Health and Wellbeing Together

8 July 2020

Time 12.00 pm **Public Meeting?** YES **Type of meeting** Partnership Boards

Venue Online

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Craig Alford	Third Sector Partnership
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's Services
Katherine Birch	University of Wolverhampton
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
Marsha Foster	Black Country Healthcare NHS Foundation Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Juliet Malone	West Midlands Fire Service
Joanne Melling	NHS England
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	Wolverhampton CCG
David Watts	Director of Adult Services

Information

If you have any queries about this meeting, please contact the democratic support team:

Contact Shelley Humphries
Tel/Email Tel**:** 01902 554070 email:shelley.humphries@wolverhampton.gov.uk

Agenda

PART 1 – Items open to all attendees

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

1 **Apologies for absence**

2 **Notification of substitute members**

3 **Declarations of interest**

4 **One Minute's Silence**
[To observe one minute's silence in memory of those lost during the pandemic.]

5 **Minutes of the previous meeting** (Pages 5 - 12)
[To approve the minutes of the previous meeting as a correct record.]

6 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]

7 **Health and Wellbeing Together Forward Plan 2020 - 2021** (Pages 13 - 20)
[To receive the Health and Wellbeing Together Forward Plan 2020 - 2021.]

ITEMS FOR DISCUSSION - PART 2

SYSTEM LEADERSHIP

8 **Outbreak Control Plan** (Pages 21 - 46)
[To receive the Outbreak Control Plan for Wolverhampton.]

9 **COVID-19 and Black, Asian, Minority and Ethnic (BAME) Update** (Pages 47 - 50)
[To receive an update on Wolverhampton's response to the impact of COVID-19 on BAME communities.]

10 **Developing a Place-based Approach** (Pages 51 - 64)
[To receive a presentation on the place-based approach to reducing inequalities in the City.]

LIVING WELL

11 **Joint Health and Wellbeing Strategy: Workforce Priority Update** (Pages 65 - 88)
[To receive an update on work around the Workforce Priority of the Joint Health and Wellbeing Strategy.]

12 **Joint Mental Wellbeing and Suicide Prevention Forum Update** (Pages 89 - 124)

[To receive an update on public mental health approach during COVID-19 and an update on the work of the Suicide Prevention Forum.]

13 **Mental Health Services - Impact of COVID - 19 and Learning So Far** (Pages 125 - 136)

[To receive an update from Black Country Healthcare NHS Foundation Trust on work undertaken during the COVID-19 emergency.]

14 **Homelessness Strategy and Update on 'Everyone In'**

[To receive a verbal update on the Homelessness Strategy and an introduction to the ‘Everyone In’ initiative.]

15 **Any other business**

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Agenda Item No: 5

Health and Wellbeing Together
Minutes - 22 January 2020

Attendance

Members of the Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Station Commander Luke Buckley	West Midlands Fire Service
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Inspector Helen Jackson	West Midlands Police
Councillor Linda Leach	Cabinet Member for Adults
Hannah Pawley	Community Safety Manager
Andrea Smith	Wolverhampton CCG
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Becky Wilkinson	Head of Adult Service Improvement

In Attendance

Madeleine Freewood	Development Manager
Sheila Gill	Healthwatch Wolverhampton
Shelley Humphries	Democratic Services Officer
Michelle James	Licensing Policy Manager
Michelle Marie Smith	Principal Public Health Specialist
Martin Stevens	Scrutiny Officer

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies for absence**
Apologies for absence were received from Councillor John Reynolds, Sally Roberts and David Loughton.

2 **Notification of substitute members**
Chief Inspector Helen Jackson attended for Chief Superintendent Andy Beard, Becky Wilkinson attended for David Watts, Andrea Smith attended for Steven Marshall and Hannah Pawley attended for Lynsey Kelly.

3 **Declarations of interest**

There were no declarations of interest made.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 16 October 2019 be confirmed as a correct record and signed by the Chair.

5 **Matters arising**

There were no matters arising from the minutes of the previous meeting.

6 **Health and Wellbeing Together Forward Plan 2019 - 2020**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2019 – 2020 and outlined the planned agenda items for future meetings.

Members were invited to offer suggestions for agenda items for other meetings. It was suggested that items relating to the Workforce Development priority and the 5G Working Group had been scheduled on the forward plan, as well as an item on the Growing Well Strategy in relation to the prevention of obesity.

Resolved:

That the Health and Wellbeing Together Forward Plan 2019 - 2020 be noted.

7 **Growing Well: Children and Families Together Board Contribution to Delivery of the Joint Health and Wellbeing Strategy**

Emma Bennett, Director of Children's Services presented the Growing Well: Children and Families Together Board Contribution to the Delivery of the Joint Health and Wellbeing Strategy (JHWBS) 2018 - 2023. The report provided an overview of the activity undertaken by the Children and Families Together Board to provide assurance to the Health and Wellbeing Together membership that the 'Growing Well' priority areas identified as of strategic importance were being appropriately addressed.

It was outlined that the Children and Families Together Board, formerly known as the Children's Trust Board, sat underneath Health and Wellbeing Together as a sub-board to drive forward priorities underneath the 'Growing Well' theme of the JHWBS.

It was noted that the Children, Young People and Families Plan had been refreshed and signed off by Children and Families Together Board.
Key priorities were identified as: mental health and wellbeing, work around the prevention of the risk of obesity, reducing the number of families using bed and breakfasts as temporary accommodation, reducing school exclusions and promoting inclusion.

It was reported that, during the Children and Families Together Strategy Day held in May 2019, there had been commitment from partners to work towards co-production. A Co-production Charter had been devised which had been co-developed with children, young people and their families, the Council and its partners to pledge to work with residents to decide together how Council services should be delivered.

The Youth Engagement Strategy also known as #YES had served as a good example of co-production as an extensive consultation had taken place with young people and their families.

An update was provided in respect of the transition of the combined safeguarding boards to Wolverhampton Safeguarding Together, chaired by Sally Roberts, Chief Nurse and Director of Quality at Wolverhampton CCG. Assurance was offered to Health and Wellbeing Together members that this transition was progressing well with no significant risks identified.

The report and the work that had gone into the Youth Engagement Strategy and Co-production Charter was commended and it was agreed that children and young people were a priority for the City.

It had been highlighted that feedback from the Youth Engagement Strategy consultation conveyed the strong message that young people and their families preferred activities they could participate in independently or as a family.
It was noted that the holiday scheme had been very well received and it had been reported by West Midlands Police that crime had reduced by 48% during the period in which the scheme ran.

The Co-production Charter was particularly commended by partners as it was noted that engagement and maintaining engagement was a difficult process to undertake.

As ward Councillors for Bilston, Councillor Linda Leach and Councillor Philip Page commended and offered their support to the holiday scheme and reported that it had not only been well attended in their ward area but had received very positive feedback.

It was noted that, in addition to the consultation for the Co-Production Charter, decision-making on the funding had been shared with young people and their families to agree where the funding could be allocated.

Resolved:

1. That Health and Wellbeing Together agree to endorse the City Co-production Charter for children and young people
2. That members of Health and Wellbeing Together agree to promote the Co-production Charter in their respective organisations
3. That Health and Wellbeing Together agree to support a launch event on 27 January 2020 for the Co-production Charter and Youth Engagement Strategy, #YES
4. That the refreshed Children, Young People and Families Plan (2015 – 2025) be noted.
5. That the outcome and recommendations of the Youth Engagement Strategy, #YES, be noted.

8 **Substance Misuse Partnership Update**

Michelle Smith, Principal Public Health Specialist presented the Substance Misuse Partnership Update report and highlighted salient points. The report provided an outline to Health and Wellbeing Together of the intended approach to tackling

substance related harm, which built upon the Board's previous commitment to the alcohol harm reduction agenda.

It was noted that alcohol misuse had been agreed as a priority within the Living Well theme of Wolverhampton's Joint Health and Wellbeing Strategy (JHWBS) 2018 – 2023.

A short presentation was also delivered which provided an overview of the substance related hospital admissions and mortality rates as well as drug prevalence in a local context and outlined the proposed priorities for the City.

It was noted that alcohol dependence within the City was higher than the national average however it was highlighted that, in terms of the recovery of people receiving support, Wolverhampton had been placed in the top quartile nationally.

It had been noted that the sizable and complex issues of alcohol and drug dependency could not be tackled without a joined-up approach, therefore the Substance Misuse Partnership had been established in July 2019 with a view to developing a new Substance Misuse Strategy. It was highlighted that an alcohol misuse strategy had previously been in place in 2012, however the proposed strategy was the first to include drug misuse as well. It was suggested that an update be provided to Health and Wellbeing Together in future.

Of the priorities listed for the City, four key areas were touched upon and a number of points and statistics were highlighted.

To improve Outcomes in Housing, Employment and Mental Health:
It was highlighted that whilst successfully undergoing treatment, 85 residents had been supported into gaining employment and 129 had been assisted in resolving housing problems.

To reduce Drug-related Deaths:
It was reported there were plans to widen the availability of the synthetic drug naloxone, used to counter the effects of overdose. It was noted that work was being undertaken to introduce an early warning system to raise the alert to bad batches of drugs entering the market. It was reported that the concept of establishing an inquiry panel to investigate and learn from drug-related deaths was being explored.

To reduce the impact of parental substance misuse
It was reported that, in Wolverhampton over a three-year period, 1450 children had a parent receiving treatment for alcohol dependence. Based on prevalence data there was an 82% unmet need for alcohol dependence. On this basis there were many more people to engage into treatment, many of whom would be parents. It was reported that 1159 children had a parent in treatment for an opiate dependency, given an unmet need of 55% there were many people and families who should be engaged with treatment and recovery services. It was noted that these figures appeared stark however they were in line with UK national figures.

To reduce the density of alcohol licensed premises
Work was being undertaken in partnership with responsible authorities in terms of representations to new premises licence applications as well as an update in the Wolverhampton Statement of Licensing Policy.

Michelle James, Licensing Policy Manager delivered a presentation on the revised Statement of Licensing Policy which had been approved at Statutory Licensing Committee on the morning of 22 January 2020. It was reported that the density of licensed premises was significantly higher than the national average and five Cumulative Impact Zones (CIZs), where the combined impact of outlets was highest around Wolverhampton, had been implemented.

Applications for premises licences within these zones relied upon responsible authorities or other individuals making representations against an application or variation applications based on the premises likelihood of undermining one of the licensing objectives.

It was noted that one of the changes to the Policy included a matrix approach to licensing decision-making within the City. This matrix outlined the types of premises which would be less likely to have an impact upon the existing premises located within the CIZs.

The refreshed Policy also introduced a Special Consideration Area for premises which fell around the curtilage of the CIZs, but may still impact upon these areas, with fewer restrictions on premises types than within the CIZs.

Applications for non-alcohol-led premises or premises considered more beneficial for certain areas, such as restaurants, theatres or cafés, were considered more favourably than those that were considered to cause harm, such as off-licences and takeaways.

It was noted that many of these restrictions were not applicable within the heart of the City Centre as a diverse offer of venues would be expected in this area.

The application of the matrix approach relies upon relevant representations being received for applications and variations.

It was agreed that the risks associated with substance misuse could potentially affect everyone and the extensive work undertaken was commended. The positive effect of working within a partnership was highlighted as well as the importance of working with premises licence holders in respect of reducing alcohol-related harm.

A concern was raised around the length of time taken for GPs to refer individuals to other services following a visit to seek treatment for a substance dependency. It was thought that the associated problems could continue or escalate during the wait period, possibly resulting in a risk to the individual and there were concerns around the impact on their family as well. Reassurance was offered that treatment could be accessed direct through Recovery Near You (treatment and recovery service). It was agreed that support around the family was equally important as the support around the individual. It was noted that there was a potential to include a pathway through Primary Care. It was agreed that these suggestions be taken on board.

It was added that work was being done in the Wolverhampton CCG around specialist workforce being introduced and there was potential with the introduction of social prescribing and signposting individuals to support networks and services.

It was suggested that work could also be done following alcohol or substance related hospital admissions.

It was clarified that responsible authorities would be mindful not to appear to be influencing residents to make representations however it was equally important that extensive engagement was carried out to enable communities to make decisions around the types of premises licenses granted in the area.

In respect of county line issues and drug use, it was noted that it had been a challenge to understand the direction of travel of drugs. It had been noted that many problems with drug misuse had occurred within affluent areas.

It was reported that a monitoring scheme had been implemented by Michelle Smith, Principal Public Health Specialist and her team, which provided colour-coded needles to pharmacies offering free needle and syringe programmes in Wolverhampton. Each colour represented a different quadrant of the City to identify which areas discarded needles had originated from. It was noted that it would be interesting to see how the journey of these needles was plotted out.

It was noted that West Midlands Fire Service regularly came across needle litter, which posed a risk to crewmembers and it was agreed that a map showing the colour-coded quadrants would be shared with the service representative to cascade to crewmembers.

Resolved:

1. That Health and Wellbeing Together agree to endorse the Substance Misuse Partnership's approach to tackling substance related harm.
2. That Health and Wellbeing Together agree to endorse the upcoming Substance Misuse Strategy produced by the Substance Misuse Partnership.
3. That Health and Wellbeing Together receive an annual progress report from the Substance Misuse Partnership.

That the quadrant map for the colour-coded needles be provided to West Midlands Fire Service.

9 **Healthwatch Wolverhampton Annual Report 2018 - 2019**

Tracy Cresswell, Healthwatch Wolverhampton Manager presented the Healthwatch Wolverhampton Annual Report 2018 - 2019 and highlighted salient points. The report provided an overview of progress made against Healthwatch Wolverhampton's statutory functions and the impact of the delivery of Healthwatch services in the City.

It was noted that the feedback around hospital discharge and review had been taken on board by Adult Services.

It was highlighted that the Healthwatch Wolverhampton service had been shortlisted for the Healthwatch Network Award for Championing Diversity and Inclusion following the extensive work undertaken to improve the wellbeing of the deaf community. This was commended as to be shortlisted from a large number of services was an achievement.

It was raised that it had been disappointing that no response had been received from New Cross Hospital in terms of the feedback and recommendations provided following the unannounced visit to Ward A12 of New Cross. It was noted that a 10-

day response deadline had been set, which was extended if required, and that usually 9 out of 10 providers offered a response to their feedback.

The annual report and work undertaken by Healthwatch was commended.

Resolved:

That the Healthwatch Wolverhampton Annual Report 2018 - 2019 be received.

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Agenda Item No: 7

Health and Wellbeing Together

8 July 2020

Report title	Health and Wellbeing Together Forward Plan 2020 - 2021	
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 2020 – 2021.

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 COVID - 19 Implications

10.1 The COVID - 19 implications of each matter will be detailed in each individual report submitted to the Group.

11.0 Schedule of background papers

11.1 Minutes of previous meetings of the Health and Wellbeing Together Full Board and Executive Group regarding the forward planning of agenda items.

11.2 Agenda Item Request Forms.

Appendix 1

Health and Wellbeing Together: Forward Plan

Last updated: 19 June 2020

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
19 June 2020 Outstanding Exec Meeting						
FB 8 July 2020	System Leadership		Outbreak Control Plan	John Denley (CWC)		Agreed at HWT Exec 3 June 2020
	System Leadership		Coordinating a Response to the Impact of COVID 19 on BAME Communities Update	Kate Warren (CWC)		Agreed at HWT Exec 3 June 2020
	System Leadership		Developing a Place-Based Approach	Joanna Grocott (CWC)		Deferred from 8 April 2020
	Living Well	Priority 3 – Workforce	Joint Health and Wellbeing Strategy, Living Well – Workforce Priority Update	Sue Lindup (CWC) & Alan Duffel (RWT)		Deferred from 8 April 2020

	Growing Well Living Well	Priority 5 – Embedding Prevention Across the System	Mental Wellbeing Promotion and Suicide Prevention Update	Parpinder Singh, Jamie Annakin (CWC) and	Report	Annual Update as Joint Item
			Mental Ill Health Intervention and Treatment Update	Mary Clark (Black Country Partnership NHS Foundation Trust)		
	Living Well	Priority 3 - Workforce	Homelessness Strategy and Update on 'Everyone In'	Anthony Walker and Clare Reardon (CWC)		
E 2 September 2020 tbc	System Leadership		WM5G Update	Charlotte Johns / Laura Collings (CWC)		
FB 21 October 2020 tbc	System Leadership		Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton	Charlotte Johns (CWC)		Deferred from 8 April 2020
			Public Health Annual Report	John Denley (CWC)		
E 9 December 2020 tbc						
FB 13 January 2021						

E 10 February 2021						
FB 28 April 2021 tbc						
To be scheduled…	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.
	Growing Well		Healthy Growth Discussion	Rachel Handley (CWC)	Discussion item	Agreed at Executive Group on 20 December 2019

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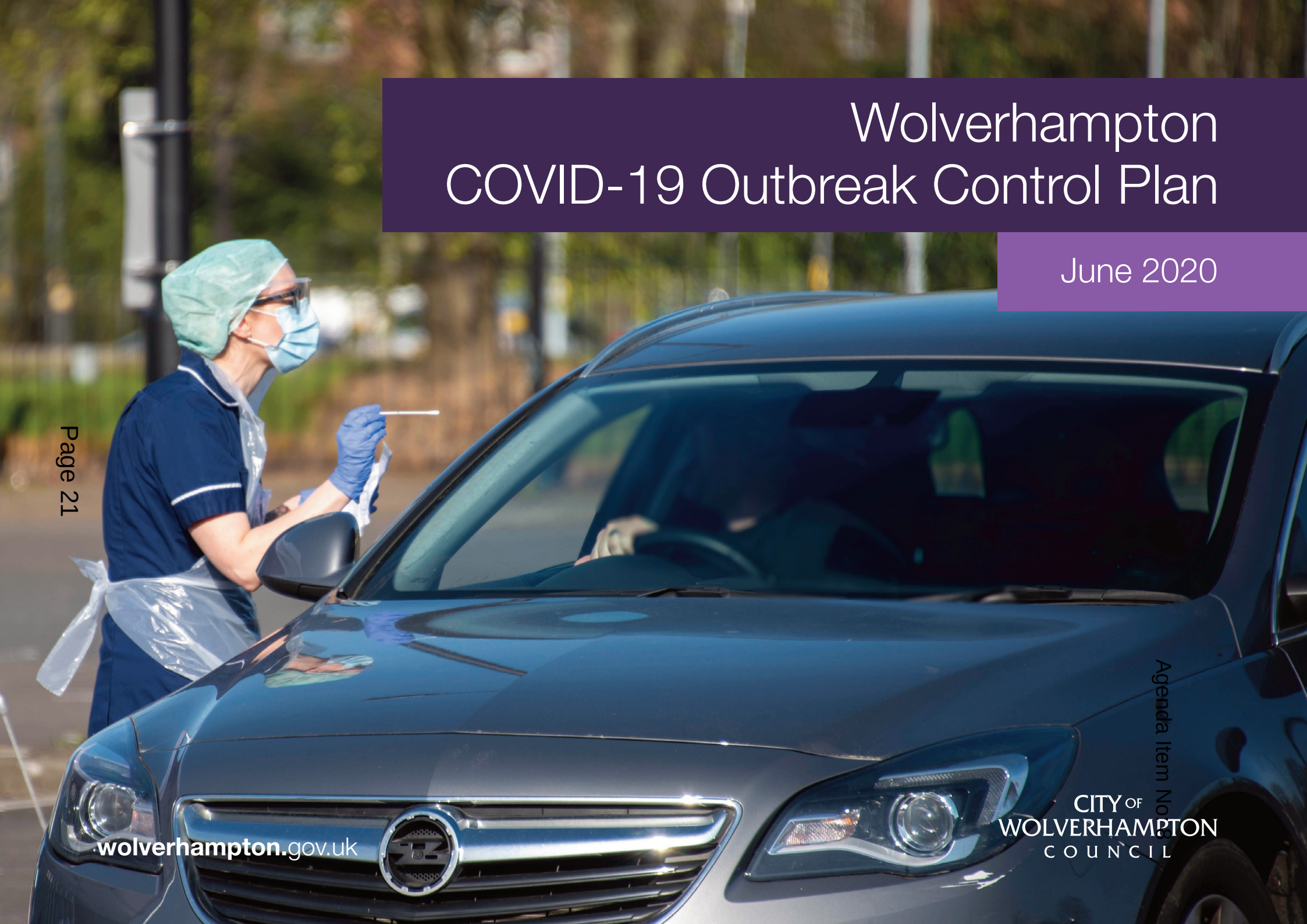


Wolverhampton COVID-19 Outbreak Control Plan

June 2020

wolverhampton.gov.uk

CITY OF WOLVERHAMPTON COUNCIL

Cover image: Showell Road, key worker testing

Contents

Foreword

COVID-19 has impacted on the lives of everyone in our city. The collective effort, expertise and commitment of partners from across the system has helped to limit the impact of COVID-19 in Wolverhampton so far.

Together, we have worked tirelessly to ensure that our health and care system can continue to manage the unprecedented demands that COVID-19 has placed upon us. We have also made sure that our most vulnerable residents are supported to stay safe within their local community.

But there is still a lot to do. As lockdown measures are eased, and we move into the next phase of living with COVID-19, our overriding priority remains to save lives.

Our well-established, locally-led multiagency system is critical to achieving this but we all must play our part. Preventing the spread of COVID-19 is everyone's responsibility and we must remain alert.

We are continuing to refine our approach as we learn more about how this new disease is moving across the city, the country and across the world.

Our COVID-19 Outbreak Control Plan builds on the good practice we have delivered so far and sets out how we will continue to work together, what our priorities are, and how we will measure our progress in tackling the spread of infection and controlling outbreaks. Our ultimate aim is to control the virus and enable people in our city to live a safer and more normal life.

Cllr Ian Brookfield

Leader

City of Wolverhampton Council

Councillor Jasbir Jaspal

Cabinet Member for Public Health and Wellbeing

John Denley

Director of Public Health

David Loughton

Chief Executive

The Royal Wolverhampton NHS Trust

Dr Salma Reehana

Chair

Wolverhampton Clinical Commissioning Group

Introduction

Every Local Authority is required to produce a Local Outbreak Control Plan specific to COVID-19. Our plan is our local commitment to preparedness and our response to the challenges associated with living with COVID-19.

The aim of the Wolverhampton Outbreak Control Plan is to:

- Reduce the spread of COVID-19 infection and save lives
- 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.

This means that we:

- Prevent the spread of COVID-19 wherever possible
- Improve engagement with local residents to encourage participation in prevention efforts and to build trust and confidence in our outbreak response
- Identify outbreaks and complex cases early and respond to them quickly to prevent further transmission
- Build on existing partnerships and expand our networks of stakeholders to assure our system capacity and capability
- Reduce health inequalities linked to and amplified by COVID-19.

The Outbreak Control Plan builds on existing health protection activity that has been ongoing throughout the COVID-19 pandemic and formalises measures to protect and promote the health of our city in this context.

The government has made £300m available to support Local Authorities in England to develop and action their plans to reduce the spread of the virus in their area. Wolverhampton has been allocated £1.9m to support the delivery of our plan.

Outbreaks of infectious diseases which present a risk to the health of the public anda require urgent investigation and management are included in the following legal framework:

- Health and Social Care Act 2012 (via Directors of Public Health, Public Health England and NHS Clinical Commissioning Groups)
- Public Health (Control of Disease Act) 1984 (via Chief Environmental Health Officers)
- Civil Contingencies Act 2004 (via other responders' specific responsibilities to respond to major incidents).

In the context of COVID-19, there is also the Coronavirus Act 2020.

This legal framework gives Local Authorities – through Public Health and Environmental Health functions – the primary responsibility for the delivery and management of public health action to control outbreaks of infectious disease.

COVID-19 in Wolverhampton

SITUATION

Wolverhampton is an urban area of relative deprivation with significant engineering and manufacturing industries and high population density.

