



# Health and Wellbeing Together

## 13 October 2021

**Time** 12.00 pm      **Public Meeting?** YES      **Type of meeting** Oversight  
**Venue** Council Chamber - 4th Floor - Civic Centre

### Membership

Councillor Jasbir Jaspal ( <b>Chair</b> )	Cabinet Member for Health and Wellbeing
Paul Tulley ( <b>Vice Chair</b> )	Wolverhampton Managing Director, Black Country and West Birmingham CCG
Emma Bennett	Executive Director of Families
Katrina Boffey	Assistant Director of Strategic Transformation, NHS England & NHS Improvement - Midlands
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
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Marsha Foster	Director of Partnerships, Black Country Healthcare NHSFT
Lynsey Kelly	Head of Community Safety
Dr. Ranjit Khutan	Head of Public Health Outreach & Engagement, University of Wolverhampton
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Councillor Beverley Momenabadi	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Samantha Samuels	Group Commander Black Country North, West Midlands Fire Service
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Opposition Leader

### Information for the Public

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

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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 previous meetings** (Pages 5 - 14)  
[To approve the minutes of 28 April 2021 and 14 July 2021 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 2021 - 2022** (Pages 15 - 20)  
[To receive the Health and Wellbeing Together Forward Plan 2021 - 2022.]

### ITEMS FOR DISCUSSION OR DECISION - PART 2

#### SYSTEM LEADERSHIP

- 7            **Health and Wellbeing Together Terms of Reference - Light Touch Review**  
(Pages 21 - 24)  
[To approve the refreshed Health and Wellbeing Together Terms of Reference.]
- 8            **Wolverhampton Health Inequalities Strategy 2021-2023** (Pages 25 - 56)  
[To approve the Wolverhampton Health Inequalities Strategy for 2021-2023.]

#### LIVING WELL

- 9            **Better Mental Health Fund 2021-2022: Project Overview and Timeline for Delivery** (Pages 57 - 62)  
[To receive a briefing note providing an overview of the Better Mental Health Fund 2021 - 2022.]
- 10           **Black Country Healthcare Foundation Trust - Clinical Strategy Update**  
[To receive a presentation providing an update on the Clinical Strategy.]
- 11           **Healthwatch Wolverhampton Annual Report 2020 - 2021** (Pages 63 - 108)  
[To receive the Healthwatch Wolverhampton Annual Report.]
- 12           **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 - 28 April 2021

### Attendance

#### Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton CCG
Melvena Anderson	Black Country Healthcare NHS Trust
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children's and Adult Services
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
Lynsey Kelly	Head of Community Safety
Dr Ranjit Khutan	University of Wolverhampton
Councillor John C Reynolds	Cabinet Member for Children and Young People
Sally Roberts	Wolverhampton Safeguarding Board
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Leader of the Opposition

#### In attendance

Donna Cope	Democratic Services Officer
Tom Denham	Head of Adult Services
Madeleine Freewood	Stakeholder Engagement Manager
Stuart MacDonald	Centre for Local Economic Strategies (CLES)
Sandra Shaw	University of Wolverhampton
Amanda Sherrard	Senior Analyst
Dr Kate Warren	Consultant in Public Health
Becky Wilkinson	Deputy Director Adult Services

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

*Item No.*    *Title*

- 1        **Apologies for absence**  
Apologies were received from Marsha Foster, Katherine Birch, Professor David Loughton CBE and Katrina Boffey.

- 2        **Notification of substitute members**

Dr Ranjit Khutan attended on behalf of Katherine Birch and Melvena Anderson attended on behalf of Marsha Foster.

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 13 January 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. It was noted that, due to the need to focus on the Covid-19 Outbreak Control Plan, the Public Health Annual Report had been deferred to the July meeting.

Any requests for agenda items should be forwarded to Democratic Services or Madeleine Freewood, Stakeholder Engagement Manager.

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.

In terms of daily cases in Wolverhampton, it was reported that numbers had been very low since beginning of March and were continuing to reduce over time despite the lifting of some restrictions.

It was reported that case rates continued to be highest in working age adults but had decreased in all age groups, particularly the older adults; this was a result of both the lockdown restrictions and vaccination programme.

Regional case rate statistics showed that the Wolverhampton case rates were currently amongst the lowest in the West Midlands and the current case rate was 20.5.

There were no consistent geographical hotspots and case rates appeared very similar across the City.

It was reported that hospital admission rates were very low and currently there were only four patients in New Cross Hospital being treated for COVID-19, with none on ventilators.

The Winter peak of mortality had now subsided, and the overall level of deaths was currently not in excess of the level usually seen at this time of year.

The vaccination programme had been rolled out at pace, and good coverage levels had been achieved so far. Disparities had been observed and partnership plans were in place to address these.

Members of the Board paid tribute to John Denley, Director of Public Health and his team and thanked them for their dedicated work in response to the pandemic. The partnership work between all agencies was commended and the importance of targeting those living in less affluent areas was emphasised.

It was noted that plans for Phase 3 of the vaccination programme were starting but dates for the delivery were not set as it was currently a work in progress.

Resolved:

That the Local Outbreak Engagement Board Update be received.

## 8 **Wolverhampton Covid-19 Outbreak Control Plan**

John Denley, Director of Public Health, presented the refreshed Wolverhampton Covid-19 Outbreak Control Plan report accompanied by a presentation. The presentation provided a visual overview of the progress achieved so far, lessons learnt since the first version of the Plan was published in June 2020, and how Wolverhampton planned to collectively 'reset, recover and relight' through the next stages of the national Roadmap.

The seven key themes within the refreshed plan were outlined and the challenges faced when delivering these proposals were discussed.

The Director of Public Health responded to questions asked and the response strategy to the emergence of new variants was outlined.

Councillor Ian Brookfield, Leader of the Council, stated that he was confident with the refreshed plan and thanked the council and partners for their work on this.

Concerns were raised about the length of time it was taking for laboratories to respond on cases regarding variant mutations. The Director of Public Health explained that the issue was being addressed and response times should improve.

Resolved:

That the refreshed Outbreak Control Plan for Wolverhampton be noted.

## 9 **Introduction to Community Wealth Building**

Stuart MacDonald, Associate Director of the Centre for Local Economic Strategies (CLES), delivered a presentation on Community Wealth Building. The presentation provided an overview of the current economic problem and how community wealth building sought to address the issues of austerity, financialisation and automation.

Community wealth building was a people-centred approach to local economic development, which looked to increase the flow of wealth back into local economies and places, by giving more control to local people and businesses.

The Associate Director discussed different types of Community Wealth Building approaches within the UK and responded to questions asked.

Councillor Ian Brookfield, Leader of the Council, emphasised the importance of rebalancing wealth in the community and welcomed future work with the CLES.

Resolved:

That the Introduction to Community Wealth Building update be received.

10

**Other Urgent Business**

The Board were advised of a Wolverhampton LGBT+ virtual consultation that was taking place on 28 April 2021 at 7.00 pm. Details of the consultation and how to take part were circulated.



# Health and Wellbeing Together

## Minutes - 14 July 2021

### Attendance

#### Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton CCG
Chief Superintendent Andy Beard (Virtual)	West Midlands Police
Emma Bennett	Director of Children's and Adult Services
Tracy Cresswell (Virtual)	Healthwatch Wolverhampton
Ian Darch	Third Sector Partnership
John Denley	Director of Public Health
Professor Steve Field CBE (Virtual)	Royal Wolverhampton NHS Trust
Marsha Foster (Virtual)	Black Country Healthcare NHSFT
Lynsey Kelly	Head of Community Safety
Councillor Beverley Momenabadi (Virtual)	Cabinet Member for Children and Young People
Sally Roberts (Virtual)	Wolverhampton Safeguarding Board
Samantha Samuels (Virtual)	West Midlands Fire Service
Councillor Stephen Simkins (Virtual)	Deputy Leader of the Council
Councillor Wendy Thompson (Virtual)	Leader of the Opposition

#### In Attendance

Dr Jamie Annakin	Principal Public Health Specialist
Tom Denham	Head of Adult Services
Madeleine Freewood	Stakeholder Engagement Manager
Shelley Humphries	Democratic Services Officer
Councillor Susan Roberts (Observer)	Chair of Health Scrutiny Panel
Martin Stevens DL (Observer)	Scrutiny Officer
Becky Wilkinson	Deputy Director of Adult Services

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

*Item No.*      *Title*

- 1      **Apologies for absence**  
It was noted that the meeting of 14 July 2021 was inquorate; it was agreed that the meeting would continue on an informal basis and acknowledged that any decisions made must be ratified at the next quorate meeting.

Apologies were received from Councillor Ian Brookfield, Councillor Linda Leach, Sally Roberts, Professor David Loughton CBE and Dr Ranjit Khutan.

- 2      **Notification of substitute members**  
Councillor Stephen Simkins attended virtually for Councillor Ian Brookfield and Ian Darch attended in person for Laura Thomas.

3 **Declarations of interest**

There were no declarations of interest.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 28 April 2021 be approved as a correct record subject to the correction of Councillor Wendy Thompson's role on the Board and ratification at the next quorate meeting of Health and Wellbeing Together.

5 **Matters arising**

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

6 **Health and Wellbeing Together Forward Plan 2021 - 2022**

Madeleine Freewood, Stakeholder Engagement Manager, presented the Health and Wellbeing Together Forward Plan 2021 – 2022 and outlined future meetings and agenda items.

It was highlighted that the Joint Mental Health and Wellbeing Strategy report was on the agenda for the October meeting of full board as a follow-up to the update scheduled on the July agenda and would likely be a joint update with partners.

It was added that work on the Health Inequalities Strategy was progressing well and it was thought that the final draft would be ready to present at the October meeting of full board.

Resolved:

That the Health and Wellbeing Together Forward Plan 2021 – 2022 be noted.

7 **Wolverhampton COVID-19 Outbreak Control Plan Report**

John Denley, Director of Public Health, presented the Wolverhampton COVID-19 Outbreak Control Plan report with supporting presentation. The presentation provided an epidemiological update on the current COVID-19 situation in the City.

In terms of case rates per 100,000 people, the first graph showed Wolverhampton ranking as lower than its neighbouring authorities. The graph depicting daily case rates showed there was still cause for concern as Wolverhampton cases had quadrupled in the last three weeks.

In terms of age, a heat map showed that the virus was prevalent in the 19-24 and 11-16 age groups. It was noted that public health continued to work closely with schools to offer support as this affected secondary school-aged children and young people.

It was acknowledged that the vaccine was providing very effective levels of protection against serious illness and had made a positive impact in reducing hospital admissions. Despite this, it was stressed that the vaccine alone did not prevent transmission and caution should still be exercised as the dominant variant was extremely infectious.

Testing showed that around 26,000 tests were being undertaken on a weekly basis however it was stressed that it was important to maintain this momentum.

It was reported that fears around the vaccine causing illness had been expressed at various community discussions. Assurances were offered that over 163,000 had now received the vaccination and, although some side effects were possible, it would have begun to show in the statistics if the vaccine caused illness. It was stressed that the vaccine did not prevent catching the virus but did work towards preventing serious illness.

It was noted that accessibility to vaccines rather than hesitancy had begun to emerge as a barrier to some residents, therefore mobile vaccination units were being rolled out across the City to increase opportunities to be vaccinated. Uptake among care workers had been low however there had been some improvement and progress had also been made encouraging uptake amongst ethnic populations.

Sally Roberts, Wolverhampton Safeguarding Board expressed her thanks to the public health team for the collaborative working and excellent results.

Emma Bennett, Director of Children's and Adult Services reported that Incident Management Team (IMT) meetings continued to take place with public health and education colleagues as well as continual engagement with schools to offer support in navigating the national guidance. Headteachers would be on call the first few weeks of the holidays to manage any incidents of track and trace.

Ian Darch, Third Sector Partnership added that Wolverhampton had responded well to reduce the damage caused by the COVID crisis as well as providing clarity of communication throughout. It was noted that the weekly IMT meetings, efforts of headteachers, teaching staff and school community, as well as the voluntary sector should all be recognised and it was thought that the City of Wolverhampton was in a better position because of collaborative working.

Councillor Beverley Momenabadi, Cabinet member for Children and young People also added that communications had been easy to follow and the tables outlining details of vaccines clinics had been especially helpful. It was noted that the family activities and events planned over the summer would offer further opportunities to promote vaccine uptake.

Councillor Stephen Simkins, Deputy Leader of the Council raised a concern over a potential surge in cases once remaining entertainment venues reopened and if there were plans in place to mitigate this. Assurances were offered that the 'hands, face and space' message was being perpetuated despite restrictions being eased. Businesses had also been encouraged to keep safety measures in place and were keen to promote this as a selling point.

It was also noted that the Outbreak Control Plan was continually being refreshed as the landscape changed and business continuity and emergency planning were key. Local businesses and organisations were being encouraged to have a Business Continuity Plan in place as well.

In response to a further query raised around GP surgeries availability, it was reported that surgeries had been open throughout the pandemic albeit operating differently with calls being triaged and the majority of consultations taking place by telephone or video. It was also noted that the CCG were working closely with GPs to offer support

The mental and physical health of the population was also a concern and it was acknowledged that the pandemic had taken its toll on many due to restrictions in seeing loved ones and limits on their usual activities.

Councillor Wendy Thompson, Leader of the Opposition referred to the increasing case rates in Wolverhampton and the Black Country and raised a query around how Wolverhampton was supporting neighbouring authorities and containing the spread. Paul Tulley, Wolverhampton CCG advised that the specifics of other authorities' responses were not known however the Royal Wolverhampton Trust, Wolverhampton CCG and public health colleagues had been working together to provide wraparound support and mirroring other authorities' encouragement of vaccine uptake.

Resolved:

That the Wolverhampton COVID-19 Outbreak Control Plan Report be received.

## 8 **Public Health Annual Report 2020 - 2021**

John Denley, Director of Public Health, presented the Public Health Annual Report 2020 – 2021 and highlighted key points. It was outlined that the report was a statutory requirement and served as the Director of Public Health's professional statement about the health and wellbeing of their local communities.

The report sought to inform professionals and members of the public about key issues in the City over the past year throughout the pandemic as well as identifying current priorities and highlight required action for the improvement and protection of the health of the local population.

It was noted that it seemed fitting to focus on the City response to the impact of COVID-19, how it had exacerbated existing health inequalities and how the Council looked to address these as well as working to reinvigorate the City in the Relight project. The report took into account all the learning from COVID, such as providing support for communities during the lockdown periods, data gathered and the importance of partnership working.

Ian Darch, Third Sector Partnership, again reiterated that partnership working had been key but despite some sectors receiving additional income from central government, the voluntary sector had shrunk nationally because of the impact of COVID. Wolverhampton had been no exception and the plea moving forward was to focus on the value of the Wolverhampton pound, making use of existing resources and valuing local organisations that are remaining. It was noted that it was also important to avoid duplication so that no-one missed out in other areas. Sustainability was also touched on and ensuring continuing support for organisations during periods where funding wasn't coming in.

Thanks were offered and the Public Health team were commended for their hard work over a particularly challenging year.

Resolved:

That the Public Health Annual Report 2020 – 2021 be approved subject to ratification at the next quorate meeting.

9 **Building a Health and Wellbeing Economy Adult Social Care Focus - Workshop Feedback**

Becky Wilkinson, Deputy Director of Adult Services and Tom Denham, Head of Adult Services delivered a presentation to provide Health and Wellbeing Together with an update on the feedback gathered from the Building a Health and Wellbeing Economy Adult Social Care Focus Workshop held on 18 June 2021.

It was outlined that attendees were divided into two groups; one focusing on Care Enterprise and the other on Care Employment. The Care Enterprise theme explored challenges around commissioning and funding whilst Care Employment examined recruitment and staff retention.

It was acknowledged that the workshop sessions had prompted some productive discussions from which a series of next steps had been formulated. These outcomes were presented to Health and Wellbeing Together and it was agreed to maintain a feedback loop of progress between Health and Wellbeing Together Board and the Relight 'Workforce' and 'Procurement and Commissioning' anchor network groups.

Resolved:

That a feedback loop be maintained between Health and Wellbeing Together Board and the Relight 'Workforce' and 'Procurement and Commissioning' anchor network groups.

10 **Joint Public Mental Health and Wellbeing Strategy Update including Metal Health Service Transformation Update**

Dr Jamie Annakin, Principal Public Health Specialist delivered the Joint Public Mental Health and Wellbeing Strategy Update. It was reported that that the strategy was created in partnership with Wolverhampton City Council with Wolverhampton CCG, who were looking to refresh the priorities of the Strategy as it was coming towards the end of its three-year cycle.

The existing Strategy promoted the importance of good mental health and access to services for the care of people with mental health problems. It was noted that indicators within the previous Strategy had provided information on what the issues were but not the cause.

The refreshed priorities were identified as:

1. To review the overarching evaluation and monitoring framework (wider determinants, vulnerable groups, service activity, health and care outcomes);
2. To assess Impact of the COVID-19 pandemic on mental health
3. (Population level survey, systematic review of service data and emerging evidence, engage groups at increased risk of mental health problems to understand risk and protective factors;
4. To make recommendations for future strategic focus of mental health and Wellbeing interventions across the City.

It was also reported that a successful bid had been submitted to Public Health England for funding for a number of projects and programmes. This included looking at a new approach to the needs assessment and survey, as well as a systematic review on what we know of COVID's impact on mental health and wellbeing. It was acknowledged that early engagement was key and identifying how a real difference could be made in communities.

Marsha Foster, Black Country Healthcare Foundation Trust provided an update on the work of the Trust around mental health services. It was reported that it was currently in the process of developing a clinical strategy and thanks were given to all partners who had been involved in engagement for that strategy. In addition, funding had been received and allocated for the transformation of the mental health service. Part of that transformation was the development of access and pathways to provide earlier intervention and working closely with social care and third sector partners. It was reiterated that a further update would likely be provided alongside the October update on the Joint Public Mental Health and Wellbeing Strategy.

It was again acknowledged that partnership working was important and the funding was welcomed on both counts as it was felt that mental health had not received enough investment in the past. It was recorded that recognition be given to those in the voluntary sector such as ACCI, and organisations providing social prescribing and working with GPs to support isolated and vulnerable people.

Resolved:

That the Joint Public Mental Health and Wellbeing Strategy Update including Mental Health Service Transformation Update be received.

11

**Other Urgent Business**

There was no other urgent business.



