



**Time** 12.00 pm      **Public Meeting?** YES      **Type of meeting** Oversight  
**Venue** MS Teams

### Membership

Chief Superintendent Andy Beard

Emma Bennett

Katherine Birch

Katrina Boffey

Councillor Ian Brookfield

Tracy Cresswell

John Denley

Marsha Foster

Professor Steve Field CBE

Lynsey Kelly

Councillor Linda Leach

Professor David Loughton CBE

Juliet Malone

Councillor John C Reynolds

Sally Roberts

Laura Thomas

Councillor Wendy Thompson

Paul Tulley

West Midlands Police

Director of Children's and Adult Services

Faculty of Education, Health and Wellbeing

Assistant Director of Strategic Transformation, NHS England & NHS Improvement - Midlands

Leader of the Council

Healthwatch Wolverhampton

Director of Public Health

Director of Partnerships, Black Country Healthcare NHSFT

Royal Wolverhampton NHS Trust

Head of Community Safety

Cabinet Member for Adults

Chief Executive - Royal Wolverhampton Hospital NHS Trust

Operations Commander, West Midland Fire Service

Cabinet Member for Children and Young People

Wolverhampton Safeguarding Board

Third Sector Partnership

Opposition Leader

Managing Director, Wolverhampton CCG

### Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

**Contact** Shelley Humphries

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

**Address** Democratic Services, Civic Centre, 1<sup>st</sup> floor, St Peter's Square, Wolverhampton WV1 1RL

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**Website** <http://wolverhampton.moderngov.co.uk>  
**Email** [democratic.services@wolverhampton.gov.uk](mailto:democratic.services@wolverhampton.gov.uk)  
**Tel** 01902 550320

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

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# Agenda

## Part 1 – items open to the press and public

*Item No.*    *Title*

### MEETING BUSINESS ITEMS - PART 1

- 1            **Apologies for absence**
- 2            **Notification of substitute members**
- 3            **Declarations of interest**
- 4            **Minutes of the previous meeting** (Pages 5 - 12)  
[To approve the minutes of the previous meeting as a correct record.]
- 5            **Matters arising**  
[To consider any matters arising from the minutes of the previous meeting.]
- 6            **Health and Wellbeing Together Forward Plan 2020 - 2021** (Pages 13 - 18)  
[To receive the Health and Wellbeing Together Forward Plan 2020 – 2021.]

### ITEMS FOR DISCUSSION OR DECISION - PART 2

#### SYSTEM LEADERSHIP

- 7            **Local Outbreak Engagement Board Update**  
[To receive a verbal update on the findings of the Local Outbreak Engagement Board.]
- 8            **Wolverhampton Covid-19 Outbreak Control Plan** (Pages 19 - 24)  
[To note the refreshed Outbreak Control Plan for Wolverhampton.]

#### LIVING WELL

- 9            **Introduction to Community Wealth Building** (Pages 25 - 44)  
[To receive an update on Community Wealth Building.]
- 10          **Other Urgent Business**  
[To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.]

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## Health and Wellbeing Together Minutes - 13 January 2021

### Attendance

#### Members of the Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children and Adult Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Marsha Foster	Director of Partnerships, Black Country Healthcare NHSFT
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Councillor John C Reynolds	Cabinet Member for Children and Young People
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Managing Director, Wolverhampton CCG

#### Employees

Heather Clark	Service Development Manager
Lucy Heath	Academy Director for Healthier Futures Academy
Shelley Humphries	Democratic Services Officer
Madeleine Freewood	Stakeholder Engagement Manager
Kate Warren	Consultant in Public Health

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## Part 1 – items open to the press and public

*Item No.*     *Title*

- 1 Apologies for absence**  
Apologies were received from Juliet Malone, Katrina Boffey and Sally Roberts.
- 2 Notification of substitute members**  
Laura Thomas attended on behalf of Craig Alford.

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 21 October 2021 be approved as a correct record.

5 **Matters arising**

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

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

Madeleine Freewood, Stakeholder Engagement Manager presented the Health and Wellbeing Together Forward Plan 2020 – 2021 and outlined future agenda items.

It was noted that work towards the Health Inequalities Strategy would be informing the agenda of the next full board meeting. Any other requests for agenda items should be forwarded to Democratic Services or Madeleine Freewood.

Resolved:

That the Health and Wellbeing Together Forward Plan 2020 – 2021 be received.

7 **Local Outbreak Engagement Board Update**

Dr. Kate Warren, Consultant in Public Health delivered the Local Outbreak Engagement Board update presentation. It was reported that transparent and in-depth information was now much more readily available within the public domain however it was noted that the slides provided a summary illustration of the current position.

In terms of daily cases in Wolverhampton, it was reported that numbers had risen much higher than in the spring although it was worth noting that testing had become more widely available in recent months. It was highlighted that some cases may go undetected however a random household survey conducted by the Office of National Statistics suggested around 2.4% of the population were testing positive in the City.

Regional case rates statistics showed that the Wolverhampton case rate per 100,000 people was the highest in the West Midlands although not reaching as high as that of London and the south east.

It was reported that case rates were currently lower in children and residents aged 60 and over. A great deal of work had gone into providing information and support to the older cohort to shield themselves.

There were no consistent hotspots or marked variations between areas of the City.

It was reported that there were significantly more COVID patients in hospital than during the spring peak with ICU beds especially under severe pressure. Many elective surgeries were being delayed and additional staff were being sought in an effort to ease some of this pressure.

It was noted that the cohorts with the highest numbers of COVID patients admitted to hospital was the 18 – 64 and 65 – 84 age groups which consisted of many working age residents. Admission rates were higher but mortality rates were lower for the older population than in the spring.

It was queried whether it had been taking longer to treat people. It was noted that the average hospital stay was shorter than in Spring, however it was thought this may be attributed to the lower age of patients admitted.

