



Health and Wellbeing Together Minutes - 8 July 2020

Attendance

Members of the Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Craig Alford	Citizens Advice Bureau
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
Lynsey Kelly	Head of Community Safety
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Juliet Malone	Operations Commander, West Midland Fire Service
Councillor John C Reynolds	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Managing Director, Wolverhampton CCG
David Watts	Director of Adult Services

In Attendance

Jamie Annakin	Principal Public Health Specialist
Sukhmiinder Chahal	Employability Brokerage Officer
Claire Dickens	Chair of the Suicide Prevention Stakeholder Forum
Alan Duffell	Royal Wolverhampton NHS TRust
Joanna Grocott	Systems Development Manager
Shelley Humphries	Democratic Services Officer
Sue Lindup	Skills and Employability Manager (Adults)
Parpinder Singh	Principal Public Health Specialist
Anthony Walker	Homelessness Strategy and External Relationships Manager
Dr. Kate Warren	Consultant in Public Health
Becky Wilkinson	Head of Adult Improvement

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
Apologies were received from Councillor Linda Leach and Professor Steve Field CBE.

2 **Notification of substitute members**

There were no notifications of substitute members.

3 **Declarations of interest**

There were no declarations of interest made.

4 **One Minute's Silence**

A minute's silence was observed to honour all those who had lost their lives or provided essential care and services since the start of the pandemic. The Chair also offered sincere thanks to all partners for their hard work throughout the pandemic which embodied the ethos of Health and Wellbeing Together.

5 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 22 January 2020 be approved as a correct record.

6 **Matters arising**

Minute 8

In respect of Minute 8, it was noted that the City quadrant map for the colour-coded needles had been provided to West Midlands Fire Service as requested.

7 **Health and Wellbeing Together Forward Plan 2020 - 2021**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2020 – 2021 and outlined future agenda items. It was noted that the next full board meeting was scheduled for 21 October.

It was agreed that the next Executive meeting scheduled for 2 September 2020 would include a review of the Joint Health and Wellbeing Strategy 2018 - 2023 priorities in light of work taking place to understand the local impact of COVID-19. This work would then further inform the agenda for the October meeting of the full Board.

It was noted that, as is usual practice, the board microsite - wellbeingwolves.co.uk – provided information on how partner members of Health and Wellbeing Together can submit items for future meetings as well as how members of the public can submit a question.

Resolved:

1. That a review of the Joint Health and Wellbeing Strategy 2018 – 2023 in light of COVID-19 be undertaken at the next Health and Wellbeing Together Executive meeting.
2. That the Health and Wellbeing Together Forward Plan 2020 – 2021 be noted.

8 **Outbreak Control Plan**

John Denley, Director of Public Health delivered a presentation on the Wolverhampton COVID-19 Outbreak Control Plan. The presentation outlined the two key aims of the Plan being:

- to reduce the spread of COVID-19 infection and save lives;

- to help as many people as possible return to normal life, in a way that is safe, protects our health and care systems and supports our economy to recover.

It was noted that Wolverhampton had entered the emergency situation with pre-existing health inequalities however, following extensive work and forging strong, local partnerships, it was reported that the outcome in the City had been felt but had been less impactful than anticipated.

The approach included the continuation and building on the existing partnership work and was underpinned by a set of three key outbreak management principles: Prevention first; Early recognition and Swift response. This was supported by a set of additional principles: Scale; Capacity; Communication and Engagement; Integration and Delivery and Stakeholders.

The plan provided a framework for the local response to outbreaks and incidents and was structured around the seven themes as set out by the Local Government Association and Department of Health and Social Care. It was noted that the seventh theme outlined the need for a local Board to be established and it was noted that the Local Outbreak Engagement Board would be created for Wolverhampton with local stakeholders.

It was noted that communications and engagement plans had been built in with the Director of Public Health to lead with communications in the event of an outbreak and local communication led by City of Wolverhampton Council, NHS Communications Team and other partners.

The communications plans were welcomed as it was highlighted that ensuring the Outbreak Plan was clear and accessible to residents was beneficial and inspired trust.

It was noted that grants provided by the Government had been hugely beneficial for educational settings and childminders and it was suggested that this be communicated. It was clarified that communications from the Children's Services area were due to be released that day around how settings could recover, protect children and young people and minimise spread of the virus. It was agreed that joint communications would be key.

It was noted that adult health and social care had been heavily hit by the effects of the pandemic and tribute was paid to colleagues from the Council, NHS and acute hospital trusts for their dedicated work and response to the emergency.

Resolved:

That the Outbreak Control Plan be received.

9

COVID-19 and Black, Asian, Minority and Ethnic (BAME) Update

Dr Kate Warren presented the briefing note on COVID-19 and BAME which provided an outline of the pandemic had impacted on BAME communities and the City response to understanding this impact.

It was stated that there had been a disproportionate number of BAME admissions to hospital with COVID-19 and an extensive programme of work was being undertaken to establish the factors that may have caused this.