BAME POPULATION
Wolverhampton (34%)

National average (14%)

LONG-TERM ILLNESS
Wolverhampton (25%)

National average (18%)

PEOPLE AGED 65+
Wolverhampton (17%)

National average (18%)

SMOKING
Wolverhampton (23%)

National average (16%)

UNDER 75 ALL-CAUSE MORTALITY RATE
Wolverhampton (432 per 100,000)

220 — 544

National average (330 per 100,000)

220 — 544

DIABETES
Wolverhampton (8%)

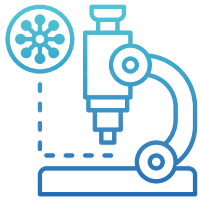
National average (7%)

OVERWEIGHT
Wolverhampton (67%)

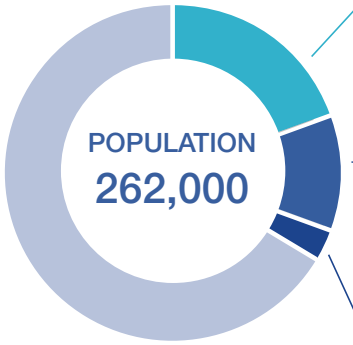
National average (62%)

STRATEGY

LOCKDOWN + TESTING



Identified those at highest risk and supported them to stay at home:



50,000 at risk

28,500 vulnerable

8,000 shielded

COLLABORATIVE ACTIONS

We contacted those at highest risk and worked with key partners across the city:

80,000
higher risk people written to **offering support**

12,300
contacts on **Stay Safe Be Kind** emergency line

177
homeless, or at **risk of becoming homeless** supported with a room and roof

800,000+
items of **PPE sourced and delivered** by council to local care

1,000,000+
meals delivered in **48,303** food parcels

3,000
children supported in **city schools**
800+ from key worker families

25,358
Meals on Wheels deliveries made

£1.3m
made available by council to support **local care providers**

We enabled a localised push on testing:

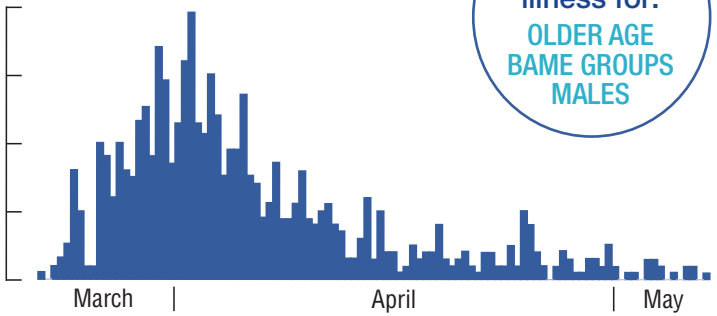
- **Showell Road** Key worker testing
- **Mobile testing unit** Community testing
- **Care homes** Staff and resident testing

6,000+
NHS and Social Care key workers tested

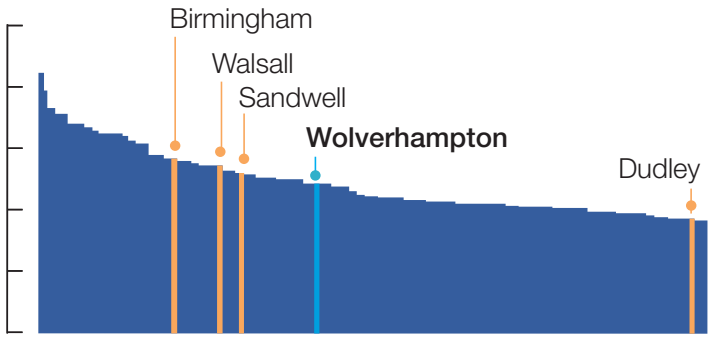
IMPACT

The first wave has been halted by national and local action:

Greater risk of serious illness for:
OLDER AGE
BAME GROUPS
MALES



The peak in daily hospital admissions occurred in April, figures have figures have declined since then.



Urban areas have higher mortality rates, however, Wolverhampton has a lower rate than nearby urban areas

We all play our part

You can help by:

Making sure you know the latest advice on preventing the spread. This means feeling confident about what the basic steps are – washing your hands often, social distancing, limiting contact and wearing your face covering where you can't maintain distance. You can find more information on our Stay Safe, Be Kind website. If you are part of a business, voluntary or community group, make the most of our resources that help you to keep yourself, your employees, and members of the public safe. Signpost others to these resources too and share them on social media where you can.

Be familiar with what to do when you or someone you know has symptoms. Share our basic advice on what to do about self-isolating, getting tested or being a close contact with others where you can. If you or someone you know might need extra help while they are self-isolating, use our Stay Safe Be Kind website to find a list of local support offers.

If you are worried that you cannot get the help you need, you can contact us at: staysafebekind@wolverhampton.gov.uk

We will be working closely with Public Health England to manage any outbreaks that may occur. If you are in a higher risk or more complex setting, we will be supporting you directly. For everyone else, please continue to stay alert and look out for each other as we all work together to keep our city safe.

We will help by:

Making sure that our residents, communities, and local organisations have the information and tools they need to stay safe whilst living with COVID-19. It is vital that we have regular two-way dialogue to make sure that our plan is as effective as possible.

We will support our city to:

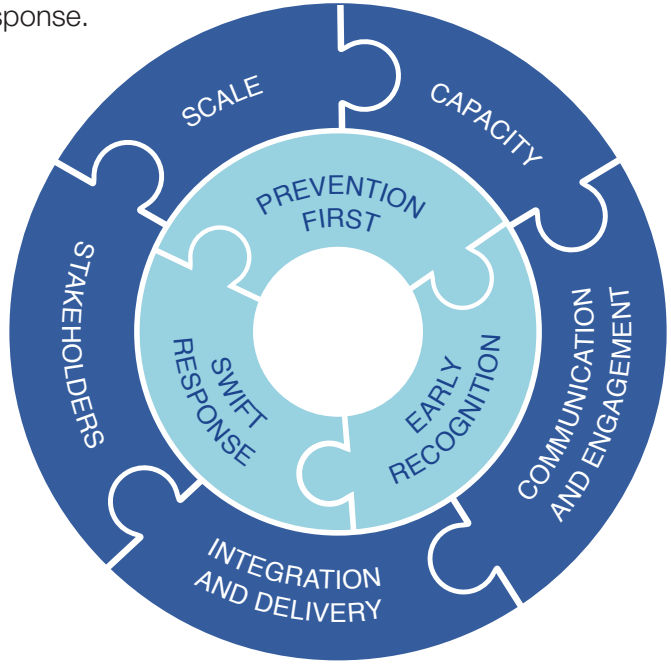
- Understand the level of risk faced by an individual
- Understand the risk posed by an environment or place
- Know what to do if someone becomes unwell with COVID-19 symptoms
- Access resources to support places to operate safely
- Tell us what's working well and where there is room for improvement.

Our Approach

Our local approach has and will continue to be led by and delivered with our well-established, multiagency partnerships. It is an approach that will need to be maintained for the long term and refined as we continue to understand more about this new disease.

Together we have adopted an approach that is proactive, supportive and reactive. It is underpinned by the following three principles which are key to any outbreak management strategy:

- Prevention first
- Early recognition
- Swift response.



This Outbreak Control Plan also brings in additional principles tailored to the current COVID-19 pandemic, these principles provide the foundation that our COVID-19 approach is built upon:

Scale – we will build on our traditional health protection and emergency response arrangements to ensure that we can respond to outbreaks quickly, potentially managing multiple outbreaks at the same time.

Capacity – we will utilise the specialist skills, capability and expertise available to us from across the partnership and ensure that this is appropriately resourced. This may include additional capacity and mutual aid between partners and neighbouring local authorities where necessary.

Stakeholders – we will provide clarity for our partners and stakeholders so that individual and collective responsibilities for the delivery of the plan are clear. This includes understanding their response in the event of an outbreak.

Integration and delivery – we will ensure our local multiagency system is connected within the regional and national infrastructure, with more localised arrangements in place across the Black Country. Where possible outbreak management responses will be consistent across the city whilst being flexible enough to adapt to specific circumstances / settings.

Communication and Engagement – we will engage with communities and stakeholders to build confidence in the proactive and reactive nature of our plan. This will include ongoing opportunities for feedback, learning and continued improvement.

Our Plan

Our plan provides a framework for the response to COVID-19 incidents and outbreaks that occur in the city. It is structured around seven themes defined by Local Government Association (LGA) and Department of Health and Social Care (DHSC):

Theme 1: Care Homes and Educational Settings
Preventing and managing outbreaks in care homes and educational settings e.g. early years settings, schools (including special schools), colleges and universities, taking a proactive approach wherever possible.

Theme 2: High Risks Workplaces, Locations and Communities
Preventing and managing outbreaks in other high-risk locations, workplaces and communities. This also means helping to keep as many services and businesses as possible operating in a way that is safe and supports the recovery of our local economy.

Theme 3: Mobile Testing Units and Local Testing Approaches
Using local and national testing capacity to best meet current and potential demand for contact tracing and outbreak management. We will tailor our offer to meet the needs of vulnerable populations.

Theme 4: Contact Tracing in Complex Settings
Providing contact tracing and outbreak management expertise to complex settings, working across agencies to connect scientific expertise with local resources.

Theme 5: Data Integration
Ensuring access to the right local data to enable the other six themes and prevent outbreaks.

Theme 6: Vulnerable People
Supporting vulnerable people to stay safe and get help to self-isolate. This also means ensuring services meet the needs of diverse local communities

Theme 7: Local Governance
Taking local actions to contain outbreaks and communicate effectively and in a timely, accessible manner with the general public.

These themes are not operating in isolation. They all interconnect with each other and will continue to evolve over time.

Theme 1:
Care Homes and Educational Settings

Care Homes are particularly susceptible to outbreaks as they accommodate some of our most clinically vulnerable groups.

School outbreaks remain relatively rare, but we know that children can acquire COVID-19 and may play, although potentially less than adults, a role in the spread of the disease. Children can also find it more difficult to maintain social distancing and good hygiene, especially younger children.

What we have done so far in care homes:

Working in partnership across health and social care, we have implemented a range of effective support measures to prevent and manage outbreaks in care homes. This has included:

- Establishing a strategic group made up of key partners across health and social care to engage and reassure care providers
- Establishing an electronic system to capture key data from each care home daily, to help respond to emerging incidents and support needs
- Streamlined access to PPE
- Incident management through working with health protection agencies
- Economic support through central government grant funding
- Support for mental wellbeing of care sector staff
- Weekly check in with every care home via named Clinical Lead with Multidisciplinary Team support where needed
- Interpreting national guidance and supporting homes to implement recommendations.

What we have done so far in schools:

- Developed a system of proactive case finding and surveillance
- Supported the reopening of schools in line with government and public health guidance, ensuring they are equipped with key resources related to reducing risk in the classroom
- Provided dedicated support to special schools via engagement seminars with Headteachers
- Introduced a risk assessment tool to help protect staff.

Our plan is to:

- Expand current infection prevention support to high risk settings so incidents receive timely response and support, this includes places such as nurseries, schools, universities and domiciliary care settings
- Commission Occupational Health support for care staff
- Implement a Standard Operating Procedure for recording and information sharing with Public Health England
- Provide financial support for increased infection prevention measures such as regular cleaning regimes in schools.

Theme 2:
High Risk Workplaces, Locations and Communities

High risk workplaces, locations and communities require additional support to stay safe or take the necessary action if someone develops symptoms of COVID-19. This may be for several reasons including:

- It is difficult to maintain social distancing
- Settings have been contacted by Environmental Health or Public Health and informed that they are high risk
- Employees are required to work within cold or refrigerated sections
- The building where more than one household live has shared facilities or lifts
- Groups of people are coming together for worship
- Groups of clinically or socially vulnerable people are present.

High risk communities may include people who sleep rough. Engaging with key partners who work closely with these communities is vital in addressing the health inequalities they face. This also means working closely with City of Wolverhampton Council Housing Team to ensure an appropriate place to self-isolate should it be needed.

What we have done so far:

- Ongoing dialogue with Wolverhampton's faith settings and community groups has allowed real time support for communities to stay safe and well
- Health protection guidance and advice has been shared with local organisations and businesses so they can operate safely
- The Royal Wolverhampton NHS Trust launched a COVID-19 Care Assistant App, an online symptom checker which highlights possible next steps. The COVID-19 Care Assistant gives a care plan, based on the latest guidance. It also offers residents to have a video consultation with a clinician via the website
- Provided extensive support to an emergency accommodation setting to help keep residents and staff safe. This has included daily assessments of staff and residents' health and wellbeing, cleaning, hygiene and social distancing.

Our plan is to:

- Identify, proactively engage and prioritise ongoing support for high risk settings based on risk and vulnerability
- Provide infection prevention guidance and tools which include environment and individual risk assessments
- Ensure rapid access to testing should a person from a high-risk setting become symptomatic
- Support settings to take fast action in the event of an outbreak
- Source high quality, high volume COVID-19 resources that settings can access directly
- Continue collaboration with Environmental Health to support places to be compliant with legislation. Enforcement will be a last resort where a location may cause a public health risk
- Continue to support The Royal Wolverhampton NHS Trust in promoting the COVID-19 Care Assistant App.

Theme 3:
Mobile Testing Units and Local Testing Approaches

Testing is a vital part of managing the risk of COVID-19.

Alongside the NHS Test and Trace Service, our local testing offer plays a vital role in identifying COVID-19 and preventing spread to others.

There are two types of test currently available for COVID-19; an antigen test for those with symptoms, and an antibody test to see if someone has had the infection in the past. In this section we are referring to antigen testing unless otherwise stated.

What we have done so far:

- In partnership with Wolverhampton Clinical Commissioning Group and The Royal Wolverhampton Trust, enabled the rapid set up of our local testing offer. This was established on 10 March and was one of the first drive thru testing sites in the country. Local testing has allowed for quicker turnaround of results, adding targeted testing capacity
- Implemented screening for all care home residents and staff in partnership with Wolverhampton CCG and Adult Social Care
- Established local testing pathways for Local Authority key workers, schools, foster carers and commissioned providers
- Worked with the Local Resilience Forum and regional partners to develop a rotational testing offer across the city for mobile testing units
- Worked with multiagency partners to adapt to changes in guidance to ensure testing options meet local need. This will be an ongoing commitment.

Our plan is to:

- Work closely with regional colleagues through the COVID-19 Combined Testing Group to establish a local Mobile Testing Unit and team
- Establish a permanent national mobile testing site in the city with the Local Resilience Forum and regional partners, that removes barriers for local people who cannot ‘drive thru’ at other regional centres
- Introduce a centralised booking system to prioritise testing capacity for symptomatic testing of key workers, complex and high-risk settings or communities
- Introduce reactive mobile testing units that can respond to potential outbreaks
- Expand local swabbing teams in partnership with The Royal Wolverhampton Trust to add flexibility and capacity to the local testing offer
- Utilise local testing units and swabbing teams for outbreak response when mass testing is required
- Continue to work with City of Wolverhampton Council Communications Team to create and share universal and targeted messages on why, when and how to get a test
- Roll out antibody testing in partnership with local NHS partners as part of wider surveillance.

Theme 4:
Contact Tracing in Complex Settings

Contact tracing plays a key role in preventing the spread of infection. Contact tracing is the process for:

- Identifying people who are positive for COVID-19
- Tracing anyone they have been in close contact with during their infectious period
- Isolating those contacts to prevent the onward spread of infection in the community.

Contract tracing of most people who have tested positive for COVID-19 is being undertaken by the NHS Test and Trace service. When one or more people test positive for COVID-19 in a complex setting where outbreak potential is high, our local Public Health England Health Protection team undertake a setting risk assessment and work closely with us to manage any risks.

Where necessary, larger scale arrangements for testing and infection control are brought together via the dedicated multiagency Incident Management Team. Joint leadership between Local Authority Public Health teams and Public Health England is well established, and bridges scientific expertise and local resources to achieve a robust and timely incident response.

Complex settings include care homes, educational settings, high risk workplaces , hostels/ homeless accommodation, faith settings and hospitals.

What we have done so far:

- Built on existing partnerships and arrangements that successfully manage outbreaks of flu and norovirus in high risk settings, working closely with Public Health England who lead on the risk assessment and joint oversight for incidents
- Established the weekly COVID-19 Outbreak Response Group, providing key responders an equal voice and opportunity to discuss all matters relating to incident responses, and to iteratively improve our local arrangements
- Established a Health Protection Stand-by Duty Team, allowing us flexibility and surge capacity for any larger incidents.

Our plan is to:

- Work in partnership with the Sustainability and Transformation Partnership and COVID-19 Combined Testing Group to develop a joint system that complements the NHS Test and Trace Service and uses local intelligence to identify and trace local contacts
- Develop the framework which sets out principles, describes decision making responsibilities, and outlines practical actions to be taken in the event of an outbreak
- Boost existing expert Infection Control arrangements and capacity that can be mobilised to support incident response
- Develop and refine assumptions to estimate future and potential demands and define options to scale up capacity to respond to worst case scenarios; this includes mutual aid from other areas
- Test our plans using simulated exercises based on likely scenarios.

Incidents and Outbreak Management in Complex Settings

Public Health England, as part of the NHS Test and Trace Service, will notify the Local Authority of COVID-19 positive cases. All incidents & outbreaks will be logged on a centralised database along with a record of any decisions and actions.

Local active case findings will also help identify incident or outbreaks at the earliest point possible, enabling a rapid response and reducing the spread of COVID-19. This will be done through local intelligence gathering and place-based monitoring.

For high-risk complex settings, Public Health England will lead on the incident response with support from the Local Authority Public Health team. The COVID-19 Outbreak Response Group will have oversight of all incident and outbreak management. This group will be co-chaired by Public Health England and Local Authority Public Health and will draw on representation and support from relevant local partners and specialist advice as required.

Public Health England will complete an initial risk assessment and agree actions to minimise the spread of infection and mitigate wider consequences of the outbreak. Potential actions include: infection prevention and control measures, closure of settings, addressing quality and safeguarding concerns, testing, contact tracing, support for self-isolation and enforcement.

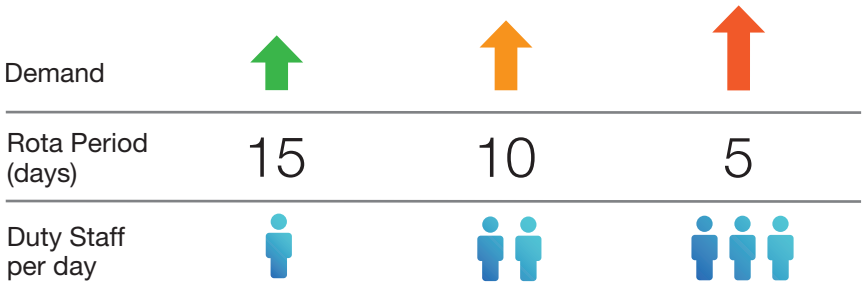
Testing will be offered for contacts identified within the setting. It will be organised through local arrangements and can be carried out at scale if required.

The COVID-19 Outbreak Response Group will review incident and outbreaks weekly, or sooner if significant events occur. They will assess infection prevention control measures and compliance.

They will also review the number of confirmed cases and any new possible cases. The outbreak will continue to be monitored until the outbreak closure definition is met i.e. no new cases in the last 14 days. At this point, the incident can be closed.

Capacity and Resourcing

A team of Public Health Specialists have been identified to form a Health Protection Stand-by duty rota. This will ensure protected resource to react to an incident or outbreak at any time. The rota can be flexed in capacity to meet the demand of local outbreaks:



The number and complexity of incidents and outbreaks will be the driver for demand on capacity. As demand increases the resources will be increased to maintain a quick response time.

Should a mass outbreak occur extra resource will be utilised from the wider Public Health Team to support.

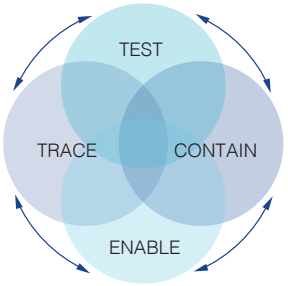
Environmental Health will also mirror an on-call standby by rota to provide additional support with incidents and outbreaks that fall within their remit.

Theme 5:
Data Integration

By combining multiple and new data feeds, the national Joint Biosecurity Centre will be responsible for providing a single authoritative information picture to local, regional and national decision makers to help them respond rapidly to any outbreak.

It builds on the UK's existing Public Health infrastructure and surveillance network, drawing on expertise from across government, industry and academia.

There will be a continuous data capture and feedback loop at each stage of the 'test, trace, contain, enable' process which flows through the Joint Biosecurity Centre to recommend actions.



Test - Rapid testing, at scale, to control the virus and identify its spread

Trace - Integrated tracing to identify, alert and support those who need to self isolate

Contain - Using data to target approaches to flare ups, at a local and national level

Enable - Improving knowledge of the virus to inform decisions on social and economic restrictions

We await further national information on the logistical arrangements for this service. Local Analysts and Epidemiologists are ready to interpret additional local data when this becomes available. Data will always be processed and held in a way that protects the privacy of our residents.

What we have done so far:

- Early in the pandemic, conducted local level epidemic modelling to allow local leaders to plan for the first wave and build additional capacity in their services
- Established access to the RWT New Cross Hospital COVID-19 dashboard, which gives a live picture of Emergency Department attendances, patients admitted with a positive test, Intensive Care capacity, and in-hospital deaths related to COVID-19
- Combined multiple data feeds from Public Health England, Office for National Statistics and NHS Digital into a local monitoring repository, which can be accessed by Public Health experts responsible for outbreak response. This provides information on cases and contacts reported to the NHS Test and Trace service, cases diagnosed by local NHS providers (Pillar 1 testing), tests and results from private testing laboratories (Pillar 2 testing), deaths registered in the community and hospital, data from the rest of the Black Country, and the trend in the estimated rate of reproduction – or R value
- Used national, regional and local data intelligence to drive local decision making.

Our plan is to:

- Establish daily dashboard to routinely monitor and identify any emerging issues or potential outbreaks
- Establish data flows to local authority from the Joint Biosecurity Centre to inform local outbreak planning
- Regular sharing of intelligence with system partners via the COVID-19 Strategic Coordinating Group to allow response teams and surge capacity to be mobilised when necessary
- Analyse all information available to us to understand the different impacts COVID-19 is having in our communities, and to highlight health inequalities that can be tackled.

Theme 6:
Vulnerable People

We have been and will continue to support vulnerable local people to get help to self-isolate and stay safe at home.

This includes people who are vulnerable or self-isolating due to higher risks associated with underlying health conditions, age, ethnicity or other risk factors. It also includes people who are required to self-isolate following notification from the NHS Test and Trace Service.

Support for these groups can include:

- Support to shop whilst shielding or self-isolating to ensure residents can remain at home
- Provision of emergency food parcels where residents have financial challenges
- Signposting to specialist services to assist residents with debt management, benefit advice, health and wellbeing support, social care needs.

What we have done so far:

- Established a dedicated phone line to support people who are shielding or non-shielding clinically vulnerable due to a health or medical condition and those experiencing financial difficulties
- Co-ordinated joint work across the system of health and social care with mental health services to ensure robust access to advice, guidance and support
- Trained staff to provide support to this group to allow them to self-isolate and access services to meet their individual needs, which includes volunteer support, assistance with debt and benefit advice, support for mental health or loneliness
- Embedded robust monitoring to understand and address local need and requirements of residents. This has allowed for focussed support and communications in identified localities and with specific communities where risk is considered higher or where need is greater.

Our plan is to:

- Establish flexible staffing capacity to support and assist the track and trace service (dependent on local demand)
- Use local data and intelligence to target specific locations and communities who have a greater need for support and assistance (this may include areas identified more as deprived and disadvantaged groups who are more at risk) using a place-based approach
- Continue a dedicated phone line to receive referrals for shopping, food or specialist services as required, supporting residents to self-isolate, shield and support themselves to remain safe and well
- Continue to work with community and voluntary sector partners to assist in to coordinate the offer and support residents
- Ensure that communications and information is available in a variety of languages, and suitable for those with disabilities to access
- Work with community partners, health and social care providers, and mental health services to promote community resilience and ensure residents have the right advice and support when needed.

Theme 7:
Local Boards

Sound and effective governance arrangements at executive, strategic and operational levels are critical in delivering our outbreak management response for the city.

Local flexibility within our governance structures is key to ensuring our response remains relevant and continues to be refined as we move into the next phase of living with COVID-19.

