

Health and Wellbeing Together Development Session: 13 September 2023

Summary and recommendations

Context

The Health and Social Care Act 2012 gave Health and Wellbeing Boards a range of statutory powers, including the duty to agree and publish a Joint Strategic Needs Assessment (JSNA)¹ and Joint Local Health and Wellbeing Strategy² (JLHWS). These statutory duties have not changed following the introduction of the Health and Care Act 2022, which established Integrated Care Systems with their own statutory responsibilities.

Session aims

Wolverhampton's Health and Wellbeing Board, known locally as Health and Wellbeing Together (HWBT), has recently updated its JSNA and JLHWS to reflect changes to the health and social care landscape. An externally facilitated board development session took place on 13 September 2023 to:

- Develop how the board works, maximising contributions and impact
- Facilitate a clear understanding of the board's role, sharing perspectives and ideas
- Enable strong and effective working relationships

Approach

The session facilitator used the following approach to achieve the session aims:

- Assessing how the board works against its agreed principles³
- Reviewing what board members have learned about how system, culture and delivery behaviours work
- Applying this learning - 'what if' ...
- Identifying key actions and next steps

Thematic discussion findings: key actions and next steps

Thematic discussion points were captured during the session, these are presented as a series of key actions for the board to take forward.

❖ Leadership

- Capitalise on the board relationship with OneWolverhampton, including progression of shared place outcomes.⁴
- Review the board relationship with the Children and Families Together Board – ensuring prominence of the children's agenda in HWBT.
- Maximise the board's governance relationship with the CWC Health Scrutiny Panel to achieve the best outcomes for local people.
- Maximise the board's governance relationships with the Black Country Integrated Care Partnership to ensure appropriate synergy with regional priorities.
- Explore how the board can better facilitate discussion time and partnership collaboration.
- Demonstrate impact more effectively clearly illustrating how priorities are translated into practical action.

¹ <https://insight.wolverhampton.gov.uk/>

² <http://wellbeingwolves.co.uk/pdf/Wolverhampton-Joint-Local-Health-and-Wellbeing-Strategy-2023-2028-Final.pdf>

³ <http://wellbeingwolves.co.uk/role-of-the-board.html>

⁴ <https://www.gov.uk/government/publications/shared-outcomes-toolkit-for-integrated-care-systems/shared-outcomes-toolkit-for-integrated-care-systems>

- Explore the role of the HWBT to influence and lobby the wider system – regionally and nationally.

❖ **Integrated working and partnership**

- Build on and learn from local examples where integration/ partnership practice has already worked well e.g., Covid-19 response, Better Health Rewards etc.
- Explore how the board can continue to increase a focus towards prevention and maximise independence, including supporting people in the community.
- Work in stronger and deeper ways with the voluntary sector, maximising these relationships.
- Explore more opportunities for deeper join-up of funding streams and joint funding of activity.
- Identify new opportunities for co-commissioned services e.g., drugs and alcohol.
- Add value to system workforce priorities to make the Black Country a place where people want to work.

❖ **Place-based approach**

- Maximise use of the JSNA to support “wicked issue” conversations, identify gaps and areas of strategic focus.
- Explore how partners can work together to share the data they hold more effectively to better inform decision making, e.g. data sharing agreements; shared care records, drive action to narrow health inequalities.
- Continue to strengthen relationships with other city boards and partnerships, e.g., Safer Wolverhampton Partnership, Drug and Alcohol Partnership etc.
- Maximise linkage with the wider ‘Lifestyle’ offer, including a focus on building a coalition to create healthy and more active environments e.g., schools, businesses, licensing, care homes etc.
- Explore how we can give better visibility to the Better Care Fund in board meetings.

❖ **Involving local people in decision making, community and coproduction opportunities**

- Develop a shared and consistent approach to engagement and co-production, learning from existing best practice, including a shared approach across HWBT and OneWolverhampton.
- Identify opportunities for the JSNA to make more and better use of lived experience and be culturally responsive.
- Identify how we can better demonstrate that we have listened, acted and the impact.

❖ **Health inequalities**

- Focus on equity of opportunities, including access to services through partnership action.
- Build a better understanding of the impact of current thresholds of care – what are the gaps? Are these being filled?
- Use the JSNA to better understand the demographic make-up of our city and meet the needs of specific groups of interest e.g., carers.