It was reported that research so far had found contributing causes to be complex in nature and included social, cultural or biological factors. It was noted that age still remained the most defining factor and that being of a particular background did not automatically mean that a person was more likely to be at risk of exposure or death. It had also been found that BAME communities were more likely to feel the indirect effects of the pandemic such as deprivation and unemployment.

It was agreed that work would continue to progress and that an update on any significant developments would be provided at future meetings of Health and Wellbeing Together.

Resolved:

1. That the evidence is kept under review and any significant developments in understanding would be provided at future Health and Wellbeing Together meetings.
2. That the partner agencies provide updates on specific action taken in response and the findings of any equity audits or participatory research are provided at future Health and Wellbeing Together meetings.

10 **Developing a Place-based Approach**

Joanna Grocott, Systems Development Manager and James Amphlett, Head of Insight and Performance delivered the presentation on Developing a Place-based Approach. It was noted that when analysing deprivation data ward-by-ward, small 'pockets' of deprivation were being identified in otherwise affluent wards. When taken as an average, this could skew data and 'mask' these smaller areas of deprivation when decisions were being made on where to focus resources. The place-based approach was intended to delve deeper into the analysis to identify these particular areas of deprivation so that work could be undertaken with the communities and their existing resources to reduce the inequalities in these areas.

It was noted that the full impact of COVID-19 had not yet been seen and this may mean that new areas of deprivation may emerge as the impact on businesses during lockdown began to affect unemployment.

It was noted that all wards had seen an increase in benefit claims around the time that lockdown started and already deprived areas had been showing signs of becoming more deprived. A risk assessment had been carried out on vulnerable children and young people which concluded that the majority of vulnerable children came from deprived areas and there had been an increase in young people (aged 18-24) becoming classed as vulnerable, especially if they were young parents.

The fine-detail work on identifying the areas of deprivation was commended as this would ensure these areas were not overlooked. It was noted that COVID-19 and social distancing had prevented face-to-face engagement and it was reassuring that the work was still continuing despite this. The focus on areas and building strong relationships with communities to ensure they would thrive was also commended.

It was noted that the maps provided as part of the presentation offered a helpful bird's eye view of the City and highlighted the areas in need of focus to make a difference to people's quality of life.

Resolved:

That Health and Wellbeing Together endorse the work undertaken towards the Place-based Approach.

11

Joint Health and Wellbeing Strategy: Workforce Priority Update

Sue Lindup, Skills and Employability Manager and Sukhminder Chahal, Employability Brokerage Officer delivered the Wolves at Work presentation. The presentation provided an overview of the programme which had been established to support adults aged 18 and above with physical and mental health conditions into positive outcomes, whether it be volunteering, apprenticeships or employment.

It was stated that support packages had been developed including Work Coaches to help support this as well as four bespoke employability programmes delivered by Learning Communities. It was noted that the journey into work was sometimes more complex for some people than for others and the programme aimed to support that.

It was noted that the services face-to-face offer had been affected throughout lockdown, although the service had adapted their services by contacting clients online or over the phone to continue with their support packages.

It was agreed that the Wolves at Work programme had been especially beneficial to the groups of people who were in need of extra support and the work was commended.

Alan Duffell, Royal Wolverhampton NHS Trust presented the Health and Wellbeing Workforce Resourcing report and highlighted salient points. The report outlined the measures taken by the Royal Wolverhampton NHS Trust to support the health and wellbeing of its workforce. A strategic approach had been implemented with five primary elements: Career Wellbeing; Mental and Emotional Wellbeing; Physical Wellbeing; Financial Wellbeing and Community and Social Wellbeing.

The report detailed steps taken to provide staff with ways to improve their health and wellbeing in these areas in order to attract new staff and retain the existing workforce.

The pandemic situation had prevented much of the face-to-face support offered, however where possible, telephone contact links and support via virtual platforms had been established to keep the workforce connected to support networks.

Resolved:

That the Joint Health and Wellbeing Strategy: Workforce Priority Update be received.

12

Joint Mental Wellbeing and Suicide Prevention Forum Update

Jamie Annakin, Principal Public Health Specialist presented the briefing note on Public Mental Health During the COVID-19 Pandemic (Adults) and highlighted salient points. The briefing note provided an update on public mental health approaches by City of Wolverhampton Council and strategic partners to promote adult population mental wellbeing and provide support pathways for adults experiencing mental health problems during the COVID-19 pandemic. The briefing note also outlined future workstreams, including a review of digital support to ensure services continued to deliver throughout the City.

It was noted that there had been limitations on face-to-face meetings, however the service had adapted to offer support where it was needed the most, ensuring targeted mental health support for at risk groups.

It was reported that there had been mental health campaigns across the City and involving all stakeholders from Health and Wellbeing Together, particularly around Mental Health Awareness week.

It was noted that service providers had been mindful of the fact that digital services were not accessible to everyone, therefore initiatives had been introduced, such as literature included in the food parcels distributed by volunteers to clinically and financially vulnerable residents which outlined the 10 steps to wellbeing and provided contact details to access services.

