



Health and Wellbeing Together

16 October 2019

Time 12.30 pm **Public Meeting?** YES **Type of meeting** Oversight

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Steven Marshall (Vice Chair)	Director of Strategy & Information, Wolverhampton CCG
Craig Alford	Third Sector Partnership
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Dr Helen Hibbs MBE	Chief Officer, Wolverhampton CCG
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Juliet Malone	Operations Commander, West Midlands Fire Service
Joanne Melling	NHS England
Councillor John C Reynolds	Cabinet Member for Children and Young People
Linda Sanders	Independent Chair of Adults and Children's Safeguarding Board
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
David Watts	Director of Adult Services
Lesley Writtle	Chief Executive, Black Country Partnership Trust

Information for the Public

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Agenda

Part 1 – items open to the press and public

Item No. Title

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 5 - 12)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]
- 6 **Health and Wellbeing Together Forward Plan 2019 - 2020** (Pages 13 - 18)
[To receive the Health and Wellbeing Together Forward Plan 2019 - 2020.]

ITEMS FOR DECISION OR DISCUSSION - PART 2

SYSTEM LEADERSHIP

- 7 **Health and Wellbeing Together Strategy Meeting – Outcomes and Next Steps**
(Pages 19 - 24)
[To receive the Health and Wellbeing Together Strategy Meeting Outcomes Report and endorse the next steps.]
- 8 **Public Health Annual Report 2019 - (To Follow.)**
[To receive the Public Health Annual Report 2019.]
- 9 **Black Country and West Birmingham STP Five-year Plan**
[To receive a presentation on the Black Country and West Birmingham STP Five-year Plan.]
- 10 **Co-production Charter** (Pages 25 - 30)
[To endorse the Co-production Charter for the City.]

LIVING WELL

- 11 **Better Care Fund 2018-2019 Annual Report** (Pages 31 - 42)
[To receive an update on the progress made towards delivery of the Better Care Fund programme during 2018-2019.]
- 12 **Substance Misuse Partnership update and Licensing Policy Consultation**
(Pages 43 - 48)
[To endorse the Substance Misuse Partnership's system approach to tackling substance related harm.]

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Health and Wellbeing Together Minutes - 10 April 2019

Attendance

Members of Health and Wellbeing Together

Councillor Roger Lawrence (Chair)	Leader of the Council
Dr Helen Hibbs (Vice Chair)	Chief Officer, Wolverhampton CCG
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Helen Child	Third Sector Partnership
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Councillor Hazel Malcolm	Cabinet Member for Public Health and Wellbeing
Councillor Sandra Samuels OBE	Cabinet Member for Adult Services
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
David Watts	Director of Adult Services

In Attendance

Brendan Clifford	Black Country DASS
Susan Eagle	Commissioning Officer
Sarah Fellowes	Wolverhampton CCG
Madeleine Freewood	Development Manager
Shelley Humphries	Democratic Services Officer
Councillor Jasbir Jaspal	Chair of Health Scrutiny Panel
Neeraj Malhotra	Consultant in Public Health
Amanda Newbold	Head of School Improvement
Anthony Walker	Homelessness Strategy and External Relationships Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies were received from Councillor Paul Sweet, Kate Martin, Chief Superintendent Andy Beard and Lesley Writtle.

2 **Notification of substitute members**

There were no notifications of substitute members.

3 **Declarations of interest**

There were no declarations of interest made.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting held on 23 January 2019 be approved as a correct record and signed by the Chair.

5 **Matters arising**

In respect of Minute 9 it was noted that, following the Joint Health and Wellbeing Strategy consultation, an email that thanked participants for their contribution was sent to all 288 respondents who had provided an email address in order to be updated about the roll-out of the strategy. It was noted that programmes such as the Walking for Health campaign had been bolstered by this support.

6 **Health and Wellbeing Together Forward Plan 2018 - 2019**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2018 – 2019.

It was proposed, in accordance with the Terms of Reference agreed at the July meeting of Health and Wellbeing Together, that a Strategy Day be arranged to identify future priorities. It was agreed that the meeting of Health and Wellbeing Together scheduled for 3 July 2019 be extended to accommodate.

It was also agreed that the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.

Resolved:

1. That the Health and Wellbeing Together Strategy Day be scheduled for 3 July 2019.
2. That the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.
3. That the Health and Wellbeing Together Forward Plan 2018 – 2019 be noted.

7 **Joint Dementia Strategy for Wolverhampton 2019 - 2024**

David Watts, Director of Adult Services presented the Joint Dementia Strategy for Wolverhampton 2019 – 2024 report and highlighted salient points. The report outlined that the strategy had been developed following the extensive work of a multi-agency working group which had involved representatives from the voluntary and community sector as well as carers of people living with dementia.

Attention was drawn to the five areas of focus which represented different stages of the journey of care for a person affected by dementia; Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well. It was reported that the working group had been established to develop and improve ways to provide support around these five themes. It was noted that an action plan was required to underpin the work and Better Care workstreams would be established.

The Joint Dementia Strategy for Wolverhampton 2019 – 2024 and the work of all the partners involved was commended by Board members. It was noted that there had been good use of the Joint Strategic Needs Assessment (JSNA) and the work undertaken around dying with dignity which supported the Integrated Care; Frailty and End of Life priority was also commended.

It was highlighted that continued partner involvement and a focus on sustainability would be necessary to ensure that the support for people living with dementia was constantly maintained and that the Living Well priority was also supported.

Resolved:

1. That the Joint Dementia Strategy 2019 – 2024 for Wolverhampton be approved.
2. That the topic specific Joint Strategic Needs Assessment for Dementia in Wolverhampton be approved.

8 **No Recourse to Public Funds - Request for Numbers**

Neeraj Malhotra, Consultant in Public Health presented the briefing note on No Recourse to Public Funds (NRPF) – Request for Numbers. It was noted that the information contained within the briefing note had been collated in response to a request from Health and Wellbeing Together in October 2018 following the presentation of the draft NRPF Protocol. The figures represented the number of people with no recourse to public funds residing within the City and an update was also provided on the draft protocol.

It was noted that there is a considerable difference between the data that had been extracted from social care sources and the Refugee and Migrant Centre. It was highlighted the two different data sources were not comparing 'like with like' as one set of data provided a current snapshot whilst the other covered a 12-month period.

The data indicated that a very large proportion of people with NRPF status were able to manage without Council support and they had established their own support networks through either community links or extended family. It was noted that in some instances, local churches donate collections from their congregations to members of the community who have NRPF status.

It was noted that future data gathering 'soft intelligence' from the voluntary sector to enable the partnership to monitor numbers as well as trends. It was suggested that approaching other sources such as schools and West Midlands Police may be beneficial to gather further information on figures.

It was reported that the training accompanying the launch of the NRPF Protocol had been unavoidably delayed. This was due to some essential revisions that needed to be made to the Protocol relating to how the Council should be notified about people with NRPF status. The training will be re-scheduled to commence after April 2019 and will be offered to elected members as well as other stakeholders.