❖ **Courage, conviction and innovation**

- Make best use of the statutory role of the board and all partners around the table to enable ‘leap of faith’ decisions that can’t be achieved by a single organisation.
- Understand individual organisational risk appetite - working within this but also identifying where it can be challenged through a shared partnership risk.

Recommendations

1. **Board delivery plan:** to develop and implement a board delivery plan to drive the JLHWS, monitoring and evidencing impact and capitalising on the role of OneWolverhampton as primary delivery vehicle. It is proposed that the plan will inform future agenda items and be kept under annual review, supported by thematic highlight reporting.
2. **Spotlights:** to extend board meetings to 2/ ½ hours to allow time for thematic 'what's new in the JSNA' spotlights to be added to the agenda as a standing item. This is to support the board in its role to identify the current and future health and care needs of the local population and build a robust evidence base of local needs and local assets.
3. **Community voice:** utilise the OneWolverhampton Health Inequalities Transformation Group to explore how community voice and lived experience insights can be better utilised to inform board discussion and associated decision making.
4. **Governance and leadership:** keep the board's terms of reference under review as part of ongoing work to clarify and strengthen wider governance relationships, including review of the Children and Families Together Board.



Health and Wellbeing Together Delivery Plan 2023-2028 (draft)

Health and Wellbeing Together is the forum where key leaders from the health and care system come together to improve the health and wellbeing of the local community, work towards reducing health inequalities and support the development of improved and joined up health and social care services. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory Board established under the Health and Social Care Act 2012. The Health and Care Act 2022 did not change the statutory duties of Health and Wellbeing Boards.

Role:

- Provide a strong focus on establishing a sense of place
- Instil a mechanism for joint working and improving the wellbeing of our local population
- Set strategic direction to improve health and wellbeing

Statutory functions:

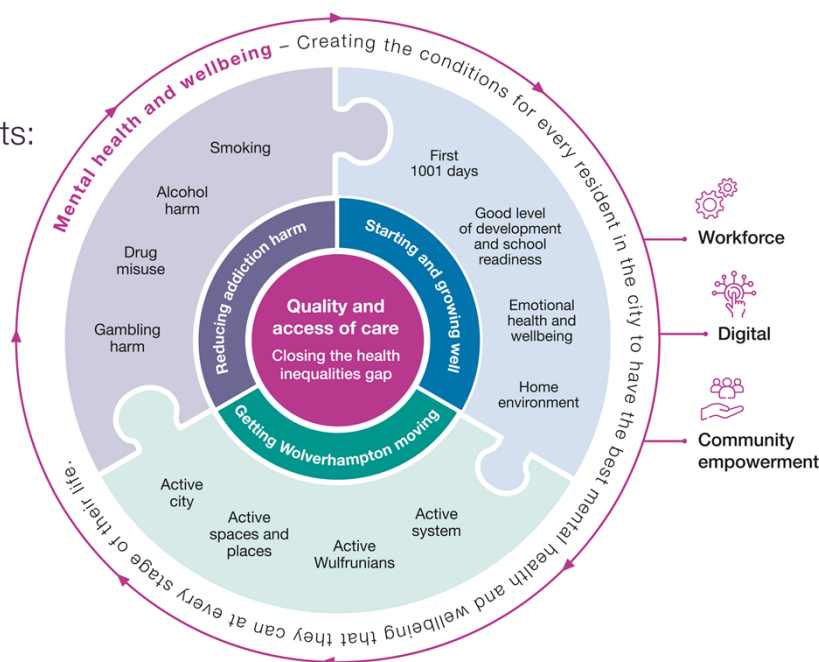
- Assess, recommend and advise on the health and wellbeing needs of the population through a published joint strategic needs assessment (JSNA), utilising a shared approach at place to turning data into actionable intelligence.
- Publish a Joint Local Health and Wellbeing Strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of the local population and how identified needs in the JSNA and other needs assessments will be addressed, including reducing health inequalities.
- Ensure the JLHWS directly informs the development of joint commissioning arrangements (Section 75 of the NHS Act 2006) in place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.
- Prepare a Pharmaceutical Needs Assessment (PNA) to ensure pharmaceutical services in Wolverhampton meet local needs.