There had been a number of radio broadcasts addressing issues such as fear and apprehension, anxiety and sleep difficulties which included information signposting listeners to access services. This was held in conjunction with many local stations, including several community stations to ensure outreach to minority communities as well.

A telephone line had been established and run by volunteers as part of the City's Stay Safe, Be Kind campaign to support residents who were experiencing low mood with clear pathways to signpost to further support if required. Mental health support had also been offered to call handlers who had been affected by distressing conversations with callers.

A number of other initiatives had been introduced such as self-referral routes into mental health services.

Clare Dickens, Chair of the Suicide Prevention Stakeholder Forum provided a verbal update on the work of the Forum. It was outlined that stakeholders had come together to establish the Forum and form an action plan around suicide prevention that aligned with the public health spectrum. It was stated that the Forum operated on the ethos that suicide is not inevitable and everyone deserves to keep themselves safe.

It was noted that many people who had died by suicide had not always been known to mental health services; a person did not necessarily have to have a mental health issue to be thinking of suicide. It was reported that gathering and analysing data had proved a challenge as there had been a lag from the Office of National Statistics, often meaning information arrived too late, therefore work around data surveillance was being undertaken.

It was noted that there had been joint working with media colleagues at local newspaper the Express and Star around ensuring safe and sensitive suicide-related reporting. This was also to ensure readers who were at risk were not exposed to triggers.

It was highlighted that suicide prevention was not only talking someone out of suicide but enabling them to build a future that was worth living for. It was noted that an awareness of the numbers of suicides, work around understanding suicide attempts and pre-emptive planning were key.

Major events had been organised to raise awareness of the topic, such as the Hope Walk where residents joined together to visit partners and distributing literature created in conjunction with suicide prevention charity Papyrus to provide contact information to access services.

Special thanks were offered to the Mayor for making the Forum a chosen charity to enable the Forum to not just influence but deliver outcomes. It was planned for the Forum to become a registered charity to generate more income to deliver on these outcomes.

It was highlighted that the Forum were fully committed to their work to prevent suicide as it was stated that any death by suicide was one too many. Suicide was often the ultimate consequence of inequalities such as unemployment or other factors and, although the full impact of the pandemic was not yet understood, it was thought the stress triggers caused by the current situation were likely to raise the risk of suicidal thoughts.

It was highlighted that suicides had reduced in the City which was encouraging, however it was noted that work still needed to be continued as it was reiterated that each death was one too many. It was noted that three out of four deaths were men in the 45 – 59 age range, therefore there had been a maintained focus on this demographic.

The work around mental wellbeing and the work of the Forum were both commended.

Resolved:

That the Joint Mental Wellbeing and Suicide Prevention Forum Update be received.

13

Mental Health Services - Impact of COVID - 19 and Learning So Far

Marsha Foster, Black Country Healthcare NHS Foundation Trust delivered the presentation on Mental Health Services – Impact of COVID-19 and Learning So Far.

It was reported that the Black Country Healthcare NHS Foundation Trust had undergone a merger from 1 April 2020 in the early days of lockdown into a larger trust to incorporate Wolverhampton, Dudley, Walsall and Sandwell. It was noted that Wolverhampton was the most diverse of the boroughs and faced many challenges.

The presentation outlined that the Black Country had entered the COVID-19 emergency with a number of pre-existing mental health inequalities that had been caused and exacerbated during the pandemic, as well as the many significant challenges that had been faced nationally by residents and services due to the effects of the pandemic and lockdown.

It was reported that the Trust had responded by operating in ‘major Incident Mode’ and ensuring adaption of services to facilitate remote working wherever possible, increasing and ensuring safety measures including personal protection equipment (PPE), a focus on clear communication channels and establishing strong partnerships across the Black Country.

It was noted that the adaptations of services and behaviours which have added value to the service would be incorporated into future working and work would be undertaken in addressing challenges such as workforce shortages.

All partners were invited to join stake holder discussions.

Resolved:

That the Mental Health Services – Impact of COVID-19 and Learning So Far presentation be received.

14

Homelessness Strategy and Update on 'Everyone In'

Anthony Walker, Homelessness Strategy and External Relationships Manager provided a verbal update on the Homelessness Strategy and 'Everyone In' initiative. It was reported that the Homelessness Strategy that had been published last year was in the process of being refreshed with the learning from the 'Everyone In' programme which had launched three months ago.

The programme's main aim was to support everyone who was homeless or at risk of being homeless into appropriate housing during the pandemic. This work initially began with rough sleepers but grew to include people using the night shelter. It was reported that one hotel was being used as a hostel which had expanded to encompass further 'satellite' establishments. Partner agencies such as West Midlands Police, Public Health colleagues, voluntary sector had all mobilised rapidly to provide support.

150 people had made use of the hostel either as residents or to access services or treatment. 60 people had been placed in either accommodation or into a supportive environment with family or friends, for example.

Resolved:

That the verbal update on the Homelessness Strategy and 'Everyone In' be received.