CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

14 December 2023

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - 3rd Floor - Civic Centre

Membership

Chair Cllr Susan Roberts MBE (Lab)
Vice-chair Cllr Paul Singh (Con)

Labour	**Conservative**
Cllr Carol Hyatt	Cllr Sohail Khan
Cllr Jaspreet Jaspal	
Cllr Milkinderpal Jaspal	
Cllr Rashpal Kaur	
Cllr Asha Mattu	
Cllr Gillian Wildman	

Co-Opted Members
Stacey Lewis (Healthwatch)

Quorum for this meeting is three voting members.

Information for the Public

If you have any queries about this meeting, please contact the Scrutiny Team:

Contact Lee Booker
Tel/Email Lee.Booker@Wolverhampton.gov.uk
Address Scrutiny Office, 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

1 **Apologies and Notification of Substitutions**
[To receive any apologies for absence and notification of substitutions].

2 **Declarations of Interest**
[To receive any declarations of interest].

3 **Minutes of previous meeting** (Pages 3 - 14)
[To approve the minutes of the previous meeting as a correct record].

DISCUSSION ITEMS

4 **The Director of Public Health Annual Report 2023: The Power of Partnership** (Pages 15 - 78)
[To discuss the Director of Public Health's Annual Report 2023: The Power of Partnership]

PRE-DECISION SCRUTINY ITEMS

5 **Budget and Performance Update** (Pages 79 - 98)
[Panel to receive presentation on the budget and a performance update]

DISCUSSION ITEMS

6 **Child to Adult Transition Services** (Pages 99 - 108)
[Royal Wolverhampton Trust to deliver report presentation to Panel]

7 **Hospital at Home** (Pages 109 - 120)
[Royal Wolverhampton Trust to deliver report presentation to Panel]

8 **Healthwatch GP Services Survey** (Pages 121 - 134)
[To discuss the latest Healthwatch GP survey and a report from the ICB on their work in Primary Care].

[The report from Healthwatch - GP Survey is marked to follow].

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 21 September 2023

Attendance

Members of the Health Scrutiny Panel

Cllr Carol Hyatt
Cllr Sohail Khan
Stacey Lewis (Healthwatch Wolverhampton)
Cllr Asha Mattu
Cllr Susan Roberts MBE (Chair)
Cllr Gillian Wildman

In Attendance

Cllr Bob Maddox (substitution)
Deborah Hickman (Chief Nursing Officer – Royal Wolverhampton NHS Trust)
Tracey Palmer (Director of Midwifery – Royal Wolverhampton NHS Trust)
Chris Masikane (Chief Operating Officer – Black Country Healthcare Foundation NHS Trust)
Jonathan Petty (Director of Governance – Black Country Healthcare Foundation NHS Trust)
Andrea Cantrill (Volunteer Officer – Healthwatch Wolverhampton)

Employees

John Denley (Director of Public Health)
Lee Booker (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
There were apologies from Vice-Chair, Cllr Paul Singh who was substituted by Cllr Bob Maddox.

Apologies were also received from Cllr Milkinderpal Jaspal and Cllr Rashpal Kaur.

Cabinet member Cllr Jasbir Jaspal gave apologies also.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of previous meeting**

Resolved: That the minutes of the meeting held on 29 June 2023 be approved as a correct record subject to a Member's comment regarding the training for PPGs Chairs being still ongoing at the time of the meeting, rather than completed in full.

The Healthwatch Managed informed that Panel that she had been told there was still ongoing issues occurring with PPG chairs. She said for balance she had heard some good practices had occurred, so it wasn't all PGGs.

4 **CQC Inspection Report on the Black Country Healthcare NHS Foundation Trust Adult Acute Service**

The Director of Governance for the Black Country Healthcare NHS Foundation Trust gave a presentation (a copy of which is attached to the signed minutes). He covered the context of the inspection and the report. The Care Quality Commission (CQC) carried out an unplanned inspection in response to the Acute wards for adults of working age and psychiatric intensive care units as a response to media reports. The results were published in March 2023, with the service overall rating being downgraded from a "good" rating to "requires improvement". Identified good practice in the report included staff treating patients with compassion, understanding and kindness, managers overseeing staff and giving appraisal, as well as staff following good safe guarding practices. A number of areas were identified for improvement:

- A need to focus on the management of medication and closer working with pharmacists.
- Improve training rates in core skills
- Consistency and quality of care-planning.
- Recruit to vacancies within ward based MDT's.
- Continue work on the physical environment, refurbishment and removal of ligature points.
- Ensure that patients receive planned 1:1's and leave.
- Focus on awareness of new systems and teams within the Trust.

The Trust had received 10 must do actions and 5 should do actions detailed within the Care Quality Commission report and reproduced in the report presented to the Panel. The Director of Governance for the Black Country Healthcare NHS Foundation Trust displayed a diagram to the Panel setting out the Governance framework within the service. Quarter 2 2023 – 2024 Actions included Must Do and Should Do Actions, of which some were complete, some had not been started and a number were off track. The Trust met the CQC every quarter.

The Chair stated that following reports at Penn Hospital of failings in care towards vulnerable patients, the CQC conducted an unannounced inspection and downgraded the services rating from "good" to "Requires improvement". Staff were reported by the BBC to have informed the CQC rather than raise issues internally. She wanted to know if this was standard practice and if not, would the Trust be working on improving whistleblower safeguarding practices to ensure all staff could report concerns or issues with the service in a manner where their employment and standing was protected.

The Chief Operating Officer for the Black Country Healthcare NHS Foundation Trust replied that they operated a “Freedom to Speak Up” policy and that he felt the staff were quite open with the team being able to raise issues. He said staff were protected by anonymity if they chose to be and were not disciplined or dismissed if they raised issues.

The Director of Governance for the Black Country Healthcare NHS Foundation Trust stated that they worked with the CQC and were transparent with them in regard to the reported case. He said the Police were involved at their behest. He said that the Integrated Care Board had recognised that the Trust had had a challenging year but had commended the Trusts openness and transparency when dealing with the reported case.

The Chair asked the Director of Governance for the Black Country Healthcare NHS Foundation Trust to clarify if the BBC article was incorrect in stating that staff inside the Trust had gone straight to the CQC to whistle blow.

The Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust said he was not saying it was incorrect.

A Panel member asked if the CQC inspections occurred every year and on this basis, wanted to know if the actions the Trust had, would be completed by the next inspection.

Associate Director for Governance & Quality for the Black Country Healthcare NHS Foundation Trust explained that inspections did not occur annually by the CQC. He stated he had not been made aware of any plan to do an inspection in February 2024 and believed the actions which were listed as on track would be done within the planned time frame. He stated that those actions listed as off track remained off track.

Chief Operating Officer for the Black Country Healthcare NHS Foundation Trust informed the Panel that the CQC were in the process of changing how they conducted inspections; from a large inspection format to a more targeted inspection format.

A Councillor stated that on Page 6 of the CQC report it said that the service had high vacancy rates with an average of 22.4% as of January 2023. It was reported that the service did not always have enough nursing and support staff available. As a result of this, staff reported to the CQC that they were only having 30-minute breaks across 12-hour shifts, when they should actually be taking a total of 90 minutes break time spread out across their shifts. She stated that it was important that staff, like any employee in any sector, had their legal breaks so that they could carry out their duties well rested. She wanted to know what the Trust was doing to address this issue.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that they had a framework to ensure safe staffing levels and when they deviated from this it would be reported to the CQC. He said recruitment and staff retainment was a challenge, as it was across the whole NHS and that they were taking steps to try rectify the problem and would bring that information back to the Panel.

A Panel member raised her concerns about the multiple levels of staff failings covered in the Care Quality Commission report and wanted to understand how the Trust had got to this stage, if they claimed to self-report to the Care Quality Commission.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that these were flagged by the CQC because of a lack of consistency across the service delivery rather than a lack of doing it entirely. He asked for a refresher of further questions to answer.

The Councillor stated she would email the questions to them to get a reply.

The Chair stated that there would always be the risk of staff who did not act appropriately entering the work force and had anything been put in place to reduce the risk in regard to potential staff mistreatment of patients and ensuring the culture of conduct within Penn was of the highest standard.

The Chief Operating Officer Black Country Healthcare NHS Foundation Trust replied that he felt it was important to note that staff who did not act appropriately were in the minority. He said their Trust had been recognised for having caring and considerate staff. If they found out about any poor behaviour they would respond immediately and act accordingly.

The Chair referenced that It was reported that not all staff had received training for "Immediate life support and that staff training across the service was well below its target". She wanted to know what the Trust was doing to rectify this.

Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust explained that this would remain red until they were assured it was hitting target. He said it was an improving picture and that they were working to fix this area but that it would remain red until it was resolved.

The Chair asked when they would expect the training to be done by. Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that he would be unable to provide an answer at the present time as this was an off track objective and said it would depend upon staff availability.

The Chair asked if they could provide emails to the Panel with a timeline and updates on progress on all of the on going “Actions” the Trust had to implement. The Chair referred to a number of areas where staff failings were reported, these included:

"Staff did not always manage medicines safely and did not show they followed guidance from pharmacists.”

“Staff did not always develop holistic, recovery-oriented care plans informed by a comprehensive assessment.”

“Staff were not always able to provide a range of treatments suitable to the needs of the patients in line with national guidance about best practice. This was because

there were vacancies for occupational therapists and psychologists on some wards. The ward teams did not always include or have access to the full range of specialists required to meet the needs of patients."

She wanted to know what were the causes of these oversights? What was the Trust doing to tackle this?

The Associate Director for Governance & Quality Black Country Healthcare NHS Foundation Trust replied that they had a substantial list covering the Must and Should Do list. Each were checked and updated quarterly on their progress.

Resolved: That the Black Country Healthcare NHS Foundation Trust would provide the Panel with the full report via email. The Panel would invite them back in the future should they deem it necessary to do so based upon the report.

5 **Maternity Services RWT**

The Director of Midwifery Royal Wolverhampton NHS Trust stated that staff retainment and recruitment was an issue, as it was across the country. This had been largely a post-Covid phenomenon but was slowly changing and improving recently. The Royal Wolverhampton NHS Trust had 12 full time midwifery vacancies, but had had a successful recruitment campaign and had now recruited into all those vacancies. These new recruits were set to join in September and be established around December. The Trust was doing work with Black, Asian and ethnicity minority groups to try to reduce inequalities. Work was being done to promote healthy life styles and there was an aim to tackle obesity and smoking.

The Director of Midwifery Royal Wolverhampton NHS Trust commented that further funding from Public Health had been provided to recruit two healthy pregnancy advisors to support community mid wives and healthcare workers. There was a 62% success rate in booking pregnant women in who were within 10 weeks of their pregnancy, the national average was 59% and the RWT aimed to achieve 70% by December. A new self-referral service had been launched in July to help increase this, with 1000 women so far having self-referred themselves to the service. The service was judged as fully compliant with all 7 Ockenden immediate and essential actions. The Trust Maternity Services had achieved 4th year in a row of the 10 safety actions.

The Chair asked how did the Trust promote early contact with General Practitioners to encourage engagement by pregnant women & people to visit within the first 10 weeks.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that the Maternity Services encouraged women to engage with their midwife in the first instance, with the aim to get them to book in within the first 10 weeks in line with the national recommendation.

A Panel member referred to page 37 of the report, where the Trust had worked with the Sahara group to work with Black ethnic groups. He said he saw no mention of an Asian group, which he cited as being the largest ethnic group in the Wolverhampton area, and wanted to know if there were any examples the RWT could give of groups

that worked specifically with Asian families.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that the Equality, Diversity and Inclusion lead on their team worked with support groups that worked with all ethnicities. She said they were encouraging all ethnic groups to attend the support groups.

The Councillor wanted to know if they were able to give numbers of the uptake of Asian families or Asian women within these groups.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that she did not have that data available currently but would provide it to the Councillor via email afterwards.

A Councillor stated that he appreciated the report but said it was one of the largest he had read. He wanted to know if information in the future could be condensed.

The Chair disagreed and stated that she preferred a full report and that it was the personal choice of Councillors whether to read it all or not.

The Councillor referred to the report and discussed the disadvantages, deprivations and inequality associated with ethnicity and high levels of deprivation. He asked if this did not point towards a more co-ordinated response focused at the local ward-based level.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that they were looking at community hubs to try to target women more on a one to one basis in their local areas. As part of a longer term plan, she said they were aiming for a continuity model, with midwife teams making contact and working from the hubs.

A Panel Member praised the detail of the report and its appendices. She wanted to know if promotion and communication for the new Community Hub plan had been delivered.

The Councillor also asked them to look into using QR codes on pregnancy tests.

The Director of Midwifery Royal Wolverhampton NHS Trust said that the Community Hub had been advertised on GPs and chemists. She said that once women were booked onto the system, they would be emailed about the groups.

A Councillor enquired about page 3 of 11 of the Embrace report mortality rates graphs asking for an explanation.

The Director of Midwifery Royal Wolverhampton NHS Trust explained the graph meanings. She stated that Wolverhampton was still an outlier for neo-natal death rates, still birth rates were improving with a lower than average rate compared to national rates, the mortality rate for Wolverhampton was 5 percent higher than average rates for other Trusts and Boards.

The Councillor wanted to know what was being done to address the difference in rates.

The Director of Midwifery Royal Wolverhampton NHS Trust said they were working with their systems to improve their pathways. She said they were also part of a national program of work called “Saving Babies Lives” which was aimed at improving the health outcomes around births. This was proven to improve rates around mortality and morbidity rates.

The Manager of Healthwatch Wolverhampton stated that the statistics showed that pre-birth deaths among Black women were 3 times higher than White women. She said this needed to be addressed. She also referred to National Data and reports which implied institutional racism towards Black women. She wanted to know if the Director of Midwifery Royal Wolverhampton NHS Trust was able to give assurances that this would be addressed.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that it was not possible to give 100% assurance. She said they had an EDI mid-wife who targeted vulnerable and ethnic groups to try engage with them early with the service. She said that any racism would be dealt with, without delay, through the processes that the Trust operated by. She said there was no data displaying themes of racism within the Royal Wolverhampton NHS Trust maternity services.

The Volunteer member of Healthwatch Wolverhampton stated that she had been fortunate enough to have a good birth. She said this was because she knew the importance of and was in a position to have a healthy lifestyle, with a good diet and exercise. She wanted to know how the RWT was trying to reach other women and people to communicate this, in the aid of reducing difficult births. Obesity and smoking amongst pregnant people were particular areas of concern.

The Director of Midwifery Royal Wolverhampton NHS Trust replied that such advice was given by midwives during pregnancy but recognised that these issues applied pre-conception also. She stated that it would be important for GPs to give out that information to people seeking advice about conceiving a baby beforehand. This information was also given to women & people after they had given birth, in case they planned to have another child in the future. She admitted more work needed to be done to ensure the right healthcare professional gave the right advice pre-conception.

The Director of Public Health stated that it was important when considering Health and outcomes of the population to approach as a interdependent, multi-faceted issue. He said for example, when looking at the diets of patients, this could not just be the responsibility of the Maternity Services. He said partnership approaches were required for all services, as all fed into the other. He said it was important that the City of Wolverhampton achieved a coherent, functioning system, where partnerships all reinforced each other’s work. He said there were areas out of the hands of the Local Authority and partners, such as a person’s relationships, whether they had a supportive partner or not.

A Councillor said he felt the report did not make mention of caesareans and felt this was an important area to report on. He also wanted to know how the Trust was promoting its breast feeding community outreach hubs, as he believed it was only promoted through the RWT’s website.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that she was happy to provide the Councillor with any information relating to that if he was more specific. She said they no longer emphasised caesarean rates post-Ockendan review, as other Trusts had been found to prioritise keeping those rates low but had a higher morbidity level, so the emphasis on caesarean rates had been ended. She said that RWT caesarean rates were at around 35%. She said in reference to breastfeeding groups, whilst there was lots of information online, she recognised this was not available to those without internet access. She said that there were support groups that went out into the communities to try reach out to those women without internet access. These groups were also advertised in GP surgeries.

The Councillor replied that he wanted caesarean rate data, relative to national rates and local Trusts, as well as rates broken down by race/ethnicity.

The Volunteer member of Healthwatch Wolverhampton asked if there had been an increase in breastfeeding.

The Director of Midwifery Royal Wolverhampton NHS Trust stated that the rates of breastfeeding were stable but these could vary over the months. Improvement was noted on women who continued to breastfeed.

6 **RWT Quality Accounts**

The Chief Nursing Officer gave a presentation (A copy is attached to the signed minutes) and gave a brief overview of the purpose of Quality Accounts for the benefit of new Panel members. She reported that despite the issues Covid-19 had created within the service, they had managed to achieve or were making good progress on their 2022/2023 aims which were contained within priority areas which included; patient safety, clinical effectiveness, and patient experience. 2023/2024 priorities were based upon a joint Trust strategy. The Royal Wolverhampton Trust (RWT) recognised the areas of praise and concern covered by the City of Wolverhampton Council's (CWC) Health Scrutiny Panel statement on the RWT Quality Account and stated that they had plans in place to drive for further improvement in those areas of concern raised which were: Infection Prevention, diagnostics, cancer performance, Referral to Treatment, improvements in staff satisfaction and retention.

The Chief Nursing Officer gave an update on future 2023/2023 priorities (detailed within the presentation document). The future changes as part of Patient Safety were led by changes at the national level. For clinical effectiveness, nationally recruitment and retention of staff were a challenge but the Chief Nursing Officer said that the RWT were in a healthy position with their vacancy rates, fluctuating but averaging at 2% due to proactive recruitment. Their main challenge was retention of staff, which was a focus to improve in the future. This was primarily based on career advancement opportunities and not a negative reflection of the workplace. For patient experience, a huge project was underway to tackle inequalities within the healthcare service, the EDI team was playing a role in this; it was also multi-stakeholder.

The Chief Nursing Officer informed the Panel that they aimed to hit the national target and were on target to reduce the 62 day waiting list on cancer treatments in May 2024. They had launched a "further, faster" program to streamline patient pathways. She recognised the need for continuing improvement. They were liaising with other stakeholders to increase elective surgery. The Trust was partaking in

Infection Prevention research regionally and nationally to understand some of the rises of some bacteria and they had quality improvement initiatives underway to tackle it. The Virtual Ward had been expanded and was being continually reviewed to check the patients experience and outcomes.

A Councillor referred to page 10 of the Quality Account, citing discrepancies between the 2022/23 aims and end of year goals. It was reported they aimed to create a mental health strategy, but this was not mentioned in the outcomes. The Councillor wanted to know if this meant the Trust had not developed a mental health strategy. She said that the Trust was now responsible for 7 GP practices but couldn't understand why they were not a part of the report.

The Chief Nursing Officer stated that the GP practices would have been a part of the Quality Account process. In reference to the mental health strategy she said that as an acute provider they had a memorandum of understanding with their mental health colleagues as its presence was growing as a health issue in the country. She stated that in collaboration with Walsall hospital they had created a mental health team within the organisation. They had not had a mental health team within the Trust prior to 2022/2023 and this reflected that they had implemented some mental health strategy. The Councillor thanked the Chief Nursing Office for her reply but asked her to note that in future reports, when something was identified as a priority, that the follow up information was given in the Quality Account.

The Chair stated that the RWT Quality Account stated that one of the reasons for the backlog in cancer treatments was industrial action which had occurred across the year and continued to do so. She wanted to know if the Trust was engaging with its workforce trade union representatives to ensure a recovery plan would be underway for when the dispute ended.

The Chief Nursing Officer said she would need to defer the question to the Chief Medical Officer. The Chair agreed with the Chief Nursing Officer this information would be sent via email response.

The Chair referred to page 49 of the Quality Accounts where it showed patience experience data. In 2021 (the most recent figure available) only 54% of patients were informed of the purpose of the medication they were being discharged from hospital with to use in a way they could understand. The Chair felt this was a very low figure for a vital part of a patient's medical treatment. She wanted to know what the Royal Wolverhampton Trust was going to do to address this, and stated that she would wanted to see an action plan rectify it.

The Chief Nursing Officer stated that behind all survey results, there were actions put in place to address them. Reconciliation and support from Pharmacies in and around Wolverhampton had been delivered to help support the nurses with the discharge process to support queries around medication and patient support. She said she was happy to send the action plan around this.

A Councillor stated that organisations like the NHS liked outputs to be a measure of quality but the report, he felt, missed other important areas. He wanted to know what other areas of value these experiences could inform in reports. He said page 10

stated the Trust sought to target mental health support in all ages. He wanted to know what age groups had been targeted and what progress had been made on this.

The Chief Nursing Officer replied that they had bespoke surveys they undertook and had volunteers who did mystery shopper surveys to gather more localised data. They had co-production occurring looking at different groups needs. They had an array of feedback which was not just based on National data. They used National data for benchmarking, which could not be done with local level surveys. In response to the question about mental health support; the Chief Nursing Officer stated that under 18s were engaged with through paediatric pathways. They had employed in the last few months additional colleagues to their mental health team. The team worked within the organisation with expertise and knowledge focusing on mental health. Increased visibility of key colleagues in key areas had also been focused upon. They had also put emphasis on working with the EDI team to ensure those most marginalised were engaged with and given appropriate support with the RWT. The team was new, but the Trust was building upon it.

The Councillor thanked the Chief Nursing Officer and stated he hoped emphasis was also placed on children who were suffering with long term illness being engaged with, as they were highly likely to develop mental health issues whilst dealing with their illness and the processes of trying to treat that.

Resolved: That the Royal Wolverhampton Trust produce an action plan to address the low rates of patients leaving the hospital having been informed of the purpose of their medicines.

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7 **Healthwatch Annual Report**

The Manager of Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual report (April 2022/2023). She explained to the Panel that Healthwatch Wolverhampton had limited resources and a small team with which they had to deliver their service. In addition to the manager, their staff count was 3 members in size, with one vacancy. 2 positions were paid and 1 was voluntary. Across the year they had supported over 2500 people to get advice on local services, which the report detailed. The most viewed report they had done was their survey and report on improving access to GP services. They had also delivered reports on quality within care homes. The report also touched upon Healthwatch's information and sign posting service. They had received a higher percentage of phone calls and email communications from people that year, which they felt showed their profile had been raised.

The Manager of Healthwatch Wolverhampton remarked that their social media profile had grown, with more content and more followers. Further figures from the report were covered. Healthwatch employed a partnership working approach and had worked with them to make sure patient voices were heard. They had worked with numerous boards, services within the Royal Wolverhampton Trust (RWT), charity organisations and the University of Wolverhampton. Healthwatch Wolverhampton had fed 100 articles to the national Healthwatch organisation which had informed the Government. Healthwatch Wolverhampton had provided work experience to people,

with the volunteers being cited as strong working examples of that. The year ahead was continuing to look at access to GP services, with an additional focus on online. They were looking at mental health practices, with an emphasis on people with autism. They would also be looking more at care homes.

The Chair stated that the Government was removing the requirement for the NHS to monitor cancer treatment waiting times, she wanted to know in light of this, if Healthwatch Wolverhampton would be able to focus any time to monitor patient access to cancer treatments in Wolverhampton.

The Manager of Healthwatch Wolverhampton stated they would not have the capacity to do that due to their limited resources. They said they could contribute to the request if it was in supporting partners who were taking the lead, but not as a project of their own.

The Chair referred to page 19 of the Healthwatch report where it stated that Healthwatch Wolverhampton had received £1200 from the Care Quality Commission (CQC) to support the work of board member recruitment. Recently the Healthwatch board had been dissolved. She wanted to know how the funding was now going to be used.

The Manager of Healthwatch Wolverhampton said they were currently in the process of creating and forming a new Community Panel, based off positive examples in other local authorities, to replace the board. The funding would be used for this subject to consultation with the CQC to gain permission to use the funds for the new Community Panel.

A Councillor asked if Healthwatch could attend PACT meetings with the Councillors. He also enquired if Healthwatch would go to places of worship to engage with different communities. The Manager of Healthwatch Wolverhampton stated she was aware of PACT meetings and that it was on the list of things to do. She stated they had attended a few faith events previously.

The Volunteer member of Healthwatch Wolverhampton stated she was looking to recruit volunteers to enable them to have a wider reach to engage with these community groups.

The Director of Public Health stated it was important to recognise patients were residents and vice versa. He said working in partnership would allow them to explore the opportunities to engage with communities. He said he supported exploring this with Healthwatch.

The Volunteer member of Healthwatch Wolverhampton commented the new Community Panel would include delegate representatives from community groups to enable a broader input from across the City.

The Chair referred to the report, page 21, to enquire which care home service providers did not respond to Healthwatch's recommendation. She wanted to know if they had incorporated the recommendations yet.

The Manager of Healthwatch Wolverhampton stated that service providers must respond to their recommendations. They had given reminders to these services that they needed to respond. They reminded the care homes of their duty to respond, but they still did not respond. She then informed them she was due to report it to the CQC, and they had now responded to Healthwatch. The report would be updated to include those responses.

8 **Date of next meeting**

The date of the next meeting was confirmed as 14 December 2023.

Agenda Item No: 4

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

14 December 2023

Report title	The Director of Public Health Annual Report 2023: The Power of Partnership
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Cabinet Member for Adults and Wellbeing
Wards affected	All wards
Accountable director	John Denley, Director for Public Health
Originating service	Public Health
Accountable employee(s)	Madeleine Freewood Email madeleine.freewood@wolverhampton.gov.uk
Report to be/has been considered by	Public Health Senior Leadership Team 07 November 2023

Recommendation(s) for action or decision:

The Scrutiny Board is recommended to:

1. Comment on contents of the Director of Public Health Annual Report for 2023.

1.0 Purpose

1.1 To present the Director of Public Health's Annual Report for 2023 for comment.

2.0 Background

2.1 The Director of Public Health (DPH) Annual Report is a statutory requirement. It is the DPH's professional statement about the health and wellbeing of their local communities.

2.2 The annual report aims to inform professionals, Councillors, members of the public and other stakeholders about key activity being undertaken in partnership to realise our Public Health 2030 Vision that residents live longer, healthier and more active lives.

3.0 Director of Public Health Annual Report 2023

3.1 Health is influenced by more than just individual biological factors; social, economic and physical environments all play a part. Addressing these inter-related factors can only be achieved in partnership.

3.2 The recent introduction of Integrated Care Systems brings together NHS organisations, local authorities, the voluntary and community sector and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. Building and sustaining positive partnerships relationships has therefore never been more important if we are to achieve our shared ambitions of longer, healthier and more active lives for local people.

3.3 This report highlights partnership work already taking place in our city and the positive impact it is having on the outcomes for residents.

4.0 Questions for Scrutiny to consider

4.1 Scrutiny Panel members are invited to consider the key role they can play in supporting place and system partners to collectively address the local priorities outlined in the Public Health Annual Report for Wolverhampton.

