 people engaged in face-to-face interactions to help end loneliness and provide supportive social contacts



50 people became Mental Health First Aid (MHFA) qualified champions



400+ people are estimated to have been supported by MHFA Champions to improve their mental health and wellbeing through engagement activities using evidence based approaches



<http://www.bettermentalhealthwolves.co.uk/>

Local Context

- Wolverhampton [Joint Public Mental Health and Wellbeing Strategy 2018-2021](#) provides a life course view of mental health and relevant areas for priority focus
- The [#WolvesWellbeingandMe Evidence Review](#) identifies some of the population sub-groups across the life course who experienced mental health inequalities prior to COVID-19, and for who COVID-19 significantly increased their risk of poor mental health and wellbeing in Wolverhampton.
- The [#WolvesWellbeingandMe Report](#) provides findings from a city-wide mental health survey and targeted co-creation engagement activities to understand different views of mental health and wellbeing, as well as changes during the pandemic and risk and protective factors
- Mental Health 'Joint Strategic Needs Assessment' (JSNAs) are in progress for Adults and Children and Young People
- A Suicide Prevention JSNA is in progress
- Rapid Review of Perinatal Mental Health completed
- Several JSNA consultation and engagement activities have been completed with more planned
- Transforming community mental health services -Black Country Healthcare NHS Foundation Trust

Concordat Application Criteria

Office of Health Improvement and Disparities (OHID) are inviting Health and Wellbeing Boards, Local Authorities, Integrated Care Systems, and other health partnerships to sign up to the Prevention Concordat. Voluntary, community or social enterprise sector organisations are directed to partner with H&WBs, LAs , or ICSs to apply.

To be recognised as a Prevention Concordat signatory, applicants need to

- 1) **Agree to the Prevention Concordat [Consensus statement](#)**
- 2) **Produce an action plan** (across 5 domains of Concordat framework)

1) Agreeing the Consensus Statement

“As signatories, we will, work as a whole system and across organisational boundaries. We commit to supporting place-based population mental health through co-ordination of partnerships at ICS, local authority and neighbourhood levels.

“We will do this **using needs assessment in partnership** with local stakeholders, communities, people with lived experience and carers, all of whom know what matters most”.

“Strengthening protective factors and reducing risk factors sit at the heart of our commitment to promoting good mental health”. “We are **committed to reducing mental health inequalities** by taking action to address the following factors:

•**Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion

•**Risk factors** – poverty, discrimination, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination

2) Developing a 5 Domain Action Plan

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Reducing inequalities

- What steps are you taking to address the **social and economic disadvantages** that underlie mental health inequalities?
- What steps are you taking to address **discrimination, racism and exclusion** faced by particular local communities?
- How are you addressing **mental health stigma**?

5. Defining success outcomes

Outcome framework;
monitoring and evaluation;
measuring impact through
wellbeing metrics

1. Leadership

Accountability and
governance
Senior Mental Health
Champion(s)

2. Needs assessment

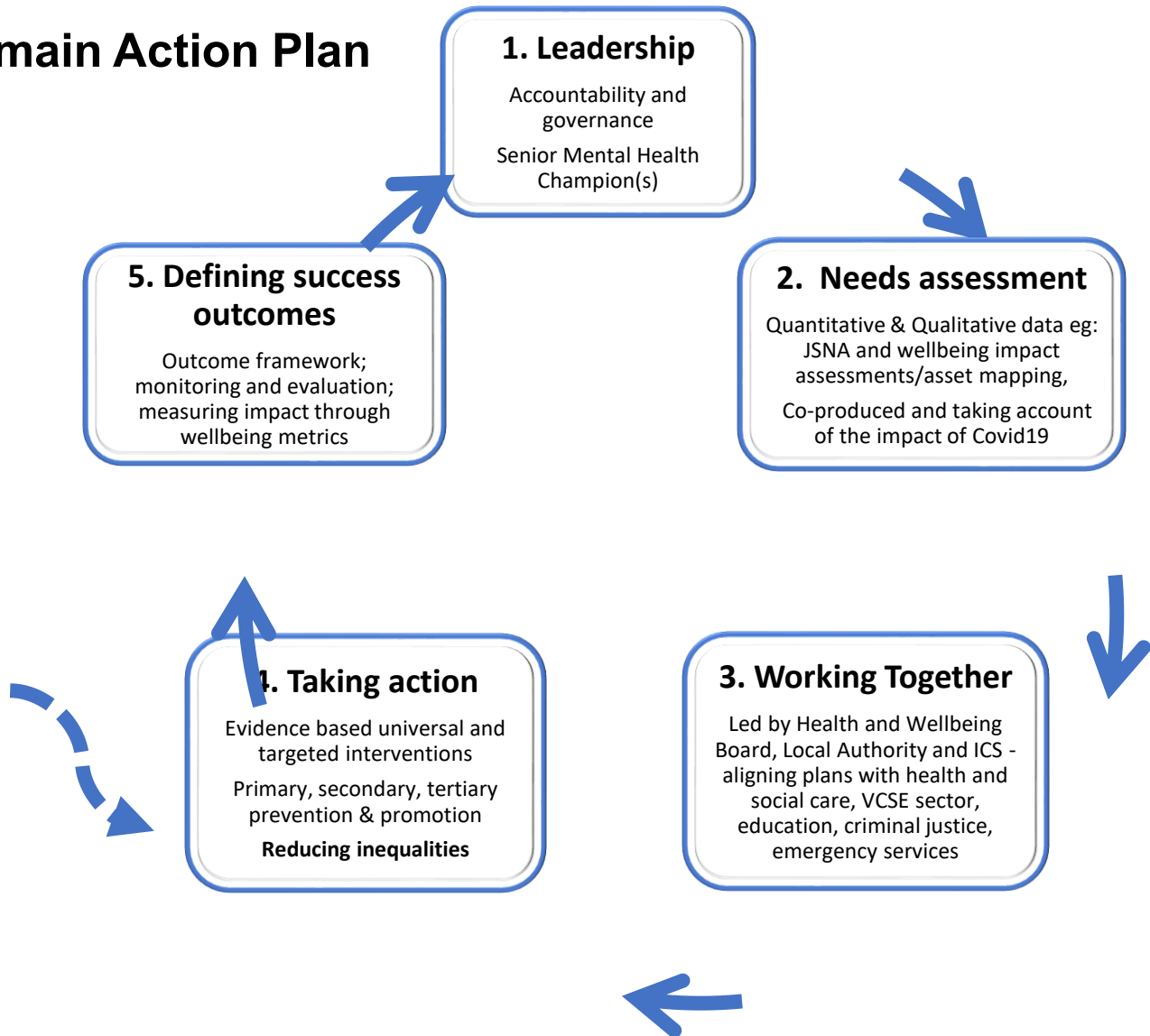
Quantitative & Qualitative data eg:
JSNA and wellbeing impact
assessments/asset mapping,
Co-produced and taking account
of the impact of Covid19

4. Taking action

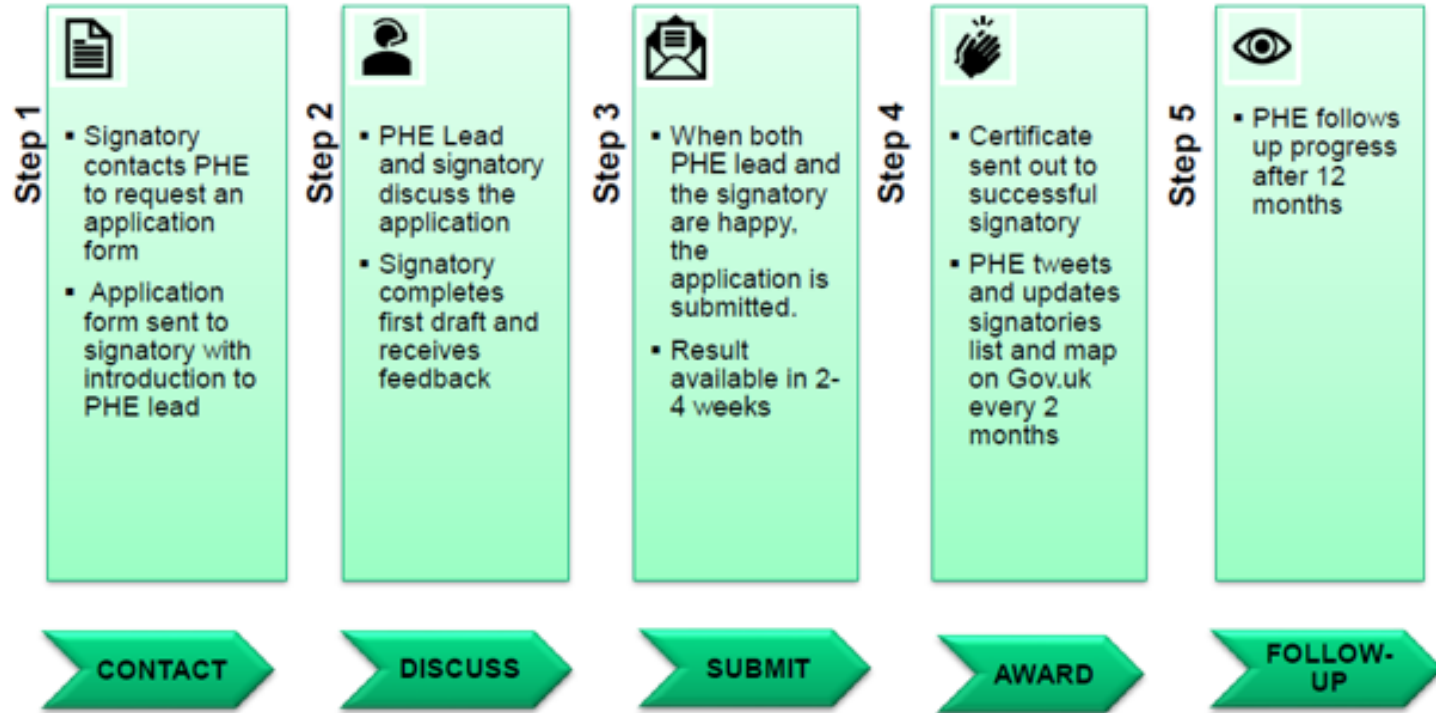
Evidence based universal and
targeted interventions
Primary, secondary, tertiary
prevention & promotion
Reducing inequalities

3. Working Together

Led by Health and Wellbeing
Board, Local Authority and ICS -
aligning plans with health and
social care, VCSE sector,
education, criminal justice,
emergency services



Concordat Application Process



Discussion points/ Questions

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City of Wolverhampton Prevention and Promotion Programme for Better Mental Health 2021-2022

October 2022



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Acknowledgements

The undertaking of such an expansive range of mental health promotion and ill health prevention activities would not have been possible without the goodwill and partnership working of all involved.

