



Health and Wellbeing Together – Informal Meeting 19 January 2022

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

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country and West Birmingham CCGS
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
Ian Darch	Chief Executive, Wolverhampton Voluntary Sector Council
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 NHS Foundation Trust
Lynsey Kelly	Head of Community Safety
Dr. Ranjit Khutan	Head of Public Health Outreach and 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	Independent Chair, Wolverhampton Safeguarding Together
Samantha Samuels	Group Commander Operations 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:

Contact Shelley Humphries
Tel/Email Tel: 01902 554070 email:shelley.humphries@wolverhampton.gov.uk
Address Democratic Services, Civic Centre, 1st floor, St Peter's Square, Wolverhampton WV1 1RL

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

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS - PART 1

- 1 **Apologies for absence**
- 2 **Notification of substitute members**
- 3 **Declarations of interest**
- 4 **Minutes of the previous meeting** (Pages 5 - 10)
[To approve the minutes of the previous meeting as a correct record.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting.]
- 6 **Health and Wellbeing Together Forward Plan 2021-2022** (Pages 11 - 16)
[To receive the Health and Wellbeing Together Forward Plan 2021 – 2022.]

ITEMS FOR DISCUSSION OR DECISION - PART 2

- 7 **Development of the Black Country Integrated Care System** (Pages 17 - 22)
[To receive a summary of progress in the development of the Black Country Integrated Care System.]
- 8 **Wolverhampton Cares** (Pages 23 - 24)
[To receive an update on the launch of the Wolverhampton Cares initiative.]
- 9 **Health Inequalities Strategy implementation - Progress Update** (Pages 25 - 28)
[To receive a progress update on the development and implementation of the Health Inequalities Strategy.]
- 10 **Financial Inclusion Strategy Overview**
[To participate in a discussion around the development of a City Financial Inclusion Strategy.]
- 11 **Police and Crime Plan** (Pages 29 - 30)
[To receive a presentation outlining the recently published Police and Crime Plan.]
- 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 - 13 October 2021

Attendance

Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Wolverhampton Managing Director, Black Country and West Birmingham CCG
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Ian Darch	Third Sector Partnership
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Councillor Beverley Momenabadi (v)	Cabinet Member for Children and Young People
Councillor Linda Leach (v)	Cabinet Member for Adults
Professor David Loughton CBE (v)	Royal Wolverhampton NHS Trust
Hannah Pawley	Community Safety Manager
Samantha Samuels (v)	West Midlands Fire Service
Councillor Wendy Thompson	Opposition Leader
Rose Urkovskis	Healthwatch Wolverhampton
Dr Mark Weaver (v)	Black Country Healthcare Foundation Trust
Richard Welch	Head of Partnerships (Public Health)

In Attendance

Dr Jamie Annakin	Principal Public Health Specialist
Laura Brookes (v)	Black Country Healthcare Foundation Trust
Madeleine Freewood	Stakeholder Engagement Manager
Dean Howell (v)	Black Country Healthcare Foundation Trust
Shelley Humphries	Democratic Services Officer
Councillor Susan Roberts	Chair of Health Scrutiny Panel (Observer)
Dr Kate Warren (v)	Consultant in Public Health

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence**
 Apologies were received from members Katrina Boffey, Tracy Cresswell, John Denley, Marsha Foster, Lynsey Kelly, Sally Roberts and Laura Thomas.

2 **Notification of substitute members**

Ian Darch attended for Laura Thomas, Hannah Pawley attended for Lynsey Kelly, Rose Urkovskis attended for Tracy Cresswell and Richard Welch attended for John Denley.

Dr Mark Weaver attended virtually for Marsha Foster.

3 **Declarations of interest**

There were no declarations of interest.

4 **Minutes of previous meetings**

Resolved:

That the minutes of the meeting of 28 April 2021 and 14 July 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 2021 - 2022**

Madeleine Freewood, Stakeholder Engagement Manager, presented the Health and Wellbeing Together Forward Plan 2021 – 2022 and outlined future agenda items. It was noted that 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 2021 – 2022 be received.

7 **Health and Wellbeing Together Terms of Reference - Light Touch Review**

Madeleine Freewood, Stakeholder Engagement Manager, presented the Health and Wellbeing Together Terms of Reference - Light Touch Review report and highlighted key points. The report outlined that the current Terms of Reference needed refreshing to reflect changes to roles in the NHS in preparation for the creation of a Black Country Integrated Care System in April 2022.