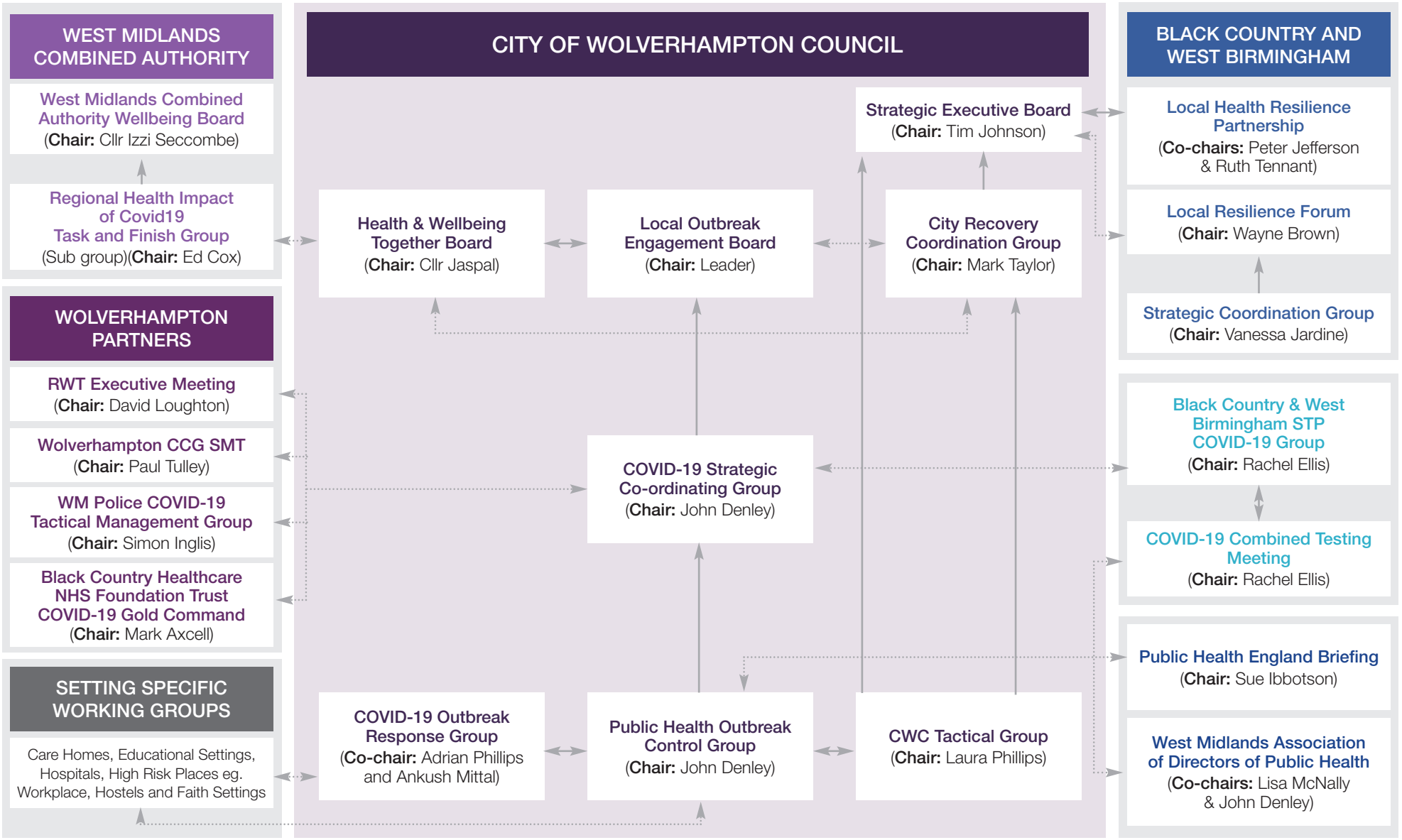
What we have we done so far:

- Built on already established city-wide multi-agency partnerships to strengthen system leadership during the initial response phase to COVID-19 enabling swift and effective decision making
- Established new multi-agency working groups as appropriate to ensure clear lines of communication and accountability for key decision making
- Held a virtual meeting of the Health & Wellbeing Together Executive to review data on COVID-19 and Black, Asian and Minority Ethic groups groups in Wolverhampton
- Provided strategic oversight and direction to public facing communications, including a special issue of the Health and Wellbeing Together Chair's bulletin
- Provide updates on the current situation throughout the pandemic to Senior Executive Board, the Leader and Elected Members.

Our plan is to:

- Review existing governance structures to ensure clear roles and responsibilities to ensure roles and responsibilities are clear to support and drive the Local Outbreak Control Plan
- Establish a new Local Outbreak Engagement Board to provide political ownership, public-facing engagement and communication for outbreak response, as a sub-board of Health & Wellbeing Together (Wolverhampton's Health and Wellbeing Board)
- Agree a partnership framework that provides accountability and oversight of Local Outbreak Control Plan across the system.

Our Local Governance Structure



Communicating our plan

Clear messages on what to do to stay safe and well, and where to get support, aim to reach everyone no matter where they live, work and travel.

Everyone in our city will be able to:

1. Help prevent the spread of the virus.
2. Be supported and know what to do when they have symptoms.
3. Be included in our local pathways to identify and contain an outbreak.

For our plans to be successful, local people, communities, partners, businesses and organisations must recognise and trust our approach. This means our communications plan is not just about sharing key messages. It is also about listening and engagement.

Our plan is to:

- Ensure strategic communications and engagement is overseen by the Local Outbreak Engagement Board. Local communications will be led by City of Wolverhampton Council Communications Team in conjunction with NHS Communications Teams and other partners as appropriate.
- Saturate the city with key prevention messages through our proactive strand e.g. social distancing, hand hygiene, use of face coverings etc. We will make use of static and mobile communication space e.g. bus stops, bin lorries, bill boards etc as well as our Stay Safe Be Kind website and all traditional comms channels. City-wide community engagement will support this phase and will involve key stakeholders including Councillors.

- Provide advice – aiming to ensure everyone who becomes unwell with symptoms of COVID-19 knows what to do. This is our supportive strand and includes how and when to get tested. It also reinforces the importance of self-isolation to prevent the spread and how to get help to stay safe.
- Focus on outbreak management through our reactive strand. Communications will be tailored to ensure that everyone knows what to do in the event of an outbreak. This also includes a suite of targeted resources to support high risk places and locations.

- The mode and frequency of communication will be dependent on risk. Where necessary communication and engagement will be targeted to reach different groups and settings as effectively as possible.
- In the event of an outbreak, the Director of Public Health will lead communications in conjunction with Public Health England. We will utilise our local governance structures to ensure that any information that needs to be communicated will be done so in a responsible and effective way.
- Our wider community engagement work will also complement our local Recovery and Relight campaigns as we build a new future for the city together.

	Prevention Messages	Support Messages	Outbreak Response
Universal	Key messages on how to stay safe and prevent the spread saturate the city's physical and digital spaces	Key messages on what to do when symptomatic, local testing offers as part of Test and Trace, and use of the app.	Proactive engagement strategy with communities along 7 themes of the Local Outbreak Control Plan and public awareness of how outbreaks are managed
Settings	Digital toolkit with downloadable resources on preventing the spread, including risk assessments for premises and staff	Clear support offer for what to do when have a potential case, including surveillance or priority testing in high risk settings	Use networks with settings to share messages on outbreak response and address concerns
Communities	Accessible messages to key communities and settings (eg. in other languages) by working with partners and trusted connectors	Targeted work with key community partners and groups to develop bespoke messaging and testing pathways (eg. for other languages and digitally excluded)	Build on relationships with key communities and groups to develop and share messages on outbreak response and address concerns

Challenges in delivering our plan

The long-term nature, breadth and complexity of our plan presents challenges for its implementation. There are a number of overarching challenges which relate to the principles set out in Our Approach:

Scale

The number and complexity of incidents or outbreaks are hard to predict. We will make use of smart surveillance to pick up on potential patterns of outbreaks as quickly as possible.

Capacity

Local Public Health teams are small and have a large remit to both prevent and respond to outbreaks as well as supporting the city with its wider health and wellbeing needs related to recovery. To be as effective as we can, we will continue to work in partnership and build public health capacity across our stakeholders and communities.

Returning to a new normal is inevitable, however we are still learning about and adapting to living with COVID-19. The next six to 12 months is likely to bring new complexities as a potential second wave and winter pressures combine. To minimise the impact, capacity will be bolstered across the system, with particular attention given to infection prevention and control measures and continuing active case finding to identify possible incidents early. Remaining vigilant is key.

Stakeholders

The pace of change can lead to confusion over roles and responsibilities. Ongoing communication is always required. We will ensure that our governance structures remain strong and collaborative reflecting the wide range of partners involved in this plan to allow us to keep stakeholders and communities up to date.

Integration and delivery

The interface between national, regional and local are complex and is likely to change and evolve as this phase of the pandemic progresses. A combination of having robust standing operating procedures between organisations such as us and Public Health England, and regular dialogue right through from national partners to local communities will allow us to deliver most effectively against the ambitions of this plan.

Communication and Engagement

As lockdown eases we know there will a series of changes to the Public Health advice our residents will be expected to understand and follow. We will have to work closely and continuously with a wide network of partners to shape and deliver this advice in a way that is accessible for our diverse communities.

Conclusion

Protecting the public from infectious disease outbreaks is one of the most important functions of Public Health. But with COVID-19, everyone has a vital role to play.

So far we have limited the impact of COVID-19 at a city level. As lockdown eases, and we begin to adjust to a new kind of normal, we must continue to do all that we can to prevent the spread of the disease. This includes continuing to develop and refine a very local response that meets the needs of our city.

As we move into the next phase of living with COVID-19 and traditional winter pressures emerge, a new combination of challenges present themselves. As partners, we all have invaluable contributions to make to identify new cases quickly and to control outbreaks when they occur.

We are confident that together, we are well equipped to manage and overcome the ongoing threat that COVID-19 poses and support the social and economic recovery of our city.

Supporting Documents

The Wolverhampton Outbreak Control Plan is underpinned by a suite of supporting technical and operational documents including:

- Wolverhampton Outbreak Control Action Plan
- Incident Management Protocol
- Wolverhampton Outbreak Control Communications Plan
- Local Boards Terms of Reference

By their very nature, this suite of documents is subject to regular change as systems and processes change, as new guidance or evidence is published, or as learning drives improvement going forward.

These documents are available upon request. If you would like a copy, please email: publichealth@wolverhampton.gov.uk

You can get this information in large print, braille,
audio or in another language by calling 01902 551155

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WCC 2048 06/20

Briefing Note

Title: COVID-19 and BAME Groups **Date: 8 July 2020**

Prepared by: Dr Kate Warren **Job Title: Consultant in Public Health**

Intended Audience: Internal ☒ Partner organisation ☒ Public ☒ Confidential ☐

1.0 Purpose

1.1 The purpose of this briefing is to provide an overview of the current issues and considerations in relation to the apparent differential impact of COVID-19 on BAME groups, at a national level, and specific to Wolverhampton.

1.2 Data and evidence are emerging, and although some key findings to date have been highlighted, it is important to recognise that conclusions may change as new knowledge is generated and findings are collated and interpreted, and that more work is needed to understand why differences have been observed, and what we need to do in response.

2.0 Summary of findings to date

National findings

2.1 A variety of reports have provided support to the observation that people from BAME groups are disproportionately affected by COVID-19. After taking account of age, socio-demographic characteristics and some measures of self-reported health, The Office for National Statistics (ONS) found the risk of a COVID-19-related death for people of Black ethnicity was 1.9 times that of White people. For Bangladeshi and Pakistani men and women, the risk was 1.8 and 1.6 times higher than for White people respectively.

2.2 A review published by Public Health England highlighted that age is the predominant factor associated with risk of death from COVID-19. Male sex, deprivation, and being from BAME groups were also associated with increased risk to a lesser extent.

2.3 Although relative risk of admission or death may be increased, absolute risk still remains low for individuals. This is especially true for younger people, since age is the strongest determinant of risk from COVID-19. The majority of people who are infected only have mild to moderate disease, and in fact some have no symptoms at all.

Local findings

2.4 In Wolverhampton, 35.5% of the population is from a BAME group (2011 Census), 18% are Asian, 5% are Mixed, 2% are Other, and 7% are Black. The age and sex profiles differ considerably by ethnic group.

2.5 Information provided by The Royal Wolverhampton NHS Trust shows that the majority of people treated for COVID-19 in Wolverhampton are of White ethnicity.

2.6 After taking age into account through age-standardisation (looking at the numbers we would expect in each group if the population age profiles were the same) and after looking at the proportions of people from BAME groups admitted compared with the proportions in the underlying population, these figures indicate that Black people are more likely to have been admitted to hospital with COVID-19 in Wolverhampton. This methodology accounts for age, but not for underlying health conditions or other factors which can affect risk (such as occupation), and so should be interpreted with a degree of caution.

3.0 Discussion

3.1 Combining all BAME groups together could create misleading findings, because BAME people are not a homogenous group; disaggregation (looking at subgroups, such as Pakistani, separately) should be done where possible. Data limitations at a local level mean that conclusions for subgroups are less reliable; relatively small numbers of cases and deaths, lead to a larger degree of uncertainty around estimates of risk.

3.2 Confounding factors (factors that vary by group and are related to the outcome, like age) make direct comparisons between groups difficult, and careful analysis and interpretation is required to determine whether this is a true association with ethnicity per se, or an unexplained third factor.

3.3 It is important to try and distinguish whether the association is due to an increased risk of exposure, of developing severe disease and being hospitalised, and/or of dying if you develop severe disease.

3.4 All studies have their limitations, especially since the true extent of infection in the community is not known, but there are clear signals that there is a differential impact between ethnic groups which can't be explained entirely by age, geography and deprivation.

3.5 Potential reasons for these differences include;

- Social and cultural reasons for differences in exposure
- Differences in exposure and protection by employment sectors
- Differing levels of underlying health conditions or physiological differences such as obesity, or vitamin D levels
- Genetic susceptibility

3.6 Furthermore, on top of the direct risks from COVID, due to social and economic disadvantage, the impact of control measures like lockdown is also likely to have a bigger impact on people from BAME groups. Wolverhampton as a City is more deprived on average than the UK, with over half of the population living in some of the poorest 20% of neighbourhoods nationally. There is disparity between ethnic groups; with the exception of White Irish and Indian, all other BAME groups in Wolverhampton are more likely to live in the poorest 20% of neighbourhoods than White British people.

4.0 Implications and Next steps

4.1 It is tempting either to dismiss any causative relationship until it is definitively proven, or to jump to misleading conclusions based on early findings. A balance must be struck. We must acknowledge the complex interplay of social, community, occupational and individual characteristics which are difficult to disentangle, and take appropriate and proportionate steps to protect people who may be at increased risk.

4.2 Members of the Health and Wellbeing Together executive group have discussed the information available to date and made a commitment to acting on several areas of work in response to issues raised. These are:

- Staff – we have a duty of care to protect staff at higher risk, including risk assessment and amended duties or redeployment, and appropriate provision of Personal Protective

- Equipment (PPE), but the risk associated with ethnicity should be balanced against the risk associated with age, sex and underlying health conditions. A local risk assessment tool for managers has been produced and shared with partner organisations, which will support these discussions with employees.

- Engagement – hearing the lived experiences of people from different communities, understanding stigma and fear, and the influence of faith, culture, and behaviour. Under the arrangements described in the Wolverhampton Outbreak Control Plan, all partners of the Board will be represented on the Local Outbreak Engagement Board, which will be chaired by the Leader of the Council. One of its key responsibilities will be to ensure adequate engagement with communities to understand how we can ensure that people feel supported and safe during these extraordinary times, and to establish two-way dialogue.

- Mitigating the impact of control measures – recovery plans for services and wider economy should be tailored according to need; all partners will take action to ensure that equity is taken into account during the reset of services, including better equalities monitoring and recording of ethnicity so that data is more reliable.

4.3 In addition to these local commitments, the Public Health England review made a number of recommendations which are expected to be implemented nationally. These include:

- Mandatory collection of ethnicity at death certification
- Culturally competent COVID-19 education and prevention campaigns
- Culturally competent disease prevention and health promotion programmes, focusing on healthy lifestyles and long-term conditions like diabetes

5.0 Recommendations

1. That the evidence is kept under review and any significant developments in understanding are 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.

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CITY OF WOLVERHAMPTON COUNCIL

Health and Wellbeing Together

A place based approach

8 July 2020

Agenda Item No: 10


Inspire trust and confidence
Deliver together
Empower people to innovate
Put people first
Raise the city's profile and reputation
OUR VALUES:PRIDE
A vibrant, green city we can all be proud of
Children and young people get the best possible start in life
Well skilled people working in an inclusive economy
More good jobs and investment in our city
Better homes for all
Strong, resilient and healthy communities
OUTCOMES:
Wulfrunians will live longer, healthier and more fulfilling lives, by benefiting from:
1
2
3
4
5
6

What are we trying to achieve for our city

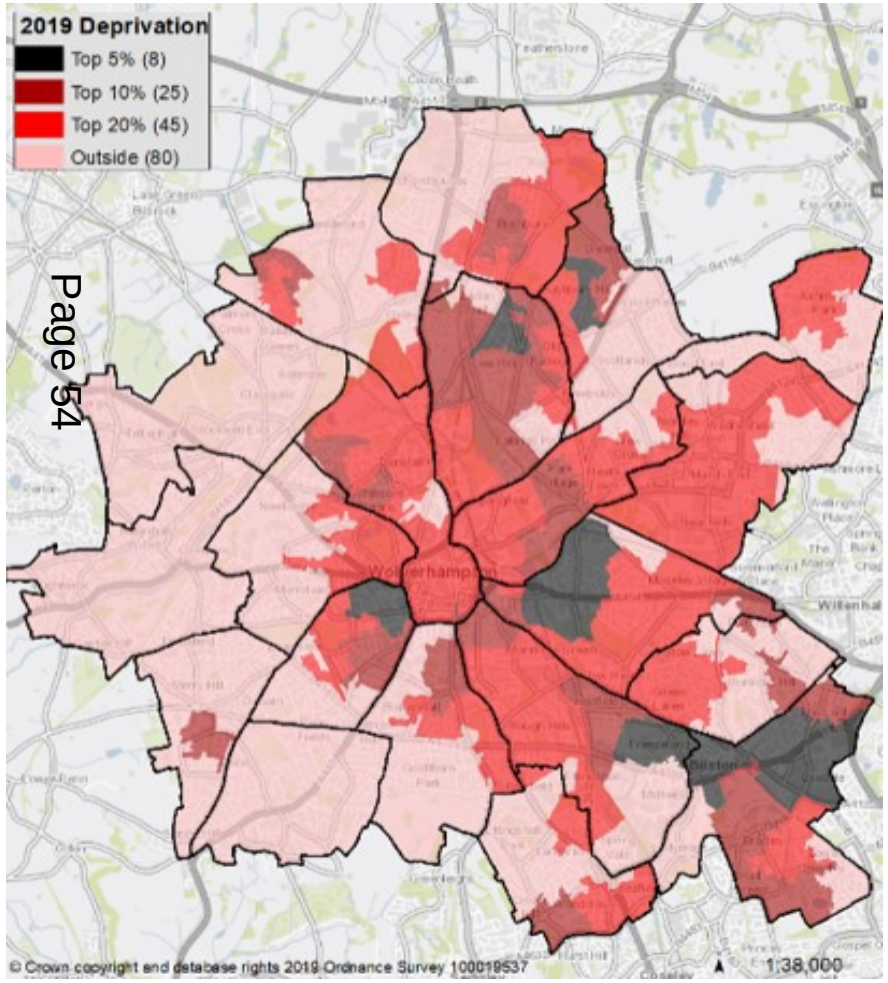
To reduce inequalities and ensure all our residents have an equal chance at a decent life

To make a tangible contribution using a place based approach

This is now even more necessary and requires a systematic and co-ordinated approach

Covid 19 impact and the wider impact on deprivation

City level deprivation and claimant count

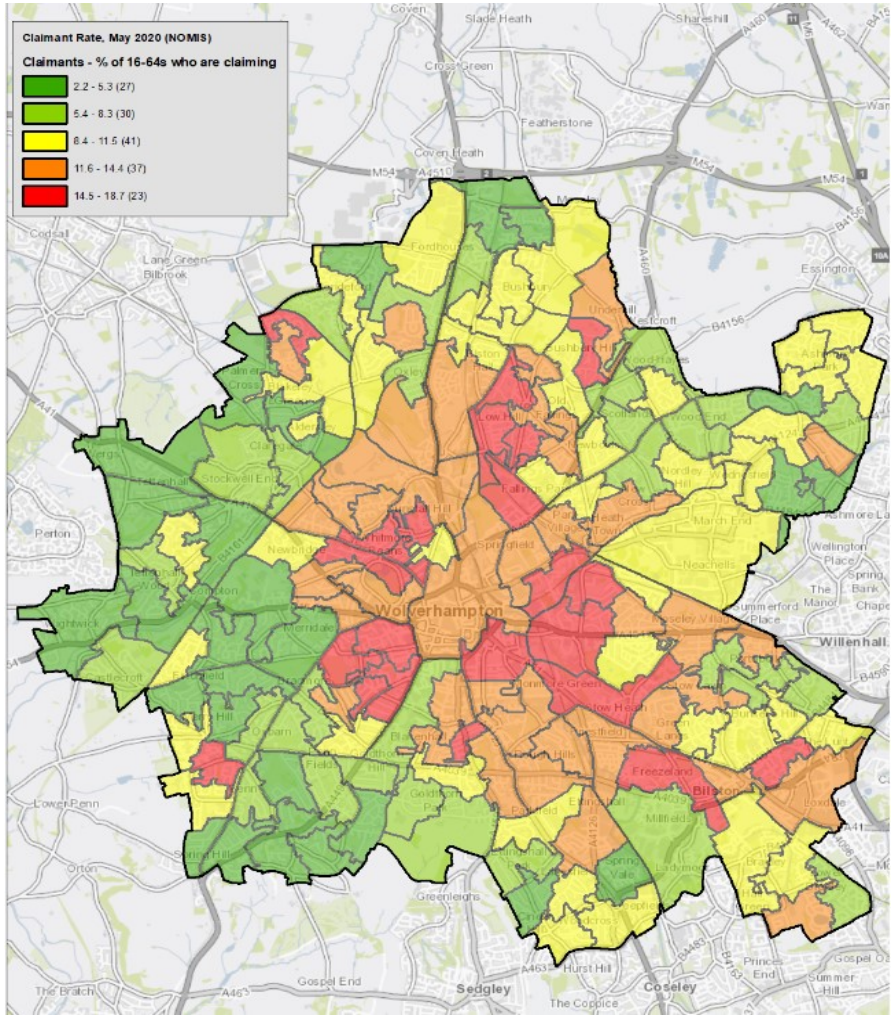


WARD ANALYSIS

The ward with the highest unemployment claimant count in Wolverhampton is St Peters. St Peters, East Park and Bushbury South and Low Hill all have an unemployment claimant count rate of above 13%.

Every ward except Penn, Tettenhall Regis and Tettenhall Whitwick have a higher unemployment claimant count rate than the England average.