City of Wolverhampton Council would like to thank everyone who contributed to the successful delivery of the Prevention and Promotion Programme for Better Mental Health 2021-2022 including the following organisations and forums:

Wolverhampton Suicide and Prevention
Stakeholder Forum

Wolverhampton Suicide Prevention Alliance

Wolverhampton Voluntary Sector Council

Wolverhampton Mental Health Stakeholder
Forum

Wolves Foundation (Head4Health)

University of Wolverhampton

Institute for Community Research and
Development

Skills Team – City Wolverhampton Council

Black Country Healthcare NHS Foundation
Trust

Kaleidoscope

4MentalHealth

Access to Business

Aspiring Futures

City of Wolverhampton College

Switch

InPower

Executive Summary



Background

The Prevention and Promotion Programme for Better Mental Health is part of the Mental Health Recovery Action Plan 2021/22 which seeks to ensure the mental health impacts of Covid-19 are rapidly addressed, services can respond quickly, and pressures on the NHS are reduced.

Aim

The programme aimed to prevent mental ill health and promote good mental health amongst the most deprived communities in England. The focus on deprivation is part of the government's levelling up agenda which seeks to restore the economy, level up the country, and build back better. The City of Wolverhampton Council (CWC) Better Mental Health programme of activities ran from October 2021- May 2022.

Methods

The programme was utilised in Wolverhampton to survey population mental health and wellbeing of adults 16+, and to understand the needs and protective factors of groups disproportionately impacted by the Covid-19 pandemic. Initiatives were delivered to increase mental wellbeing, improve physical activity levels, and connect people facing complex life challenges with support and social contact. Other projects aimed to reduce barriers to work, improve awareness of mental health literacy, reduce the stigma surrounding the experience of mental illness, as well as working with partner organisations from across the city in a range of settings to build capacity to raise awareness of and help prevent suicide.

Reach

Of those people engaging directly with prevention and promotion project interventions, 73% were from the 30% most deprived lower super output areas (LSOAs) in England, 18% of people disclosed having a disability, and 39% of people were from ethnic minority backgrounds

Outcomes

Projects using evidence-based measures of mental wellbeing were able to show significant improvements in participants' mental wellbeing compared to pre-programme levels for physical activity and wellbeing initiatives and community co-creation projects. Wellbeing improvements were also observed in some employment support cohorts and those engaging with people who had become mental health first aid (MHFA) champions. Suicide prevention training mobilised over 350 local people to have the confidence to be able to look out for others across our city, whilst city-wide campaigns to tackle loneliness and improve suicide awareness supported continuing efforts to encourage people to engage early with support available in our city when problems occur.

Reports

All project reports from the Prevention and Promotion Programme for Better Mental Health are available at www.bettermentalhealthwolves.co.uk

Background

The Prevention and Promotion Programme for Better Mental Health 2021-22 is administered by Public Health England (PHE), now known as Office for Health Improvements and Disparities (OHID). The programme is part of the Mental Health Recovery Action Plan 2021/22 which seeks to ensure the mental health impacts of Covid-19 are rapidly addressed, services can respond quickly, and pressures on the NHS are reduced. The Better Mental Health (BMH) programme aimed to prevent mental ill health and promote good mental health amongst the most deprived communities in England. The focus on deprivation is part of the levelling up agenda which seeks to restore the economy, level up the country, and build back better.

The Prevention and Promotion Programme for Better Mental Health 2021-2022 was a single-year grant-funded intervention designed to incentivise investment in prevention and promotion interventions for better mental health in the most deprived local authorities. Specifically, to mitigate mental health impacts arising from the Covid-19 pandemic, reduce widening mental health inequalities by targeting at-risk and vulnerable groups and ensure adequate distribution of funding to support minority ethnic communities.

In setting out plans for the programme in Wolverhampton, the following broad principles underpinned our local public mental health response to better understand and begin to address some of the impacts of the Covid-19 pandemic:

- **Whole system prevention approaches required** No single agency or intervention can provide the public mental health response to Covid-19; input from all sectors

including voluntary, statutory, employers and faith communities, as well as local neighbourhood action is needed to support the mental health of the whole population, those at greater risk of poor mental health, and those receiving treatment.

- **People and community centred** It is important to involve local communities in decision-making (co-production) from the outset. Communities help to identify needs and issues, local assets and solutions that will work for them.
- **Good communication, collaboration and partnership** Collaboration and trust are required between partners across the whole system. There should be recognition of the need to build trust among all partners and communities within the city.
- **Tackling inequalities** The social determinants of mental health interact with socio-economic status, gender, ethnicity, age and other characteristics in ways that put some people at higher risk than others. Covid-19 has the potential to exacerbate these inequalities. Those most at risk, including those living in the most deprived areas, or experiencing multiple disadvantages are a key focus of this programme.
- **Life course and whole household approach** It is important to minimise risk factors and enhance protective factors at important life stages, from the perinatal period through early childhood to adolescence, working age, pre-conception and the family-building years, and into older age. This includes recognising that mental ill-health affects the whole family or household, beyond a single individual with a mental

health condition.

- **Building on existing arrangements** Mental health programmes and other local assets should be built upon. This also includes national wellbeing resources such as Every Mind Matters.
- **Applying learning from the first and second wave of the pandemic** It is essential to build on local intelligence about groups supported during the pandemic who might need further support, as well as identifying residents who have become more vulnerable as the result of indirect and direct consequences of the pandemic.

The City of Wolverhampton Council (CWC) proposal to apply to the Prevention and Promotion Programme for Better Mental Health 2021-2022 was developed in conjunction with key cross-sector stakeholder groups including the Wolverhampton Mental Health Stakeholder Forum (WMHSF), Wolverhampton Suicide Prevention Forum (WSPF), the One Wolverhampton Adult Mental Health group, and Wolverhampton Health and Wellbeing Together (HWT) partnership.

Application proposals to the programme were approved by OHID in 2021 and included use of the fund to complete a city-wide survey of mental health and wellbeing for adults 16+, an evidence review on the impact of the Covid-19 pandemic upon different population groups, followed by engagement with some of the groups likely to have been disproportionately impacted to identify risk, and protective factors for wellbeing in Wolverhampton. Other activities approved by OHID included the use of resources to pilot physical activity and wellbeing promotion sessions, along with 1-1 counselling for people facing a range of complex life challenges in the city. A series of 6-week skills and learning workshops were also proposed to support people facing additional barriers into employment.

In addition, a suicide prevention awareness campaign, and tailored training to upskill front-line staff across primary care, city-wide workforce and barbers and hairdressers was envisaged to support those in the city who were most in need. Key mental health campaigns were also planned to tackle loneliness across the city with partner agencies and support services, as well as engagement in scoping the accessibility and inclusivity of mental health and wellbeing promotion resources, particularly for those digitally excluded. Community members with reach into groups across the city were to be provided with access to mental health first aid (MHFA) training, enabling them to act as health promotion facilitators able to advise people on how to stay mentally well using evidence-based frameworks like the ‘five ways to wellbeing’, as well as reducing the stigma of mental ill health and signposting those in need of more structured help to local support groups and services.

A BMH project team was established by the CWC Public Health department to oversee the discharge of the BMH programme in line with OHID grant terms and conditions with regular updates provided to the corporate Project Assurance Group (PAG). All BMH programmes were required to have delivered activities by May 2022 and to report against a range of performance indicators and project outputs. Where appropriate programmes also used evidenced based mental wellbeing measurement tools to understand the impact of project activities on participant groups pre and post intervention, as well as collecting case studies, and testimonies from project beneficiaries.

1. Mental Health and Wellbeing in Wolverhampton

A city-wide survey of mental health and wellbeing was delivered by the Institute for Community Research and Development (ICRD) from the University of Wolverhampton (UoW). The survey was developed and designed to provide snapshot insight into the current views of local people on mental health and wellbeing. The survey was open to everyone that lived, worked and/or studied in Wolverhampton that was aged 16 or older. All participants who completed the survey were also given the opportunity to be entered into a prize draw.

Design of the #WolvesWellbeingAndMe Survey

To provide a local identity to the online mental health and wellbeing survey the decision was taken to learn from previous surveys with high levels of engagement that had developed a strong social media presence. Following consultation amongst various working groups, the survey was titled as the #WolvesWellbeingAndMe survey. The survey included standardised measures of wellbeing alongside tailored questions as outlined in sections 1-4.