It was also proposed to reduce the quorum for meetings following the High Court ruling that all public meetings must resume in a way that enables full public access. This would make it more likely that the quorum would be met in person as, although members were permitted to join online in a hybrid model, those that attended virtually would have no vote in decision making.

As a verbal addendum, it was also proposed that the representative from NHS England remain on the circulation list but attend as an observer rather than as a member.

It was acknowledged that methodology of meetings had evolved over recent months and the virtual format not only offered greater flexibility for external partners but also a lower risk of transmission should COVID-19 infection rates rise.

It was agreed that reducing the quorum would ensure the Board could meet and make decisions in accordance with the High Court ruling whilst allowing the option to

attend virtually. It was also proposed that avenues continue to be explored to enable fully virtual meetings when legally possible.

Resolved:

1. That Health and Wellbeing Together approve the changes to the quorum.
2. That Health and Wellbeing Together approve changes to the membership as outlined in paragraph 4.2.
3. That Health and Wellbeing Together approve the verbal addendum proposing that the NHS England representative be invited to meetings as an observer going forward.
4. That avenues be explored to enable fully virtual Health and Wellbeing Together meetings when possible.

8 **Wolverhampton Health Inequalities Strategy 2021-2023**

Madeleine Freewood, Stakeholder Engagement Manager presented the Wolverhampton Health Inequalities Strategy 2021 – 2023 and highlighted key points. The report outlined that health inequalities were systematic, unfair and preventable differences in health outcomes by deprivation, protected characteristics and inclusion groups. The impact of the COVID-19 pandemic had exacerbated many of these inequalities.

Health and Wellbeing Together had previously pledged to oversee the development of a Wolverhampton Health Inequalities Strategy setting out how partners would collaborate to respond to these challenges. It was established that this would be achieved by close partnership working and an agreed approach to the targeted use, capture and effective sharing of information. The final draft of the strategy was attached for approval.

In addition, Sports England had reported that lockdown had had a detrimental effect on levels of physical activity with some groups being affected disproportionately. To this end, a workshop session had taken place on 21 September 2021 which had included a wide range of Board members and partners to scope a partnership response to the rise in levels of physical inactivity reported during the pandemic and lockdown.

Thanks were extended to all involved for continued collaborative working and it was acknowledged that the City needed to lead by example and make noticeable, lasting change. It was agreed that early intervention and commitment from all partners was key.

Resolved:

That the Wolverhampton Health Inequalities Strategy 2021-2023 be approved.

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

Dr Jamie Annakin, Principal Public Health Specialist presented the Better Mental Health Fund 2021-2022: Project Overview and Timeline for Delivery briefing note and highlighted salient points. The briefing note provided an overview of the 'Better Mental Health (BMH) Fund 2021-2022' and timeframes for the delivery of mental health projects across the City of Wolverhampton utilising this fund. An accompanying presentation outlined the four key project areas and the bodies with strategic oversight of the Better Mental Health Fund Work Plan projects.

It was acknowledged that the work was timely due to an emerging mental health crisis in the wake of the pandemic and it was felt there should be a focus on young people as they appeared to be the group most at risk. It was also noted that there had been little reduction in domestic violence cases during the pandemic but fewer young person referrals leading to fears that children and young people may have been exposed to harm, but incidents had gone unreported.

In the wake of the murder of Sarah Everard, it was thought that increased fears for personal safety had adversely affected the mental health and wellbeing of many women and girls and that this was an area of consideration to include. It was noted that the Wolves Foundation had been undertaking work targeted at women and girls and suggested that a strand around personal safety could be incorporated into this.

It was agreed that timelines would be revisited and an update would be scheduled for a future meeting of Health and Wellbeing Together.

Resolved:

1. That the Better Mental Health Fund 2021-2022: Project Overview and Timeline for Delivery be received.
2. That an update on progress be provided at a future meeting of Health and Wellbeing Together.