5.0 Financial implications

5.1 There are no direct financial implications arising from this report.

5.2 The final Public Health grant allocation for the financial year 2022 to 2023 was £21,753,407 and for 2023 to 2024 was 22,462,940. [JM/23112023/B]

6.0 Legal implications

6.1 There are no direct legal implications arising from this report. [TC/01122023/A]

7.0 Equalities implications

7.1 Equality is promoted through the Public Health Vision 2030 and throughout local Public Health programmes, functions and services. This is to ensure that they advance equality and tackle inequalities relating to health outcomes and wider social determinants of health among groups that share protected characteristics.

8.1 Climate change and environmental implications

8.1 There are no direct climate change and environmental implications, however climate change and the environment are a determinant of health and wellbeing and therefore require consideration in the implementation of all partnership activity.

9.0 Health and Wellbeing Implications

9.1 A range of different factors shape health and wellbeing, for example, where people live, education, income, job role, lifestyles and connections with other people. The Annual Report sets out how Public Health in 2023 is working in partnership to address these wider determinants of health.

10.0 Human resources implications

10.1 There are no direct human resources implications.

11.0 Corporate landlord implications

11.1 There are no direct corporate landlord implications.

12.0 Covid Implications

12.1 There are no direct Covid-19 implications, however Public Health in Wolverhampton continues to work in partnership to help the city effectively manage the risk from communicable diseases by working with partners to prevent, contain and manage outbreaks, including the promotion of vaccinations, treatments, education and awareness to keep people safe from harm.

13.0 Schedule of background papers

13.1 Public Health Vision 2030
https://www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf

14.0 Appendices

14.1 Appendix 1: The Director of Public Health Annual Report 2023: The Power of Partnership

Director of Public Health Annual Report 2023

The Power of Partnership

wolverhampton.gov.uk

CITY OF WOLVERHAMPTON COUNCIL

Appendix 1

Contents

Foreword

John Denley
Director of Public Health

Councillor Jasbir Jaspal
Cabinet Member for Adults and Wellbeing.
Chair of Health and Wellbeing Together.

We are pleased to present this year's Public Health Annual Report for Wolverhampton which celebrates the power of partnership and the positive impact this has for the health and wellbeing of our population.

Our vision for Wolverhampton is for residents to live longer, healthier and more active lives.[1]

However, sustainable health and wellbeing improvements at a population level cannot be achieved by a single organisation working alone. Rather, a shared approach to partnership working increases the probability of improving Public Health outcomes and creating the environment to deliver on our ambitions.

For this reason, in Wolverhampton, we seize the opportunity to foster positive partnership relationships based on local circumstances, needs and joint objectives. This has been helped nationally through the recent introduction of Integrated Care Systems that bring together NHS organisations, local authorities, the voluntary and community sector and other stakeholders to improve outcomes in population health and health care; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS to support broader social and economic development.[2]

Building on our strong foundations of joint working fostered during the response to the pandemic, Public Health in Wolverhampton is well positioned to make the most of these new opportunities to address city challenge related to on-going Covid-19 recovery and the impact of the cost of living on our local residents.

This report highlights the partnership work already taking place in our city characterised by a commitment to a common purpose and drawing on the differing expertise of all participants.

We will continue to grow and strengthen our partnership approach with strategic leadership from Wolverhampton's Health and Wellbeing Together Board[3] and supported by our local place-based partnership OneWolverhampton[4] to enable sustainable improvements in outcomes for local people.

[1] www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf
[2] www.kingsfund.org.uk/publications/integrated-care-systems-explained
[3] http://wellbeingwolves.co.uk
[4] https://www.royalwolverhampton.nhs.uk/about-us/onewolverhampton.html

City Profile

Our place “Out of Darkness Cometh Light”

- Founded by Lady Wulfruna in 985.
- A University city.
- Strong sense of community.
- A super-diverse, culturally rich city with over 80 languages spoken.
- Proud industrial heritage.
- A national centre for sustainable construction.
- A centre for advanced manufacturing and aerospace.
- One of the country’s best collections of British and American Pop Art.
- Home to the Wolves Molineux, Wolverhampton Racecourse, the Halls, Bilston Town Hall, fifteen libraries, WVActive and award-winning Green Flag parks and public open spaces.
- Pride 2023 attracted just over 5,000 visitors to the city, raising over six thousand pounds for charities.

Our community

- A growing population of over 260,000 people living across 20 wards.
- 45% of residents from an ethnic minority group.
- Fifth of the population classed as disabled.
- Younger population than the English average, however, with the 65+ age group expected to rise faster than younger cohorts.
- Deprivation score 24th highest in England – out of 317.
- A higher proportion of babies with a low birth weight than the English average.
- Unemployment claimant count second highest in the country.
- Higher number of children living in low-income households than the national average.

Health risk factors

- Smoking, alcohol mortality and drug hospital admission rates higher than England averages.
- Smoking in pregnancy rate higher than the national average.
- Lower than national and regional averages for uptake of children's vaccinations programmes.
- Inactive and obese adults and children higher than the England average.
- Lower than national and regional averages for uptake rates of the national screening programmes for breast, cervical and bowel cancer.
- Rates of falls and hip fractures in older people are high, as are households living in fuel poverty meaning people are exposed to the risk of cold housing in winter exacerbating long-term conditions.

Chronic disease

- High prevalence of long-term conditions, especially in relation to hypertension, diabetes, chronic kidney disease, chronic heart disease, depression, and dementia.

Public Health Vision 2030 partnership achievements

- Top quartile for alcohol treatment completions, meaning when people access treatment, they are more likely to complete successfully and go on into employment.
- Infant mortality rate gap between the city and English average narrowing.
- Proportion of two and a half year checks assessing children's development taking place within the target period above regional and national averages.
- Reduction in number of rough sleepers in the city in the last year, reflecting a longer-term downward trend.
- Top performer for NHS health checks, lowering the risk, and enabling early detection of stroke, kidney disease, heart disease, type two diabetes and dementia.

The Power of Partnership

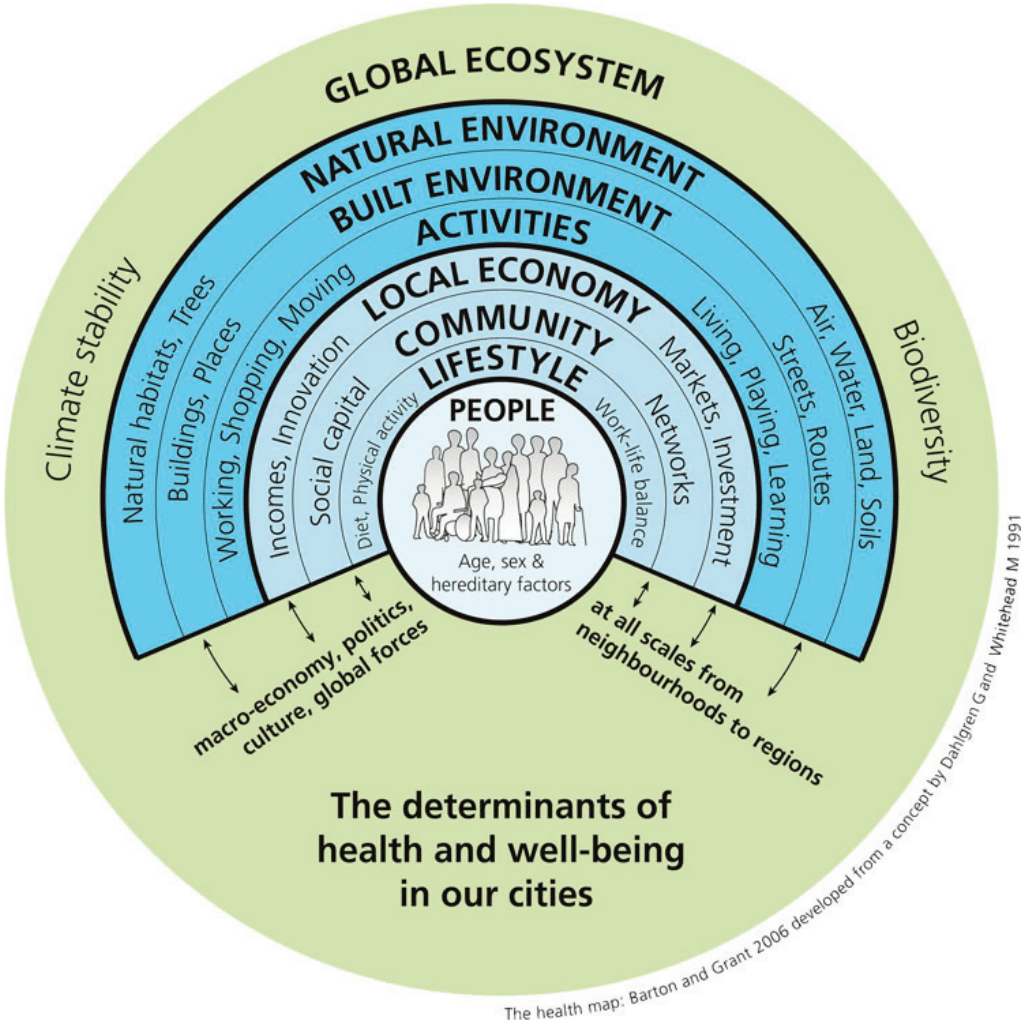
Our health is influenced by more than just individual biological factors. As represented in the diagram,[6] social, economic and physical environments all play a part, and can constrain the choices we make and shape the lifestyle we lead.

Inequalities in the conditions in which people are born, grow, work, live, and age have an adverse effect on health and wellbeing, often shortening people's lives and leading to avoidable years of poor health.

Effectively tackling differences in health outcomes starts with recognition of the impact of these different inter-related determinants. An NHS response cannot deal with these disparities alone. It requires local systems to work together in partnership, often with a focus on prevention and early intervention.

The Faculty of Public Health[7] recognises 'strategic leadership and collaborative working for health' as one of the ten key areas of Public Health practice. Our Public Health 2030 Vision'[8] sets out our approach and ambitions. By building trusting relationships based on shared values we are working with a wide range of different groups, organisations, businesses and individuals in the city to achieve these ambitions through stepped improvements.

This year's annual report celebrates some of these relationships and demonstrates how partners work together across the life course to tackle health inequalities and improve outcomes for local people.



[6] The health map. A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126(6), 252e253. ISSN 1466-4240 developed from the model by Dahlgren and Whitehead, 1991.46

[7] www.fph.org.uk

[8] www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf

The City's Place-Based Partnership:

OneWolverhampton

OneWolverhampton
Working together for better health and care

OneWolverhampton is a partnership of health, social care, voluntary and community organisations, of which Public Health is an integral member. Using a population health approach to physical and mental health and wellbeing, our ambition is to reduce the widening gaps in health inequalities across the city.

The partnership has six key areas of focus to enable deliver of better outcomes for local communities:

- Children and Young People
- Care Closer to Home
- Living Well
- Adult Mental Health
- Primary Care
- Urgent and Emergency care

OneWolverhampton Living Well Strategic Working Group Team

One of the six Strategic Working Groups is focused on living well. This hosts the preventative agenda for the city and is chaired by John Denley, the Director of Public Health. There is a strong membership from across the Partnership, including representation from Public Health, Primary Care, Acute and the Integrated Care Board.

We are committed to delivering against a number of key priorities, including healthy lifestyles and increasing awareness of cancer screening.

Lifestyles

In Wolverhampton, adult smoking prevalence is 15.1%. This is above both England and regional averages. Smoking is the most damaging cause to preventable ill health and premature mortality.

From a healthy weight perspective, obesity is associated with reduced life expectancy and is a risk factor for a range of chronic diseases. Wolverhampton has higher levels of adult obesity, overweight or obese individuals than England and West Midlands averages.

We agreed a collective and preventative approach at a joint workshop held in April to tackle these areas. Preventative approaches support people to shift to better health behaviours. This includes stopping smoking, maintaining a healthy weight, and encouraging uptake of cancer screening programmes and health checks.

Following the workshop, we are looking to commission a number of services which will support residents in making positive behavioural choices and tackling these complex issues in a partnership way.

Cancer Screening

Cancer is a leading cause of mortality in the UK and affects thousands of lives each year. Cancer screening programs play an important role in the strategy to detect and manage cancer at an earlier stage and therefore offering early detection, timely intervention, and improved survival rates.

There are three national cancer screening programmes delivered by the NHS in England: breast, cervical and bowel. The uptake of these screening programmes amongst the population of Wolverhampton has historically been below regional and national averages.

To address this, a dedicated workstream has been created. This has involved providing additional staff to GP surgeries to raise awareness and encourage attendance for screening appointments.

In addition, improved relationships have been fostered with the national screening teams to support improved uptake for the city's residents.

OneWolverhampton Health Inequalities Transformation Group

Health inequalities are avoidable, unfair and systemic differences in health between different groups of people (King's Fund, 2022)[9]. They are present across a range of dimensions and characteristics and can lead to poorer health outcomes and reduced life expectancy.

OneWolverhampton has formed a Health Inequalities Transformation Group which brings together key local partner organisations with the aim to develop a strategic, evidence-based approach to contribute towards narrowing the health inequalities gap between population groups and geographical areas in Wolverhampton.

This group has been instrumental in funding services that address known gaps. These gaps have been identified through the work of the Public Health team and Joint Strategic Needs Assessments (JSNAs).

Current projects

- **Oral health – Fluoride Varnish Programme**
  This programme will deliver local, targeted community fluoride varnishing for children aged between 0 and 5. This offer will be delivered in Family Hubs and Early Years settings, strengthening partnership working and addresses a key opportunity highlighted by the Health and Wellbeing Together Board.
- **Children and Young People's Health Champions Programme**
  A network of Health Champions is being expanded to support the co-production of children's services and support increased engagement between providers of services and young people. These Champions will also support the delivery of health messaging within school and community settings and support young people in achieving the best start to life.
- **A Healthier Hostel for Wolverhampton**
  Funding is supporting the delivery of the Healthier Hostel project. The initial findings demonstrated that the programme supported admission avoidance and reduced length of hospital stays when people were admitted. This will support the continued delivery of primary-care led clinics to support a known vulnerable cohort.

[9] www.kingsfund.org.uk/projects/nhs-in-a-nutshell/health-inequalities

Starting Well:

Supporting Expectant Moms

Smoking in pregnancy remains a key public health concern and is the single greatest modifiable risk factor for poor outcomes in pregnancy. The prevalence of smoking in Wolverhampton is high; for 2018-2019 17.9% of women were still smoking at the time of the birth of their baby. The Local Maternity and Neonatal System (LMNS) has set the aspirational target of 6% for 2024-25. We also see smoking rates concentrated among pregnant women from poorer backgrounds, with women from the poorest 10% of the population six times more likely to smoke than those from the most affluent 10%. The adverse effects of smoking relate not only to the mother, but to the unborn child where we see a doubling of the likelihood of stillbirth and tripling of the likelihood of sudden infant death.

Evidence is clear that:

- Stopping smoking in pregnancy will reduce the risk of perinatal and infant morbidity and mortality.
- Maternal smoking in pregnancy can have persistent effects on lung development, lung function and respiratory health later in life.
- Babies born to women who smoke in pregnancy are much more likely to smoke themselves when they become teenagers, with 8 out of 10 smokers reporting having a having a parent who smoked.
- Women who smoke during pregnancy also increase the risk of their babies becoming overweight in childhood.
- Women who continue to smoke in pregnancy tend to be heavily dependent on nicotine, therefore require intensive behavioral support and nicotine replacement treatments (NRT) to have the best chance of stopping smoking.
- Cessation of maternal smoking early in pregnancy is associated with reduced spontaneous preterm birth and still birth, as well as lower rates of Intrauterine Growth Retardation (IUGR).

Given the evidence, reducing smoking in pregnancy and giving every child the best start to life is an important target for Public Health. We have been working hard to provide as much support as possible to the Maternity Tobacco Dependency team based in Maternity at the Royal Wolverhampton NHST Trust. This has included work to offer support in terms of specialist advice to the team on effective use of NRT, action to improve access to Nicotine Replacement Therapy (NRT) from primary care and continuing to explore possible avenues for future and additional funding for the provision.

In June 2023 we collectively committed to taking the service closer to our communities, moving outside traditional clinical settings. A natural fit was to explore the opportunities through well-established network of libraries and community settings.

After successful discussions the Stop Smoking in Pregnancy team, now renamed the Maternity Tobacco Dependency Team, moved into Wednesfield Library. The Library is easily accessed from the New Cross Hospital site for the staff and also provides a quiet office space for the team to do their work contacting women on their journey to becoming smoke free. At the same time Public Health have been developing the Healthy Pregnancy Service which works alongside the Maternity Tobacco Dependency Team. This service which also looks at maternal weight and maternal mental health will be working closing with the Tobacco Dependency Team thereby providing additional support to women from early pregnancy through to birth. The overlap between maternal smoking, mental wellbeing and weight is significant so teams that work to address these issues will prove invaluable in our aim to reduce smoking at this important life stage for women, partners and their child.

Royal Wolverhampton NHS Trust, Healthy Pregnancy Advisors

The aim of the service is to equip women with the tools they need to thrive physically, mentally, and socially throughout their pregnancy journeys. Healthy Pregnancy Advisors support a cohort of women who have been identified as having a raised BMI and/or smoke, providing them with evidence-based information and support to empower them to stop smoking and maintain a healthy weight. Supporting them to develop social support groups to tackle the isolation that can often be experienced in the early post birth months, they visit women in their homes where possible and spend time at family hubs and community centres. They work closely with the Maternity Stop Smoking Support Team and the Infant Feeding Team.

The 2022 MBBRACE[10] report highlighted the significant impact on women's health of the increasing inequalities in the United Kingdom, in terms of deprivation and disadvantage. The report calls urgently for a continued focus on the broader physical and mental health of the mother, and a greater focus on understanding and addressing the social determinants of health and highlights the increasing impact of deprivation and severe and multiple disadvantages on maternal outcomes. Women living in the most deprived areas are more than twice as likely to die as women living in the wealthiest areas.

The maternity tobacco dependency service offers a personalised care plan and support throughout pregnancy to women who smoke and/or have a raised carbon monoxide reading or have recently quit smoking. This is an opt out referral service that can be used by any health professionals who care for pregnant women. The team are able to provide support to partners and other family members living at the same address.

The team supports families throughout pregnancy and after the birth of their children to have a healthier lifestyle, by helping them to stop smoking and maintain a smoke free home.

[10] www.england.nhs.uk/publication/saving-babies-lives-version-three

OUR STORY

Feedback from women who have used the service

"Stopping smoking has been one of my greatest achievements, when the midwife told me someone would contact me I couldn't see how it would help me. But the smoking advisor was kind – she understood that it was going to be difficult; I have been smoke free for 20 weeks."

"After my baby was born was the hardest time – I really thought I would start smoking again, but my advisor kept in touch she messaged me and has even come to see me and my baby, I still really crave a cigarette, but I haven't had one"

How to refer to the service

- Via BadgerNet
- By email whtr.maternitysmokingcessationteam@nhs.net
- By contacting the team by phone 01902 307999 ext 86307.
- Women can also self-refer

School Health Champions:

Developing Young Leaders

Developing young people as leaders, educators, supporters and advocates has been shown to have a positive impact.

Drawing on this learning Public Health delivered a pilot Health Champions Programme from September 2022 – June 2023 in a primary and secondary school to measure the impact and outcomes for children and young people, schools and the interventions subsequently delivered. The approach to the pilot programme was co-produced with young people and schools to ensure the health champions programme met their needs whilst championing local health priorities.

A bespoke localised training programme was created and delivered to the students over four weeks. The findings from the evaluation showed 90% of children and young people who participated in the training stated their confidence and understanding of health priorities improved following the training and the majority wanted to continue in their role as a health champion after their training to initiate their first selected campaign.

Health Champions from Uplands Primary School delivered health interventions on healthy eating, anti-bullying, mental health – loneliness, gamification online, physical activity and transition to secondary school. The findings demonstrated an increase in fruit consumption at playtimes, an increase in children participating in physical activity for more than 30 minutes and over 4,000 people viewing a localised video created by the students on ways to combat loneliness as part of the national mental health awareness day campaign.

Heath Park Health Champions delivered interventions on bullying, anxiety, teenage pregnancy, alcohol awareness and body image. The findings from a survey carried out in school advised these issues were voted the highest priority. The interventions resulted in an increase in young people seeking information, advice, and support across the breadth of issues. The Health Champions have also been instrumental in the development and delivery of sexual health information and campaigns for Embrace (local Sexual Health Service), School Nurses and Public Health.

Following the success of this pilot we are committing to a further extension, and Uplands Primary School and Heath Park Secondary School will support us to roll out this initiative to additional schools.

Uplands Primary School

As a school we work with Public Health who provide support and training for our Health Champs programme in school. They upskill the students in their new roles and describes what it entails to be a Health Champion and training them on the skills required.

This has involved Public Health coming into to school on a termly basis to meet with the Health Champions to identify and coordinate health campaigns in school, including identifying and planning health campaigns linked to either national campaigns or school-based needs.

They have also provided resources and supported us to make links with schools across the city so that the campaign can be shared with others and signposting us to organisations so that campaigns are meaningful and purposeful.

In partnership we have delivered and coordinated four big health campaigns.

Young Health Champions – Uplands Junior School

Young Health Champions from Uplands Junior School meet Professor Chris Whitty & Director of Public Health, John Denley as part of the government visit to Wolverhampton

Heath Park Secondary School

Public Health has supported us to develop a whole school approach to campaigns including assemblies, a range of pupil-led activities, signposts to support services and letters to parents. They have helped us enhance the voice of the child and embed Health Champions programme alongside other school initiatives (Art of Brilliance, Health Week, PSHE).

The health champions programme has had a big impact on the wellbeing of our young people in school. It has raised awareness on health topics impacting young people today and broke down stigmas around thematic areas.

The campaigns have provided young people with localised support and resources available to them including pathways on how to access these.

When a campaign has been delivered, we do tend to see more young people coming forward to seek advice on concerns they may have.

MY STORY

Young Health Champion at Heath Park School

"Being a Health Champion has not only made me feel confident to talk about some issues that I am facing, but also help others who may be struggling. I have helped some of my peers with information on body image and helped someone who was struggling with anorexia. Being a Health Champion is really rewarding but important as sometimes we do not know where to go for support and get the right information".

Mental Health and Wellbeing:

Building Student Resilience

Over the academic year 2022-2023 the University of Wolverhampton partnered with Public Health to pilot an innovative Student Wellbeing Champion programme. A new Student Health and Wellbeing Co-ordinator function was developed to recruit, train, and support students to become local Wellbeing Champions. The programme provided training and education to students on public health issues, enabling them to deliver health information campaigns to hundreds of people in both the university, and wider community, supporting others to make positive choices around health and wellbeing issues.

Student volunteers were provided with tailored training packages on health topics, empowering them to develop innovative strategies to promote student health and wellbeing using evidence-based frameworks in synergy with local public health priorities. Students collaborated with staff to launch the University's new mental health and wellbeing strategy and provided online mental health workshops to promote self-care and awareness of health promotion services available to staff and students.

In addition to this, a student placement scheme was developed by the City of Wolverhampton Council. Placement opportunities within the Public Health team were made available exclusively for Student Champions. Placements last around 12 weeks and focus on an agreed piece of work (focusing on Health Protection, Health promotion, or Health Care Public Health), designed to support the delivery of key public health priorities and enable students to further develop their academic skills in real world practice.

The placements involve a formal application and interview process designed to mimic that of an employed role giving the students real-life experience to further increase their chances of employability following graduation, as well as making an active contribution to the Council's ambitions to reduce health inequalities and improve population health and wellbeing outcomes.

To date there have been three students who have successfully completed placements, and there are plans to maintain the scheme.

One student champion who completed the placement programme has gone on to secure a permanent position in a Public Health role. During the placement with CWC, the student was able to meet with a range of health and social care practitioners across the city, attending stakeholder meetings, evidencing various academic public health and health promotion activities in line with 'UK Public Health Register (UKPHR) standards' which are required competencies for working in Public Health.

The University of Wolverhampton

The University of Wolverhampton is largely a commuter university meaning it serves a high number of local students who play a pivotal role in improving the health of their local communities.

Last academic year, the Student Wellbeing Champion programme was piloted as a sector first for Higher Education in the UK and proved to be highly successful.

During the academic year, health promoting campaigns and interventions supported by Student Wellbeing Champions have reached hundreds of people both within the University and more widely across the city. We recruited, supported, and worked with over 60 Student Champions. Each Student Wellbeing Champion had the opportunity to engage in enhanced training, some examples include safeguarding, community suicide and self-harm awareness and response, information governance, enhanced public health modules, and making every contact count.

The Champions have steered many of the one-off events that occurred, as well as regular support offers such as bereavement support, neuro diversity social group and walk and talk sessions.

Examples of some of the one-off events include:

- University Wellbeing Day
- Orange Wolves
- Periods @ WLV Launch
- Well @ Wolves
- University Mental Health Day
- Freshers + Student Belonging Survey
- City Lifestyle Survey Promotion
- Sexual Violence & Sexual Assault Week

MY STORY

"As a Wellbeing Champion, I had an opportunity to undertake a student placement and work alongside public health experts at the City of Wolverhampton Council. This placement provided hands-on experience in real-world public health activities, giving me insights into the daily operations and initiatives that impact the well-being of the city's residents. The mentorship and guidance I received from the Council's public health experts were invaluable, shaping my understanding of the importance of sound mental health and wellbeing at a community level.

Overall, my experience as a Student Wellbeing Champion at the University of Wolverhampton was truly a transformative and enriching journey. In addition to expanding my knowledge of the importance of mental health and wellbeing, it also highlighted the importance of early intervention and creating a nurturing, inclusive environment for all students. I am deeply grateful for the opportunity to work with inspiring professionals and fellow students, and I am eager to continue working to improve the well-being of individuals and communities."

Students & staff from Wolverhampton University – Student Wellbeing Co-ordinators programme

Financial Wellbeing:

One Community

With the current cost of living crisis resulting in large increases in the cost of food, housing, energy and other essential services, the City of Wolverhampton Council has adopted a One Council approach and are responding through the delivery of the Financial Health and Wellbeing Strategy to ensure residents affected at all levels have access to the right support, advice and guidance, when they need it.

Developing a multi-agency approach, in close collaboration with committed partners and stakeholders we are setting a long-term vision to tackle poverty and improve financial wellbeing in the city with initiatives and ongoing plans to tackle early and emerging needs in addition to dealing with the really important work of responding to crisis.

By taking an outward looking attitude to help unlock the diverse range of skills and knowledge out there in local communities and building on the strengths that people already have to help themselves whilst actively working to break down any barriers and/or bridge the gaps that exist we aim to make lasting and sustainable change for residents.

Taking a restorative approach to working with people, supporting them to tackle issues early and helping them on their journey from reliance to resilience we focus on core areas where the biggest difference is needed such as, promoting financial responsibility; tackling food and fuel poverty; improving access to financial information and working with people to maximise income and opportunities.

The effects of financial hardship and being unable to meet basic needs can be profound and touches all aspects of life and whilst experiences can be very individual, people who experience this over a sustained period of time can suffer many adverse consequences with effects on mental health, poor physical health linked to insufficient nutrition, living in cold and damp homes, social isolation and an overall reduced life expectancy.