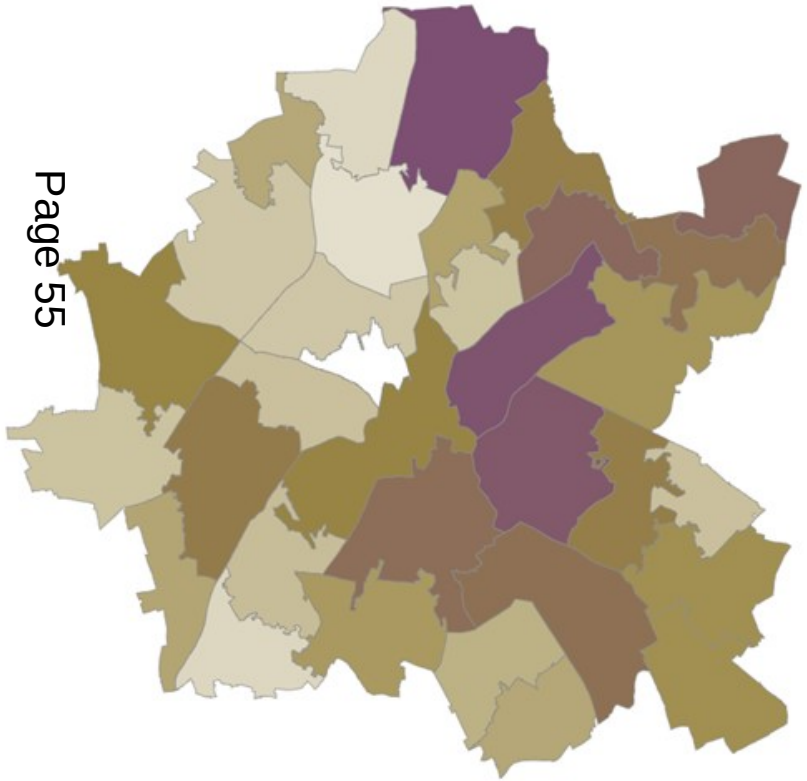
The gradient of the map showing unemployment claimants is similar to the map of deprivation although St Peters and Park are over represented. Although every ward has seen increases in the rate of unemployment claimants, the maps show that we can expect the most deprived areas of Wolverhampton to become even more deprived



Supporting those who are shielding or vulnerable

Support requested by residents during COVID-19 - Support to those shielding or vulnerable

NHS Extremely Medically Vulnerable
Shielding List



The darker the gradient the more people

People who used the Food Hub

COMMENTS

The majority of people registered for food hub deliveries were in the central, east or south east of the city. This is in line with our most deprived areas of Wolverhampton and those areas with the highest numbers of residents shielding

Covid 19 impact on employment

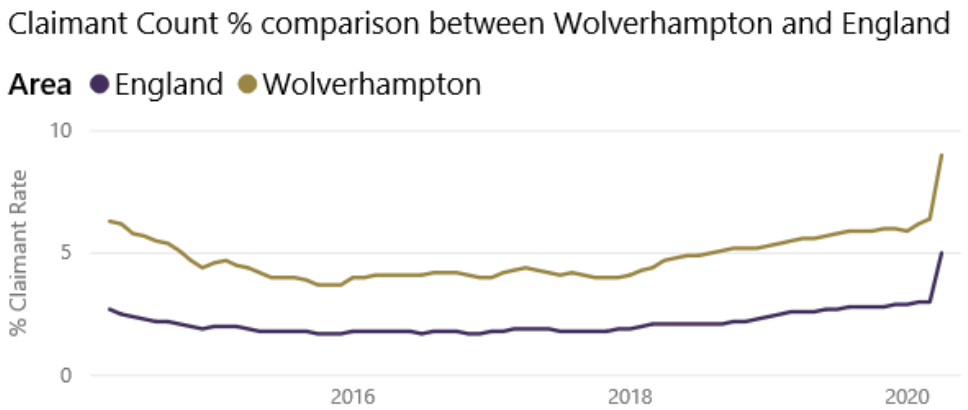
The effect of COVID-19 on jobs

Ward	Jan-20	Apr-20	Change	% Increase
East Park	8.5	12.2	3.7	43.53%
St Peters	7.4	11.8	4.4	59.46%
Bushbury South and Low Hill	7.7	11.3	3.6	46.75%
Graiseley	7.3	10.8	3.5	47.95%
Heath Town	7.4	10.7	3.3	44.59%
Ettingshall	6.9	10.5	3.6	52.17%
Bilston East	7.2	10.1	2.9	40.28%
Park	6.6	10.1	3.5	53.03%
Blakenhall	5.8	9.3	3.5	60.34%
Bilston North	5.6	8.7	3.1	55.36%
Fallings Park	5.8	8.6	2.8	48.28%
Oxley	5.7	8.6	2.9	50.88%
Spring Vale	4.9	8.3	3.4	69.39%
Wednesfield North	4.9	7.9	3	61.22%
Bushbury North	4.8	7.6	2.8	58.33%
Wednesfield South	4.7	7.5	2.8	59.57%
Merry Hill	4.5	7.2	2.7	60.00%
Penn	2.3	4.7	2.4	104.35%
Tettenhall Wightwick	2.3	4.5	2.2	95.65%
Tettenhall Regis	2.5	4.4	1.9	76.00%

JANUARY 2020 – APRIL 2020 CLAIMANT COUNT

Between January 2020 and April 2020, the number of people claiming unemployment benefits increased by 5045. Each ward has seen an increase of at least 40% in claimant counts.

Averages in East Park, St Peters, Bushbury South and Low Hill, Graiseley, Heath Town, Bilston East and Park are all over double that of the national average. This is before the end of the furlough scheme with job claimant figures only expected to rise through the year.

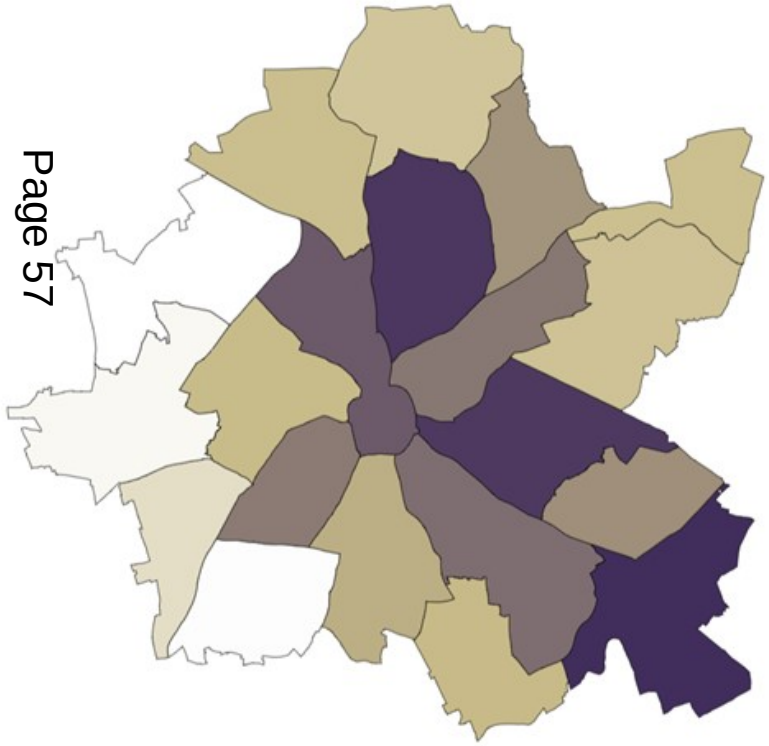


Increase in deprivation due to Covid 19

The effect of COVID-19 on jobs

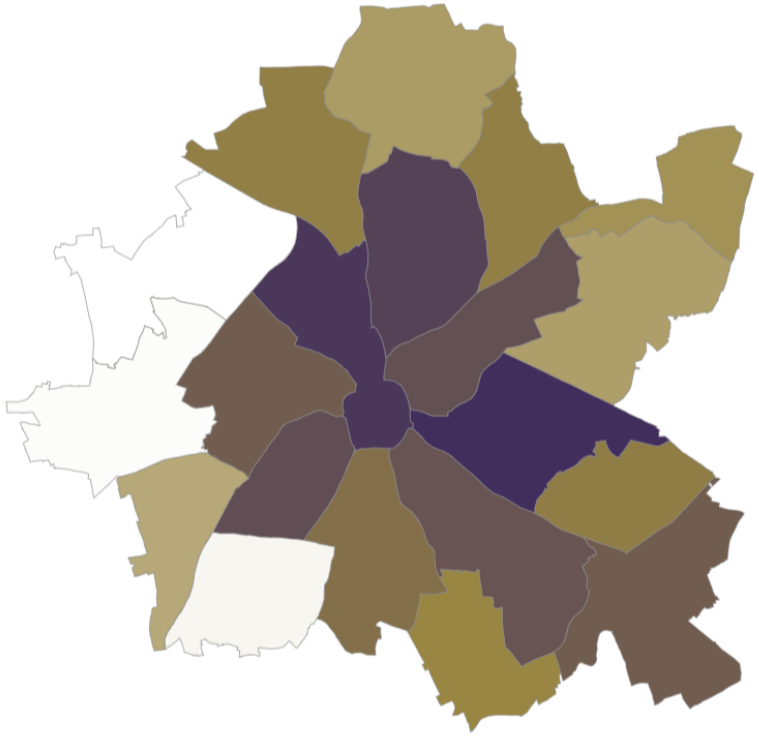
Deprivation scores 2019

DCLG



Unemployment Claimant Count

April 2020 16-64



The darker the gradient the more people

Comments

Unemployment claimant count mapping generally matches the latest deprivation mapping from 2019.

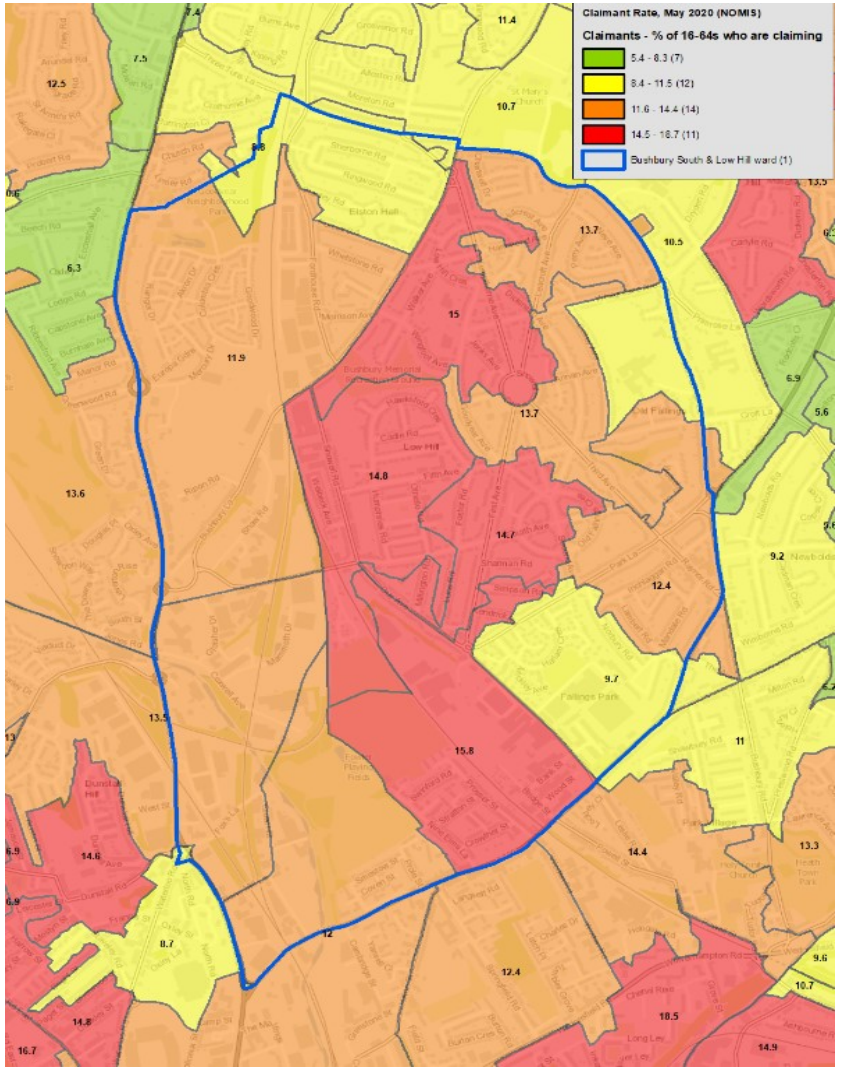
This means that we can expect an increase in deprivation across all areas with our most deprived areas becoming even more deprived due to COVID-19.

Focus at ward level

Example target area of focus

Bushbury South and Low Hill

- 16,297 resident population in 2018, the biggest ward in the city numerically.
- 2nd most deprived ward in the city, out of 20 wards.
- 1,135 claiming benefits in May 2020 because of unemployment, 13.3% of the working-age population (10.3% Wolverhampton).
- 287 children who began a Social Care episode in 2019/20 – a rate of 564 children per 10k compared to 438 per 10k citywide; this ward's rate is the highest in the city, out of 20 wards.
- 427 self-employed residents at the time of Census 2011, estimated self-employment support for 290*
- 4,075 jobs in this ward, estimated furlough of 1,159
- Estimated fuel poverty for 17.6% of households, 2nd highest in the city behind St Peter's (18.1%).

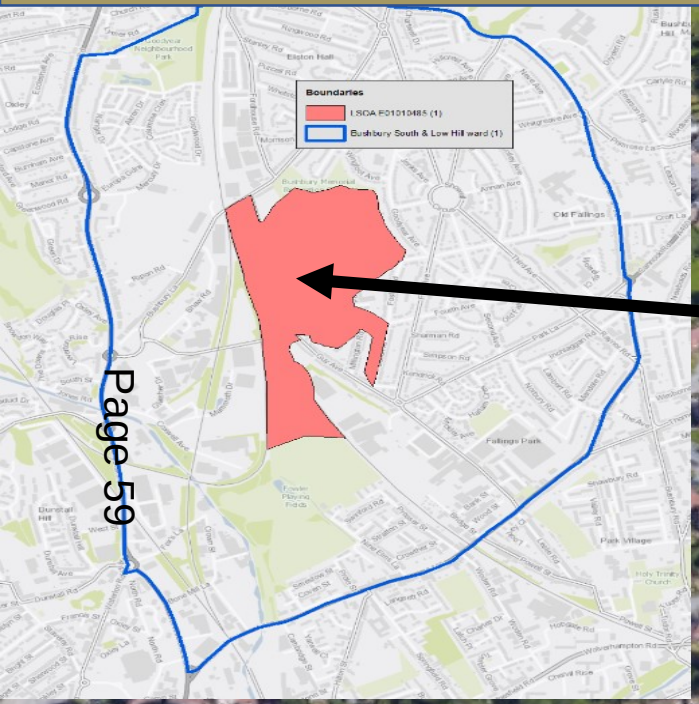


*Self-employed residents assuming citywide take up of 68% for Self-Employment Income Support Scheme (SEISS) is matched in this ward).

* Furlough - assuming citywide furlough of 28.4% for Coronavirus Job Retention Scheme (CJRS) is matched in this ward).

Applying the place based methodology

Focus on Lower Super Output Area (LSOA)



Bushbury South and Low Hill LSOA

662 households (as of 2018)

175 residents are not in employment (as of May 2020)

60% of households claiming Universal Credit are families (Feb 2020)

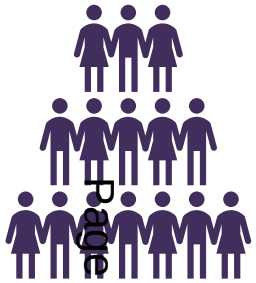
139 households are experiencing fuel poverty (2019)

15th most deprived LSOA (out of 158 in Wolverhampton, 2019)

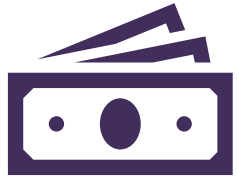
The crime rate is 84.5 compared to the city's 93.8 in the 19/20

Tipping the balance and targeting activity

Reducing wider impacts amplified by Covid 19



53 into sustained employment



78 Families no longer considered to be low income

55 reduction in fuel poverty

The potential for added value

Doing things differently

Before the crisis

We had started to carry out a number of activities to establish the people and areas with at risk cohorts including;

- Referrals to and from services
- Door knocking and community engagement
- PACT and community meetings

During the crisis

Emergency provisions allowed us to identify and contact;

- Over 80,000 people who were identified as clinically vulnerable
- Put measures in place to share data for the purposes of supporting our most vulnerable through data sharing provision

The gaps

- Lack of granular level ward and LSOA data on individuals and families
- Data sharing restrictions between LA, DWP and Health very limited

What has been achieved

- Provided targeting to those most at risk with essential support including basic provision, guidance and wrap around support
- Data sharing restrictions lifted between LA and Health for defined purpose to support those most vulnerable

The potential for added value

Where we want to get to

Moving forward and recovering

- Help **communities to recover** by co-producing sustainable solutions.
- Use **shared data and intelligence** alongside evidence from engagement with communities to **reduce the risk of increased inequalities** through tangible targeted activity.

The ask

- **Strategic collective agreement** and effort to utilise shared data and intelligence to inform how we work with communities going forward.
- Agree the collaborative systematic model and approach to tackling inequalities and supporting communities to **recover through a place based approach.**

Next steps

Embed the place-based approach in the city focusing on **20 streets/areas** to;

- **Reduce wider impacts and health inequalities** linked to and amplified by Covid 19
- Improve engagement with local residents to **build trust and participation** in their communities and prevention and outbreak efforts
- **Build on existing partnerships** and expand out networks of stakeholders
- Develop **evidence based interventions** through shared intelligence, shared learning and system connections with partners (CCG, STP's, NHS, Police, VCS)
- Development of **digital tools to improve connectivity** between individuals and families, communities, the city and the system.
- Maximising **Love Your Community, Project Relight and Stay Safe Be Kind** as community catalysts.

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Wolves at Work

Public Health - Mental Health Project

8 July 2020

Sue Lindup
Sukhminder Chahal

CITY OF WOLVERHAMPTON COUNCIL

Our mission:
Working as one to serve our city

wolverhampton.gov.uk

Wolves at Work – Public Health Project

Rationale

To deliver a short discrete programme over a 12-month period to support adults with health conditions, mental health, age 18+ into positive outcomes.

The offer included:

- Wolves at Work to provide enhanced 24 weeks in-work support (increased from the usual 12 weeks in-work support),
- Each client to be assigned a Work Coach; to receive coaching and mentoring support
- Clients to have access to Learning Communities – 4 bespoke pre-employability programmes with mental health focus funded by Public Health
- Clients to tick low mood indicators such as low mood, anxiety and or depression to receive support
- Clients to complete a well-being questionnaire called Warwick Edinburgh Mental Well-Being Scale (WEMWBS) to support Public health to evaluate impact.

The Outcomes included:

- 100 registered with Wolves at Work and provided with a dedicated work coach
- 20 volunteering opportunities
- 20 work experience opportunities
- 20 into work
- 20 into training
- 100 receiving coaching and mentoring support from Work Coach
- 50 completing the Warwick Edinburgh Mental Well-Being Scale questionnaire

Wolves at Work – Public Health Project

4 Bespoke Pre-employability Programmes to be delivered by Learning Communities			
Moving On	**Empowering Women**	**Mind at Work**	**Wrap Around Support**
To cover: - Self-esteem and motivation - Speaking and communication in public - Digital skills - Vision boards for journey and end goal - Trips and visits to training and employment - Preparation for work - 121 support from Wolves at Work Coach (24 weeks)	To cover: - Healthy relationships - Resilient Minds - Improving self-image and confidence - Increasing social contact - Group support and counselling - CBT - Access to information and services - Pathways and plans for progression and next steps - 121 support from Wolves at Work Coach (24 weeks)	To cover: - Coping strategies - Relaxation techniques - Increasing social contact - Access to information and services - Pathways and plans for progression and next steps - Referrals to - Healthy Minds interventions - Mental health in the workplace - 121 support from Wolves at Work Coach (24 weeks) -	To include: - Bespoke to individuals - Support and travel costs - Clothes for interview - Other training and up-skilling such as: CSCS card, DBS, etc - To be offered to individuals registered on the Public Health Programme
Wrap Around Support			
Each to be delivered 3 times over the year			
1 programmed delivered: 3 attended the 1st programme	**2 programmes delivered: 7 attended first programme and 6 attended the 2nd programme**	**2 programmes delivered: 12 attended the 1st programme and 11 attended 2nd programme**	

Wolves at Work - Public Health – Well-being Questionnaire

Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

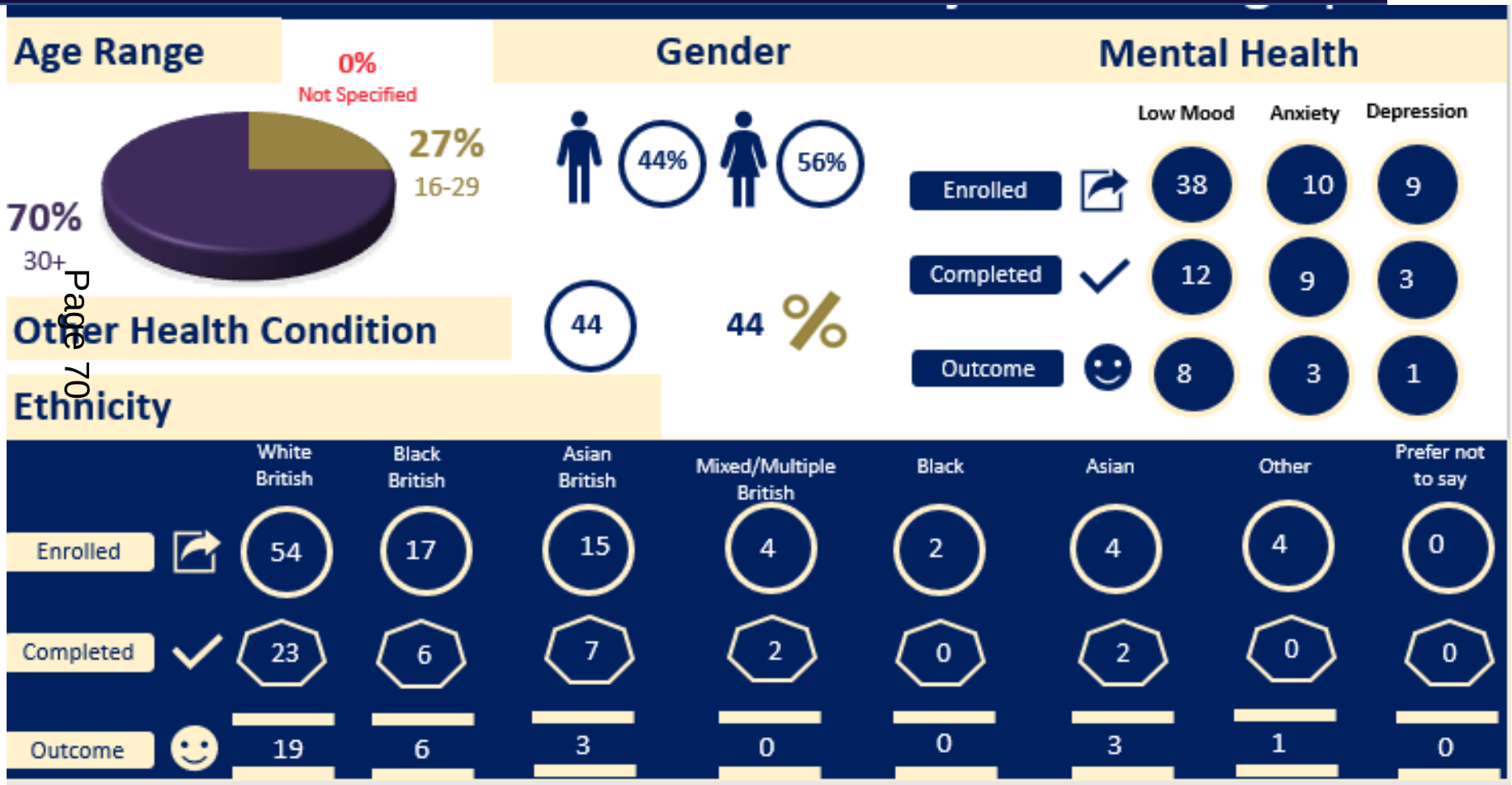
STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time	
I've been feeling optimistic about the future	1	2	3	4	5	
I've been feeling useful	1	2	3	4	5	
I've been feeling relaxed	1	2	3	4	5	
I've been dealing with problems well	1	2	3	4	5	
I've been thinking clearly	1	2	3	4	5	
I've been feeling close to other people	1	2	3	4	5	
I've been able to make up my own mind about things	1	2	3	4	5	

To be undertaken at the start of clients journey and at the end to demonstrate impact.

Wolves at Work – Public Health Outcomes

		Target	Outcome
1	Registered with Wolves At Work Public Health project	100	100
2	Into Work	20	11
3	Into Volunteering	20	3
4	Into Work Experience	20	7
5	Into Training	20	12
6	Receiving WatW Coaching / Mentoring	100	100
7	WEMWBS completed	50	23
8	WEMWBS in progress		22

Wolves at Work – Public Health Demographics



Wolves at Work – Public Health Case Studies

Case Study 1

Client B impresses Access to Business at interview

Client B was referred to Wolves at Work from Access2Business in 2019. **Client B had not worked for 11 years**, caring for her son who had specific educational needs and jointly caring for her grandson. Client B was volunteering at her local church and at Access2Business.

Client B greatly lacked self-confidence and disclosed she was suffering from mental health issues including low mood and depression. The Work Coach discussed her goals and aspirations and she revealed she had a degree in Special Educational Needs. Her Work Coach continued to coach and mentor her; and supported her to apply for various jobs.

A job vacancy was advertised by A2B, as an ESF Business Administrator. Her Work Coach supported her with the application and interview preparation. She was unsuccessful with the job, however, A2B were impressed with her, they weren't aware that she had a degree and created a Learning Support role for her working 10 hours a week.

This has given Client B the credibility she desired, her self-confidence is growing, and her mental health has improved greatly.

Case Study 2

Client S bags not one but two jobs after a successful work experience placement

Client S had been in the UK for a year but not worked in the UK and this seemed to be her main barrier. Client S is qualified to Masters level in Economics and had experience in accounts and finance working Brazil and New York.