<b>Report title</b>	Health and Wellbeing Together Forward Plan 2021 - 2022	
<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>	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: Sep 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  
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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 13 Oct 2021	System Leadership		Health and Wellbeing Together – Refreshed Terms of Reference	Madeleine Freewood (CWC)		
	System Leadership		Health Inequalities Strategy 2021 – 2023	John Denley and Dr Kate Warren (CWC)		
	Living Well		Better Mental Health Fund 2021-2022: Project Overview and Timeline for Delivery	Jamie Annakin (CWC)	Follow Up Report	
			Black Country Healthcare Foundation Trust - Clinical Strategy Update	Marsha Foster and Dr Mark Weaver (Black Country Healthcare Foundation Trust)		
			Healthwatch Wolverhampton Annual Report	Tracy Cresswell (Healthwatch Wolverhampton)	Annual Report	

[This report is PUBLIC  
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<b>E: 12 November 2021</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item
	System Leadership		NHS Reconfiguration Update (including ICS Development Update)	Paul Tulley (Black Country and West Birmingham CCG)		Standing Item
			Lead Provider Proposals	Steven Marshall (Black Country and West Birmingham CCG)		
			Better Care Fund Planning Requirements for 2021-2022	Karen Evans (Black Country and West Birmingham CCG)		
<b>FB 19 Jan 2022</b>						
<b>E: 02 March 2022</b>	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood (CWC)		Standing Item

[This report is PUBLIC  
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	System Leadership		NHS Reconfiguration Update (including ICS Development Update)	Paul Tulley (Black Country and West Birmingham CCG)		Standing Item
<b>FB 27 April 2022</b>						
To be scheduled...			Police and Crime Plan	Hannah Pawley (CWC)		



<b>Report title</b>	Terms of Reference – Light Touch Review	
<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 employee</b>	Madeleine Freewood	Stakeholder Engagement Manager
	Tel	01902 553528
	Email	madeleine.freewood@wolverhampton.gov.uk
<b>Report has been considered by</b>	Cabinet Member briefing	30 September 2021

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**Recommendations for decision:**

Health and Wellbeing Together is recommended to:

1. Approve a change to the Terms of Reference so that meetings of the board will be quorate if at least one third of Board Members are present, with at least one Elected Member and one external partner in attendance.
2. Approve changes to the membership as outlined in paragraph 3.2.

## **1.0 Purpose**

- 1.1 To seek formal approval to make changes to the quorum for the board in light of the recent High Court Judgement on the continuation of virtual council meetings.
- 1.2 To update the membership in line with local NHS changes taking place in preparation for the creation of a Black Country Integrated Care System in April 2022.

## **2.0 Background**

- 2.1 Health & Wellbeing Together is the forum where key leaders from the health, care and system come together to improve the health and wellbeing of the local community, work towards reducing health inequalities and support the development of improved and joined up health and social care services. It is the name given to the City of Wolverhampton Health and Wellbeing Board, a statutory Board established under the Health and Social Care Act 2012.

## **3.0 Quorum – Proposed Change and Rationale**

- 3.1 During the COVID-19 pandemic meetings of the Health and Wellbeing Together board were held virtually. Following High Court judgment on 28 April it was confirmed that when the Coronavirus Act powers lapse, council meetings should be held in person.
- 3.2 Wolverhampton's Health and Wellbeing Together Board is now meeting in person with the option for members to attend virtually as part of a hybrid approach; with the caveat that any member attending virtually is only recognised as an observer and not formally allowed to vote.
- 3.3 The current quorum for meetings is "50% of the membership with at least one Council and one Clinical Commissioning Group Board Member representative at each meeting."
- 3.4 It is proposed to change the quorum for meetings to "at least one third of Board Members with at least one Elected Member and one external partner present." This will allow greater flexibility for board members in terms of options for participation.
- 3.5 Members of the Board will also be advised to provide the name of an alternate/substitute member.

## **4.0 Membership**

- 4.1 The Health and Care Bill is currently progressing through Parliament. Once approved this new legislation will mean Integrated Care Systems (ICS) will become statutory bodies. It is anticipated that Wolverhampton will be part of the Black Country ICS in April 2022. A number of changes are currently taking place within the NHS locally in anticipation of the Bill becoming law, this has included for example, the four Clinical Commissioning Groups (CCGs) in the Black Country and West Birmingham merging to become a single organisation.

- 4.2 Given the above some small changes to current membership are recommended as below. It also allows an opportunity to update role titles in line with any changes since the terms of reference were first published.

Leader of the Council+
Cabinet Member for Children and Young People
Cabinet Member for Adults
Cabinet Member for Public Health & Wellbeing, Chair+
<i>Shadow Cabinet Member for Public Health &amp; Wellbeing</i> <b>Recommend change to Opposition representative</b>
Director of Public Health+
<i>Director of Adults' Services+ and Director of Children's Services+</i> <b>Recommend change to Executive Director of Families</b>
<i>Head of Community Safety</i> <b>Recommend change to Head of Communities, Public Health</b>
Wolverhampton CCG Chief Officer, Vice-chair+ <b>Recommend change to Wolverhampton Managing Director Black Country &amp; West Birmingham CCGs</b>
Wolverhampton CCG Director of Strategy & Transformation+ <b>Recommend delete</b>
Wolverhampton Healthwatch Chief Officer <b>Recommend change to Wolverhampton Healthwatch – Chief Officer or Manager</b>
NHS England Locality Director
Deputy Director, University of Wolverhampton Institute of Health, Faculty of Education, Health and Wellbeing <b>Recommend change to Senior representative University of Wolverhampton Institute of Health, Faculty of Education, Health and Wellbeing</b>
West Midlands Fire Service Operations Commander <b>Recommend change to Group Commander Operations North Black Country North Walsall and Wolverhampton</b>
West Midlands Police Chief Superintendent
Third Sector Partnership Designated representative
Children's and Adult Safeguarding Boards Independent Chair <b>Recommend change to Chair Wolverhampton Safeguarding Together</b>
Royal Wolverhampton NHS Trust Chief Executive+
Royal Wolverhampton NHS Trust Chair+

Black Country Partnership NHS Foundation Trust <b>Recommend change to Director of Partnerships, Black Country Healthcare NHS Foundation Trust</b>
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<b>Add Chief Executive Wolverhampton Voluntary Sector Council</b>
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+ *Executive Group member*

## **5.0 Future changes**

5.1 A fuller paper outlining the implications for the Board of Wolverhampton belonging to the Black Country ICS will be presented at a future meeting. It is anticipated that at this point other changes to the membership or Terms of Reference may be required.

## **6.0 Financial implications**

6.1 There are no direct financial implications  
[LD/05102021/O]

## **7.0 Legal implications**

7.1 Changes to the quorate will enable the board to meet its legal duties in response to the Hertfordshire County Council and Ors v Secretary of State for Housing, Communities and Local Government [2021] EWHC 1093 (Admin) (28 April 2021) Judgement.  
[TC/04102021/A]

## **8.0 Equalities implications**

8.1 The Terms of reference of the board is kept under review to ensure all partners have equal opportunity to contribute to meetings and can fully represent the diverse population of the City of Wolverhampton.

## **9.0 Health and Wellbeing implications**

9.1 The updated terms of reference will enable the board to better fulfil their statutory duties.

## **10.0 Schedule of background papers**

10.1 Health and Wellbeing Together Terms of Reference:  
<http://wellbeingwolves.co.uk/pdf/terms.pdf>



<b>Report title</b>	Wolverhampton Health Inequalities Strategy 2021-2023	
<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 employee</b>	Madeleine Freewood Tel Email	Stakeholder Engagement Manager  01902 553528 madeleine.freewood@wolverhampton.gov.uk
<b>Report has been considered by</b>	Partnership consultation via email Wolverhampton Local Commissioning Board Joint Education and Children Leadership Team Adult Leadership Team via email Strategic Executive Board Cabinet Member Briefing	August – September 2021 16 August 2021  16 September 2021  21 September 2021 30 September 2021 30 September 2021

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**Recommendation for decision:**

Health and Wellbeing Together is recommended to:

1. Approve the Wolverhampton Health Inequalities Strategy for 2021-2023

## **1.0 Purpose**

1.1 The Health and Wellbeing Together Board has agreed to develop a Wolverhampton Health Inequalities Strategy with the aim of enabling the City and wider system to “Build Back Fairer.”<sup>1</sup> The strategy is presented in Appendix 1.

## **2.0 Background**

2.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes by deprivation, protected characteristics and inclusion groups. Evidence suggests COVID-19 is exacerbating existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals.

2.2 In recognition of the impact of COVID-19 on health inequalities in the City the Health and Wellbeing Together Board is producing a strategy to guide a system response to pro-actively address these inequalities building on the strengthened working relationships fostered during response to the pandemic. The implementation of the strategy and development of an associated high-level monitoring framework will provide the opportunity for partners to align activity, enable system join-up, identify gaps and prevent duplication.

## **3.0 Overview**

3.1 The strategy outlines the health inequalities challenge in the City and outlines a set of guiding principles agreed by board partners to be adopted in response to this challenge.

3.2 It commits the board to agreeing a high-level monitoring framework as a means to share practice and hold each-other to account.

3.3 It advocates the use of the HEAT tool<sup>2</sup> as a means to systematically address health inequalities in design and delivery of services.

3.4 The strategy also outlines a commitment for board partners to:

- Increase our understanding around health inequalities and our local population – including developing and implementing an agreed approach to data capture, data linkage and data sharing
- Work collaboratively across all parts of the health and care system to join-up and promote and embed action to reduce health inequalities
- To work in partnership with local people, groups and forums to ensure health and care pathways are informed and co-produced by people with lived experience, under-represented and protected groups.

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<sup>1</sup> <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

<sup>2</sup> <https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

#### **4.0 Physical inactivity ‘system challenge exemplar’**

- 4.1 To accompany the development and delivery of the strategy board partners have committed to working on a cross-cutting priority which they actively apply the principles of the strategy to address.
- 4.2 Following discussion with the Cabinet Member for Public Health and Wellbeing and other board partners it is proposed that this cross-cutting priority be the promotion of physical activity in the City.
- 4.3 Wolverhampton is ranked the 4th worst local authority (317 total) for levels of inactivity in the country. To meet the national average for levels of inactivity, 23,144 people in Wolverhampton need to increase their levels of physical activity to more than 30 minutes of moderate intensity per week.
- 4.4 Sport England have cited that the COVID-19 pandemic, has had detrimental effect on to people's levels of physical activity, with some groups being affected disproportionately including women, young people, people living with disabilities, people living with long term health conditions and people from Black and Asian backgrounds.
- 4.5 The Health and Wellbeing Together Board hosted a virtual workshop facilitated by Active Black Country on 21 September 2021 to scope a partnership response to this challenge. An update regarding progress and next steps in relation to this project will be presented to future meetings of the Health and Wellbeing Together Board.

#### **5.0 Financial implications**

- 5.1 The work highlighted within the report will be met via existing budgets within Public Health and Families Directorate as appropriate.  
[LD/30092021/Y]

#### **6.0 Legal implications**

- 6.1 Health Inequalities are systematic, unfair and preventable differences in health outcomes including protected characteristics as covered by the Equalities Act 2010.  
[TC/01102021/A]

#### **7.0 Equalities implications**

- 7.1 The development and implementation of a health inequalities strategy for the City will take account of inclusion groups, the protected characteristics as covered by the of the Equalities Act 2010, as well as the impact of COVID-19 on the Black, Asian, Ethnic Minority groups within the population of Wolverhampton.

#### **8.0 Health and Wellbeing implications**

- 8.1 Health and Wellbeing Together has a statutory duty to produce a Joint Health and Wellbeing Strategy, which addresses key priorities for the population. The proposal to develop a health inequalities strategy for the City will further strengthen this.

#### **9.0 Appendices**

- 9.1 Appendix 1: Wolverhampton Health Inequalities Strategy 2021-2023

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City of Wolverhampton

**Health &  
Wellbeing  
Together**

# Wolverhampton Health Inequalities Strategy 2021-2023

Supporting Relight and Recovery for the City

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Front cover: ‘Playing Out’ – Great Hampton Street, Wolverhampton

## Foreword

**In Wolverhampton stark inequalities continue to exist in the conditions in which people are born, grow, work, live, and age. In turn these inequalities have an adverse effect on people's health and wellbeing.**

Covid-19 has further exacerbated these existing health inequalities with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals. Alongside the bereaved, there are many people who are suffering from long term physical and mental impacts of Covid-19. There are also many who have been affected financially, which brings its own health consequences. This strategy represents our combined response to pro-actively addressing these inequalities with a renewed sense of urgency and pace. We aim to do this by building on the strengthened partnership working galvanised through our collective efforts to address the pandemic.

Health and Wellbeing Together is the forum where key leaders from the health, care and wider system come together to improve the health and wellbeing of the local community. The board works towards reducing health inequalities and supports the development

of improved and joined up health and social care services. It is therefore particularly well placed to be the system catalyst for the development and delivery of a strategy to address health inequalities as we seek to 'relight' and recover as a city from Covid-19.

The aim of this strategy is to provide a framework for addressing the board's growing well, living well and ageing well priorities with the aim of enabling Wolverhampton and the wider system to "Build Back Fairer."<sup>1</sup> It is a deliberately short action-orientated document. It outlines our joint commitment to understand health inequalities in the city and undertake a systematic and joined-up approach to ensure no-one is left behind.



**Councillor Jasbir Jaspal**  
**Cabinet Member for Health and Wellbeing**  
**Chair of the Health and Wellbeing Together Board**



**Paul Tulley**  
**Wolverhampton Managing Director, Black Country and West Birmingham CCGs**  
**Vice-chair Health and Wellbeing Together Board**

<sup>1</sup> <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

## Introduction:

# Understanding what we mean by ‘health inequalities’

Health Inequalities are systematic, unfair and preventable differences in health across the population, and between different groups within society. The Kings Fund<sup>2</sup> describe health inequalities in the following way:

### Inequalities of what?

Health inequalities are ultimately about differences in the status of people’s health. But the term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status.

#### Health inequalities can therefore involve differences in:

- **Health status**, for example, life expectancy and prevalence of health conditions
- **Access to care**, for example, availability of treatments
- **Quality and experience of care**, for example, levels of patient satisfaction
- **Behavioural risks to health**, for example, smoking rates
- **Wider determinants of health**, for example, quality of housing.

<https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

The ‘inequalities of what’ question then leads to another question:

### Inequalities between whom or between which groups?

Differences in the status of people’s health and the things that determine it can be experienced by people grouped by a range of factors. For this reason, in England, health inequalities are often analysed and addressed by policy across four factors:

- **Socio-economic factors** e.g. a person’s lived social and economic experiences and realities. This can include education, income and occupation, place of residence etc.
- **Geography.** Evidence demonstrates that people living in the most deprived areas face worse health inequalities in relation to health access, experiences and outcomes. A definition of deprived area is based on a number of characteristics included in the index of Multiple Deprivation – Income Deprivation, Employment Deprivation; Education, Skills and Training Deprivation; Health Deprivation and Disability; Crime; Barriers to Housing and Services; Living Environment Deprivation. Both urban and rural areas can be deprived.
- **Specific characteristics or ‘protected groups’** including those protected in law by the Equality Act 2010 e.g. age, disability, gender reassignment, marriage and civil partnership (but only in respect of eliminating unlawful discrimination), pregnancy and maternity, race—this includes ethnic or national origins, colour or nationality; religion or belief—this includes lack of belief, sex, sexual orientation.
- **Socially excluded groups**, sometimes referred to as ‘inclusion health groups’. This is used to refer to a number of groups of people who are not usually well provided for by healthcare services, and have poorer access, experiences and health outcomes. The definition covers people who are homeless and rough sleepers, vulnerable migrants (refugees and asylum seekers), sex workers, and those from the Gypsy, Roma and Traveller communities.

People can experience different combinations of these factors and there can also be multiple interactions between the factors.

The ways in which social, economic and physical environments interact with individual biological factors and behaviours to shape health status is often visually represented using this diagram.



Source: Dahlgren and Whitehead, 1991

By seeking to understand what health inequalities are and define who may experience them, we can then focus on how to respond as a system. Currently health inequalities shorten people's lives and lead to avoidable years of people living with impaired health and wellbeing. They also cost the NHS, wider public sector and national and local economies billions of pounds.

Effectively tackling differences in health outcomes starts with a recognition of the different inter-related drivers of health inequalities. While we can improve access to and quality of services, it is clear an NHS response cannot deal with these disparities alone. It requires local systems to work together with strong leadership, joint planning, ambition and scale.

As an outcome of this strategy we seek not to worsen health inequalities and to proactively work to reduce them. To achieve this requires a multi-agency approach.

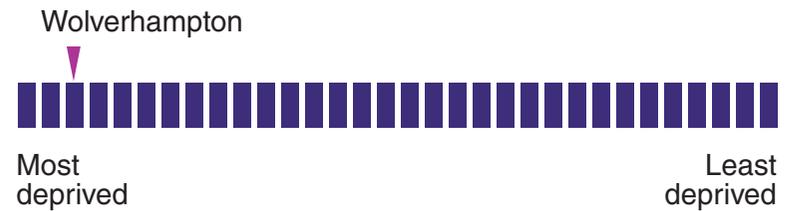
## Where are we starting from?

### Life expectancy

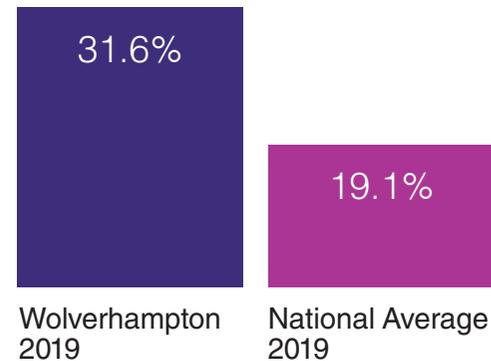
Life expectancy is a key measure of a population's health status. We already know there is a large difference in life expectancy in our city, driven in part by deprivation. This is illustrated on pages 8 and 9 of this document. Increasing life expectancy is one of the goals of Wolverhampton's vision for Public Health 2030.<sup>2</sup>

Even before Covid-19, Wolverhampton was ranked 24th out of 317 using the indices of deprivation measure. The city also experienced high levels of child poverty, 31.6% in 2019 compared to a national average of 19.1%.<sup>3</sup> Early indications are that Covid-19 will have worsened deprivation for people living in the city. For example, Wolverhampton is in the top five in the country for the highest unemployment rate amongst young people aged 18 – 24 years and top ten in the country for unemployment overall (age 16-64).

