

Health and Wellbeing Together

16 October 2019

Report title Health and Wellbeing Together 'Strategy Meeting' –

Outcomes and Next Steps

Cabinet member with lead responsibility

Councillor Jasbir Jaspal
Public Health and Wellbeing

Wards affected All wards

Accountable director John Denley, Director of Public Health

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Report has been considered by

Health and Wellbeing Together

04 September 2019

considered by Executive Group

Recommendation for decision:

Health and Wellbeing Together is recommended to:

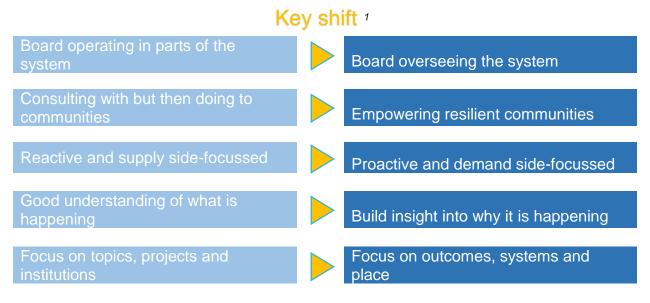
1. Endorse the next steps as outlined in section 3.0 of the report.

1.0 Purpose

1.1 The purpose of this report is to present a summary of discussion that took place at the 'Strategy Meeting' of Health and Wellbeing Together on 03 July 2019 and for the Board to endorse the next steps outlined in section 3.0 of the report.

2.0 Background

2.1 Health and Wellbeing Together (HWBT) seeks to work as a 'system leadership forum' and has committed to actively seeking out every opportunity to work in a way that enables the key shifts detailed below:



- 2.2 To facilitate this, HWBT held a 'Strategy Meeting' on 03 July 2019 using a world café approach to build consensus and agree priorities for the year ahead. The meeting was in two parts, with part one focussing on the Living Well theme in the Board's Joint Health and Wellbeing Strategy 2018-2023 and part two exploring what opportunities being part of the West Midlands 5G testbed can bring to the health and social care sector in Wolverhampton.
- 2.3 This paper summarises the outcomes of the discussion in section 3.0. of this report.

 Commentary will be used to inform future agenda items and activity for the board over the next 12 months.

3.0 Summary of discussion and partnership commitment to next steps

3.1 The strategy meeting opened with discussion about the overarching role and focus of HWBT. It was agreed that there was an opportunity to strengthen the system leadership response to tackling health inequalities. It was implicit in the Joint Health and Wellbeing Strategy 2018-2023, however there was a commitment to proactively look for

¹ http://www.nlgn.org.uk/public/wp-content/uploads/Get-Well-Soon_FINAL.pdf

opportunities to embed across all activities undertaken by the Board in the Growing Well, Living Well and Ageing Well domains.

- 3.2 Sue Lindup, CWC Skills and Employability Manager and Paula Warrilow, CWC Head of Organisational Development and Apprenticeships facilitated the board discussion on the Living Well priority area 'Workforce'. Board members reached collective agreement to:
 - Support individuals with health conditions to access work through delivery of an
 employment support programme for people presenting with health conditions,
 including a wraparound service with Wolves at Work and local providers to provide
 training and support. This will be integrated with funded Work and Health, Thrive,
 Mind at Work and other health related programme.
 - Development of joint protocol for attracting local people to the workforce with Royal Wolverhampton NHS Trust. This will include maximising the impact of joint marketing campaigns to attract people to the workforce, working together to conduct joint recruitment campaigns and delivering rotational apprenticeships.
 - Workforce development and retention support through a Health and Social Care Hub.
 This will include developing a training offer, support with recruitment, retention and
 progression to support individuals and health and social care employers. It will also
 include working with local training providers, Skills for Care and employers to support
 young people, refugees and ex-offenders to access the workforce, including
 apprenticeships development.
- 3.3 Dr Lina Martino, Consultant in Public Health, facilitated the board discussion on the Living Well priority area 'City Centre' with a particular focus on a developing a system leadership approach to alcohol misuse. Board members reached collective agreement to:
 - Learn from best practice around neighbourhood level interventions to tackle alcohol harm (Liverpool, Bradford).
 - Explore the role communities can play in promoting treatment and recovery and promote social movement type activity.
 - Explore how we can use a variety of data at neighbourhood level to direct our approach, for example alcohol related harm has a social gradient, collective action could be used to identify ward level interventions
 - Develop a consistent message across all Health and Wellbeing Together partners, workforces and communities on alcohol prevention – i.e. healthy conversations with employees, partner policies on alcohol harm.
 - Explore issue of availability of alcohol and density of outlets across the City.
 - Take a place-based approach with identified communities, particularly in relation to licensing.
- 3.4 Dr. Ankush Mittal, Consultant in Public Health, facilitated the board discussion on the Living Well priority area 'Embedding Prevention Across the System'. Board members reached collective agreement to:
 - Promote Wolverhampton as a place to aspire to live in and through collective action raise the profile of the City, including through focussed place-based activity tackling health inequalities in distinct neighbourhoods.