In response to a query on why Wolverhampton was so high in case rates it was suggested that this may be linked to higher rates of testing. Wolverhampton was currently rated ninth highest in the country for testing provision.

It was reported that the situation in hospitals was critical and, although many false news stories and images of empty wards had been shared out of context on social media, the reality was that the wards in use for COVID patients were under immense pressure. It was stressed that the severity of the situation should be taken seriously and it was vital that the public should continue to take every precaution to keep themselves and others safe.

Resolved:

That the Local Outbreak Engagement Board Update be received.

8

### **Progress Update – Wolverhampton Health Inequalities Strategy**

Madeleine Freewood, Stakeholder Engagement Manager and Dr Kate Warren, Consultant in Public Health presented the Progress Update on the Wolverhampton Health Inequalities Strategy report accompanied by a presentation. The report provided a summary of activity undertaken to date following the October board meeting to gain partner feedback and approve direction of travel. The presentation provided a visual overview of the aims of the Strategy, the approach to development and delivery as well as the priorities for the first year.

It was acknowledged that the issue of health inequality was a complex one and the report outlined that COVID-19 was exacerbating existing health inequalities, with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals.

In an effort to tackle these issues, differences in outcome had been divided into three groups: Deprivation, Protected Characteristics and Inclusion groups to be approached by employers and commissioners, providers of care and other services and as anchor institutions.

The suggested approach for delivery consisted of Health and Wellbeing Together having oversight and delivery of the strategy with the Children and Families Together Board focussing on children, young people and families and the Black Country and West Birmingham STP leading on regional coordination.

Health contributions would be driven by the Integrated Care Alliance Workstreams (soon to be Integrated Care Partnership from April 2021), supported by joint commissioning arrangements between the CCG and the Council, including thorough use of the Better Care Fund.

The delivery vehicle for wider determinants contribution to city strategy would be the Local Authority in partnership with Health and Wellbeing Together partners.

The three priorities for the first year were outlined as: Governance – to clarify who was responsible for delivering what and monitoring progress; Intelligence – to agree a streamlined approach to gathering, analysing and sharing data and Engagement and Co-production – to collaborate with partners and services across the City to provide fair inclusion and access to health services for all.

Guest speaker Lucy Heath, Academy Director for Healthier Futures Academy delivered a presentation which gave an in-depth overview of the role of the Academy in working together for a healthier post-COVID future. It also covered delivery of the WHoLE Programme initiative which provided support to partner organisations on understanding their local population, developing a set of priorities for action, stakeholder and community engagement and the coproduction of projects to improve population health. Partners were invited to consider the following questions and provide feedback via email or a survey website by 22 January 2021:

1. What priority should be given to each of the target socio-economic outcomes, and why?
2. Are there specific population cohorts that whole-system action should focus on?
3. Are there additional intervention mechanisms that should be considered?
4. What specific candidate interventions might be considered?

It was agreed that the link and contact details would be shared outside the meeting via email.

Councillor John Reynolds, Cabinet Member for Children and Young People suggested that a place-based approach would be beneficial as there was a mix of affluent and very deprived areas within his ward which often skewed the figures. It was agreed that this was a sound approach to ensure no deprived areas were overlooked.

Emma Bennett, Director of Children and Adult Services offered support and it was noted that co-production and engagement was a priority that the Children and Families Together Board was also championing. It was suggested that the Co-production Charter signed up to by the Authority could be shared as a useful reference tool to inform the Engagement and Co-production priority work.

Tracy Cresswell, Healthwatch Wolverhampton advised that Healthwatch were participating in a national piece of work around digital exclusion and reports could be shared with the Board once available.

Professor Steve Field CBE, Royal Wolverhampton Trust echoed Councillor Reynolds' suggestion to target deprived areas down to street level and pledged the support of the Trust. It was noted that the long-term impact of COVID would be felt for some time, particularly by the most deprived areas and BME communities. It was acknowledged that the reach of the Clinical Commissioning Groups merging across the Black Country would be a good opportunity to target those most at risk as well as

encouraging communities to take responsibility by following the restrictions more closely.

Resolved:

1. That Health and Wellbeing Together endorse the proposed approach and Year 1 priorities for the delivery and development of a Health Inequalities Strategy for the City of Wolverhampton.
2. That a link to the WHoLE Programme Survey be returned by 22 January 2021.
3. That the Co-production Charter be shared to contribute to Engagement and Co-production priority work.
4. That digital inclusion reports by Healthwatch Wolverhampton be shared with the Board once available.

9 **Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton**  
Heather Clark, Manager for Strategic Project Funding presented the Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton briefing note and delivered an accompanying presentation.

The briefing note provided an update on progress towards supporting the rollout of futureproofed digital infrastructure from full fibre broadband to 5G and the future opportunities it offered for the delivery of services and wider benefits it can bring to residents and businesses.

An outline was provided of the opportunities for the health and social care services with a range of improved connectivity and digital healthcare innovations. These included enabling some residents to manage their health at home, improving care and nursing home facilities, enhancing medical procedures and screening as well as offering ways to keep people active with streamed exercise classes.

It was acknowledged that the COVID crisis and subsequent lockdown measures had highlighted the importance of digital connectivity which, in some cases, had become essential for businesses, services and individuals. These events had also highlighted a great disadvantage for those with limited or no access to online connectivity and extensive work was being undertaken to address this.

A query was raised around how progress would be measured in terms of how many people had access following the rollout of the programme who had not previously. It was noted that there was a range of data of this kind being collected by an organisation enlisted to record digital inclusion in the City.

There had been one meeting of the newly established Digital Wolverhampton Partnership Board in December 2020 to establish the next steps of delivery of the programme.