It was suggested that timeliness with which applications were dealt with by the Home Office or the numbers of people with NRPF status moving in and out of borough may also have had some effect on gathering realistic figures.

Cases of people with NRPF status who were in employment yet had no fixed abode were discussed. It was suggested that these people may be working 'cash in hand' and it was noted that they may be at risk of exploitation.

A concern was raised in respect of people with NRPF status who were at risk of eviction from rental properties due to rent payment difficulties and it was clarified that these were being dealt with on a case by case basis. It was added that legal aid funding was available and Helen Child, Third Sector Partnership representative offered to provide any advice on request on behalf of the Citizens Advice Bureau.

It was noted that it was positive that many people with NRPF status had sought support within the community as it was beneficial for communities to become as self-sufficient as possible.

In respect of children from families with NRPF status, it was highlighted that Wolverhampton was in a strong position compared with many other local authorities. It was noted that child in need assessments provided robust support to families throughout the immigration process.

Resolved:

1. That the information on numbers of No Recourse to Public Funds in the City of Wolverhampton be noted.
2. That the update on the multi-agency protocol and accompanying training be noted.

9 **Homelessness Prevention Strategy 2018 - 2022**

Anthony Walker, Homelessness Strategy and External Relationships Manager presented the Homelessness Prevention Strategy 2018 – 2022. The report outlined that the strategy had been developed to incorporate new duties following the introduction of the Homelessness Reduction Act (HRA). It was noted that difficulties had been experienced due to factors such as fluctuating property prices and the nature of accommodation.

The Strategy placed a focus on four key elements identified as: Homelessness Prevention; Tackle Rough Sleeping; Vulnerability and Health and Responding to the Local Housing Market. Approval was sought for an implementation plan to be developed to deliver these themes and for a multi-agency steering group to be established to oversee the plan.

A concern was raised regarding the risks of unscrupulous landlords, however assurance was given that the Authority had been working closely with landlords to ensure quality and an Eviction Officer had recently been appointed to assist with illegal evictions. It was suggested that the introduction of Universal Credit had been off-putting for some landlords as there was a risk of rent either being paid late or falling into arrears.

There had been reported a sharp increase in rough sleepers in recent years, however positive steps had been taken to reduce these numbers and it was noted that the City of Wolverhampton had been nominated for several awards for this work.

Concern was expressed in respect of accessibility of health provision, however it was reported that engagement was key. Once engaged, access to health provision was considered good, especially once the availability of walk-in centres was made known.

In response to a query, it was clarified that Wolverhampton Homes delivered a considerable portion of temporary accommodation as well as some being provided by Housing First, however it was agreed that permanent and sustainable housing solutions that were key.

The work undertaken on the strategy was commended and the importance of the progress was highlighted due to the impact homelessness had on mental health and quality of life as well as the effects felt by families with children.

The development of the action plan and multi-agency steering group were both approved. It was requested that partners from multiple sectors become involved in the steering group and that any organisations contact Anthony Walker, Homelessness Strategy and External Relationships Manager to express interest.

Resolved:

1. That the development of a new action plan for the delivery of the Homelessness Prevention Strategy 2018-2022 be approved.
2. That the development of a multi-agency steering group to oversee the Homelessness prevention Strategy 2018-2022 be approved.
3. That the findings of the Homelessness Prevention Strategy 2018-2022 be noted.

10

Developing the Health and Wellbeing Dimension in All Policies

Brendan Clifford, Black Country DASS presented the Developing the Health and Wellbeing Dimension in All Policies. The report outlined progress made by City of Wolverhampton Council in embedding health and wellbeing implications into all decision-making processes.

In order to inform decisions, a 'health and wellbeing implications' heading had been added to all City of Wolverhampton reports templates. It was noted that the development of training material/ short guidance notes would further enhance corporate awareness of how decision making across all Council directorates can impact on the health and wellbeing of citizens.

It was also highlighted that the use of interactive dashboards to inform live decision making as part of the development of a 'JSNA interactive' toolkit would enable health and wellbeing data to proactively inform corporate decision-making processes.

Members of Health and Wellbeing Together were asked to identify methods of considering health and wellbeing implications in their own decision-making.

Resolved:

That the Developing the Health and Wellbeing Dimension in all Policies report be noted.

11

Wolverhampton Clinical Commissioning Group (CCG) and Black Country and West Birmingham Sustainability and Transformation Partnerships (STP) Operating Plans

Dr Helen Hibbs, Chief Officer, Wolverhampton CCG presented the Wolverhampton CCG and Black Country and West Birmingham STP Operating Plans report. The report outlined that the attached STP wide Operating Plan was submitted in

accordance with national guidance however Wolverhampton CCG Executive Team had taken the decision to produce a local operation plan for assurance.

Board members were advised that the transition from the STP to the new Integrated Care System was planned to take place across the Black Country and Birmingham over the next year as part of the National Health Service's Long-Term Plan.

A brief description of the architecture of the new system was provided:

Patient:

End user requiring easy access to quality services in a timely manner.

General Practitioners (GPs):

Arranged into networks of practices serving around 30 – 50,000 patients. Wolverhampton was reported to be in a good position already as this way of working was already in place.

Place:

This was the Integrated Care System area and covered Wolverhampton.

Attention was drawn to the proposed priority areas around which the plan would focus: Primary Care; Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care; Cardiovascular Disease; Clinical Support Services; Musculoskeletal Conditions; Respiratory Diseases and Frailty.

It was highlighted that workforce retention was the biggest issue faced at present. A programme had been developed known as the GP Intensive Support Site Scheme which focused on this area. Work had been undertaken to improve retention by offering GPs portfolio careers to include opportunities to work with the Acute Trust or as managers as well as coaching opportunities. It was noted that the new GP networks would enable GPs to feel less isolated in their work and enhanced training for pharmacists to work around long-term care and medicine would take pressure off GPs, freeing them to concentrate on diagnostics. A request was made to provide an update on this work at a future meeting.

Concerns were raised in respect of low prostate cancer screening uptakes. It was noted that a campaign to encourage an increased uptake would be beneficial to ensure a better chance of early treatment. Caution was advised as attempting to treat or operate too early may cause more harm than good, therefore it was important to push for raised awareness of the condition and risks involved as well. It was suggested that ensuring that GPs investigate if patients had a family history of the condition during health checks.

It was highlighted that an improved test may be required which was reliable and acceptable to the general population to carry out. It was noted that prostate specific antigen (PSA) blood tests often caused unnecessary alarm as any enlarged tissue may be benign rather than malignant and the sample tests had been unpleasant to undertake. Normal practice for the local authority was to associate with national campaigns.

Resolved:

1. That an update on the NHS staff retention programme be provided at a future Health and Wellbeing Together meeting.
2. That the Wolverhampton Clinical Commissioning Group and Black Country and West Birmingham Sustainability and Transformation Partnerships Operating plans be noted.