Knowing these issues are so complex and interconnected, we have come together with communities, partners and other agencies to ensure our approach tackles issues across the board with the aim to achieve a financially inclusive Wolverhampton - where residents have access to a comprehensive range of appropriate money advice services as well as the knowledge, skills and confidence to maximise their own financial wellbeing.

OUR STORY

Stratton Street Community Centre, Gail Reynolds

"Here at Stratton Street Community Centre, we provide a wide variety of services across all age groups to families and individuals who are resident in an area where the challenges associated with poverty are rife.

Our curriculum of activities include a foodbank, community shop, friendship groups, pre-school program, lunch clubs, cooking classes, youth and sports clubs, school holiday activity programs- seated exercise for seniors, social events – 'cost of living' household fund administration and access to a warm space to name just a few.

The challenges our programs try to address are basic activities of daily living such as eating, heating, social isolation, physical and mental health and wellbeing. In addition, this year in partnership with Public Health we hosted a meeting about sexual health, distributed and returned a survey about pre and post-natal services and distributed dental packs to all of our vulnerable families and children. I can only speak for the many residents from our local area that attend the centre. The challenges associated with poverty are often taken in their stride on a daily basis – but it is such a difficult journey.

To have access to a warm welcoming environment where one can develop a sense of belonging is where we begin. The provision of practical resources or programs where like-minded people can meet often results in friendships and the development of peer groups that continue to support each other out in the community. Education around the importance of good nutrition and physical activity helps to promote good health. In addition, the opportunity just to talk to someone during times of great difficulty is invaluable and to signpost to professional counselling services if needs be. Access to opportunities that may be out of reach in normal circumstances such as day trips, visits and fun events that create smiles, laughter and good memories are also crucial to supporting the wellbeing of our community."

Volunteers supporting their local community by getting involved in to help with garden and maintenance works

Volunteers supporting Stratton Street Community Centre Food Bank for city residents

Being Connected:

Faith in our City

Community cohesion is a fundamental aspect of our work with faith communities. It refers to the willingness of individuals from diverse backgrounds and cultures to coexist peacefully, respecting and understanding each other's differences. This is particularly important in a city as diverse as ours, where people of various faiths and beliefs live side by side.

Our work is rooted in a deep understanding of the integral role that faith plays in people's lives. Faith communities provide not only spiritual guidance but also social support, community engagement, and a sense of belonging. These elements are crucial for individual and community health and well-being.

We work closely with all faith communities in the city, acknowledging the diversity of beliefs and practices. Our approach is collaborative and respectful, ensuring that we understand and honour the unique perspectives and values of each community.

Our partnerships with faith communities are essential to addressing health and well-being and tackling inequalities in the city. We believe that faith communities have a significant role to play in promoting health and well-being, given their influence and reach within the community.

We collaborate with faith leaders who often have a deep understanding of the community's needs and challenges. They can provide valuable insights into the health issues affecting their community members and help us develop targeted interventions.

Our initiatives include health awareness campaigns and support groups, often held in places of worship or community centres. These initiatives aim to increase health literacy, promote healthy lifestyles, and provide support for individuals facing health challenges.

Through collaboration and mutual respect, and the strengths of our faith communities we can make a positive impact on the health of our city. Community cohesion plays a crucial role in fostering a sense of unity in diversity.

Eid Celebrations, Peace Park Wolverhampton July 2022

OUR STORY

Central Mosque, Iftikhar Ahmed

“We are the Central Mosque in Wolverhampton, with a diverse and cosmopolitan congregation to whom we provide all Islamic religious needs. In addition to this we provide support in terms of social, cultural, and wellbeing needs. In the last month we have run CPR and lifesaving courses.

There is a weekly informal drop-in service for general health concerns which are addressed by qualified medical staff on a voluntary basis. Note: This is not a surgery where medication is prescribed.

Throughout the year the Mosque highlights any wider health and well-being issues. The prime example being throughout the COVID crisis there was close co-ordination with the Council, medical professionals, and the community. We do provide bereavement services as the need arises. There is no measured impact analysis as these are voluntary initiatives, however, with people attending and asking for advice throughout the week and on Fridays it shows that there is both a need and appreciation of the work being done.

One of the highlights of this year has been the Eid celebrations that were held in West Park in conjunction with the Council. It was a bright day that was attended by over three thousand people. People of all faiths attended to either participate or to provide support. A variety of stalls were put up and refreshments provided. It was a very colourful and cosmopolitan event which showcased multiculturism at its best.”

City of Sanctuary:

A Place of Welcome

As a City of Sanctuary, we have a proud history of welcoming people from across the Globe, offering a safe and welcoming place for those fleeing conflict, violence and persecution. We are grateful that so many Wolverhampton providers and organisations play their part to enable access to vital support and assistance to meet the complex and diverse needs of new, transient and migrant residents. Through our multiagency approach we promote the health, well-being, economic and social inclusion of new communities in our city, ensuring access to housing options and better opportunities to enable resettlement. By working together in collaboration and partnership, the city's residents, providers and organisations have enabled families from countries such as Ukraine, Syria, Afghanistan and Sudan to rebuild their lives, becoming thriving equal citizens of Wolverhampton.

Councillor Jasbir Jaspal, Cabinet Member for Adults and Wellbeing, visits RMC at the launch of New City Service

Ukraine

With the outbreak of war in Ukraine the Government announced the launch of the Home for Ukraine scheme. Public Health's Homelessness and Migration Team took the local lead to ensure all new arrivals from Ukraine in the city were safe and welcomed within the home of a local resident.

Over 500 households across Wolverhampton offered to open up their homes; to ensure the offer was genuine, safe and suitable a cross departmental process was put into place. This involved the Homelessness and Migration and Private Sector Housing teams visiting each host to ensure enhanced DBS checks were carried out via the Licencing team, safeguarding checks were conducted via Adults and Children Social Care and the Community Support Team were available to ensure access to welcome and initial support payments to the households. The school admissions team supported with pre-allocation of school placements and referrals were made to both 0-19 and Early help for additional assistance. The team coordinated primary care support, making contact with local GP practices and pre-booking health assessments in partnership with the Integrated Care Board (ICB).

Once the households arrived The Refugee and Migrant Centre (RMC) provided wrap around support conducting personalised assessments and supporting further resettlement opportunities. The Ukraine Community Association has become a vital hub for support, guidance and welcome including Wolves@Work and Adult Education who delivered services from the centre every Friday.

Olha and her daughter, arrived via the Homes for Ukraine scheme to Wolverhampton:

MY STORY

We made our application for the Homes for Ukraine Visa, I had to make the decision to leave and come to a new country so my child can sleep at night without constant fear. It is not easy, but from the moment we had made our application the Homelessness and Migration Team from Wolverhampton Council were in touch. They were with me on my journey, what felt like 24.7 whilst we were waiting for the visa and then throughout our journey.

The Council were even our first guest, they came to greet and visit us in our new home. The language barrier and other rules of life could have become another test for my daughter and me, we had a lot of things that we needed to get in place, opening a bank account, enrolling in school... are just a few. Without the help of the Homelessness and Migration Team, I couldn't have coped. They helped and guided me in everything and moving to a new country with new requirements is not easy. I know that there are still many difficulties ahead, but when I see that my daughter is sleeping peacefully in her bed, in her room, I feel boundless gratitude. We have had the opportunity to live a full and happy life, for the opportunity to see a clear sky above your head, for hope and faith in the best. Thank you.

Newly Granted Refugee- Via Asylum

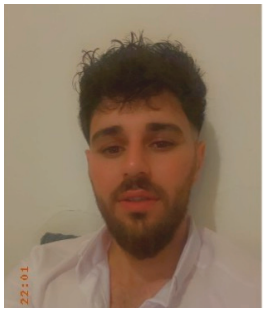
Public Health's Homelessness and Migration Team were successful in bidding for the Home Office Refugee Transition Outcome Project in collaboration with other local councils alongside the Big Issue charity. The model of delivery that has been implemented across the region has been one of partnership, collaboration and joint learning. Wolverhampton has been recognised for achieving some of the best outcomes. The team ensures all newly granted refugees are referred into the project. The RMC complete assessment based integration plans and employability assessments. Wolves@Work deliver a specialist service, working with the households and employers to give opportunities and the Homelessness and Migration team work to secure housing to prevent homelessness across the Private Rented sector.

Arman, an Asylum Seeker from Iraq, Kurdistan.

As soon as Arman was given leave to remain he was invited to the RMC to enable him to access opportunities and to support him to resettle in the city. The Homelessness and Migration Team supported him to secure accommodation with a local social housing provider. Further to this, he has been supported into part time employment by Wolves@work, and is attending ESOL through adult education to improve his English. The RMC supported the application for family reunion and in partnership were able to secure a 1 bed flat in the private rented sector for Arman to be able to live, work and welcome his wife.

MY STORY

"Thank you very much for helping me and I am very happy that you gave me a home and helped me" Arman Sharifi.



Arman Sharifi

Afghan Resettlement

In July 2021 the government required Local Authorities to help relocate Afghan Locally Employed Ex-Gratia Staff as part of a resettlement scheme. The current Leader at the time, Councillor Ian Brookfield, confirmed the support of Wolverhampton, offering to welcome, accommodate and resettle 80 Afghan nationals evacuating Afghanistan.

The Homelessness and Migration team facilitated a whole city approach by forming a strategic group to welcome and safeguard new arriving refugees. The funding from the scheme has also been utilised to provide wrap around support via charities and the community and voluntary sector, to secure long term sustainable and affordable homes through the private rented sector.

Ghulam, and his family of 7 were one of the first arriving Refugee from Afghanistan in July 2021.

MY STORY

"Life in Wolverhampton has been good to me, my family feels safe and secure since we arrived in July 2021. I have a place to live, I am grateful for the assistance but never wanted to rely on benefits and so I have made every effort to come off and support my family by myself. I have a HGV license, a taxi driver license and I have recently passed bus driving license and have been able to secure employment. I have a great job, opportunities and can provide for my family. We are very happy"

Ghulam Mujtaba Raufi

Safer Streets :

Safeguarding our Residents

In the summer of 2022, Wolverhampton was successful in a partnership bid to the Home Office Safer Streets Fund and was awarded over £365,000 to undertake activity to promote safety in the city. The associated activity focused on Wolverhampton city centre and aimed to reduce anti-social behaviour and increase the safety of women and girls.

The project contained various workstreams led by a host of agencies, including West Midlands Police, the Violence Reduction Partnership, Wolverhampton Business Improvement District, P3 and the City of Wolverhampton Council.

Late Night Safe Haven pop up space in the City Centre

Key activity included:

- Additional provision of Wolverhampton Safe Haven ensured that everybody visiting the city had access to a safe space to seek support, first aid if required, phone charging point and assistance securing a licensed taxi home.
- BID night guardians conducted street patrols to support businesses operating in the night-time economy and be a visible point of contact to people in the city centre. They were able to offer support and advice and direct people to the Safe Haven where necessary.
- Training sessions were delivered to those working within the night-time economy including licensed venue staff, door staff, taxi marshals and taxi providers to upskill them to recognise and respond to vulnerability as well as respond to and report any incidents of violence and harassment against women and girls.

- When young people were identified as at risk of causing Anti-Social Behaviour (ASB) in the City Centre, partnership work took place to identify them, notify their schools and family and direct them to positive activities delivered by third sector partners.
- Additional police presence was funded in the city centre. Uniformed officers provided visibility and reassurance to the public, whilst plain clothed officers were deployed to identify and work with young people. In addition, officers were deployed on safety of women patrols every Friday and Saturday night.
- The project was overseen by a multi-agency project group to ensure that operational activity was aligned. A full evaluation is in development, however monitoring throughout the project indicates that the project has been extremely successful in promoting safety in the City. Funding has been secured to continue to deliver many elements of this project.

Late Night Safe Haven pop up space in the City Centre

West Midlands Police

The Safer Streets project has been invaluable in promoting the safety of residents in the city centre.

Following the lifting of Covid-19 restrictions, West Midlands Police were keen to work in partnership to ensure that the city centre was a welcoming place to live, work and visit and welcomed the Safer Streets funding to prevent anti-social behaviour, promote the safety of women and girls and increase feelings of safety.

Additional police patrols provided a visible presence within the City Centre to reassure the public and deter problematic behaviour, in addition plain clothed officers were also deployed to identify young people at risk of anti-social behaviour and work in partnership to offer them positive diversionary activity and additional support based on their needs. Where this was not possible, the police undertook enforcement action to manage behaviours.

As a result of the project from 1st August 2022 – 31st March 2023 1,169 hours of additional policing was deployed within the target area.

Officers were also deployed on Friday and Saturday nights to support the safety of women and girls in the nighttime economy. They proactively patrolled and directed people to the Safe Haven when they required additional support. They also identified people within the night time-economy behaving inappropriately towards women and (where this was not a criminal offence), followed up with home visits to address the behaviour and prevent escalation.

West Midlands Police worked closely with Public Health and wider partners to implement the activity and ensure that there was alignment between work streams offering both support and enforcement options where necessary. There is little doubt that the work undertaken has increased the ability of the partnership to prevent crime and safeguard residents.

Positive Choices:

Supporting People to Put Their Health First

In Wolverhampton, data shows residents are drinking at harmful levels. In 2021, 52 people died from a condition directly related to alcohol (alcohol-specific mortality). This equates to a rate of 21.5 per 100,000 population. This is significantly higher than the England and West Midland rates. Additionally, based on estimated prevalence data for Wolverhampton, only 1 in 5 people who experience alcohol harm are engaged with alcohol treatment support services. For those who are engaged in treatment and support, their recovery outcomes are positive, nearly 45% exit treatment successfully. A matter of concern relates to the investigation of alcohol-specific mortality data (2018-2020) which shows a significant over representation of deaths in White males (69.4%) and Asian males (26.3%) compared to the local population (male and female) of 60.6% and 21.2% respectively (2021).

In order to tackle the unmet need in the population, we recognise the value of partnership working. The local Drug and Alcohol Strategic Partnership was developed in 2022 and forms a consortium of multi-agency partners working towards the mutual aim of reducing drug and alcohol harm across Wolverhampton.

Key priorities for the drug and alcohol partnership include:

- Improving the quality of screening activity in high-risk groups via frontline services, targeted support services, NHS Health Checks and general patient appointments in GP practices.
- Rolling out an extensive programme of Identification and Brief Advice (IBA) training for those working with communities most at risk.
- Improving access to high-quality treatment interventions including the development of specialist alcohol clinics in community settings and the expansion of the specialist alcohol team in secondary care.
- A supported employment programme which launched in May 2023 specifically for clients engaged in drug and alcohol treatment and builds on the excellent work that has been undertaken to facilitate clients into employment.
- Conducting a bespoke piece of work specifically exploring research insights in relation to high-risk communities including the South Asian population.

A recent example of multi-agency partnership working took place during July 2023 to mark Alcohol Awareness Week. Alcohol Awareness Week was a fantastic partnership event involving teams from Public Health, our Libraries, Events and WV Active working closely with colleagues from Recovery Near You, P3, SUIT, Enjoy Wolverhampton, West Midlands Police, the Violet Project, Wolves

Foundation and Hit the Dhol, who entertained the crowds at a special family event in Queen Square Saturday 8th July.

The theme of this year's campaign, organised by the charity Alcohol Change, was 'Alcohol and Cost', people were encouraged to consider the many implications associated with alcohol, like health problems, financial worries and family difficulties. Alcohol Awareness Week provided a unique opportunity to raise awareness of the support available. Recovery Near You (the specialist substance misuse treatment and recovery provider commissioned by Public Health), the City of Wolverhampton Council and key partner organisations held a series of events across the city, including the provision of free liver health checks and hepatitis C testing alongside general health and wellbeing advice. Over 400 people had a liver fibroscan at the Love Your Liver Bus during a 5-day period. Around 2,500 people were given advice and support to think differently about their alcohol use while nearly 500 people received an Extended Brief Intervention to find out more about the campaign and receive help to assess their own drinking risk levels using validated tools. We were able to engage with thousands of local people, providing them with information, help and support to help them or their family members to deal with any issues they may be experiencing with alcohol.

MY STORY

"After a 16-year battle with alcohol, following a stay at a rehab facility, I was signposted to Wolverhampton's Service User Involvement Team (SUIT). I volunteered for 2 days a week at SUIT and within that wonderful team I gradually re-discovered my self-worth and self-esteem. By challenging my own anxieties within a supportive team and inspiring Manager, I was able to give something back to the local community and I was able to find the confidence and belief that I could make a difference to people who were in the same position as I had been in, only a few months previously. I applied for university for the first time in my life, I became a father for the first time. I took a part-time paid role at SUIT, which became a full-time role at SUIT and ultimately, I became and now continue to say with great pride that I am the Project Manager of SUIT. Working alongside 30 volunteers and 4 other paid members of staff, all of them with lived experience of drug and alcohol addiction related difficulties. We offer the most holistic wrap-around service we can to those who need us. Working alongside Recovery Near You and with the support of the local council and other community partners, we will together all continue to push to create change against stigma and improve the lives of those in need within Wolverhampton"

Recovery Near You (RNY)

RNY is a substance misuse service commissioned by Public Health, offering a wide range of holistic services for people of Wolverhampton who misuse any substance – alcohol, opiates, benzodiazepines, painkillers and so on. We work with people of all ages - from children to older adults – who are directly or indirectly affected by substance misuse. All our work is done in partnership with local agencies and local partners in primary care, specialist care, hospital, and various non-NHS statutory and the third sector agencies.

Our service's aim is to reduce the overall negative impact that drug and alcohol use has on our population and our communities. We do this by raising awareness of drug and alcohol problems, treating those who are in need and supporting those who are ready to lead a substance-free life in their onward journeys by re-integrating them into society to lead productive lives.

Our range of bio-psycho-social services include medical and nonmedical services (psychological – counselling, psychotherapy, etc and social services – support with employment and housing.) We also offer specialist psychiatric treatment for patients who are in need and provide treatments for those with physical health problems including dental health, sexual health, specific diseases such as Tuberculosis, and blood borne viruses such as Hepatitis B, Hepatitis C and HIV.

Alcohol misuse is a major cause of morbidity and mortality in Wolverhampton, and our city ranks very high in alcohol-related deaths. We offer outpatient-based and inpatient-based treatments for people who need support with drugs and alcohol. Wherever possible, we treat people in their homes, with the support of their families.

Research shows that for every individual suffering, at least 8 people in their social network are also affected adversely. Hence, we offer a wide range of support and treatment services for others effected.

Drug overdose is the most common cause of death among heroin and stimulant drug users. To reduce the risk of overdose deaths, we have an extensive program of take-home Naloxone (antidote medication to reverse the effect of drug overdose deaths) to patients, families, and health/allied care professionals, via professional training and peer-to-peer distribution.

In addition to substances, we also help people who show addictive behaviours. The most common behavioural addiction in the UK is gambling. We offer medical and psychological treatments for gamblers and their families.

Furthermore, Attention Deficit Hyperactivity Disorder (ADHD) is an increasingly common comorbidity amongst substance misusers. We are one of the few services in the country to offer ADHD screening for our patients, and then signpost them to appropriate help and support.

In our service, we also help healthcare professionals (nurses, doctors, social workers, occupational therapists, physiotherapists, pharmacists, etc) who are misusing or have become dependent on prescribed opiates such as co-codamol, tramadol, dihydrocodeine).

Being Active:

Moving to a Healthier You

Being active is an essential part of leading a healthy life and currently in Wolverhampton not enough residents are taking part in the recommended levels of physical activity. The Chief Medical Officer recommends that adults undertake 150 minutes of physical activity every week, which includes muscle strengthening activities on two days a week alongside the ambition to reduce the amount of time people are sedentary. The recommendations for children are at least 60 minutes of physical activity a day, with muscle and bone strengthening activities three to four times a week.

There is strong scientific evidence that leading an active life can reduce your risk of many diseases, such as: diabetes, cardiovascular disease, some cancers, depression, anxiety and dementia, as well as boosting your quality of life. There are both individual and social benefits to being active which helps us to have well connected and cohesive communities.

To help more Wulfrunians receive these benefits of living an active lifestyle, Wolverhampton's Health and Wellbeing Board, Health and Wellbeing Together, has established getting Wolverhampton moving more as one of their priority areas. This is a partnership approach where organisations from across the city have come together to work collaboratively to help change Wolverhampton into an active city.

Public, private and voluntary sector organisations are contributing to getting Wolverhampton moving more. We want to create equal and fair access to physical activity in Wolverhampton and support Wulfrunians to move more every day.

Walking Hockey and a Chat Group, Tim Lorimer

We are The Walking Hockey and Chat Group. We are working with Public Health and offering a physical and social group, primarily aimed at O65's. We play for an hour once a week and then have social interaction through a coffee and chat at Aldersley. The group is supported by Wolverhampton and Tettenhall Hockey Club and is one of their outreach projects.

We have a number of players who have mental and physical health issues and what is so good is to see the smiles of enjoyment on everyone's faces. Ability to play Hockey is not a consideration and we have a number of players who have never played. Someone will always volunteer to help with the arrangements i.e., putting the goals out or taking the drinks orders.

I always wanted to run this in conjunction with the City of Wolverhampton Council and was delighted when they agreed to not only promote it but also offer some financial support to get it started. Our first session was in May 2022 with three players, we now have on average 18-20 players most weeks and over 30 signed up. What is also encouraging is one of the players has played for the club, others have progressed to the Back to Hockey sessions. We have had matches against Bromsgrove.

Members of the Walking Hockey & Chat group meeting together as a group

Opportunity to participate in some physical activity which most will not have experienced before. We have a number of players who openly admit to having some form of mental illness and have found this session has really improved their lives. They really look forward to 11am on Wednesdays.

This must have a positive impact as they tell me this session has made a big difference to their lives. We have players from a number of different backgrounds all of whom integrate as one big happy group.

MY STORY

Walking Hockey Group members

"I had taken early retirement due to health issues, treatment for which had resulted in constant extreme fatigue. From a daily gym bunny, 10-minute planks and walking 50 miles per week, for many months I could barely manage to get to the end of the cul-de-sac. Work had brought not only an income but contact with people. My job was on a busy reception desk in a large secondary school and I missed not only the interaction with others but also being part of a team. Both physically and mentally I desperately needed a new challenge.
By chance I saw a flyer for walking hockey on Tesco's notice board. So, I took the plunge and emailed Tim. Was I too old/unfit/no good at hockey? NO!!! I rocked up at Aldersley the following Wednesday and have not looked back.

Walking hockey has delivered so much of what I needed. I can't give physically as much to the game as I would like but the fact that it is walking hockey makes it much less daunting and doable. I hadn't played the sport for nearly 50 years, but it didn't matter. I was there and taking part. The friendship and camaraderie of the group (enhanced by a post-match coffee and chat) has been wonderful. There are no expectations, just a fantastic collective of lovely people of varying abilities who help, care, support and guide you to do as much as you can, as well as you can. It speaks volumes that we're having a Walking Hockey Christmas party. What a great bunch. I feel extremely blessed to be part of all this."

"I began a period of long-term sickness absence in early April 2023. This was due to mental health issues relating to a stress condition which stemmed from the workplace. Within the first week of absence, I had a telephone consultation with a mental health nurse at my local GP surgery to discuss my case and a clear recommendation from the nurse was to ensure that I got out of the house and undertook regular exercise. I was also encouraged to continue to get plenty of social interaction, as this can be a problem for some people when absent from work and isolation can be a major trigger of mental health problems. A couple of weeks after my condition was diagnosed, Walking Hockey was recommended to me and although I had never even picked up a hockey stick before, I was encouraged to go along and try a free starter session. I recognised that it would potentially be beneficial on the two points that the mental health nurse had recommended – exercise and social interaction and so agreed to "give it a go". I have now been attending regularly for around four months and have found the weekly sessions to be hugely beneficial. The exercise always leaves me feeling invigorated and in a far better frame of mind at the end compared to prior to the session. Also, the other players are a great group of people, none of whom I knew before beginning the sessions and they were quick to make me welcome and are a pleasure to spend time with. Both of these factors have helped improve my mental wellbeing and helped me get to a position where I have been able to make important decisions about my issues in the workplace. I genuinely believe that the walking hockey sessions have played an important part in my recovery and recuperation and am extremely grateful to Tim and Barbara and the rest of the group for the support that they have unknowingly provided to me."

Keeping Well:

A Place We Call Home

In Wolverhampton, there are nearly 70 residential care homes dedicated to providing essential care to some of the city's most vulnerable residents. These care homes include both residential and nursing facilities, with the latter specialising in more complex care needs. Currently, they collectively house approximately 1,800 individuals, all of whom rely on the dedicated care provided within these settings. Many of these residents contend with multiple comorbidities, placing them at a heightened risk of experiencing adverse health outcomes. Consequently, the well-being and safety of these individuals are a priority for all stakeholders in the health and social care sector. In pursuit of this shared goal, collaborative efforts from various partners within the system have been instrumental.

Aspen Lodge Care Home, main entrance

To safeguard the health of these residents, partnerships have been forged with partners such as the Royal Wolverhampton Trust, resulting in the implementation of a comprehensive infection prevention program across all care homes which initiative equips staff with the necessary skills and knowledge to shield residents from a range of infections, such as Covid, influenza, and other viral and bacterial diseases. Furthermore, the Rapid Intervention Team provide emergency support to care homes to ensure that care can be administered within the care home environment whenever possible, minimising the need for hospital admissions. Additionally, Primary Care now undertake virtual wards which ensures ongoing monitoring and early detection of any signs of deterioration in residents' health, allowing for timely intervention.

These services represent just a proportion of the support provided to care homes, forming part of a broader spectrum of provisions aimed at maintaining the safety and well-being of their residents.

OUR STORY

Aspen Lodge, Care Home

Aspen Lodge is one of many care homes here in the city of Wolverhampton, providing a range of care to older adults with complex care needs. Aspen Lodge can accommodate up to 25 residents and is available for long stays and also respite accommodation. Residents are supported with a wide range of care requirements including dementia, end of life and physical disabilities.

Keeping residents safe and well is the key priority for all staff at Aspen lodge and this is only possible through working in partnership with various services across the city which importantly includes Public Health. As we recover from the challenges care homes faced over recent years, our partnerships have strengthened and we are now in a stronger position to look after our residents. The learning from recent years has meant staff at Aspen Lodge are more aware and skilled in specialist areas such as infection prevention which is so important in keeping residents free of infectious diseases given their vulnerabilities of becoming more severely sick. Much of this learning has come through partnership working with Public Health who Commission the Infection Prevention Control (IPC) service based at RWT.

Working with the IPC team we have been able to enhance the way we work and look after our residents through regular training, mutually agreed audits and receiving support when required to effectively manage any infectious disease outbreaks.

Additionally, initiatives such as the Enhanced Health in Care Homes (EHCH) has meant primary care visit the home on a weekly basis ensuring care needs of our residents are identified and met in a timely way and therefore preventing deterioration. Many other projects and initiatives are on the horizon including strength and balance provision with our Public Health colleagues which will again build the resilience of our residents and support staff in the work they do.