Resolved:

That Health and Wellbeing Together note the progress against delivering the Wolverhampton Digital Infrastructure Strategy and activities underway to support the health and wellbeing agenda utilising technology.

10 **Healthwatch Wolverhampton Annual Report 2019-20**

Tracy Cresswell, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2019 – 20 and highlighted salient points. The report set out the work undertaken during 2019 – 2020 period and explored significant successes. An overview was provided of the key vision, purpose and approach taken by Healthwatch in engaging with service users.

The report also set out Healthwatch priorities for areas of improvement during 2019 – 20 as: Isolation and Loneliness; Maternity Services; Cervical Cancer, and Mortality, which had been chosen based on feedback from service users. A set of recommendations was provided for each priority based on findings from various engagement exercises and survey feedback.

The report also included outcomes from Enter and View visits to service providers and updates on the Community Outreach projects undertaken by Healthwatch.

It was highlighted that in 2019, Healthwatch Wolverhampton achieved the Highly Commended Award from Healthwatch England for its work with the Deaf community and the Employer of the Year Award from Juniper Training for the provision of student placements with accompanying support.

It was noted that priorities were being explored for the upcoming year and it was intended that the work should align with Health and Wellbeing Together priorities.

The work was commended and congratulations extended on the awards received from Healthwatch England and Juniper Training.

Resolved:

That the Healthwatch Wolverhampton Annual Report 2019 - 20 be noted.

11 **Other Urgent Business**

A query was raised around the progress of the Covid vaccination programme and Paul Tulley, Wolverhampton CCG offered to provide a verbal update.

It was reported that six Primary Care Network vaccination sites were currently running as well as GPs focussing on administering vaccines to care home frontline staff and residents.

It was clarified that delays might be experienced if an outbreak occurred at a care home however Wolverhampton was currently managing things so this had not been an issue.

A hub had opened in New Cross Hospital for hospital staff although the hub also provided one of many vaccination routes for care home staff. It was reported that the programme initiated to vaccinate Council Social Care staff had started well.

It was acknowledged that there had been some confusion among constituents around the letters advising those in priority groups that they could now attend one of the mass vaccination centres. Concerns had arisen about the risk of travelling to the nearest centre, which was located in Birmingham. It was clarified that the letter advised recipients they could either arrange an appointment at a mass vaccination centre now if they wished or await a local appointment in their communities.

It was noted that, occasionally, spare vaccines became available due to missed appointments and were offered to people without appointments (in order of priority group) to avoid wastage.

It was acknowledged how many partners and organisations had come forward to contribute to the delivery of the programme and Wolverhampton had risen to the challenge very well. The overall spirit of togetherness in the City was commended. Positive feeling was expressed about the success to date and that the national supply would be the only limit.

It was reiterated how important it was for people to take up the vaccine once called upon and to continue to adhere to the restrictions following vaccination to limit the spread.

A query was raised around whether any particular community was experiencing difficulties or feeling concerned about the vaccine however it was noted that the Authority were continually engaging with community and faith group leaders who in turn were cascading information to community members.

In a query around community pharmacists administering the vaccine, it was noted that this was available where there was suitable storage for the vaccine although GPs were the first port of call due to their contacts and storage facilities.

It was highlighted that the region was on target to deliver the vaccine to vulnerable groups before the end of February 2021.

Partners were commended and thanked for their contributions to the vaccine programme.

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<b>Report title</b>	Health and Wellbeing Together Forward Plan 2021 - 2022	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Public Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Governance	
<b>Accountable employee</b>	Shelley Humphries Tel Email	Democratic Services Officer  01902 554070 <a href="mailto:shelley.humphries@wolverhampton.gov.uk">shelley.humphries@wolverhampton.gov.uk</a>

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**Recommendation for noting:**

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 2021 – 2022.

## **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 All other implications**

### **Health and Wellbeing implications**

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

## **7.0 Schedule of background papers**

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



# Health and Wellbeing Together: Forward Plan

Last updated: 20 April 2021

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

[This report is PUBLIC  
– NOT PROTECTIVELY MARKED]

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
<b>Exec 9 June 2021</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item
	System Leadership		NHS Reconfiguration Update -	Paul Tulley (Wolverhampton CCG)		Standing Item
	System Leadership		Better Care Fund 2020 – 2021 Year End Report	James Barlow (CWC)	Report	
	System Leadership		Meetings of the Chairs of the HWBB – Draft documents a. Terms of Reference b. HWBB – ICS Relationship	Madeleine Freewood (CWC)	Report	
<b>FB 14 July 2021</b>	System Leadership		Public Health Annual Report	John Denley (CWC)	Annual Report	
	Living Well		Building a health and wellbeing economy in Wolverhampton			Update on outcomes from CLES workshop 28 April 2021
<b>Exec Date TBC September 2021</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item

[This report is PUBLIC  
– NOT PROTECTIVELY MARKED]

	System Leadership		NHS Reconfiguration Update -	Paul Tulley (Wolverhampton CCG)		Standing Item
<b>FB 13 Oct 2021</b>						
<b>Exec Date TBC November 2021</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item
	System Leadership		NHS Reconfiguration Update -	Paul Tulley (Wolverhampton CCG)		Standing Item
<b>FB 19 Jan 2022</b>						
<b>Exec Date TBC March 2022</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item
	System Leadership		NHS Reconfiguration Update -	Paul Tulley (Wolverhampton CCG)		Standing Item
<b>FB 27 April 2022</b>						
<b>To be scheduled...</b>						

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## Health and Wellbeing Together Board