Section 1

Standardised measures of wellbeing

- Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al. 2007)
- Office of National Statistics (ONS) wellbeing measure (Hicks et al. 2013)

Section 2

How Covid-19 has affected wellbeing

- What does it mean to you to be mentally well in Wolverhampton?
- How has the Covid-19 pandemic affected your wellbeing?
- What could be provided or improved in Wolverhampton that would help enhance your wellbeing?

Section 3

Other aspects of the pandemic that have impacted on wellbeing

- social (e.g., housing and relationships)
- economic (e.g., employment and finances)
- and health/disability factors

Section 4

Demographics

- age, sex, gender, ethnicity, employment status, disability, postcode

Survey Recruitment Strategy

The online mental health survey was circulated through stakeholder forums to various community groups and organisations mainly via email and publicised through various media including via social media and local radio. A QR code was also generated and displayed on formal poster sites around the city centre to encourage survey completion.

To support with survey participant recruitment a 2-minute YouTube video was developed outlining the purpose of the survey which was shared via several community stakeholder forums and partnership networks to local community groups.

Hard copies of surveys were made available for completion at various community engagement events across the city during mental health awareness week 9th-15th May 2022.

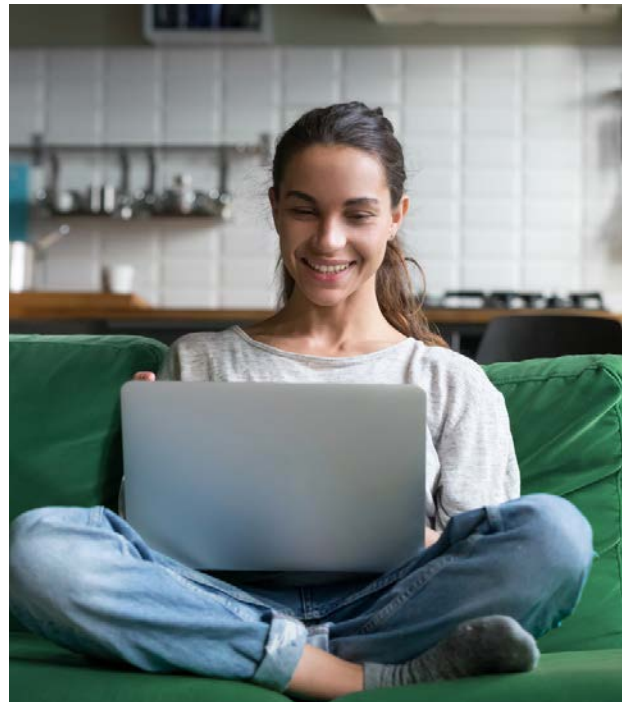
Survey Respondents

On-line survey methods were utilised due to project time constraints although it is recognised that a wider data collection approach is often needed to gain views of all groups. Despite some specific targeting of survey promotion, lower representation was seen amongst men, over 65s, and some ethnic groups. Groups of different sexual orientation and disability statuses were represented, though how representative these are, is difficult to discern without up-to-date normative data for Wolverhampton.

Attempts were made during survey recruitment to ensure adequate representation from a wide variety of respondents reflective of the City's population groups. Some groups specifically known to be at higher risk of mental health problems were targeted for survey completion.

Survey Limitations

Due to data gathering methods utilised to meet the time requirements of the BMH programme the final sample of 966 respondents was not representative of the city demographics for age, gender, or ethnicity. Findings should be interpreted with caution. The full mental health and wellbeing survey report is available at www.bettermentalhealthwolves.co.uk



Survey Findings: Summary Overview

Having good wellbeing in Wolverhampton

Key aspects of what people felt having good wellbeing meant for them (figure 1) included feeling emotionally balanced, resilient, and able to bounce back, or cope with life challenges. Feeling optimistic about the future, having good social connections, and being able to access support when needed are also features of responses.

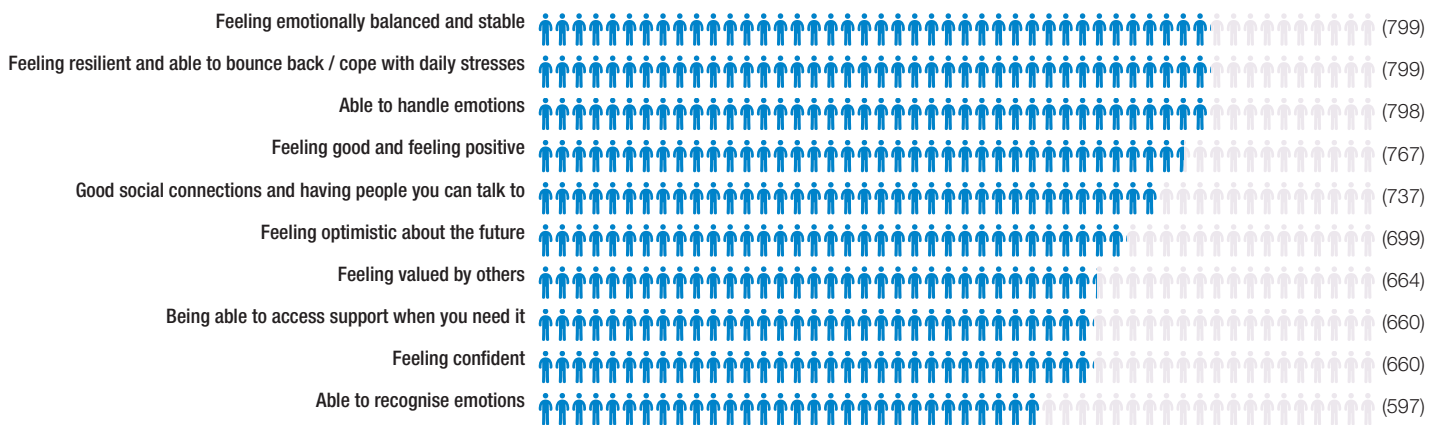


Figure 1. Responses to the question ‘What does it mean to have good wellbeing?’ The bars represent how many respondents chose each option.

Survey Findings: Summary Overview

How the Covid-19 pandemic has influenced mental wellbeing

The Covid-19 pandemic and its associated protective restrictions were reported as negatively affecting the health, lifestyles, education, finances, employment, and relationships of many respondents. A smaller number of people reported aspects of life being better during Covid-19 in areas such as their employment, relationships, and housing.

Whilst social inequalities are associated with an increased risk of many common mental disorders due to the small sample size no clear case could be made from survey responses for the impact of variables such as deprivation, living situation (living alone or with others), or

sexual orientation on wellbeing during the pandemic. Men had significantly better wellbeing than women when measured with WEMWBS, but these differences were not observed in responses to ONS measures of personal wellbeing. There were no significant differences between ethnic groups except for higher self-reported levels of anxiety amongst the white ethnic group. Those who identified as unemployed reported lower levels of happiness compared to those in full-time employment, part-time work, education, self-employed, or those looking after family or caring.

Survey Findings: Summary Overview

What could improve wellbeing in the city

In response to the question of what could improve wellbeing within the city moving forward, being able to ‘get out and do more things’ was the most frequent choice among respondents. Responses of ‘having time for oneself’, ‘more money’, and ‘someone to talk to’ were also factors highlighted as important in improving wellbeing. Better physical and mental healthcare support and better working environments also featured as likely to positively impact on future wellbeing.

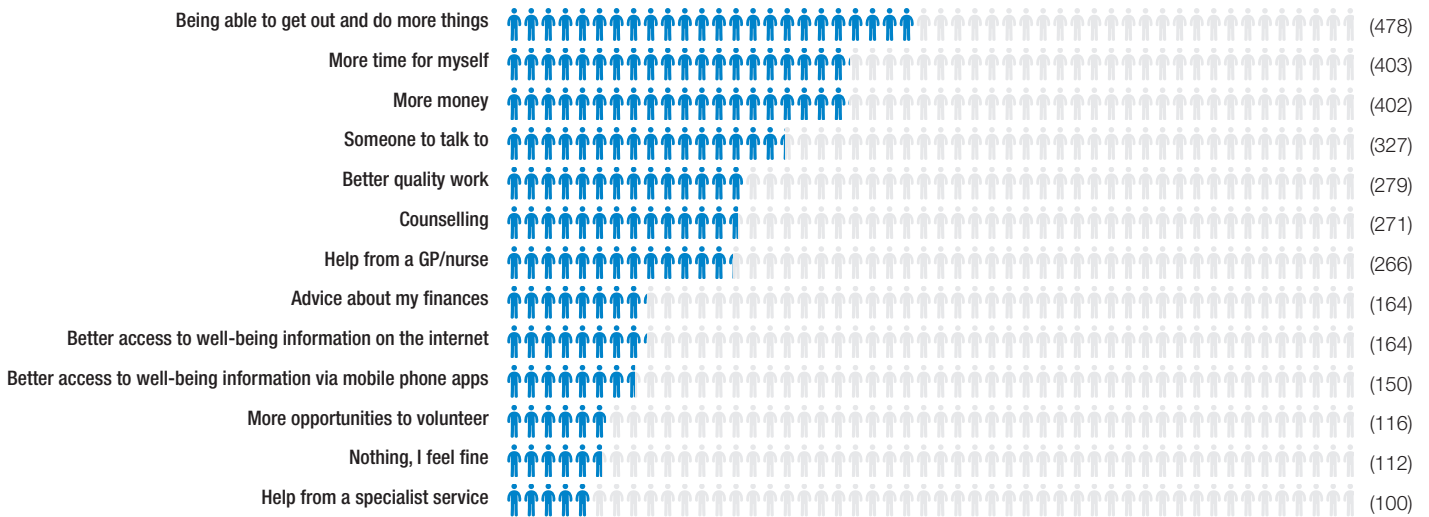


Figure 2. Responses to the question ‘What could be provided or improved to support wellbeing?’ The bars represent how many respondents chose each option.