10

Black Country Healthcare Foundation Trust - Clinical Strategy Update

Dr Mark Weaver, Dean Howell and Laura Brookes, all of Black Country Healthcare Foundation Trust co-delivered the Black Country Healthcare Foundation Trust - Clinical Strategy Update presentation. The presentation outlined that the Clinical Strategy had been a work in progress for a number of years prior to the merger. The strategy was based on the premise that mental health goes beyond a medical perspective and was an area of which all partners had ownership, with work being led by Black Country Healthcare where possible.

Appreciation was expressed for the work undertaken so far and the engagement process. It was noted that work on the support around children and young people was especially important as there was often a gap in services in the transitional period between ages 18 – 25 for residents with special educational needs and disabilities (SEND) or who were vulnerable.

It was acknowledged that loneliness was a contributing factor of poor mental health and building and retaining effective support networks was key in addressing this. It was reported that research had shown those with strong social networks recovered more quickly than those without. There existed some strong social prescribing services in Wolverhampton however it was noted that more resources were needed in terms of prevention and early intervention.

Resolved:

That the Black Country Healthcare Foundation Trust - Clinical Strategy Update be received.

11

Healthwatch Wolverhampton Annual Report 2020 - 2021

Rose Urkovskis, Health Watch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2020 – 2021 and highlighted salient points.

The report provided a review on progress made against its statutory functions throughout the year and invited comment on the impact of the delivery of Healthwatch services in Wolverhampton. The annual report focused this year on the response to COVID 19 from the beginning of the pandemic and set out plans going forward.

Also covered were changes made to a range of services following feedback from service users and working methods made essential as the result of the pandemic that proved to work better. It included the establishment of Youth Healthwatch in order to provide a voice for young people in health and social care.

The report was received and the work undertaken over the year was commended.

Resolved:

That the Healthwatch Wolverhampton Annual Report 2020 – 2021 be noted.

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Other Urgent Business

There was no other urgent business raised.

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

Recommendation for noting:

Health and Wellbeing Together is recommended to note:

1. The items on the Health and Wellbeing Together Forward Plan 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: Oct 2021

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

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

KEY

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

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

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

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

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

[E] Executive

[FB] Full Board meeting

[This report is PUBLIC
– NOT PROTECTIVELY MARKED]

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
INFORMAL 19 Jan 2022	System Leadership		Development of the Black Country Integrated Care System	Paul Tulley (Black Country and West Birmingham CCG)	Briefing Note	
	Living Well Ageing Well		Wolverhampton Cares	Becky Wilkinson (CWC)	Briefing Note	
	System Leadership		Health Inequalities Strategy implementation - Progress Update	Madeleine Freewood and Hettie Pigott (CWC)	Briefing Note	
	System Leadership		Financial Inclusion Strategy Overview	Emma Bennett / Alison Hinds / Kate Lees (CWC)	Presentation / Discussion Item	
	System Leadership		Police and Crime Plan	Jennifer Alder (OPCC)	Presentation	
E: 02 March 2022	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
			Pharmaceutical Needs Assessment			

[This report is PUBLIC
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FB 27 April 2022						
To be scheduled...						
			Further review of Terms of Reference	Madeleine Freewood (CWC)		

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 Black Country and West Birmingham Clinical Commissioning Group	Health and Wellbeing Together 19th January 2022
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Report title: Development of the Black Country
Integrated Care System

Report of: Paul Tulley
Wolverhampton Managing Director
Black Country and West Birmingham CCG

Portfolio: Public Health and Wellbeing

Recommendation for action:

Health and Wellbeing Together is recommended to:

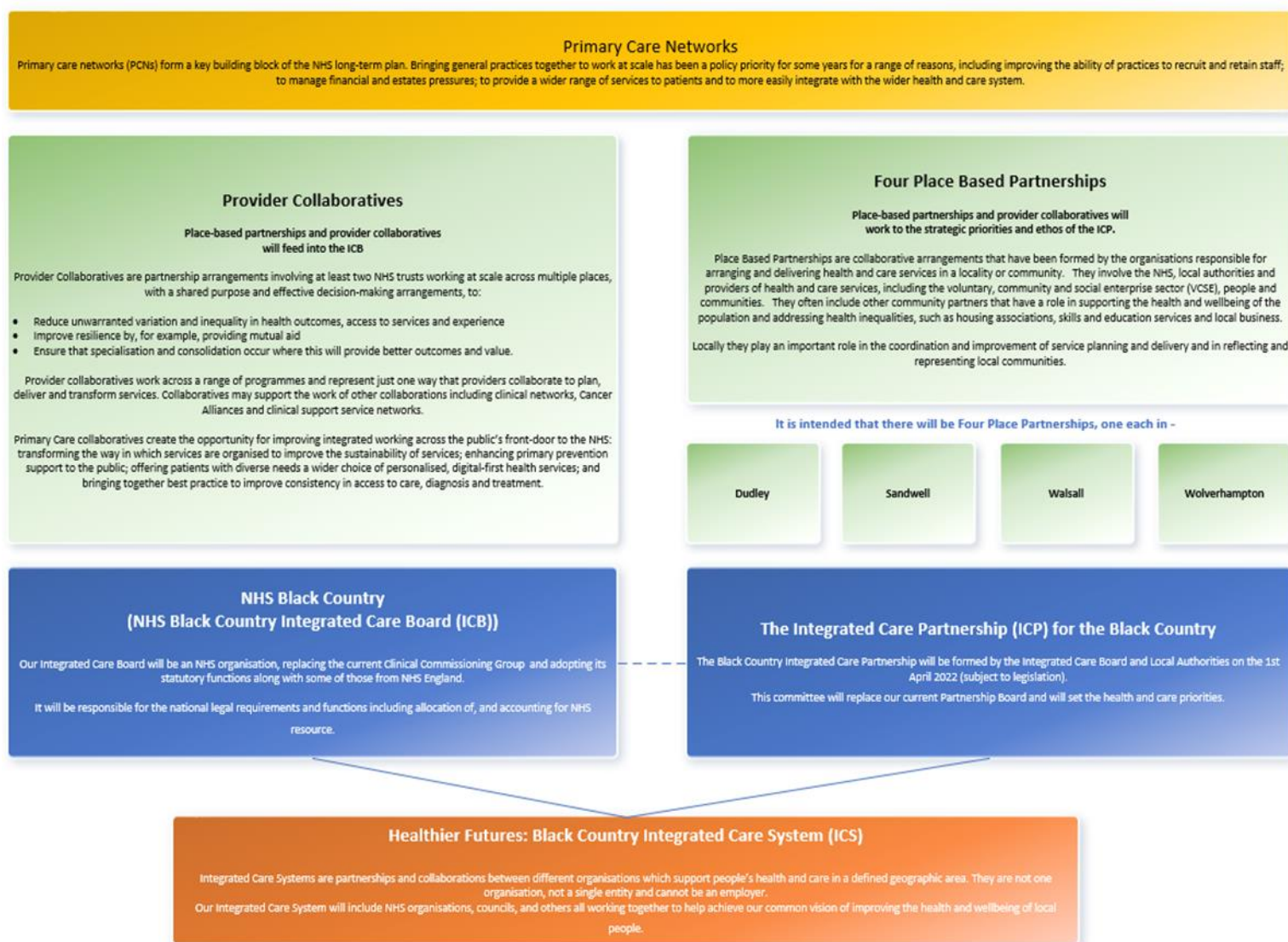
Receive this report for information

1.0 Purpose

- 1.1 This report is provided for information. It provides a summary of progress in the development of the Black Country Integrated Care System and planning for its further development, in anticipation of establishing statutory ICS NHS bodies from July 2022, subject to the approval of national legislation.

2.0 Background

- 2.1 NHS Chief Executive Sir Simon Stevens confirmed on the 19th of March 2021 that the Black Country and West Birmingham (BCWB) area was one of thirteen areas in England to be formally designated an Integrated Care System (ICS) from 1st April 2021.
- 2.2 NHS England and Improvement (NHSE/I) published the Integrated Care System (ICS) Design Framework in June 2021, which set out the next steps for the development of ICSs, in anticipation of establishing statutory ICS NHS bodies from April 2022. The framework was in line with the Government White Paper.
- 2.3 The Government published the Health and Care Bill on the 6th of July 2021, setting out how it intends to reform the delivery of health services and promote integration between health and care in England.
- 2.4 The development of national policy in relation to Integrated Care Systems and the changes proposed in the Health and Care Bill are set out in a Kings Fund report which can be accessed here at <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>
- 2.5 The Black Country and West Birmingham ICS has established a System Transition Group, to co-ordinate the planning and delivery of the new ICS arrangements.
- 2.6 On 24th December 2021 the 2022/23 NHS Priorities and Operational Planning guidance was published. This set a new target date of 1 July 2022 for the new statutory arrangements to take effect and for Integrated Care Boards to be legally and operationally established (subject to Parliamentary approval).
- 2.7 The diagram shows the proposed structure for the Black Country ICS incorporating the Integrated Care Board, the Integrated Care Partnership, Provider Collaboratives, Four Place Based Partnerships and Primary Care Networks.