Meeting date 28 April 2021

<b>Report title</b>	Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh	
<b>Cabinet member with lead responsibility</b>	Councillor Jasbir Jaspal Health and Wellbeing	
<b>Wards affected</b>	All wards	
<b>Accountable director</b>	John Denley, Director of Public Health	
<b>Originating service</b>	Public Health	
<b>Accountable employees</b>	Clare Reardon Madeleine Freewood Tel Email	Principal Public Health Specialist Stakeholder Engagement Manager  01902552917 / 07890 397635 <a href="mailto:Clare.Reardon@wolverhampton.gov.uk">Clare.Reardon@wolverhampton.gov.uk</a> <a href="mailto:Madeleine.Freewood@wolverhampton.gov.uk">Madeleine.Freewood@wolverhampton.gov.uk</a>
<b>Report has been considered by</b>	Wolverhampton Covid-19 Strategic Co-ordination Group	16 March 2021
	Local Outbreak Engagement Board (email circulation)	22 March 2021
	Strategic Executive Board	25 March 2021

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### Recommendations for noting:

The Health and Wellbeing Together Board is asked to note:

1. The refreshed Outbreak Control Plan for Wolverhampton

## **1.0 Purpose**

- 1.1 To provide the Health and Wellbeing Together Board with a copy of the refreshed Outbreak Control Plan for the city.
- 1.2 The refreshed Covid-19 Outbreak Control Plan sets out how, together, we will continue to protect and support our city, further informed by the learning we have gathered since the first version of the Plan was published in June 2020.
- 1.3 It provides an update on progress achieved during this period, reflects recent changes to national guidance and looks forward to how we collectively 'reset, recover and relight' through the next stages of the national Roadmap, embedding our place-based approach co-produced with local people and communities.

## **2.0 Background**

- 2.1 Every Local Authority is required to produce and publish a thematic Local Outbreak Control Plan specific to 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.
- 2.2 Wolverhampton first published its Outbreak Control Plan in June 2020, supported by a governance structure including the creation of a 'Local Outbreak Engagement Board' (LOEB). In Wolverhampton, the LOEB is a sub-board of Health and Wellbeing Together.
- 2.3 Following the publication of the Government's Roadmap on 22 February 2021, a refresh of the Department of Health and Social Care 'Contain Framework' and an increasing focus on Variants of Concern, Local Authorities were asked to review and update their Local Outbreak Management Plans in March 2021 in order to ensure they remained fit for purpose as well as aiding national understanding.
- 2.4 Plan themes remain:
  - Care homes and educational settings
  - Higher-risk settings, communities and locations
  - Community testing
  - Contact tracing
  - Data integration and information sharing
  - Vulnerable communities
  - Governance and local boards
  - Communications and engagement, including community resilience
  - Resourcing

- 2.5 In addition, refreshed plans were also asked to include information specific to:
- Support for self-isolation
  - Surveillance
  - Responding to Variants of Concern
  - Action on enduring transmission
  - Interface with vaccines roll out
  - Activities to enable 'living with Covid-19'
- 2.6 The refreshed Local Outbreak Control Plan has also been aligned to the Relighting our City Strategy and is a key document in supporting the city as it moves towards the next phase of living with Covid-19.
- 2.7 The timeline for completion of the document was rapid with Local Authorities provided with an initial two weeks to update Outbreak Control Plans including identifying good practise, issues, risks and opportunities. Draft versions were shared with the designated Senior Regional Coordinator West Midlands in the Department of Health and Social Care (DHSC). On 24<sup>th</sup> March the final draft was then submitted to DHSC Regional Partnership Teams for review in association with Regional Assurance Working Groups. Following this, issues, risks and opportunities at a national level were escalated from Regional Assurance Working Groups to the National Assurance Working Group and other interested forums by 02 April 2021.

### **3.0 Monitoring and oversight**

- 3.1 The Outbreak Control Plan is a partnership Plan, and as such it is co-signed by the Leader of the Council, the Cabinet Member for Public Health and Wellbeing, the Director of Public Health, the Interim Chair, Black Country and West Birmingham Clinical Commissioning Group, the Chief Executive, The Royal Wolverhampton NHS Trust and Chief Superintendent, West Midlands Police. This partnership approach was recognised as a strength by the DHSC assurance process.
- 3.2 Pages 10 and 11 of the document highlight how a shared response underpins the Plan. Throughout, reference to Community Champions, faith and community groups and the wider voluntary sector, illustrate that the success of the Plan in ensuring no-one is left behind rests on a city response built on trust and cooperation.
- 3.3 The Plan is thematically structured. Each theme references what has been achieved since the publication of the first iteration of the Plan in June 2020 and then identifies future activity. A governance structure is presented on page 12 of the Plan. Responsibility for delivering the future activity outlined in the Plan will sit with a range of different boards and groups within the governance structure.
- 3.4 The Wolverhampton Covid-19 multi-agency Strategic Co-ordination Group will continue to provide leadership on the approach to tackle the impact Covid-19 has on the city.

- 3.5 Local and system governance arrangements for the Outbreak Control Plan will be kept under review as we progress through the different stages of the Roadmap, with oversight provided by the Local Outbreak Engagement Board at bi-monthly public meetings, a sub-board of Health and Wellbeing Together.
- 3.6 Aligned to this the Wolverhampton Covid-19 Outbreak Control Planning Group, chaired by the Director of Public Health, has refreshed the programme management approach to monitoring and oversight of the Plan to ensure it is robust going forward. This includes capturing issues, risks and progress monitoring arrangements.

#### **4.0 Financial implications**

- 4.1 Government have announced a number of one-off grants to support local authorities in their response to the pandemic. This includes allocations from the Outbreak Control - Test and Trace grant and the Contained Outbreak Management Fund which are ring-fenced public health grants and have to be spent in line with the conditions of grant. In 2020-2021 the Council received a total of £9.3 million from these two grants. The Government have announced the extension of the Contained Outbreak Management Fund into 2021-2022 totalling £400 million, Wolverhampton's allocate is £2.2 million, this grant continues to be subject to grant conditions and the submission of monitoring returns. The Contained Outbreak Management Fund will be used to support the activities outlined in the plan for 2021-2022.