2. Groups in Wolverhampton impacted by Covid-19

Evidence reviews and process

To support learning from the Wolverhampton mental health and wellbeing survey, the #WolvesWellbeingAndMe project explored available evidence on the impact of the Covid-19 pandemic upon different population groups. The review was concluded in April 2022. The review identified some of those groups likely to have been disproportionately exposed to factors which meant they were likely to be at a greater risk of developing mental health problems in the future. It should be noted that the review was completed using the available evidence at the time, and that as the evidence base around the impacts of Covid-19 has grown so too has the awareness of wider groups who will also be likely to have been adversely impacted by the Covid-19 pandemic.

There were several stages to the evidence review process (see Figure 3). As a semi-structured literature review, the process involved the synthesis of methods associated with both systematic and traditional literature reviews described below.

- Database searches
- Snowballing techniques
- ‘Hand-searching’ relevant web sources of grey literature
- Drawing on the knowledge of existing networks; local Call for Evidence
- Analysis of local demographic

The review process was iterative, facilitating the emergence of relevant literature across a wide range of sources and academic disciplines to help support the review findings.

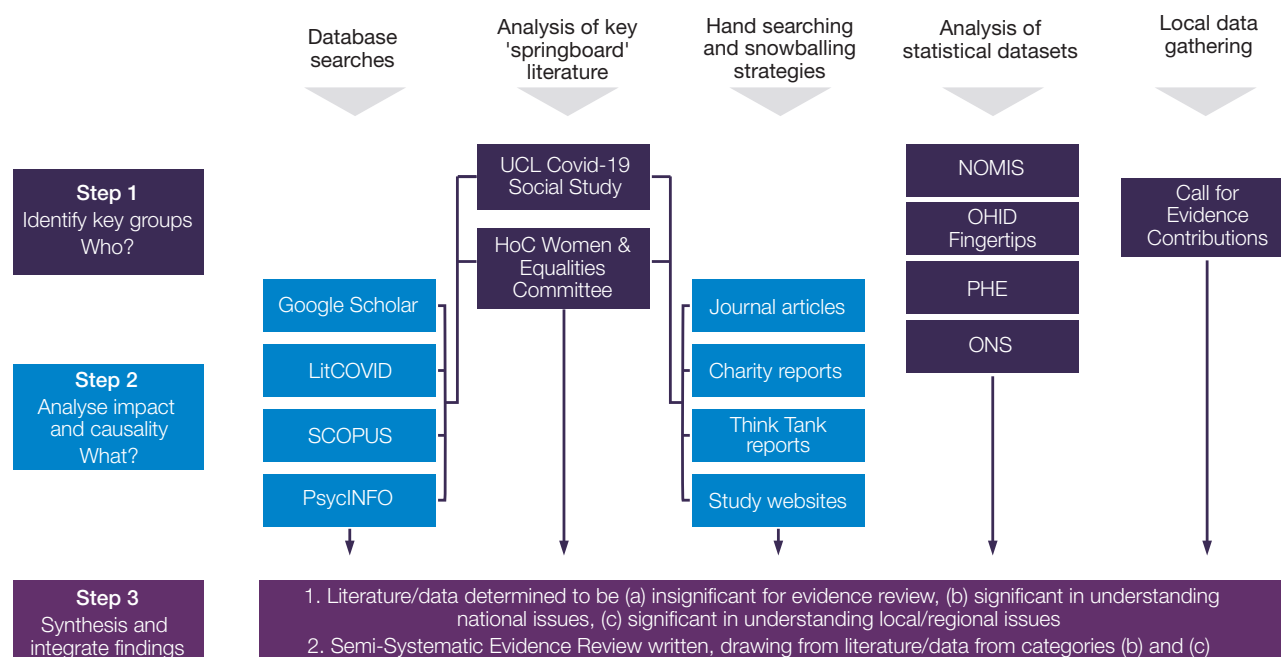


Figure 3: Search strategy employed for Empowering Communities Evidence Review

Review Findings

The review of available evidence confirmed that people who were experiencing disadvantage prior to the Covid-19 pandemic were subject to further challenges because of Covid-19, and this had a negative impact on the mental health of these population groups. These groups included but were not limited to ethnic minorities; people living with disabilities; and refugees and migrants. Economic and social factors related to Covid-19 lockdowns placed additional pressure on these groups. Children and young people (0-25), those living in poverty, women, and critical workers also faced significant additional stressors because of the Covid-19 pandemic.

The review also provided key data specific to Wolverhampton and the West Midlands region, to make sense of the impact of Covid-19 in a local and regional context. After London, the West Midlands is the most ethnically diverse region in England and, after London, suffered the highest number of hospitalisations and deaths among ethnic minority people during the first wave of the Covid-19 pandemic.

Wolverhampton is ranked the 24th most deprived Local Authority in England, and 21% of people living in Wolverhampton live in the top 10% of most deprived areas of the country. Issues of ethnicity, poverty, and their relationship to poor mental health during the Covid-19 crisis are therefore particularly relevant to the City of Wolverhampton.

Given the limitations of time and resources, the review's recommendation was to engage nine groups in co-creation activities, across three stages of the life course to better understand the unique experiences of these groups during the pandemic, as well as the things they found most challenging, and those protective factors people drew upon to stay well.

These groups are as follows:

1. Children

2. Children with Special Educational Needs and Disabilities (SEND) and their parents/carers

3. Young, unemployed people

4. Refugees and migrants

5. Ethnic minorities

6. Women

7. Critical workers

8. Older people with long-term physical health conditions or disabilities

9. Older people with a pre-existing mental health condition.

These groups cover some of the population sub-groups likely to have experienced mental health inequalities prior to Covid-19 based on the available evidence at the time of the review, alongside available evidence of sub-groups for whom Covid-19 significantly increased their risk of poor mental health. A series of co-creation activities were deployed to empower community groups with the skills, knowledge, and confidence to collect stories about their members' unique experiences of the pandemic; to help understand the challenges, but also what has/will help people be well and how can they secure more of these capacity building resources.

3. Community stories of Covid-19 and mental wellbeing



Aspiring Futures creative activity group

A total of 141 people from the nine groups identified in the evidence review as being disproportionately impacted by Covid-19 were engaged via forums across the city to take part in co-creation projects using the 5 ways to wellbeing as a framework.

Many in the groups described facing multiple barriers to wellbeing during the pandemic and their stories revealed complex lives and causes of mental health problems which could not be easily reduced to one issue.

Groups used artwork and other visual mediums to highlight some of the challenges faced during the last two years, as well as protective factors for wellbeing and resources which they felt would help improve their wellbeing moving forward.

- Participants enjoyed the experience of sharing their stories, hearing from others, and valued being listened to as well as showing significant improvements in wellbeing following co-creation activities.
- As a result, it is hoped that the co-creation model utilised within this programme can now become a framework for future engagements between partners, groups, and stakeholders across the city.
- All findings and materials produced from co-creation projects will be made available online to help inform future health improvement strategies by partners across the city. A summary of the key highlights from each group is provided below.
- Full #WolvesWellbeingAndMe report here: www.bettermentalhealthwolves.co.uk



Visual minutes (output) of the Voice 4 Parents Co-creation activity

High-level summary of discussions from co-creation activities

Group	Protective	Challenges Faced	Want/need more
Youth Council <i>(children and young people)</i>	<ul style="list-style-type: none"> • Friends • Technology • Art • Mental health days organised by schools 	<ul style="list-style-type: none"> • Lack of proper connection with friends • Online learning at home less productive 	<ul style="list-style-type: none"> • Accessible counselling • Wellbeing sessions in schools • Physical/art activities • Cheaper public transport
Voice4Parents <i>(SEND families)</i>	<ul style="list-style-type: none"> • Informal support from neighbours, employers and groups such as Voice4Parents (i.e., providing activity packs and laptops) • Personal strength 	<ul style="list-style-type: none"> • School closures & loss of specialist support led to lack of routine for children and no respite for parents • Felt abandoned by services 	<ul style="list-style-type: none"> • Activities & inclusive play spaces for SEND children & families • Earlier prevention/ access to services • An inclusive & understanding society • Support for parents of SEN children
Access2Business <i>(young unemployed & unemployed with pre-existing mental health conditions)</i>	<ul style="list-style-type: none"> • Investing time in interests/ hobbies • Technology to stay in touch with family • Pets provided a focus beyond the self 	<ul style="list-style-type: none"> • Withdrawal of 'lifeline' activities • Loss of identity & purpose from unemployment • Decline in access to public services 	<ul style="list-style-type: none"> • Mental health needs to be talked about more openly • Easier access to mental health support/shorter waiting times to avoid problems getting worse