The Work Coach discussed career options, reviewed her CV and helped her with writing applications. The Work Coach and Client S decided that gaining UK work experience was the first step to take. The Work Coach worked with the work experience lead in the Skills Team to identify opportunities in the Council.

Client S started work experience with the Direct Payments team who made her feel part of the team, helping her to gain more confidence. Client S applied for a few jobs and a fellow colleague in the Direct Payments supported her with a mock interview.

Client S successfully gained 2 jobs offers working as a data analyist and is now contemplating her options.

Case Study 3

Client S successful gained her level 2 in Care and a job with Promises of Care but struggled with her on-going anxiety

Client S had previously worked in administration for over 10 years. Unfortunately, she lost her job due to anxiety and depression. She had been unemployed for over 3 years when she was referred to Wolves at Work. Client S lacked confidence and motivation which impacted on her looking for work.

The Work Coach had an in-depth conversations with Client S and discussed various career options. She supported her with job search, updated her CV and supported her to apply for numerous jobs online. She also supported her to register for the NVQ Level 2 in Care.

Client S successfully gained her NVQ level 2 in Care in 2018, she was then referred to the Mind at Work course delivered by Learning Communities in November 2019, on completion she was offered a job with Promises of Care in December 2019. However, she dropped out of this a few weeks later due to her ongoing anxiety and finding the hours to difficult to manage.

Wolves at Work – Public Health Barriers and Benefits

Barriers:

- Clients not wishing to tick the low mood indicators or admit that they might suffer from low mood, anxiety and depression.
- Customers having multi layered barriers, not just one barrier to overcome.
- Takes longer to build a rapport with customers that are accessing the Public Health project.
- Work Coaches understanding of mental health or initially the lack of understanding of mental health.

Benefits:

- Seeing the improvement in clients when they complete the second part of the questionnaire.
- Seeing clients engaging, building confidence within their work experience and then gaining a job, resulting in a more positive attitude/outlook.
- Customers learning new coping mechanisms, making friends on the Learning Community courses, relating to others in similar situations, resulting in more social interaction and improving their well being.
- Seeing a client progress, even if it is onto a course, after all the years that they have not been able to engage in society due to their mental health or disability as they had seen it as a barrier.
- Supporting clients to access work experience and volunteering – helps to provide a better pathway into work.

What are Work Coaches doing differently as a result of the project?

- WEMWEBS provides a tool to analyse where the client is at mentally and emotionally.
- Taking into consideration the effects mental health has on the customers daily lives, work and learning.
- Learning wider base of skills and knowledge working with a broader client base.
- Being more empathetic to a client's circumstances and barriers, and learning how to progress them to move towards a better future.
- Using Mental Health training and knowledge gained to support client group.
- Internal departments and companies have been willing to provide opportunities and to give people a chance, when Public Health is mentioned.

Any questions?

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The Royal Wolverhampton NHS Trust	**Health and Wellbeing Together Board** 8 July 2020

Report title:	Health & Wellbeing and Workforce Resourcing
Report of:	Alan Duffell Director of Workforce The Royal Wolverhampton NHS Trust
Portfolio:	Workforce

Recommendation(s) for action or decision:

Health and Wellbeing Together is recommended to:

1. Note the report.

1.0 Purpose

As an NHS Trust of over 10,000 employees, the importance of focusing on the Health & Wellbeing agenda, as well as ensuring we have an ongoing workforce supply pipeline. The purpose of this report is to outline how RWT is addressing these two critical areas.

2.0 Staff Health & Wellbeing Overview

The Trust's wellbeing approach has been developed along the lines of five elements of wellbeing. This approach supports the Trust's strategic objective to *"Attract, retain & develop our staff & improve employee engagement"* and its aspiration to be the employer of choice within the Black Country.

In August 2019, the RWT set out its strategic approach to staff wellbeing with five primary elements:

- Career wellbeing
- Mental and Emotional Wellbeing
- Physical Wellbeing
- Financial Wellbeing and
- Community and Social Wellbeing

2.1 Career Wellbeing

Career wellbeing recognises the links between staff experience, engagement and the quality of care that is provided to patients and service users. Career wellbeing is concerned with:

- Ensuring a good working environment that goes beyond health and safety
- Role clarity developed through the good job design and an effective appraisal
- Training managers to develop capability and capacity for supporting employee wellbeing
- Ensuring effective communication, particularly at the level of the department
- Developing the Trust's approach to recognition, ensuring good practice is recognised and rewarded
- Ensuring that staff are supported to pro-actively manage their own wellbeing.

2.2 Mental and Emotional Wellbeing

The approach recognises two closely related aspects of mental and emotional wellbeing. In the Trust's model, whilst it is recognised that the two aspects are closely linked, there is a parallel with physical wellbeing where one experiences physical health (or ill-health) related predominantly to the health conditions they may have together with physical wellbeing where one seeks to enhance their wellbeing by for instance eating well and undertaking physical activity.

The strategic approach includes interventions designed to support staff, where possible to maintain a position of high mental wellbeing and low mental illness.

2.3 Physical Wellbeing

Similar to that of Mental and Emotional Wellbeing, it is recognising the importance of moving beyond the traditional definition of good physical health. In view of this, the Trust aims, to support staff to maintain their physical health and to improve the overall fitness of staff, lessening the risk of health conditions developing. Alongside this, where staff do experience physical ill health, the Trust is committed to supporting staff to access the treatment they need in as timely a fashion as possible and to minimise the impact of health conditions through adjustments and other support measures.

The Trust makes available health assessments for staff and is taking action to support improvements in:

- Physical activity - strength, flexibility, and endurance
- Nutrition and diet - nutrient intake, fluid intake, and healthy digestion
- Alcohol, smoking and drugs - the abstinence from or reduced consumption of these substances
- Rest and sleep - periodic rest and relaxation, along with high quality sleep
- Rapid Referral to treatment – supporting staff to return to fitness

2.4 Financial Wellbeing

The financial wellbeing element of the approach highlights the importance of financial health for staff and the impact that can have on physical, mental, emotional, career and community, as well as social wellbeing. This focusses on:

- Providing financial education and tools for staff;
- Providing access to financial support including cost effective loans to avoid the need for staff to access high cost credit;
- Signposting to key services such as the money advice service and citizens advice bureau
- Putting in place a range of salary sacrifice schemes to enable staff to access their reward package in a way that best supports them and makes their benefits package go further.

2.5 Community and Social Wellbeing

Community and social wellbeing relates to the Trust recognising the opportunity and responsibility that comes with being the largest employer in the city. It recognises how the Trust works with partners such as the City of Wolverhampton Council, other healthcare

providers and the University to provide the very best experience for people living and/ or working in Wolverhampton and seeks to ensure the Trust:

- Communicates the initiatives that staff and the wider community can be involved in
- Empowers self-organised groups to have positive impact at scale across the Trust

2.6 Key H&WB Delivery Areas

There has been considerable success in the early aspects of the Health and Wellbeing agenda, including:

- The establishment of the strategic approach to Health and Wellbeing with Board level commitment and sign off;
- The establishment of a calendar of Health and Wellbeing events, which have included in 2020:
    - *'New Year, New You'* with a focus and healthy eating and drinking with 'Dry January';
    - Time to Talk day on 7 February with promotion around talking about mental health issues through social media, face to face stands across the Trust; and
    - Nutrition and hydration week between 16 and 22 March which was managed as a virtual campaign.

- Development of training and tools to support line managers in positively impacting their employees' wellbeing.
- Trained over 50 staff as *Mental Health First Aiders* to support staff in the Trust
- Put in place an Employee Assistance Programme offering a 24/7 helpline, including confidential telephone counselling 12 hours per day and online access to a range of resources, and financial and legal advice to all staff;
- Established a service with Remploy to support staff with mental health problems – upon referral individuals are supported by a case manager who develops a 9 month plan to support staff members;
- As part of the British Medical Association (BMA) Fatigue and Facilities Charter invested in rest facilities for medical staff, including in the Doctors' Mess with comfy chairs, improved IT facilities, sleep pods and improved on-call facilities;
- Mindfulness sessions have been put in place with good uptake from staff;
- Reflexology is available for staff, provided through the Occupational Health and Wellbeing Service
- Partnered with a weight management service to provide on-site support to staff at their place of work
- Partnered with Neyber, a financial services provider to give access to financial support tools and to low cost loans for staff

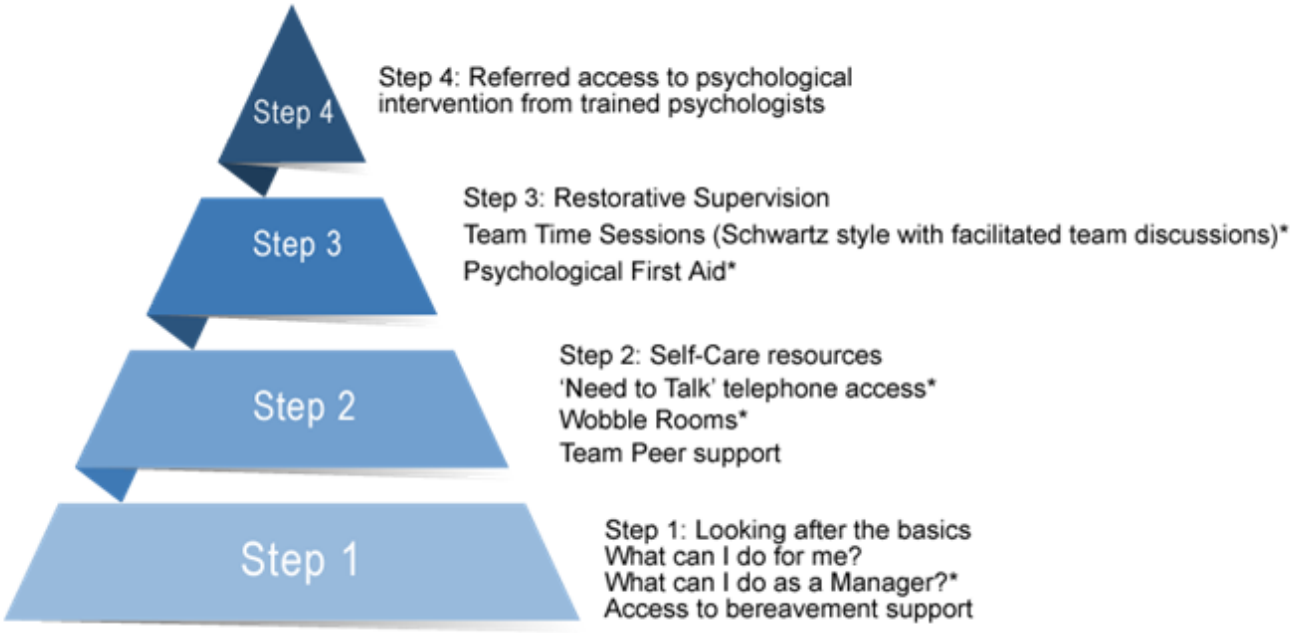
3.0 H&WB (Covid-19 Focus)

Inevitably, the delivery of the H&WB approach has been impacted by unprecedented circumstances surrounding Covid-19, however, there are been significant elements that have

been accelerated or developed further than initially intended in response to the Covid-19 situation.
The support that has been put in place at this stage has been based around the segments set out in wheel shown, with the offer available through an externally accessible website. This has been particularly important given the significant number of staff the Trust currently has working away from Trust premises, in some cases using their own IT facilities and without easy access to Trust systems.
As shown, the support is organised into the key elements for accessing the support.

3.1 Psychological Wellbeing

In the model that has been developed as part of the Trust's response, the Psychological Support offer is built around a specific support, recognising that different psychological



levels/states require different input. In response to this, the psychological support offer often draws on the proactive elements that would otherwise be part of the suite of interventions designed to maintain emotional wellbeing.

3.2 Emotional Wellbeing

This element of the wellbeing support offer is grounded to a large extent in maintaining emotional wellbeing in general and within the context of the Covid-19 pandemic and thereafter.

3.3 After Work Wind Down

This aspect of the support is in the form of signposting and general advice; it links staff with:

- The 'Calm' App – supporting meditation and sleep;
- The Headspace App (should probably link to the NHS free access);
- Audible Audiobooks
- Amazon Kindle App

As well as links to apps such as those above, the website provides prompts to fully wind down and links to videos on hand reflexology and free mindfulness classes. This element also refers back to the emotional wellbeing page for those who may consider they have a particular need for further support.

3.4 Physical Wellbeing

The support offered in this section is again general advice and signposting. This has been further developed over recent weeks with this part of the website now split into drop down menus covering; indoor and home gym exercises, apps, websites, gentle exercises, and children's exercises. The Apps section includes a range of training apps, such as 'Nike Training Club' and 'Simply Yoga', which are currently available for free. The website section directs to a range of websites covering live streamed online activity classes and videos classes on you-tube from high intensity workouts to yoga exercises.

3.5 Practical Support

There are a range of interventions in place to support staff in a practical sense, much in this section directs to services that are set out in other sections of this paper such as Mental Health First Aid and Restorative Supervision. There are a range of other options, including:

- Signposting to other services not covered elsewhere; Occupational Health, Health and Wellbeing Champions and the Freedom to Speak Up Guardian;
- Practical advice in relation to Money matters including signposting to the Trust's financial wellbeing partner, Neyber;
- Information on free services such as car parking (including how to access it for staff who do not normally work on the New Cross site) and free breakdown cover offered by the AA;
- Food outlets on the New Cross site including the arrangements with HMD Fruit and Veg (including the text ordering service) and the Pop-up Shops at Cannock and New Cross.

Details of supermarket opening hours for NHS Staff and key workers are kept updated in this section.

3.6 Staff Benefits

The benefits sections, brings together the staff benefits accessible to Trust staff, including:

- The Employee Assistance Programme, 24/7 advice and support is available for staff.
- Financial support through Neyber.
- 'Every Mind Matters' NHS support
- Remploy Access to Work mental health service – an on referral service where Remploy support a 9 month programme to help people to get back to/ to stay in work with mental health issues
- Staff Travel Card Scheme
- Salary Sacrifice Car Scheme
- Cycle to Work Scheme
- Carer Support Team as part of the Adult Social Care Service in Wolverhampton;
- Selling of Annual Leave
- Home electronics salary sacrifice scheme

In addition to the H&WB actions previously outlined, there has been a need to implement additional specific support in response to COVID-19, this support has taken the form of:

- Decompression support, listening to staff which has been provided through the Safeguarding and Bereavement teams within the Trust;
- Peer Listeners, with the support of coaches, mentors and other facilitators trained across the Trust;
- Provision of 'Team Time' – a new reflective service for teams that has been developed by the Point of Care Foundation. This is facilitated by the Trust's Schwarz Round facilitators;
- Health and Wellbeing Champions and Freedom to Speak-Up Contact Links working to provide support to staff and a place to raise issues;
- Provision of Mental Health First Aid virtually, using MS Teams;
- Publication of and access to the national wellbeing offer:
    - Support telephone lines run provided by the Samaritans;
    - Wellbeing Apps offered through Headspace and UnMind;
- Referral to specialist counselling and other psychological support services including:
    - External counselling support – available to groups and individuals;
    - One to one counselling support provided by Black Country Healthcare NHS Foundation Trust

Finally, it has become very clear in recent weeks the importance of effective staff risk assessments that incorporate key aspects such as:

- Ethnicity
- Underlying health conditions
- Age
- Pregnancy

To that end, a staff risk assessment tool has been developed, in conjunction with a range of agencies, to be used within the Black Country & West Birmingham STP. The framework is currently being applied within RWT.

4.0 H&WB – Looking Forward

It is recognised that the Wellbeing agenda is significant and of critical importance at this time. Looking forward as part of the Trust's approach, the specific aims relate to:

- Further raising the competence of leaders, managers and staff in relation to priority areas for health and wellbeing through a Trust conference. This is likely to focus on mental health and emotional wellbeing and may be held virtually in the autumn, recognising the challenges faced in respect of social distancing
- Further embedding the approach to flexible working across the Trust linked to the effective deployment of rostering systems;
- Implementation of 'employee voice groups' for carers based on the successful model in place for BAME and staff from other groups, such as disabilities and armed forces
- Further increase the numbers of Mental Health First Aiders across the Trust
- Targeted deployment of health assessments to those most in need
- Further develop the 'fast-track' referral pathways for staff
- Development of a voluntary services directory capturing the work of Trust staff and opportunities for others to be increasingly involved in the community.

Further work across Wolverhampton and the wider healthcare system includes:

- The development of joint health and social care apprenticeships with apprentices working and developing across the wider sector;
- Developing a mechanism where those who are disadvantaged, including because of health conditions, can access roles in the Trust, such as on a work placement leading to longer term employment if the placement is successful;
- Holding joint jobs fair to specifically promote careers across the broader health and social care sector in partnership with City of Wolverhampton Council colleagues.

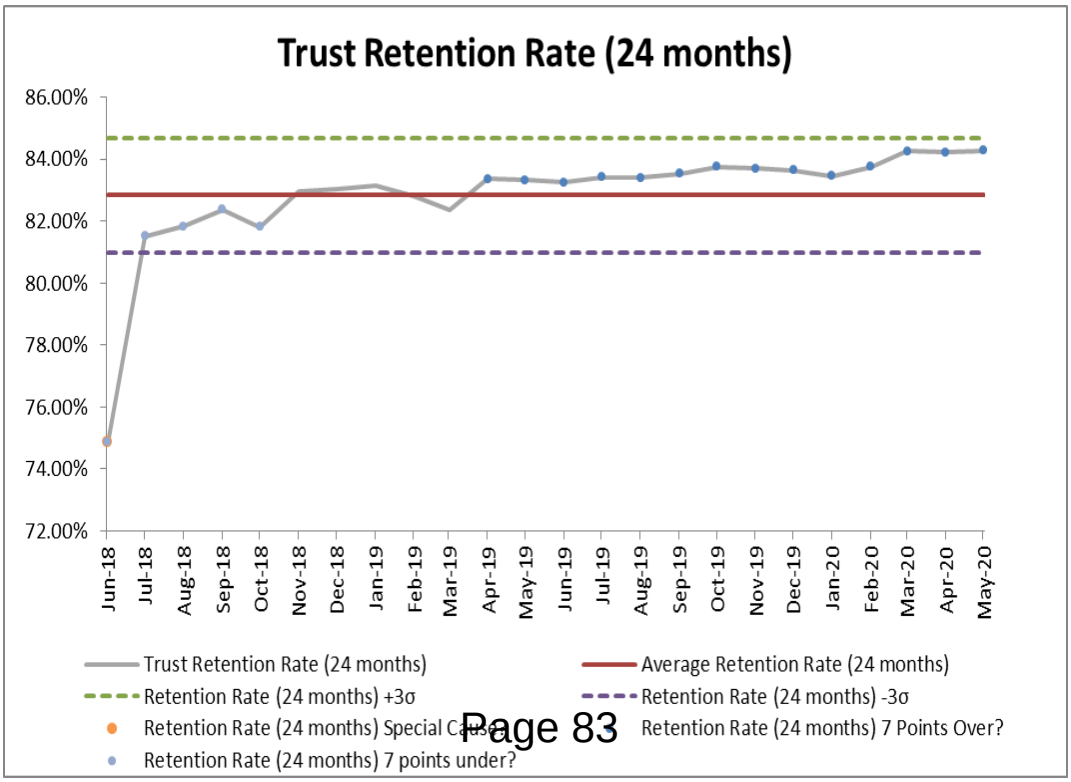
5.0 Addressing the Staff Resourcing Challenge

In understanding how RWT is addressing the resourcing challenge, efforts are currently being focused on four key areas, although in a number of projects there will be some significant overlap. These four areas are outlined in the model below:

5.1 Attract & Retain

There is a significant national focus on the retention agenda given the limited supply of available workforce. In support of this agenda the Trust has signed up to the national staff retention programme. As well as focusing on retention, there needs to be further efforts on how we attract staff to RWT, as well as potentially how we reach/attract previously untapped communities.

The following graph describes our 24 month retention profile:



5.2 Productivity

Much of the workforce productivity agenda has been in relation to e-rostering, with a focus on improving; unused hours, spread of annual leave and time scale to signing off rotas. The reduction of sickness absence is also a key component. Looking forward, the Trust is continuing to expand this area of work with the application of e-job planning and e-leave for our medical consultant body.

5.3 Development

Much of the development activity, with regards resourcing, relates to new roles, expansion of the apprentice agenda, growing our own approach and focused development initiatives to meet specialist clinical needs. An example of this type of work development includes the use Trainee Nurse Associates and Physician Associates.

5.4 Recruitment Process & Supply Streams

This section is broken down into two key components, our processes and our supply streams.

5.4.1 Recruitment Process

The Trust has moved to a centralised approach to recruitment, in order to ensure consistency, coordination and quality of recruitment across the organisation. This is further supported, at the same time, with the implementation of TRAC, which is an electronic applicant tracking system which provides improvements in recruitment, as well as clear visibility, monitoring and performance reporting against the recruitment process.

The Trust has already seen significant achievements with the large scale (*recruit in a day*) recruitment events. In implementing both the large scale events, as well as standard recruitment approaches, significant use of social media is now being made to reach out to potential candidates.

5.4.2 Supply Streams

As a Trust we continue to look at a range of workforce supply mechanisms. For medical staffing, the Trust continues to make excellent use of the Clinical Fellows programme to bring in high quality staff from overseas. This has also been expanded into the Nursing Fellows programme. Recognising that there will always be some need for a more flexible/temporary workforce, the aim has been to expand the Trust bank, particularly for medical and nursing staff.