[LD/15042021/P]

#### **5.0 Legal implications**

- 5.1 The Coronavirus Act 2020 provides a legal framework that 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.

[TC/20042021/T]

#### **6.0 Equalities implications**

- 6.1 One of the most stark features of the pandemic so far has been the impact that Covid-19 has had on particular communities and groups, including people from Black, Asian, and Minority Ethnic communities, people living in more deprived areas, those working in higher risk occupations, people living in overcrowded conditions and / or who have relevant, pre-existing health conditions.
- 6.2 The Outbreak Control Plan seeks to highlight inequalities exposed or amplified as a result of Covid-19 so that we might better target support to these communities and ensure no-one in our city is left behind.

## **7.0 Health and Wellbeing Implications**

- 7.1 The aim of the Outbreak Control Plan is to reduce the spread of COVID-19 infection and save lives and 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.
- 7.2 Health and wellbeing implications of Local Outbreak Plan are kept under review through established reporting lines.

## **8.0 Schedule of background papers**

- 8.1 The 2021 refreshed Outbreak Control Plan should be read in conjunction with the first Outbreak Control Plan published in June 2020:  
<https://www.wolverhampton.gov.uk/sites/default/files/2020-06/Wolverhampton%20COVID-19%20Outbreak%20Control%20Plan%20v2.0.pdf>

## **9.0 Appendices**

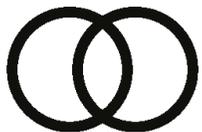
- 9.1 [Appendix 1: Wolverhampton Covid-19 Outbreak Control Plan - Our Journey So Far: Living with Covid-19, March 2021.](#)

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# Community wealth building

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Stuart MacDonald, Associate Director  
David Burch, Senior Researcher

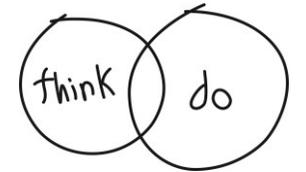


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the national organisation  
for local economies



@CLESthinkdo

# About CLES



- The **national organisation** for **local economies**
- Progressive economics for people, planet and place
- Thinking *and doing*, to achieve social justice and effective public services

# Today's briefing session

- **Introduction to Community Wealth Building**
- **Community Wealth Building around the UK**