High-level summary of discussions from co-creation activities

Group	Protective	Challenges Faced	Want/need more
Refugee & Migrant Centre <i>(refugee & migrants)</i>	<ul style="list-style-type: none"> • Friends & neighbours • Faith & churches 	<ul style="list-style-type: none"> • Poor housing quality • No access to legal employment • Lack of awareness of service options & language barriers 	<ul style="list-style-type: none"> • Better awareness of service availability and what they can expect • Better quality housing
Aspiring Futures <i>(ethnic minorities & women)</i>	<ul style="list-style-type: none"> • New hobbies (i.e., baking) • Volunteering to help others • Spending more time with family & children 	<ul style="list-style-type: none"> • Technology & digital exclusion • Limited access to garden/ outdoors • Fear of getting COVID • Closing of ESOL 	<ul style="list-style-type: none"> • Outdoor activities for children • IT classes for women to be able to support children
Women of Wolverhampton <i>(ethnic minorities & women)</i>	<ul style="list-style-type: none"> • Continuity of informal support groups such as WoW • Conversations with peers 	<ul style="list-style-type: none"> • Thresholds to mental health support • Holding multiple roles including caring so unable to work • Trauma of loss 	<ul style="list-style-type: none"> • Informal support groups without thresholds to attend or limited number of sessions
Wolves Foundation Head 4 Health <i>(women)</i>	<ul style="list-style-type: none"> • Time to spend with family & children • Technology • Hobbies • Time for self-care 	<ul style="list-style-type: none"> • Loss of support networks & familiar activities • Lack of privacy at home in lockdown 	<ul style="list-style-type: none"> • Support groups to meet and socialise with others

High-level summary of discussions from co-creation activities

Group	Protective	Challenges Faced	Want/need more
The Crafty Gardener <i>(older adults with learning disabilities)</i>	<ul style="list-style-type: none"> • Friends • Technology to keep in touch with people • Occupy time with activities i.e., Baking/gardening 	<ul style="list-style-type: none"> • Concerns about safety in the city • Unreliability of public transport • Mask wearing made communication harder 	
TLC College <i>(older unemployed adults & ethnic minorities)</i>	<ul style="list-style-type: none"> • Informal support • Family connection 	<ul style="list-style-type: none"> • Lockdowns and pressure of home-schooling – isolation, loneliness • Problems accessing services e.g., GPs & housing 	

4. Better Mental Health project case studies

The following case studies provide a summary overview of some of the wider Prevention and Promotion programme activities, outputs, and outcomes in addition to the

	Page
One Wolves Foundation – Head4Health	18
Two Suicide Prevention Training	20
Three Skills and employability programmes	22
Four Mental Health First Aid (MHFA) champions	23
Five Resources and Campaigns	24

All case study full reports are featured at www.bettermentalhealthwolves.co.uk



Case Study One:

Wolves Foundation – Head4Health

The Head4Health mental wellbeing promotion programme from the Wolves Foundation runs over 8 weeks and offers wellbeing support, and a gentle introduction to physical activities including walking, golf, and boxercise. ‘Walk and Talk’ sessions provide social contact and a space where people can share what is going on in their lives. Structured talks from support organisations such as Samaritans and Citizens Advice provide wellbeing guidance and an overview of the support available to people locally. The project has run since 2019 and has been targeting males 18+ using the power of the football club badge to engage those at risk of low wellbeing with sessions hosted at Molineux Stadium.

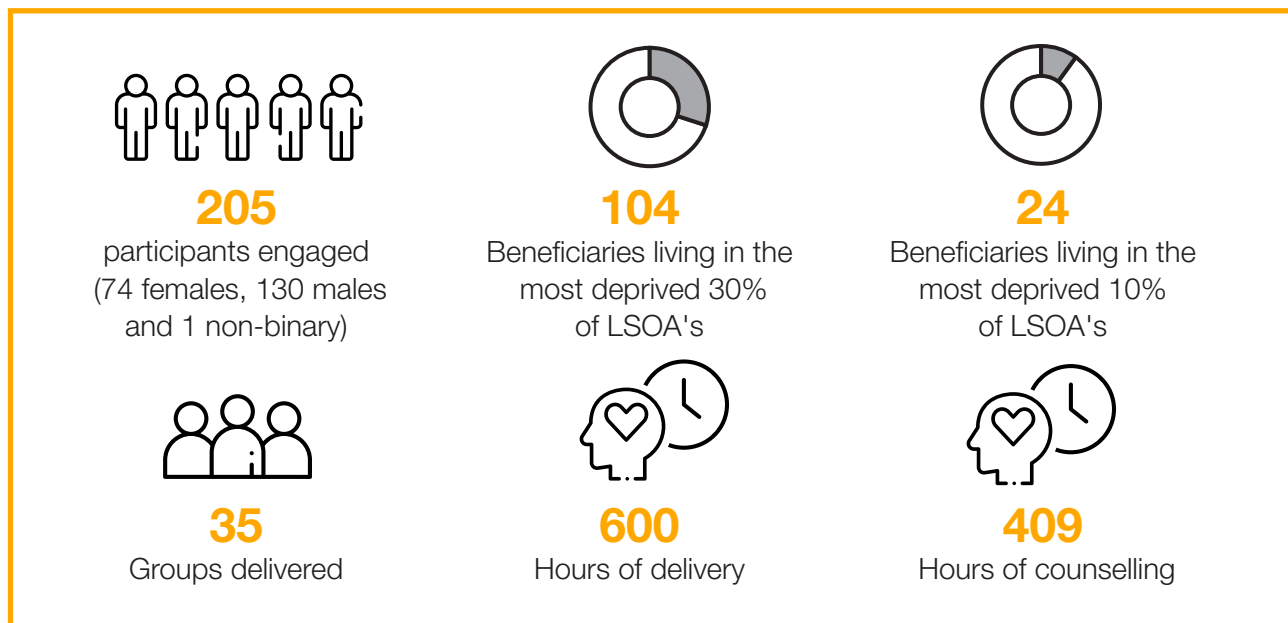


Pilot: **Supporting people facing complex life challenges**

In an innovative pilot project Head4Health expanded its focus to include all adults 18+ specifically targeting people facing a variety of life challenges and complexities. Using a newly designed delivery model supported by partnership networks across the city the Head4Health team was able to offer mental wellbeing support to adults in a diverse range of community settings supporting the mental wellbeing of parents and carers of children living with special educational needs (SEND), refugee and migrant groups, people facing substance use issues, and those who were homelessness, and experiencing domestic violence.



Key Head4Health pilot project outputs



Using validated measures of mental wellbeing people engaging in the Head4Health pilot outreach project were shown to have significant improvements in wellbeing as well as reporting lower stress scores.

Pilot project Impacts and sustainability

The collaboration between Wolves Foundation and CWC has enabled the expansion of the Head4Health programme model which is now open to all adults 18+ with the addition of private counselling sessions where needed.

“For me, it’s the opportunity to meet other women, because I don’t get out as much anymore with my MS [Multiple Sclerosis]; this has been a good way for me to socialise.”
 Head 4 Health Participant

“had to push myself to come today as I’ve been in a bad place this week...but to get up and go to a group, it’s been wonderful...[I feel]

a lot better than I did before I came. I was going to turn back and go home.” Head 4 Health Participant

The focus on engaging with more complex and vulnerable adult cohorts in the city has been maintained within the universal Head4Health service offer. Strengthened partnership working during the pilot has led to greater training opportunities for Head4Health staff who are now able to support continuing engagement with people from LGBTQ+ groups and those with lived experience of mental health problems needing wellbeing support.

Case Study Two:

Suicide Prevention Training

A programme of Suicide Prevention Awareness Training was developed and led by the Wolverhampton Suicide Prevention Forum. The training aims to build a network of support across the city for people who find themselves thinking about ending their own lives. Three distinct training programmes were developed and procured; each tailored to the needs of specific groups to ensure that the training was focussed on their sector and gave delegates the skills and knowledge most likely to be drawn upon in their day-to-day roles.

Primary Care Training

– delivered by 4MentalHealth

This training course was made available to all staff working in primary care settings across the city, including GPs, registrars and trainee doctors, practice nurses, healthcare assistants and administrative staff. The three-hour course aimed to develop competencies around suicide prevention, understanding, a common language and a consistent approach. Clinicians were trained to use SAFETool Triage (Suicide Assessment Framework e-Tool) to support planning for patients considered to be at risk of suicide ideation. The training was delivered over 3 distance learning webinars and was attended by a total of 66 individuals.



Suicide Prevention and Safety Planning Training for professionals (multi-sector) working in Wolverhampton

– delivered by the Kaleidoscope Plus Group

This training programme was delivered over 14 sessions, with both virtual and face-to-face provision, to 260 professionals working across a range of services in Wolverhampton including the voluntary and community sector, local authority, healthcare and education sectors.

Following the training:

96%
of attendees reported that the training would be practical at work if ever required

98%
of attendees were extremely satisfied with the trainer's knowledge of the subject

91%
of attendees would be able to ask someone about suicide

Training for staff working in barbershops, hairdressers and nail technicians, 'Keep Your Head Up'

– delivered by Black Country Healthcare NHS Foundation Trust

When visiting personal care settings such as barbers, hairdressers, or nail bars, people will often talk about the most personal and intimate areas of their lives, upcoming holidays, family, relationship issues, as well as health, and how things might be affecting them from day to day.

Training sessions have equipped staff in these settings with the skills to actively listen to people who might disclose feeling distressed or are having suicidal thoughts. Staff now know how to respond to these situations as well as knowing where and how to signpost people to support available across the city.

Training of over 350 professionals in suicide prevention across the city will help in reducing suicide stigma and provide a better initial response to people exhibiting suicide ideation. Historically, talking about suicide has been taboo, the training delivered will help reduce this by enabling professionals to feel comfortable with talking about the subject and broaching the conversation with members of the public they support and serve in various forms.



Members of the public will also sense it is acceptable to talk about suicide and may seek help for themselves or loved ones, the trained professionals are now better equipped to respond empathetically and are more knowledgeable on how and where to refer people for further support. These outcomes tie into the strategic objectives of the Wolverhampton Suicide Prevention Stakeholder Forum which oversees the city-wide suicide prevention strategy.

The various training providers will be offering those who attended any of the suicide prevention training ongoing support including a regular forum overseen by a Trust Counselling Psychologist.