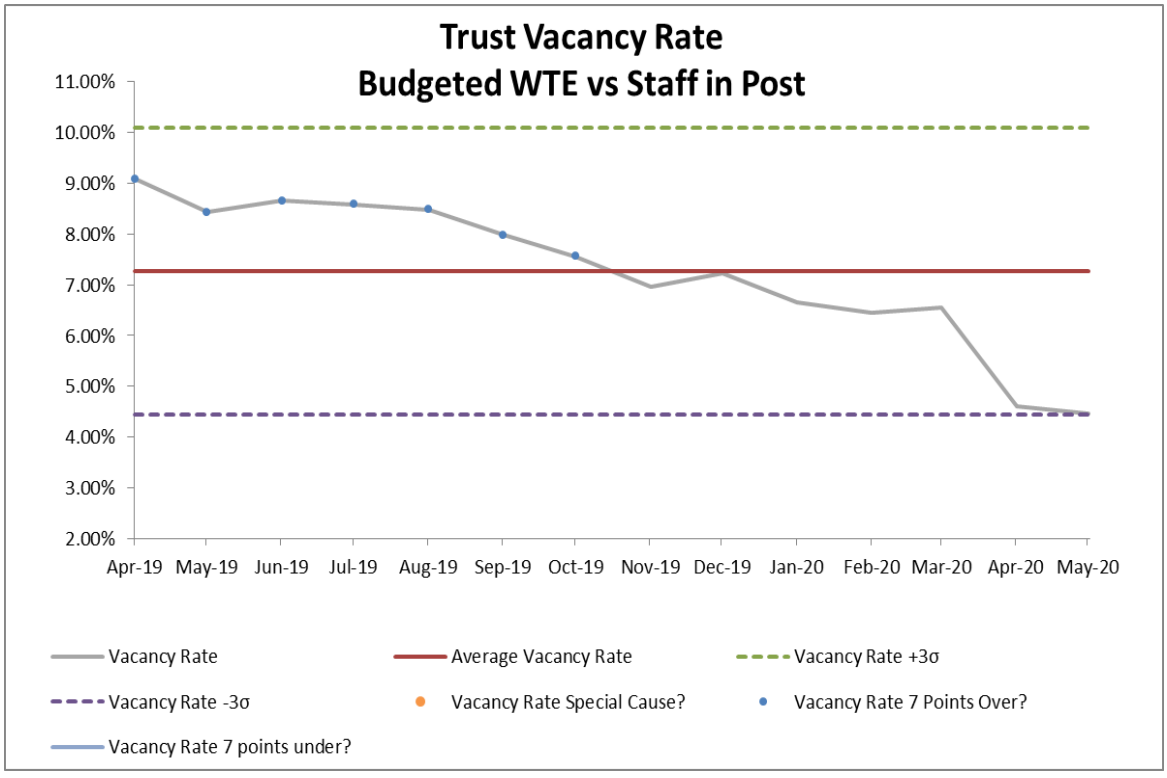
In order to further expand our workforce supply options and as part of our Corporate Social Responsibility, RWT has signed the Armed Forces Covenant

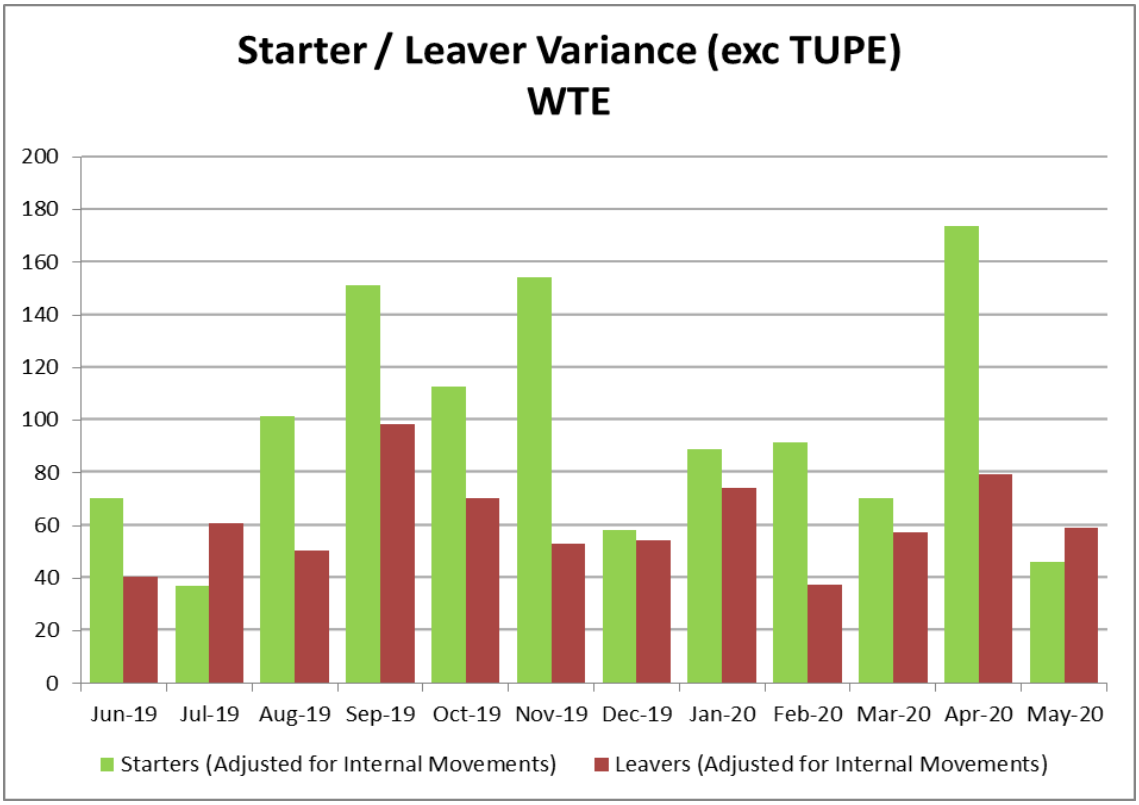
and signed up to the national Step into Health initiative, all with the aim of taping into the skills and experience of ex-service personnel, which may help address some of the supply gaps within RWT. The Trust has recently gained its Silver Award and has now submitted a nomination for the Gold Award

A summary of expanded workforce supply options, beyond just our local supply, is listed below:

- Clinical Fellows
- Nursing Fellows
- Overseas nurse recruitment
- Apprenticeships
- Armed forces personnel

In order to outline the progress that the Trust has made, the following two graphs depict our reducing vacancy levels and our new starters versus leavers.





5.5 Cross Community Recruitment/Resourcing

There are a number of work streams concerned with supporting people across the wider community. The Trust has been working with the City of Wolverhampton Council on developing the links between organisations to support this agenda. The work has resulted in:

- Working with 'Wolves at Work' to ensure that citizens accessing those services have good access to the Trust's apprenticeship vacancies – the Trust has a page on the Wolverhampton Workbox;
- The Trust has participated as an employer in the Wolverhampton City Jobs Fair in September 2019 and would intend to be part of the 2020 fair subject to Covid-19. These jobs fairs offer a great opportunity to share details of vacancies with people who might traditionally not consider a career in health and social care;
- The Trust has also put in place a statement in correspondence to unsuccessful candidates in which it directs unsuccessful candidates to the support that is available through the WorkBox;
- The development of a roaming recruitment fair across the STP marketing jobs in Health and Social Care;
- Joint work across the city, including the provision of staff testing in respect of Covid-19 and joint work with Public Health colleagues in the development of a system wide tool for supporting vulnerable staff.

Alan Duffell
Director of Workforce

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Briefing Note

Title: Public Mental Health During the Covid-19 Pandemic (Adults) **Date: 22 June 2020**

Prepared by: Jamie Annakin **Job Title: Principal Public Health Specialist**

Intended Audience: Internal ☒ Partner organisation ☒ Public ☐ Confidential ☐

1.0 Purpose

1.1 To provide members of the Health and Wellbeing Together Board with an update on Public Mental Health (PMH) approaches by City of Wolverhampton Council (CWC) and strategic partners to promote adult population mental wellbeing and provide support pathways for adults experiencing mental health problems during the COVID-19 pandemic.

1.2 To outline future PMH workstreams including a review of CWC digital support pathways to ensure universal mental health promotion messages are cascaded across the City, strategic partnership work to facilitate mobilisation of community support networks for mental health service users and carers, understand the impact Covid-19 has had on mental health across the City and the provision of support to those most at risk of mental health problems.

1.3 To provide an update from the Suicide Prevention Stakeholder Forum (SPSF) on activities cross sectoral partners who coordinate delivery of the City's suicide prevention strategy and action plan.

2.0 Background and Context

2.1 A Public Mental Health approach aims to ensure people feel good, and function well, including a focus on mental health promotion, mental illness prevention and recovery throughout the life course. Key goals include, reducing inequalities in mental health and wellbeing and promoting access to care and support, as well as challenging stigma and supporting recovery.

2.2 CWC and Wolverhampton Clinical Commissioning Groups (CCG) 'Public Mental Health and Wellbeing Strategy 2018-2021' sets out our joint vision for every resident in the City of Wolverhampton to have the best mental health that they can at every stage of their life.

2.3 During the COVID-19 pandemic, a City-wide response has included the provision of universal and targeted approaches to promote population wellbeing and sign post people to more structured support when mental health problems arise. Strategic

partners oversee the provision of mental health services, as well as supporting holistic recovery of people across the City of Wolverhampton.

3.0 Universal Mental Wellbeing Promotion (Adults)

3.1 Due to the Coronavirus pandemic many people have found themselves having to cope with significant life changes. Whether it's working from home instead of the workplace, home schooling children, being unable to work and furloughed, worrying about the health of loved ones, job insecurity, financial issues, or coping with COVID-19 specific issues such as shielding, isolation and new social distancing measures.

3.2 To support people across our City, information and advice have been made available on things people can do now to help keep on top of their mental wellbeing, and cope with how they may feel while staying at home.

3.3 The CWC digital platform Stay Safe Be Kind (SSBK) www.wolverhampton.gov.uk/stay-safe-be-kind provides mental wellbeing promotion information for local people that offers evidenced based public health advice on staying mentally healthy during the coronavirus pandemic, as well as sign posting to both local and national sources of support for people who need more structured interventions to support their wellbeing, bereavement advice, or help to manage a mental health crisis.

3.4 Clinically vulnerable people who are shielding have been provided by CWC with a Wolverhampton 'ten ways to stay mentally healthy whilst at home' infographic in their food parcels to support them in finding ways to keep physically and mentally active, discovering a new interest or hobby on-line, and how to stay in touch with loved ones for emotional support whilst being confined to the home.

3.5 Anyone calling the City council's coronavirus support hotline that disclosed a mental health concern have been provided with key mental health support information by call handlers using a Public Health designed resource pathway.

3.6 Callers to the hotline who expressed feelings of loneliness or isolation were sign posted by call handlers to the Wolverhampton Voluntary Sector Council (WVSC) Social Prescribing Service. Public Health provided resources and information to support social prescribers in helping people know how and where to get access to mental health information and support.

3.7 Since lockdown began, the Council's Community Support Team has arranged weekly wellbeing calls for vulnerable residents and has helped more than 500 people who have felt isolated so far. The team is working with Age UK, Silver Line, Healthwatch Wolverhampton and volunteer organisations, as well as making calls themselves, to ensure people have felt reassured and thought about during lockdown.

3.8 The Council's Carer Support Team have spoken to more than 730 carers since the beginning of lockdown. Carers are often isolated within their caring role, so staff are offering wellbeing calls.

3.9 CWC staff who field customer calls on the coronavirus hotline are provided with their own mental wellbeing support offer co-designed by public health and Human Resources from mental health first aid (MHFA) trained staff.

3.10 Staff in care homes were provided with resources to support them to stay mentally well, and access psychological therapies and bereavement counselling should they need more structured support.

3.11 Several press releases have promoted national mental health resources from www.everymindmatters.co.uk which offer people an opportunity to take the mental quiz , get a personalized mental health plan and access advice about sleep, exercise, managing stress, anxiety , and how to help others.

3.12 SSBK has promoted access to a new Single Point of Access (SPoA) 'Black Country wide' support hotline that has been commissioned by the CCG. The hotline acts as an umbrella function above existing mental health services ensuring people get the right help they need, at the right time.

3.13 SSBK has also promoted awareness of a new Rethink 24/7 365 days a year telephone line that has been commissioned across the Black Country by the CCG. This provides listening advice and support for people seeking more general advice about their mental health and wellbeing.

3.14 A strategic City-wide campaign for this year's Mental Health Awareness (MHA) Week 18-24 May 2020, ensured key safeguarding messages regarding supporting people struggling with their mental health were cascaded via press release, social media and four separate radio interviews across several stations, and in targeted settings.

3.15 The public were encouraged to share acts of kindness during the coronavirus pandemic as well as being asked to say what kind of society they wish to be part of as we emerge from the coronavirus pandemic, further information can be found at Appendix 1.

3.16 The 'PIOTA app' (for smart phones and tablets) provides mental health service users, carers and BCHC staff with timely access to support for themselves and others in respect of mental wellbeing promotion, mental health support and what to do in a mental health crisis.

3.17 Pathways have been refined for adults requiring support from Primary Care for their mental health problems including self-referral pathways into Wolverhampton's Healthy Minds service avoiding the need to make a GP appointment

3.18 As patients experiencing mental health problems are believed to be at increased risk if they are having to self-isolate (and are having reduced contact with friends and family for support) guidance has been developed to enable GPs to titrate existing patient's medication without the need for a face-to face appointment.

4.0 Workforce Wellbeing

4.1 Interventions have been utilised by a range of strategic partners to support the mental health of their workforce during the coronavirus pandemic. One example of this is the NHS, CWC and Care Homes providing staff with digital mental health support tools including the CCG commissioned *silvercloud* platform and sign posting to specific bereavement support services.

4.2 A workplace communications toolkit has been developed for use by employers during MHA week to help keep staff advised on ways they can look after their mental health and wellbeing.

4.3 As it is challenging to represent the wide range of work all organisations have undertaken to support the mental health of their staff during the coronavirus pandemic, a 'snapshot' of this is represented from a CWC perspective in the remainder of this section.

4.4 The Employee Assistance Program (EAP) provides advice, help and support for a range of workplace issues, including physical and mental health problems. Public Health and Human Resources (HR) at CWC have co-designed a package of support interventions on a new *'staff wellbeing portal'* providing digital resources to help staff with issues such as anxiety, low mood, poor sleep and general wellbeing during COVID-19. These resources have been circulated to all staff and managers.

4.5 A network of Mental Health First Aiders (MHFA) staff provide more structured support to employees in crisis, as well as established links to local Samaritans support. CWC have secured additional counselling support for bereaved employees during the coronavirus pandemic.

4.6 The profile of MHFA support has been illuminated via the circulation of communications including the following video recorded by MHFA trained staff , telling people what they do, how they can help, and how to contact them if you are feeling distressed regarding your mental health https://www.youtube.com/watch?v=vs2SINH-JN4&feature=youtu.be

4.7 MHFA trained staff are also being supported themselves through development of peer support networks facilitated jointly via Human Resources (HR) and public health.

4.8 During MHA week staff were able to access virtual yoga, mindfulness and physical activity sessions, as well as online virtual choir sessions to improve wellbeing.

4.9 Ongoing development of staff side support includes formation of peer support networks for MHFA trained staff, new staff wellbeing champions and webinars outlining the five ways to wellbeing and how to access support via the CWC EAP.

5.0 Developing Public Mental Health Support across the City: Next steps

5.1 Next steps in mental health support for adults include a review of the CWC mental health digital support pathways on SSBK, supporting strategic re-mobilisation of community resources/ assets to support people with existing mental health problems

and their care givers, and the provision of targeted support for groups at high risk of mental health problems.

Review of digital mental health promotion pathways

5.2 A review of CWC (SSBK) digital mental health support pathways (for adults) will be undertaken to ensure key information is made available universally to people in relation to keeping active, eating well, managing stress, anxiety, low mood and poor sleep as we emerge from the acute phase of the coronavirus pandemic. A re-orientation of support information will be required towards topics of high priority including tenancy management, mortgage support, housing support, debt advice, employment support pathways, welfare rights advice, citizens advice support, what to do if you are struggling to cope with mental health difficulties, where to get support and advice and what to do in a mental health crisis.

Mobilising community mental health support pathways

5.3 Voluntary sector groups/ forums and peer support networks play an integral role in providing support for people with (or at heightened risk of experiencing) a mental health problem, and the wellbeing of care givers. Multi agency work is required to re-mobilise these vital assets following interruption in the ability for groups to meet and support each other due to general social distancing measures, isolation (for those who are symptomatic), and shielding for those deemed at clinically high risk during the coronavirus pandemic.

5.4 Strategic partners should work collaboratively in commencing a re-engagement and mapping exercise (following social distancing guidelines) of mental health community assets. Suggestions for the type of information this activity may look to collate are listed below:

- Who did you/ your group/ organisation / peer network provide support to pre-COVID- 19 (capturing equality monitoring data where possible)?
- What support did you provide and how did people engage with you pre-COVID-19?
- What support if any have you been able to provide during COVID-19?
- How do you plan to re-engage with people now social distancing regulations are being relaxed?
- What help does your group/organisation or network need to re-mobilise community support (I.e. Public Health guidance on re-commencing a group meeting whilst adhering to COVID-19 social distancing guidance)?
- Support may include helping groups source access to some alternative community locations, or switching to use of digital tools to connect with people (particularly those who are deemed clinically vulnerable and at high risk)

5.5 An existing directory https://wolverhamptonmentalhealth.net/ of mental health community support could be further populated with information galvanised from community groups to help people who want to find and access support networks to improve their mental wellbeing in their local area.

5.6 Voluntary sector organisations are well placed to offer additional support to community groups in respect of mental health. The CCG have provided voluntary sector funding to support community work of this nature in Wolverhampton. Proposals from Wolverhampton Voluntary Sector Council (WVSC) to bolster the social prescribing offer, reduce loneliness and isolation, and provide access to digital technologies for vulnerable groups.

Ensuring targeted mental health support information for at risk groups

5.7 Public Health England (PHE) have outlined several groups who are identified as being of high risk of mental health problems https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/3-understanding-people **.** The Department of Health and Social Care (DHSC) mental health policy team has commissioned Public Health England (PHE) to provide regional evidence packs on the impact of COVID-19 on the determinants of mental health. Learning from these resources will shape HWT strategic partners focus towards providing targeted support to those in need.

5.8 Targeted information will continue to be made available to people with existing mental health problems and their carers via the PIOTA app. Access to the app will be promoted via the Council's SSBK platform.

5.9 A Black Country wide strategic workstream is strengthening support pathways for people from Black, Asian and minority ethnic (BAME) communities in accessing mental health support services.

5.10 Wolverhampton Safeguarding Together Partnership (WSTP) are conducting a review of available data to better understand the impact of the coronavirus pandemic on mental health. Any learning should shape future provision of support resources.

6.0 Suicide Prevention Update

6.1 The Suicide Prevention Stakeholder Forum (SPSF) consists of a range of cross sectoral partners who coordinate delivery of the City's suicide prevention strategy and action plan, this forms an integral part of the overall mental wellbeing approach. SPSF aims to provides annual updates to HWBT against the strategy and action plan. Full details of the strategy, action plan and minutes of meetings can be accessed via the Wolverhampton Information Network: http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/service.page?id=5_TFMj7QUfk

6.2 A full report submitted by the Chair or SPSF can be found at Appendix 2. The Forum's meeting scheduled for March was cancelled due to Covid-19, the next meeting will take place on 25 June 2020.

6.3 It is too early to fully understand the impact Covid-19 has had on suicidal ideation, attempts and actual suicides. However, as outlined in earlier sections, risk factors associated with poor mental wellbeing have been starkly exacerbated during the last

ensuing months. On the more severe spectrum of impact, of these risk factors intensifying, suicidal thoughts and attempts are more susceptible to increase. The Forum continues to support system partners with the collective effort to promote mental wellbeing of residents of Wolverhampton.

6.4 The report submitted by the Chair of SPSF sets out progress of the Forum in engaging primary care in suicide prevention training, accessing coroner data, strengthened bereavement support, focus on suicide prevention in the mental health trust and roll out of community-based promotion such as the Hopewalk and suicide prevention awareness campaigns. However, these key pillars of work are in early stages in some cases, and will continue to grow moving forward, such as embedding suicide prevention tools within primary care setting, establishing a real time surveillance system where clusters/patterns can be identified early and family and friends can receive support immediately after a bereavement.

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Mental Health Awareness Week Evaluation Report

Introduction

Hosted by the Mental Health Foundation, this year's Mental Health Awareness Week (MHAW) took place from Monday 18 to Sunday 24 May 2020.

Mental Health Awareness Week is the UK's national week to raise awareness of mental health and mental health problems and inspire action to promote the message of good mental health for all. Mental Health Awareness Week has been run by the Mental Health Foundation since 2001. This year, Mental Health Awareness Week took place as the country marked its tenth week of lockdown due to COVID-19. With increasing numbers of people reporting their mental health had declined since lockdown began, MHAW fell at a critical time.

This evaluation looks to cover all aspects of Wolverhampton's Mental Health Awareness Week activities, both its successes and challenges. It is hoped that the learning from this evaluation will provide an insight into the many acts of kindness that have flourished in our city during these unprecedented and challenging times. It will also provide an understanding of how to strengthen future campaigns for the benefit of a wider audience.

Background information

The theme chosen by the Mental Health Foundation for this year's MHA Week was **kindness.** The campaign aimed to celebrate kindness by shining a light on the ways that kindness has been thriving throughout lockdown, e.g. Captain Tom Moore fundraising for the NHS and mutual aid groups responding to local needs.

Kindness was chosen as the theme for this year's Mental Health Awareness Week "because of its singular ability to unlock our shared humanity. Kindness strengthens relationships, develops community and deepens solidarity. It is a cornerstone of our individual and collective mental health." Research also shows that that kindness is an antidote to isolation and creates a sense of belonging. It helps reduce stress, brings a fresh perspective and deepens friendships. Kindness can even improve feelings of confidence and optimism.[1]

The Mental Health Foundation outlined two main goals for the campaign. The first was to celebrate the thousands of acts of kindness that are so important for our mental health. The second part of the campaign wanted to kickstart a discussion about what kindness legacy we want to leave as a society after lockdown.

[1] https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week/kindness-matters-guide

Local partnership approach and evaluation

The Public Mental Health Team sought to localise the campaign and work with partners to create a city-wide MHAW project. A project team was set up to jointly develop the plans for our local campaign in co-operation with key city partners.

The project team had representation from Public Health, Communications, Children's (all CWC), Safeguarding/WVSC, Wolves Foundation, Black Country Healthcare Foundation Trust and Healthwatch Wolverhampton. Meetings commenced three weeks before MHAW and took place bi-weekly until the campaign began.

Successes

- Partners were sighted of plans and contributed significantly to the development of the campaign
- Partners provided helpful challenge to ideas, leading to plans becoming more inclusive
- Good partnership working and positive relationships were developed within the project team
- Partners shared social media posts using our agreed local campaign statistics
- The project team met regularly via Microsoft Teams and agreed actions to progress plans
- The project team had representation from several key organisations within the city

Challenges

- The team met regularly virtually over Microsoft Teams. Sometimes there were issues with the internet connection which caused slight delays during meetings
- For future campaigns, more interactive events could take place in person or at venues across the city to encourage engagement

Outline of our campaign and activities during Mental Health Awareness Week

The following is a brief description of our campaign and associated activities for staff and partner organisations throughout MHAW 2020:

- A social media campaign during the first part of the week (Monday 18th – Thursday 21st May) asking residents to share any acts of kindness they've been involved with on Twitter using both the hashtags #KindnessMatters and #WVkindness

- A social media campaign during the second part of the week (Friday 22nd – Sunday 24th) asking residents to share their thoughts on what society they'd like to see after lockdown has ended using the same hashtags

- Three virtual activities arranged via Microsoft Teams for CWC staff (yoga, mindfulness and a family-friendly fitness session)

- Two City People articles produced

- Two articles in the Headteacher's Bulletins

- Workplace resources created for partners with tips about how to promote staff wellbeing. Resources were created for primary and secondary schools, colleges and the university, and a generic resource for partner organisations in any sector

- Engagement with the Council's Mental Health First Aiders, including a video created featuring eight MHFA's introducing themselves and letting staff know how staff can contact them if they need to talk to someone

The table below illustrates the project team's plan for MHA Week for communications timelines and activities for CWC staff:

Date	Activity
Thurs 14th May	• Pre-campaign press release launched, and materials shared with key partners across the city, including CCG, BCFHT, RWT, Healthwatch, Wolves Foundation, Safeguarding Partnership, WVSC, University of Wolverhampton (UoW) • Materials will include a plan for the week for partners, including activities and resources they can s promote to their own staff and networks
Monday 18th May	• First part of the campaign launches, asking people to share their acts of kindness • Comms Team to promote campaign across the city / partners • SEB, Tim Johnson and Ian Brookfield asked to kickstart campaign by posting on social media • Activity for CWC Staff: Mindful Monday, wellbeing 20-minute session led by Rachel Handley
Tues 19th May	• Acts of kindness with the hashtags #KindnessMatters #StaySafeBeKind are reposted by the Council
Weds 20th May	• Campaign to link with and promote National Thank A Teacher Day • Council continues to repost messages of kindness and starts to include them in its 'Hall of Kindness' • Activity for CWC Staff: invitation to join Virtual Choir Session via Teams
Thurs 21st May	• Any submissions or acts of kindness are reposted by the Council • Activity for CWC Staff: invitation to join virtual yoga and meditation session led by Gita Bhardwaj (CWC employee)
Fri 22nd May	• Second part of the campaign launches – asking people about what legacy of kindness would they like to see post-COVID-19. • Second PR includes reference to people's acts of kindness during the week to date. • Residents can continue to post on social media and use our online form to submit response
Sat 23rd May	• Council reposts messages and posts featuring kindness and what people would like to see as a kindness legacy post-COVID-19
Sun 24th May	• Campaign draws to a close. Council thanks residents for contributing via social media / Wolverhampton Today
W/C 25th May	• Acts of kindness are collated and displayed in a 'Hall of Kindness' on the council's Stay Safe, Be Kind website as a way of thanking the city

Social media campaign and communication activities

Wolverhampton adopted a local approach to the campaign with the ambition of encouraging residents and local organisations to engage with the campaign and share acts of kindness. The campaign was planned in partnership with CWC Communications Team and the project team.

Communication channels utilised for the campaign

The following communication channels were utilised: social media (Twitter, Facebook), pre-campaign press release, post campaign press release, websites, gov delivery emails (including Headteachers Bulletin), asking partners to share key information.

Social Media Campaign: Part One

For the first part of the week, our MHAW social media campaign encouraged residents to share acts of kindness on social media. This was the focus of the campaign for the week.

The campaign encouraged residents to share examples of how they have 'supported others' and how they have 'self-cared' by being kind to themselves during lockdown, using the hashtags **#KindnessMatters** and **#WVkindness.** We linked the campaign to our local Stay Safe, Be Kind campaign and webpages. People across the city were also able to share their acts of kindness via an online form if they did not have social media.

Positive stories were then reposted as 'Highlight Stories' on the Council's social media pages and will soon be developed into an online 'Hall of Kindness' where kind acts are recognised in an online gallery (after contacting the author of the post for more information and permission).

Cabinet Members, the Leader of the Council and SEB were emailed during the week before MHAW to ask them to promote the campaign on social media. Two Councillors were active during the campaign and shared their own sharing acts of kindness witnessed in Wolverhampton during lockdown.