Other responsibilities:

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

Health and Wellbeing Together Delivery Plan 2023-2028

Where we will focus our efforts: priorities on a page



Statutory responsibility	Activity	Outcome
<p>We will oversee the development of the JSNA work programme for 2023-2028</p> <p><i>Reporting Group: Public Health with key stakeholders and relevant partnership groups to take forward recommendations and report progress back to HWBT</i> Senior Lead: John Denley DPH (CWC).</p>	<ul style="list-style-type: none"> Continued promotion of the JSNA to inform decision making. Development of interactive dashboards to interrogate JSNA information. Publication and dissemination of a core set of needs assessment to progress ongoing work in JLHWS priority areas. Identify opportunities for the JSNA to make more and better use of lived experience/ community voice. Development and implementation of an equalities responsive JSNA framework. 	<ul style="list-style-type: none"> More JSNA outputs are used in decision making related to population health including defining shared priorities and contributing to shared outcomes. Approach to development of an equalities responsive JSNA fully embedded.
<p>We will support and develop integrated commissioning intentions, including overseeing operational commissioning activity and managing pooled budgets established under Section 75 arrangement</p> <p><i>Reporting Group: Wolverhampton Integrated Commissioning Committee</i> Senior Leads: Andrew Wolverson DASS (CWC); Paul Tulley Wolverhampton Managing Director (ICB)</p>	<ul style="list-style-type: none"> Development and delivery of Better Care Fund 2023-2028 Increase opportunities for better and deeper joining up of funding streams and joint funding of activity. 	<ul style="list-style-type: none"> Joint activity through the Better Care Fund to support more people to live independently at home for longer; and receive the right care in the right place at the right time. Increase in jointly commissioned activity and minimising the use of short-term funding allocations. Evidence of strengthened partnership activity.

<p>We will maintain strategic oversight of the Pharmaceutical Needs Assessment</p> <p><i>Reporting Group: Public Health Senior Lead: Parmdip Dhillon, Principal Public Health Specialist (CWC)</i></p>	<ul style="list-style-type: none"> Rolling PNA production. 	<ul style="list-style-type: none"> Publication of a current PNA to deadline, with strategic oversight maintained by Public Health, including recording and assessing any updates.
<p>Overarching</p>	<p>Activity</p>	<p>Outcome</p>
<p>Public Mental Health and wellbeing, including suicide prevention</p> <p><i>Reporting Group: Public Health in collaboration with OneWolverhampton Adult Mental Health Strategic Working Group Senior Lead: Jamie Annakin, Principal Public Health Specialist (CWC)</i></p> <p>Suicide Prevention</p> <p><i>Reporting Group: Public Health in collaboration with OneWolverhampton Adult Mental Health Strategic Working Group Senior Lead: Parpinder Singh, Principal Public Health Specialist (CWC)</i></p>	<ul style="list-style-type: none"> Successful application to OHID for the board to become signatories of the Prevention Concordat for Better Mental Health. Development and implementation of a new mental health and wellbeing framework, aligned to the Prevention Concordat. Build on the 2023 Mental Health strategic needs assessment to work in partnership to challenge mental health stigma and take action to reduce health inequalities. Receive and maintain strategic oversight of the updated Suicide Prevention Strategy. 	<ul style="list-style-type: none"> Enhanced system leadership role in preventing mental health problems and improving mental health and wellbeing. Improved physical health of people with severe mental illness, including improving uptake and outcomes from the annual severe mental illness physical health check. Reduced mental health stigma via awareness raising campaigns, resources and training. Increased universal opportunities for improved social contact. Increased targeted opportunities for improving social contact for people using adult social care services and carers. Evidence of in-depth understanding of mental health inequalities and actions required to address. Mental health awareness integrated into physical health services to support healthy ageing. Rolling Suicide Prevention Strategy action plan aligned to each of the 4 domains of the strategy.
<p>Health Inequalities</p> <p><i>Reporting Group: OneWolverhampton Health Inequalities Transformation Group Senior Lead: Heidi Burn, Health Inequalities Lead (OneWolverhampton)</i></p>	<ul style="list-style-type: none"> Development of a local PCN health inequalities network. Utilisation of the JSNA to develop a baseline position. Seek out lived experience allowing for a better understanding of what the data shows and contributing factors. Identify priority areas from the Place JSNA, ICB data, JLHWS and the Core 20Plus to inform strategic action and contribute to the development of shared place outcomes, collectively identifying any gaps or opportunities for further alignment. Develop a Health Inequalities Champion program based on the Core20Plus strategy for operational staff and link to existing Quality Improvement. Build on engagement and partnership working with communities and ensure continuation of sense checking data with communities. 	<ul style="list-style-type: none"> Evidence of an increased awareness and coordinated place-based activity to address Health Inequalities. Robust and equitable allocation of ICB place Health Inequalities funding aligned to delivery against place priorities. Increased use of Health Equity Assessment Tool across the system. Increased use of JSNA to inform evidence-based decision making. Increased engagement across OneWolverhampton Strategic Working Groups and wider place groups.