Case Study Three

Skills and employability programmes

- **City of Wolverhampton Council ‘Skills Team’** managed the co-ordination and delivery of a total of 8 projects each providing a structured 6-week programme of skills and employability training to young people 16-25, women facing complex life challenges, and people living with long-term physical and mental ill health conditions.
- The **Health at Work programme** provided a total of 18 adults living with long-term conditions with an opportunity to gain further education, work experience, and soft skills to support confidence and wellbeing with a goal of helping people be ‘job ready’
- **Real Talk** supported young people to build confidence, resilience, and motivation providing skills and employability training from business partners across the city supporting 16–25-year-olds with positive decision-making for their career pathway. The programme enabled 13 young people to improve their digital skills, self-esteem, and motivation, providing opportunities to engage in a community project gaining real-time work experience.
- The **Empowering Women programme** engaged 15 women (18+) who were facing a range of life complexities including substance use and domestic violence which are known barriers to securing rewarding and meaningful sustained employment. The programme provided tailored ‘person centred’ employability support focusing on further education, training, and volunteering, CV writing and mentoring. Targeted mental wellbeing promotion interventions, counselling, and time to explore new coping strategies all supported participants abilities to gain employment.

- **Choices4U** targeted 16–25-year-olds now ready to identify career paths and work towards the requirements for their chosen career. A total of 15 young people achieved online certification for employability skills. Training was provided in mental health awareness to support self-care and mentoring and coaching sessions the confidence

A total of 61 people were engaged in programmes with many participants living in the 30% most deprived local super output areas (LSOA'S) in the city. Programme output activity was captured using a range of methods including case studies, personal narratives, wellbeing measures and end-of-project reports from providers. Programme goals included empowering people with the skills, knowledge and experience required to overcome barriers to employment as well as improving mental health and wellbeing. The evaluation included case examples of people securing employment because of attending the skills and employment programmes along with case studies and workshop narratives.



Case Study Four:

Mental Health First Aid (MHFA) champions

A total of 50 people who lead or participate in community groups, third sector organisations and faith groups were provided with access to online Mental Health First Aid (MHFA) training with a goal of improving their ability to understand and look after their own mental health. The training also provided a unique opportunity for people who are already supporting Wolverhampton residents and wanted to enhance their skills to be better equipped to improve their communities/service users' emotional health and wellbeing.

The MHFA course is a 2-day training programme and attendees who complete the course go on to become Mental Health First Aiders, which means they are certified to support an individual experiencing a mental health-related crisis just as a physical first aider would if someone were taken physically ill or injured. The training covered common mental health disorders introducing mental health, understanding your own mental health, coping with stress, mental health stigma and discrimination, spotting early warning signs of mental distress, recovery from mental illness as well as signposting and resources for mental ill health. The course also covered the effects of alcohol and substance misuse and its effect on mental health.

InPower Academy staff who received MHFA training used mixed martial arts as a vehicle for transformative personal and community improvements with young people experiencing difficulties with criminality, relationships and health and wellbeing concerns. The programme focused on building self-identity, self-belief and self-esteem whilst facilitating positive behavioural change in young people in the city.



Switch Midlands provides participatory arts-based activities for children and young people, specialising in digital arts such as music production, film and photography. Over the Easter holidays Switch ran an ambitious multimedia training programme for young people from targeted areas of the city where young people may be particularly vulnerable to violence and exploitation. The activities aimed to entertain, educate, and inspire the young people by engaging them in a series of masterclasses delivered by industry professionals; giving them the opportunity to ask questions and get involved in workshops, as well as attending and taking part in a live concert on the fourth day.

Using OHID-approved modelling it is estimated that 405 people across the city have benefited from the work of MHFA champions following their training. Impacts have included people knowing how to better take care of their own mental health, how to spot the signs of symptoms when things are not going well, as well as reducing the stigma surrounding mental ill health and supporting people to know where and how to seek help earlier when needed.

Case Study Five

Resources and Campaigns

Digital and non-digital resources were designed to support two campaigns in the city. The first focused on suicide prevention awareness, with the second campaign tackling loneliness.

Look out for Wolverhampton: Suicide Prevention Awareness Campaign 2022

The ‘Look out for Wolverhampton’ suicide awareness and prevention campaign ran across the city from 23rd May to Sunday 5th June 2022. The campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum which is made up of a wide range of statutory, voluntary and community organisations in the city. The digital platform Look Out For Wolverhampton hosted campaign resources which were also cascaded across notice boards and on highway routes across the city. Messages encouraged people to play their part in keeping others safe and well signposting to support services locally and nationally.



The 'Look Out For Wolverhampton' website has now become a legacy site and acts as an ongoing repository of information on support and help available for people affected by suicide.

The campaign was augmented through radio interviews and two city centre events where residents were engaged to help them learn more about the campaign and suicide prevention.



Mander Centre: Mental Health Awareness Week campaign event 9th -15th May 2022



Stay Safe Be Kind


Looking after your physical and mental wellbeing

Life can be busy – we can be juggling family relationships, studying or work commitments and trying to do everything all at once. When there's too going on it's easy for us to feel overwhelmed. It is important to look after our physical and mental wellbeing by making positive choices. This will enable us to function well and cope better.

Here are **ten positive things** you can do to look after your physical and mental wellbeing

- Keep active**
Great for mind and body. Regular exercise can boost your self-esteem and help you to concentrate and feel better. Find ways to keep physically active e.g. going for a walk, doing some gardening or vacuuming around the house.
- Have a plan**
If you start to feel overwhelmed think about what you can do... like spending some time outdoors, talking to a trusted friend, or making contact with a local service that may be able to help.
- Be connected**
Stay in contact with family, friends, local community or faith groups. Find different ways to connect with them. If face to face isn't possible or video calling, writing a letter or sending an email or text message.
- Be positive**
Try to look for the positives in any situation e.g. having some extra free time or having the opportunity to catch up with something you have been meaning to do.
- Be occupied**
Take the time to focus on any current hobbies or interests or explore new ones.
- Be up to date**
Know what the latest news is, using reliable sources such as: www.wolverhampton.gov.uk
Try to find how much news you watch or read to once or twice a day.
- Be helpful**
See how you can support others. Whether it's someone you know or volunteering to support people locally, there are lots of ways to get involved with your community.
- Be relaxed**
Try a relaxation or meditation exercise that works for you and practice it once a day for at least 10 minutes.
- Be heard**
Talk to friends, family or community and faith groups about how you are feeling. You can do this by phone, or online. Writing things down can help to organise your thoughts.

wolverhampton.gov.uk/staysafebeingkind
CITY OF WOLVERHAMPTON COUNCIL



Think you might benefit from support to help improve mental health and wellbeing?

Life can be busy, with many of us trying to look after ourselves, the welfare of others, as well as balancing work, learning and studying, along with other commitments and trying to do all of these things well. When there is a lot going on it is easy to feel overwhelmed.

The information in this leaflet provides contact details for organisations who may be able to help.

Please remember that you are not alone. Help and support is available so you don't have to suffer in silence.

CITY OF WOLVERHAMPTON COUNCIL



ARE YOU FEELING LONELY?

As we go through life and things change we may all experience being lonely or feeling isolated.

Common reasons for experiencing loneliness include:

- Being in an unfamiliar situation; in a new workplace, in a new school or neighbourhood
- Feeling disconnected from others; no one shares your interests, values or personality
- When someone is no longer working and is adjusting to being less busy
- When someone important in your life is no longer there

Loneliness can affect our physical health and mental health. It is important that we can talk about feeling lonely and think of how we can overcome this.

If you are feeling lonely:

- Talk to friends and family. Sometimes a friendly chat can make a big difference
- Join a group with a shared interest- make connections and meet people
- Doing more things you enjoy is good for your wellbeing.
- Reach out to others who might be feeling lonely and make an effort to connect with them.

Mental Health Awareness week 9th – 15th May: Lift Someone out of Loneliness

This year's Mental Health Awareness week 9th - 15th May focused on the topic of loneliness. The national campaign encouraged people to talk about their experiences of loneliness and highlighted how we can support ourselves and others when feeling lonely. During the week, our local 'lift someone out of loneliness campaign' encouraged people to talk about their experiences of loneliness, using the hashtag #Ivebeenthere, as a way of reaching others who may be experiencing loneliness and put a spotlight on how we can all feel lonely and things that can help.

A package of health promotion resources was developed in conjunction with the CWC Equalities team, a range of external stakeholders, and people with lived experience

in efforts to overcome digital exclusion barriers. These resources were made available to members of the public during the Mental Health Awareness week campaign in the city centre as well as being posted on social media and council support pages.

Our partners from Black County Healthcare NHS Foundation Trust, City of Wolverhampton Council services for carers and community support, and voluntary sector providers met with residents to share experiences and offer advice and support. Wellbeing engagement activities were also delivered across our libraries and tea and toast sessions were organised to encourage people to connect.

Future mental health promotion messaging is to be explored to ensure that information on how to stay mentally well and how and where to seek support when required is inclusive and accessible across all community groups.