Social Media Campaign: Part Two

During the second part of the week, we wanted to use Mental Health Awareness Week to kickstart a conversation about what kind of society people wanted to shape as the country emerges from the coronavirus lockdown. This is because we are presented with a once in a generation opportunity for a reset and rethink about our future and our communities. This includes changes people want to make to their own, and their families lives and the communities they live in, which will help improve their mental health and wellbeing.

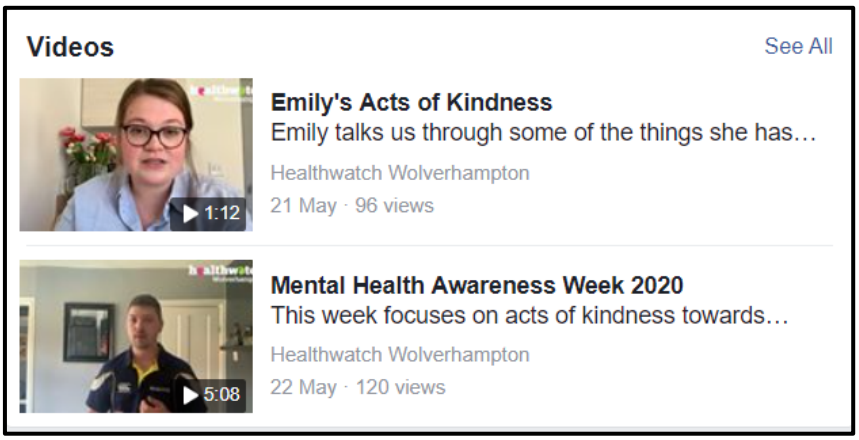
Another press release was released on Friday 22nd May to celebrate the acts of kindness received during the first part of the week and to ask residents to think about how they would like to see the legacy of kindness continued in their community post-COVID-19. This could include individual or community pledges via social media and our online form.

Outcome of the campaign

The responses to the campaign were collated and shared at the end of the day on social media (including posts that have gone directly to school social media pages), with a selection of highlight posts reposted by the Council and included in a City People article. In the longer term, posts are currently being collated into a 'Hall of Kindness' to celebrate all of the acts of kindness around the city. This would be on a new page on the Council website under the Stay Safe, Be Kind banner. Proposed link can be found here (page still in development).

Facebook

There were 28 posts on Facebook using our campaign hashtags, **#KindnessMatters** and **#WVkindness.** Eight posts were from Wolverhampton Today, which is run by the CWC Communications Team. There were also posts from Holy Rosary Primary School, Headstart, Good Shepherd, WVSC, Accord, Healthwatch and two Councillors, amongst others. A selection of posts is highlighted below:

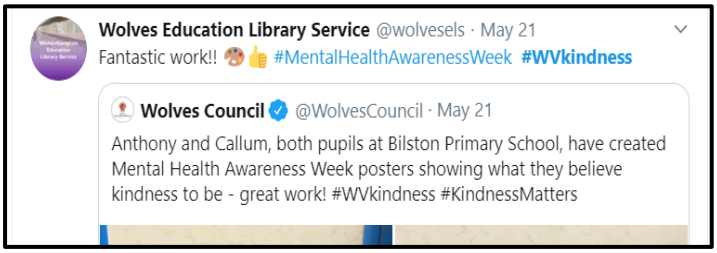


LinkedIn

There were three posts on LinkedIn from Good Shepherd and WVSC celebrating kindness using the **#KindnessMatters** and **#WVkindness** hashtags:

Twitter

There were 36 posts shared on Twitter using our local hashtags #KindnessMatters and #WVkindness. The tweets originated from 13 organisations in the city and seven individuals (including two councillors), giving a total of 20 different accounts posting during the campaign. A selection of posts is highlighted below:



Acts of Kindness submitted using the online form

To make the campaign as inclusive as possible, an online form was created. This meant that individuals or groups without social media could take part, without having to put down an email address or phone number if they didn't want to. There were 14 acts of kindness recognised using the online form. All submissions are shown below. The submissions have not been edited and are shown in their original form:

Respondent 1: Act of kindness showed by a Carer to the Carer Support Team

For one Wolverhampton resident, going food shopping with their mother who has dementia was becoming stressful during the coronavirus pandemic. Whilst queuing, their mother became confused as to why they couldn't just go straight into the supermarket.

Upon contacting the Carers Support Team, the Carer was connected to a local shopkeeper and it was agreed a list could be telephoned through and at a time arranged they would bring shopping out, place it in the boot and exchange payment. This was all done without them needing to leave the car or queue for shopping. The Shopkeeper was happy to help the community where possible.

The Carer said, "It will be so much easier this way and I can take mom with me, as she cannot be left alone. Thank you for your help, I would never have thought to ring the local shop. This will help me and my mom so much."

Respondent 2

My mom has been making numerous masks for people in her street as well as masks and complete scrubs for old colleagues and other NHS staff at Russell's Hall and New Cross Hospital.

Respondent 3

I have been baking every week for my family. This allows me to keep my little brother occupied and the smell of baking always makes us happy. I hope to share my baking with friends and neighbours when social distancing regulations start to be relaxed.

Respondent 4

Over the past few weeks, I, like many others, have been volunteering as food parcel delivery drivers. Others are packing and making up the food parcels. Many of us did not know each other before, but now when we see other or pass by, we share a common understanding and commitment about doing the best we all can for people in the community. Those people waving their thanks through the window makes it all worthwhile.

Respondent 5

I would like to nominate my boss, Louise, for being kind and compassionate with me through a recent bereavement. I could speak freely with her about how I was feeling, and she would send me supportive messages or funny pictures that would make me smile and laugh, even though I was feeling very low and under stress. Thank you, Louise.

Respondent 6: Act of kindness witnessed by the Carer Support Team

An elderly Polish woman was connected to the Community Support Team because she was unable get a slot for shopping. The woman required Polish food so I telephoned her local Polish shop who said if she called, they would do her shopping over the phone and deliver. The woman was able to drive but due to health needs is unable to stand up for any period of time. Eventually she drove to the shop and the shop owner put her food delivery in the boot. This happens weekly now.

The woman was really pleased to be able to have some of her favourite foods and pleased to be able to speak to other Polish people on the phone. Also, driving to the shop and seeing the shop keeper was really important as she now knows who she is speaking to on the phone and can 'put a face to the voice.'

Respondent 7

During my daily walk, I bumped into a lady who stopped to say hello. However, she continued to tell me just how depressed and lonely she was feeling during lockdown. She lives alone in a flat and is struggling with her own company. She was angry as she saw people fishing without social distancing and was worried about there being a second wave! I was able to listen and offer containment and she could see that I was interested in her as I acknowledged her feelings. This allowed her to process her emotions and she soon began to smile and told me she would be going home feeling more positive. She thanked me for stopping (abiding with the social distancing). I too felt good that I was able to lift someone's spirits!

Respondent 8

Thanking my colleagues Cllr Zee Russell and Cllr Sandra Samuels for always going out there to help deliver food parcels for the most vulnerable in our community.

Respondent 9

Helping my brother in his garden while keeping to the 2 metres.

Respondent 10

I have been kind to myself in the last few weeks by making guilty rocky roads for me and my parents - this makes them happy as well as myself, not worrying about the calories just enjoying something fun during this sad time.

Respondent 11

Quarantine started while I was staying at a friend's house, her mom took me under her wing, gave me a place to stay and fed me until it was safe to go home.

Respondent 12

Respondent 13

I pledge to always be responsible, helpful, kind, think as a team, respect each other and listen.

Respondent 14

Helped year 11s with last minute revision for their exams!

Evaluation of social media campaign and online form: successes and challenges

The above table highlights the campaign statistics for CWC's MHAW 2020 campaign. There were 28 total posts, with 251 people clicking through to the article to the campaign. The campaign had a reach of 466,700 – this means the number of unique people who had viewed the council's posts about Mental Health Awareness Week. The campaign also left 143,500 impressions, meaning it was delivered to an individual's social media feed, sometimes more than once. The engagement rate of 0.81% is average for social media campaigns. An engagement rate of above 1% is good, whereas an engagement rate of less than 0.5% would mean that messages would need to be realigned to attract more audience members.[2]

Successes

- There was an encouraging level of overall engagement with the first part of our social media campaign, as evidenced by the reach of the posts (over 450,000) and the engagement rate
- Partners across the city were very engaged with the campaign. Several organisations either reposted the Council's content or posted their own messages of kindness using our campaign hashtags, encouraging residents to also share their own messages.
- The Council's Facebook posts about kindness by school pupils were the most popular, with over 200 likes and 25 comments.
- The Comms Team personalised the campaign poster to link it to our local Stay Safe, Be Kind information page to guide viewers to helpful information and support
- The form was a more successful tool for encouraging residents to share their acts of kindness than individuals sharing directly on social media.
- The form received submissions from a varied audience: Wolverhampton residents, CWC employees, Wolverhampton Youth Council members, members of the public and two councillors.

Challenges

- It was unclear how many people would engage with the campaign, particularly with anecdotal evidence of individuals feeling 'bombarded' with news during lockdown.
- The second part of the social media campaign didn't quite catch on; only one form response discussed what they hoped for the future after lockdown.
- There were no social media posts about a wider discussion about life after lockdown. With so much other news about the lockdown both in the UK and around the world, the second part of the campaign lost amongst other content.
- More could have been done to highlight the acts of kindness received via the form during MHAW
- Apart from two Councillors and two CWC staff members, no individuals posted on social media about their own acts of kindness
- More high-level support would have been beneficial to kickstart the campaign, including social media posts from SEB or Cabinet Members at the start of the week

Recommendations

- Future campaigns should solely focus on one campaign or one ask from the public.
- The form was a success and should be utilised as a method of capturing information in the future.
- Early engagement with partners with MHAW should be repeated with future campaigns.

[2] https://www.webmarketingpros.com/understanding-your-engagement-rate/

- The phrase 'acts of kindness' is a little unclear. Future campaigns should seek to use clear language to encourage the public to engage with the campaign.
- Localised content on social media gained higher engagement and interaction rates, e.g. content from local schools. More localised social media content should be encouraged and reposted more often in future campaigns.
- Engage with key senior members of staff at an earlier stage to ask to repost key messages or content on their own social media pages.

Evaluation of Virtual Events for CWC Staff for Mental Health Awareness Week

Several activities were organised for staff during MHA week via Microsoft Teams. These included:

- a wellbeing session led by Rachel Handley
- an invitation to join the weekly CWC choir session
- a yoga session led by Gita Bhardwaj (a CWC employee).
- A 30-minute family friendly workout led by WV fitness instructor Victoria Morgan (this Teams invite was also open to non-CWC organisations).

Successes

- Great staff turnout, with over 100 staff attending the sessions put on specifically for MHAW (yoga, wellbeing and fitness).
- Over 60 people attended Rachel's wellbeing session using mindfulness techniques. There was particularly positive feedback for this session with many staff noting that it had made them feel calmer and happier in themselves.
- The WV Active Session was family friendly (the instructor's eight-year-old daughter took part!) and the yoga session lasted 45-minutes.
- Non-CWC staff could join the WV Active fitness session and the link was shared with partners.
- The sessions were very easy to arrange virtually via Microsoft Teams.

Challenges

- There were several ICT issues with the yoga session due to poor internet connection and a lack of knowledge about how to use Microsoft Teams Live
- Only 8 people undertook the WV Active Fitness Session, perhaps this session could have been adapted or advertised differently to encourage more people to join in

Recommendations

- With high numbers of staff giving positive feedback about the wellbeing session, the Council should consider more virtual wellbeing and mindfulness events for staff during lockdown as beneficial for staff mental wellbeing
- If running Microsoft Teams Live events in the future, further training by ICT should be undertaken beforehand to ensure smooth-running of events

Evaluation of engagement with CWC's Mental Health First Aiders

The Council has many trained Mental Health First Aiders. During Mental Health Awareness Week, the PH Mental Health Team and Human Resources (HR) wanted to make the role of the MHFA's more visible within the Council and to other staff. Mental Health First Aiders were emailed and asked to record a short video to introduce themselves and to publicise their support offer. Eight MHFA's responded and a short video was created by the Communications Team and shared with staff. The video can be found here. The contact details of all of the MHFA's and the video are now available on the Council's Learning Hub (internal intranet).

Successes

- Eight MHFAs responded very quickly to a request to create a short introductory video. Within 3 days the video was available to share with staff
- The videos were able to put a 'face to the name' and allow staff to get to know the MHFAs and who to speak to if they wanted to talk to someone

Challenges

- The Organisational Development Team originally accidentally uploaded the MHFA's contact details to a public-facing page. This was swiftly spotted and removed.

Recommendations

- It is recommended that the MHFAs are contacted to gain an understanding of whether they have been contacted by staff more or less since the videos were published
- More engagement is needed with the MHFAs. This is currently being undertaken in partnership with the OD Team and Public Health.

Resources for partners

A separate plan was created for our partner organisations to share with their own colleagues, including MH resources and activities for the week.

Resources were created for the following partners:

- Primary schools (shared with all primary schools in the city)
- Secondary schools (shared with all secondary schools in the city)
- Colleges and the university (shared with key colleges and contacts at Wolverhampton University)
- Generic partner resource (this was forwarded to the CCG, BCHFT, Healthwatch, WVSC and Wolverhampton Safeguarding Together Board)

Successes

- Resources were created for primary and secondary schools by the Wolverhampton Headstart team and the CWC PSHE Advisory Teacher. For the past three years Headstart had organised Mental Health Awareness Week locally for schools and young, but this year worked in partnership with Public Health to enable the campaign to have a wider reach across the population of the city
- The partner resources received positive feedback from the project team and were identified as 'very helpful' by both WVSC and BCHFT
- The templates were simple to produce and made sure the campaign considered the needs of different partners and organisations in the city
-

Challenges

- Resources could have been shared more widely and earlier to maximise impact
- It would have been useful to understand the impact of whether partners found the resources useful during MHAW

Recommendations

- Although slightly time-consuming, the resources received good feedback and emphasised that our MHAW plans were city-wide and inclusive of other organisations. It is recommended that similar materials could be made for future campaigns to provide additional information and resources for partners.

Other relevant activities during Mental Health Awareness Week

Two emails were sent to staff from the Head of Human Resources. One email was intended for managers and one for other employees. Both emails contained information about looking after your mental health during lockdown, important mental health support contact details and information about the Council's Mental Health First Aiders. The email for managers emphasised the need to hold regular 'non-work related' check-ins with employees to look after their mental wellbeing. The PMH Team supported the development of the content for these emails.

Conclusions

Wolverhampton's Mental Health Awareness Campaign was a success in terms of a virtual, project-led social media campaign in terms of its reach and the posts received. The campaign was organised and executed within three weeks of its kick-off meeting and the project team worked well together.

In relation to our goal of encouraging the City's residents and organisations to share positive acts of kindness, the campaign did not achieve its full potential. Only around 15 individuals in the city shared their own experiences of kind acts, either via the form or on social media. It was always going to be difficult to produce an exciting social media campaign with a lot of engagement during the lockdown, however, organisations throughout the city promoted the campaign, utilised our hashtags and shared their own messages of kindness frequently. Several key points can be learned from the campaign:

- Key messages should be simplified and the 'call to action' needs to be clearer
- There should be one focus for the week, rather than splitting the campaign into two activities
- Localised posts receive more engagement. People are more likely to scroll past a generic post.
- An online form is an easy way to make campaigns more inclusive for people without social media
- Partnership working is extremely valuable, and in this case led to a city-wide campaign
- Campaigns and project meetings work well on Microsoft Teams and mean that more partners are able to attend due to not needing to travel across the city

The learning from this project has provided an understanding of how to strengthen future campaigns for the benefit of a wider audience. However, there are many positives to take from the project in terms of the success of the partner resources, virtual activities for staff and the constructive relationships developed with partners.

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Report – City of Wolverhampton Suicide Prevention Stakeholders Forum written for the purpose of the Health and Wellbeing Together Scrutiny Panel to be hosted on the 8th July 2020

Report written by Independent Chair- Clare Dickens

Suicide is a historical and global phenomenon that is viewed morally, pathologically and existentially across differing milieus. Each year close to one million people die worldwide by suicide, and each one of those leave behind a ripple effect of exposure. This exposure spans across contexts of closeness to the deceased and exposure to the death. Since 1999, World Health Organisation (WHO) has been steadfast in highlighting suicide as a complex problem for which no single cause or reason exists. In 2009, the economic "burden" of suicide in the UK was estimated to be in the region of £1.67m for each suicide (McDaid and Kennelly, 2009) comprising years of productive life lost for the deceased, production losses for those directly impacted by each death, as well as other costs such as legal and public service associated with coronial response.

No suicide death should be considered inevitable, and nor should we be tempted to conceive that suicide is a phenomenon that is the preserve of mental health services to solve alone. Suicidal thoughts are indications of distress, very often in response to intolerable physical and emotional pain that an individual cannot perceive solution or hope for; and are rarely attributable to one trigger or issue. To offer a summation of this point, one does not have to experience or meet a diagnostic category of mental illness to experience a suicidal thought; they can commence more saliently and passively where no plans or desire to die exist, and we should avoid the temptation to try and collapse the complexity of the topic in to one single aspect. It is imperative we shift the narrative and thinking around this subject, which remains the biggest killer of men under the age of 49 in the UK, and the biggest killer of 5-19 year olds in England, to one where we consider a democratised approach across our community where everyone has a role to play. Our forum therefore, has to be adaptable, and able to conceive differing paradigms and priorities.

The remainder of this report will focus more succinctly on Wolverhampton and the challenges posed with in the field of suicide prevention prior to and since COVID-19.

Data-

In 2018 the legal bar to determine suicide was lowered and pulled from its criminal anchor- previous to this a coroner had to be assured that beyond reasonable doubt the evidence pointed to suicide being the cause of death. Understandably this has caused concern for many years about under reporting of such deaths and the accuracy of the data sets, and since the 2018 shift, now an increase that does not align necessarily to an increase per se; more so an easier verdict to reach providing the trigger for this correlation. However, in 2018-2019 Wolverhampton saw a 40% reduction in suicide verdicts, it is a point worthy to note, that fortunately numbers are not excessive and any percentage should be viewed with this tenant in mind- however, one death is a death too many. Nevertheless the issue of data remains a barrier in the lack of real time surveillance. It remains, that to gain an accurate picture of possible trends, clusters and areas of concern, we have to await a three year aggregated figure from the Office of National Statistics (ONS), and at best have to await ONS data each year. This data is also not furnished with some of the demographic details public health would be interested in, in order to affect any real and timely preventative response to mitigate any further risk, nor to target resources where they are necessarily needed.

For example, there remains an indefensible omission in not reporting the ethnicity of the deceased. This is something the suicide prevention stakeholders forum have tried to affect and change locally, in collaborating with other Black Country Partners to galvanise support from our coroner, in allowing us access to his office in order to capture such intricacies and in a timelier manner than we have had previously. This has been a significant area of progress for the forum, whereby we now have a means of receiving quarterly data sets for Wolverhampton, in the hope we can continue to work toward the goal of real time data surveillance. It is worth noting that no country in the world has a reliable real time surveillance system, however some examples of good practice do exist with in the UK and we continue to work on a Black Country Wide footing in order to achieve this and we remain committed to driving this important priority forward.

Wolverhampton does have data from November 2019 – January 2020, and due to low numbers and the possibility of identification through discussion, we will not include the details for the purpose of this report; it does however give us some basis to work from in

considering the need to gain further and in depth context that is indigenous to Wolverhampton.

Because of this lack of Real Time Surveillance it is impossible to surmise that there has been an increase in suicide since COVID-19, it would possibly be unwise to fall in to the temptation to predict this either. We do however, given the intricacies mentioned in the opening chapters, know that people are struggling and we need to maintain close attention to some of the known evidence based red flag warning signs and known triggers for suicide; which will have increased since the COVID-19 situation. This report will focus attention on some of these and do form the basis of some of our targeted work as a forum so far and in the future.

Access to timely support- the narrative around suicide and mental health distress tells us as a population we need to talk and seek help. We know that this is one area of focus that we can increase the efficacy of in trying to open up the inroads across our communities; whereby people are both receptive and competent at their community level to listen and sign post effectively and proportionately, when people do indeed talk and seek help. This is a way of shifting the gaze to the social construct and focus of responsibility, and not merely on the individual who is already possibly struggling and feeling burdened. This can in part be achieved with suicide awareness and mitigation training. In Wolverhampton, our university for example has been pioneering in its approach to make a commitment to train all staff since 2015, and furthermore offer both awareness and advanced levels of training for allied health care professional students such as nurses and paramedics. It remains that such training is not a compulsory component of any allied health professionals curriculum in the UK, and yet suicide is a preventable cause of death that most allied health professionals will be exposed to within their careers. This tenant is being met locally, and given the nature of our university it is likely the benefits of such competence, awareness and compassion will be felt and realised locally, given the vast majority of their students go on to work with in the West Midlands.

In our MH trust which has recently merged to create a Black Country Wide approach, training for all staff is also being made available, in the same delivery of approach as above which increases the likelihood of sharing the same language and level of understanding so that everyone who expresses distress, suicidal plans or ideation, is taken seriously and met

with empathy and understanding on every single occasion. Has a thorough review of their distress triggers with adequate and bespoke signposting, access to safety planning; with the underpinning knowledge and absolute belief that suicide is preventable, and such distress does pass. One gap that remains is our focus **on primary care**. For a long time it has been felt that there has been a disconnect between primary care and MH services, and though efforts to knead MH provision in to this arena have been made (employing MH nurses in primary care) this does risk posing another bolt on and a means of negating the GP's role in actually considering suicide risk for every patient they may see. We know due to multifaceted nature of suicide for example, that physical ill health and chronic pain are on par with a relapse in a known MH issue, in their status evidentially to contribute towards suicide, as are relationship break downs, bereavement and job loss.

As a forum we have gained access to a large number of **GP's** in Wolverhampton in managing to gain a slot at their by-monthly training events, this was in order to highlight this area of work that needs to be developed. It was well received and well evaluated and what we know is that any training delivered to GP's has to-

- engage all primary care staff not just GPs
- Be applicable to the 10 minute consultation
- Move beyond awareness alone, and give them tools to use
- Build upon and increase GP and other primary care staff's competencies in relation to suicide prevention
- needs to reflect the holistic needs of those patients contemplating suicide i.e. finances, relationships, employment, substance misuse, move their thinking beyond wider considerations than depression/MH
- Derbyshire and Staffs have successfully delivered training to primary care staff with high level engagement and positive feedback
- In Wolverhampton we want to achieve this, but conceive an evaluation beyond training satisfaction.
- We have identified a pilot site of three GP surgeries across Wolverhampton to commence work with, funding is pending. This is with the view to create a "champion" primary care example for whom we can turn up the volume and share their experiences.

We also need to consider that what we do know on a national level is that those with suicidal thoughts or who are self-harming aren't necessarily attending A&E or their GP. This is not necessarily because they fear the risk getting coronavirus, but because they don't want to be a burden and/or fear they won't get the help they need (i.e. because of stigma or unkind responses from staff). These key tenants tie in many of the points set out above, and a need to conceive increased access to all manner of help across our communities to include self-help also.

Self-help and culturally competent design- As well as the considerations of formal help seeking via both voluntary and statutory services, as a city and a forum we have to concede that however easy the inroad or available the help- some members of our community would remain blocked out or take a preferred option of self-help; and this may depend on the cultural intricacies of the person to which we need to be attuned. In many Eastern cultures for example, depression and other forms of mental illness are possibly viewed as a sign of personal weakness that brings shame to the family (Tzeng and Lipson, 2004). South Asian communities tend to discourage the open expression of emotions and emphasize shyness, restraint and sub-ordinance, (Marecek, 2006). In summarising Klimes-Dougan, Klingbeil and Meller, the approaches used to seek assistance for ailments are embedded in one's cultural perceptions associated with the origins of the problem and beliefs about remedies. Some depend on self-reliance and solitary coping mechanisms, such as drinking alcohol or meditating; some turn to their families for emotional support, while some seek help from formal services (Klimes-Dougan, Klingbeil and Meller, 2013). We should not therefore demand assimilation by the design of the provision we offer as we may in avertedly be omitting to consider the diversity of our cities population and the further distress this may invite, in Meyer, (1995), terms add to minority stress. More so we should get to know the members of our community with a commitment to creating truly inclusive and competent support that embraces every ontological world view of distress and its origins. In November 2019, our Mayor Claire Darke and forum Chair Clare Dickens were invited to Gulshan radio in the city whereby they discussed suicide prevention and the more salient stigma surrounding it, to include means of support and help- this was translated to Punjabi live to audiences listening in the city and received a warm response. In the same month, the university and chair Clare Dickens joined with Wolverhampton City council and Interfaith Wolverhampton to host a city wide conference discussing suicide prevention. Representation from all faith groups spoke and opened up conversations and future collaborative working in tackling the issue as members of one community.