- Start conversations around stable contracting arrangements, allowing providers to
 offer better and longer terms of employment and providing stability for local people
 who aspire to work for our systems cross-over with 'workforce' discussion.
- Work to break barriers around signposting systems, collectively agreeing a single model where essential issues are dealt with and making pathways clear and consistent for all stakeholders, preventing duplication and 'gaps' between systems.
- Work with specific problems and have mutually agreed roles and responsibilities in our collective effort to solve societal issues that no one system can tackle alone (e.g. alcohol, obesity etc.)
- Work together to make best use of organisational and community assets, including sharing assets (e.g. estates, workforce) and further engaging community assets such as faith organisations, place based groups, schools, etc.
- Agree to ensure co-production with people, drawing on each other to broaden the reach of essential conversations around health and wellbeing.
- Agree to support promotional activities across our systems rather than in isolation, helping local campaigns and awareness initiatives to reach the widest possible audience and to drive up participation, for example to increase the uptake of screening, vaccines and immunisation.
- Make a collective effort to maximise incomes for those living in deprivation, promoting work and welfare through an approach that fosters and supports individual empowerment and societal inclusion.

To drive forward the above it is recommended to hold multi-agency workshop hosted in partnership with Wolverhampton for Everyone. The focus of this meeting to include identifying a consistent partnership signposting model, making best use of organisational and community assets and working with people to capture their experiences/ aspirations to inform opportunities for co-production of services and care. The outcomes of this meeting will then report to a future meeting of Health and Wellbeing Together.

- 3.5 Charlotte Johns CWC Head of Strategy provided the Board with an overview of 5G and the opportunities being part of a West Midlands testbed could offer the health and social care sector in Wolverhampton.
- 3.6 Rosemary Kay, Director of E-Health Cluster Limited then presented an overview of activity trialled in Liverpool. This included:
 - 'Push to Talk' initiative which links older people for a chat to tackle social isolation.
 - 'Loneliness Quiz and Bingo App', which builds social connections for people with a learning disability.
 - 'Medication Management' system using a pharmacy video link to enable people to take medicines safely at home.
 - 'Dehydration device' for monitoring the welfare of elderly people living in care homes.
 - An updated and digital version of telecare to keep people independent in their own homes for longer.

During a round table discussion Board members reached collective agreement to work in collaboration with each other and the City Board to maximise benefit to Wolverhampton

from participation in the 5G testbed pilot and develop local health and social care options for discussion with West Midlands 5G.

4.0 Financial implications

4.1 There are no direct financial implications associated with this report. Any activity arising from the actions detailed in this report will be funded from existing budgets.

[JB/27082019/H]

5.0 Legal implications

5.1 Health and Wellbeing Together is a statutory Board established under the Health and Social Care Act 2012. Each Board has a statutory duty to produce and implement a Joint Health and Wellbeing Strategy for their local population.

[TS/22082019/Q]

6.0 Equalities implications

6.1 The HWBT strategy meeting has identified a series of actions to take forward related to the Living Well theme of the Joint Health and Wellbeing Strategy 2018-2023, including a specific focus on activity to further explore and embed opportunities to tackle health inequality.

7.0 Climate change and environmental implications

7.1 There are no climate change and environmental implications.

8.0 Human resources implications

8.1 There are no human resource implications.

9.0 Corporate Landlord implications

9.1 There are no Corporate Landlord implications.

10.0 Health and wellbeing implications

10.1 The content of this report is to enable system leadership to enhance a whole system approach to health and wellbeing through activity to support the Living Well theme of the Joint Health and Wellbeing Strategy.

10.0 Schedule of background papers

10.1 Health and Wellbeing Together Strategy Meeting agenda 03 July 2019.