The care home sector continues to face various challenges, which are not surprising given the complex nature of service provision being offered, however, the partnerships in Wolverhampton have notably grown over recent years making the challenges ahead a shared agenda across local authority and NHS partners.

Enabling and Embedding Partnership Working

City of Wolverhampton
Health & Wellbeing Together

This report provides a wide range of examples of partnership working taking place to build a healthier city.

With strategic leadership from our Health and Wellbeing Board, known locally as Health and Wellbeing Together, and supported by our local place-based partnership OneWolverhampton, it is our aim to further strengthen this partnership approach to accelerate improvements in Public Health outcomes and demonstrate that Public Health is everyone's business.

Looking forward

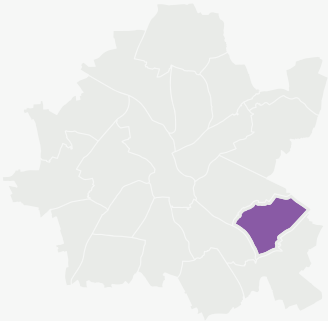
In the next twelve months we are committed to working in partnership to address key Public Health priorities, this includes working together to:

- Improve physical activity rates in the city across the life-course.
- Increase cancer screening uptake and improve uptake of children's immunisations.
- Deliver our lifestyle offer, including weight management and smoking cessation services.
- Grow our voluntary and community sector enabling local people to thrive in their communities.
- Further develop our Love Your Community approach to increase community connections and pride.

None of this can be achieved without the support of local people and organisations. City wards have many place leaders, voluntary and grass root organisations and other key individuals who play an invaluable role in improving the health and wellbeing of their local community.

The following ward maps capture key statistics and city assets. They represent a starting point. Help us to build on this and celebrate local partnerships and groups by contacting us via the Love Your Community email address: LoveYourCommunity@wolverhampton.gov.uk

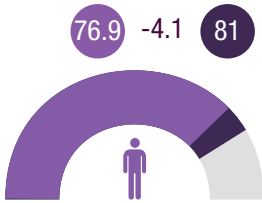
Your ward at a glance: Bilston North



Learn more about your ward here:

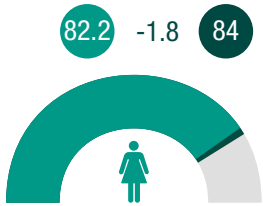
Male

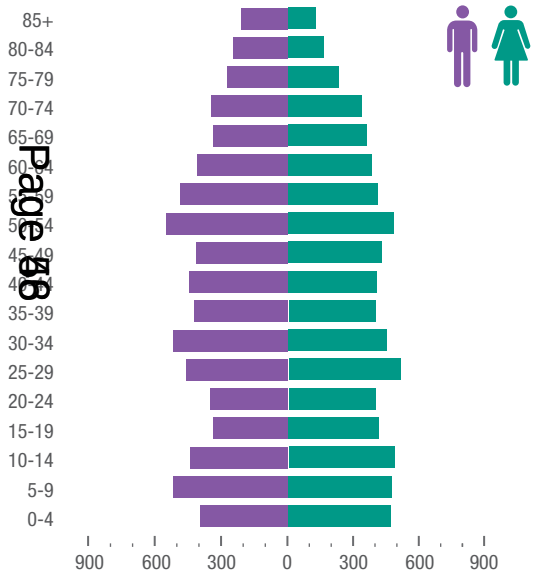
- Life expectancy (years)
- Vision 2030 (years)



Female

- Life expectancy (years)
- Vision 2030 (years)





Total population

14,015

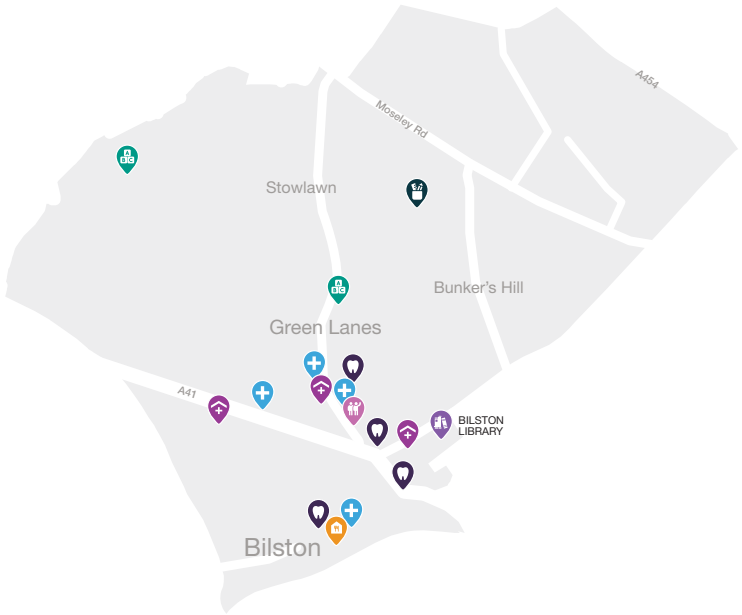
40%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

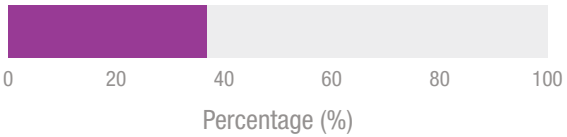
Bilston Library	
Food Banks and Community Associations	
GPs	4
Bilston Community Centre	
Residential Care Homes	3
Dentist	4
Primary School	2
Secondary School	1



35.14%

Children living in poverty

City Deprivation: 36.82%



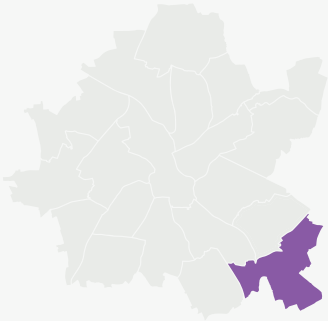
Help us build a picture of local assets, partnerships and groups where you live. Email us at **LoveYourCommunity@wolverhampton.gov.uk** to tell us about what you're involved in at your local place.

LOVE YOUR COMMUNITY Bilston North

For further information and sources visit: https://**insight.wolverhampton**.gov.uk

Your ward at a glance:

Bilston South



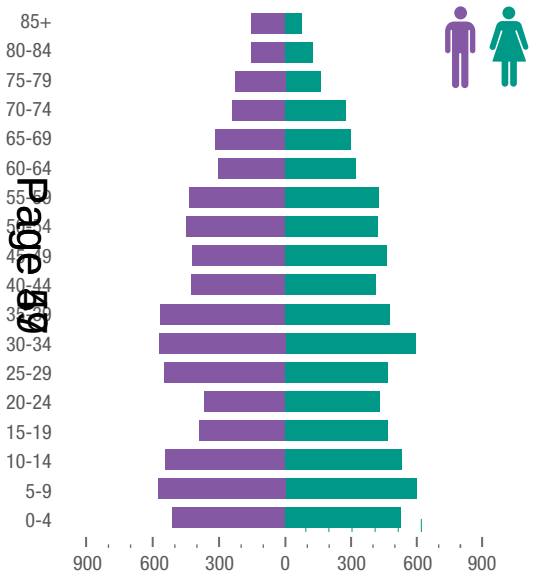
Learn more about your ward here

Male

- Life expectancy (years): 78.2
- -2.8
- Vision 2030 (years): 81

Female

- Life expectancy (years): 80.4
- -3.6
- Vision 2030 (years): 84



Total population

13,983

36%

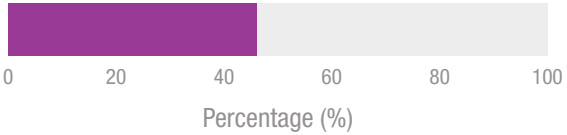
of the population are **Ethnic Minority**

(City average: 45%)

36.80%

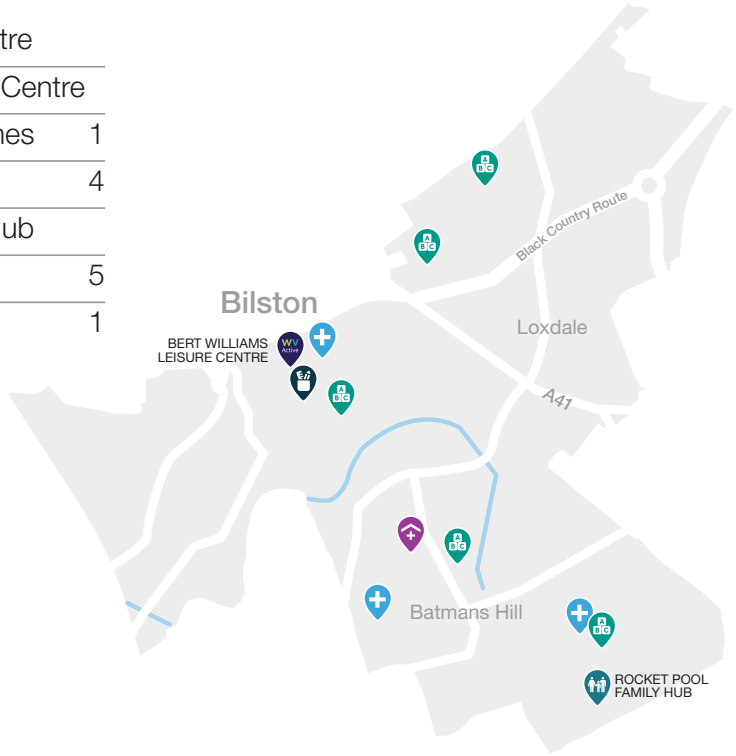
Children living in poverty

City Deprivation: 46.14%



LOCAL ASSETS

Lunt Community Centre	
Bert Williams Leisure Centre	
Residential Care Homes	1
GPs	4
Rocket Pool Family Hub	
Primary Schools	5
Secondary Schools	1



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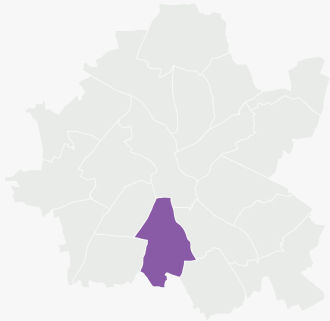
LOVE YOUR COMMUNITY Bilston South

For further information and sources visit: https://**insight.wolverhampton**.gov.uk

Your ward at a glance: Blakenhall



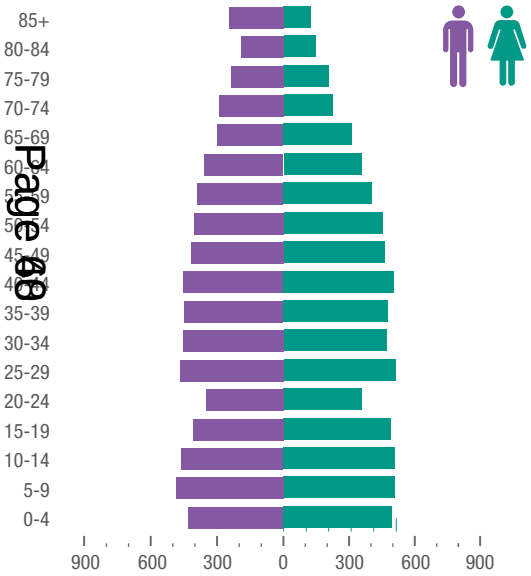
Learn more about your ward here:

Male

- Life expectancy (years) 76.1
- -4.9
- Vision 2030 (years) 81

Female

- Life expectancy (years) 80.1
- -3.9
- Vision 2030 (years) 84



Total population

13,320

83%

of the population are **Ethnic Minority**

(City average: 45%)

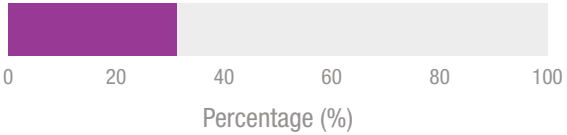
LOCAL ASSETS

GPs	3
Residential Care Homes	3
Dentist	2
Graiseley Family Hub	
Bob Jones Community Hub	
Primary School	4
Secondary School	1

29.40%

Children living in poverty

City Deprivation: 31.26%



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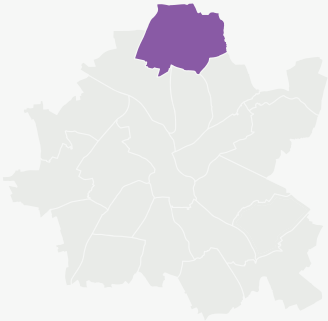
LOVE YOUR COMMUNITY Blakenhall

For further information and sources visit: https://**insight.wolverhampton**.gov.uk

Your ward at a glance:

Bushbury North



Learn more about your ward here

Male

Life expectancy (years) 78.2 -2.8 81

Vision 2030 (years)

Female

Life expectancy (years) 82.6 -1.4 84

Vision 2030 (years)

Total population

11,429

25%

of the population are

Ethnic Minority

(City average: 45%)

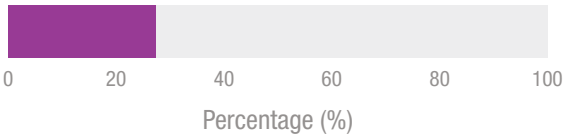
LOCAL ASSETS

GPs	5
Residential Care Homes	1
Dentist	2
Collingwood Library	
Primary School	3
Secondary School	1

29.64%

Children living in poverty

City Deprivation: 27.35%



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LOVE YOUR COMMUNITY Bushbury North

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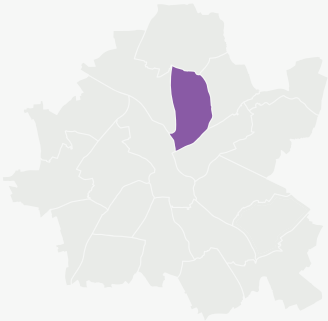
Your ward at a glance:

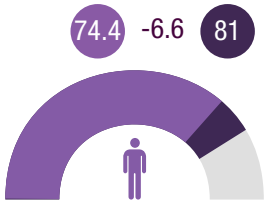
Bushbury South and Low Hill



Learn more about your ward here:

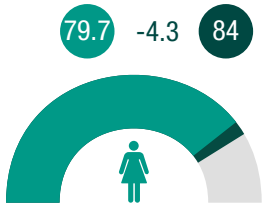
Male

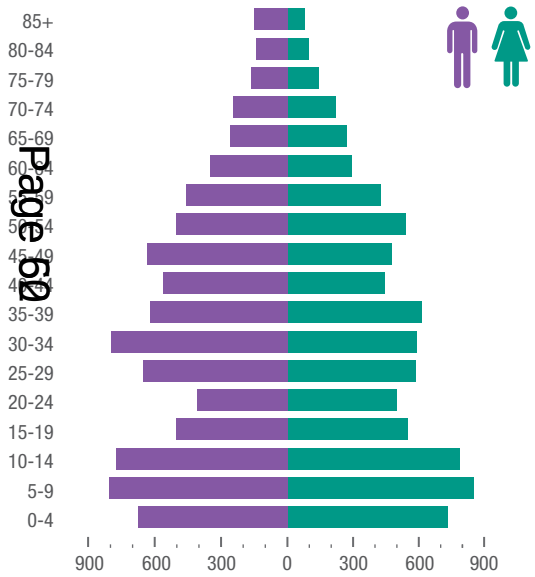
- Life expectancy (years)
- Vision 2030 (years)



Female

- Life expectancy (years)
- Vision 2030 (years)





Total population

16,988

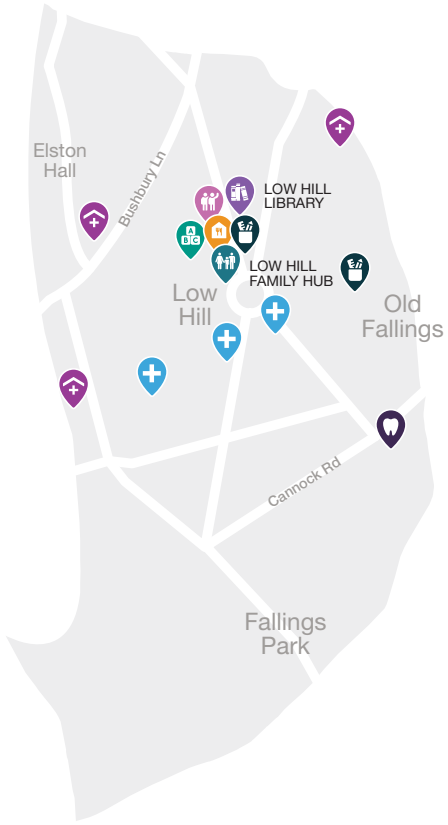
47%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

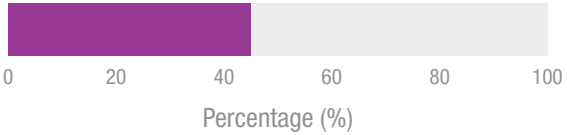
Food Banks and Commercial Associations	
GPs	3
Residential Care Homes	3
Dentist	1
Low Hill Family Hub	
Low Hill Library	
Low Hill Community Centre	
Primary School	1
Secondary School	2



40.24%

Children living in poverty

City Deprivation: 45.06%



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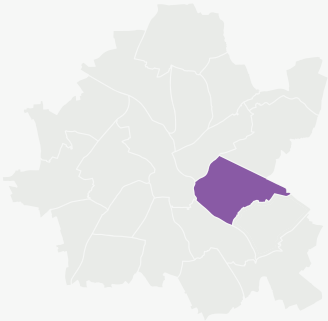
LOVE YOUR COMMUNITY
Bushbury South & Low Hill

For further information and sources visit: https://**insight.wolverhampton**.gov.uk

Your ward at a glance:

East Park



Learn more about your ward here

Male

Life expectancy (years) 75.9

Vision 2030 (years) 81

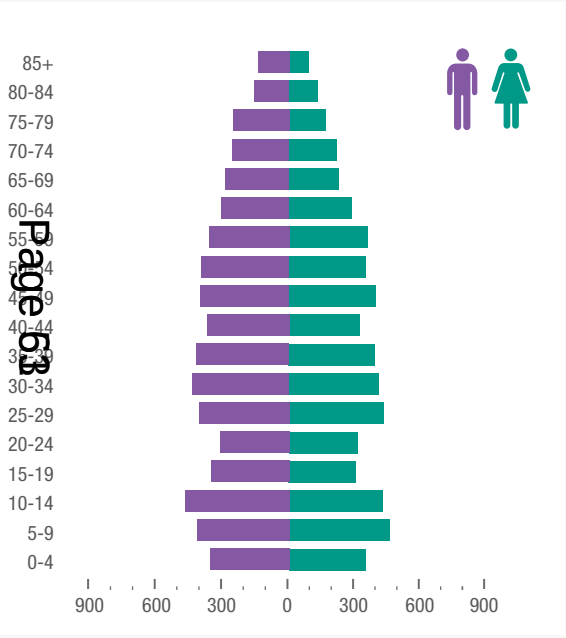
-5.1

Female

Life expectancy (years) 80.4

Vision 2030 (years) 84

-3.6



Total population

11,326

42%

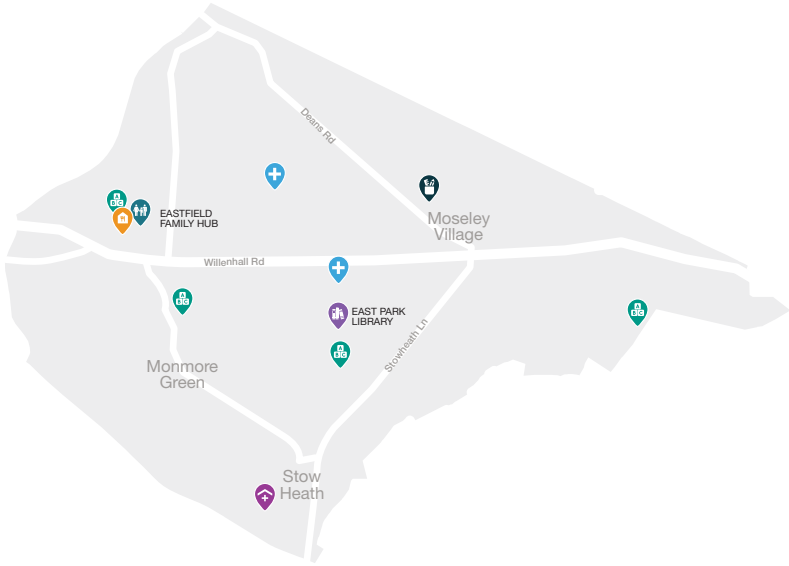
of the population are

Ethnic Minority

(City average: 45%)

LOCAL ASSETS

Food Banks and Community Associations	
GPs	2
Residential Care Home	1
Eastfield Family Hub	
East Park Library	
Eastfield Community Centre	
Primary School	4
Secondary School	1



38.20%

Children living in poverty

City Deprivation: 43.71%

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LOVE YOUR COMMUNITY East Park

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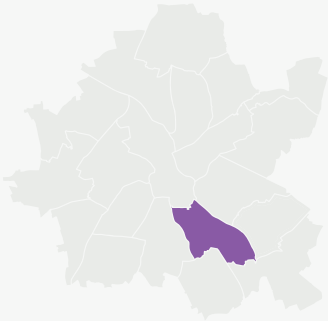
Your ward at a glance: Ettingshall North



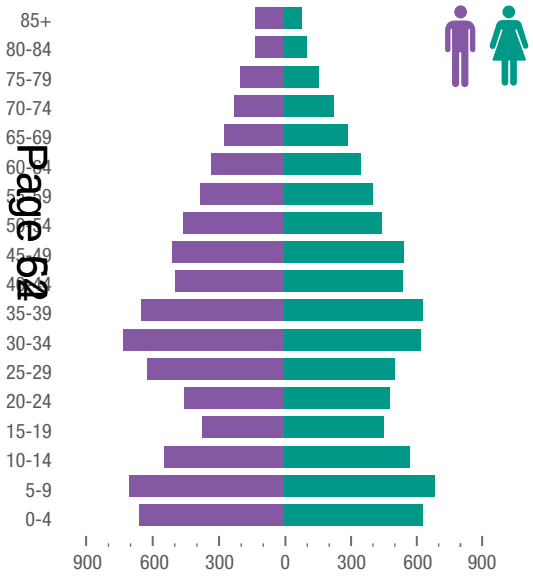
Learn more about your ward here:

Male

- Life expectancy (years) 76.5
- -4.5
- Vision 2030 (years) 81

Female

- Life expectancy (years) 79.8
- -4.2
- Vision 2030 (years) 84



Total population

15,406

67%

of the population are **Ethnic Minority**

(City average: 45%)

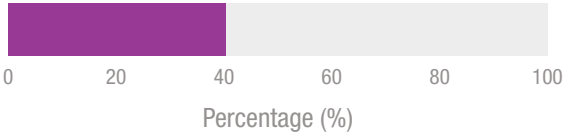
LOCAL ASSETS

Food Banks and Community Associations	
GPs	3
Residential Care Homes	3
Dentist	1
All Saints Community Centre	
Primary School	4
Secondary School	1

39.46%

Children living in poverty

City Deprivation: 40.39%



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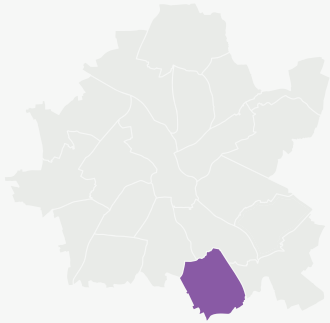
LOVE YOUR COMMUNITY Ettingshall North

Your ward at a glance:

Ettingshall South and Spring Vale

Learn more about your ward here



Male

Life expectancy (years) 76.2

Vision 2030 (years) 81

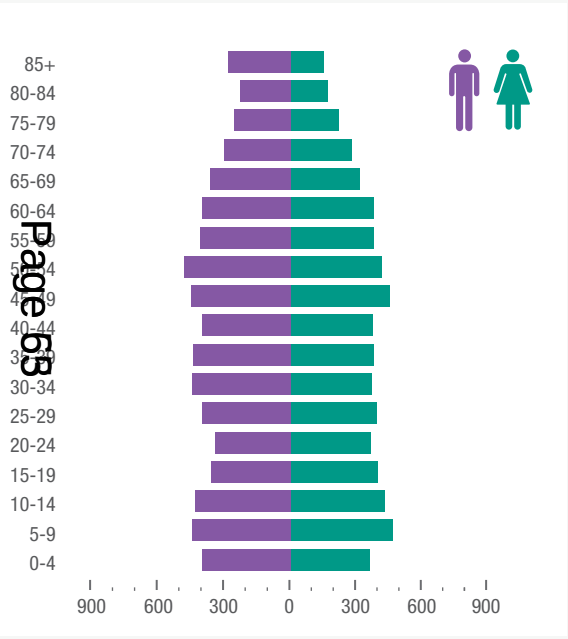
-4.8

Female

Life expectancy (years) 82.4

Vision 2030 (years) 84

-1.6



Total population

15,406

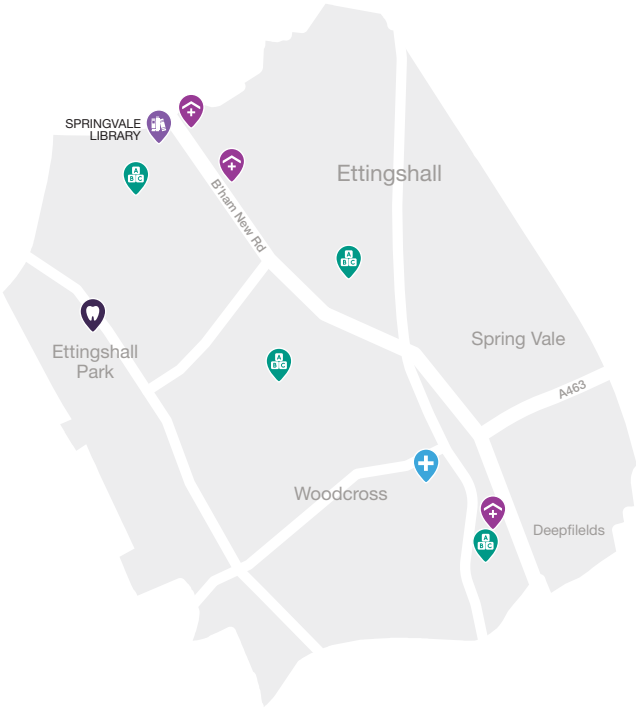
38%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

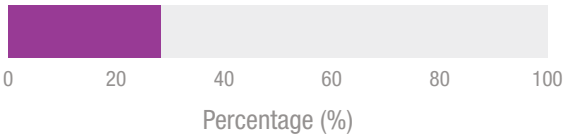
GPs	1
Residential Care Homes	3
Dentist	1
Springvale Library	
Primary School	4