- **Introduction to Community Wealth Building**

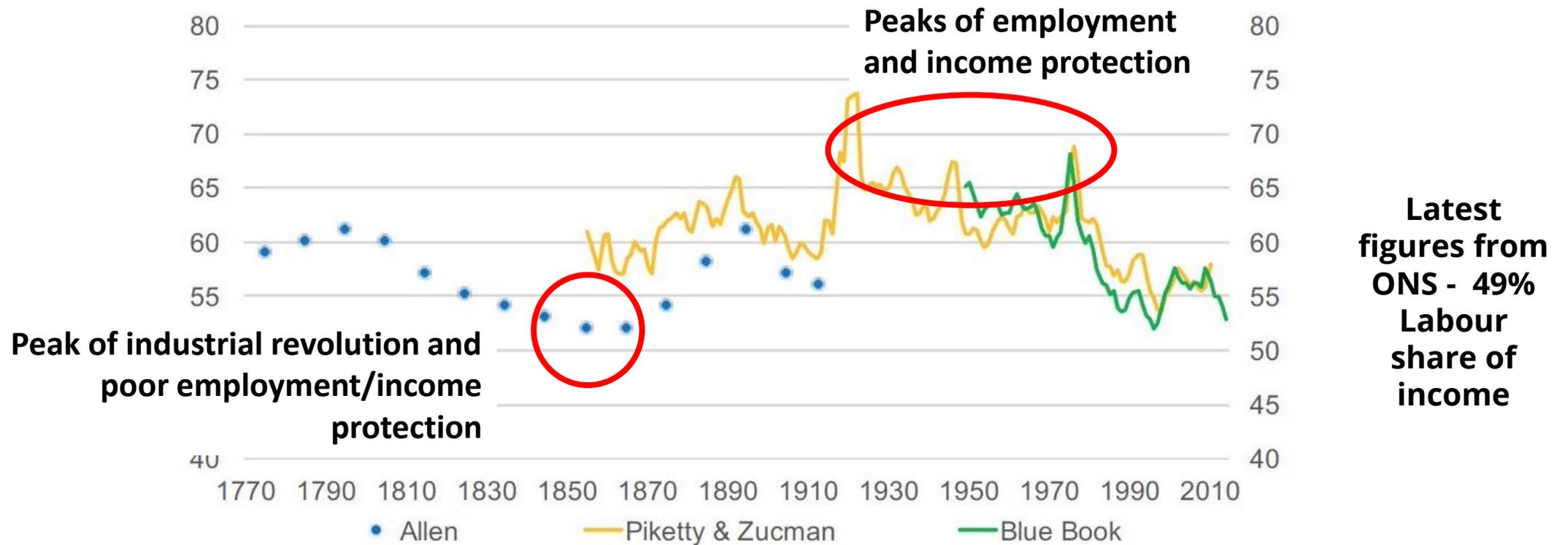
# Our economic model faces challenges

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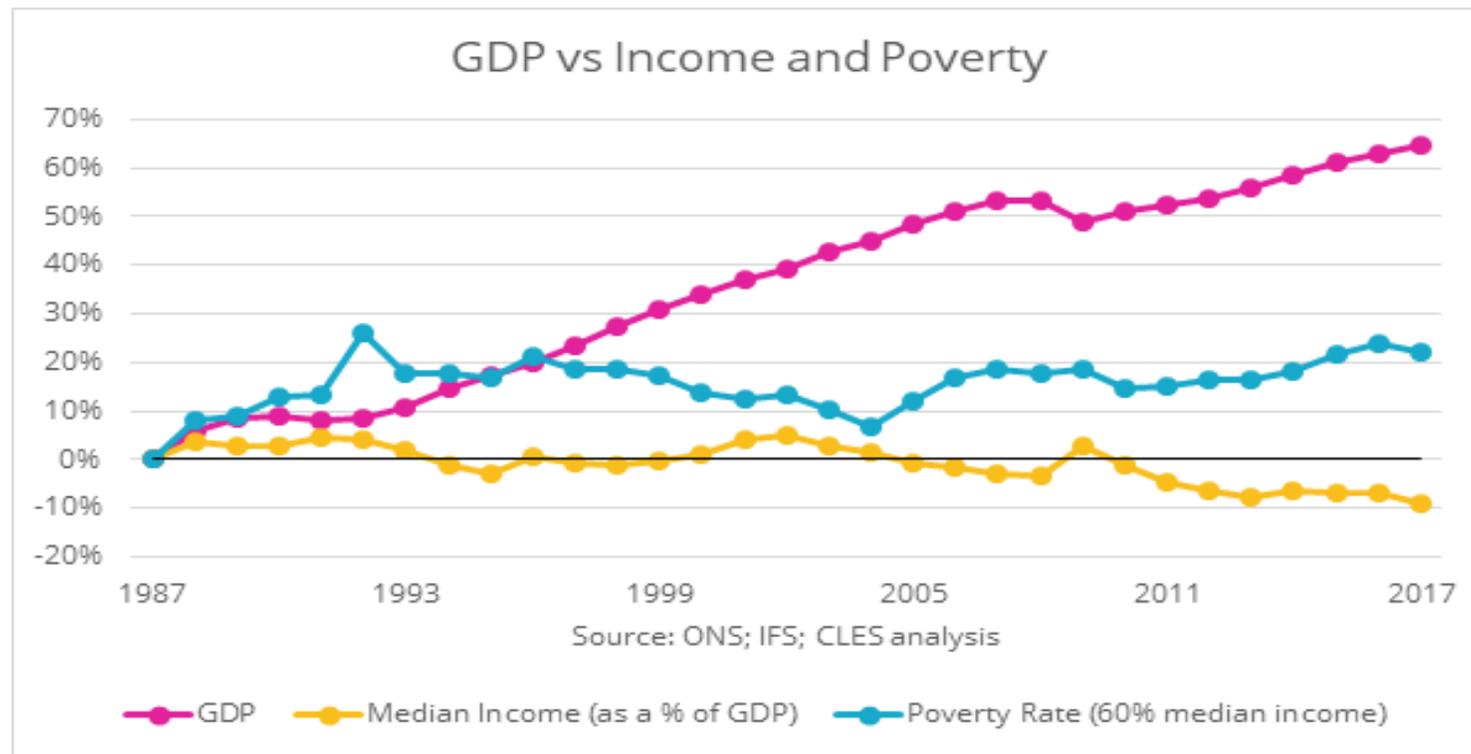


# The labour share of income is in long term decline

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# We need a inclusive economy



# This is not just semantics...

## Inclusive Growth

- Economic model is fine, but need to connect more people to growth
- Marketisation and private values, can sit within and alongside public sector to advance inclusion
- Extraction of wealth seen as inevitable but need to slow for inclusion

## Inclusive Economy

- Economic model is flawed, as it creates unacceptable inequality. Should serve inclusive social goals.
- Restoration of public values within public sector market, is a route to greater inclusion
- Extracted wealth needs to be curbed and made more locally generative

A new economic model is emerging



# Community Wealth Building

*‘Community wealth building is a people-centred approach to local economic development, which looks to increase the flow of wealth back into local economies and places, by given more control to local people and business’ (CLES, 2020)*

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- It is a maturing of economic development, with a core focus growing social and environmental benefits into all economic activity.
- Traditionally, we have focussed on **redistribution** after wealth is created
- CWB involves thinking through **pre-distribution** during and before wealth is created

# Anchor Institutions

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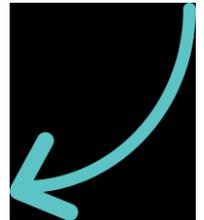
- Institutional economics > Thorstein Veblen
- “Sticky capital”:  
Financial, economic  
intellectual, social,  
human- capital

A word cloud of various institutions in shades of pink and purple. The words are arranged in a roughly rectangular shape. The largest word is 'Local government'. Other prominent words include 'Universities', 'Hospitals', 'Housing associations', 'Regional government', 'Business', 'Colleges', 'Police', 'Fire', and 'Health centres'.

Business  
Colleges  
Police  
Fire  
Health centres  
Universities  
Local government  
Hospitals  
Housing associations  
Regional government

# Pillars of Community wealth building

1. Anchor commissioning and procurement
2. Socially productive use of land and property
3. Fair employment and just labour markets
4. Making financial power work for local places
5. Grow local & community ownership of the economy