The above is not withstanding that there is a possibility that when people have sought help from formal services, they may spend some considerable time on a waiting list, this is not posited as a criticism but a stark reality of the demand that would be negligent not to consider. The Improving Access to Psychological Therapies (IAPT) service for example was introduced during the financial crisis over a decade ago, in an attempt to meet the challenge of high levels of unmet needs. It appeared to be one of the NHS's answers to improve outcomes in the 'treatment' of common and "low-level' mental health difficulties. In 2018-19 the IAPTS received 1.6 million GP and self-referrals nationwide. No doubt many people found the intervention and support both enlightening and useful; however, despite evidence to support the efficacy of the model and the truly committed professionals behind it, it would be fair to suggest that many of these referrals possibly did not improve availability of treatment or even come to treatment fruition- it is therefore imperative that any funding made available for suicide prevention is not confused with an increase in this provision alone.

The scope of the forum whilst supporting access to any formal service provision for those who it is indicted, moves beyond that and considers the menu of choice and optionality with in our community beyond this paradigm. It is also explicit and clear, aligning more to principles of wellbeing and social capital, than it does to formal treatment options alone. There are plans to launch a campaign at petrol pumps and via on line means to advertise the access to a tool www.stayingsafe.net . The forum has already made plans to design (with the support of our university students), fund and evaluate the campaign in the hope more members of our community visit the resource and benefit from it. It is our hope that everyone conceives a need to have a safety plan for if ever suicidal thoughts occur; it remains folly to conceive trying to find out where to access support and navigate potential barriers when distress and hopelessness is already heightened.

The Hope walk took place on 22nd October 2019 from 12.30pm to 1.50pm led and organised by Papyrus, and began from St Peter's Square outside the Civic Centre and followed a circular 2 and a half mile route around the city centre. Walkers carried leaflets about the help and support available in Wolverhampton to give out to members of the public that were co-produced by forum members, and the walk visited the premises of some of the Wolverhampton Suicide Prevention Stakeholder Forum members to raise awareness of the help and support they provide. They also delivered resources to pass on to local people who use their services.

In November 2019 a support life exhibition was hosted at the cities Chubb building and was coordinated and led by local artist Alex Vann. Alex galvanised the support and contributions of local artists to include the local university Alumni, focusing on the issue of suicide prevention and mental health. Art work was available for general sale and 50% of the proceeds were donated to the mayor's charitable causes.

MH Patients in our community- Those issues in relation to those with existing MH difficulties and who are in receipt of services, that have increased since the COVID-19 situation and does still place them with in a heightened risk group include.

- Increasing isolation
- Lack of continuity of care – e.g. as staff redirected away from community services to inpatient care etc.
- Lack of contact with people who make them feel safe- e.g. SW/CPN/GP/family etc.
- Less F2F /new ways of working
- New service delivery models e.g. changes to crisis services/ more reliance on third sector organisations e.g. MIND

However on a national level there have been some observed differences and possible opportunities that have arose from the COVID-19 situation, to include;

- Fewer referrals to IAPT, Liaison Psychiatry (Reduction of 40%)
- Improved relationships with primary care, secondary care, voluntary sector
- Increased use of remote working
- New 24/7 crisis services in place

Prior to COVID-19 our MH trust stakeholder, who form part of the forum, have fed back in setting out their zero suicide ambition. Picking up on the 10 ways to improve safety report published by the National Confidential Inquiry at Manchester University, they have set out their plans against each factor which have been presented after reviewing 20 years' worth of evidence, research and a review of tragedies nationally. Such priorities include; out of area admissions being avoided, safer wards, personalised risk assessment. The chair of the forum has also supported the trusts quality improvement summits in presenting features of risk management and mitigation with in a clinical context based on her expertise and experience.

General considerations for our population: the following issues are **increasing** during COVID 19, which we know that if left unaddressed can increase the numbers of tragedies and loss to suicide.

- Health Anxiety
- Isolation
- Disruption of MH care
- Financial difficulties
- Use of alcohol
- Domestic abuse
- CYPs- worries about their future
- Trauma esp. key workers
- Bereavement issues

A recent report that has been shared by our forum member *Kooth*, indicates that in children and young people for example, there are increased reports of the following issues with in week 10 of lock down compared to their data set last year.

- Abuse-Highest in East of England Up 69% from last year
- Sadness- highest in East of England Up 153% from last year
- Eating issues- Highest in South East Up 56% from last year
- Sleep issues- highest in North East Up 141% from last year
- Loneliness- Highest in London Up 43% from last year
- School/college worries – highest in the East of England Up 166% from last year
- **Suicidal Thoughts- highest in the Midlands Up 18% from last year**

With the theme of children and young people, we need to also consider the impact on their mental health and the continuation of lock down. The lockdown exacerbates key risk factors known to increase the risk of self-harmful thoughts and feelings to include defeat, entrapment, loneliness/social isolation, hopelessness and anger- it is therefore a possibly dangerous omission that the expert and scientific input on SAGE covering young people's mental health and education, is absent.

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7223269/

- https://www.nottingham.ac.uk/vision/child-adolescent-mental-health-post-lockdown
- (https://www.ifs.org.uk/publications/14848).

The forum has membership from the University of Wolverhampton, Wolverhampton College and educational psychology that serves the city and the above will be a focus of discussion and planning within near future agendas.

Bereavement- Exposure to suicide death is well known to have significant impacts on those left behind, including increased morbidity and mortality directly associated with the suicide death for both kin (Pitman, Osborn, King, & Erlangsen, 2014) and non-kin (Maple, Cerel, Sanford, Pearce, & Jordan, 2017). Feeling rejected, shame and fear of being blamed that are all noted as a direct result of the taboo associated with a death by suicide, leading to engaging in self-stigmatising behaviour after suicide loss by suffering their loss in silence and within what has been described as complicated grief (Mitchell, Kim, Prigerson, & Mortimer-Stephens, 2004). It is not uncommon for people to feel and express sorrow for the person who has died by suicide, and they may also be overwhelmed by feelings of guilt, anger, abandonment and rejection towards the deceased (McIntosh, 2011). In summary suicide is generally considered to be a traumatic loss, which may have a long lasting effect on those bereaved by the death (Gutin et al, 2011).

With the above considered, in the city of Wolverhampton we have worked in partnership with our local police safeguarding team (and forum member) in order to increase the amount of awareness of their staff, and the need for access to timely support for those bereaved. Many of those bereaved who we have the humble experience of meeting, would argue that in the initial weeks their support needs veer more towards practical considerations in navigating language and arrangements they have never had to consider or deal with before. Therefore our officers have access to the Public Health Resource “help is at hand” which covers many aspects of suicide bereavement to include the aforementioned. We are also fortunate to have kaleidoscope Group on board with in our forum that we can signpost people to in order to gain specific bereavement support, with bespoke considerations around suicide bereavement. Each facilitator of such support has also received suicide awareness and

mitigation training in the hope that any distress that veers toward risk of suicide, can be recognised and responded to promptly in that space.

Targeted heightened risk groups –

The dichotomy of high and low risk is possibly a way of thinking that should be treated with caution, given that some members of our community may not meet any " high risk " threshold based on the demographic intelligence we have, but will be incredibly distressed and at risk of dying by suicide nonetheless. However, there is a need also to not ignore and to pro-actively conceive a need to target resource and support towards those "groups" who we can see and not deny are dying in increased numbers. Men are one such group, both nationally and within a Wolverhampton based context. Work with in the forum so far has included work place wellbeing principles of such employers with in construction for example who typically have a larger proportion of male colleagues. Wolves Foundation Trust have run their provision that has been offered for men only and offers an easy access to a six week programme for men in the city, hosted at the stadium. Activities include sports and talking based principles, as well as building communities of support amongst the attendees that can last beyond the six week sessions.

Substance misuse- our local addiction service Recovery Near You have reignited their forum attendance in recent months, and have expressed their commitment to work with us to conceive how the intricacy of their client groups increased risk of suicide can be best mitigated and considered.

The role of the media

The forum acts as a shaper and influencer, as well as a deliverer on actions; and is philosophically aligned to a principle as already mentioned, that seeks to democratise suicide prevention, viewing that everyone has a role to play in preventing suicide with in our city. This consideration includes our media colleagues with in local reports surrounding suicide. A black country wide action was taken forward by Clare Dickens (chair of Wolverhampton's stakeholder forum) to make contact with the editor from the Express and Star. The first aim of this contact was to invite the express and star to work closely with the forum as a valuable stakeholder in the city.

The second was to discuss a priority in considering our support of the media in safely reporting on suicide deaths in our local area. We firmly believe that deaths need to be reported, we cannot agree that suicide is an issue that needs to be prevented if it is not at the forefront of our collective conscience when it happens. However there are clear guidelines on how to do so in a safe and considered way.

A considerable body of research evidence shows that media portrayals of suicide, including information published by newspapers, can influence suicidal behaviour and lead to imitative acts. The research shows that overly detailed reporting does not just influence the choice of method of a suicide, but can lead to additional deaths which would otherwise not have occurred. In summary we cannot plant suicidal thoughts in to someone's thinking, by reporting suicide alone, however if someone is reading a press release or article, and are already considering that their life is not worth living; un safe reporting can tip this this distress to riskier territory; and it is not enough to merely tag the Samaritans help line number at the end of an article to mitigate this.

We included in the email the media guideline link developed by the Samaritans

https://www.samaritans.org/about-samaritans/media-guidelines/

as well as further details listed in the Independent Press Standards Organisation guidance

https://www.ipso.co.uk/member-publishers/join-ipso/

This email was intended to seek a collaborative relationship with the Express and Star in order to ensure the consistency, quality and safety of reporting. It also enclosed two fairly recent examples of articles published by the Express and Star where it is clear the principles of safe reporting have unfortunately not been embraced. This of course may be due to lack of awareness or experience of the reporters, and we are far from a forum that highlights problems without offering solution and support to remedy them if we can. To that end we extended an offer to provide free training to any of their staff or free-lance journalists; training can include principles of safe reporting but also around suicide awareness and community response, self-harm awareness and community response as well as emotional resilience and resourcefulness for self. This offer was extended to the editor also, and with the request to seek his support as editor to pledge that any report published detailing a death by suicide, is checked against the principles of safe reporting first, before it goes to print.

https://www.expressandstar.com/news/local-hubs/wolverhampton/2020/02/28/wolverhampton-firefighter-committed-suicide-inquest-hears/

https://www.expressandstar.com/news/local-hubs/dudley/stourbridge/2019/05/11/work-related-stress-linked-to-stourbridge-mans-death/

We have had a positive response, and a meeting is currently being arranged with the Chief Editor .

Forum Charity status- there is a need for the forum to conceive and continue to not merely evaluate trends and recognise higher risk groups, meet once every quarter and discuss them. But to also do and deliver outputs continually that have meaning and impact based on these insights. In December 2019, the forum chair and lead public health representative Parpinder Singh, along with forum member and consort Paul Darke- led on a consultation to consider presenting options to the forum in becoming a registered charity. Already with in her term our mayor Cllr Claire Darke appointed the forum as one of her chosen focuses for fundraising. This status would provide the forum with possibly many more opportunities to gain grants that can be spent on targeted suicide prevention work, evaluate them independently with the support of our university and re invest the money locally in supporting targeted work with third sector providers. After a democratic discussion, the decision to progress with registering has been made and will be led by Paul Darke.

This report has offered a summation of the Suicide Prevention Stakeholders Forum activities in the city of Wolverhampton with in the last twelve months, and since the last scrutiny panel met and heard evidence. It is by no means fully representative or exhaustive of all the

collective efforts of members across the city, to do so would be a difficult task. It has presented both ongoing and heightened factors, prior to and since the COVID-19 pandemic took hold in the UK. It has also aimed to provide an overview of some of the context, evidence and efforts to contribute to saving lives in our city for what remains a complex and mutli-faceted cause of death, which should both never be collapsed in to one single aspect, nor be perceived as inevitable.

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Black Country Healthcare
NHS Foundation Trust

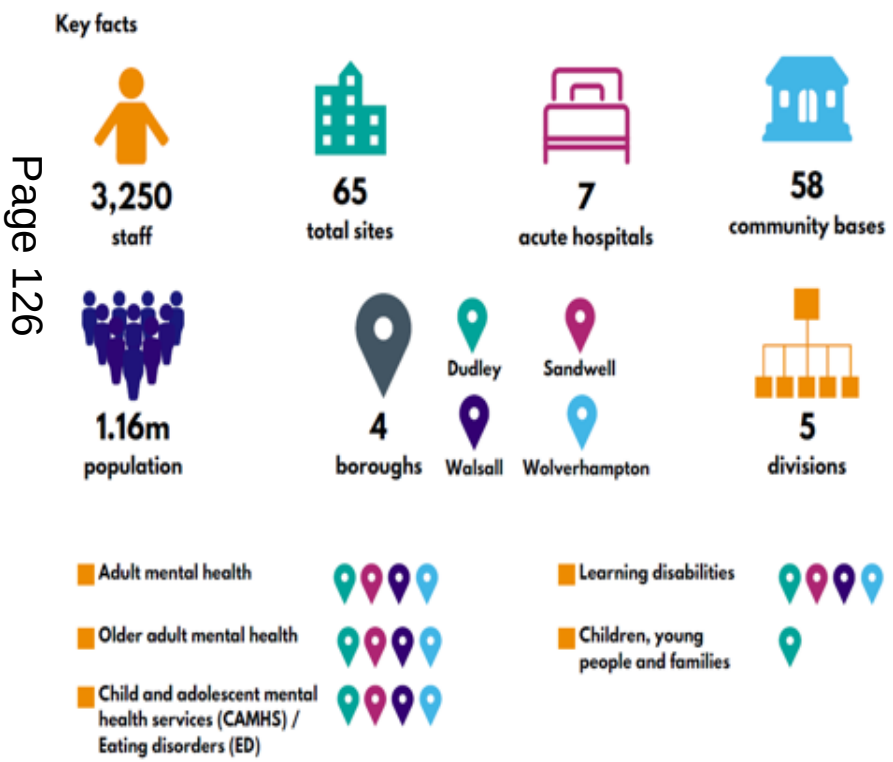
Mental Health Services: Impact of Covid-19 and learning so far

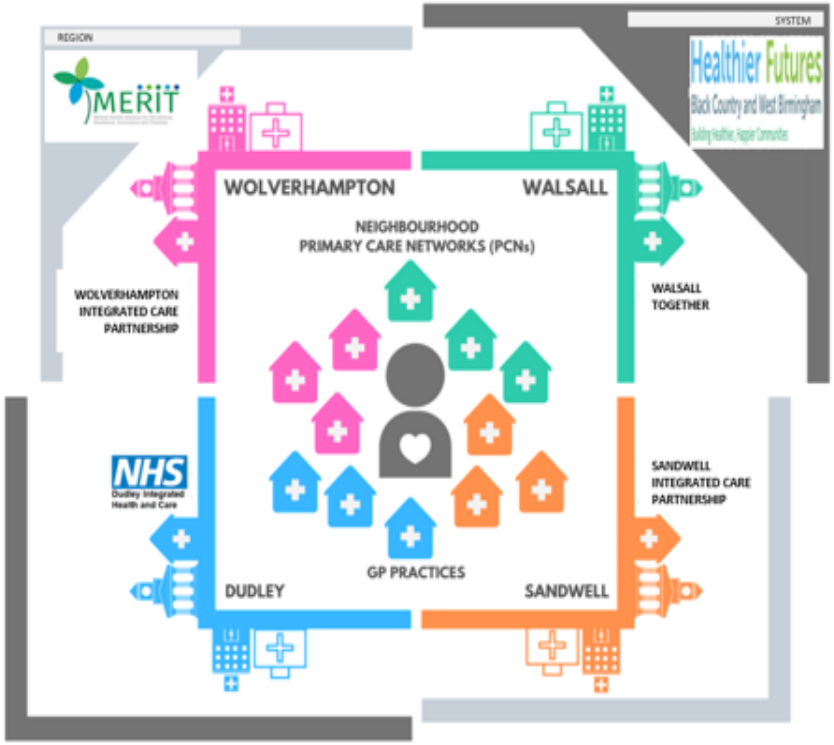
A perspective from Black Country Healthcare NHS FT

Marsha Foster (Director of Partnerships)

NHS Black Country Healthcare NHS Foundation Trust : Our New Trust

Established on 1st April 2020 – A 'lockdown' merger





Together with you to achieve healthier, happier lives

OUR COMMUNITY PROUD AND DIVERSE

1.16 million people live here

More people are living longer

Growing refugee / asylum community

4% households; no one with English as main language

Areas of deprivation; 56% of people accessing mental health services live in most deprived areas of England.

Higher rates than national average for: physically inactive adults, diabetics, smokers, infant mortality, premature respiratory mortality.

20% of accident and emergency attendances are mental health service users, who are only 7% of the population.

Dudley

313,000 people

90.4% White
5.6% Asian
1.7% Black
1.6% Mixed Race
0.7% Other

Four towns and 24 wards

5.3% unemployment

Traditionally industrial centre of manufacturing, quarrying, and mining, now a shift towards service sector and tourism.

Sandwell

309,000 people

69.9% White
9.2% Asian
5.9% Black
3.3% Mixed Race
1.6% Other

Six towns and 24 wards

7.3% unemployment

14th most deprived borough in UK, but council and partners have invested for regeneration attracting new SME businesses.

Walsall

269,000 people

78.8% White
15.2% Asian
2.7% Mixed Race
2.3% Black
0.8% Other

Seven towns and 20 wards

6.8% unemployment

Traditionally home of leather saddle manufacturing, now attracts large businesses, inc. retail storage and distribution.

Wolverhampton

249,500 people

68% White
17.5% Asian
6.9% Black
5.1% Mixed Race
2.5% Other

20 wards; it became a city in 2000

6.5% unemployment

Traditionally centre for coal mining, steel production, lock making and vehicle manufacture, the economy is still based on engineering, including aerospace, as well service sector.

Figures from 2011 census

Together with you to achieve
healthier, happier lives

Going into Covid-19 from an uneven starting point

Mental Health in the Black Country:

- 56% of people accessing mental health services, live in some of the most **deprived** areas of England;
- A life expectancy gap of approx. **18 years** for men, and **15 years** for women between those in the Black Country who are in contact with mental health services, and those who are not;
- **Depression** rates are higher than the England average;
- Level of **unemployment** for individuals with mental health needs is significantly higher than the rest of the Black Country population;
- Whereas cancer is the leading cause of death for the population as a whole, **circulatory disease** is the most common cause of death for mental health service users in the Black Country.

A national challenge: Mental Health and COVID-19

- Mental Health services have continued to be delivered but with elements of scale-back during the response phase;
- Rates of referrals reduced significantly: (Covid-supressed) – but already seeing significant increase in urgent/crisis needs;
- Impact of the COVID19 pandemic on mental health and wellbeing of all ages: lockdown, access to education, isolation, bereavement unemployment: (Covid-generated)
- Significant amount of work has started nationally and regionally (MERIT) to look at:
    - *Covid-19 impact on population mental health (direct and indirect)*
    - *Subsequent impact on demand for mental health services*
    - *Specific work on 'at risk' individuals*

1. ‘Rethink’ Survey

- 800 people living with mental illness surveyed in April 2020
- **80%** stated current Covid-19 crisis has made their mental health worse
- **69%** attributed this to not being able to see friends and family
- **47%** said reduced support from MH services has contributed to them feeling worse
- **29%** said that their employment situation was a key factor in the deterioration of their mental health

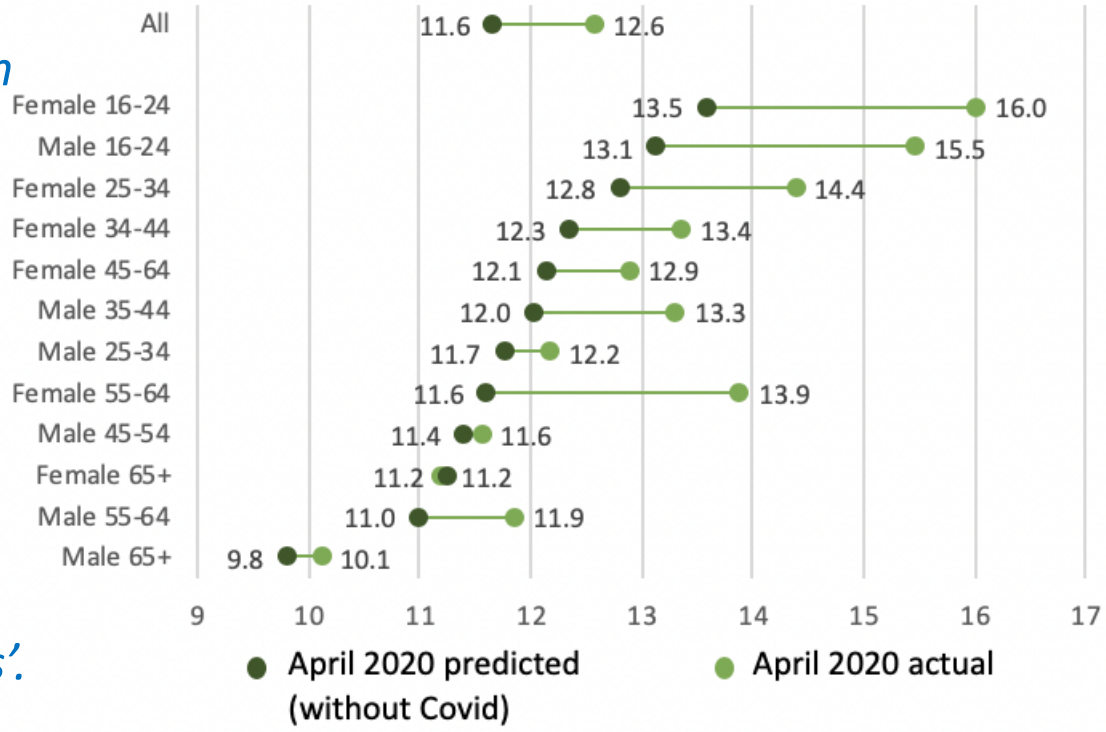
2. International Journal of Social Psychiatry – 'What does COVID mean for UK mental health care?' (2020)

- '*Not since World War II has there been such risk, displacement and change affecting the whole community. This is the first UK mass trauma in the presence of the NHS…*'
- Three main challenges for services:
  - Prolonged exposure of front line staff to trauma at scale
  - Social distancing having a disproportionately negative impact on already vulnerable groups
  - The impact of significant economic downturn on mental health, including suicide rates

3. Institute for Fiscal Studies (June 2020)

'The COVID-19 episode has had substantial negative impacts on mental health across the population. The biggest impacts have been on the gender and age groups – broadly women and the young – that already had relatively low levels of mental health. Pre-existing inequalities in mental health have therefore been exacerbated by the crisis'.

Figure 2. Average overall mental health (GHQ-12) scores by age and sex, April 2020. Higher scores indicate worse mental health



How has our Trust responded?

- Operating in ‘Major Incident Mode’
- Rethink of inpatient services – reduce occupancy to maximise safety
- Community support offered remotely where possible
- Getting PPE right!
- Using technology to facilitate home working
- Focus on clear communications and staff engagement
- Clear processes for step down/up of services, using business continuity approach and impact assessment
- Working with partners across the Black Country inc. system-wide workforce wellbeing offer
- Set up new 24/7 urgent MH support line

So…. What next?

- Modelling likely future demand on services
- Locking-in changes that have added-value
- How can we take a whole system approach to exploring opportunities for improving population health – building upon and sustaining new ways of working seen in recent months?
- Where do we focus our change efforts to have the greatest impact? – scenario modelling
- What changed behaviours / processes are needed across the system to accelerate the pace of change?
- Maximising investment inc. from the NHS Long Term Plan for mental health to support our communities who are now more vulnerable than ever? – Focus on core community services
- A new relationship with social care, voluntary and independent sector
- Developing our estate, and tackling our workforce shortage challenges
- **Not just restoration & recovery…**

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healthier, happier lives

Re-imagining our future

Thank you – questions?

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