30.12%

Children living in poverty

City Deprivation: 28.25%



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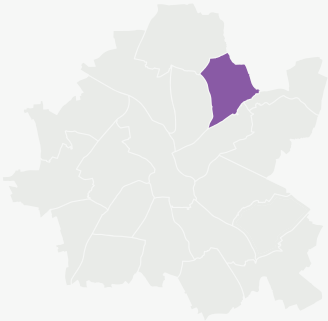
LOVE YOUR COMMUNITY
Ettingshall South & Spring Vale

For further information and sources visit: https://**insight.wolverhampton**.gov.uk

Your ward at a glance: Fallings Park



Learn more about your ward here:

Male

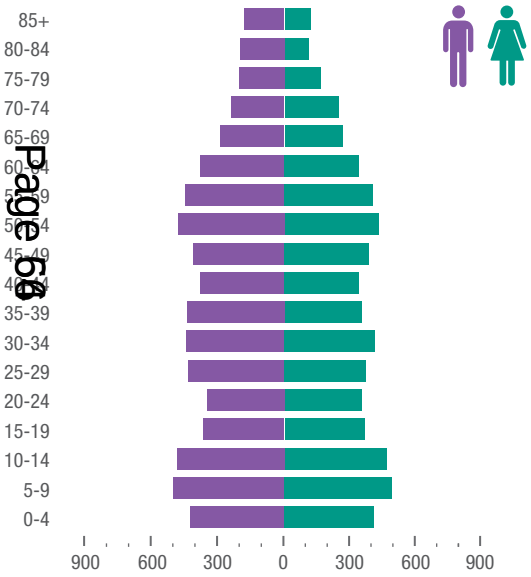
- Life expectancy (years) 76.1
- Vision 2030 (years) 81

-4.9

Female

- Life expectancy (years) 79.9
- Vision 2030 (years) 84

-4.1



Total population

12,525

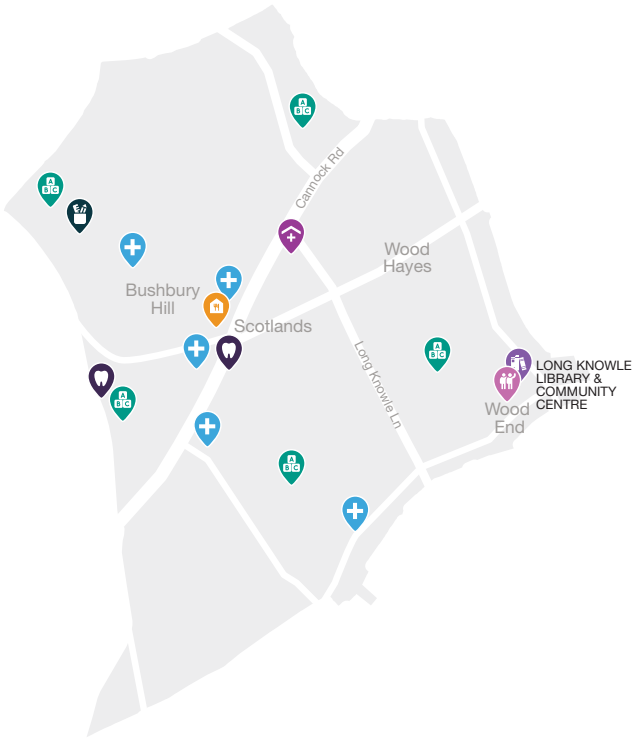
30%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

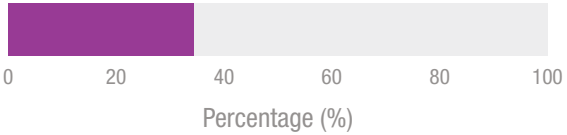
GPs	5
Residential Care Homes	2
Dentist	2
Long Knowle Library & Community Centre	
Food Banks and Community Associations	
Primary Schools	6
Secondary Schools	1



32.56%

Children living in poverty

City Deprivation: 34.33%



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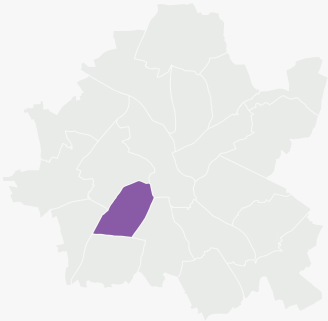
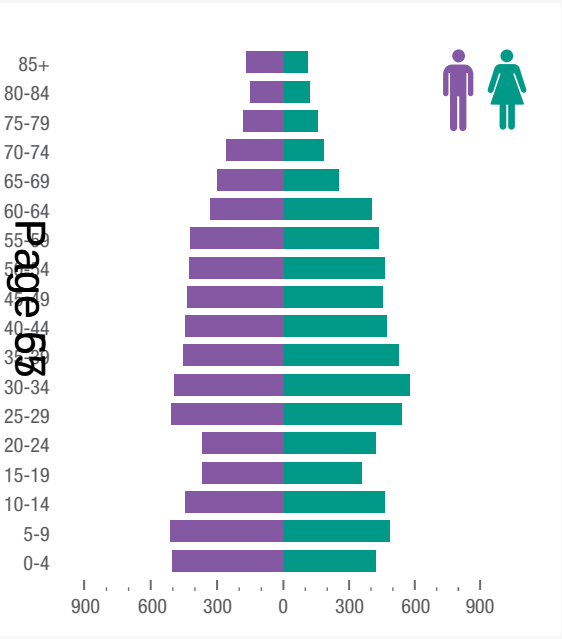
LOVE YOUR COMMUNITY Fallings Park

Your ward at a glance:

Graiseley



Learn more about your ward here



Total population

13,434

62%

of the population are

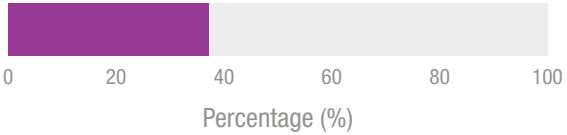
Ethnic Minority

(City average: 45%)

36.98%

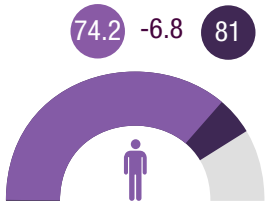
Children living in poverty

City Deprivation: 37.21%



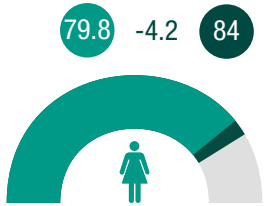
Male

- Life expectancy (years)
- Vision 2030 (years)



Female

- Life expectancy (years)
- Vision 2030 (years)



LOCAL ASSETS

GPs	3
Residential Care Homes	1
Dentist	2
Bingley Family Hub	
Food Banks and Commercial Associations	
St Chads Community Centre Bradmore Community Centre	
Primary Schools	3

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LOVE YOUR COMMUNITY Graiseley

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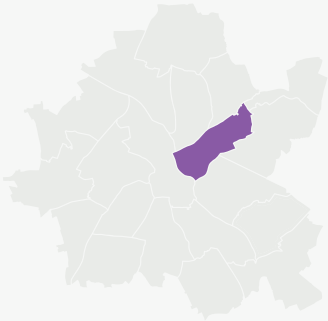
Your ward at a glance: Heath Town



Learn more about your ward here:

Male

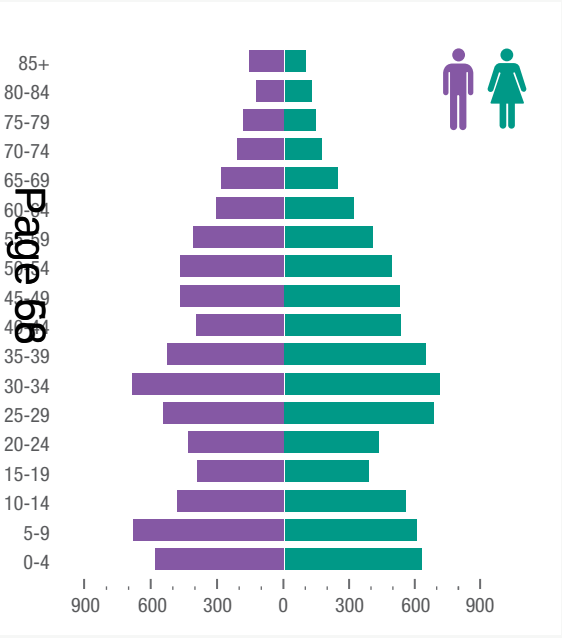
Life expectancy (years) 75.4

Vision 2030 (years) -5.6 81

Female

Life expectancy (years) 79.2

Vision 2030 (years) -4.8 84



Total population

14,756

60%

of the population are

Ethnic Minority

(City average: 45%)

LOCAL ASSETS

Food Banks and Community Associations	
GPs	2
Childrens Village Family Hub	
Primary Schools	4
Secondary Schools	2

34.75%

Children living in poverty

City Deprivation: 38.57%

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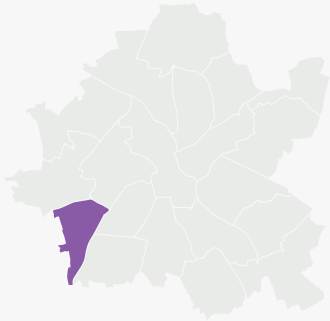
LOVE YOUR COMMUNITY Heath Town

Your ward at a glance:

Merry Hill



Learn more about your ward here

Male

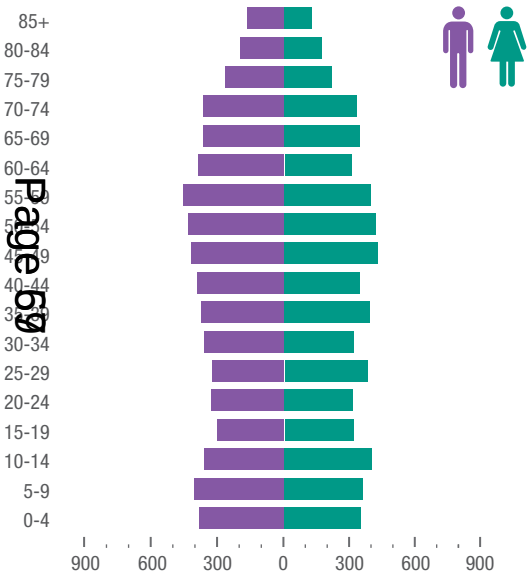
Life expectancy (years) 79.5 -1.5

Vision 2030 (years) 81

Female

Life expectancy (years) 84.3 +0.3

Vision 2030 (years) 84



Total population

11,924

31%

of the population are **Ethnic Minority**

(City average: 45%)

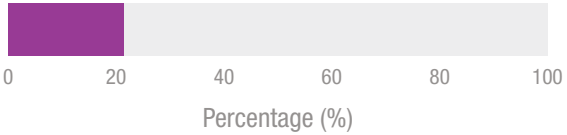
LOCAL ASSETS

GPs	1
Dentist	1
Warstones Library	
Primary Schools	2
Secondary Schools	1

21.75%

Children living in poverty

City Deprivation: 21.42%



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LOVE YOUR COMMUNITY Merry Hill

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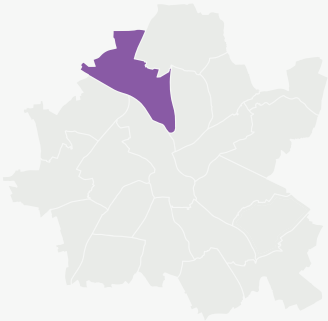
Your ward at a glance: Oxley



Learn more about your ward here:

Male

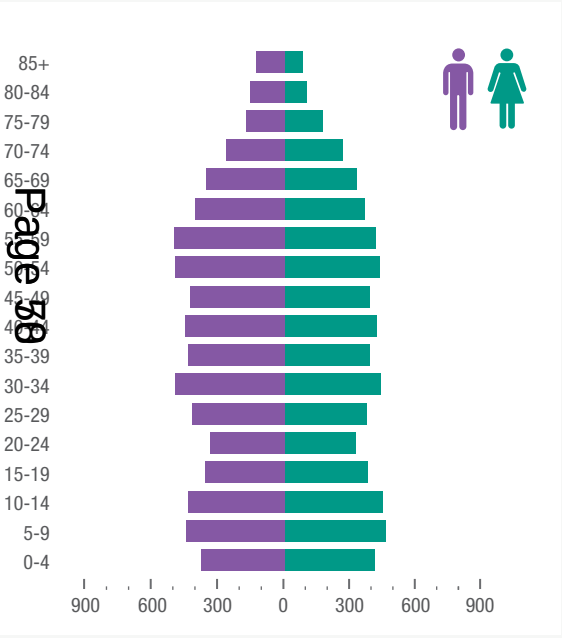
Life expectancy (years) 76.7 -4.3 81

Vision 2030 (years)

Female

Life expectancy (years) 81.1 -2.9 84

Vision 2030 (years)



Total population

12,494

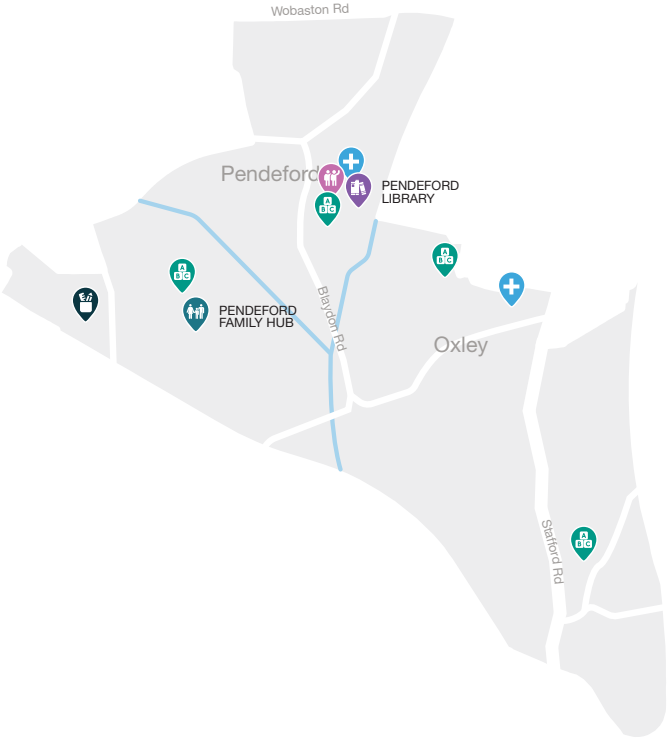
31%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

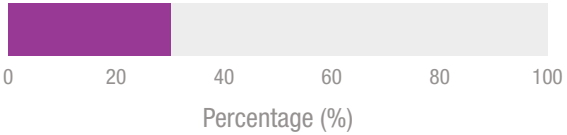
GPs	2
Dove Family Hub	
Pendeford Community Hub Pendeford Library	
Primary Schools	4
Secondary Schools	1



32.03%

Children living in poverty

City Deprivation: 30.19%



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LOVE YOUR COMMUNITY Oxley

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Your ward at a glance: Park

Learn more about your ward here

Male

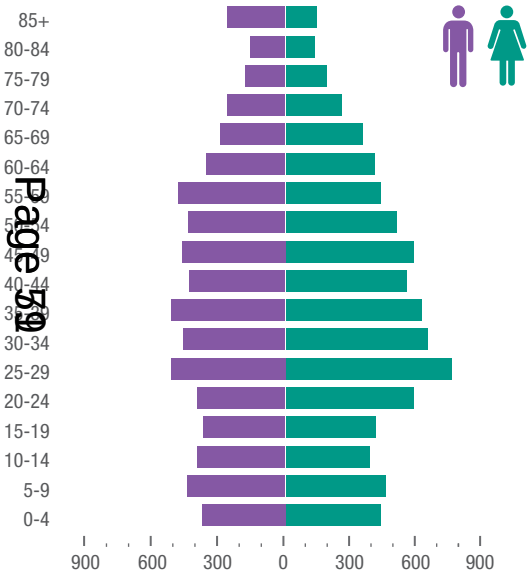
Life expectancy (years) 75.7 -5.3

Vision 2030 (years) 81

Female

Life expectancy (years) 80.9 -3.1

Vision 2030 (years) 84



Total population

14,519

60%

of the population are **Ethnic Minority**

(City average: 45%)

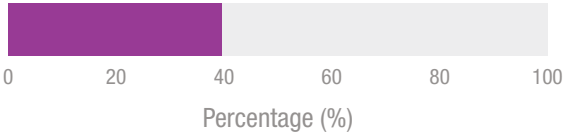
LOCAL ASSETS

GPs	3
Residential Care Homes	7
Dentist	3
Primary School	4
Secondary School	3

32.48%

Children living in poverty

City Deprivation: 30.19%



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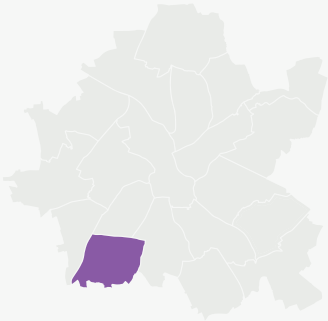
Your ward at a glance: Penn



Learn more about your ward here:

Male

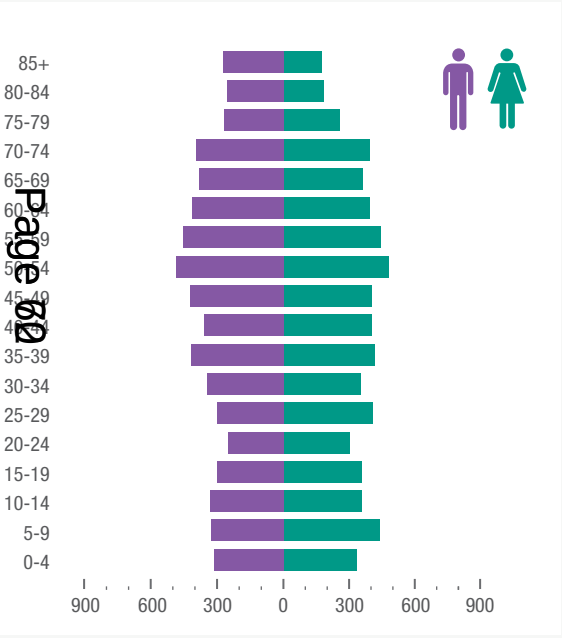
Life expectancy (years) 79.8

Vision 2030 (years) -1.2 81

Female

Life expectancy (years) 81.8

Vision 2030 (years) -2.2 84



Total population

12,263

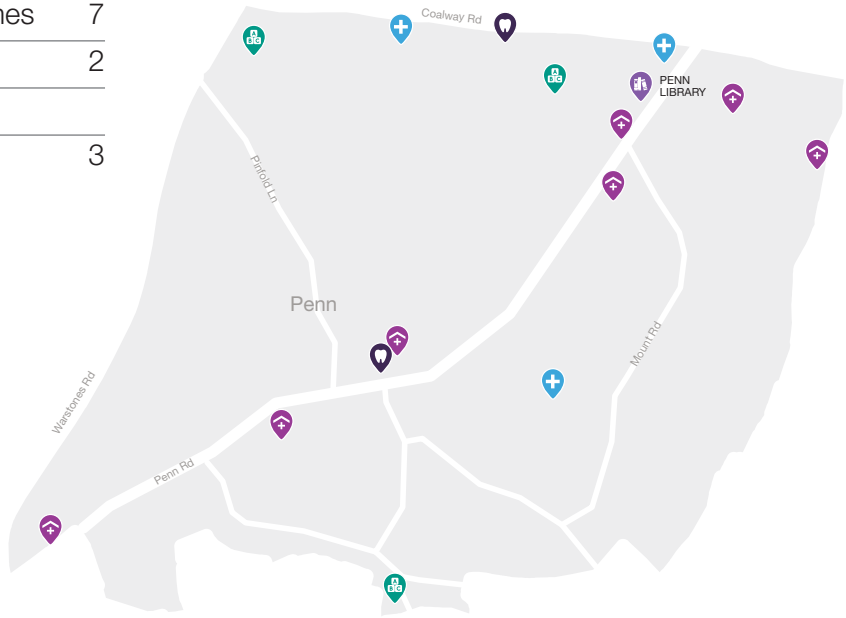
43%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

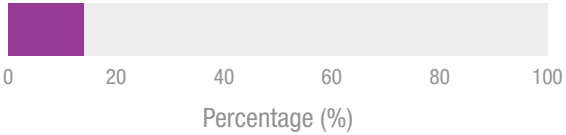
GPs	3
Residential Care Homes	7
Dentist	2
Penn Library	
Primary Schools	3



16.28%

Children living in poverty

City Deprivation: 14.07%



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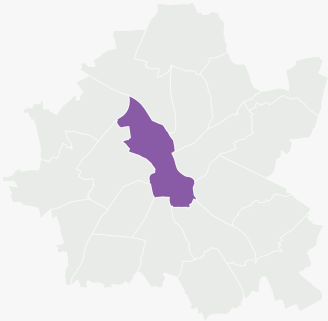
LOVE YOUR COMMUNITY Penn

Your ward at a glance:

St. Peter's



Learn more about your ward here

Male

Life expectancy (years) 75.8

Vision 2030 (years) 81

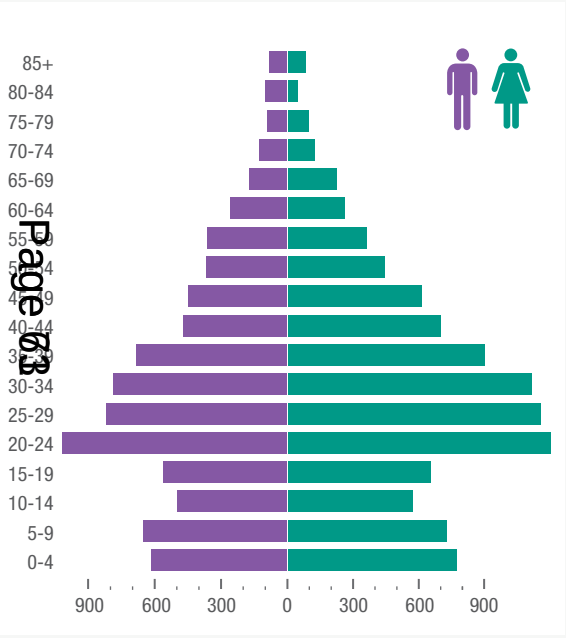
-5.2

Female

Life expectancy (years) 82.2

Vision 2030 (years) 84

-1.8



Total population

17,963

79%

of the population are **Ethnic Minority**

(City average: 45%)

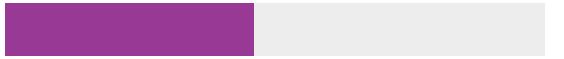
LOCAL ASSETS

GPs	3
Dentist	1
Food Banks and Community Associations	
Whitmore Reans Library	
Dunstall Community Centre	
Primary School	1

42.21%

Children living in poverty

City Deprivation: 39.61%



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LOVE YOUR COMMUNITY St Peter's

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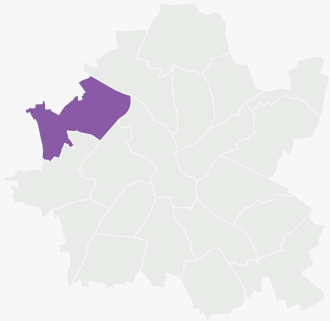
Your ward at a glance: Tettenhall Regis



Learn more about your ward here:

Male

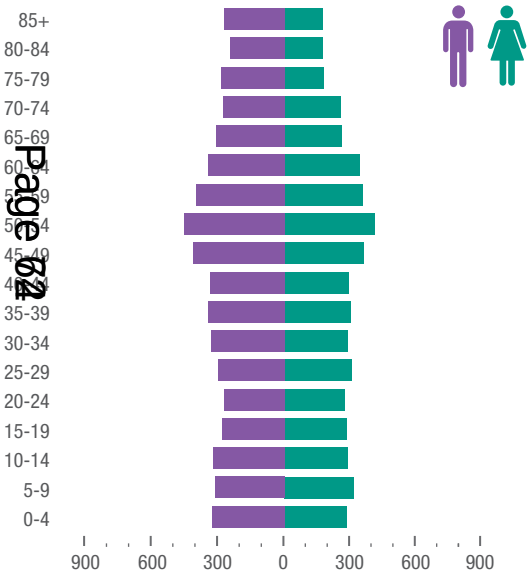
- Life expectancy (years)
- Vision 2030 (years)

77.9 -3.1 81

Female

- Life expectancy (years)
- Vision 2030 (years)

82.9 -1.1 84



Total population

10,847

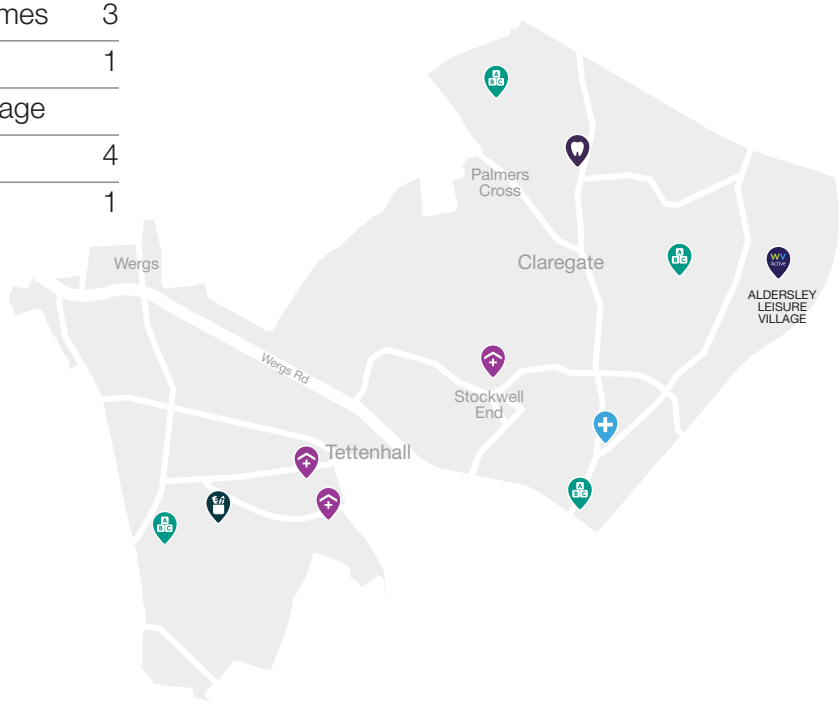
35%

of the population are **Ethnic Minority**

(City average: 45%)

LOCAL ASSETS

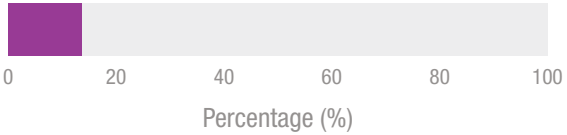
GPs	1
Residential Care Homes	3
Dentist	1
Aldersley Leisure Village	
Primary Schools	4
Secondary Schools	1