#### Indices of Deprivation Index



#### Child poverty



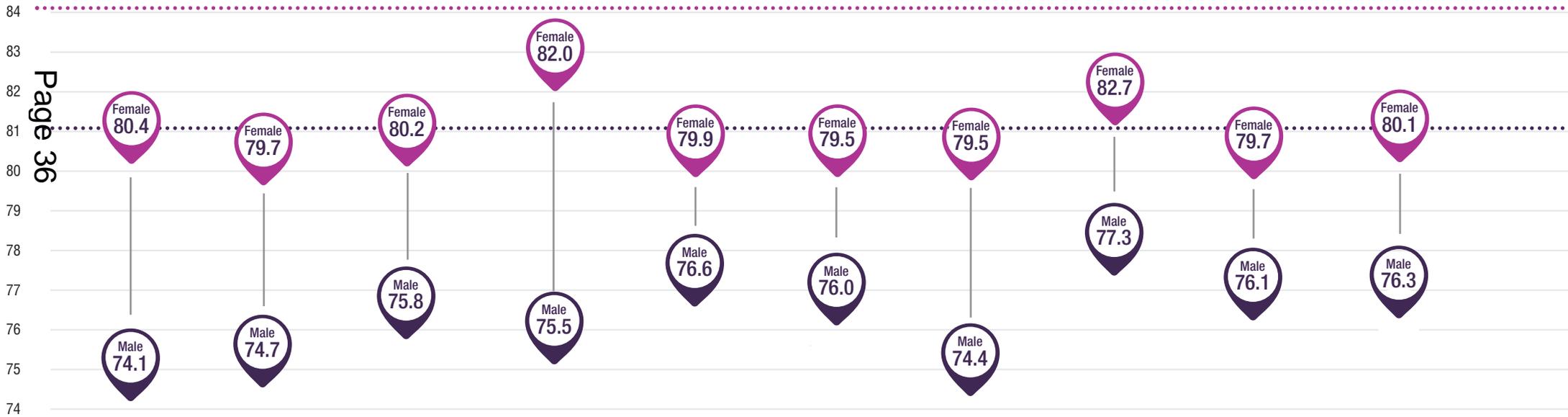
<sup>2</sup> [https://www.wolverhampton.gov.uk/sites/default/files/pdf/The\\_vision\\_for\\_Public\\_Health\\_2030.pdf](https://www.wolverhampton.gov.uk/sites/default/files/pdf/The_vision_for_Public_Health_2030.pdf)

<sup>3</sup> <https://insight.wolverhampton.gov.uk/Home/Report/8ce971cf-f973-4148-9f98-abac58b27f7a>

# Life expectancy at birth

MOST DEPRIVED

- 1  
**BILSTON EAST**
- 2  
**BUSHBURY S. AND LOW HILL**
- 3  
**EAST PARK**
- 4  
**ST PETER'S**
- 5  
**ETTINGSHALL**
- 6  
**HEATH TOWN**
- 7  
**GRAISELEY**
- 8  
**BILSTON NORTH**
- 9  
**FALLINGS PARK**
- 10  
**BLAKENHALL**



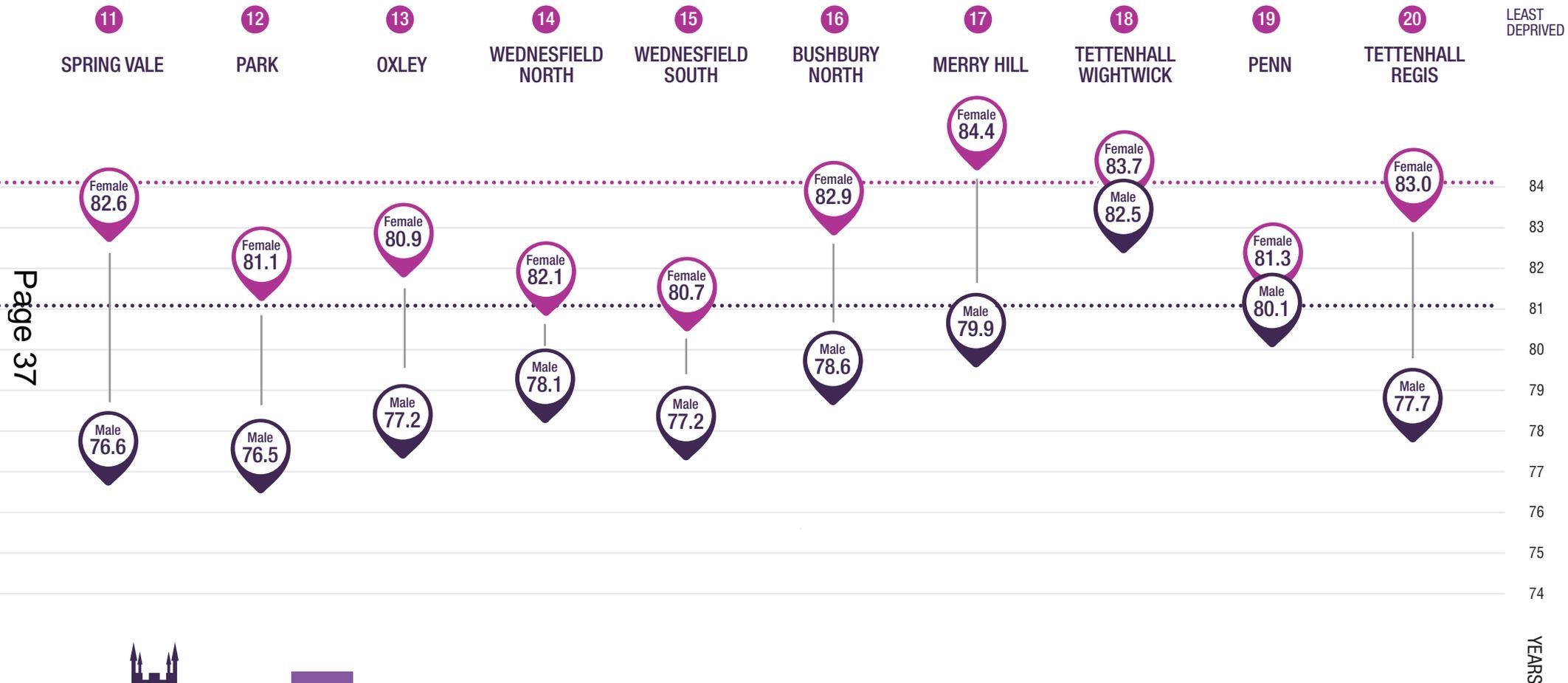
Page 36

YEARS



**2030 vision for life expectancy**  
 ..... Female (84 years)  
 ..... Male (81 years)

**City deprivation ranking**  
 1 Most deprived  
 20 Least deprived



Page 37

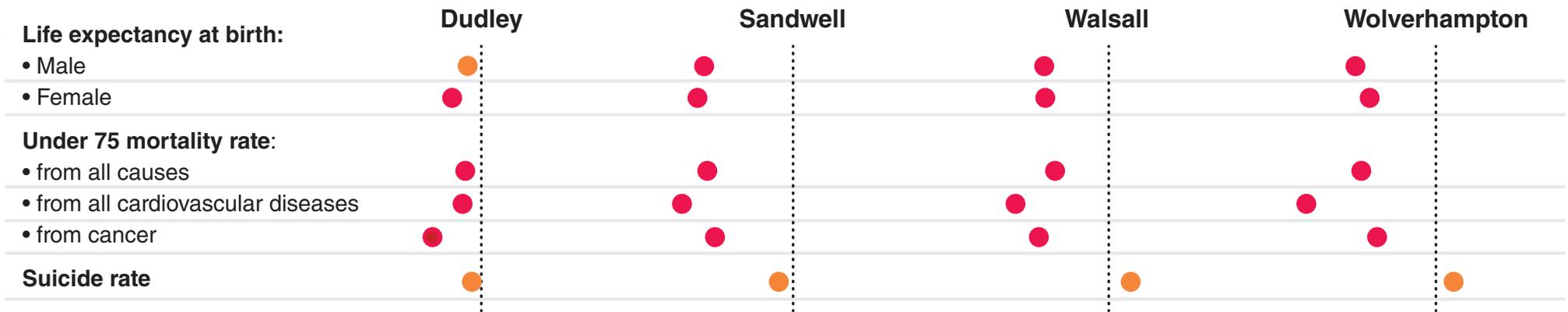


Across the Black Country mortality from conditions considered preventable is relatively high and there is a high prevalence of long-term conditions, especially in relation to hypertension, diabetes, chronic kidney disease, chronic heart disease, depression, and dementia.

The Black Country has some of the highest infant mortality rates in the country – smoking rates in pregnancy remain high, and breast-feeding rates are low.

Rates of falls and hip fractures in older people are high, as are households living in fuel poverty meaning people are exposed to the risk of cold housing in winter exacerbating long-term conditions.

Those in contact with mental health services have a life expectancy 18.4 and 15.2 years shorter, respectively, than the rest of the local population.



National average: ... Compared to national average: ● Worse ● Similar ● Better

[https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000005?search\\_type=list-child-areas&place\\_name=West%20Midlands](https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000005?search_type=list-child-areas&place_name=West%20Midlands)

## Where are we starting from?

# Healthy life expectancy

Another key measure of health inequality is how much time people spend living in good health. Before Covid-19, healthy life expectancy in Wolverhampton for both men and women was already worse than the national average. This means people in the city are likely to spend less years of their life in a state of 'good' general health in comparison to the rest of the country. This has significant implications for people's quality of life and demand on local health and social care services.

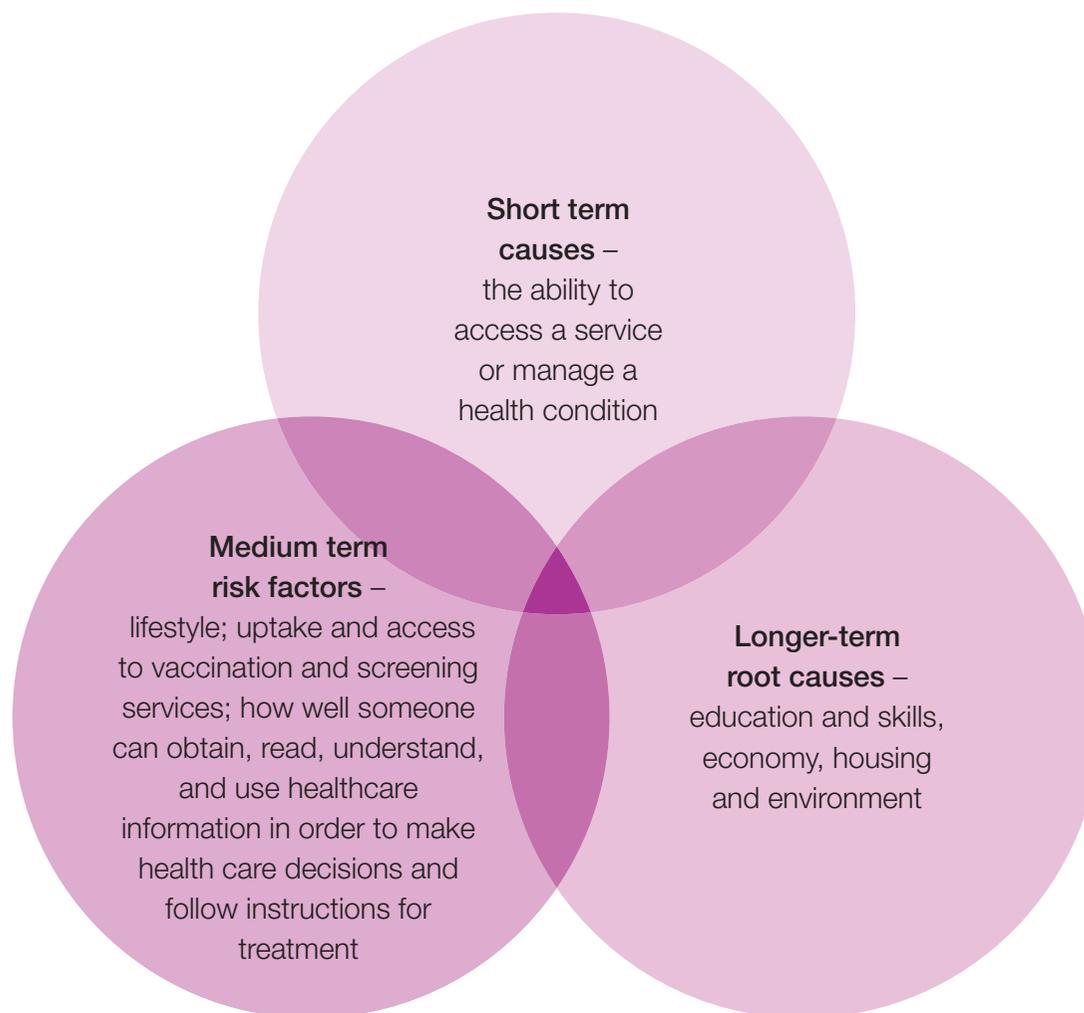
As highlighted in the introduction a range of factors including socio-economic conditions, geography, belonging to a protected group or socially excluded group can all impact on people physical health and mental wellbeing, resulting in health inequalities. They shape the environmental, social and economic contexts of people's lives through education, income, employment, housing, exposure to air pollution and digital exclusion.

For example:

- Socio-economic conditions can trigger chronic stress hormone pathways affecting mental health and inflammatory responses.
- Where people live and work can impact on their level of exposure to pollutants, including air pollution, which in turn impacts on respiratory and cardiovascular disease.
- There can be disparity of experience related to different protected characteristics - mental health, substance misuse problems (depression and anxiety, drug and alcohol misuse) and involvement in criminal activity dominate in young adulthood. Musculoskeletal problems (including back pain, neck pain and arthritis) become increasingly common in later working age. Other non-communicable diseases including neurological disorders and sense organ diseases (such as hearing and sight loss), and unintentional injuries (especially falls) become more prominent in older age.
- Belonging to a socially excluded group can impact on your ability to access a service, for example homeless people can find it difficult to register with a GP.

The environments in which people are born, live, learn and work can also inform people's lifestyle choices. For example, we know that in Wolverhampton smoking is the biggest preventable cause of inequalities and accounts for over half of the difference in risk of premature death between social classes. We also know that hospital related stays for alcohol harm is one of the top four causes of premature death and poor quality of life related to deprivation; and alcohol specific conditions for Wolverhampton residents are worse than the national average and West Midlands region.

Healthy life expectancy can therefore be understood as being a result of the interplay between short term causes, medium term risks and longer-term root causes:



Addressing these factors requires a system response, with each member of the board having a part to play. To do this effectively requires a robust understanding of the lived experience of people. The board notes that whereas data on age, sex, deprivation and ethnicity is widely collected, data on health outcomes for socially excluded groups is not often readily available. As a board we are therefore committed to making a concerted and concerted effort across the system on proactive engagement and better data capture in this area and then use this data to inform policy and improve outcomes for these groups.

In addition, as we emerge out of the pandemic, we want to have the fullest picture possible of the impact of health inequalities on residents in the city. This will involve seeking to have a better understanding of quality of life by taking into account a wide range of indicators, such as mental wellbeing, community assets and local conditions.



## Vision and rationale

Our collective vision is based on an understanding that health inequalities are not inevitable and that taking action to tackle health inequalities requires improving the lives of those with the worst health outcomes, fastest. Covid-19 recovery needs to be predicated on a response that accurately recognises where health inequalities exist in the city, the impact of the pandemic on health inequalities and consensus on how partners can work together at pace to prevent inequalities getting worse and reduce them. This sense of urgency is heightened by a view that we cannot allow the legacy of Covid-19 in the city to be one that further entrenches poverty and inequalities.

Before Covid-19, Health and Wellbeing Together and partners across the system, both locally and regionally, were already committed to tackling health inequalities with associated work programmes and activity in train. The impetus for a strategy at this point in time is the recognition that Covid-19 has accelerated existing health inequalities and that the actions we take in response will have direct consequence on people's health and wellbeing – now and in the future.

The Wolverhampton Public Health Annual Report 2020-21<sup>5</sup> provides an overview of the pandemic to date including the impact of Covid-19 upon different populations in the city. It illustrates that people's experience of the pandemic has not been uniform. The report discusses the factors most associated with Covid-19 transmission and mortality. For example, people experiencing deprivation are more likely to be exposed to Covid-19.<sup>6</sup> They are more likely to live in overcrowded accommodation, or work in jobs in sectors where they are likely to be at higher risk of exposure to the virus. They are also less likely to be able to work from home, self-isolate, or access adequate sick pay. Deprived communities are more likely to experience poorer general health and people with existing poor health are at greater risk from Covid-19 should they contract it. There has also been a disproportionate impact of Covid-19 on people from Black, Asian and Minority Ethnic Groups. Underlying health conditions, occupational exposure and a range of other factors are also likely to be important when considering ethnicity. The report also addresses the indirect implications of Covid-19 and the associated restrictions, for example the increased risks to victims of abuse and exploitation who may have been at an increased risk from abusers and felt less able to seek support.

<sup>5</sup> <https://www.wolverhampton.gov.uk/health-and-social-care/health-and-wellbeing>

### Pre-existing health inequalities<sup>6</sup>

#### People in deprived areas, Black, Asian and other Ethnic Minorities

Increased prevalence of non-communicable diseases (e.g. diabetes, heart disease)

Vulnerability

Chronic increase in stress hormones reduces immunity

Susceptibility

Less likely to be able to work from home, more reliant on public transport

Exposure

Overcrowded housing, inability to isolate, population density

Transmission

Job losses (especially in leisure, hospitality and retail) leading to increases in risky behaviours and mental health problems

Increased workload and stress for key workers

Reduced levels of care for non-urgent conditions

Coronavirus pandemic

It is not just the immediate impact of Covid-19 that has a health inequalities dimension. It is likely that the longer-term impacts of the pandemic will disproportionately impact particular groups, communities and individuals too.

6 Adapted from <https://jech.bmj.com/content/jech/early/2020/06/13/jech-2020-214401.full.pdf>

While the on-going health complications associated with Long Covid are not yet fully understood, it is reasonable to think that where particular groups, communities or geographical locations have experienced a higher rate of Covid-19 they are also more likely to experience higher rates of Long Covid. This will lead to a double hit that keeps people out of work and places additional pressure on the health and care system.

The Public Health 2020-21 annual report also highlights the impacts of the pandemic and associated lock-downs upon access to primary and secondary care. For example, cancer screening and cardiovascular checks were significantly reduced during 2020 creating a legacy that will impact on both life expectancy and healthy life expectancy going forward.

The economic, social and educational impacts of Covid-19 are also likely to disproportionately impact particular groups and individuals. We are already aware that disruption to education during the pandemic risks widening the gap in future health outcomes, with children and young people from disadvantaged backgrounds more likely to experience a greater deterioration in their educational outcomes. Issues such as digital exclusion also disproportionately impacted some individuals, young people and families more than others, affecting their ability to access remote learning and services.



Measures to protect people from Covid-19 in the future, such as the roll out of the vaccination programme, also need to have a commitment to equitable distribution so there are no barriers to participation for any individual or community.

This strategy recognises that community empowerment is central to efforts to reduce health inequalities. For some communities this will mean ‘removing structural barriers to participation and for others facilitating and developing capacity and capability through personal and community development’.<sup>7</sup> Health and Wellbeing Together recognise this and has already committed to a place-based approach which builds on local assets and works with local people to ‘co-produce’ sustainable solutions to local issues, creating capacity and resilience.