5. Findings

Findings from the Prevention and Promotion Programme for Better Mental Health 2021-2022

73% of people engaging in mental health support interventions lived in the **30% most deprived lower super output areas** (LSOAs) in England, **18% disclosed having a disability**, and **39% of people were from ethnic minority backgrounds**


357 people who attended suicide prevention awareness training are now able to support someone experiencing suicidal ideation

The '**Look out for Wolverhampton**' suicide awareness and prevention campaign was spearheaded by the Wolverhampton Suicide Prevention Stakeholder Forum helping people learn more about the campaign and where they can seek support for suicide


996 adults completed our in-depth #WolvesWellbeingandMe survey



205 people facing complex life challenges supported by the Head4Health pilot programme offering wellbeing sessions, social contact, physical activity, 'Walk and Talk' and 'Extra Time' initiatives



141 people belonging to some of the groups disadvantaged by COVID-19 pandemic took part in co-creation programmes to improve mental wellbeing




400+ hours of 1-1 counselling provided to people with more complex wellbeing needs

61 people facing complex barriers to work benefited from targeted skills and learning support to improve access to employment

50 people became Mental Health First Aid (MHFA) qualified champions



150 people engaged in face-to-face interactions to help end loneliness and provide supportive social contacts



400+ people are estimated to have been supported by MHFA Champions to improve their mental health and wellbeing through engagement activities using evidence based approaches

6. Conclusion & Next Steps

The Prevention and Promotion Programme for Better Mental Health 2021-2022 has strengthened existing partnership approaches to delivering mental health promotion and illness prevention interventions for people across the City of Wolverhampton. The local mental health survey, evidence review of mental health risk groups and co-creation projects have provided insight to enable us to better understand and therefore respond to some of the mental health impacts arising from the Covid-19 pandemic, supporting efforts to reduce mental health inequalities. Models of engagement utilised in co-creation activities using evidence-based frameworks will help shape future place-based approaches to working with communities to understand assets, needs and priorities. All project outcomes will help shape the planning of activities undertaken by local stakeholder forums for mental health and suicide prevention as well as inform place-based mental health promotion and prevention plans of strategic working groups for mental health.

The Joint Public Mental Health and Wellbeing Strategy 2018 – 2021 for Wolverhampton aims to ensure every resident in the City of Wolverhampton has the best mental health that they can at every stage of their life. The strategy recognises that mental health is integral to overall health, and is fundamental to growth, development, learning and resilience. Our strategy follows a life course approach, covering all tiers of service provision and support for all ages. The aim is to not only meet the specific needs of different age groups, but also to reduce cumulative disadvantage associated with

poor mental health and wellbeing and related risk factors. In addition, it sets out key programmes and strategies acting on the wider social, environmental, and economic determinants of health to create mentally healthy places that keep people well, providing high quality services for people experiencing mental health problems, and supporting people through their recovery journey. A mental health needs assessment is currently underway to support a refresh of public mental health strategy priorities and ambitions for the city.

Further system wide action is now required to take the lessons learned from the Prevention and Promotion Programme for Better Mental Health 2021-2022 and consider how such approaches can be mobilised sustainably and at the scale required for the city. Mental health promotion, prevention and early intervention can reduce pressures on NHS services, social care, education, criminal justice, and employers, resulting in economic benefits even in the short term. One potential route to sustain the momentum towards prevention galvanised during the BMH programme and support our existing public mental health commitments is through adopting the ambitions outlined in the Prevention Concordat for Mental Health.

The Prevention Concordat for Better Mental Health is a commitment from system leaders to develop actions which aim to:

- Prevent mental health problems
- Promote good mental health and wellbeing

The above ambitions can be achieved by strengthening protective factors, reducing risk factors, and reducing mental health inequalities for mental health across the city. Signing the prevention consensus statement and committing to a plan to address the prevention and promotion of better mental health is a cost-effective, evidence-based approach to reducing health inequalities and preventing future harm.

By committing to the Prevention Concordat, system leaders are required to pledge to:

- focus on prevention and the wider determinants of mental health
- work in partnership and across organisations to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level
- promote a prevention-focused approach towards improving the public's mental health, as all organisations have a role to play
- work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources
- build the capacity and capability across workforces to prevent mental health problems and promote good mental health and wellbeing.

To be recognised as a signatory, system leaders agree to the above Prevention Concordat consensus statement pledges and to produce a prevention-focussed action plan which understands local needs and assets, strengthens partnership approaches, provides leadership and direction, and acts for mental health promotion and mental ill health prevention, including reducing health inequalities, defining success, and measuring progress.

The above commitments are likely to complement workstreams already underway to support our public mental health ambitions to ensure every resident in the City of Wolverhampton has the best mental health that they can at every stage of their life.



You can get this information in large print, braille,
audio or in another language by calling 01902 551155

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City of Wolverhampton Council, Civic Centre, St. Peter's Square, Wolverhampton WV1 1SH



Report title	Board Governance Review: Updated Terms of Reference	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employee	Madeleine Freewood	Partnership and Governance Lead madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Health and Wellbeing Together Executive	13 March 2023

Recommendation for decision:

The Health and Wellbeing Together Board is recommended to:

1. Approve the updated Terms of Reference for the Health and Wellbeing Together Board.

1.0 Purpose

- 1.1 To provide the Health and Wellbeing Together Board with an updated Terms of Reference for approval following the creation of the Black Country Integrated Care System.

2.0 Background

- 2.1 The Health and Social Care Act 2022 created 42 'Integrated Care Systems' (ICS) formalised as legal entities with statutory powers and responsibilities.
- 2.2 Each ICS has two key components:
- i. Integrated Care Boards (ICBs): statutory bodies responsible for planning and funding most NHS services in the area.
 - ii. Integrated Care Partnerships (ICPs): statutory committees bringing together a system partners to develop a health and care strategy for the area.
- 2.3 Working through their ICB and ICP, ICSs have four key aims: improving outcomes in population health and health care; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money and helping the NHS to support broader social and economic development.
- 2.4 Department for Health and Social Care states that in this new landscape, Health and Wellbeing Boards (HWBs) should continue to play an important statutory role in instilling mechanisms for joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of people locally.
- 2.5 Guidance also states that HWBs should review their membership following the establishment of ICBs and ICPs and their associated functions and duties. Any changes should reflect local circumstances and priorities and continue to meet the statutory requirements.

3.0 Updated Health and Wellbeing Together Terms of Reference

- 3.1 An updated terms of reference is attached as an appendix. This includes updates to the sections relating to working principles, responsibilities, governance and reporting relationships, membership and quoracy to reflect changes in practice as a result of the creation of the Black Country Integrated Care System.

4.0 Financial implications

- 4.1 There are no direct financial implications.
[JM/04042023/L]

5.0 Legal implications

- 5.1 The relevant legislation is contained in the body of the report.

5.2 The Health and Care Act 2012 mandates a core membership for all Health and Wellbeing Boards that is aligned to specific roles within the health and care system.
[TC/03042023/A]

6.0 Equalities implications

6.1 The Terms of Reference of the Board is kept under review to ensure all partners have equal opportunity to contribute to meetings and can fully represent the diverse population of the City of Wolverhampton.

7.0 Health and Wellbeing

7.1 Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to improve the health and wellbeing of the local community. The Board works towards reducing health inequalities and supports the development of improved and joined up health and social care services. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory board established under the Health & Social Care Act 2012.

8.0 Appendices

8.1 Appendix 1: Health and Wellbeing Together Board Terms of Reference 2023

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Terms of Reference: Health and Wellbeing Together

Health and Wellbeing Together is the forum where key leaders from the health and care system come together to improve the health and wellbeing of the local community, work towards reducing health inequalities and support the development of improved and joined up health and social care services. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory Board established under the Health and Social Care Act 2012.

Our working principles:

- Provide strong local leadership based on evidence, focusing on those areas where the Board can make the biggest difference to health and well-being.
- Encourage integrated working, promoting an ethos of integration and partnership in the planning, commissioning and delivery of services.
- Demonstrate transparent decision making so that local people can understand the decisions being taken and the rationale behind them.
- Involve local people in decision making by enabling residents to have their say through community engagement and co-production opportunities.
- Work in partnership to identify shared priorities and appropriately coordinate activity, informed by a commitment to a place-based approach to health.
- Take action to tackle health inequalities using a consistent approach across partners with a firm view that health inequalities are not inevitable.
- Act with courage and conviction seizing the opportunities presented by being part of the Black Country Integrated Care System to work in new and innovative ways in the long-term interests of the whole population of Wolverhampton.