12

Progress on the Early Years Strategy

Amanda Newbold, Head of School Improvement delivered a presentation on the Progress of the Early Years Strategy. It was outlined that the Early Years Strategy was launched in May 2017. The responsibility for the Early Years Service then moved to Education in April 2018 and in January 2019, the Early Years Team joined up with the School Improvement Team.

Following the public release of the information, it was reported that a grant of £516,400 had been awarded to City of Wolverhampton Council by the Early Outcomes Fund and it was planned to use this funding to secure good early language outcomes for children. It was also reported that a grant of £271,200 had been awarded by the Early Years Professional Development Fund to aid in fulfilling the improvement in children's early language, literacy and numeracy with specialist training.

It was reported that, following an announcement in April 2018, the Department for Education had developed a peer review model to improve local early years systems.

The Early Intervention Foundation (EIF) had been commissioned to produce self-assessment tools to measure progress for improving outcomes for children in the early years which focused on speech, language and communication skills. It was outlined that the audit tools which had been developed were to be utilised in a self-evaluation taking place between 8 April and 8 May 2019. This was to be followed up by a stakeholder event on 17 May 2019 which was to be facilitated by the EIF to identify priorities and areas of interest for the Peer Challenge.

It was noted that the DfE funded Peer Challenge was to take place from 25 – 26 June 2019 which would be followed by a mini review 12 months later to assess progress made and further developmental ideas.

It was reported that an Early Years Steering Group had been established and was to meet monthly until the Peer Review and quarterly thereafter to maintain oversight of the Strategy. It was noted that further learning and evaluation events and action plan revisions were to be scheduled over the next two years. Annual reviews of the Strategy had been planned and it was noted that the findings from the May 2019 review would be presented at the June meeting of the Children and Families Together Board.

It was also reported that findings had shown that many children starting in Reception class were as much as 18 months behind their peers. In response to this, access had been increased to two-year checks. Steps had also been taken to ensure the best start for children by developing a 'Ready for Nursery' check.

Resolved:

That further Early Years updates be provided to Health and Wellbeing Together as required.

13

Any other business

The Chair took the opportunity on behalf of Health and Wellbeing Together to offer thanks to and commend the contributions of Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust who had stepped down as Chair at the end of March 2019.

Dr Helen Hibbs, Vice Chair also took the opportunity to offer thanks to the Chair of Health and Wellbeing Together, Councillor Roger Lawrence, on behalf of the Board and commend his commitment and contributions to the work of Health and Wellbeing Together as Chair.



Health and Wellbeing Together

16 October 2019

Report title	Health and Wellbeing Together Forward Plan 2019 - 2020	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Governance	
Accountable employee	Shelley Humphries	Democratic Services Officer
	Tel	01902 554070
	Email	shelley.humphries@wolverhampton.gov.uk

Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2019 - 2020.

1.0 Purpose

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

2.0 Background

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

3.0 Financial implications

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

4.0 Legal implications

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

5.0 Equalities implications

- 5.1 None arising directly from this report.

6.0 Climate Change and Environmental implications

- 6.1 None arising directly from this report.

7.0 Human resources implications

- 7.1 None arising directly from this report.

8.0 Corporate Landlord implications

- 8.1 None arising directly from this report.

9.0 Health and Wellbeing implications

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

10.0 Schedule of background papers

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



Health and Wellbeing Together: Forward Plan

Last updated 7 October 2019

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

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

KEY

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

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

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

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

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

[E] Executive

[FB] Full Board meeting

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 16 October 2019	System Leadership	3. 4. 5	Health and Wellbeing Together Strategy Meeting – Outcomes and Next Steps	Madeleine Freewood, CWC	Report	
	System Leadership	All	Public Health Annual Report	John Denley, CWC	Report	
	System Leadership	6.	Black Country and West Birmingham STP 5 Year Plan	Dr Helen Hibbs MBE, CCG	Presentation	
	Living Well	4.	System Approach to Alcohol Misuse	Public Health, CWC and Michelle James, Licensing Policy Manager CWC	Report	In response to 03 July 2019 Strategy Day ‘developing a system leadership approach to alcohol misuse’ priority area discussion.
	System Leadership	2.	Co-production Charter	Adrian Leach and Alice Vickers, CWC	Report	In response to 03 July 2019 Strategy Day – ‘embedding prevention across the system’ priority area discussion.
	System Leadership		Better Care Fund 2018 – 2019 Annual Report	David Watts, CWC	Report	

E 11 December 2019 (To be rescheduled)	System Leadership		WMCA Wellbeing Board update	Cllr Jaspal, CWC and Dr Helen Hibbs MBE, CCG	Verbal	Standing item
	Growing Well		Black Country Strategic Child Death Overview Panel Development Update	John Denley, CWC	Implementation and progress update	Agreed at Executive Group on 20 February 2019 for progress update to be presented back to Exec once agreed changes implemented.
	System Leadership and Integrated Care	5. 6.	Integrated Care Alliance update	Helen Hibbs CCG	Verbal	Standing item
	Living Well		Transforming Care Plan	Wendy Ewins, CWC	Paper	
FB 22 January 2020	Growing Well		Children and Families Together Board updated 'Children, Young People and Families Plan'	Madeleine Freewood, CWC	Strategy	
	System Leadership		Wolverhampton Safeguarding Annual Report	Dawn Williams, Head of Safeguarding	Report	Annual Report
	Living Well		Healthwatch Wolverhampton Annual Report	Tracy Cresswell, Healthwatch Wolverhampton	Report	Deferred from 16 October 2019



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	
Originating service	Public Health	
Accountable employee	Madeleine Freewood	Public Health Development Manager
	Tel	01902 553528
	Email	Madeleine.Freewood@wolverhampton.gov.uk
Report has been considered by	Health and Wellbeing Together Executive Group	04 September 2019

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:

Key shift ¹

Board operating in parts of the system	▶	Board overseeing the system
Consulting with but then doing to communities	▶	Empowering resilient communities
Reactive and supply side-focussed	▶	Proactive and demand side-focussed
Good understanding of what is happening	▶	Build insight into why it is happening
Focus on topics, projects and institutions	▶	Focus on outcomes, systems and place

- 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.

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Report title	Co-Production Charter	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing	
Accountable director	Emma Bennett, Director of Children's Services	
Originating service	Children's Services	
Accountable employees	Alison Baggs	Co-Production Officer
	Tel	01902 550997
	Email	Alison.Baggs@wolverhampton.gov.uk
	Alice Vickers	Corporate Parenting Officer
	Tel	01902 553010
	Email	Alice.Vickers@wolverhampton.gov.uk
Report has been considered by	Children and Families Together	19 September 2019

Recommendations for decision:

Health and Wellbeing Together is recommended to:

1. Endorse the Co-Production Charter for the City.
2. Agree to promote the formal adoption of Co-Production Charter into their organisation.
3. Agree to review the impact of the charter on an annual basis.
4. Agree to support a signing and launch event to publicise the City's commitment to co-production.