<sup>7</sup> <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

Striving for a city with a physically and mentally healthy and resilient population is not only a moral and social imperative, it also has a positive economic benefit. The City of Wolverhampton's council led Covid-19 recovery commitment Relighting Our City, highlights the need to develop an approach to both employment and health inequalities, acknowledging the critical influences that social determinants of health can and do have. Supporting the Council's pandemic recovery is the Wolverhampton Pound initiative, a pledge from major public sector organisations in the city to drive more of their collective £834 million pound spend back into communities to generate new opportunities and local jobs.

To achieve our vision Health and Wellbeing Together constituent partners will adopt a set of guiding principles supported by an agreed high-level monitoring framework and tools. This framework and related tools will be applied to the future activity of the board in the realisation of its growing well, living well and ageing well priorities as outlined in the Joint Health and Wellbeing Strategy 2018-2023.<sup>8</sup> They will also support a culture that seeks to embed a commitment to tackling health inequality across new and emerging shared priorities in the wake of Covid-19 and wider service design and delivery going forward.

<sup>8</sup> <http://wellbeingwolves.co.uk/pdf/Joint%20H&W%20Strategy%202018-23.pdf>



Wolves at Work Team supporting residents into work

# Our guiding principles

The local health and social care landscape is composed of multiple overlaid geographical areas often extending beyond the city boundary. To achieve our collective vision the role of the Health and Wellbeing Together board is to act as ‘enabler’ and ‘connector’, ensuring system join-up, both at city level and via our contribution to the wider regional activity. It will achieve this by providing an overarching set of guiding principles and tools that facilitate and embed an agreed approach to tackling health inequalities for the citizens of Wolverhampton in a way that is tangible and outcome focused.

To support this the member organisations of Health and Wellbeing Together are committing to adopting the following:



## In our decision making and use of intelligence:

- Adopting an agreed approach to data capture, linkage and sharing across the system to understand and respond to population need.
- Using a framework approach, for example by making use of the tools in the toolkit section of this report, to provide a systematic assessment of health inequalities across the system so as to collectively identify gaps and areas of alignment and to use this intelligence to inform action.

## In our design and delivery of services:

- Exploring the impact of decisions on health inequalities early in the decision-making process and actively considering how the design of a service may increase inequalities or disproportionately disadvantage one community.
- Using linked data to understand and address equity of access to services and design services that are easy to navigate.
- Creating a culture that promotes and enables communities to be actively involved in shaping and coproducing activity to reduce health inequalities.
- Working collaboratively to promote and enhance digital inclusion.
- Being innovative and ambitious, with a firm view that health inequalities are not inevitable.

### In our allocation of resources

- Committing to needs-based commissioning, allocating health and care resources proportionate to need.
- Collectively taking pro-active action across the life course to reduce health inequalities including investing in prevention, the wider determinants and giving every child the best start in life.
- Embedding measures that promote and enable an inclusive economy, for example working in partnership with anchor network groups on the adoption of Community Wealth Building principles to reorganise and control the local economy so that wealth is not extracted but broadly held and is generative.
- Exploring opportunities to re-shape procurement frameworks aligned to the Wolverhampton Pound initiative.
- Using our collective assets to create economic and social value in the local community.

### As employers:

- Valuing staff through parity of recruitment, promotion and employment, with a commitment to build a workforce representative of the local area.
- Supporting career opportunities for local residents and under-represented groups including through the use of apprenticeships.
- Embedding workforce wellbeing initiatives to promote work-life balance and recognise where staff have been particularly impacted by being on the front-line of Covid-19.

### As advocates

- Considering the impact on the environment and climate change of our policy decisions including raising environmental awareness, reducing carbon emissions and increasing sustainability.
- Pro-actively identify opportunities to have a positive impact on the wider determinants of health for example through planning, licensing and housing functions, use of assets and green space and provision of facilities for usage by community groups.

### Collectively, as a strategic board

- Through delivery of our strategic plans and a commitment to hold ourselves and each-other to account.

## Our local priorities

Our guiding principles articulate a shared commitment and agreed method for addressing health inequalities across the city and wider health and care system. Our local priorities are underpinned by the board's Joint Health and Wellbeing Strategy and will also flex over time both as we achieve progress, and in response to forthcoming changes due to national policy or context.

In 2021 Health and Wellbeing Together has agreed the following local priorities up until 2023 when the board's Joint Health and Wellbeing Strategy is next up for review.

### We have committed to:

- Increase our understanding around health inequalities and our local population – including developing and implementing an agreed approach to data capture, data linkage and data sharing
- Work collaboratively across all parts of the health and care system to join-up and promote and embed action to reduce health inequalities
- To work in partnership with local people, groups and forums to ensure health and care pathways are informed and co-produced by people with lived experience, under-represented and protected groups.



If we achieve this, outcomes for local people should feel like this:

#### As a citizen living in Wolverhampton:

- We will not worsen health inequalities; we will work to reduce them.
- We will have a better understanding of how health inequalities impact on local people, or groups of people, and be able to improve access to health and care services and the quality of those services as a result.
- We will support our population by providing them with the skills, training and tools to access digitally enabled services, ensuring no-one is left behind in doing so.
- We will listen and engage with communities who need most support, deepening partnerships with community and voluntary sector.
- We will seek to improve green space and make it easier and safer for people to be physically active.
- We will work together to increase opportunities for local people to access jobs and training, including in health and care related professions.

#### As a person receiving support from our health and care system:

- Health and care services are more accessible, particularly those at risk of exclusion because of personal, economic or social factors.
- We will improve how we proactively identify the health and care needs of our population in order to identify and put in place support and treatment that our population need in order to stay well.
- We will invest in preventative programmes which proactively engage those at greatest risk of poor health outcomes.
- We will work together to make best use of funding for the benefit of local people.

Each organisation represented on the Health and Wellbeing Together Board will have a unique part to play in achieving these outcomes:

Health and Wellbeing Together Board  
sets the strategy for population health and wellbeing inequalities

**Health and Wellbeing Strategy priorities**

- 1 Early years   2 CYP mental wellbeing   3 Workforce   4 City centre
- 5 Embedding prevention   6 Integrated care   7 Dementia friendly city

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**Direct  
influence on  
equity of  
access and  
outcomes**

**NHS and care providers**  
Informed by One Wolverhampton  
Place-based Partnership initial priorities  
Integrated care for people with complex  
needs, including end of life  
Mental health  
Healthy ageing  
Children and young people

**Commissioners**  
Informed by Wolverhampton’s Local  
Commissioning Board place-based  
priorities and Black Country wide  
ICS strategy, including a focus on:  
Diabetes, obesity and smoking  
Elective treatment restart  
Mental health and early intervention  
Vaccination

**Council**  
Informed by the ‘Relight’ recovery plan to  
Support people who need us most  
Create more opportunities for young people  
Generate more jobs and learning opportunities  
Grow or vital local businesses  
Stimulate vibrant high street and communities

**Wider public sector**  
including West Midlands Police and  
West Midlands Fire Service  
**Anchor institutions**  
e.g. University of Wolverhampton  
**Healthwatch**  
**Voluntary and community sector**  
– early intervention and prevention activities  
and mitigating the impact of Covid-19 on citizens  
**Faith sector and other partners**

**--Direct  
Influence  
wider  
determinants**

**Influence of actions taken as anchor institutions (workforce, contracts, estates)**



Health and Wellbeing Together recognises it has a strategic, not an operational role, and looks to all system partners to be able to demonstrate their organisational contribution to tackling health inequalities both at place and within the wider context of Integrated Care System arrangements. This will be an iterative process with each partner identifying activity to support the implementation of the

strategy and the Board will be asking for evidence that the principles have been applied in practice through the delivery of this activity. Partners, supported by experts in Public Health, will hold each other to account for defining action and measuring progress. Wherever possible, action will be aligned and coordinated between partners, to maximise impact across the system.

## How we will measure impact

A high-level monitoring framework will be used by Health and Wellbeing Together to measure the impact of the implementation of the guiding principles and tools included in this strategy. The framework recognises that board partners will be responsible for the delivery of their individual workstreams. This includes the One Wolverhampton Place-based Partnership on behalf of the health and care system.

Thematic update reports will be presented to the board providing a summary of partnership activity, the lead partner for delivery and a status update. The sharing of regular progress reports will provide both assurance and the opportunity for partners to align activity, enable system join-up, identify gaps and prevent duplication. It will also enable the board to identify where data and insight may be limited and new research or engagement needed.



# Toolkit

To present and measure impact in addressing health inequalities in the city requires a systematic approach supported by evidence. This includes data, expertise and experience of health inequalities and success of interventions. There is a wealth of existing guidance and evidence that partners can utilise. Board partners are committed to paying due regard to these tools and in particular the Health Equity Assessment Tool.

## Health Equity Assessment Tool (HEAT)

A template which poses a series of questions and prompts, designed to help the user systematically assess health inequalities related to their work programme and identify what you can do to help reduce inequalities.

<https://www.gov.uk/government/publications/health-equity-assessment-tool-heat>

Other sources of information and data can also be used to inform decision making:

## Wolverhampton Joint Strategic Needs Assessment

Public Health led resource of high-quality needs assessments, situated within the WVIinsight microsite, a repository for local data.

<https://insight.wolverhampton.gov.uk/Help/JSNA>

## Local Authority Health Profiles

An online resource providing an overview of health for each local authority in England intended as ‘conversation starters’ to help local government and health services make plans to improve the health of their local population and reduce health inequalities.

<https://fingertips.phe.org.uk/profile/health-profiles>

## Conclusion

Health and wellbeing issues are complex and multifaceted. To meet the needs of local people requires partners to work together strategically and in a coordinated way. It is this approach that has the power to maximise the health and wellbeing impact of everything we do.

This strategy and collective commitment to the guiding principles represents our ambition to create environments and opportunities for everyone to thrive and stay well, making Wolverhampton a City where people want to live and work, where people's health is improving and health inequalities are diminishing.

When health and care services are required, we want to ensure they are built around the people who need them - focussed on improving their experiences and their outcomes. By working together to tackle health inequalities we are committed to ensuring everyone has the best chance to grow, live and age well.

## Supporting Documents

### City of Wolverhampton 2020/21 Public Health Annual Report

<https://www.wolverhampton.gov.uk/sites/default/files/2021-08/Public-Health-Annual-Report-2020-21.pdf>

### Health Equity in England: The Marmot Review 10 Years On

Produced by the Institute of Health Equity and commissioned by the Health Foundation to mark 10 years on from the landmark study Fair Society, Healthy Lives (The Marmot Review).

The report highlights that:

- people can expect to spend more of their lives in poor health
- improvements to life expectancy have stalled, and declined for the poorest 10% of women
- the health gap has grown between wealthy and deprived areas
- place matters – living in a deprived area of the North East is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less.

<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

### Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report

The Health Foundation's COVID-19 impact inquiry has draws on a broad range of available evidence to consider two main questions:

1. How were people's experiences of the pandemic influenced by their pre-existing health and health inequalities?
2. What is the likely impact of actions taken in response to the pandemic on the nation's health and health inequalities – now and in the future?

<https://www.health.org.uk/sites/default/files/upload/publications/2021/HEAJ8932-COVID-Impact-210705.pdf>

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

**wolverhampton.gov.uk** 01902 551155

  WolverhamptonToday  Wolverhampton\_Today  @WolvesCouncil

City of Wolverhampton Council, Civic Centre, St. Peter's Square,  
Wolverhampton WV1 1SH

**Title: Better Mental Health Fund 2021-2022: Project Overview and Timeline for Delivery**

**Date: 5 October 2021**

**Prepared by: Jamie Annakin**

**Job Title: Principal Public Health Specialist**

**Intended Audience:** Internal  Partner organisation  Public  Confidential

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## **1.0 Purpose or recommendation**

1.1 This briefing note provides an overview to Health and Wellbeing Together of the 'Better Mental Health (BMH) Fund 2021-2022' and timeframes for the commencement and delivery of mental health projects across the City of Wolverhampton utilising this fund.

## **2.0 Overview**

2.1 The Better Mental Health (BMH) Fund 2021-2022 is administered by Public Health England (PHE). This fund is part of the government's Mental Health Recovery Action Plan 2021-2022 which seeks to ensure the mental health impacts of COVID-19 are rapidly addressed, services can respond quickly and pressures on the NHS are reduced.

## **3.0 Background and context**

3.1 The BMH Fund aims to prevent mental ill health and promote good mental health amongst the most deprived communities in England. The focus on deprivation is part of the government's Levelling Up agenda which seeks to restore the economy, level up the country and build back better.

3.2 Local authority eligibility to BMH Fund was based on the ranking of upper tier local authorities in the Indices of Multiple Deprivation (2019). All eligible local authorities were allocated a flat sum of funding with an additional further payment to reflect population size. The grant conditions included funding to be used for expansion of existing evaluated public mental health programmes for the purpose of increasing impact, equity and reach. It also incorporates approaches to whole system development to create communities that are inclusive, participative and supportive to those in need.

3.3 City of Wolverhampton Council (CWC) intention to bid to the BMH Fund was shared with the Wolverhampton Mental Health Stakeholder Forum and Wolverhampton Suicide Prevention Forum. It was later approved in principle by PHE in June 2021, with funding made available to the local authority late August 2021. All BMH Funded projects have been

aligned to CWC corporate finance, legal and procurement regulations and must be completed with finance discharged in line with PHE grant agreement by 30 May 2022.

- 3.4 All grant recipients are encouraged to consider signing up to the Prevention Concordat for the Better Mental Health Programme as part of their expression of interest for funding to encourage sustainability of efforts to build focus and investment in the better mental health agenda.

#### **4.0 Summary of BMH Funded Projects 2021-2022**

- 4.1 CWC will continue to share progress updates on BMH Fund development with the Wolverhampton Mental Health Stakeholder Forum, Wolverhampton Suicide Prevention Stakeholder Forum, and with the One Wolverhampton Mental Health Sub-Group (Adults and Older People).

PHE grant funding has now been approved for the following project areas:

#### **Expansion of the Head 4 Health programme run by Wolves Foundation:**

- 4.2 The initial scope of the 'Head 4 Health' programme was focused on men over the age of 18 and will now extend to include a much wider focus on any adult facing a variety of life challenges/ complexities who may wish to improve their physical and mental health and wellbeing. Workshops for up to 200 adults will run across the BMH Fund life cycle.

These workshops will last for eight weeks in small group format, with sessions which are informal yet informative. They incorporate a range of physical activity interventions and sessions covering different topics, such as coping with stress, through to alcohol awareness. The sessions will also include guest speakers from organisations across the city including NHS Healthy Minds, Recovery Near You and The Samaritans, as well as many others. Additionally, there are sustained 'extra time' sessions, offering a safe and informal space for individuals to talk about how they are feeling with an offer to continue to attend support sessions for as long as they would like. New BMH Funding will also ensure provision of counselling sessions for those requiring more structured interventions to support wellbeing issues.

#### **Suicide Prevention Training / Education Campaign:**

- 4.3 Suicide Prevention training will be provided to primary care workforce, including General Practitioners (GPs) and front- line workforce across the city. This programme of training will aim to raise awareness amongst a wide range of professionals on their knowledge of suicide prevention. It will aim to strengthen the understanding of risk and protective factors and will equip training participants to better respond and support patients / service users who are at risk of suicide ideation.

As a key community engagement point for a range of diverse communities, barber shops and hairdressers will be targeted to upskill staff in listening supportively to people who may be experiencing challenging times and at future risk of taking their own lives and sign posting to locally available support. A suicide prevention City-wide campaign will help promote engagement with this project as well as raising awareness of the role we can all play in keeping each other safe and well.

## **Mental health training and Skills and Education in Communities:**

- 4.4 Wolverhampton is keen to build capacity and resilience within communities and enable them to deliver grass-root solutions to local issues. Strong partnerships already exist with local community organisations, community champions, and CWC. We will capitalise on these community networks to boost a community response to improving mental health and skills development.

In the first instance, mental health training will be provided to community champions. This training will enable champions to share learning with communities to normalise mental health conversations, reduce stigma and encourage people to talk and seek support early, whilst strengthening existing connections with community development workers from Black Country Healthcare Foundation Trust (BCHFT).

Skills and education are key to helping communities recover from the detrimental impact of the pandemic and helping those who need support to get back into work. Productive and rewarding employment can provide people with both manifest and latent benefits, ranging from economic stability, a sense of individual identity and purpose, sense of belonging, time construction and routine. A working group will be established to target those most vulnerable in the City facing significant barriers to securing rewarding and productive work and to deliver education and skills support with a goal of improving confidence, self-esteem, and enhanced levels of employability competencies.

## **Empowering Communities Programme (understanding community needs and assets):**

- 4.5 The Empowering Communities Programme (ECP) provides a unique opportunity for an academic institution to deliver a multi-dimensional information gathering intervention to support future production of a mental health needs assessment for the City of Wolverhampton. The ECP will include:
- a. City-wide survey of personal wellbeing** based on national metrics as well as probing questions to provide further insight into how the pandemic has impacted upon people's mental and physical health and wellbeing, helping identify both risk and protective factors.
  - b. Systematic review of evidence** on the impact of COVID-19 pandemic upon different population groups to identify those likely to be exposed to factors which mean they are at a greater risk of developing mental health problems.
  - c. Co-creation and evaluation of mental health projects** Using findings from the systematic review, the academic provider will engage nine groups across the city known to be at greater risk of experiencing mental health problems across the life course (children and young people, adults, older adults). The Academic institution is to work with communities in these groups using evidence-based frameworks such as making every contact count 'MECC' and 'Five Ways to Wellbeing' to co-create and evaluate projects which help communities share their unique experiences of the COVID-19 pandemic. These projects will help communities explore not only the challenges faced by their members during various pandemic phases, but also the

protective factors local people have drawn upon to promote and protect their mental health and wellbeing.

The findings from all ECP activities above will be collated by the academic service provider into a preliminary baseline need assessment style report for the City of Wolverhampton Council.

#### **Update the ‘Stay Safe, Be Kind’ (SSBK) digital resource catalogue:**

4.6 A project group is being established to review the digital catalogue of mental health and wellbeing promoting resources on the local authority SSBK digital platform to ensure these are up to date, accessible and inclusive. The issue of digital exclusion will form part of the review and there will be consideration of alternative approaches to mental health promotion information and support provision outside of the digital offer.

#### **5.0 Oversight of project delivery and reporting to PHE on BMH Fund progress**

5.1 Where appropriate, BMH Funded projects will be required to capture data regarding actual/estimated reach and relevant project participant characteristics. These will need to be collated by local authorities for relevant period reporting to PHE.

5.2 In recognition of the challenges faced by local authorities in the ongoing management and delivery of the BMH Fund whilst continuing to address the COVID-19 pandemic, PHE have released a supplementary budget to support administration and evaluation of the BMH Fund.

5.3 This funding will be utilised to appoint a project manager for the life cycle of the BMH Fund programme until May 2022 which will enable timely notification of any project delivery challenges to enable suitable resolution to be considered between relevant providers, CWC, and PHE.