16.87%

Children living in poverty

City Deprivation: 13.61%



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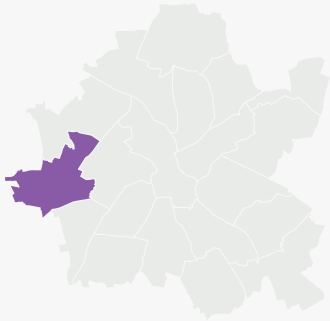
LOVE YOUR COMMUNITY Tettenhall Regis

Your ward at a glance:

Tettenhall Wightwick



Learn more about your ward here

Male

Life expectancy (years) 82.5 +1.5

Vision 2030 (years) 81

Female

Life expectancy (years) 84.3 +0.3

Vision 2030 (years) 84

Total population

12,379

28%

of the population are

Ethnic Minority

(City average: 45%)

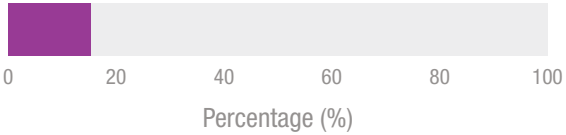
LOCAL ASSETS

GPs	2
Residential Care Homes	3
Dentist	1
Tettenhall and Finchfield Library	
Tettenhall Community Centre	
Primary School	1
Secondary School	1

15.29%

Children living in poverty

City Deprivation: 15.38%



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LOVE YOUR COMMUNITY Tettenhall Wightwick

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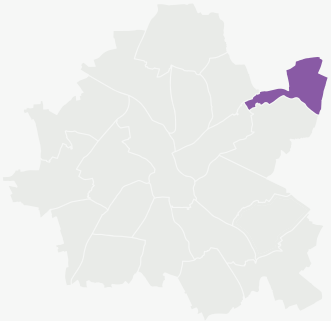
Your ward at a glance: Wednesfield North



Learn more about your ward here:

Male

Life expectancy (years) 78.1

Vision 2030 (years) -2.9 81

Female

Life expectancy (years) 81.5

Vision 2030 (years) -2.5 84

Total population

11,956

15%

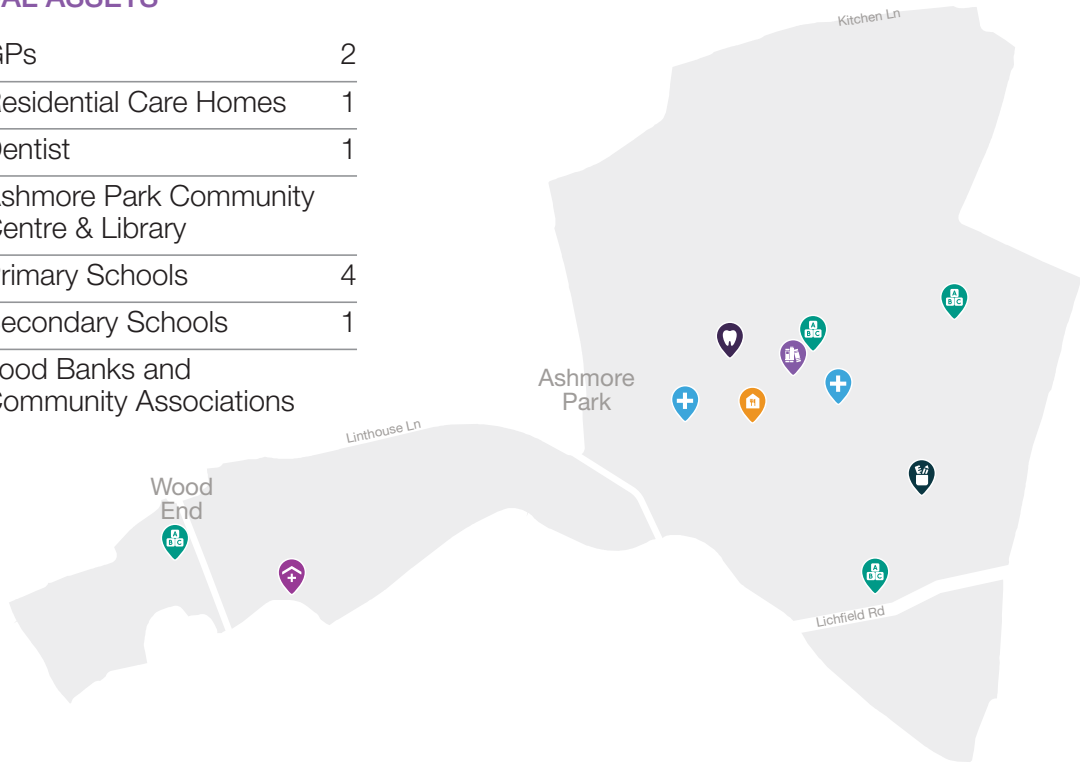
of the population are

Ethnic Minority

(City average: 45%)

LOCAL ASSETS

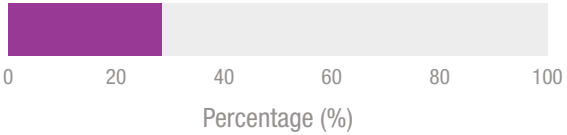
GPs	2
Residential Care Homes	1
Dentist	1
Ashmore Park Community Centre & Library	
Primary Schools	4
Secondary Schools	1
Food Banks and Community Associations	



26.04%

Children living in poverty

City Deprivation: 28.38%



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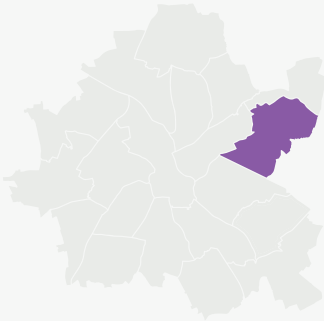
LOVE YOUR COMMUNITY Wednesfield North

Your ward at a glance: Wednesfield South

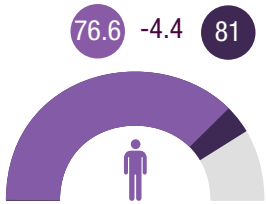


Learn more about your ward here

Male

Life expectancy (years) 76.6 -4.4

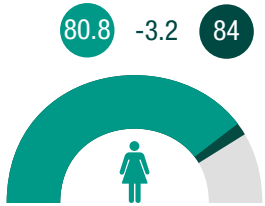
Vision 2030 (years) 81



Female

Life expectancy (years) 80.8 -3.2

Vision 2030 (years) 84



Total population

10,242

32%

of the population are

Ethnic Minority

(City average: 45%)

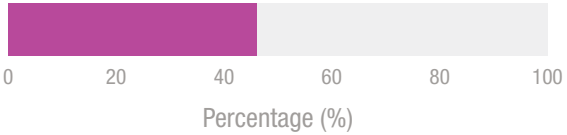
LOCAL ASSETS

GPs	1
Residential Care Homes	2
Dentist	3
Wednesfield Community Centre	
Wednesfield Library	
Primary Schools	4
Secondary Schools	1

27.78%

Children living in poverty

City Deprivation: 28.41%



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LOVE YOUR COMMUNITY Wednesfield South

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CITY OF WOLVERHAMPTON COUNCIL

Performance, Budget and MTFS

Health Scrutiny Panel
14 December 2023

Agenda Item No: 5

Introduction

Budget Scrutiny for

- Background
- Draft Budget 2024-2025 and Medium Term Financial Strategy
- Our City Our Plan Performance
- Future Challenges
- Strategic Risk Register

Background

- This presentation provides an update on the draft budget for 2024-2025 and Medium Term Financial Strategy.
- Scrutiny are asked to:
  - consider and comment on the draft budget and how it is aligned to priorities of the Council
  - Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the Draft Budget 2024-2025 and Medium-Term Financial Strategy

Draft Budget 2024-2025 and MTFS Overview

Draft Budget and MTFS

- The 2023-2024 budget and MTFS was approved by Full Council on 1 March 2023. We reported a forecast budget deficit of £16.4 million in 2024-2025 rising to £23.1 million over the medium term to 2025-2026.
- Work has been ongoing to reduce the deficit with an update to Cabinet on 18 October 2023. The budget deficit for 2024-2025 is now projected to be in the region of £2.6 million.
- However, the budget and MTFS include efficiency targets which are held corporately totalling £6.2 million in 2023-2024, of which only £2 million has been allocated on a recurrent basis and £4.2 million is one off in nature.
- In addition, the current working assumptions include a further £2.6 million efficiency target for 2024-2025.
- Therefore, in addition to the £2.6 million projected deficit, efficiencies totalling £6.8 million is still required to be identified for 2024-2025.

Draft Budget and MTFS

- The projected budget deficit rising to over £20 million for 2025-2026.
- Work will continue to be undertaken to bring forward proposals to set a balanced budget for 2024-2025 and deliver a sustainable medium term financial strategy.
- Budget setting process is still under way. The Draft Budget presented in these slides is subject to changes.

2023-2024 Draft Budget and MTFS 2023-2024 to 2025-2026 Overview

Scrutiny Panel	2023-2024 Gross Expenditure Budget £000	2023-2024 Gross Income Budget £000	2023-2024 Net Revenue Expenditure/ (Income) Budget £000	Pay Related growth* £000	Growth 2024-2025 £000	Savings 2024-2025 £000	2024-2025 Draft Net Revenue Expenditure / (Income) Budget £000
Economy and Growth Scrutiny Panel	16,405	(10,747)	5,658	-	-	-	5,658
Health Scrutiny Panel	30,993	(29,897)	1,096	-	(360)	-	736
Resources and Equality Scrutiny Panel	226,224	(114,443)	111,781	10,645	(4,674)	4,423	122,175
Climate Change, Housing and Communities Scrutiny Panel	88,320	(49,485)	38,835	-	15	(1,000)	37,850
Children and Young People Scrutiny Panel	262,674	(209,208)	53,466	-	1,000	-	54,466
Adults Scrutiny Panel	139,025	(43,447)	95,578	-	11,699	-	107,277
Net Budget Requirement	**763,641**	**(457,227)**	**306,414**	**10,645**	**7,680**	**3,423**	**328,162**
Corporate Resources			**(306,414)**		**(19,154)**		**(325,568)**
Budget Challenge as at 18 October 2023							**2,594**

- Draft revised budget for 2023-2024 does not reflect passing out 2023-2024 pay award. This is held corporately. The 2023-2024 pay award was approved on 1 November and budgets will be passed out to services over the next few months
- * Pay related growth currently held corporately – includes provision for a 3% pay award
- **projected budget deficit assuming the delivery of efficiency targets totalling £6.8 million in 2024-2025

Overview – Uncertainties

- There continues to be significant uncertainty around
  - Future funding
  - Inflationary pressures
  - Demand for services
  - Future pay awards – currently assumes 3% in 2024-2025 and 2% for future years

Health
Scrutiny Panel
Draft budget 2024-2025 and MTFS

Draft Budget

Service	2023-2024 Gross Expenditure Budget £000	2023-2024 Gross Income Budget £000	2023-2024 Net Revenue Expenditure/ (Income) Budget £000	Pay Related growth* £000	Growth 2024-2025 £000	Savings 2024-2025 £000	2024-2025 Draft Net Revenue Expenditure / (Income) Budget £000
Health Protection and Healthcare Public Health*	1,565	(1,565)	-		-	-	-
Healthy Life Expectancy*	6,796	(6,796)	-		-	-	-
Public Health Business Management*	5,084	(5,084)	-		-	-	-
Starting and Developing Well*	10,135	(10,135)	-		-	-	-
System Leadership*	214	(214)	-		-	-	-
Leisure Services	7,199	(6,103)	1,096		(360)	-	736
Total	**30,993**	**(29,897)**	**1,096**	**-**	**(360)**	**-**	**736**

- *Public Health Services are fully funded from grant (Public Health annual grant £22.5 m in 2023-2024)
- Draft revised budget after reversal of one-off virements
- The 2023-2024 pay award was approved on 1 November and is currently held corporately
- The forecast impact of the 2024-2025 pay related growth –increments, NI and potential pay award is also held corporately. Current working assumptions make provision for a pay award of 3%
- At this point in time some growth and efficiency targets are being held in Corporate Accounts and will allocated when services have identified where it needs to be reflected.

Our City Our Plan Performance

Performance Overview – Key Council indicators

- The performance indicators for the Healthy Inclusive Communities section of the Our City Our Plan update on an annual basis and are published through the publicly available Public Health Outcomes Framework (PHOF) hosted by the Office of Health Improvements Department.

Since the last publication of this data the council has improved and demonstrated strong performance in the areas of NHS 40-74 year old health checks and alcohol mortality.

- Health checks are now back to pre-covid levels of uptake and in the national ranking Wolverhampton has moved into the top quartile of performance.

- The alcohol specific mortality rate has a seen a significant decrease over the last reporting period and Wolverhampton has moved from having the highest mortality rate in the country to fourteenth nationally.

Performance Overview – Key Council indicators

- The percentage of physically inactive adults is currently unchanged.

- The data for less active children is currently unavailable. This is captured via the Active Lives Survey on an annual basis and therefore only reported once a year. The next data release is due on 7th December 2023, with the adult's data expected in April 2024. In the interim city data sources such as the Public Health Lifestyles Survey and Health Related Behaviour Survey inform the local response, however only the Active Lives data provides a national benchmark.

- The domestic abuse data covers the whole of the West Midlands police area, inclusive of Wolverhampton. It is not possible to gain this data by a smaller geography. Overall, the West Midlands has seen the rate of reported domestic abuse increase, but we cannot determine how Wolverhampton has changed within that measure. Over the next year we are looking to improve data links to determine the specific domestic abuse rates in Wolverhampton.

Performance Overview: Healthy, inclusive communities

Number of Indicators	Number showing improved or sustained strong performance	Number showing decreased or poor performance	Number showing no significant change	Number with no update YTD
6	2	1	2	1

Decreased performance

% Domestic Abuse related incidents and crimes per 1,000 (Wolverhampton as part of WM Police)

No update YTD

Suicide rate (all persons) per 100,000 – This data is reported over a 3 year period. During years covered by covid lockdowns PHOF has not been publishing new 3 year data.

Performance Overview – Key Council indicators

Indicator	Source	Latest Pub Date	Time Period Covered	Previous Rate	LA Worst Rate	LA Best Rate	WLV Rate	Rank	DoT
% of 40-74 years attending health checks	PHOF	Jul-23	2022/23	2.1	0.1	20.5	9.4	42 (out of 151)	Improved
Alcohol specific mortality per 100,000	PHOF	Mar-23	2021	29.3	33.7	4.6	20.5	14 (out of 148)	Improved
% of physically inactive adults (Public Health Outcomes Framework)	PHOF	May-23	2021/22	28.0	43.4	13.7	30.5	13 (out of 149)	No change
% of less active children (Active Lives Survey)	Active Lives Survey	Feb-23	2021/22	No data	33.7	57.8	35.0	104 (out of 106)	Not available
% Domestic Abuse related incidents and crimes per 1,000 (Wolverhampton as part of WM Police)	PHOF	Feb-23	2021/22	37.3	45.2	12.3	40.6	Not available	Worse
Suicide rate (all persons) per 100,000	PHOF	Sep-22	2019/21	7.9	15.3	3.5	7.9	120 (out of 148)	No change

Performance Overview – High level system indicators

Indicator	Source	Latest Pub Date	Time Period Covered	Previous Rate	LA Worst Rate	LA Best Rate	WLV Rate	Rank	DoT
% Hypertension prevalence	QOF	Nov-22	2021/22	14.1	18.2	6.8	14.1	77 (out of 151)	No change
% Diabetes prevalence	QOF	Nov-22	2021/22	8.6	10.2	2.7	8.8	15 (out of 151)	No change
% Coronary Heart Disease prevalence	QOF	Nov-22	2021/22	3.0	4.7	1.1	2.9	82 (out of 151)	No change
% Chronic Kidney Disease prevalence	QOF	Nov-22	2021/22	4.1	7.1	1.1	4.1	61 (out of 151)	No change
Stroke prevalence	QOF	Nov-22	2021/22	1.7	2.9	0.7	1.7	88 (out of 151)	No change
Dementia prevalence	PHOF	Feb-21	2020	4.7	5.1	2.9	4.3	32 (out of 150)	Improved

Risks / Key areas to note

Public Health Grant allocation

- Notification has been received in December 2023 of the indicative allocation for 2024-2025 of £22,758,935, an increase of 1.3%
- Indicative allocations for one year only impact on planning in the short and longer term.

Earmarked Reserves

- Full list of Earmarked Reserves balances of all reserves at the end of 2022-2023 financial year were last reported to Cabinet on 12 July 2023 which can be access from:

- Agenda for Cabinet on Wednesday, 12th July, 2023, 5.00 pm :: Wolverhampton City Council (moderngov.co.uk)

- Forecast Reserves balances for 2023-2024 will be going to Resources and Equality Scrutiny Panel on 7 December 2023.

Strategic Risk Register

- Risks last reported to Cabinet 15 November 2023 and the Audit and Risk Committee 27 November.
- The following strategic risk relevant to this panel:
  - Asylum and refugees
  - Impact of future pandemics
  - Climate change
  - Financial wellbeing and resilience
- Strategic Risk register is available at:
- https://wolverhampton.moderngov.co.uk/documents/s256782/Appendix%206%20-%20Strategic%20Risk%20Register.pdf

wolverhampton.gov.uk

Transition in Healthcare Report – Health Scrutiny Panel December 2023		
Title of Report:	Transition in Healthcare – update report.	Enc No: To be completed by Board Administrator
Author:	Rebecca Hewitt – Transition Clinical Nurse Specialist	
Presenter/Exec Lead:	Debra Hickman – Chief Nursing Officer	

Action Required of the Board/Committee/Group (Please remove action as appropriate)			
Decision	**Approval**	**Discussion**	**Other**
Yes☐No☒	Yes☐No☒	Yes☒No☐	Yes☐No☐
Recommendations: • The Health Scrutiny Panel is asked to receive the report for information and assurance.			

Implications of the Paper:			
Risk Register Risk	Yes ☐ No ☒ Risk Description: On Risk Register: Yes☐No☒ Risk Score (if applicable):		
Changes to BAF Risk(s) & TRR Risk(s) agree	None		
Resource Implications:	None		
Report Data Caveats	N/A		
Compliance and/or Lead Requirements	CQC	Yes☒No☐	Details: Contribution to the Trust's compliance with CQC fundamental standards.
	NHSE	Yes☒No☐	Details: Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes☐No☒	Details: N/A
	Legal	Yes☐No☒	Details: N/A
	NHS Constitution	Yes☐No☒	Details: N/A
	Other	Yes☐No☒	Details: N/A
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.		

Equality and Diversity Impact	In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate. **Please provide an example/demonstration:** No adverse impact is anticipated as a result of the points articulated in this report.		
Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes☐No☒	Date:
	Board Committee	Yes☐No☒	Date:
	Board of Directors	Yes☐No☒	Date:
	Other	Yes☐No☒	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

- Following a 12-month pilot, the role of Transition Clinical Nurse Specialist has been made permanent.
- A Transition Steering Group has been established, which oversees the transition strategy.
- Involvement with children and young people (CYP) and their families has been strengthened. For example, pathways are now being developed with services, young people and their families.
- A Health Passport in Wolverhampton has been successfully rolled out for CYP with long term health conditions.
- The Ready Steady Go transition programme has been implemented, designed by the TIER network. This will ensure that all young people going through the transition programme will have a transition plan.
- Transition clinics in the acute setting that involve both, the paediatric and adult teams, that will be receiving the young person have been established.
- At Penn Hall Special School, transition coffee mornings have been established, to enable health, allied health professionals, learning disability and education services meet with young people and families starting the transition programme.
- Strong links have been established with other transition coordinators around the Midlands, and in collaboration with Partners in Paediatrics, a Healthcare Transition Regional Network has been formed.
- In collaboration with the Living Well Team, the Trust has set up a transition group at Compton Care for young people with life limiting health conditions.
- The Trust has expanded the paediatric services by employing a paediatric Attention Deficit Hyperactivity Disorder (ADHD) Clinical Nurse Specialist and an Autism Spectrum Disorder (ASD) Clinical Nurse Specialist.

Advise

- The role of 'Transition Champions' in services across children and adults is being developed.
- Key areas that require strengthening include, raising awareness of the Transition policy and ensure it is embedded; the governance surrounding the Transition service and relevant data collection, including patient feedback.
- An action plan, to implement the recommendations from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report, 'The Inbetweeners' is being developed.
- The Trust is awaiting the National Framework for Transition from NHS England (NHSE), which will set out minimum standards for hospitals in relation to Transition. Alongside the National Framework, the Core Capabilities document, which will set out training requirements and competencies specific to transition are awaited.
- Collaborative working between the transition coordinators from health across the Black Country is in place to ensure there is equity in the transition offer for young people across the region.

• A Youth Forum, to help with the design of the transition service and obtain feedback from young people on different projects, is being planned.
Alert • There is currently a gap within the community services for young people who have medical equipment at home, but do not meet the threshold for adult Continuing Healthcare. • The Ready Steady Go national transition programme is not suitable for all young people that require transfer to adult services. As a result, the Trust is currently looking at designing a transition programme for these young people with complex needs.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)	
Excel in the delivery of Care	• Embed a culture of learning and continuous improvement • Prioritise the treatment of cancer patients • Safe and responsive urgent and emergency care • Deliver the priorities within the National Elective Care Strategy • We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations
Support our Colleagues	• Be in the top quartile for vacancy levels • Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing • Improve overall staff engagement • Deliver improvement against the Workforce Equality Standards
Improve the Healthcare of our Communities	• Develop a health inequalities strategy • Reduction in the carbon footprint of clinical services by 1 April 2025 • Deliver improvements at PLACE in the health of our communities
Effective Collaboration	• Improve population health outcomes through provider collaborative • Improve clinical service sustainability • Implement technological solutions that improve patient experience • Progress joint working across Wolverhampton and Walsall • Facilitate research that improves the quality of care

Transition in Healthcare Report for the Health Scrutiny Panel.

EXECUTIVE SUMMARY

This report provides an overview of The Royal Wolverhampton NHS Trust's Transition service. Key achievements are presented, followed by the priority areas and next steps, to continuously improve service provision for the benefit of young people requiring this support.

BACKGROUND INFORMATION

1.0 Transition – definition and its importance

Transition is defined in the Department of Health's 2006 publication 'Transition: getting it right for young people' as "a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child centred to adult-oriented health care systems".

The transition process should be commenced between the ages of 11 and 14, with the young person and their family at the centre of the planning. The aim of the transition programme is to empower the young person and their family to manage their own health condition in adulthood and prepare them for the move to adult services. The formal transfer of care should be planned both by the paediatric team and the receiving adult team and subsequent developmentally appropriate support should be in place to welcome and establish them into the adult service.

In 2014, the Care Quality Commission (CQC) produced a report 'From the Pond into the Sea' that looked at children's transition to adult services. As part of the review, they spoke to 180 young people, or parents of young people, between the ages of 14 and 25 with complex health needs. It was found that the transition process was variable, and that previous good practice guidance had not always been implemented. Young people and families were often confused and at times distressed by the lack of information, support, and services available to meet their complex health needs. They suggested that planning must start early, and funding responsibilities should be clear. Adult and children's services should work together, and information must be shared routinely so that young people and their parents do not waste precious time repeating information about their health. Young people must not fall in the gap between children's and adult services.

The transition process can be a vulnerable time for young people and their families, during this period they stop receiving health services they may have had since a young age and move to equivalent adult services which may be structured and funded differently. Poor transition from children's services to adult services can lead young people to disengage with health services and consequently, their health can deteriorate. There is evidence that mortality and morbidity rates increase during and directly after transfer to adult services. It is a period of risk for poor clinical outcomes and increased healthcare costs associated with emergency department visits, hospitalisations and intensive care admissions. It also has a negative effect on social participation and educational achievement.

Transitioning through healthcare services also often occurs during pivotal periods of education e.g., exams and moving to college or university. The transfer of care, if possible, should be at a stable point in the young person's life to minimise impact.

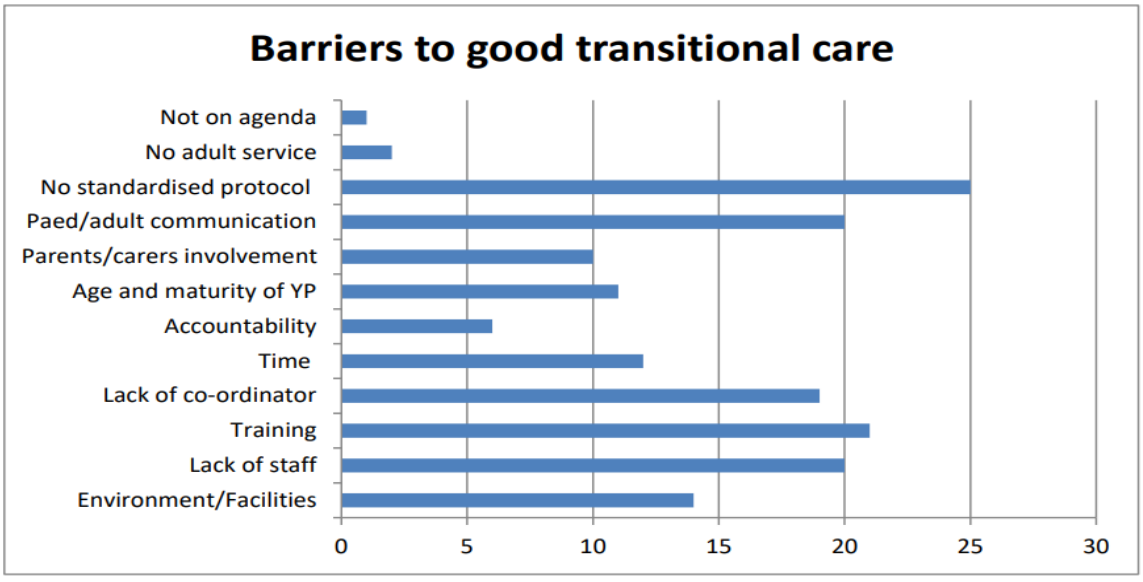
NICE (2016) recommend that managers in children's and adult services work together to ensure a smooth and gradual transition but research suggested that staff feel ill equipped and lacked confidence in providing this support. Healthcare professionals speak of the frustrations of working with disjointed systems and unclear pathways, and the time it takes to arrange care for young people with complex needs that needs to continue into adulthood.

2.0 Key Achievements at The Royal Wolverhampton NHS Trust

We have an established Transition Steering Group where we meet quarterly to review the Transition strategy and received updates from key stakeholders such as the Regional Transition Lead from NHS England. The Steering Group has developed a Transition policy which has been rolled out to services and it will be audited next year to ensure staff are aware of it and follow guidance in the policy.