1.0 Purpose

- 1.1 The Co-Production Charter (attached as appendix 1 below) is intended to highlight and cement the Children and Families Together Board's (CFTB) commitment to working in partnership with children, young people and families, both at a strategic and individual level.
- 1.2 Following on from the workshop on Co-Production delivered on 21 May 2019 to the Children and Families Together Board, a Co-Production Charter has been developed with our co-production champions made up of young people and families, as well as representatives of organisations from across the CFTB members.
- 1.3 The CFTB members recommended that Health and Wellbeing Together added their commitment to the Co-Production Charter.

2.0 Background

- 2.1 Statutory organisations have a legal duty to support participation and co-production. The duties on public organisations are set out in the following legislation:
 - Children and Families Act Section 19
 - Children's Social Care Act 2017
 - The Children's Act 2004
 - United Nations Conventions on the Rights of the Child (UNCRC), - articles 2, 3, 6 and, in particular, article 12
- 2.2 The views of children and young people and their families, should be central to the way local authorities, health services and other public sector bodies review their services and ensure support and provision is sufficient to meet children, young people and families' needs within available funding.
- 2.3 Effective co-production should lead to a better fit between a family's needs and the services and support provided, higher satisfaction with services, reduced costs (long term) and better value for money.
- 2.4 The City's commitment to Restorative Practice will support the delivery of the Co-production Charter and development of co-production practice. At its heart is the principle of working with children, young people and families and doing "nothing about me without me". It clearly shows the 'WITH' young people and families element of service design and delivery.

2.5 There are two types of Co-production:

- **Individual** – This includes the participation and engagement of children, young people and their families in discussions and decisions about their individual support and about local provision. That children young people and their families participate as fully as possible in decisions and are provided with the information and support necessary to enable participation in those decisions and to help them achieve the best possible outcomes.
- **Design and strategic level** – At a strategic level, partners should engage with children young people and children’s parents in commissioning decisions, to give useful insight into how to improve services and outcomes. Develop effective ways of harnessing the views of the local communities so that commissioning decisions on services are shaped by user experience, ambitions and expectations.

3.0 Options

3.1 Option 1 – do not agree the Co-Production Charter and continue as is.

3.2 Option 2 – Add Health and Wellbeing Together’s agreement of the Charter.

4.0 Financial implications

4.1 There are no financial implications from this report.

4.2 Any costs associated with the Co-Production Charter will either be funded from within the approved budget for 2019-2020 for Corporate Parenting of £156,000 within the Children and Young People in Care Service or the SEND Management and Commissioning Budget of £220,000 which is held within the Special Educational Needs Service.
[NM/17092019/T]

5.0 Legal implications

5.1 The relevant legislation is contained within the body of the report. There are no direct legal implications.
[TC/1709/2019/V]

6.0 Equalities implications

6.1 The aim of co-production is to mitigate against any equalities in service delivery.

7.0 Climate change and environmental implications

7.1 There are no climate change or environmental implications from this report.

8.0 Human resources implications

8.1 There are no human resource implications from this report.

9.0 Corporate Landlord implications

9.1 There are no Corporate Landlord implications from this report.

10.0 Health and Wellbeing implications

10.1 There are no health and wellbeing implications from this report.

11.0 Schedule of background papers

11.1 None.

The City of Wolverhampton

Children and Families Together Co-Production Charter

This Charter is a set of principles and promises to children, young people and their families to ensure real life experiences remain at the heart of all decision making.

It is underpinned by the belief that children, young people and their families are best placed to influence and shape the services and support that is available to them. This can be in discussions and decisions about their own, individual, support, or in partnership with other stakeholders to design services and resources available for others within the community.

As members of Wolverhampton's Children and Families Together Board

We Promise:

- That children's, young people's and families' involvement will be welcomed, valued and meaningful.
- To provide a way for all children, young people and families in Wolverhampton to be involved in making decisions and shaping the services and support available to them.
- We will provide support to children, young people and families to ensure they are equipped with the skills and knowledge required to enable them to fully participate.
- To communicate effectively, in good time and in a format that is appropriate.
- We will think creatively and not be afraid to try new things.
- To have open and honest conversations and trust from the beginning.
- We will develop ways that demonstrate the value and impact children, young people and families are having.
- To embed these values and principles in everything we do.
- To seek regular feedback from children and young people and families to confirm that all of this happens.

Our shared expertise will innovate and improve the quality of life for all.

We commit to delivering this promise using the following principles:

Equal partnership

We recognise that everyone has their own skills and knowledge to offer

Together we will plan and agree who should be involved to achieve the end goal

Everyone will have the opportunity to participate whatever their needs or abilities

Our time is valuable, we will be mindful about each other's commitments

We will be honest with no conversations behind closed doors

We are all in this together!

Shared understanding

There will be a common understanding of what is to be achieved and trust from the beginning

We'll develop an understanding about partnership working and what good looks like

We will demonstrate the value and impact we're making

When things haven't worked we'll identify why and make things better next time

We will celebrate our success!

Open-minded

Our combined expertise can achieve the best possible outcomes

Finding the right solution may take longer but everyone agrees that that's OK

We will think creatively and not be afraid to try new things

We all have high expectations and can learn a lot from each other!

We will be clear about our limitations

Communication

We will engage in different ways, meetings are not always the best way to involve everyone

Information will be received in good time and in a format that's accessible for everyone

There will be time to prepare, ask questions and make the best possible contribution

Everyone will be kept informed and updated

We will be transparent, no one likes shocks or surprises

Meaningful contribution? (dedicated)

Our contributions are valued and meaningful

Everyone remains committed

We decide on priorities together

We may not always agree but together we will find the best solution

We will allow different people to take the lead and put their skills and life experiences to work



Report title	Better Care Fund 2018-2019 Annual Report	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	People Commissioning Team	
Accountable employee	Jessica Timmins	Commissioning Officer
	Tel.	01902 558267
	E-mail	Jessica.Timmins@wolverhampton.gov.uk
Report has been considered by	Adult Services Leadership Team meeting	17 September 2019
	Public Health Leadership Team	24 September 2019

Recommendation for action:

Health and Wellbeing Together is recommended to:

1. Receive an update on the progress made towards delivery of the Better Care Fund programme during 2018-2019.

1.0 Purpose

- 1.1. This report provides the Health and Wellbeing Together Board with an update on the progress made towards delivery of the Better Care Fund programme during 2018-2019.

2.0 Background

- 2.1 The Better Care Fund programme is a Government initiative that encompasses the NHS and local government and seeks to integrate health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
- 2.2 The Better Care Fund programme encourages integration by requiring Clinical Commissioning Groups and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. The improved Better Care Fund is a local government grant that is included in the pooled budget.
- 2.3 During 2018-2019, Wolverhampton partners continued to work closely together to successfully deliver the Better Care Fund Plan and vision for integration in the City.
- 2.4 Robust partnership governance arrangements continue and keep delivery of the plan on track. These include four work streams covering mental health, Child and Adolescent Mental Health Services (CAHMS), adults and community and dementia.