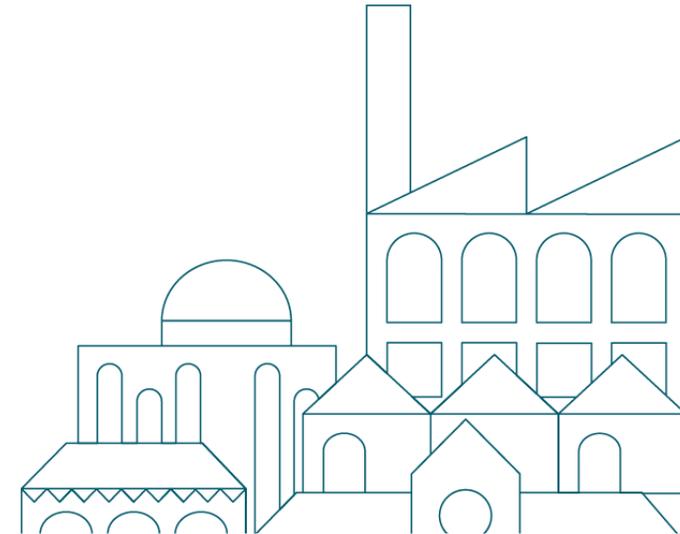
# Democratising the economy

## OWNING THE ECONOMY

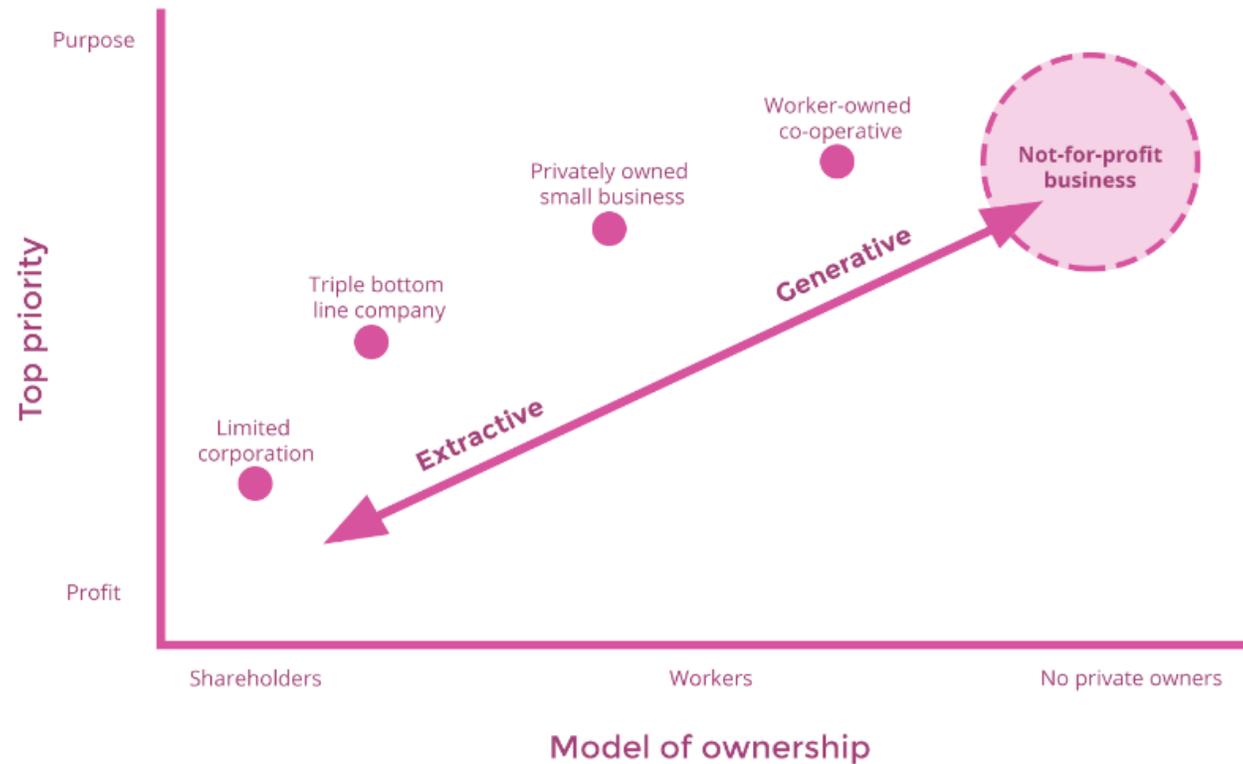


Own the future

A guide for new local economies



# Building a generative economy



- **Community Wealth Building around the UK**

# Community wealth building: practice



Belfast  
Birmingham  
Brighton & Hove  
Bury  
Darlington  
Dudley  
Gateshead  
Hartlepool  
Islington  
Kirklees  
Lancaster  
Leeds  
Lewes  
Lewisham



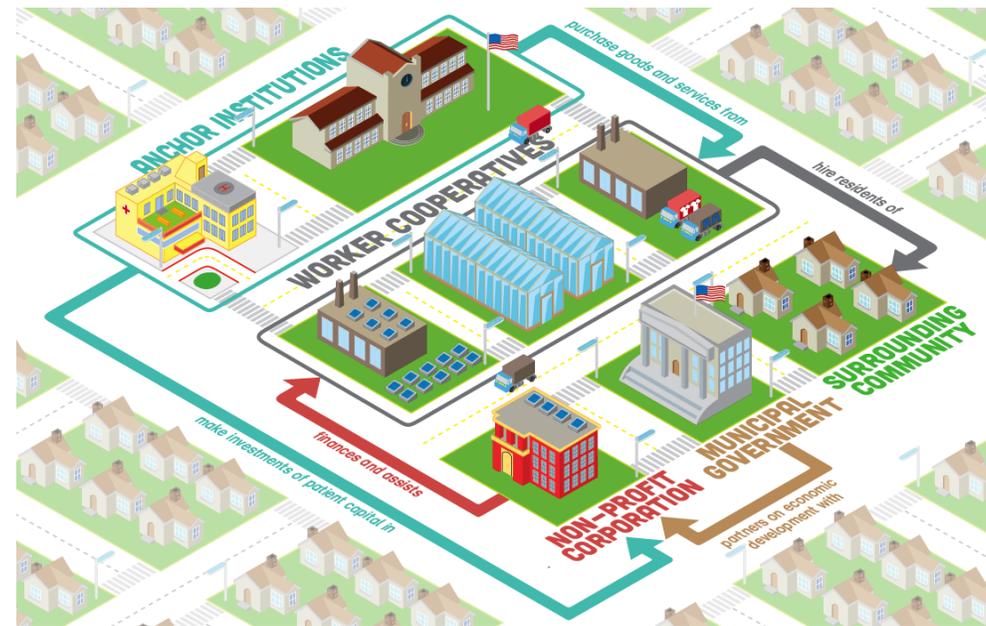
Manchester  
Newham  
North Ayrshire  
North East Lincs  
Oldham  
Preston  
Rochdale  
Salford  
Southampton  
Sunderland  
Swindon  
Wakefield  
Wigan  
Wirral