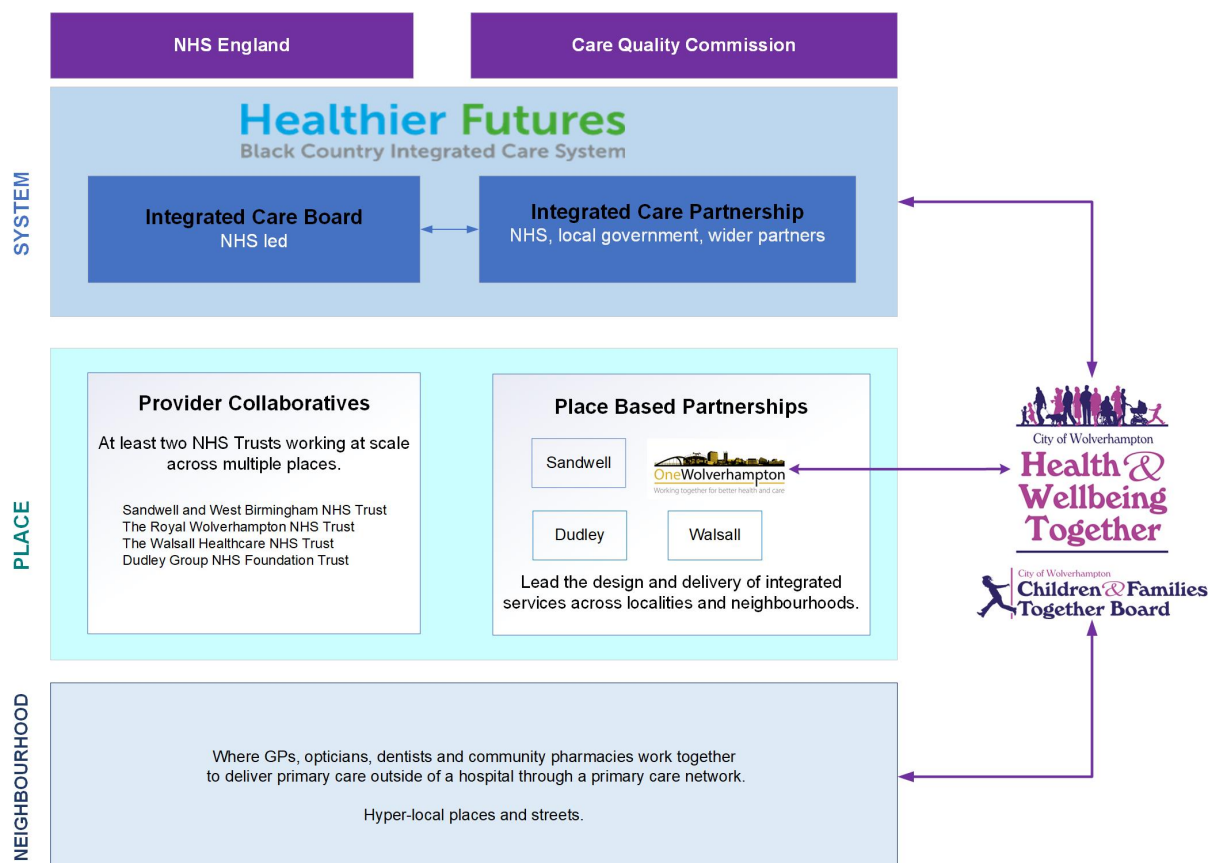
Our responsibilities:

- Assess the health and wellbeing needs of the population and publish a joint strategic needs assessment (JSNA) utilising a shared approach at place to turning data into actionable intelligence.
- Publish a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of the local population and how identified needs in the JSNA and other needs assessments will be addressed, including reducing health inequalities.
- Promote the integration of health and social care services through the coordination of joint commissioning to meet local need in line with section 75 of the National Health Service Act 2006.

- Coordinate and lead action at place level working effectively with the OneWolverhampton place-based partnership, with OneWolverhampton acting as a delivery vehicle for driving forward shared priorities.
- Work collaboratively and iteratively with the Integrated Care Partnership, including being an active participant in the development of the Black Country Integrated Care Strategy and taking this into account when preparing local health and wellbeing strategies.
- Receive and feedback on all relevant documentation from the Black Country Integrated Care Board, for example the rolling five-year joint forward plan and annual report, ensuring proper account is taken of Wolverhampton’s JLHWS.
- Receive the Black Country Integrated Care Board and partner NHS trusts joint capital resource use plan and any revisions for comment.
- Prepare a Pharmaceutical Needs Assessment (PNA) to ensure pharmaceutical services in Wolverhampton meet local needs.
- Ensure the work of Health and Wellbeing Together is aligned with policy developments and strategic aims locally, regionally and nationally, including the Black Country Integrated Care System.
- Have strategic oversight of the Public Mental Health Strategy and Suicide Prevention Strategy for Wolverhampton.

A Health and Wellbeing Together member role description is available as an Appendix to this document.

Health and Wellbeing Together governance and reporting relationships



- The Black Country Integrated Care Systems is a statutory body comprised of an Integrated Care Board and an Integrated Care Partnership.
- OneWolverhampton is our local place-based partnership enabling partners to meaningfully collaborate between health care services to deliver improvements in health and care outcomes for citizens.
- The Children and Families Together Board is responsible for strategic planning of services for children and young people in the city. It reports into Health and Wellbeing Together on shared priorities and key performance indicators in relation to children, young people and families.
- Local people's voices and lived experience should help inform priorities at every level.

In addition to the above, Health and Wellbeing Together is committed to working collaboratively with the Safer Wolverhampton Partnership and Wolverhampton Safeguarding Together, to remove duplication, ensure consistency of approach on cross cutting themes and achieve greater impact across the whole system.

Health and Wellbeing Together membership

In line with the Health and Social Care Act 2012 membership of the Health and Wellbeing Together Board will consist of:

- at least one councillor of the local authority
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the Local Healthwatch organisation for the area of the local authority,
- a representative of each relevant clinical commissioning group (now replaced by the Integrated Care Board for place)
- such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Health and Wellbeing Together is comprised of a Full Board and an Executive. Full Board meetings are structured to shift focus from service silos to system outcomes by adopting a thematic approach to addressing the priorities identified in the Local Joint Health and Wellbeing Strategy. Additional stakeholders may therefore be invited to attend specific meetings at the discretion of the Board.

The primary focus of the Executive group is to sign off statutory documents and provide a strategic forum for the Council and health partners to drive health and social care integration.

Members may allocate a named substitute to attend on their behalf by notifying the Chair of the Board and Democratic Services in advance of the meeting.

Agency	Role
City of Wolverhampton Council	Leader of the Council+
	Cabinet Member for Children and Young People
	Cabinet Member for Adults+
	Cabinet Member for Public Health and Wellbeing, Chair+
	Opposition Representative
	Director of Public Health+
	Executive Director of Families+
	Head of Communities, Public Health
Integrated Care Board	Wolverhampton Managing Director+
OneWolverhampton	Partnership Director+
Wolverhampton Healthwatch	Manager
Wolverhampton University	Designated representative
West Midlands Fire Service	Designated representative
Third Sector Partnership	Designated representative
Wolverhampton Safeguarding Together	Chair
Royal Wolverhampton NHS Trust	Chief Executive+
Black Country Healthcare NHS Foundation Trust	Chief Executive+
Wolverhampton Voluntary Community Action	Chief Executive
Better Homes Board	Deputy Director of City Housing
<i>Observer status</i>	Chair of Health Scrutiny
	Representative Local Pharmaceutical Committee
	Representative West Midlands Care Association
+ Executive Group member	

The Chair will be appointed by the City of Wolverhampton Council. The Vice-chair will be appointed by the Black Country Integrated Care Board.

Should neither Chair of Vice Chair be able to attend a meeting of Health and Wellbeing Together, the Chair shall designate another statutory member of the Board as Chair for this meeting. Where this is not possible, a Chair shall be elected at the start of the meeting.

Health and Wellbeing Together voting and decision-making

Reports to Health and Wellbeing Together Board meetings should be prepared in a way that enables effective decision making. Decisions, recommendations, declarations of interest and reservations will be recorded in the minutes.

All meeting papers will be published on the Council website at least five clear working days before the meeting concerned.

There will be sovereignty around decision making processes. Members will be accountable through their own organisation's decision-making processes for the decisions they take. It is expected that members of Health and Wellbeing Together will have delegated authority from their organisations to take decisions within the terms of reference.

Decisions taken by Health and Wellbeing Together are generally done so by consensus. If a Board decision should require a vote then all members may participate having one vote each; in the event of a tie then the Chair will have the casting vote. Observers do not have a vote.

No business will be conducted that is not on the agenda.

A thematic Forward Plan of activity will be reviewed at each full meeting of Health and Wellbeing Together to ensure agenda items are strategic and timely.

Health and Wellbeing Together frequency of meetings and quorum

A full meeting of Health and Wellbeing Together will take place four times a year. The Executive will meet approximately six weeks prior to each Full Board meeting.

Full meetings of Health and Together will be conducted in public unless confidential information is to be disclosed. There will be the opportunity for members of the public to ask questions in line with the protocol outlined in the guide to speaking at meetings.

Items that are of a confidential nature will be discussed within the Private section of the agenda (i.e. contains exempt information as defined in Schedule 12A to the Local Government Act 1972).

An extraordinary meeting can be called when the Chair considers this necessary and or/ in the circumstances where the Chair receives a request in writing from 50% of the membership of the whole membership.

An annual informal focus day / session on specific issues of interest will take place and all members will be encouraged to attend.

Agendas and papers for Board meetings will be made publicly available via the website unless covered by exempt information procedures.

The quorum for meetings will be a quarter of the membership, with at least one Elected Member and one external partner in attendance.

Health and Wellbeing Together role description

Members of Health and Wellbeing Together who represent a partner organisation should be senior people with a strategic role within their organisation, able to comment on the full range of their organisation's interests, report back to that organisation on debates within Health and Wellbeing Together and make decisions committing the organisation to taking action and providing resources. They should also be able to answer for their organisation's delivery of their commitments to the work of Health and Wellbeing Together. They should be able to speak for their organisation with authority; commit their organisation on policy and practice matters and hold their organisation to account.

Members of Health and Wellbeing Together who represent a range of organisations or stakeholders should have a mandate to sit on the Board on behalf of the people they represent, report back to them on the Board's work, seek to influence them on commitments made at the Board and represent their views wherever possible at the Board.

Members of Health and Wellbeing Together will:

- Make every effort to attend all meetings or send an appropriate substitute.
- Fully engage in meetings including active participation in all relevant agenda items.
- Commit to supporting the development of strong and purposeful relationships within the Board through attendance at an annual strategy meeting and by proposing, as appropriate, future agenda items.
- Raise awareness and support of the Health and Wellbeing Strategy through their own organisation.
- Where any member of Health and Wellbeing Together sits on another strategic city partnership group or board they will raise awareness of Health and Wellbeing Together and its priorities, as appropriate, seeking opportunities to further embed whole system leadership.
- In addition to the above expectations of all members, it is also the role of the Healthwatch representative to ensure that the diversity of the Wolverhampton patient, public and carer population is represented at meetings of the Board.