The Royal Wolverhampton NHS Trust (RWT) Transition Collaborative working group was also developed to ascertain the views of staff and users on how we can improve the way we organise care for young people transitioning from paediatric to adult services to incorporate these into the trust transition strategy, ensuring its relevance to the needs of the local population. A graffiti wall was made available in Paediatric Outpatients for young people and parents/carers to write down their thoughts and ideas regarding transition. Parents of 4 young people aged 15-21 with chronic illness cared for at RWT were asked to discuss their experiences and express what they feel would improve their lives for the future. In order to enable young people to learn new skills whilst helping shape future plans, we had some help from local company Radio Active who came along to the Gem Centre and transformed one of the meeting rooms into a studio. We were privileged to have 7 young people aged between 15 and 21 years to come along to share their thoughts and experiences of transitional care at the Trust. Under the presenter's expert guidance, they learnt about production and media communication, culminating in the creation of a podcast. Questionnaires were then developed with the help of young people with chronic illness undergoing transition and Voice for Parents and were given to young people in paediatric and adult care and their parents. This was advertised via twitter and Trust Talk as being on survey monkey and paper versions were made available in clinic.

The graph below shows responses to the question 'barriers to good transitional care'.



The feedback received, along with the NICE standards for transition and the NCEPOD recommendations were used to guide us on what to include in the transition programme in the Trust.

We have had a 12 month pilot of the Transition Clinical Nurse Specialist (CNS) post, this role has recently been made permanent. During the 12 month pilot, the main focus was to scope what services were doing in Wolverhampton to address the transition risk. Transition was added to the risk register, then services were asked to benchmark themselves against the NICE guidelines, this showed areas of good practice and also areas that needed improvement. Services then mapped their current state of transition and where they wanted to be, incorporating the NICE recommendations. Across acute and community, four areas were then chosen to pilot the transition programme, these were the epilepsy service in paediatrics and

adults, rheumatology service in paediatrics and adults, the Children's Community Nursing Service and Penn Hall Special School. The Transition CNS worked with the services to set up transition pathways that met the individual needs of the service.

We have successfully rolled out a Health Passport in Wolverhampton for children and young people with long term health conditions. It has been coproduced with the parent and carer forum and was then piloted by a group of young people. There is also a Hospital Passport in place for young people and adults over the age of 16 who have a learning disability.

We have implemented the Ready Steady Go transition programme in the Trust that has been designed by the Transition & Patient Empowerment Innovation, Education and Research Collaboration (TIER) Network. A key principle throughout Ready Steady Go is 'empowering' the young people to take control of their lives and equipping them with the necessary skills and knowledge to manage their own healthcare confidently and successfully in both paediatric and adult services. This is initiated through the completion of a series of questionnaires which assess knowledge of their condition, their treatments, that they know who is who in their healthcare team, and develop an understanding of the concept of transition. It supports the development of self-advocacy and the extent to which they can speak up for themselves and ask their own questions in clinic and be involved in shared decision–making. It helps the young person develop an understanding of the issues around a healthy lifestyle, sexual health and where relevant pregnancy. It also reviews educational and vocational issues to ensure the young person has a plan to achieve their potential.

It was discovered while trialling the Ready Steady Go transition programme that it was not suitable for all young people. Some young people identified in our special schools did not benefit from this generic style transition programme and their more complex health needs were not addressed. We are currently working with parents and the special school on a bespoke transition programme that will meet the young people's needs.

Transition clinics in the acute setting that involve both the paediatric team and adult team that will be receiving the young person have been established. The young person and their family get to meet their adult team while still having the comfort of the paediatric team they know so well around them. Joint care planning before they move to adult services can happen to build up the adult team's knowledge of the young person and the young person's confidence in the adult team. The paediatric diabetes team has gone one step further and have moved their transition clinic to the adult diabetes centre so that young people can also get used to the new environment while still having their paediatric team with them, this is something we would like to replicate in other services.

At Penn Hall Special School we have set up transition coffee mornings where health, allied health professionals, learning disability services and education meet with young people and families starting the transition programme. Later in the programme we have transition clinics in school with young people and their families to discuss their move to adult services and address issues such as where their care will transfer to, discussions around medical equipment they may have and ongoing needs such as servicing and the ordering of ancillaries, medication, Continuing Health Care assessments and possibly further education and residential places. Individual MDT meetings can then be arranged with children's services, receiving adult teams, primary care, education, social care, learning disability services, the young people and their families on Microsoft Teams where the formal transfer of care can be planned and support after transfer put in place.

We have made strong links with other transition coordinators around the Midlands and in collaboration with Partners in Paediatrics we have set up a Healthcare Transition Regional Network where we can share ideas with other organisations, discuss barriers we have faced and also share areas of good practice. In collaboration with Walsall, Sandwell and Dudley trusts we approached the Black Country Integrated Care System (ICB) to ask about funding for a Youth Worker pilot. We have secured funding for a 12 month post for each trust in the Black Country to have a dedicated youth worker her help young people in the transition

process with any additional needs they may have such as medication compliance, body image. After a successful recruitment campaign, we are awaiting the start date of the youth worker for Wolverhampton.

We are developing the role of 'Transition Champions' in services across children's and adults. We will have regular meeting where staff who have volunteered to be transition champions from across children's and adult services will meet for updates and to share areas of good practice and any barriers they have faced.

In collaboration with the Living Well Team we have set up a transition group at Compton Care for young people with life limiting health conditions. We found there were issues with young people accessing adult hospices and there was a stigma attached to this. We meet once a month on a Saturday and have arranged a variety of activities such as bowling trips, film afternoons, arts and crafts and Christmas parties. This has helped the young people and their families build up a relationship with the team at Compton Care.

3.0 Key Priorities at the Royal Wolverhampton NHS Trust

A key priority is to raise awareness of the Trust's transition policy and ensure it is embedded into the practice of all professionals working with young people both going through the transition programme and the receiving adult services.

The governance surrounding transition requires strengthening, including the associated reporting arrangements. Transition will be required to report into the Transition Board in the ICB once it has been established. In addition, data collection, including patient feedback, on the service need to be improved.

In 2022, RWT was involved in a review of transition and in June 2023 the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report was published entitled as 'The Inbetweeners'. This report outlined the barriers and facilitators in the process of the transition of children and young people with complex chronic health conditions into adult health services. The report includes the following recommendations:

- Every young person should have a personalised transition plan.
- Copy all young people in correspondence.
- Joint transition clinics.
- Request input from MDT for young people with ongoing health needs.
- Involve primary care.
- Convene an overarching trust transition team.
- Implement an overarching trust transition policy.
- Ensure transition is in job plans.
- Ensure staff receive training around transition.
- Electronic patient systems can identify young people of transition age.
- Ensure transition is specified in the service outcome measures.

Following these recommendations, an action plan for Wolverhampton has been developed, which is currently going through the Trust's governance process and has been presented at the divisional governance meetings. The progress with the action plan will be monitored by the Transition Steering Group.

We are awaiting the final National Framework for Transition from NHS England which will set out minimum standards for hospital trusts in relation to transition. In the framework there will be principles, models, and resources to help set up a 0-25-year service model. Organisations will be required to demonstrate that they we are meeting the minimum standards to receive payments via 'Transition Currencies'. This will be shown by building pathways that meet best practice and through audits.

Alongside the National Framework, we are awaiting the release of the Core Capabilities Document from NHSE which will sets out training requirements and competencies specific to transition. It will set expectations that all NHS providers provide a training package for all staff working with young people going

through the transition process, including primary care, mental health services and adult services. The Transition Clinical Nurse Specialist will lead the development of these resources.

After the publication of the National Framework for Transition and the Core Capabilities Document, along with the NCEPOD recommendations and the NICE guidelines we will be compiling an overarching improvement plan to ensure all the actions are together.

The Transition Clinical Nurse Specialist has been working with transition coordinators from health across the Black Country to ensure there was equity in the transition offer for young people across the region. We are working on a benchmarking document for services to use that will incorporate the NICE guidelines and the NCEPOD recommendations. This will then be used as a standard reporting tool to inform the ICB.

Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people. The Core20 is the most deprived 20% of the national population and the PLUS population groups include ethnic minority communities, inclusion health groups; people with a learning disability and autistic people, people with multi-morbidities and protected characteristic groups. This approach suggests five clinical areas of focus, asthma, diabetes, epilepsy, mental health and oral health. The Transition CNS will expand their scope to more services to help set up pathways, concentrating on asthma, diabetes and epilepsy. The purpose of the pathways is to ensure a robust process for young people with long term health conditions to make the transfer from children's to adult healthcare services in a holistic and safe way.

The Ready Steady Go Transition Programme will be embedded into the relevant services and audits will be completed to ascertain how successful the programme has been. Wolverhampton has been accepted onto a pilot to trial the Ready Steady Go documents digitally. This will be through the creation of QR codes and weblinks per Trust and subspeciality. The Ready Steady Go programme can also be translated into a range of different languages. We have identified that Ready Steady Go Programme is not suitable for all young people and are therefore developing a bespoke transition programme for young people with complex needs.

It is also our priority to work with specialist centres such as Birmingham Children's Hospital to ensure that the transfer of care from these centres is seamless for the young people and their families. We first need to identify early who these young people will be and work with children's services and the receiving adult services through clinics, MDT meetings and discussions with families.

We have expanded the paediatric services by employing a paediatric ADHD Clinical Nurse Specialist and an ASD Clinical Nurse Specialist. It has been noted that there are few adult services for young people with ASD and ADHD therefore we are developing a transition programme that will prepare the young people and their families to manage their conditions with the help of their GP into adulthood and where to get support if things deteriorate.

There are plans to set up a Youth Forum to help with the design of the transition service and receive feedback from young people on different projects in the Trust. It is important that young people's voices are heard to help ensure services are appropriate and accessible for them. After the successful group at Compton Care, we would also like to develop more peer support groups for young people within specialities.

We will continue to review gaps in services between children's and adult healthcare services. A gap has been identified in community services around young people with medical equipment at home, who do not meet the criteria for Continuing Health Care. We are working with adult services, the ICB and primary care to try and address these gaps.

We have seen a need for information sessions regarding mental capacity and decision making both for staff involved in the transition programmes and parents of young people. We are going to include mental

capacity awareness into the transition programme for parents as this has been a cause of anxiety to parents who are unsure what happens when their young person reaches adulthood, and they no longer have parental capacity. This will be completed in collaboration with the learning disability team and will take place in transition clinics and coffee mornings.

Another area of focus will be to identify young people who are eligible for learning disability annual health checks and ensure they are offered an appointment from their General Practitioner (GP). Everyone over the age of 14 who is on their GP's learning disability register should have an annual health check as people with a learning disability have often poorer physical and mental health. We have incorporated this question into the transition programme and are able to check if a young person is on their GP's learning disability register. Should this not be the case, we are able to contact their GP to arrange this.

RECOMMENDATIONS

- The Health Scrutiny Panel are recommended to note report.

Any Cross-References to Reading Room Information/Enclosures:

N/A

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The Royal Wolverhampton NHS Trust - Digital Care @ Home

1. Background:

In winter 2020, during the height of Covid, there was a national ask to primary care to support people who were Covid positive (C+) being cared for at home using oximetry@home. This measures someone's oxygen saturation and is a key clinical indicator of their medical stability; therefore providing an early warning if they deteriorate.

In order to ensure an equitable and consistent city-wide offer The Royal Wolverhampton NHS Trust (RWT) worked with primary care to deliver a community-services led offer, which was rolled out in December 2020.

Initially developed as a more traditional 'paper-based approach' the oximetery@home service quickly developed into a digital model using remote monitoring. The service has since expanded and advanced its capabilities, both clinically and digitally, delivering what is now referred to as the Virtual Ward (VW).

The VW service offers support for people to be cared for at home for a range of pathways including:

- Respiratory
- Frailty
- Palliative care
- Renal
- General Medicine
- Paediatrics

The service sits within the wider community offer that includes District Nursing, wound care clinics and therapy at home, and has been developed with investment into new staffing for community services.

2. Delivery model

The current model is a 7/7 nurse-led community service, with medical support from acute physicians in the form of virtual multi-disciplinary team reviews (MDTs). In addition, pharmacists support medication reviews and prescribing; while patients can receive domiciliary care to support their personal needs. If a patient becomes unwell, escalation can be made via the 24/7 care co-ordination center into the wider range of community services, as well as 'hot advice' from a specialty consultant.

Individuals who reside in a care home also have access to the virtual ward, with a dedicated technology solution procured by the Integrated Care Board enabling either the individual or the care staff to monitor key health metrics and escalate concerns.

On receipt of referral, a nurse contacts the patient to organise a time to visit and undertake the 'onboarding' and consent process. At the first visit, which is always face-to-face, the nurse assesses the patient and takes baseline observations. These are used to co-develop a care plan with the patient. The nurse also provides training on how to use the digital technology, e.g., downloading the app, demonstrating how to use the monitoring equipment.

In line with the agreed care plan, patients will be asked to submit their recordings, with regular feedback and contact from the clinical team. Patients are reviewed as part of the virtual MDT, when changes to the care plan can be made to meet patient need.

Once patients have achieved the outcomes in their care plan e.g., successfully weaned off oxygen and maintained oxygen saturation levels, patients can be stepped down into the wider digital care at home offer that includes more longitudinal remote monitoring; or they can be discharged back to their GP. All patients who have had an admission to the VW can self-refer back into community services without the need to go via their GP or hospital.

3. Benefits and challenges of the virtual ward offer

Virtual wards have benefits for patients, staff, and the health & care system more widely. Promoted nationally by the NHS, they are seen as a key enabler of supporting more people to be cared for at home *(NHS 2022/23 Priorities and operational planning guidance v3 22 February 2022).*

From a patient perspective there are known risks of extended admissions to hospitals including deconditioning and hospital acquired infection. Enabling patients to receive their care at home, rather than in a hospital environment, not only reduces these risks but can also support wider wellbeing by bringing people back to their families and communities, allowing them to eat their own food and drink their own drink, as well as be in the privacy and comfort of wherever they call home.

The virtual ward model also empowers patients to not just be more involved in their healthcare but to take more control over the management of their condition(s). The remote monitoring technology allows the individual, as well as the health staff, to measure and visualise their observations with easy-to-read information showing them when their measures are 'normal for me', improving or deteriorating. When a patient is deteriorating health staff are automatically alerted by the technology; if a patient has concerns, they have direct access to a team of healthcare staff.

For staff, the virtual ward offers a new and innovative way of working providing variety and flexibility that supports workforce recruitment and retention. For example, a staff member could have a role that incudes direct patient care in the home alongside remote working in the digital hub. We have developed hybrid roles for staff to work in the acute and in the virtual ward, for example being part of the acute respiratory team that identifies patients for virtual ward and then following said patients out to provide their care in the community.

For the wider health and care system the virtual wards support improved flow by reducing admissions and/or length of stay in hospital. The flexibility of the model allows it to be scaled up more quickly than physical estate in response to bed pressures e.g., during winter. The digital solutions enable the sharing of resources and expertise across teams thereby reducing duplication and hand-offs.

It is important to recognise that the virtual wards are not a panacea to every challenge facing the NHS. The benefits outlined above are only possible with investment in highly skilled staff and the tools they need to support care. Even with this support, which is in place in Wolverhampton, there are challenges to setting up, maintaining, and growing the model.

Working in the virtual ward model challenges traditional approaches for both staff and patients, which can create anxiety about the unfamiliar. It is important that time is given to take everyone on the journey so people are not excluded or intimidated by the change. This requires investment in communications, training and engagement.

There is a range of digital capability, access, and connectivity across the city. This can limit people's ability to use the digital elements of virtual ward. It is therefore important that non-digital options are always included to ensure no-one is disadvantaged by their ability to use digital technology, as well as having the ability to offer devices to people where the lack of device is the barrier as opposed to ability to use a device.

The final challenge to highlight is ensuring that virtual wards integrate with other services, and are not a 'bolt-on' creating a different set of care plans, patient data and handover between teams.

4. Next steps for digital care @ home

Wolverhampton is recognised regionally and nationally as having one of the most developed virtual ward models in the country. We believe that it forms an important part of our wider community offer enabling more people to be cared for at home. Working in collaboration with our health and care partners, and listening to feedback from our patients, we plan to grow the range of pathways offered on the virtual ward.

We are developing our workforce model to include advanced nursing skills, dedicated medical provision and a clear training approach that gives students and trainees the opportunity to rotate into virtual ward as they would any other speciality on the hospital.

In the long term it is our aspiration to integrate the model with wider services, including digital care @ home, providing the residents of Wolverhampton with the tools to manage their own health, access timely advice and support outside of a traditional hospital model and therefore work towards reducing health inequalities.

Author: Sian Thomas, Deputy Chief Operating Officer – RWT
Note: this paper is accompanied by slides that outline key deliverables and performance metrics

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Digital Care @ Home

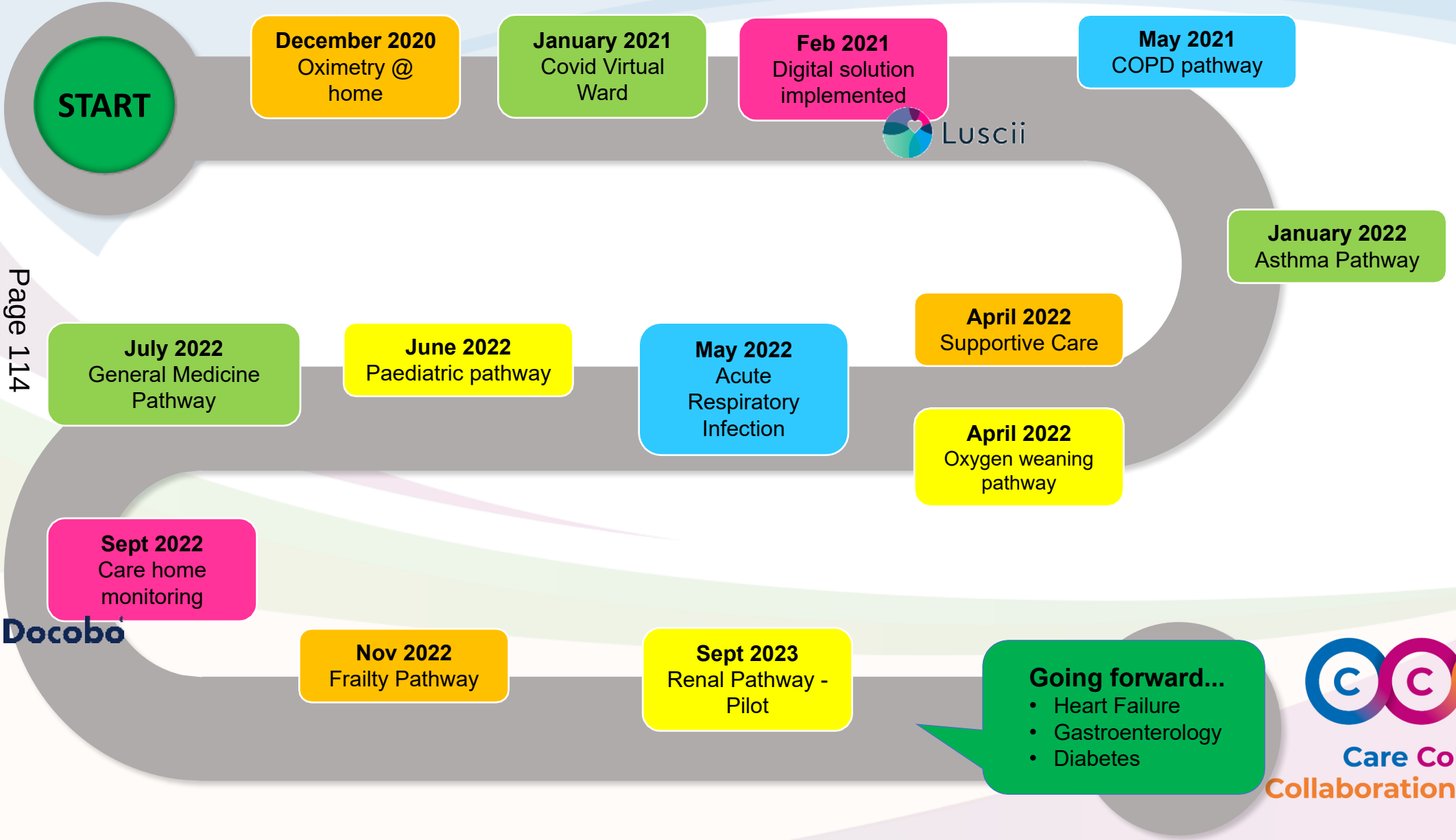
December 2023

Health and Overview Scrutiny Committee

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust

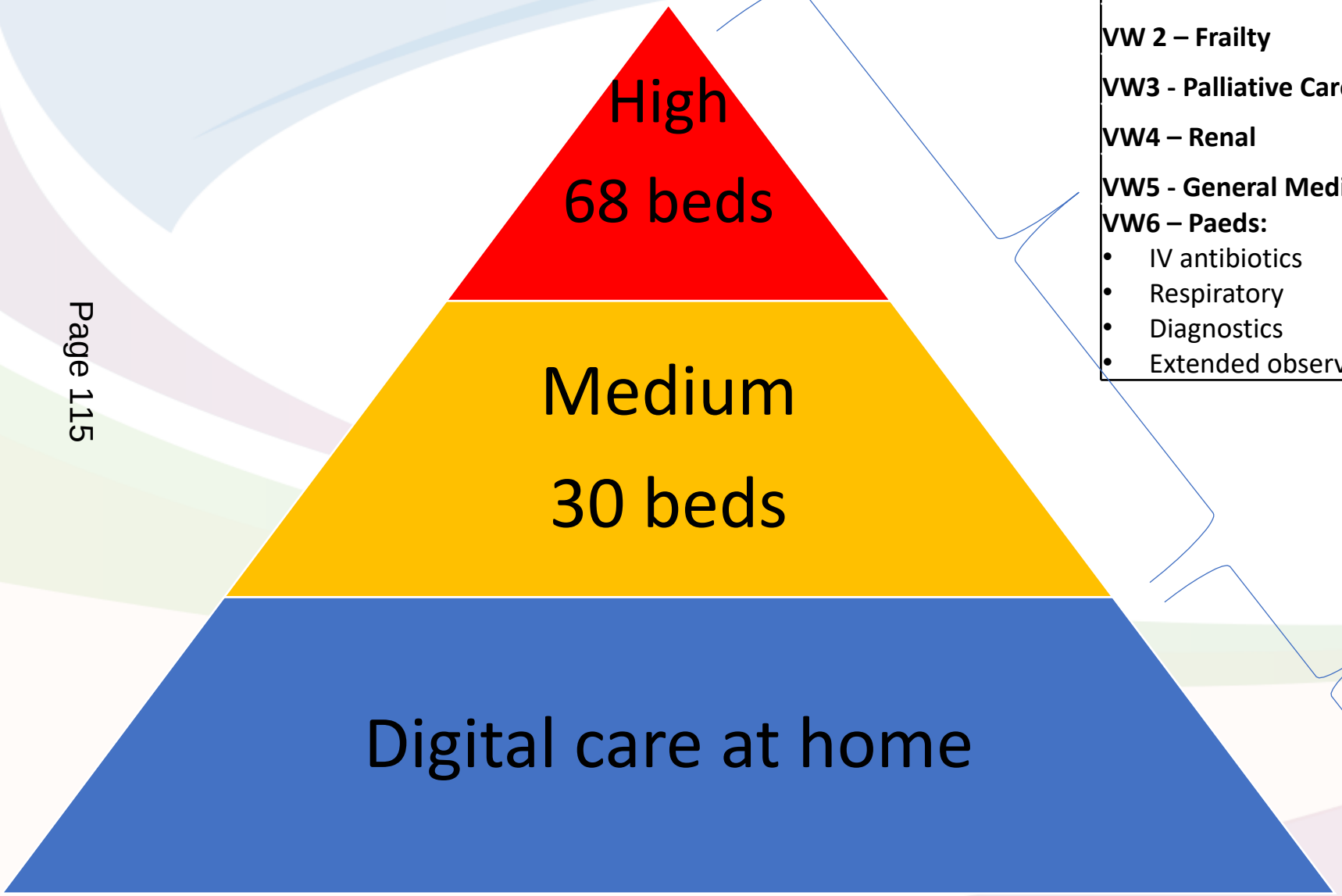
Care Colleagues
Collaboration Communities

The Virtual Ward Journey...



Care Colleagues Collaboration Communities

Digital care at home



VW 1 – Respiratory:
- COPD (High & Medium)
- Acute respiratory infection
- Asthma
- Covid

VW 2 – Frailty

VW3 - Palliative Care Planning

VW4 – Renal

VW5 - General Medicine

VW6 – Paeds:
- IV antibiotics
- Respiratory
- Diagnostics
- Extended observation

- Supportive palliative monitoring
- COPD step down
- Remote monitoring

Care Colleagues Collaboration Communities

The Virtual Ward Team

Virtual Ward
Hospital at Home

Paediatric
Virtual Ward

Care Colleagues
Collaboration Communities

The model today…

Service Model

- Nurse-led community service, complementing wider community offer
- Supported by wider MDT including pharmacy and therapy
- Consultant oversight & medical governance from acute medics e.g. weekly MDTs
- Takes referrals and delivers care seven-days a week, 8am to 10pm
- All patients have an initial face to face visit
- Monitoring frequency according to clinical need
- Lack of digital kit or confidence not a barrier to service access
- Knowing patients' 'normal' is key

Intermediate Care
Rehab & Reablement

Community Urgent Care

24/7 Care Co-ordination

Rapid Access to Care

Community clinics
Phlebotomy, wounds, anti-coagulation

Community Planned Care

Care Colleagues Collaboration Communities

Activity and performance

- Total number of referrals to VW in the last 12 months has been 2227
- Over 3500 patients supported on VW since inception as an alternative to bed based care.
- The majority of patients remain in the place they call home and do not require hospital reattendance.
- The top referring specialities for the Virtual Ward, are: Paediatrics (41%) A&E (23%) Respiratory Medicine (11%)
- Referrals have significantly increased month on month, from ~50/month in Jan 21 to ~120/month now
- Overachieving against national target of 80% occupancy (offering 98 beds)
- Paediatric pathways are 100% digitally enabled

Care Colleagues Collaboration Communities

Patient feedback

"The app was great and within minutes a staff member called me when my heart rate was high, giving advice and reassurance."

"Liked using the App which was easy to use. I did not feel alone, very helpful."

A very big thank you for all your care, support, advice and monitoring me over the last few weeks. I felt safe at home knowing I had the support – much appreciated."

"Staff always relaxed me and gave me peace of mind. Feeling safe and cared for at home – a great idea!"

"The app is very easy to use. Supportive service in the community. Reassuring to have the service."

Care Colleagues Collaboration Communities

Next Steps

✓ Expansion and further development of more pathways

- Ability to take more clinical conditions e.g. gastro & diabetes
- Increasing offer to admit from ambulance call outs and direct GP referral
- Increasing the acuity and complexity supported on the virtual ward

✓ Developing the workforce model

- Developing the medical model e.g. trainee placements, replicating the daily hospital ward round, community-based medics working alongside side acute colleagues with dedicated sessions
- Developing advanced nursing practice skills and roles within team as opposed to an escalation model with

✓ Securing our long-term digital offer

- Reviewing our tech partners, alongside patient feedback, to procure our long-term solution(s)
- Developing and integrating the remote diagnostics and wearables offer

Care Colleagues
Collaboration Communities

NHS
Black Country
Integrated Care Board

Agenda Item No: 8

Health Scrutiny Panel Paper: Primary Care Access

December 2023

1. Introduction

The ICB last presented to the Health Scrutiny Panel on Primary Care (GP) Access in January 2023, where the main updates given, focused on general practice activity, the Community Pharmacy Consultation Service, digital work being undertaken, patient involvement and the development of a Primary Care Strategy.