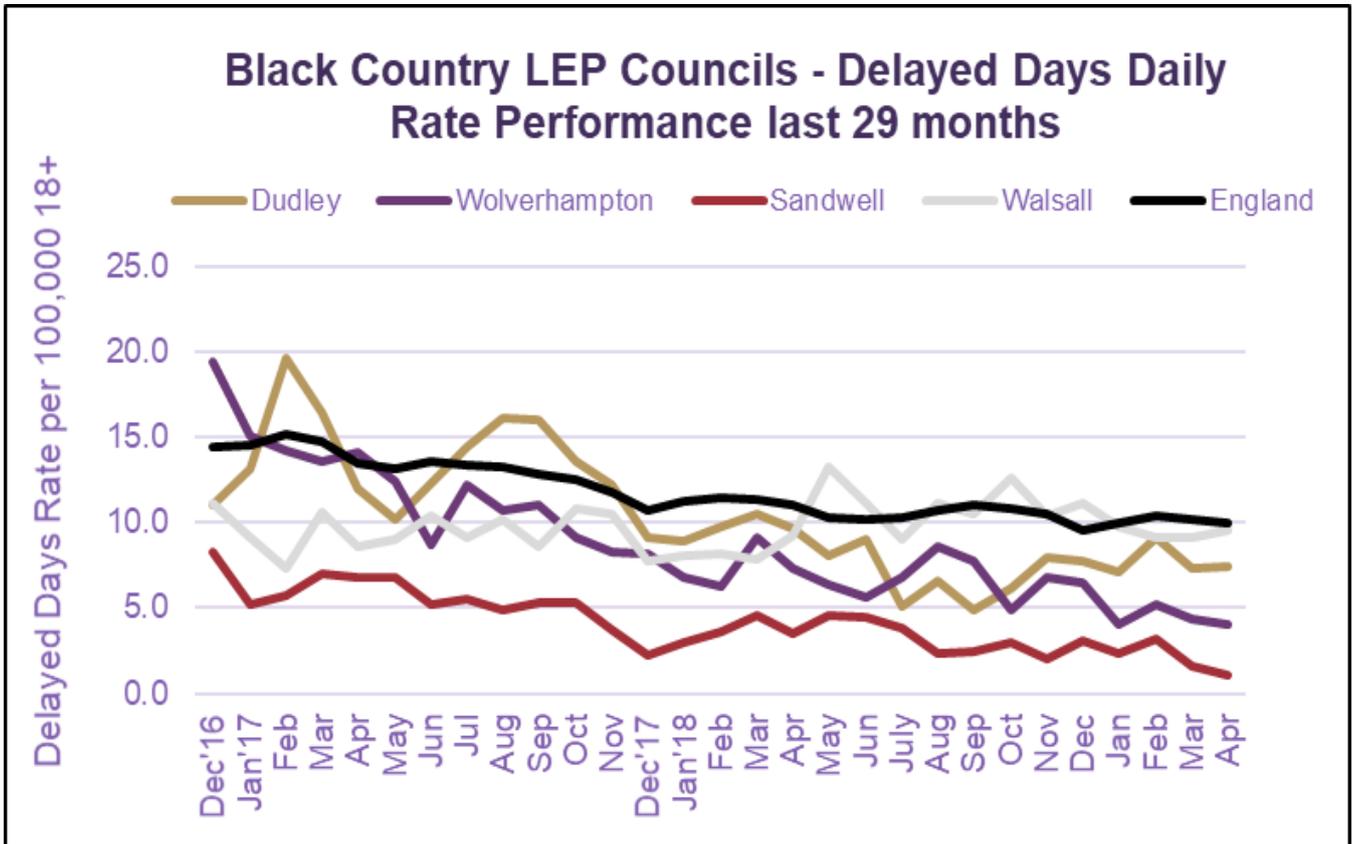
3.0 Better Care Fund performance metrics

- 3.1 The Better Care Fund programme performance metrics are as follows:
- Delayed Transfers of Care (DToC)
 - Non-elective admissions
 - Admissions to care homes
 - Effectiveness of re-ablement.
- 3.2 Each quarter, the Wolverhampton Clinical Commissioning Group (CCG) and the Council produce a joint performance report for NHS England. The report includes progress towards achieving the target set for each of the performance metrics.

DToC

- 3.3 At the end of 2018-2019, Wolverhampton's DToC performance ranked joint 18th out of 151 single tier and county councils in England. This is the highest position ever reached by the City. The table in appendix 1 shows the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019.
- 3.4 The outturn of 6.21 delays per day (per 100,000 18+ population) was below the NHS England expectation of 7.4. The table below shows Wolverhampton's delays per day rate

performance over the last 29 months (December 2016 to April 2019) compared to neighbouring local authorities and England as a whole.



3.5 The table below shows the daily delays rate by month (from April 2018 to March 2019) at local, regional, national and at the Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group level during 2018-2019.

Daily delays rate by month per 100,000 population aged 18 and over during 2018-2019

	2018										2019		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Wolverhampton	7.5	6.4	5.7	6.9	8.7	7.8	4.9	6.8	6.4	4.1	5.2	4.4	
CIPFA group	9.2	9.5	8.7	8.5	9.8	10.2	10.3	9.2	9.4	9.6	10.3	10.3	
West Midlands	13.6	12.3	12	11.9	12.3	12.1	11.7	12.1	9.9	11.6	12.5	12.1	
England	11.1	10.3	10.3	10.4	10.8	11.1	10.9	10.5	9.5	10	10.4	10.2	

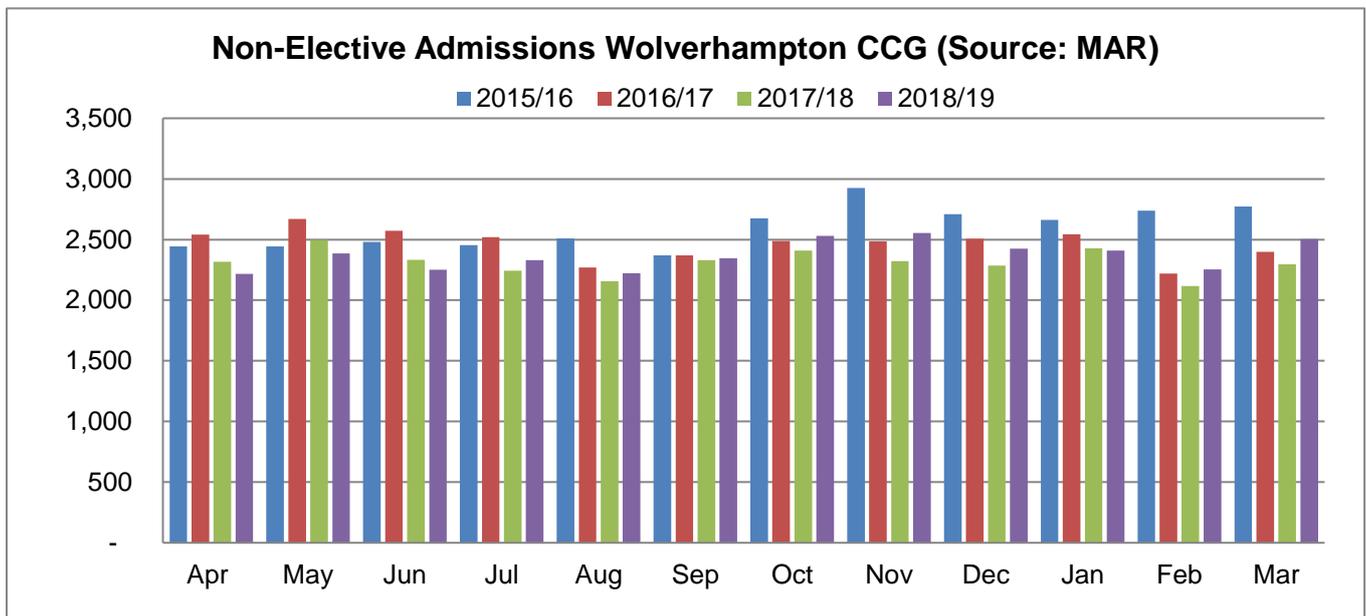
3.6 The reasons for delayed transfers of care from the Royal Wolverhampton NHS Trust were as follows:

- Arrangement of a package of care at home (26.6%)
- Move to a residential home (19.7%)
- Completion of an assessment (19.5%)

- Move to a nursing home (10.8%)
- Patient and family choice (9.0%)
- Move to further, non-acute NHS service (7.5%)
- Provision of community equipment (6.5%)
- Accessing public funding (0.4%).

Non-elective admissions

- 3.7 The delivery of the Better Care Fund programme including the development of admission avoidance, re-design of community services, additional re-ablement services and step-up beds have contributed positively to the reduction of non-elective admissions.
- 3.8 The 2018-2019 performance target was 29,613 non-elective admissions. To meet or exceed this target, the number of non-elective admissions needed to be equal to or less than 29,613.
- 3.9 The number of non-elective admissions during 2018-2019 was 28,424 which exceeded the target by 1,189 (4%). This positive result means that the number of unplanned admissions to hospital was lower than the target.
- 3.10 The graph below shows the number of non-elective admissions in Wolverhampton by month (April 2015 to March 2019).



Admissions to care homes

- 3.11 The 2018-2019 performance target was 260 permanent admissions to care homes (older people aged 65 and over). To meet or exceed this target, the number of permanent admissions to care homes needed to be equal to or less than 260.

3.12 In 2018-2019, there were 341 permanent admissions to care homes which was 81 (31%) greater than the target. The table below shows the number of permanent admissions to care homes from April 2016 to March 2019.

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Year total
2016-2017	34	35	38	35	34	30	22	32	34	28	31	32	385
2017-2018	25	28	21	15	19	25	29	23	23	26	23	26	283
2018-2019	27	30	33	21	21	27	31	24	34	27	23	43	341
Target per month	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	21.7	260

Effectiveness of re-ablement

3.13 The effectiveness of re-ablement is measured using the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. It is calculated once a year and is made available each October as part of the Short- and Long-Term Support (SALT) return to the Department of Health.

3.14 The 2017-2018 performance target was 85.7%. To meet or exceed this target, the percentage of older people still at home needed to be equal to or greater than 85.7%.

3.15 In 2017-2018, 78.5% of older people (65 and over) were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services. Therefore, the performance target was not met. However, this was an improvement on the 2016-2017 outturn of 74.5%. The improvement was partly due to changes in counting methodology from 2017-2018 that enabled NHS re-ablement activity to now be included.

4.0 The improved Better Care Fund

4.1 The improved Better Care Fund plan focuses on the following five areas:

- Home first discharge to assess plus
- Home first re-ablement
- Demand management
- Minimum adult social care funding level/stabilisation of the social care market
- Increasing choice and control for people.

4.2 To achieve the plan, the following additional services have been funded and successfully implemented:

- Extra care housing based step-down flats for re-ablement
- Rapid Response service
- Admission avoidance/step-down service
- Community re-ablement service (additional capacity)

- Step-down for assessment beds

Extra care housing based step-down flats for re-ablement

- 4.3 Six apartments at extra care housing scheme Showell Court are used for the delivery of occupational therapy led re-ablement to six people at any one time. The service is available to adults aged 55 and over who:
- are residents of the City of Wolverhampton.
 - have been assessed by a health or social care professional as having the potential for re-ablement.
 - can mobilise a distance of at least five meters (with or without aids).
 - have re-ablement needs that cannot be met at home by community based re-ablement services.
 - have the potential to reach their identified and agreed outcomes and goals within a target of one to two weeks but up to six weeks.
 - can follow verbal and/or physical prompts in order to be supported to follow an agreed re-ablement plan.
 - can live safely in between support sessions, either independently or with family/informal support, specialist equipment or assistive technology services in place as appropriate.
 - have diagnosed dementia and can demonstrate the ability to carry over their re-ablement outcomes to enable a successful move on from the service.
- 4.4 In 2018-2019, 27 people accessed the re-ablement service. A detailed audit is now being undertaken to understand why fewer people than expected received the service and why the length of stay of people who did access the service was longer than expected.

Rapid Response service

- 4.5 The Rapid Response domiciliary care service is a chargeable seven-day domiciliary care service that supports Wolverhampton residents to avoid hospital admission or move out of hospital whilst waiting for further assessment. Unless there is a medical need for someone to be admitted to or remain in hospital, the Rapid Response Service supports people to return home by providing immediate access to domiciliary care and ensures that decisions about long term care are not made when a person is in crisis.
- 4.6 The outcomes of the service are to:
- rapidly respond to admission avoidance referrals
 - reduce the number of short-stay admissions
 - improve patient flow along the emergency care pathway
 - accelerate therapy-led discharges so that patients receive care closer to home
 - bring financial benefits to the local health and care economy at large.
- 4.7 The Rapid Response service is delivered under contract with City of Wolverhampton Council by two private domiciliary care service providers.

- 4.8 During 2018-2019, 336 people accessed the Rapid Response service with the outcome being that the support they received reduced the length of time spent in hospital and/or prevented admission to short stay residential care.

Admission avoidance/step down service

- 4.9 The admission avoidance/step-down service offers a safe and responsive service to older or vulnerable people who attend the Accident and Emergency department at Royal Wolverhampton Hospitals Trust (RWHT) to avoid hospital admission when the person does not have a medical need to be admitted (admission avoidance).
- 4.10 The objectives of the service are to:
- remove the need for avoidable admissions to hospital
 - respond to a referral and provide a service in four hours
 - enable statutory services to undertake assessments within seven days
 - support people in a re-abling way.
- 4.11 During 2018-2019, 28 adults were admitted to admission avoidance beds.