3.0 Decision/Supporting Information (including options)

3.1 Health and Care Bill

On the evening of 23rd November 2021, MPs voted through the Health and Care Bill at its third and final reading within the house (with 291 votes for and 244 votes against).

The Bill has now moved to the House of Lords. Its second reading was held on 7th December 2021 and it is now at the "Lords Committee stage" where a line-by-line examination of the Bill is scheduled to begin on 11 January 2022 until the end of January (expected by 26th January 2022). All content referring to statutory accountabilities will depend on the final contents of the Health and Care Bill being agreed, the Parliamentary timetable of the Health and Care Bill, still allows a very small window for the bill to gain royal assent and legal commencement (the committee stage in the Lords is due to last until late January 2022), if amendments are made, as is probable, the bill will then need further consideration in the Commons and this could affect the July date for agreement of the Bill.

3.2 Integrated Care Board Constitution

The ICB Constitution will be a key part of the ICS governance arrangements. It will set out how the key principles for how the ICB operates and makes decisions and NHS England have provided a Model Constitution as a template for developing local arrangements. This template constitution includes the following elements:

- The Membership of the Board;
- How Board Members are appointed;
- The Standing Orders setting out how meetings of the Board will operate;
- Key principles around how the Board will operate to ensure openness and transparency and manage any conflicts of interest.

In order to support the development of the draft constitution, an engagement document was shared with stakeholders across the ICS. This set the context for a workshop session on 4 November 2021 with partners from across the ICS. In line with the requirements from NHS England, the engagement document and workshop specifically sought views on the membership of the Board itself, outlining the role of the ICB and the requirements for membership set out in both the Bill and guidance from NHS England. This sets out that, **as a minimum**, the membership of the Board will need to include:

- An Independent Chair;
- The Chief Executive of the ICB;
- A Chief Finance Officer;
- A Chief Medical Officer;
- A Chief Nursing Officer;
- Three partner members one each with a background in; NHS Provision, Local Authority, Primary Care. (*secondary legislation is expected in the spring setting out who is eligible to nominate in each of these sectors*)
- A minimum of two independent Non-Executive Director.

An initial draft constitution, informed by engagement with Stakeholders, was produced and submitted to NHSEI in December 2021. Following the appointment of the Interim ICB Designate CEO, discussions continue on key elements of the Constitution with partners, including the composition of the Board.

3.3 Senior Appointments for the Black Country ICB

A key element in the preparation for all ICBs / ICSs across the country is the appointment of senior roles.

3.3.1 *Interim Chief Executive Designate for the Black Country (ICB)*

Interviews for the ICB Chief Executive roles were held in October 2021. Unfortunately, six of the forty-two ICSs did not appoint a permanent substantive ICB chief executive, following the first round of the recruitment process, including five in the Midlands — Black Country ICS, Birmingham and Solihull ICS, Coventry and Warwickshire ICS, Staffordshire and Stoke-on-Trent ICS, and Shropshire, Telford and Wrekin ICS. (Greater Manchester is the sixth system)

Therefore, until a permanent Chief Executive is appointed, interim arrangements have been agreed and on the 19th November 2021, Jonathan Fellows (Chair Designate, BC ICB) announced Mr Mark Axcell as the interim Chief Executive Designate for the Black Country Integrated Care Board. Mark was seconded from his current role as CEO for Black Country Healthcare NHS Trust to lead the NHS locally in this new role on Monday 22 November 2021. It is expected that these interim arrangements will remain in place until after ICB establishment, at which point a further round of open recruitment will then take place.