#### **6.0 BMH Fund Outcomes Report**

6.1 Following successful delivery of the BMH Fund programme by May 2022, learning from all the BMH Fund project activities will be collated by the local authority into a BMH Fund Outcomes Report for the City of Wolverhampton and shared with local stakeholders and HWT Board.

6.2 The report will outline findings from BMH Fund activities for HWT to consider along with recommendations regarding the future possible sign up by HWT to the Prevention Concordat for the Better Mental Health Programme.  
<https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

#### **7.0 Mental Health Needs Assessment Report for City of Wolverhampton**

7.1 A multi-stakeholder group with members representing the life-course (children and young people, adults, older adults), led jointly by CWC and Wolverhampton CCG, will form a mental health needs assessment working group to consider **BMH Fund Outcomes Report** alongside other available information / data on population mental health and wellbeing.

- 7.2 The needs assessment group will also assess progress against existing outcome measures across the city for wider determinants, vulnerable groups, service activity and outcomes which provide the overarching evaluation and monitoring framework in the existing Joint Public Mental Health and Wellbeing strategy 2018-2021 to form a Mental Health Needs Assessment Report for City of Wolverhampton.
- 7.3 Learning from these needs assessment activities will provide a better understanding of the work needed to promote public mental health and wellbeing which should dovetail into, and closely align with the delivery of BCHFT Clinical Strategy 2021-2024.
- 8.0 Refresh of Joint Public Mental Health and Wellbeing Strategy (2018-2021)**
- 8.1 The Multi-stakeholder working group will utilise feedback from HWT on the **Mental Health Needs Assessment Report** to develop a refresh of the existing Joint Public Mental Health and Wellbeing Strategy (2018-2021) which will outline priority areas for action, along with principles for joint working and leadership to prevent mental health problems and promote good mental health and wellbeing across the City of Wolverhampton.

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## Health and Wellbeing Together

### 13 October 2021

**Report title:** Healthwatch Wolverhampton Annual Report  
2020 - 2021

**Report of:** Tracy Cresswell  
Manager - Healthwatch Wolverhampton

**Portfolio:** Public Health and Wellbeing

---

**Recommendation for action:**

Health and Wellbeing Together is recommended to:

Note the attached Healthwatch Wolverhampton Annual Report 2020 - 2021 for information.

## **1.0 Purpose**

- 1.1 The Health and Wellbeing Together Board is asked to review the Healthwatch Wolverhampton Annual report to review the progress made against the statutory functions, to comment on the impact of the delivery of Healthwatch services in Wolverhampton.

## **2.0 Background**

- 2.1 Healthwatch Wolverhampton is the consumer champion for Health and Social Care, established as part of the Health and Social Care Act 2012. It is a requirement of local Healthwatch to produce an annual report of its work programme, detailing the projects undertaken, including findings, and recommendations, and the impact of such reports on the delivery of services. The Healthwatch Annual Report must be submitted to Healthwatch England by 30 June each year. Statutory functions of local Healthwatch also include the power to Enter and View NHS and Social Care services and to review the service levels provided, and to deliver Information and Signposting services. In Wolverhampton, Healthwatch also deliver the statutory advocacy service for NHS complaints and details of progress made in this service area is also included within the Annual Report

## **3.0 Decision/Supporting Information (including options)**

- 3.1 The annual report references two reports which Healthwatch completed during 2020/21, namely, Urgent Care and COVID-19. These reports can be found on our website [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk) .

## **4.0 Implications**

There are no known implications in relation to this report.

## **5.0 Schedule of background papers**

- 5.1 The background papers relating to this report can be inspected by contacting the report writer:

**Tracy Cresswell**  
**Healthwatch Manager**

Healthwatch Wolverhampton  
Freephone: 0800 470 1944

[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)



# Responding to Covid

## Then and now

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# Message from our Chair

The motto of our city is **“Out of Darkness Cometh Light”**, this could not have been more relevant during the past year. The pandemic has been a challenge for all of us in many different ways. At Healthwatch Wolverhampton we had to adapt to a fast changing situation to ensure we were able to represent the views of the public, understand peoples concerns and support them to find the right information at a time when misinformation was rife and our usual means of engaging with the public were put on hold.

But out of darkness cometh light, and the team did an amazing job supporting the most vulnerable with their prescriptions, making welfare calls, providing care packages to our volunteers and keeping the vital work of Healthwatch going during unprecedented times. Throughout the pandemic, Healthwatch Wolverhampton supported local, regional and national messages regarding the pandemic with the creation of a Coronavirus Hub on our website with information about the symptoms of Covid-19, Myth busters, where to get tests, vaccinations and support.

The work of Healthwatch did not stop during the pandemic as we continued to engage with the public about their experiences of health and social care services and highlight the feedback at all levels, including with commissioners, Public Health and NHS Trusts. Wolverhampton is a diverse city, and we have engaged with many different communities and seldom heard groups during the year, including the D/deaf and hard of hearing, LGBT+ (Lesbian Gay, Bisexual and Trans), the homeless, and a wide range of ethnicities.

We made big steps in setting up our Youth Healthwatch and were also successful in a bid to pilot a new online engagement platform for Healthwatch England, which will allow people and services to get involved in our projects in a different way. We have welcomed three new members to our Healthwatch Advisory Board (HAB), Tina, Roger and Wendy, they will join myself, Maggie, Jane and Yankho in supporting the team.

In this Annual Report we will share with you our key challenges and successes, how we responded to Covid-19 and continued to gather the views of the public. We will also take a look back at previous years to demonstrate how people’s feedback can have an impact, and look forward to a year that we all hope will be very different.



I would like to take this time to thank all of the staff team at Healthwatch Wolverhampton for their hard work and dedication and all our volunteers and HAB members for their continued support and patience during such a challenging year. Finally, I would also like to thank everyone who has contacted us and shared their experiences of health and social care, as well, as all the organisations who have been involved in supporting our work.

# About us

## Here to make health and care better

**We are the independent champion for people who use health and social care services in Wolverhampton. We are here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.**

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### **1 Supporting you to have your say**

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### **2 Providing a high quality service**

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### **3 Ensuring your views help improve health & care**

We want more services to use your views to shape the health and care support you need today and in the future.



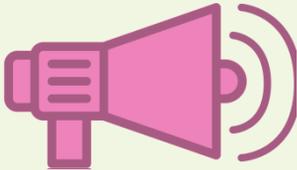
**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis** QC Chair of Healthwatch England

# Highlights from our year

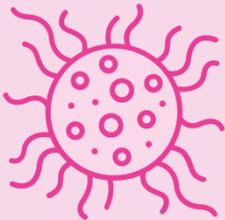
Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



- We heard from **2935 people** this year about their experiences of health and social care
- We provided advice and information to **198 people**
- **51,330 people** visited our website
- We reached **157,485 people** on social media

## Responding to the pandemic



- We engaged with and supported **845 people** specifically about COVID-19 during the year including **641 welfare calls** to vulnerable people and **80 prescriptions** were dropped off to those in most need
- Our Coronavirus Hub on our website was viewed **26,532 times**
- We shared or posted **339 Covid-19 related posts** on social media, that is **59%** of our total social media content for the year

## Making a difference to care

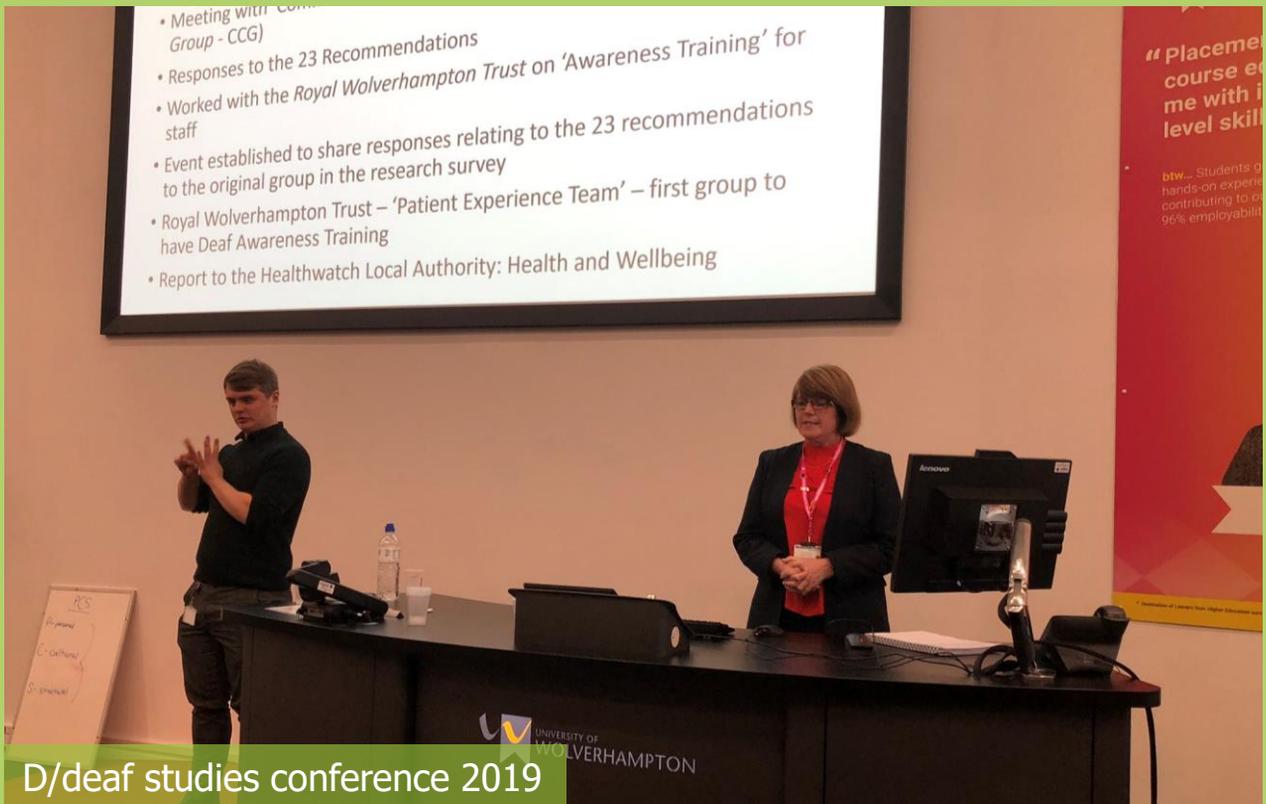


- We published **2 reports** about the improvements people would like to see made to health and social care services. From this:
- We made **9 recommendations** for improvement
- Feedback from the public during the year has helped to shape our priorities for 2021/22. **70 people** took part in our February listening event to support this.

## Health and care that works for you



- **49 volunteers** were registered with us during the year, including **17 young people**
- **We employ 5 members of staff.**
- We received **£194,289 in funding** from our local authority in 2020-21
- We received **3 complaints** about Healthwatch which has helped us to review the way we work ensure we are meeting the needs of the public and partners



## Then and now:



### How feedback can make a difference

**Annual Reports allow us to share a snapshot of the work we have undertaken over a 12-month period and demonstrate how people's feedback and experiences have helped to make a difference.**

The time from feedback to implementation of change can take over a year, so this year we have decided to include a new section to our Annual Report, "Then and Now". We will share examples of work we have undertaken or been involved with in previous years and what has changed since that initial work was done.

We have chosen six examples to demonstrate how changes happen over time, sometimes over several years. These include service changes, changes to the way we as Healthwatch work and how, by working with communities, we can improve their level of engagement and confidence to speak up.

We know how frustrating it can be when change is slow, and we hope this section will encourage people to continue to share their feedback and experiences with us and see how that can translate into making a difference.



Spotlight on Care Assessments 2019

# Then and now: Care Assessments



## Then: understanding people's experiences

In 2016 Healthwatch England undertook a national project to understand whether service users were experiencing delays in receiving care assessments, care packages being put in place and regular review of their care needs. In 2018 Healthwatch Wolverhampton replicated the survey carried out by Healthwatch England to understand if there had been any changes in the delivery of care assessments.

On reflection the survey carried out in 2018 mirrored the results of the survey from 2016, with some potential improvement in the timeline of care reviews being undertaken on a routine basis.

In response to the report from 2018, Healthwatch Wolverhampton carried out a Spotlight on Care Assessments in April 2019 to help inform the public of changes that had been put into place. David Watts, former Director of Adult Services presented at the event to explain the changes that were taking place within care assessments in Wolverhampton and why.

## Why?

Changes were being made based on the feedback from service users, carers and employers over months and years, and talking to other local authorities. It was identified that the current ways of doing care assessments were time consuming, focused on deficits rather than empowering the service user, impacted on staff morale and were bureaucratic.

## What?

Changing the ways that staff carry out the care assessments gives them more time to have the “3 conversations”, meaning staff can have clear conversations with the service users, less paper work and more face-to-face time. It helps staff to understand the service user as a person and find out what is important to help them. Changes were made in the language that is used to be more empowering. It ensures the first person who services users have a conversation with can support them by drawing resources from other teams to allow for continuity of care and support.

### The three conversations are:

1. **Conversation One** Focuses on listening to what really matters so that the person is connected to people and / or resources in the community to help them get on with their life independently.
2. **Conversation Two** Takes places when someone needs some short term, intensive support to help them regain control of their life, making sure the person is connected to resources that will be useful.
3. **Conversation Three** Recognises that some people need ongoing support from adult social care and focuses on what this support should look like to enable someone to live a “good life”, building on the approaches taken in conversation one and two.

## How?

This project was piloted in teams based in the East of the City and Mental Health teams over a 13 week period. The evaluation identified the impact and changes made to service user experiences. Below are some examples of this:

- More time for workers to spend with family and carers etc.
- Cleared waiting lists, with nobody waiting longer than 3 weeks
- People are no longer at the end of their tether
- Staff have huddles to solve issues together, rather than in silo
- Feedback from service users is positive; they are seen quicker, do not have to be handed over numerous times and retell their stories to multiple people



## Now: positive changes made to care assessments

As of 2020/21 the “3 conversations” have now been rolled out to all adult teams across Wolverhampton, including the hospital team, mental health and local authority teams. During lockdown teams have made good use of technology where appropriate to complete conversations with the people they work with. Where it was not appropriate to use technology and visits were deemed essential, face-to-face visits have taken place, following a full risk assessment.



D/deaf focus group for the NHS Long Term Plan 2019

## Then and now: D/deaf Community



### Then: partnership with the University of Wolverhampton

**In 2017 Healthwatch Wolverhampton worked in collaboration with the University of Wolverhampton to understand whether D/deaf people in Wolverhampton were experiencing any issues in service provision within health and social care settings which might lead to health inequalities since the introduction of the Equality Act 2010.**

It followed work undertaken by Healthwatch Wolverhampton earlier the same year, which identified that GPs needed to have British Sign Language (BSL) interpreters more readily available and not to assume that Deaf patient's family members could be there for them.

A public consultation was organised by the University of Wolverhampton and facilitated by Healthwatch Wolverhampton. It covered areas including GP practices, Hospitals, Urgent Care, Dentists, Opticians, Pharmacists, Community services, Nursing and Care homes, Complaints and Interpreting services

This work started a strong relationship between Healthwatch and Zebra Access who have supported us with our continuing engagement with the Deaf community since this project took place.

Following the consultation we published a report in 2018 which outlined the key issues and recommendations. We found that across the board, communication, lack of understanding and lack of interpreter provision was common. We also identified other barriers including Dentists wearing facemasks prevents people being able to lip read, and the lack of D/deaf specific community services in Wolverhampton.

## Now: D/deaf forums and more

**“The Deaf community especially feel that they are now truly included within the consultations that they have had at the coffee morning. The Deaf community historically do not get involved with community consultations so it has been amazing to see such development and passion from both the community and Healthwatch”**

**Sean Noone, Former Community Development Officer, Zebra Access**

Since the initial consultation, we have worked with Zebra Access who provide interpreting services and support for the D/deaf and Hard of Hearing. A D/deaf Health Forum was created, and meetings have taken place to help provide information and continue to provide an opportunity for people to have their say. Topics of the D/deaf Health Forum included Dementia, Mental Health, Cancer and Diabetes.

An area that was highlighted in the consultation was that communicating to receptionists in various services can be difficult. To help address this, we created a communication card which could be presented to show what their communication needs were, e.g. "BSL interpreter needed" or "I can lip read". We have received some feedback that shows this has been a big help.



Communication card



D/deaf forums

When Wolverhampton CCG and the Royal Wolverhampton NHS Trust were planning on creating videos to support the discharge process, Healthwatch continued to advocate for a BSL interpreter to be included and highlight the communication difficulties of D/deaf people.

From the discussion we have had, it is clear that more work needs to be done to raise awareness of D/deaf and hard of hearing peoples' needs when trying to access services, including that for some, English is not their first language, so written communication may be difficult to understand.

Throughout the pandemic, we have heard peoples' feedback and experiences of accessing services, and understand that there are a number of barriers that have been in place during the year. Face masks, which help to keep us all safe have created a major communication barrier; stopping people from being able to read facial cues or lip read.



Stall at New Cross Hospital 2017

## Then and now: Red2Green



### Then: invited to support a trial programme

**In 2017 Healthwatch Wolverhampton was invited to take part in a project called Red2Green that was being led by Emergency Care improvements Programme (ECIP) around hospital discharge.**

We visited 10 medical wards over a 5-day period and engaged with 107 patients from a wide range of demographics including 54 males and 53 females, ages ranged from 18 to 80+ and included people from various ethnic minorities.

We asked patients about their length of stay on the wards. On average the majority patients stayed between 1 day and 9 days. We also asked questions about what symptoms brought them to hospital. Did they know what was going to happen to them while at hospital, did they know what they would need to do to go home, did they know when they were expected to go home and did, they understand the Red2Green project?