Community re-ablement service (additional capacity)

- 4.12 The aim of community re-ablement is to deliver short-term, time limited reablement to people aged 18 and over who have been assessed and demonstrate the potential to benefit from home care re-ablement.
- 4.13 The service approach must be one of enabling clients, to:
- Prevent avoidable hospital admission
 - Reduce/delay admission to residential care
 - Facilitate safe discharge from hospital or other bed-based facility
 - Maintain or improve levels of independence.
- 4.14 Community re-ablement is delivered by the Council's Home Assisted Re-ablement Programme (HARP) team with additional capacity commissioned under contract from two private providers.
- 4.15 In 2018-2019 a total of 907 episodes of home based re-ablement were delivered; 776 by the HARP team and 131 (additional capacity) by the private providers. Ninety-one days after the service ended, of those people who received the service from the HARP team, 65% received no further services, 22% received community care, 8% were readmitted to hospital and 5% deceased. Of those people who received the service from the two private providers, 76% received no further services, 14% received community care and 10% deceased.

Step-down for assessment beds

- 4.16 The Council commissions 11 beds to provide seven-day step-down provision in a residential care home setting to support timely discharge of people from hospital to allow

further assessments to be carried out away from a hospital setting. This supports the ethos of no decisions being made whilst people are in crisis.

- 4.17 Eight step-down beds are commissioned under block contract from two private residential care providers. In December 2018 three additional beds were provided at the Council's Bradley Resource Centre bringing the total capacity to 11.
- 4.18 In 2018-2019 there were 150 referrals for seven-day step-down beds. 105 of these resulted in placements being made with 45 referrals stopped due to clients not being medically fit or rejecting the placement and going home.
- 4.19 iBCF funded services continue to enable improved health and social care outcomes for Wolverhampton's population. A review of the additional services commissioned for 2018-2019 has been carried out. The findings of that review will be formally reported to the BCF Board on 3 October 2019 and once approved, will inform future commissioning activity. Funding for future commission activity needs to be established otherwise additional services will end.

5.0 Financial implications

- 5.1 The 2018-2019 pooled revenue budget was £65.0 million, £28.4 million of which was a contribution from City of Wolverhampton resources and £36.5 million from Wolverhampton CCG. The Council's contribution includes the improved Better Care Fund and the additional Adults Social Care monies announced in the Spring 2018 Budget which totalled £10.4 million. It should also be noted that the fund included £6.6 million representing the NHS transfer of Social Care (Section 256). In addition to the revenue budget the fund included a capital grant of £2.9 million (the Disabled Facilities Grant).
- 5.2 The S.75 agreement also details the risk sharing arrangements for any overspend or underspend of the pooled fund. This includes a cap on the exposure of each partner to the others overspend in the revenue pooled fund. The improved Better Care Fund monies, Care Act monies and capital expenditure (Disabled Facilities Grant) are excluded from the cap and are held 100% by the City Council.
- 5.3 The reported overspend on the revenue pooled budget for 2018-2019 was £1.1 million. This overspend was shared in line with the risk sharing arrangements with £800,000 for the CCG and £300,000 for the City Council. The overspends were above each organisation's cap, meaning no transfer of funding was required.
[AS/11092019/Z]

6.0 Legal implications

- 6.1 A Section 75 agreement is in place for the delivery of the BCF plan 2017-2019.
[TS/12082019/Q]

7.0 Equalities implications

7.1 Equality analyses have been carried out at work stream level. Individual projects within each work stream have been subject to equality analysis which has identified any equality implications.

8.0 Climate Change and Environmental implications

8.1 The climate change and environmental implications of individual projects within each work stream are identified on an on-going basis.

9.0 Human resources implications

9.1 The human resources implications of individual projects within each work stream are identified on an on-going basis.

10.0 Corporate Landlord implications

10.1 The Better Care Fund programme has an Estates Task and Finish Group that considers Corporate Landlord implications on an on-going basis.

10.2 In accordance with the Better Care Fund programme, the first co-location of health and social care teams has been implemented in the south west area of the City. The teams are co-located in accommodation at the University of Wolverhampton Science Park. This is being used as a pilot with an intention of co-locating teams in the south east and north areas of the City in the future.

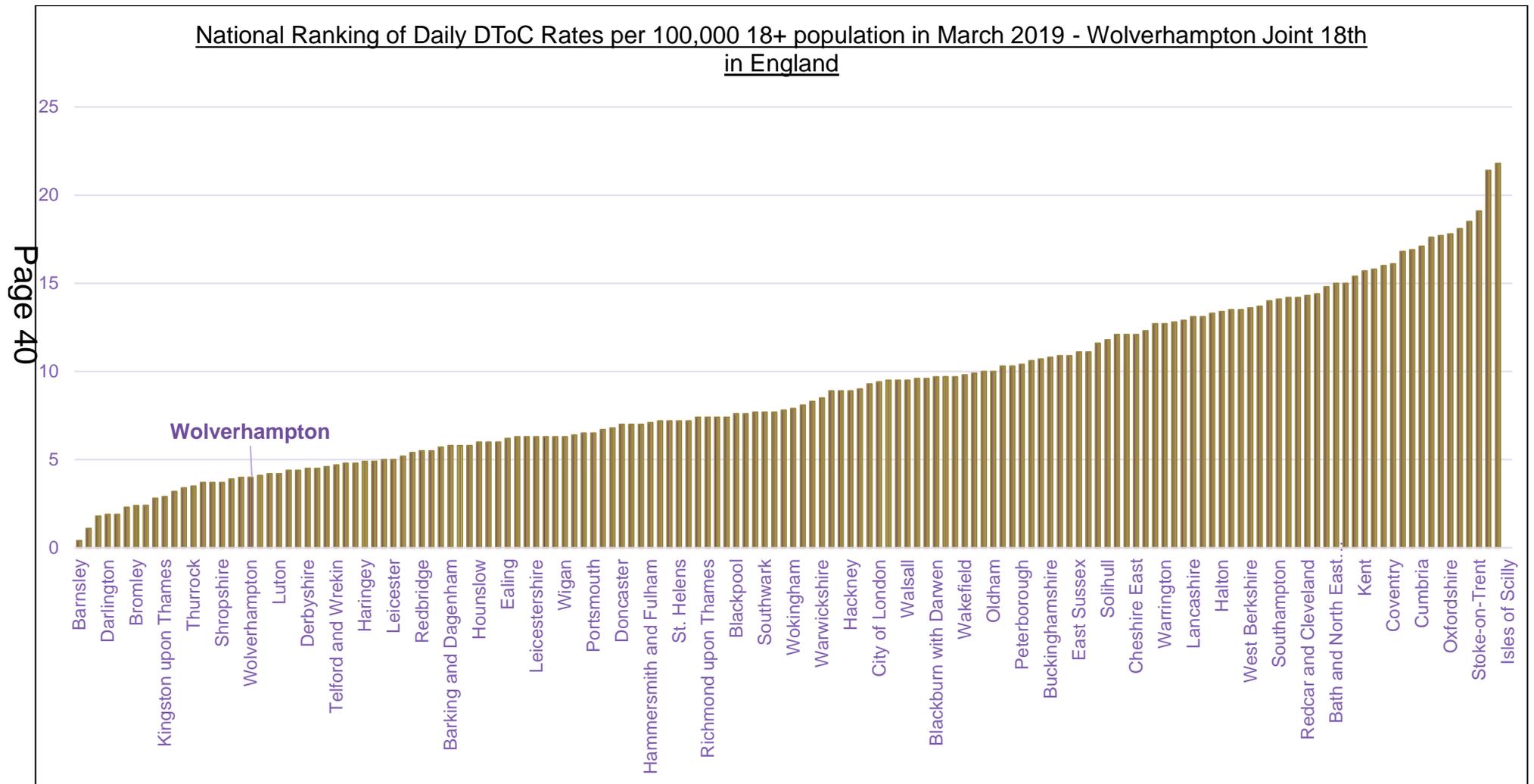
11.0 Health and wellbeing implications

11.1 The Better Care Fund programme seeks to integrate health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible, and therefore promotes health and wellbeing.