JLHWS Focus	Priority area for action	Outcome
Starting and growing well Reporting Group: Children and Families Together Board Senior Lead: Alison Hinds, DCS (CWC) Contributing Group: OneWolverhampton CYP Strategic Working Group Senior Lead: Bal Kaur, Consultant in Public Health (CWC)	First 1001 days, including support for parents, and maternal mental and physical health	<ul style="list-style-type: none"> Improved timely access to quality antenatal and maternity care. Reducing tobacco, alcohol and substance misuse. Increased physical and mental health during pregnancy Maintain current position health visitor new birth and 6-8 week visits. Improved uptake of breast feeding. Improved children's oral health and access to dental services. Return to pre-pandemic childhood vaccination rates. Improved perinatal mental health supporting Family Hubs programme. Embed 'Five to Thrive' approach.
	Emotional health and wellbeing	<ul style="list-style-type: none"> Complete and implement emotional health needs assessment findings. Embed 'i-thrive' model. Improved pathways for children, young people and families to access mental health support and increase uptake of services at earliest point. Improved transition between children and adult's mental health services.
	Good level of development and school readiness	<ul style="list-style-type: none"> Maintain above average position 2-2½ year developmental reviews. Improved speech, language and communication measures. Increased awareness and access to free childcare.
	Home environment	<ul style="list-style-type: none"> Reduced number of families entering temporary accommodation. Increased number of families living in temporary accommodation entering secure housing. Increased benefit maximisation. Improved housing conditions – damp and mould. Increased identification of domestic abuse in families at earliest point and increased uptake of specialist support.
JLHWS Focus	Priority area for action	Outcome
Reducing addiction harm Reporting Group: Drug and Alcohol Partnership Reporting Group: Local multi-disciplinary Gambling Harm Strategic Partnership Group Senior Lead: John Denley DPH (CWC)	Smoking	<ul style="list-style-type: none"> Increasing provision and types of intervention – smoking cessation Increased training primary care staff. More people from target groups (young people, pregnant mothers, people with mental health difficulties) stopping smoking. Limiting access tobacco through regulation.
	Alcohol harm	<ul style="list-style-type: none"> Reduced number of alcohol specific deaths in the city. Increased number and types of interventions available. Increased number of treatment places. Reduced number of licensed premises per km in city.

		<ul style="list-style-type: none"> Identify more people at risk – not currently engagement in any form of treatment. Increased in number of people gaining employment whilst in treatment. Improved ease of access to high quality support for people with co-existing misuse and mental health problems.
	Drug misuse	<ul style="list-style-type: none"> Reduced number of drug related deaths in the city. Increased number of people accessing in-patient detox and residential rehabilitation. Increased engagement with individuals leaving prison with a treatment need. Increased provision of nasal naloxone across frontline services. Identify more people at risk – not currently engagement in any form of treatment. Increased number of people gaining employment whilst in treatment. Improved ease of access to high quality support for people with co-existing misuse and mental health problems.
	Gambling harm	<ul style="list-style-type: none"> Improved understanding of prevalence of gambling related harm in the city. Increased number and types of interventions and treatment services available. Improved education for professionals – including schools, re gambling harm. Successful review of License Conditions and Code of Practice
JLHWS Focus	Priority area for action	Outcome
Getting Wolverhampton moving more <i>Reporting Group: Physical Inactivity Steering Group</i> <i>Senior Lead: Michael Salmon from Active Black Country</i>	Active system	<ul style="list-style-type: none"> Implementation of the Wolverhampton Physical Activity Strategy Increased percentage of health referrals for physical activity.
	Active Wulfrunians	<ul style="list-style-type: none"> Increased understanding of barriers to moving more – through work with residents and stakeholders Test, apply and evaluation of behavioural change approaches.
	Active spaces and places	<ul style="list-style-type: none"> Increased amount of investment into physical activity in the city. Increased number of WVActive members, including percentage from under-represented groups. Increased access to leisure activities for children and young people. Increase use of parks and open spaces.
	Active city	<ul style="list-style-type: none"> Increased percentage of adults walking and cycling a week. Increase participation community groups and clubs. Reduced percentage of less active children and young people. Reduced percentage of physically inactive adults, including older adults