## Now: trial project becomes the norm

Part of the project was to encourage patients to ask questions of the medical professionals and understand how confident they would be in asking them. These questions are included in the Red 2 Green poster below:



**#Red2Green**  
& SAFER - Caring for ALL our patients

<p><b>Join our Red2Green movement</b></p> <p><b>Red2Green</b> is a simple initiative.</p> <p>A <b>red</b> day is a day where there is a 'delay' to your care / treatment or discharge.</p> <p>A <b>green</b> day is a day where we have made progress towards discharge and an improvement in your health.</p> <p>We want to make every day a <b>green</b> day and we will challenge and question every delay.</p> <p>We encourage you or your relative to get involved!</p>	<p><b>What to expect</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: left;"> <tr> <td style="background-color: #e91e63; color: white; text-align: center; font-weight: bold;">S</td> <td><b>Senior Review:</b> You will be expected to have a review by a Doctor by midday</td> </tr> <tr> <td style="background-color: #e91e63; color: white; text-align: center; font-weight: bold;">A</td> <td><b>All patients</b> will have an expected discharge date based on their personal care plan</td> </tr> <tr> <td style="background-color: #e91e63; color: white; text-align: center; font-weight: bold;">F</td> <td><b>Flow of patients:</b> You will be transferred from an assessment area to a ward as soon as possible</td> </tr> <tr> <td style="background-color: #e91e63; color: white; text-align: center; font-weight: bold;">E</td> <td><b>Early discharge:</b> On your day of discharge you should be transferred to the discharge lounge by 10am to avoid you going home at night</td> </tr> <tr> <td style="background-color: #e91e63; color: white; text-align: center; font-weight: bold;">R</td> <td><b>Review:</b> Sometimes other members of the hospital team may get involved in planning for you to go home. This will help us identify anything you might need to support you when returning home.</td> </tr> </table> <p>University Hospitals  of North Midlands <small>NHS Trust</small></p>	S	<b>Senior Review:</b> You will be expected to have a review by a Doctor by midday	A	<b>All patients</b> will have an expected discharge date based on their personal care plan	F	<b>Flow of patients:</b> You will be transferred from an assessment area to a ward as soon as possible	E	<b>Early discharge:</b> On your day of discharge you should be transferred to the discharge lounge by 10am to avoid you going home at night	R	<b>Review:</b> Sometimes other members of the hospital team may get involved in planning for you to go home. This will help us identify anything you might need to support you when returning home.	<p><b>What we encourage you to do</b></p> <p>It matters to us that our patients are involved in their care during their hospital stay.</p> <p>We encourage you to ask these questions:-</p> <ol style="list-style-type: none"> <li>1. What is the matter with me?</li> <li>2. What is going to happen today?</li> <li>3. When am I going home?</li> <li>4. What is needed to get me home?</li> </ol> <p style="text-align: right; color: #e91e63;"><b>Remember- "It's ok to ask"</b></p>
S	<b>Senior Review:</b> You will be expected to have a review by a Doctor by midday											
A	<b>All patients</b> will have an expected discharge date based on their personal care plan											
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R	<b>Review:</b> Sometimes other members of the hospital team may get involved in planning for you to go home. This will help us identify anything you might need to support you when returning home.											

### Patient feedback included:

**"The 4 questions would support the staff and the patients"**

**"I think it is important for staff to spend time talking and including you in any treatment or decisions about my care"**

**"I felt uncomfortable asking the 4 questions to the doctors as they talk about you, not to you, do not explain things"**

**"I have not asked them but would feel comfortable asking them in the future"**

In 2019 this project was being used in the hospital as it was included in a Quality Visit that Healthwatch Wolverhampton was a part of, supporting the Clinical Commissioning Group (CCG).

During the Quality Visit, Healthwatch engaged with patients on the wards, and asked them if they knew and understood the poster that was promoting Red 2 Green and what this meant for them. The poster was displayed in clear view of all the patients within the wards and there was a mixed response from the patients when asked about it.

In 2021 Red to Green has become incorporated as a routine in the Discharge 2 Access dashboard that the trust is using.

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## Then and now: GP Communication



### Then: proposed changes highlight patient concerns

**In 2018 Healthwatch Wolverhampton carried out a project on communication between GP's and their patients. This project was carried out due to proposed changes of how GP practices would communicate information and engage with their patients, and the Clinical Commissioning Groups were also proposing changes as part of their 5 year forward plan. GP communication was also something we were receiving feedback from patients about.**

Healthwatch gathered feedback from patients about the communication that they received from their GP practice, whether they received enough communication from the practice and what knowledge and what level of involvement they had about the practice's Patient Participation Group (PPG).

We found that the key patient engagement method for the CCG was PPG's rather than engaging with the wider patient cohort. We also found concerns about the lack of communication that patients were receiving about the proposed changes happening at their practice and concerns about the level of involvements patients were having with their PPG and the lack of communication from their PPG.

[You can read the GP communication report here.](#) Page 77



## Now: communication issues persist

**However, the recommendations made in our GP communication report and a range of patient feedback before and after the project took place, shows that communication from GP practices continues to be an issue and has been highlighted throughout the pandemic.**

The pandemic meant that contacting the GP practices was a challenge for many patients. This was raised to Healthwatch who ensured their concerns were reported to the relevant practices.

As part of the Long Term Plan, GP practices are working more closely together as part of Primary Care Networks (PCN's). Patients are able to access services more easily across the PCN's, with appointments being shared across practices, mental health support being imbedded into the practices and GP services staying open for longer. However, we have continued to have patients call us for support who have not been informed about out of hours appointments or the ability to visit another practice within the network.

GP receptionists have taken the role of Primary Care Navigators meaning that they question patients to ensure they are getting the appropriate level of care and are referred to the correct practitioner. Communication of their role to patients has not been effective and therefore there is a tension between patients and reception staff.

The pandemic has caused issues with appointments going online and difficulties getting face to face appointments, as well as, difficulties with patients getting through to the practice when calling them. GP practices have supported the vaccination roll out to help fight the pandemic which resulted in some patients having to wait longer for appointments.

There has been confusion around whether GP practices have been open, which they have. They have just had to work differently due to the pandemic. Some patients have seen this as "they are not open". GP practices have continued to see patients face to face depending on their clinical need.

Healthwatch continues to share the patient concerns they receive with the practices, CCG and CQC.

In our Enter and View paperwork we have incorporated specific questions about how GP practice engages and communicate with their patients. One of the areas the Authorised Representatives observe is how patients are encouraged to get involved with the practice PPG.

Due to current changes being made within CCG's and Wolverhampton being part of the Black Country and West Birmingham CCG in shadow form from 1 April 2021, Healthwatch will continue to be the critical friend, ensuring that patients within Wolverhampton are aware of the changes taking place, how they can get involved including more awareness of the Patient Participation Groups, and any other groups that are being formed for patients' voices to be heard.



Bentley Court

## Then and now: Bentley Court Enter and View



### Then: Enter and View visit results in 30 recommendations in 2018

**Enter and View is a key tool that Healthwatch uses in order to observe services being delivered. They gather the views of service users during the visit. Enter and View reports contain recommendations following the visit and are widely shared. Volunteers receive training and are known as Authorised Representatives; they support the staff team in the Enter and View programme.**

In August 2018 Authorised Representatives took part in an Enter and View visit at Bentley Court. They identified several issues which were addressed in the Enter and View report which had 30 recommendations, as well as several additional questions. [You can view the 2018 report here.](#)

Since the visit took place, a new manager was appointed. It was agreed that an Enter and View visit would take place in 2020 following feedback we had received. The same Authorised Representatives from the 2018 visit undertook the Enter and View visit in 2020 and were impressed with how much had changed in the two years since their last visit.

In 2018 residents told us that they were unable to access GP's or other services when they needed them and felt that the home was not supportive in ensuring they were able to access additional services. Staff at the home had a different opinion.

During the visit we engaged with members of staff. From our discussions it was clear that some staff were unsure how often care plans were reviewed and that while the home was signed up to the Red Bag scheme, which is aimed at ensuring residents' belongings are kept in one place to and from hospital, some residents' belongings have been mislaid. Staff were also unsure how the care home provided a safe space for their residents who are Lesbian, Gay, Bisexual or Trans (LGBT+), or residents of ethnic minorities. During the discussions, some staff were unsure about the level of care some residents receive.

During the visit, it was felt by residents that they were treated with respect and dignity, but staff were not always quick to respond and there was mixed feedback regarding how the home keeps residents informed about lunch times or news at the home. Residents were all happy with the level of choice they were given and felt comfortable asking questions or raising concerns with the staff.

Following the visit, there were a number of concerns raised in the report which had 30 recommendations. The manager at the time did not agree with the findings.



## Now: January 2020 visit highlights changes made

**In January 2020 a follow up Enter and View was undertaken. We learned that there was now a new manager in place and that changes had been made following their appointment. [You can view the 2020 report here.](#)**

The Authorised Representatives explained how impressed they were with the changes, suggesting it felt like a different home. Improvements had been made to the home following the previous visit, this made the home feel much more welcoming and friendly. Residents' doors had been painted different colours and resembled front doors. The floor which was home to residents with dementia now had a range of interesting pictures on the walls including photos representing the history of Wolverhampton as well as old movie posters. Signage around the home had also clearly been improved.

Residents' explained that they felt they were able to access additional services and that the home was really good at helping to get appointments with GP's. Relatives' were also happy with the care their family members were receiving and explained that the residents seem to like living at the home and were doing much better since being there.

From talking to the residents, it was clear that they felt the response times when pressing the call button was improved.

The home had also improved the way in which they engaged with and kept residents informed. With residents explaining they received a regular leaflet with updates as well as staff updating them verbally too. Relatives also explained that they felt well informed by the home.

Being involved, listened to and provided with choice were also improved by the home with both residents and relatives feeling that there were a lot of activities taking place, as well as residents' choices being respected. Following the Enter and View visit, only 4 recommendations were made.

**Here are some quotes from residents during our 2020 visit:**



**"I don't feel safe anywhere else"**

**"The staff always let me know if anything is happening. It's not a problem for me to find things out"**

**"I do like it here - they look after me"**



Carvers Marathon 2019

# Then and now: Engagement HQ



## Then: face-to-face engagement

**Prior to the COVID-19 pandemic our approach to engaging the public was to be physically in the community, sadly the pandemic brought a stop to all face-to-face engagement as it was no longer safe. This resulted in a radical shift in the way we engaged the public, we had to adapt and the only way to do this was digitally.**

We used to deliver a whole range of engagement face-to-face, including training, volunteer inductions, dementia friends' sessions, public meetings, information stalls and consultations. From March 2020 we had to think of ways to do this digitally, and we were constantly aware that not everyone is online.

Throughout the pandemic we have had great results using digital methods to engage with the public and to understand people's concerns regarding the virus as well as health and social care. Through the use of our website and social media platforms we have been able to ensure that people got the information they needed, challenge misinformation and conduct consultations and focus groups. We also found that young people were more willing to get involved with our Youth Healthwatch.

We cannot wait to return to face-to-face engagement, for us it's the best way to engage people. However, we have come to learn that digital engagement has a place in our approach even after we return to some kind of normality.



## Now: adapting our approach to engagement

Part of our response to Covid-19 was to move all of our engagement online. Over the last 12 months our staff team have been engaging with members of the public through Zoom, on MS Teams or over the phone. Whilst adjusting to the change has presented unique challenges, it has also presented equally great opportunities.

In December 2020, Healthwatch England offered a grant opportunity for local Healthwatch to take part in a new engagement platform trial. The pilot project tests two similar systems to see if they can support Healthwatch to have a deeper and more meaningful engagement with people online. The pilot will run from February 2021 to July 2021. **Click the image below to visit our Engagement Platform.**



Following a successful bid, Healthwatch Wolverhampton launched their platform on April 1 2021, celebrating Healthwatch's 8th birthday.

The online platform is a community space that provides the public with opportunities to feedback, share ideas and influence decisions that matter to them. They can also follow projects as they develop to see how their feedback is having an impact. This will include our 2019/20 and 2020/21 Healthwatch priorities as well as other projects. Individuals are able to complete surveys, polls, take part in discussion forums and mapping exercises. The platform also offers a 'Who's Listening' function which will enhance our partnership working and allow members of the public to contact the staff team about different projects.

While this platform is being used on a trial basis, we will continue to use digital technology in some form to support our engagement efforts as well as communicating our work and progress.



**"We are extremely excited to have successfully bid for this opportunity. The Engagement Platform will allow us to have a diverse approach to engaging with the public and service providers as we come out of lockdown."**

**Tracy Cresswell, Healthwatch Wolverhampton Manager**

You can register to join us on our Engagement Platform using the details below.



**To find out more or to register for the platform > > >**

Visit our website

<https://healthwatchwolverhampton.uk.engagementhq.com/>



# Responding to COVID-19

**Healthwatch plays an important role in helping people to get the information they need. This role was vital during the pandemic, helping to share key messages and combat misinformation. Healthwatch also responded to COVID-19 in a range of other ways including volunteering staff time to support the local response in our communities.**

**This year we helped 845 people by:**

- Providing information and signposting support
- Supporting the vaccine roll-out
- Delivering prescriptions to the most vulnerable
- Conducting welfare calls to the most vulnerable
- Helping people to access the services they need
- Helping people access accurate and up-to-date information

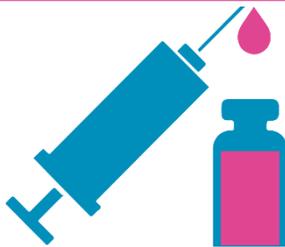
## Top four areas that people have contacted us about:



**20% on GP services**



**16% on Hospital services**

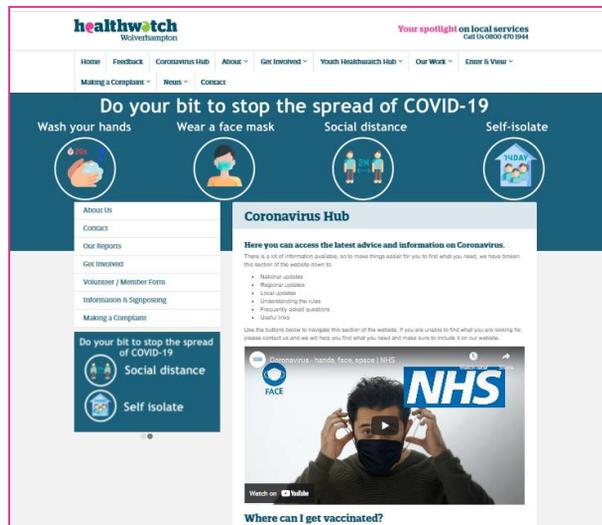


**11% on Medication**



**10% on Mental Health**

## Coronavirus Hub



During the initial weeks of the pandemic we identified that there was a lot of information being shared and there was some confusion in our communities.

We worked quickly to develop a Coronavirus Hub on our website which acted as a one-stop-shop. The Hub had information about local restrictions, national messages, myth busting information and a frequently asked questions section.

This was picked up by other Healthwatch organisations. The hub was **viewed 26,532 times**, ensuring that people were accessing accurate and up-to-date information at a local, regional and national level.



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



[www.healthwatchwolverhampton.co.uk/coronavirus/](http://www.healthwatchwolverhampton.co.uk/coronavirus/)

**0800 470 1944**

[info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)

## Welfare calls to vulnerable people

Healthwatch worked with Social prescribing making welfare calls to **641 service users**. Most of the service users were happy and were being supported by family members, however there were a number of people that needed signposting for further support including:

- Signposting to Carers support for carers assessment
- Signposting to the City’s vulnerable helpline number with support for food parcels.
- Signposting to the Black Country mental health helpline number
- Contacting GP practice’s who would get a GP to contact the service users back
- Signposting to Silverline, Samaritans, AGE UK and Neville Garratt Centre
- Signposting service users to their GP for further advice after concerned around checks that service users should have been having such as COPD checks etc

## Christmas Chats for the lonely

Healthwatch staff volunteered to make themselves available over the Christmas period should anyone want a chat if they were feeling lonely.

We had only one call arranged via our contact with Social Prescribing who explained they had a service user who was going through a difficult time and was suicidal. The call was scheduled for Boxing Day. The call was made and the person explained **“it’s too late”** and ended the call. Knowing some of the person’s situation, we were very concerned for the safety of the individual.

We made calls to the Police who were unable to help and then the Ambulance service who contacted the individual several times, they finally got through and individual again said it was too late. The Ambulance service was able to get the address of the individual and make a visit. They were taken to hospital and assessed and referrals were made to mental health services.

We followed up with Social Prescribing a few weeks later who explained the individual was doing much better now and **“Thank you for all that you and your colleague did on Boxing Day, I am so very grateful. It was literally a life saver”, “Your team’s Christmas calls were invaluable, thank you”**

**healthwatch**  
Wolverhampton

**WE ARE HERE FOR YOU THIS CHRISTMAS**

Don't spend this Christmas in silence

We are here if you want someone to talk to during Christmas and New Year. Book your chat with us in advance, chats are available:

Christmas Eve: 11:00-3:30 and 6:00-8:00  
 Christmas Day: 12:00-2:30 and 6:00-8:00  
 Boxing Day: 11:00-3:30 and 6:00-8:00  
 New Year's Eve: 11:00-3:30 and 6:00-8:00  
 New Year's Day: 11:00-3:30 and 6:00-8:00

**YOU WILL NEED TO BOOK YOUR CHAT IN ADVANCE BY CONTACTING US ON:**

**CALL 0800 470 1944 (9AM-5PM) / TEXT 07732 683455  
 EMAIL INFO@HEALTHWATCHWOLVERHAMPTON.CO.UK**

## Staff answer the call for NHS volunteers

During the early stages of the pandemic NHS England ran a recruitment campaign for volunteers to help support the COVID-19 response. Over 750,000 people signed up including staff from Healthwatch Wolverhampton.

Staff supported the NHS by volunteering to make calls to people who were self-isolating or shielding.

During the calls we found some people did not know why they were being called, some had already received calls that day and some did not want the calls. This was feedback locally to help try and improve the local response.

Many of the people contacted said that they were ok and grateful for the calls being made. The conversations ranged from simply talking about the weather, what was happening in their local neighbourhood, if they needed extra support with shopping or prescriptions etc and talking about the support they were getting.

It was heart-warming to hear examples of how communities were pulling together to help people in their streets and local areas with shopping and other support.



## Baby clothes and vaccination support

Tracy, Manager of Healthwatch Wolverhampton, heard that the Royal Wolverhampton NHS Trust were asking for items for premature babies. As a keen knitter, she decided to start knitting baby clothes and donate them to the trust.

Tracy also volunteered during the initial vaccination roll out, attending vaccination centres to help book people in for their jab.

## Help with food delivery

An individual rang for advice as they were housebound and could not get an online shopping slot with the major supermarkets. We did some research and discovered that two Co-ops local to the person, had volunteer shoppers. We rang the individual back to advise them of these options.

They rang back about 2 hours later to advise that they had spoken to Co-op and had a delivery of essential items, that would 'tide them over' until they could get an on-line shopping slot arranged.

## Support while partner was in hospital

A member of the public called us and explained that they were at a very low point mentally. Their partner was in Intensive Care with COVID-19.

All their household bills and bank accounts were in their partners name; and they were worried that the situation would **"spiral out of control"**, adding to an already very stressful time.

We suggested that they rang the utility companies to explain the situation and ask for leniency due to the unprecedented circumstances of the pandemic. We also suggested them to the Citizens Advice if they felt they needed extra support.

## Collaboration with the Community Support Team

Healthwatch Wolverhampton and the Community Support Team met virtually to put together a plan to support individuals who were shielding or self-isolating particularly for the collection and delivery of medication.