12.0 Appendices

12.1 Appendix 1 - Table showing the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019 in England.

Table showing the national ranking of daily DToC rates per 100,000 population aged 18 and over in March 2019



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Health and Wellbeing Together

16 October 2019

Report title	Substance Misuse Partnership Update and Licensing Policy Consultation	
Cabinet member with lead responsibility	Councillor Jasbir Jaspal Public Health and Wellbeing	
Wards affected	All wards	
Accountable director	John Denley, Director of Public Health	
Originating service	Public Health	
Accountable employees	Michelle Smith	Principal Public Health Specialist
	Tel	01902 550154
	Email	Michelle.marie-smith@wolverhampton.gov.uk
	Michelle James	Licensing Policy Manager
	Tel	01902 556796
	Email	Michelle.james@wolverhampton.gov.uk
Report to be considered by	Public Health Leadership Team Health and Wellbeing Together	24 September 2019 16 October 2019

Recommendation for decision:

Health and Wellbeing Together is recommended to:

1. Agree to endorse the Substance Misuse Partnership's system approach to tackling substance related harm.
2. Agree to adopt the proposed governance arrangements for the Substance Misuse Partnership.

1.0 Purpose

- 1.1 To provide an outline to Health and Wellbeing Together (HWBT) of the intended approach to tackling substance related harms.

2.0 Background

- 2.1 HWBT seeks to work as a 'system leadership forum' and has committed to actively seeking out opportunities to work in a way that enables a system approach.
- 2.2 At its world café strategy meeting of 3 July 2019, HWBT agreed a series of actions to contribute to the Living Well priority area 'City Centre'.
- 2.3 In addition, the Children, Young People and Families Plan 2015-2025 identifies fewer parents, children and young people engaging in substance misuse as a key outcome.
- 2.4 These priorities complement the approach to meeting the shared challenges of substance misuse.

3.0 Approach

- 3.1 To facilitate local system leadership and ensure a collaborative approach to tackling substance misuse, the Substance Misuse Partnership has been created.
- 3.2 The Partnership was developed following the Substance Misuse Summit held in April 2019. The Partnership is in its infancy, with its inaugural meeting held in July 2019.
- 3.3 The core functions of the Substance Misuse Partnership will include:
- The development and implementation of strategies and accompanying action plans for alcohol and drugs
 - Consideration to the synergies between alcohol and drug-related harm, other associated work streams and strategic developments
 - Identification of risks to responding to substance harms and mitigations
 - Utilising expertise, identification of opportunities and to ensure they are maximised
 - Responses to changes to regional and national policy and strategies
 - Maximising the work of drug and alcohol services to ensure long term and sustained recovery
 - Supporting the development of frontline activity to assist individuals and families with alcohol/and or drug needs.
- 3.4 The adoption of a system approach aims to ensure:
- A robust partnership ethos and strong local leadership
 - A focus upon preventing harm and intervening at the earliest opportunity through early identification
 - Protection of vulnerable people from the harm caused directly or indirectly through alcohol

- Co-ordinated use of regulatory powers and enforcement where appropriate
- Innovation

- 3.5 The work of the Partnership will dovetail with the priorities which sit under the system leadership of the Health and Wellbeing Together Board, specifically the Living Well priority area.
- 3.6 Within the Living Well 'City Centre' theme, key streams of work aim to support this priority and empower communities to hand include:

Tackling the availability and density of alcohol outlets

- 3.7 The City's density of alcohol outlets is well above England average and is the highest across the West Midlands. We know pricing and availability of alcohol has an adverse impact on consumption levels of alcohol.
- 3.8 The Statement of Licensing Policy determines how alcohol Licensing Applications are processed under the Licensing Act 2003. The production of this policy is a legal requirement that City of Wolverhampton Council is charged with. This policy must be updated every five years to take into account local changes, government requirements and changes in case-law.
- 3.9 The Statement of Licensing Policy is currently open to consultation and will be implemented by April 2020 in order to continue to license premises within the City.
- 3.10 In addition, the authority has a Cumulative Impact Policy which was introduced to enable CWC to carefully consider the effects of granting additional licences into an area which has already been associated with higher rates of crime and disorder as well as anti-social behaviour.

Licensing matrix tool

- 3.11 Public Health have developed an interactive tool that correlates various pieces of data to provide a comprehensive picture of alcohol density and alcohol related harm. This enables an informed, evidence-based response to alcohol licence applications.

Community role in treatment and recovery – Communities in Charge of Alcohol

- 3.12 Communities in Charge of Alcohol (CICA) takes an Asset Based Community Development (ABCD) approach to reducing alcohol harm. Local volunteers are trained to become accredited 'Alcohol Health Champions' to provide brief opportunistic advice and take action on licensing decisions at an individual level and mobilise action on alcohol availability at a community level.
- 3.13 This initiative trialled in Manchester aims to empower communities to have a positive impact on alcohol related harm. The feasibility of CICA in Wolverhampton is currently being explored.

4.0 Recommendations

- 4.1 HWBT are recommended to act as the executive champion in the city to promote and seek assurance on action to reduce substance misuse related harms.
- 4.2 HWBT are recommended to adopt this champion role within their respective organisations to assist the strategic priorities of the Substance Misuse Partnership.
- 4.3 HWBT receive a bi-annual progress report from the Substance Misuse Partnership.

5.0 Financial implications

- 5.1 Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total allocation for 2019 - 2020 is £20.2 million. Any costs arising from this report will be contained within this overall allocation.
[MI/23092019/O]

6.0 Legal implications

- 6.1 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.
[SB/23092019/Q]

7.0 Equalities implications

- 7.1 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 including a specific focus on activity to further explore and embed opportunities to tackle health inequality.

8.0 Health and Wellbeing implications

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

9.0 Climate Change and Environmental implications

- 9.1 There are no climate change and environmental implications.

10.0 Human resources implications

- 10.1 There are no human resources implications.

11.0 Corporate Landlord implications

- 11.1 There are no Corporate Landlord implications.

12.0 Schedule of background papers

12.1 Health and Wellbeing Together Executive Group Report 04 September 2019.

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