This report has been prepared to provide an update, including progress made and next steps to continue to support primary care access.

2. Background

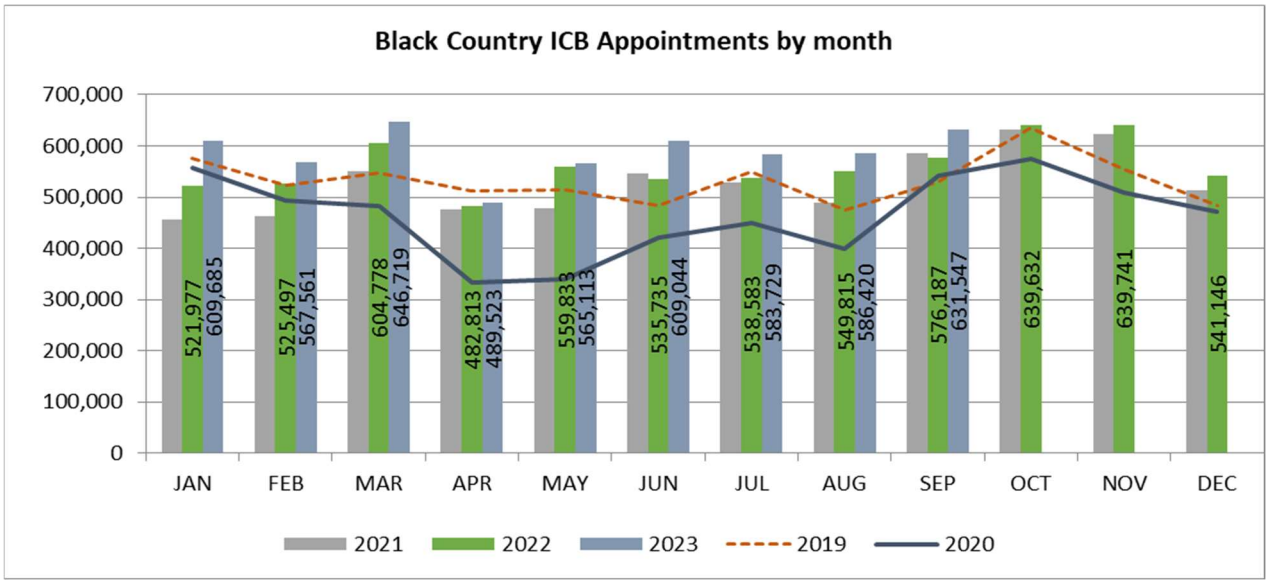
Access to general practice remains a priority for national policy, for the Black Country ICB and for local people in Wolverhampton.

The national GP contract has been revised this year to place greater focus on tackling concerns about access to services. A key element of the national approach is a programme called *Modern General Practice*. We outline below what this programme involves and how it is being implemented in Wolverhampton.

The report also provides an update on general practice activity, other initiatives to improve access, including those involving local pharmacy services, and our work with Patient Participation Groups.

3. Primary Care Activity

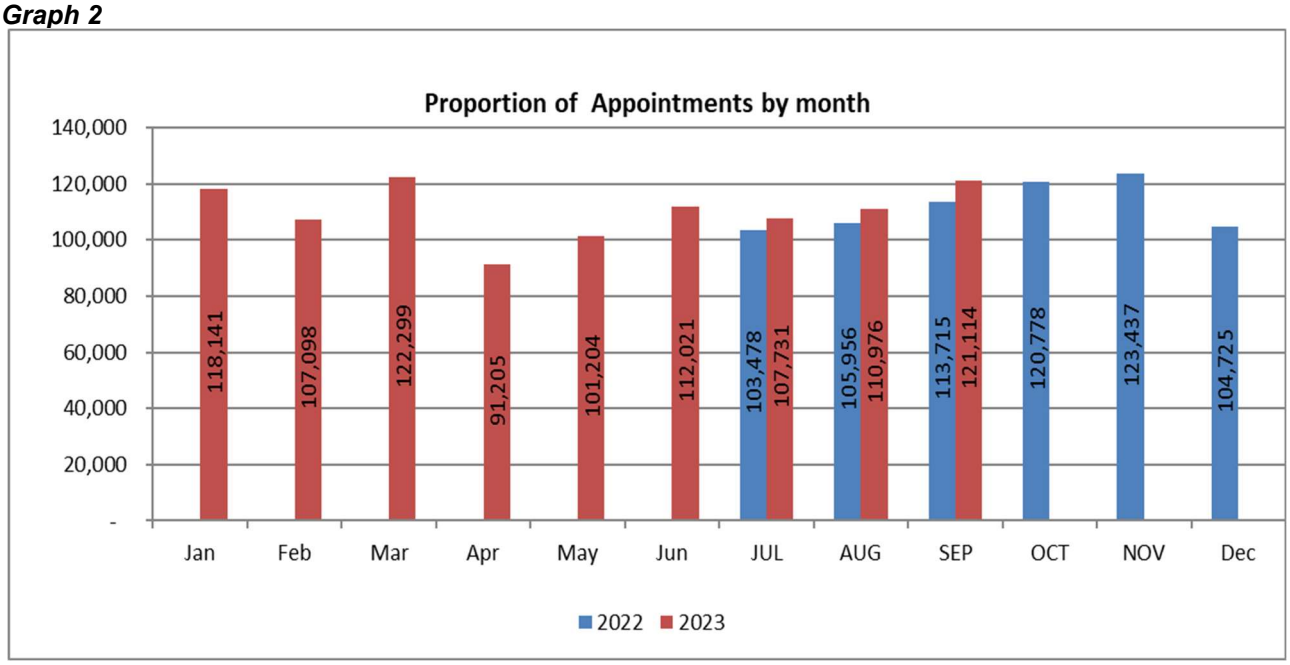
Graph 1 below provides an update on GP appointment activity across the Black Country since 2019. This shows a continuing increase in the number of appointments per month following the recovery of services following the Covid-19 pandemic.



Graph 2 below, shows appointments for Wolverhampton practices since July 2022, when this data was first published. The graph demonstrates the increase in appointments available year on year for July – September data.

For those months where a comparison can be made to 2022, there is an increase in appointments of 5.2%. The data shows utilised appointments only and does not include booked appointments where the patient did not turn up or attend (DNA).

Graph 2



Locally across Wolverhampton, extended and enhanced primary care access has continued to be delivered, which means that patients are able to access appointments in the evenings (6.30 to 8.00pm), Monday to Friday and from 9.00am until 5.00pm on

Saturdays across each of the 6 Primary Care Networks (PCNs). This created an additional 308 hours additional capacity a week.

Despite the demand for appointments in General Practice, the numbers and percentage of patients not attending their appointments has remained fairly consistent with an average DNA rate of 7% per month, as shown in ***Table 1*** below. This means on average, for every 1000 appointments booked 70 were recorded as booked but not attended.

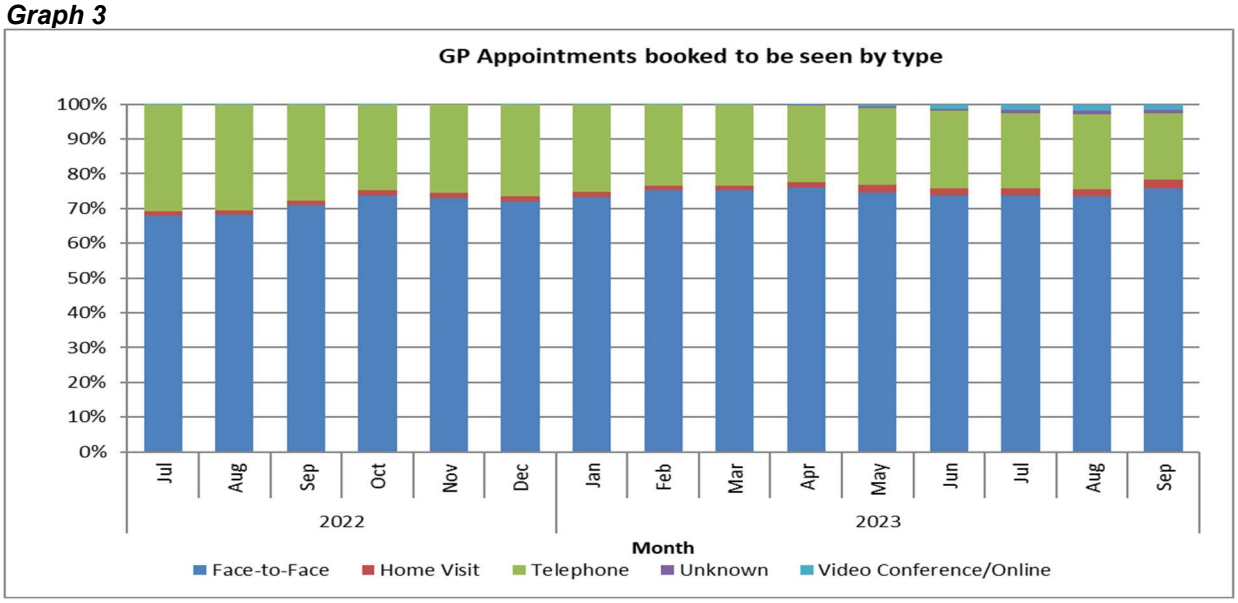
Table 1

Total Appointments DNA Month 2023	DNA
Mar	7.44%
Apr	7.09%
May	7.03%
Jun	6.96%
Jul	7.20%
Aug	7.11%
Sep	7.16%

Graph 3 below shows how the booked general practice appointments are broken down by type. This shows that in Wolverhampton, face to face appointments remain the main appointment type, making up approximately 75% of appointments. This is above the National average, which for August 2023 to October 2023, was 70%.

The graph also demonstrates that practices are offering alternative appointment types based on clinical need, with online consultations also featuring within the figures.

Graph 3



There are a number of local and national initiatives which have contributed towards the ongoing increase in general practice appointments, in addition to further work being planned, particularly over the winter period.

4. National plans and work delivered locally in Wolverhampton to increase access to Primary Care

A number of key national changes have taken place over the past few months to support access, including changes to the GP contract, new guidance (capacity and access guidance) and recommended approaches for improving access to primary care (the delivery plan for recovering access to primary care).

The ***capacity and access guidance*** required PCNs to work together to produce access improvement plans which focused on:

- Improving the patient experience (building on the responses to the GP Patient Survey and the Friends and Family Tests)
- Ease of access (outlining any planned telephony and digital improvements)
- Accuracy of recording appointments (to understand appointments available to help meet demand)

All of the PCNs across Wolverhampton submitted plans and those plans were agreed by the ICB, with regular checks taking place to monitor progress.

In May 2023 the ***delivery plan for recovering access to primary care*** was launched to build on the capacity and access guidance.

This document provided the overall approach which should be taken to improve access to general practice, under four core headings:

- **Patient Empowerment** (through the NHS App, self-referral pathways and expanded pharmacy services);
- Implement "**modern general practice**" (so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message);
- **Build capacity** (so practices can offer more appointments from more staff than ever before);
- Cut bureaucracy (to give practice teams more time to focus on their patients' clinical needs)

In response to this plan, work has taken place on all of the identified areas to maximise primary care access across Wolverhampton as outlined below.

Patient Empowerment

NHS App

The ICB's digital team have been supporting the roll out and full utilisation of the NHS app. This will mean that patients (in over 90% of Wolverhampton practices) will be able to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by 31 March 2024.

As of 31 October 2023, 95% of practices met the contractual requirement to provide access to prospective records. The IT Facilitation Team are continuing to work with outstanding practices.

Self-Referral Pathways

Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and reduces unnecessary GP appointments, helping to avoid delay for patients. Work is underway across the following areas to explore whether or not the services can support self-referral; falls response services, musculoskeletal services, audiology (including hearing aid provision), weight management services, community podiatry, wheelchair and community equipment services.

Community Pharmacy Consultation Scheme (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was launched by NHS England on the 29 October 2019, to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine; improving access to services and providing more convenient treatment closer to patients' homes.

The service is helping to alleviate pressure on GP appointments and emergency departments, in addition to using the skills and medicines knowledge of pharmacists. Should the patient need to be escalated or referred to an alternative service, the pharmacist can arrange this.

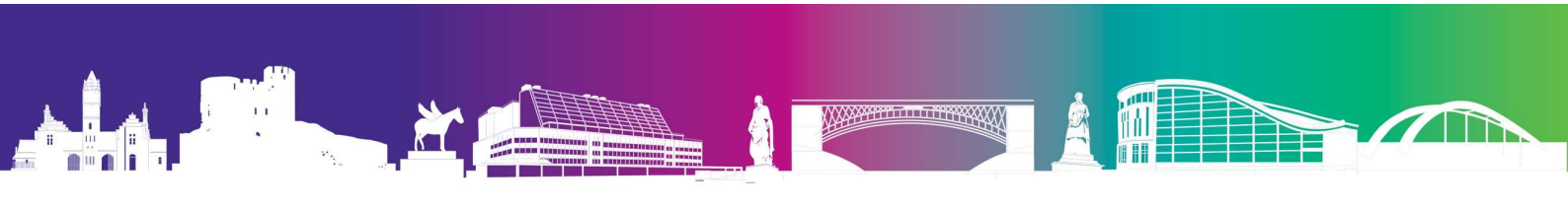
Locally, referrals into the CPCS continue to exceed the targets set by NHS England (NHSE). The targets set for 2023/24 were a 10% increase on the 2022/3 figures. Data from Quarter 1 of 2023/4 showed 3,390 claimed referrals, which is 49% above target. For the period April - October 2023, Black Country General Practices made 9,976 referrals to community pharmacies, thus avoiding that number of GP appointments.

The medicines management team continue to work to promote the scheme.

Pharmacy First

Pharmacy First allows for better use of pharmacies to support people without the need to visit their GP practices across a number of conditions, including:

- sinusitis
- sore throat
- earache



- infected insect bite
- impetigo
- shingles
- uncomplicated urinary tract infections in women.

Pharmacies will also have an enhanced role in helping people manage blood pressure and ongoing oral contraception for women.

The new Pharmacy First Service will be launched on 31 January 2024 (subject to the necessary digital systems being in place between community pharmacy and general practice) and it will enable the supply of prescription only medicines for the conditions outlined above.

Referrals may be made from NHS 111, urgent and emergency care and general practice, or the patient may self-refer. On referral to the community pharmacy, the pharmacist either face to face or remotely has a consultation with the patient to determine appropriate course of action/treatment. The new Pharmacy First service will incorporate the Community Pharmacy Consultation Service (CPCS). This along with the new seven conditions, shows the potential to further increase capacity and access in Practices, and help to support the Modern General Practice agenda.

In Wolverhampton, 19 practices to date are providing the ongoing management of routine oral contraception from the pharmacy, which was initiated in general practice or a sexual health clinic. From 1st December 2023, the service is being expanded, so that pharmacies who sign up will additionally be able to initiate oral contraception. This service means that GP/nurse appointments can be saved by patients accessing advice and treatment at their local pharmacy.

The Blood Pressure Service has been in existence since 2021, and is being relaunched on 1st December 2023, to encourage more pharmacies to sign up and to encourage greater activity. The service identifies people who are 40 years or older, or at the discretion of trained pharmacy staff, people under 40 with high blood pressure (previously undiagnosed hypertensives), and to refer them to general practice for confirm diagnosis and appropriate management. Practices can also refer patients to the pharmacy for ad hoc clinic and blood pressure measurements (e.g. people with/without a diagnosis of hypertension). This means that GP/Nurse/Healthcare Assistant appointments can again be saved by utilising this service.

With local general practices and community pharmacies working together on the provision of these services, patients will have increased choice, GP capacity will be improved, allowing their appointment slots to be taken up for dealing with higher acuity or more complex conditions.

Modern General Practice

Modern General Practice is a model of organising work in general practice in an equitable way to help improve access to GP services, with a focus on digital solutions.

The new digital systems have a number of benefits, including:

- **Queuing:** GP practices will manage multiple calls, patients are notified of queue position and wait time and should not get an engaged tone;
- **Call-back:** patients have the option to be called back when they are higher in the queue;
- **Call-routing:** patients will be directed to the right person or team (e.g. a medicines team serving the whole PCN);
- **Integration with clinical systems:** allows practice staff to quickly identify patients and find relevant information with less searching.

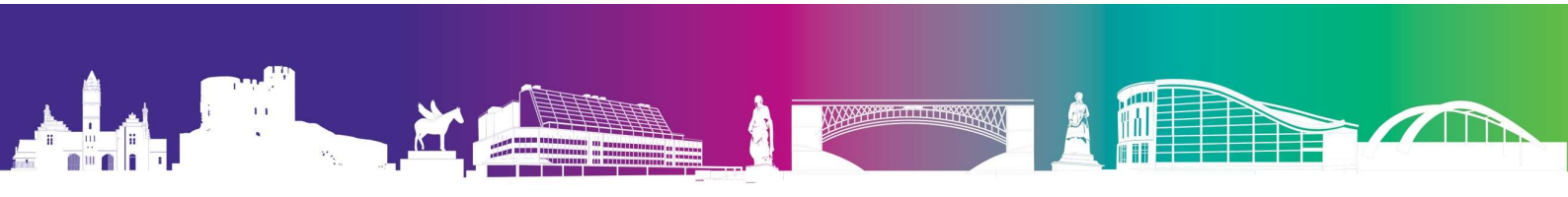
Further information on Modern General Practice can be found at https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/

This should result in:

- **Easier access to GP practices -** better digital phone systems will mean people will get through to their practice easier. This will be particularly useful for people who need to use mobile phone credit to make calls and who may find that cost prohibitive;
- **Most urgent needs being prioritised -** GP practices will prioritise people with the most urgent issues, regardless of when they contact their GP team or whether they contact them in the surgery, over the phone or online. Digital triage systems will be used where people can input details of their issues. Digital triage systems can guide them about what to do next or who they need to see. For people who are used to using digital systems, this will provide an additional way of accessing services, often more convenient;
- **Continuity of care -** people will be able to stay in contact with a particular clinician, as the two way messaging should provide a simple way of practices to follow-up without the need for an appointment. This will help maintain continuity of care.

The approach recognises the needs of people who are not confident with digital technology, those who don't have access to the internet and those who don't have access to a private space for a call through better use of Care Navigators in GP teams and wider GP staff who can help.

In order to understand where GP practices are in Wolverhampton, with implementing Modern General Practice, each practice was asked to complete a self-assessment. In Wolverhampton, all practices but 1 have submitted a self-assessment which showed the following:



Numbers of practices NOT implementing Modern General Practice	1
Numbers of practices already delivering **full** Modern General Practice *	0
Numbers of practices planning to implement Modern General Practice this year	48%
Numbers of practices planning to implement Modern General Practice next year	52%

** To be classed as delivering full Modern General Practice, practices must have scored themselves 4 out of 4 across 10 areas (e.g. will have assessed themselves as scoring 40/40).*

The ICB are working with practices to support them to fully implement Modern General Practice, acknowledging where the key development areas are and offering help, solutions and training as needed.

Building Capacity

Work is underway by the Black Country ICB Primary Care Training Hub with NHSE and wider partners to implement recruitment and retention schemes and grow the workforce for the future.

Cutting Bureaucracy

Work is ongoing through OneWolverhamptons' Clinical and Professional Leadership Group to explore opportunities to look at and develop initiatives to enable Primary and Secondary Care to work together more effectively to ensure patients are seen at the right time, in the right place by the right person.

Hospitals will now be expected to make further referrals where needed and provide fit notes and discharge letters rather than send the patient back to their GP. They will also be expected to arrange appropriate follow-up care, again reducing pressure on GPs.

Hospitals will need to have a clear point of contact for primary care – such as a single outpatient email - to minimise some of the issues GPs face when making arrangements with hospitals.

5. Other work being undertaken locally, in Wolverhampton, to increase access to Primary Care

In addition to the national plans for improving access to primary care, there have been a number of local, Wolverhampton developments over the past few months.

Primary Care Framework

The Primary Care Framework is a local incentive scheme that was introduced to support the continued improvement and development of Primary Care and build on the benefits of the national Quality Outcomes Framework Scheme (QOF).

Access to Primary Care was included within the Wolverhampton 2023/24 Primary Care framework (PCF).

Through the PCF, practices were required to submit an access plan which included the following:

- How the digital journey planner has been used to inform any actions around improvements to the digital aspects to patient access;
- How clear and consistent messaging on telephone systems will be ensured, and how barriers will be addressed (language, hearing impairment etc);
- How sign up and utilisation of the NHS app, and overall usage of digital technologies will be increased, ensuring key features of the app are enabled for patients (e.g. ability to book non-triage appts, repeat prescriptions, online consultations, messaging and access to patient records etc), whilst addressing any barriers to digital access patients may have;
- How practices intend to promote their websites and the functions to their patients, encouraging take up of online consultations;
- How websites that are clear, are patient friendly, and support accessibility will be developed and / or maintained. Websites will need to comply with the digital first requirements as well as meet the needs of their patients;
- How reasonable adjustments for vulnerable cohorts to aid access can be made within practices / Primary Care;
- How practice staff will be supported in their awareness of vulnerable cohorts, their needs and the services that are available to them.

The monitoring data which will be submitted at the end of the financial year will enable practices to demonstrate the impact of their approaches.

Digital First Primary Care

Digital First is a way of supporting the rollout of the digital element of Modern General Practice and is a nationally funded, transformational programme of work with a focus on delivering equitable access to digital services, for all patients. Wolverhampton has a dedicated Digital First team to work with practices, to support the implementation of the digital tools.

The team have commissioned a tool called “Digital Journey Planner”. This is a self-help tool that provides practical online support to optimise the use of digital tools. The focus over the past few months has largely been on the development of websites and online booking.

An increase in the use of the on-line forms that patients can use to send requests to practices through their websites has been seen. This provides a convenient alternative for patients and reduces telephone demand.

Websites Update

The GP Website Development project aims to deliver on a number of benefits:

- Ensuring websites are legally compliant;
- Ensuring patients are signposted to the correct place for their needs, reducing wasted patient time and worry;
- Improving patient satisfaction and experience of using the GP practice website, making it more likely they will return and use digital tools;
- Reducing the risk of adding digital inequalities to existing health inequalities;
- Creating a place where patients can effectively self-serve, empowering patients to manage their health and care

To date, 19 Practice websites across Wolverhampton have been updated or completed as outlined in ***Appendix 1***. The remaining practices / websites are in the delivery phase, and work continues to progress these.

Online Booking

Practices have a contractual requirement for patients to be able to book appointments online.

As of 16 November 2023, 98% of practices have the functionality enabled, with the Digital First Team working with the remaining four to reach 100%.

Telephony & Messaging Systems

Supporting practices to move to and optimise the capability of cloud-based telephony, is essential to help provide a better experience for patients (e.g. so patients can be provided with queue position and callback options) and to enable practices to proactively manage peaks in demand, through real time data monitoring and to support evidence-based service decisions.

This year, 8 practices in Wolverhampton with analogue telephone systems were identified as a priority, to switch to cloud based telephony as a part of the NHS England Cloud Based Telephony project. Of those, 4 have already switched and the remaining 4 are currently working with the National Commercial Procurement Hub to move to one of the approved providers.

Patient Participation Groups

Work to support the recovery of Patient Participation Groups (PPG's) has continued. At the Health Scrutiny Committee in June, when a paper on PPGs was presented, it was outlined that there were 8 practices who had not fully returned to delivery of PPGs. Out of those 8 practices, all but one have recommenced and have held meetings or have meetings planned in the very near future.

A new suite of resources has been produced on the ICB website and a training course, commissioned by One Wolverhampton place partnership, for practice managers and patient participation group chairs recently concluded.

The training consisted of 6 virtual modules and all sessions were recorded as training videos and will be uploaded to the ICB website as a future resource.

Feedback from the training has been positive, with one participant writing to their local Health and Wellbeing Board to champion the training. Another PPG Chair who participated has reported that their groups membership has grown from 15 to 50 by applying the learning and the tools from the training.

Triggered by feedback from a PPG Chair in Wolverhampton, the evaluation of the 6-week pilot NHS Ambassadors scheme and survey results from the Joint Forward Plan, a new group has been developed to discuss how information can be better shared and communicated with patients and the public. This group is made up of ICB colleagues, patient representatives, partners from the voluntary / community sector and Health Watch.

The group intends to support the local communications plan around Modern General Practice and the Extended Healthcare Teams. Working with trusted voices and members of communities who face barriers to accessing primary care, promotional materials and assets will be codesigned in addition to equipping and empowering trusted voices to operate as primary care health ambassadors.

The Involvement team within the ICB are planning the roll out a second phase of Primary Care Ambassadors to deliver key messages, education and to help build agency within local communities on accessing primary care.

The involvement team are continuing to support the system wide primary care team with recommendations on capturing patient experience on any information provided by practices and any support requested, to ensure adequate thought has been given to the plans for patient involvement.

A similar exercise was completed previously around enhanced access, and the team are now supporting in how we can provide assurance that feedback has been obtained from patients in regards the services.

Additional Initiatives to Support Access Over Winter

Winter Pressures & Resilience

Additional general practice appointments over the winter period is currently being commissioned. This will enable an additional 3,278 appointments to be made available

from December to March 2024, with a focus on bank holidays, Saturdays closest to the Christmas and New Year period and additional weekday appointments. The majority of appointments will be for same day / next day urgent access.

Acute Respiratory Infection (ARI) Hubs

Acute Respiratory Infection (ARI) Hubs are being commissioned across the Black Country including Wolverhampton. This will be in addition to the current appointments offered within practices through the Primary Care Framework (PCF) and any additional enhanced access schemes.

The aims of the additional ARI hubs are to:

- Support patients with urgent clinical needs by enhancing same-day access to assessment and specialist advice as needed;
- Reduce ambulance callouts, A&E attendances, and hospital admissions for patients who could be appropriately managed in the community;
- Improve the quality of acute respiratory management in Primary Care, through increased availability of Primary Care appointments;
- Provide an accessible and equitable service to support same-day access for all Wolverhampton GP-registered patients.

Appendix 1 – GP Website Development

- Bilston Family Practice
- MGS Medical Practice
- I H Medical
- Newbridge Surgery
- Dr V Mudigonda
- Duncan Street
- Tettenhall Medical Practice
- Pennfields Medical Centre
- Penn Surgery
- Castlecroft Medical Practice
- Bilston Urban Village
- Fordhouses Medical Centre
- Showell Park
- Prestbury Medical Practice
- Whitmore Reans Medical Practice
- Keats Grove Surgery
- Ashmore Park Surgery
- Griffiths Practice
- Primrose Lane Surgery