It was agreed that:

- Healthwatch and the Community Support Team would be in regular contact
- Referrals would be made by the Community Support Team
- The Community Support Team would contact the service user to introduce Healthwatch and arrange delivery of prescriptions
- Healthwatch would contact pharmacists to ensure prescriptions are ready
- Healthwatch staff would deliver the prescriptions

In a few circumstances we arranged for people to have prescriptions delivered to them from the pharmacists and contact was made with GP practices if no prescription was ready when appropriate.

Two members of Healthwatch delivered to over **50 residents** of Wolverhampton from W/C 27.04.2020 to W/C 15.06.2020.

### Here are 4 case studies from our collaboration:

#### Case study 1

We received referral from Community support team on 27 April to deliver medication to one of their service users. The individual was contacted to introduce Healthwatch and to let them know that we would be delivering their medication.

There was lots of confusion between the GP and Pharmacist regarding the medication. When we contacted the pharmacist, they said that they had only received the request and it needed to be signed off by the GP and it could take 72 hours.

We contacted the pharmacist on 28 April as the individual was without their medication, the pharmacist informed us that the medication was ready as they had moved it to the front of the queue following our contact with them the day before. The prescription was collected and delivered without any interruption to the individual.

#### Case study 2

A referral was received on 6 May; and the individual was contacted on 7 May. They had complex needs and needed their medication in a Dossett box for ease. After several calls made by us to the GP practice and pharmacy it was agreed that a Dossett box would be put in place and would be delivered on a weekly basis. However the pharmacy asked if someone would be able to collect the medication the following week as they needed a little more time to arrange delivery.

We updated the individual and informed them that we would be delivering their medication and collecting any surplus medication.

We collected the medication on 14 May and returned the surplus medication back to the pharmacist. This had been agreed in advance with the pharmacy as they were not accepting surplus medication back from patients.

The individual was thankful to Healthwatch for the support they received.

### Case study 3

An initial referral was received on 28 April. We contacted the service user who informed us that this would be a regular collection. We collected and delivered their medication on 30 April and agreed that they could contact us when their next prescription would be ready, this was a regular collection for Healthwatch.

We updated the Community support team and updated the database as required.

The individual was grateful for all the ease and support that they had received from Healthwatch.

"The Community Support Team have worked collaboratively with Wolverhampton's Healthwatch for some time. This essential support was increased during the pandemic due to a rise in people's anxiety around getting their medication and being able to speak with their GP.

It became apparent very quickly that pharmacists were unable to meet the demand of the delivery of medication and in some cases the charge for delivery was unaffordable. Healthwatch did not hesitate to step in, they collected and delivered prescriptions throughout the City, offering emotional support and advice at a very difficult time for people in our communities.

The feedback we received was very positive.

***" I'm so relieved Healthwatch rang me and arranged for the medication to be delivered the same day, caring for two people and shielding myself it was impossible for me to get it"***

***"It wasn't just the delivery of the medication but the chat on the doorstep, giving me reassurance that I could call them if I needed further help"***

***" I couldn't get through to my Doctor, it was just ringing. Healthwatch called my doctor and arranged for a telephone consultation and then collected the medication I needed; I can't thank them enough"***

**Joanne Evans, Community Support Service**

### Case study 4

We received a referral and contacted the service user to let them know that we would deliver their prescription that afternoon. However when we went to pick up the prescription from the pharmacy, they informed us that the prescription was out for delivery.

We contacted the individual to inform them that they would be receiving their prescription via the pharmacy delivery driver. During the call the individual just wanted to talk so we spent a while listening to them. At the end of the call they said that the Healthwatch staff member was easy to talk to and it was agreed that we would contact them on a weekly basis to catch up with them.

## Red Zone Confusion

In March 2020 we became aware of some confusion resulting from a text message that was sent to patients from Ettingshall Medical Practice. It explained that the practice was allocated Red Zone status but no explanation about what that meant. This caused some confusion online and misinformation started to spread including that the area was highly infectious.

After talking to the practice we identified that there was a colour code system being used in the City. Red Zone was designated to Ettingshall medical Practice as it would be the practice that patients with covid or suspected of having covid would be advised to go to. Whereas other patients would be diverted elsewhere to ensure patient safety.

This was feedback on the original social media post and the public thanked us for getting the correct information.

Please be aware that until further notice Ettingshall Medical Centre has been allocated Red Zone status. Please DO NOT attend the surgery, if you need to contact the surgery please call Bilston Urban Village on [01902 409905](tel:01902409905). If you need to collect a prescription or sick note you will need to go to Bilston Urban Village.

5 m Like Reply

## Support with hospital referral

We were contacted by a patient who had a lump appear on scar tissue following an operation. They went to New Cross Emergency Department and were told that due to Covid, they would need to arrange an ultrasound scan via their GP.

The patient had an initial telephone consultation, however, as they had heard nothing after a month, they rang the hospital who informed them that no correspondence had been received from the GP practice.

The patient asked Healthwatch to get involved as their surgery insisted that they had arranged the scan and would not ring New Cross Hospital to verify the appointment had been made. Healthwatch rang the GP practice who informed us that they would investigate this, and they would sort out the confusion for the patient.

The patient rang a few of days later to thank Healthwatch for their intervention, as they were **"at the end of their tether"**, and with out Healthwatch involvement they would never have got resolved.



## Cancer operation delay

We were contacted by a concerned relative regarding their parents cancer operation being delayed. After getting permission from the patient, we contacted Royal Wolverhampton NHS Trust to understand the situation and get some answers for them.

We found out that the operation had been postponed as a result of COVID-19 and changes to working restrictions within the Trust. The information gained from the conversation with the Trust was shared with the patient along with details for the Macmillan nurses and a referral was also made to the Macmillan. A manager at Macmillan organised phone support with the patient.

We later received feedback from the patient that conversations they had with Macmillan had been a great support during a difficult time.

## Neighbourly concern

A member of the public contacted Healthwatch asking if they could support their elderly neighbours, as they had recently been discharged from hospital and were waiting for follow up care from their GP; but they had been struggling for over a week to get an appointment.

With the couple's consent Healthwatch contacted the Practice Manager who was able to arrange an appointment for them. The couple was very appreciative and thanked Healthwatch for the support and assistance provided.

## Healthwatch members make a difference

During the second lockdown a Healthwatch Member shared details of our work with a local resident. They then contacted us about the renewal of their disabled blue badge which they had been waiting 3 months for.

We contacted the Community Support Team at the City of Wolverhampton Council and they received the renewed badge within a few days.

Another Healthwatch Member contacted us during the lockdown as a person had contacted them and wanted to arrange a visit as they were feeling very isolated.

We suggested that the person they were trying to support contact AGE UK as they have friendship telephone lines and the Silverline, where they would be able to chat safely without putting the Healthwatch member in a potentially difficult situation and safeguard themselves from any risk.

## Healthwatch support encouraged me to volunteer

At the beginning of lockdown, a patient was ringing on a regular basis. They were struggling with the adverse effect COVID was having on their mental health. Healthwatch supported them by listening to them; giving them an opportunity to share their feelings and giving them time to talk. Healthwatch suggested they should reduce the amount of time they were watching Corona virus coverage on TV and the amount of time that they were spending on social media, as it was upsetting them. We also suggested they consider engaging in more outdoor activity such as spending time in their garden.

They were encouraged to do things that made them happy, such as restarting their LGBT+ support group virtually and were signposted to agencies for counselling support .

Healthwatch supported them by contacting their GP around issues they were experiencing around medication and getting appointments.

**"Healthwatch supported us with the set-up of LGBT+ Sparkle group with their advice and backing. Running the group has kept my partner and me active. It has also helped us cope with the lockdown".**

**"Healthwatch Wolverhampton have helped me personally to better cope during the second lockdown when I was really low. The first lockdown was a real struggle. They were a lifeline in the first lockdown as I suffer with anxiety and depression."**

They have continually thanked Healthwatch in meetings and have become a volunteer as well as being a big ambassador; sharing our information to everyone they have come into contact with and vice versa. Healthwatch has also benefited from supporting the LGBT+ Sparkle group, as it helped us to network with a range of guest speakers from organisations and hear the experiences of members of the community. The support group has been involved in our Mental Health focus groups and Covid-19 report.

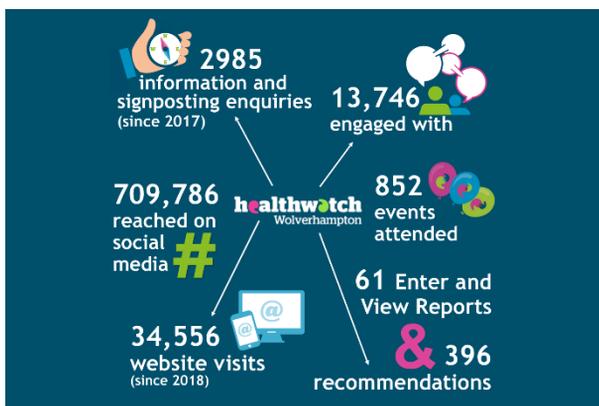
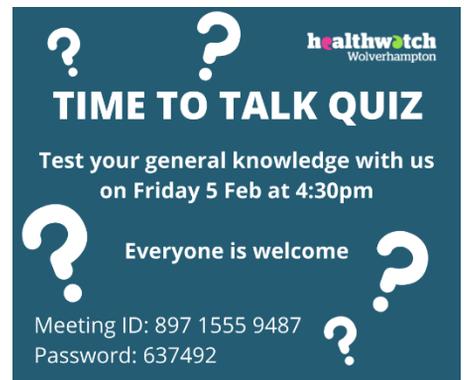
## Time to talk

Time to Talk takes place in February and aims to help encourage people to talk more about mental health.

To support Time to Talk, our Youth Healthwatch volunteers created an animated video that you can watch here.

We also held a quiz, which was well attended. It had rounds such as general knowledge and a specific round about mental health to help raise awareness.

In the spirit of talking about mental health, Ashley, one of our Engagement and Information Leads, posted a video on our Facebook page opening up and talking about his experiences living with anxiety and depression.



## Happy Birthday Healthwatch

April 1 2021 marked 8 years of Healthwatch. To celebrate we held a birthday celebration event to showcase the impact we had made over the years and we created an infographic to help show some of the work we have done in numbers.

The event was well attended by members of the public and organisations who have supported us, this includes Professor David Loughton, Chief Executive from the Royal Wolverhampton NHS Trust.

## Hello Yellow

In October 2020 the team and volunteers came together for "Hello Yellow" which was in aid of Mental Health Day. We held a virtual event and asked everyone to wear something yellow, the event was to encourage people, including young people, to talk about mental health and show that there is no shame in talking.



## Supporting Compton Care

On 22 December 2020 a donation of **£1500** was made to Compton Care to help support the vital work they do in the community.

Compton Care sent a letter thanking us for our donation explaining the impact the donation could make including possibly **funding 11 visits by a healthcare assistant** to a patient's home to provide vital personal assistance and care.

## COVID-19 report

**During the pandemic, we wanted to understand the impact that COVID-19 was having on people's physical, emotional and mental wellbeing. In total we carried out four surveys and six focus groups with the public to collect people's views and experiences. The focus groups included people from a range of backgrounds, including young people, LGBT+ community, D/deaf community, homeless support services, and carers. We also carried out a survey specifically around the impact COVID-19 was having on Cervical Screening Services.**

We found that while most people felt the information about the pandemic was easy to understand and access, there were many people who found it confusing particularly around the guidance that was being promoted. People also highlighted the amount of misinformation that was being circulated which was also adding to the confusion **"the information online is a maze of fake news and information that is not easy to spot... we are all confused"**.

We also found that 40% of people who took part in our surveys felt that accessing services had been impacted by the pandemic and 10% of people said their experience of social care had been impacted.

When asked if their mental health had been affected by the pandemic 60% said it had, with people saying that they had felt an increase in anxiety and stress and they felt lonely, isolated and claustrophobic. People also explained that existing mental health conditions had been made worse **"I am suffering more panic attacks and my depression is worse"**. One person told us **"I have felt unable to call my mental health team because they have more important things to be dealing with. I don't want to be an extra burden"**.

The response from our Cervical Screening Survey showed that 63% of people felt their appointments were not affected by the pandemic. Some people told us that they had been invited for their screening but **"I've had the letter but haven't booked due to nonessential appointments being discouraged should I book?"** We also found that 25% of people who took part did not know what the symptoms were for cervical cancer and 12.5% were unsure.

During our focus groups the LGBT+ Sparkle Social Group referred to research conducted by the LGBT Foundation which highlighted concerns regarding people being in lockdown with homophobic family members and unable to move due to the restrictions. They also explained that hospital appointments for Trans people were being affected and the impact this had on their mental health **"Hospital appointments, especially for Trans people has had a big impact, there is no additional support for Trans people while they wait, and they can be waiting years anyway"**.

The D/deaf community explained that the amount of information being shared was overwhelming and not always accessible to them; **"We have no idea what is happening locally, only nationally. This causes anxiety because nothing is available locally in our first language. It makes us feel like second rate citizens"**. They also expressed how difficult it was to cope with some of the changes with one person saying they felt **"almost grief"** at being isolated from other members of the community and family.

Young carers expressed how difficult the year had been, **"I've been doing this now for 5 years but it is too much for me this year, especially with my mental health being up and down"**. Some expressed how they felt they had **"no choice"** but to help. They also found that they were having to provide extra support above what they would normally do and this was difficult for them at times.

We held a focus group with people who provide support to homeless people, and they said that the homeless community were **"amazed that services were working together in a way they had never experienced before."** They also raised that mental health had become a major **"burden"** of the services and that improvements to mental health provision were needed.

[You can read the full report on our website.](#)



# Volunteers

**At Healthwatch Wolverhampton we are supported a strong team of 49 volunteers to help us find out what people think is working, and what improvements people would like to make to services.**

Volunteers are a big part of Healthwatch work and support us with work such as Enter and View, Office Work and Community Outreach. Face to face volunteer work was postponed in March 2020 and all engagement moved online.

It was really important to us that volunteers were engaged with throughout the pandemic, especially during the first lockdown where many were shielding or lived on their own, so the team regularly phoned volunteers during this time.

We also started running volunteer coffee mornings and quizzes on Zoom to give volunteers a chance to catch up with the team and with each other.

# Supporting Volunteers During Covid

Some of our online sessions have been open to members of the public that were interested in becoming volunteers which helped our recruitment of volunteers in the last 12 months. Over the past year we received **43 applications** for volunteering, sadly not all of them completed the interview and induction process but some did join our **49 strong team** of valued and dedicated volunteers.

Sadly, we also lost some volunteers during the Covid-19 pandemic who decided to step down from their role due to restrictions and the nature of their volunteering role. We would like to thank these volunteers for their time and support over the years.

During volunteer’s week at the start of June, care package parcels were hand delivered to all volunteers to thank them for their hard work over the previous year. These included hand-written cards, a box of biscuits, a box of cakes, mints, hand cream and a mindfulness puzzle book. Volunteers passed on their grateful messages of thanks to staff that delivered these.



Volunteer care packages – Volunteers Week June 2020

Towards the end of 2020 we began to reintroduce volunteer work virtually. Volunteers were asked to take part in a GP website review following intelligence we had received from patients during lockdowns. Volunteers were also encouraged to take part in our various projects and coffee mornings and activities across the year and got involved in our "Hello Yellow" event – to raise awareness of, and encourage young people to speak about, their mental health and our Christmas jumper day where we raised money for Save the Children.

Our volunteers and staff are thoroughly looking forward to when face to face engagement and work can return, and look forward to what next year will bring.



Hello Yellow for Mental Health October 2020



Christmas Jumper Day December 2020

# Our volunteers

## Elena

"My name is Elena and I am student at Health and Social Care. I volunteered for the Healthwatch team to help the community. I was welcomed into this beautiful team and met wonderful people. I am excited to get involved in projects and be helpful to people when they need it. I participated in meetings and was very interested. I was also present during the week with Mental Health Awareness Week".

## Maggie

"I started volunteering for Healthwatch in 2018, and I am passionate about being in the position to help others, especially when I can utilize my skills to make a difference in the lives of others. My motivation comes from personal experience of working with vulnerable people. So, volunteering matters to me. Volunteering with Healthwatch interested me as the organisation intend to strengthen the collective voice of people/users of health and social care services.

As a volunteer, I would like to think that I make a valuable contribution in my community through Healthwatch to:

- improving the experience of care and support
- strengthening the relationship between services and communities
- improving public health and reducing health inequalities
- supporting integrated care for people with multiple physical and/or mental health needs.

At a personal level volunteering has brought a positive impact as it has increased my social inclusion with people of different professional levels and expertise. As a result of this, volunteering has boosted my self-esteem, well-being and social engagement. For example, I have gained some core skills of chairing within the volunteering role.

The Healthwatch Wolverhampton team has provided me with training and peer support to be able to do my volunteering role effectively and with confidence. The staff members manners give me the impression that I am appreciated as a volunteer and cultural differences are also embraced".

## Praise

"I made the decision to volunteer at youth Healthwatch because I needed the experience and confidence that came with it. I have been so fortunate to work with an amazing team and come up with ideas for numerous campaigns. I really appreciate the idea of organisations like Youth Healthwatch because, it is wonderful to see people actively working together to solve the problems prevalent in the community. My hopes for Youth Healthwatch is that, it continues to be bigger and better and influence the lives of many young people across the country. It is truly a wonderful experience for anyone to have".



### Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at:



<https://www.healthwatchwolverhampton.co.uk/>



0800 470 1944



info@healthwatchwolverhampton.co.uk



## Youth Healthwatch

**Youth Healthwatch Wolverhampton was created to help give young people a voice in health and social care. It is led by young people for young people. Throughout the year we received 32 applications to join Youth Healthwatch and they have already been busy setting their own priority project. [You can find out more about Youth Healthwatch here.](#)**

It was challenging to set up the Youth Healthwatch initially. However during the various lockdowns we had a number of people showing an interest in getting involved. We believe this was due to the digital options to get involved where as previously we were focusing on face to face engagement and meetings.

Throughout the year Youth Healthwatch meet on a regular basis and were involved in a number of our social activities including "Hello Yellow" for mental health and Christmas Jumper Day. They have also given their views on our Urgent Care Survey which was amended following their feedback, before it was sent out to be used and created their own video for Time to Talk Day to encourage people to talk about their mental health which [you can watch here.](#)

Following a number of discussions it was agreed that the Youth Healthwatch priority project for the year would be communication from services to young people including the methods used, and the manner of the communication. This project will cover a range of services including health, social care and even education.