# 'Preston Model'



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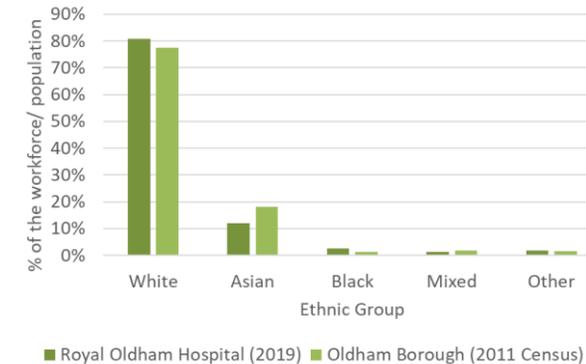
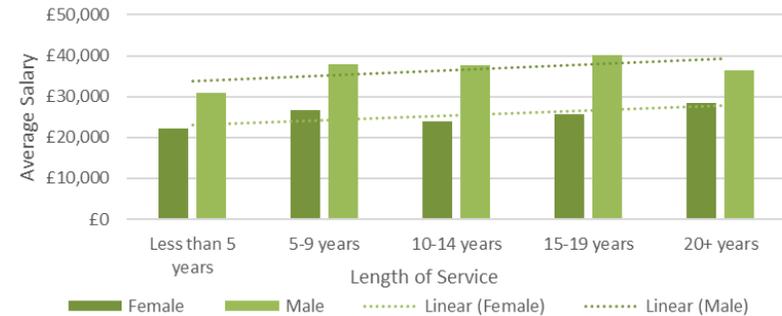
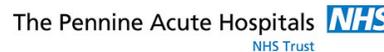
- Preston Practitioners Procurement Group
  - £70m more for city economy
  - £200m more for regional economy
  - Created 1,600 more jobs
  - 4,000 more people being paid the real living wage
- Food co-op and tech co-ops supported by anchors
- Using local pension funds to invest in local area
- Local at municipal energy/bank
- Preston has moved up deprivation index
- Most improved place to live in UK



Lancashire Constabulary  
police and communities together

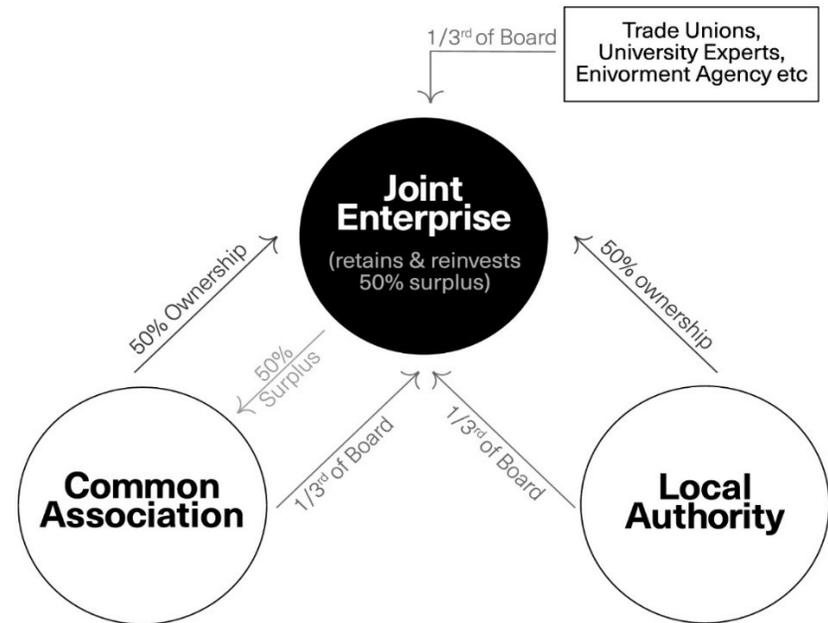
# Workforce mapping

- In 2019 we worked with three anchor institutions in Oldham, analysing a total workforce of 4,600 staff (5% of the labour market)
- Findings included:
  - A 'glass ceiling' of salaries for local employees
  - Gap between ethnic makeup of area and workforce
- Anchors working together on identified issues (i.e., local employees having insufficient skills to progress to higher paid roles)
- Collective review of recruitment processes and internal development/progression routes
- Pilot projects between the College & Hospital



# Wirral Public-Common Partnership

- Innovation in land and property assets in the Wirral. Developing a 'Public-Common Partnership'
  - Council enters into the joint management of municipally-held assets with local cooperatives, social businesses and community groups.
  - Supporting a transition to a low carbon economy
  - Assets for a foundational economy
- Looking to build on the innovative ways of working that came out the COVID-19 crisis
  - How have our space requirements changed?
  - Repurposing science label to manufacture hand sanitiser
- Consideration of what is an asset. Just land and property? Or.. Intellectual property (Uni), surplus capacity in relevant teaching classes (Hospital)



# Birmingham Anchor Network

- Birmingham Anchor Network – seven of the City’s largest institutions, a combined workforce of over 50,000 people and budget of over £5bn
- Community Wealth Builder in Residence
- Action Plan for response to the impact of Covid-19 on the Birmingham economy
  - Hospitality to Health
  - Procurement working group
- Expanding into Sandwell and Wolverhampton, with Dudley and Walsall in discussion.

Birmingham has the UK’s first “community wealth builder in residence”