# Wolverhampton Health Advocacy Complaints Service

**Wolverhampton Health Advocacy Complaint Service (WHACS) has supported Wolverhampton residents for five years now. Although the advocacy service is a separate contract and receives independent funding from Wolverhampton City Council, the partnership with Healthwatch Wolverhampton has ensured our residents across the city have more opportunities to access the service, via freephone, website and email allowing a broader provision of support whether that is helping with a letter of complaint, a phone call or attending a local resolution meeting**

This year we helped **60 people** to make a formal NHS complaint and seven through the local resolution process. This year the themes of the complaints we have supported have been:

- Quality of care and treatment
- Adult and Children's Mental Health Services
- Medication changes
- Access to Services
- Diagnosis
- Delays / Cancellations

**Our referrals are received in a variety of ways, mostly via the Advocacy and Healthwatch Freephone numbers, and contacting us by email. Other referrals are made during events and outreach which reinforces how the partnership between WHACS and Healthwatch Wolverhampton ensures we are reaching as many residents as we can.**

The pandemic has had an impact on delivering events and the way we do outreach. However virtual meetings on Microsoft Teams and Zoom have enabled us to maintain existing contacts as well as new ones.

WHACS continues to promote self-advocacy and self-empowerment by providing everyone who contacts us with a Self-Help Information Pack containing information about the NHS complaints process. Approximately **25% of complainants** have used this resource. Where a complainant has a more complex complaint, they receive one to one support according to their needs.

The majority of complaints have been resolved through direct communication with the service provider and the outcomes achieved include:

- An apology
- An explanation
- A change to process/procedures

When a complainant has been unable to resolve the complaint directly with the service provider, the advocate has provided assistance to escalate their complaint to the Parliamentary Health Service Ombudsman (PHSO). We have provided support for eight PHSO complaints this year.



**“They helped me all through the process of the complaint. They had listened to me with great patience and understood why I was unhappy with the GP’s behavior. The support gave me confidence to take my complaint further and to achieve the outcome I was looking for”**



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.



**[www.whacs.co.uk](http://www.whacs.co.uk)**



**07732 683 447**



**[advocacy@weareecs.co.uk](mailto:advocacy@weareecs.co.uk)**

# Advocacy Case Studies

## Local Resolution with West Park Hearing Services

**Client received an appointment for 2 December 2020 early morning which is to do with their hearing. As they don't have a car and take their grandchildren to school, and works on Thursdays, they needed to change the appointment. They spoke to the receptionist who they say was very impatient when they were relaying that they needed an appointment between 10:30-1:00 and not on Thursdays as they work on this day.**

Client received a rescheduled appointment for 31 December, a Thursday, at 1:45. Client had tried to resolve this themselves and telephoned West Park and knew straight away that the same receptionist had answered the call. They then asked to speak to the manager but was put through to the secretary. The secretary said the manager would call them back the following day 15/12, but they had not received a phone call by 16/12 which is why they contacted the advocate direct by email. They were concerned that if they cancelled this appointment, they would then be referred back to their GP and then have a lengthy wait for a new referral.

The advocate phoned to speak to the manager, but they weren't available. The advocate asked for a call back on Monday 21/12 and the receptionist was not particularly polite to the advocate either.

When a call back had not been received on 22/12, the advocate contacted West Park again. Since the manager wasn't available, they spoke to the secretary advising that it was preferred to resolve this issue through local resolution rather than a formal complaint. The advocate was transferred to the manager in Audiology who was made aware that we had not received any communication from the department manager and wanted to resolve the issues through local resolution, the outcome being a suitable appointment. After accessing client's medical records and speaking to the consultant, we were given an appointment for 11 January at 10:30am.

**Client was pleased with the outcome. It is clear that the client would not have received an appointment that met their needs, and so quickly, without the intervention of the advocate.**



**"They helped with rearranging my hearing appointment. I had tried myself but the appointment I was given was the opposite of what I asked for. They managed this in one week and I had been trying for several weeks but not getting anywhere"**

# Advocacy Case Studies

## Formal Complaint to Primary Care Support England

**Client had moved from London to Wolverhampton and registered with a WV10 practice in April 2020. After several months, client's records had still not been transferred and so they contacted Healthwatch.**

In September 2020, the advocate attempted local resolution by contacting the practice to find out what was happening with regard to their request. The practice manager was most helpful and able to say that a request for PCSE (Primary Care Support England) to collect records automated from the GP system on 25 April 2020. After three months and the medical notes still not having transferred, the practice on 15 and 17 July requested a brief summary direct from a Doctor at previous practice.

Following discussion with the advocate, the Practice Manager then made an urgent request and received an acknowledgement email from PCSE on 9 September timed 10:17.

Since PCSE had not acted on the urgent request by the practice at securing the medical records, it was agreed that a formal complaint would be made to PCSE. The complaint was submitted on 1 December 2020 and an email from PCSE on 16 December 2020 advised that the records had been delivered to the practice the previous day.

Their response as to why it had taken so long was that the previous surgery had not made the records available, and they were reliant upon them to do so. Only by making a formal complaint, prompts PCSE to phone the surgery asking the surgery to release the medical records as a matter of urgency.

**Client is really pleased with the outcome and says without the advocate's intervention they may still be waiting for her medical records. PCSE had received the urgent request in the September and emailed the surgery at that point. It was only when a formal complaint was made that they made the telephone call which produced the outcome needed.**



**"Without help of an advocate I would still be waiting for my medical records to be transferred from London to Wolverhampton. The advocate helped me all through the process of the complaint and to achieve the outcome I was looking for in a very short time"**



# Statutory statements

## About us

Healthwatch England, 2 Redman Place, Stratford, E20 1JQ

Healthwatch Wolverhampton is delivered by Engaging Community Solutions, Unit 42, Staffordshire University Business Village, Dyson Way, Staffordshire Technology Park, Stafford, Staffordshire, ST18 0TW

Healthwatch Wolverhampton uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Advisory Board consists of six Advisory Board Members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met four times and made decisions on matters such as signing off our 2021/22 priorities.

We ensure wider public involvement in deciding our work priorities. We do this in a range of ways, including using the intelligence collected from service user feedback, the recommendations made from our priority projects and possible follow up work and we hold annual listening events to identify what the public think our priorities should be.

## Strategic relationships

**Healthwatch Wolverhampton acts as a critical friend to local strategic partners and plays an active role in presenting the views from the public and the service users of various stakeholders. We have attended many strategic and operational meetings as listed below:**

- ADASS Local Account Committee
- Adult Care Partnership Meeting
- Adult Steering Group
- Area Prescribing Committee
- Better Care Fund Programme Board
- Black Country co-production network meeting
- Black Country Healthcare NHS Trust patient experience quarterly meeting
- Black Country Healthcare NHS Trust board
- BCWB Governing Body in Common
- BCWB and BC Healthwatch Focus Group
- BCWB Primary Care Commissioning Committee
- Black Country STP & BC HW Meeting
- BC HW managers meeting
- Connecting local voices for better Health and Social Care
- CQC information sharing Meeting
- CQC / Healthwatch quarterly meeting
- CQC / HW Webinar
- DAA Meeting
- Deloitte Governance and Accountability Workshop
- Dementia Information Webinar
- Dementia Strategy Delivery Group
- Developing a single participation for Wolverhampton
- Development session with new governing body members
- D2A MDT working group
- Early Help and prevention extraordinary meeting
- End of Life Steering Group Meeting
- Future Healthier Partnership Board
- Flu Planning Meeting
- Health and Wellbeing Together
- Health Scrutiny Panel
- Healthier Futures Partnership Board
- Healthwatch England Action Learning
- Healthwatch England Quality Framework Meeting
- Healthwatch England Conference
- ICA Mental Health Sub Group
- Integrated Partnership Board
- Local Outbreak Engagement Board
- Local NHS restoration and recovery planning meeting
- LGBT Sparkle
- Maternity BAME Comms and Engagement Meeting
- Maternity Voices Partnership
- Meeting with Chair and CE of RWT
- Meeting with Chair and CE of BCNHS Trust
- Meeting with MD of CCG
- Meeting with North East MP
- Mental Health Steering Group meeting
- NHSE/DHSC – national review of bureaucracy in General Practice
- Older Peoples Focus Groups
- Pause and Learn – Peer Review meeting
- Primary Care Operational Meeting
- Psychological safe leadership programme
- RESPECT Meeting
- RWT Patient experience quarterly meeting
- RWT Trust Board
- SEND steering group
- Urgent and Emergency Care Meeting
- Webinar on NHS Volunteer gathering
- West Midlands Network Meeting
- Wolverhampton Cancer Strategy Meeting
- Wolverhampton CCG Assurance Meeting
- Wolverhampton CCG AGM
- Wolverhampton CCG Commissioning Committee
- Wolverhampton Mortality Improvement Meeting
- Wolverhampton RWT End of Life Meeting
- WST Communities and Engagement
- WST Board
- WST Early Help
- WVSC AGM
- WVSC gathering better connected meeting
- WVSC COVID-19 response gathering meeting
- WVSC COVID-19 Mental Health meeting
- WVSC COVID-19 General

## Strategic relationships in practice

### Mental Health helpline

Wolverhampton CCG had set up a new helpline number for people suffering from Mental Health at the beginning of COVID to support patients who were struggling with their Mental Health. However, we were contacted by the public who reported that calling this helpline number had caused them more distress. Healthwatch contacted the CCG to understand what the process was with this number.

Healthwatch were signposted to the provider who liaised between them and the patient. The changes that were to be made after discussion with the patient were fed back to Healthwatch. The patient was also happy with the changes as they wanted to prevent this happening to other people that would use the help line.

### The use of PPE within the Royal Wolverhampton NHS Trust

Healthwatch raised concerns with the trust that they had received from a patient. The trust investigated the issues raised and processes were put into place to ensure that all PPE was changed appropriately as required by the Trust. An email was sent to all staff informing them of correct use of PPE.

### Supported Living

Healthwatch held a meeting with a service user to discuss issues that they were experiencing with a supported living care provider. The service user wanted to stay within Wolverhampton and not move to the area that had been suggested by their social worker. They had recently moved to Wolverhampton as an emergency placement and they were happy to stay. Healthwatch discussed this with the commissioner of supporting living to understand what the individual could be offered. The outcome was that the service user was moved to a different part of the City to meet their needs. They were satisfied with this and the new accommodation suited them better.

### Penn Hospital

A patient contacted Healthwatch to share their frustration when trying to get through to Penn Hospital in the early hours of the morning. It took the patient nearly 3 hours before they managed to get through. Healthwatch Wolverhampton raised this as a concern with BlackCountry NHS Healthcare Trust, who passed it onto the relevant department. However, this needed to be escalated to top management as no responsibility was being taken.

It was discovered that at Penn Hospital there is only one phone line going in. If someone rings and then are put through to another department, no more calls can be received until this transfer has been completed. The Trust had ordered headsets for the staff to wear remotely, however this did not solve the problem. The Complaints Manager at the Trust had been assured that this had now been resolved; however they were not going to close the case down until they were confident that patients are able to get through to the hospital. They ensured that this sat on a risk register in the Trust.

They will keep Healthwatch Wolverhampton updated on the progress and thanked Healthwatch Wolverhampton and the patient for raising this issue. Even though it had been reported previously within the Trust; it had taken Healthwatch Wolverhampton intervention, to get the patient experience acknowledged and for it to be acted upon.

## Methods and systems used across the year’s work to obtain people’s views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, via our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, regularly attending LGBT social group meetings, working with partners to engage with the homeless and engaging with young people via our Youth Healthwatch.

In December we had wipeable posters made which were hand delivered to all health and social care services in the city. This allowed them to be displayed and easily cleaned to prevent the spread of covid.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and across our social media platforms and newsletter.

## Responses to recommendations and requests

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Wolverhampton is represented on the Health and Wellbeing Board by the Healthwatch Manager and Healthwatch Advisory Board Chair. During 2020/21 our representative has effectively carried out this role by presenting last year's annual report, which provided an overview of the work that had been done to represent the views and experiences of the public. Healthwatch look at aligning some of our priorities with those of the City to reduce duplication and have bigger impact ensuring the voices of the public are included.

The poster features the logos for 'Engaging Communities Solutions' and 'healthwatch Wolverhampton'. The main heading is 'talk to us...' followed by the text 'we are listening and want to hear your experiences on the services below.' Below this, there are nine circular icons representing different services: Hospitals, Community Services, GP Surgeries, Opticians, Mental Health, Dentists, Care Homes, Pharmacies, and Domiciliary Care. At the bottom, contact information is provided: 'Contact us on: t: 0800 470 1944 e: info@healthwatchwolverhampton.co.uk w: www.healthwatchwolverhampton.co.uk'.

# Next steps & thank you

## Top four priorities for 2021-22

- 1. Digital Exclusion and inequalities** – Identifying barriers that stop people not wanting to use digital technology within health and social care
- 2. Mental Health** – Looking into the affects that COVID has had on individuals and the support that has been available or not been available during the pandemic
- 3. Young People's Mental Health** – Working in collaboration with our Black Country Healthwatch colleagues to understand the gaps in services including transition from child to adult services
- 4. Communication with Multi-disciplinary Professionals** – Our Youth Healthwatch have identified communication as being a huge issue, not just within health and social care settings but also education

## Next steps

As we are all aware, this year has been a challenge for us all in many ways. However, we have also seen some amazing work being carried out locally and nationally especially with the roll out of the vaccine which gives us all hope of returning to some normality soon. For us this means getting back into our communities so that we can engage with them about their experiences of health and social care services.

There are many challenges that the NHS and Social Care will face over the coming years to ensure that services are restored safely and dealing with the wider impact of COVID-19. Healthwatch will continue to listen to the public about their experiences so that we can support the NHS and Social Care services.

Equality and Diversity and listening to seldom heard groups will be pivotal in all our that we will be doing in the year ahead. Wolverhampton is a diverse city and we want to ensure that as many voices as possible are listened to, allowing us to influence services and changes that will have a positive impact for everyone.

## Thank you

I want to thank our Advisory Board who have been supporting us through this year and helped to shape our priorities based on the feedback we received from the public. I also want to thank all our volunteers for their continued support and patience during a year when it has not been safe for our volunteers to get involved. It has been great to see so many of them get involved in other ways such as our coffee mornings and volunteer quiz events.



The public have continued to engage with us and share their experiences with us and I want to say thank you. The feedback really helps us to influence services and understand what works well and what doesn't. Working with our stakeholders is an important part of our work, allowing us to engage with people and provide opportunities to hear people's experience. I want to thank all our stakeholders for their continued support during a difficult year.

Finally, I want to thank our staff who have all had to adapt to working differently especially at the beginning of the pandemic and ensuring that we have been able to continue our important work.

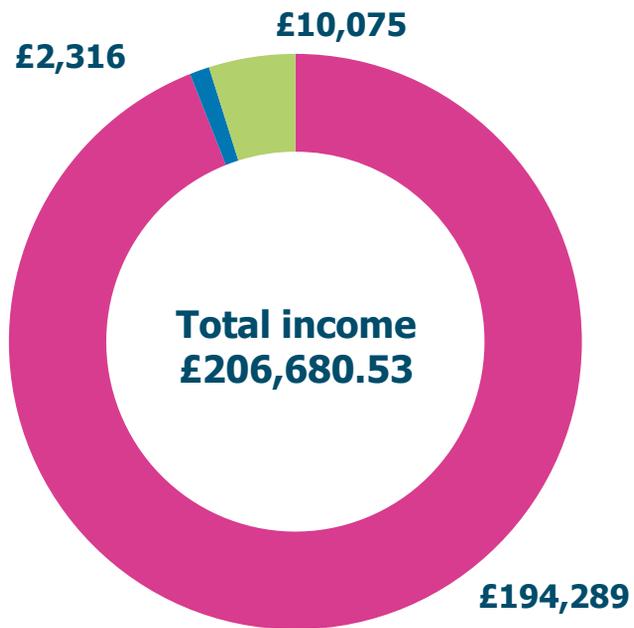
**Tracy Cresswell, Manager of Healthwatch Wolverhampton**

# Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

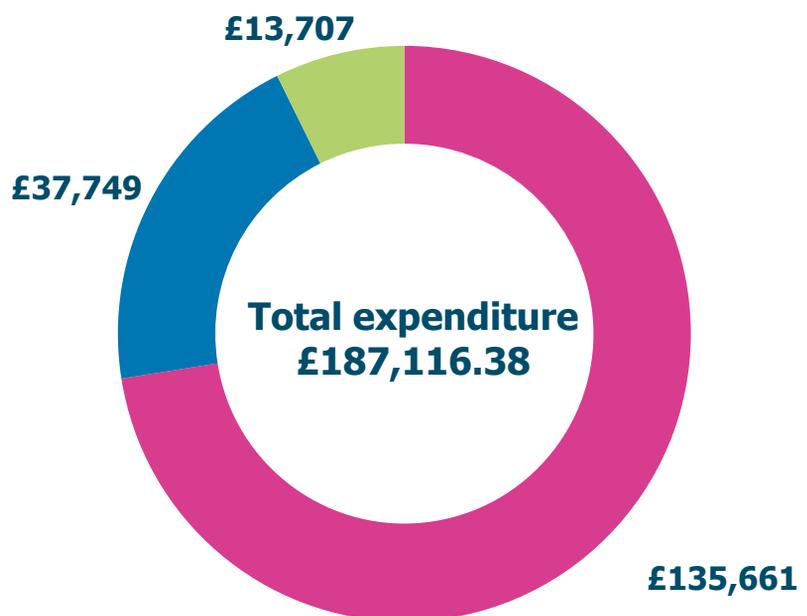
## Income

- Funding received from local authority
- Additional funding
- Balance from 2019/20



## Expenditure

- Staff costs
- Governance and Management Costs
- How much it costs to run Healthwatch



# Glossary

<b>ADASS</b>	Association of Directors of Adult Social Services
<b>AGM</b>	Annual General Meeting
<b>BC</b>	Black Country
<b>BCHW</b>	Black Country Healthwatch
<b>BCNHS</b>	Black Country Healthcare NHS Foundation Trust
<b>BCWB</b>	Black Country and West Birmingham
<b>BSL</b>	British Sign Language
<b>CCG</b>	Clinical Commissioning Group
<b>CE</b>	Chief Executive
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CQC</b>	Care Quality Commission
<b>DAA</b>	Dementia Action Alliance
<b>DHSC</b>	Department of Health and Social Care
<b>D2A</b>	Discharge to Assess
<b>HAB</b>	Healthwatch Advisory Board
<b>HW</b>	Healthwatch
<b>ICA</b>	Integrated Care Alliance
<b>LGBT</b>	Lesbian, Gay, Bisexual and Trans
<b>MD</b>	Managing Director
<b>MDT</b>	Multidisciplinary Team
<b>MP</b>	Member of Parliament
<b>NHSE</b>	NHS England
<b>PCN</b>	Primary Care Network
<b>PHSO</b>	Parliamentary Health Service Ombudsman
<b>PPG</b>	Patient Participation Group
<b>RWT</b>	Royal Wolverhampton Trust
<b>SEND</b>	Special Educational Needs and Disability
<b>STP</b>	Sustainable and Transformation Partnership
<b>WHACS</b>	Wolverhampton Health Advocacy Complaints Service
<b>WST</b>	Wolverhampton Safeguarding Together
<b>WVSC</b>	Wolverhampton Voluntary Sector Council

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