3.3.2 *Non-Executive Director appointments*

The recruitment process for the Designate Independent Non-Executive Member of the proposed NHS ICB commenced in December. ICB boards will reflect the populations they serve, so the new ICB roles were advertised widely with the aim to recruit board members from diverse backgrounds. The following four Designate Independent Non-Executive Member of the proposed NHS ICB posts are to be recruited:

- Chair of Audit Committee - will have an excellent working knowledge of audit committee practices and risk management frameworks. The Audit Committee Chair will also be appointed as the Conflicts of Interest Guardian.
- Chair of Remuneration and People Committee – will bring expertise of workforce development, people practice's and / or leading organisational and cultural change.
- Chair Quality and Safety Committee - will have a particular focus on the quality of care commissioned for the population served including reducing health inequalities.
- Chair Finance, Performance and Digital Committee - will lead on matters relating to financial and performance management together with the digital function.

3.4 Integrated Care Partnership

Progress is being made with Local Authority representatives on the co-design of the Black Country Integrated Care Partnership. Regular updates are provided to the joint meeting of HWBB chairs.

The Health and Care Bill before Parliament will require each Integrated Care Board (ICB) to publish a five-year system plan before April each year. This plan must take account of the strategy produced by the Integrated Care Partnership (ICP), and the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing board(s). NHS England expect to require ICBs refreshed five-year system plans in March 2023.

4.0 **Implications**

Planned changes to the Black Country Integrated Care System as outlined in this report are intended to support the integration of health and care services and joint working on to improve the health of local people in Wolverhampton and across the Black Country.

The Wolverhampton Health and Wellbeing Board will need to work with the new NHS body and the wider Integrated Care System to support its aim of improving health and wellbeing for local people.

5.0 **Schedule of background papers**

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

Paul Tulley
Wolverhampton Managing Director
Black Country & West Birmingham CCG
p.tulley@nhs.net

Briefing Note

Title: Wolverhampton Cares

Date: 19 January 2022

Prepared by: Becky Wilkinson

Job Title: Deputy Director – Adult Services

Intended Audience:

Internal

Partner organisation

Public

Confidential

1.0 Purpose

- 1.1 To update Health and Wellbeing Together on the launch of the Wolverhampton Cares initiative to promote and support the Health and Social Care support available and to be developed for everyone working in Adult Social Care in Wolverhampton. Wolverhampton Cares includes support to private providers in Wolverhampton as well as our internal and Health colleagues. Wolverhampton Cares is our commitment to support the City's care sector, our commitment to care workers and family carers, and our commitment to equality of access to high quality care

2.0 Background

- 2.1 The Covid-19 Pandemic has brought significant attention to Social Care nationally, highlighting the pressures faced by the Social Care market including staff retention, sustainable wages for people working the sector, quality, and appropriate provision. The issues facing social care are long term issues; the onset of the Covid-19 pandemic has exacerbated issues already present in the Social Care sector.
- 2.2 Against a backdrop of increasing pressure in the preparation for Winter, Wolverhampton Cares was launched to provide support to the Care Sector in Wolverhampton. Our providers have stepped up and during Covid have managed a change in NHS policy resulting in increasing home care hours provided by over 4,000 per week – this demand has been met almost completely by the commissioned care market. In addition to this, morale in social care nationally is low, staff retention is low, and the mandatory vaccination risks further destabilisation of the Social Care market.
- 2.3 Wolverhampton Cares brings together the City of Wolverhampton Council, the Royal Wolverhampton NHS Trust, and the University of Wolverhampton to provide additional help and support to care providers – and we are hoping that more organisations will join us in the weeks and months ahead.

3.0 Work undertaken so far

- 3.1 Support to providers under the Wolverhampton Cares umbrella includes an increase in the hourly rates paid by the Council to home care providers and reablement providers as well as the creation of more 'step down' residential beds to support

people who need reablement at home, but have no care available, and a commitment to work even more closely with care providers to understand how the Council and other organisations can support them through a very difficult winter and into spring 2022.

- 3.2 A recruitment drive is underway for new care staff to work across the sector, with the Council increasing the capacity of the Home Assisted Reablement Provision (HARP) team, which provides support to adults in their own homes. On what was also Carers' Rights Day, the Council has announced it was also expanding the City's Carer Support Team so it is able to offer even more support to local family carers. This will help us to support families who want to care for their loved ones at home, reducing some demand on our health partners.
- 3.3 The Council has also commissioned the Royal Wolverhampton NHS Trust to deliver a new occupational health service available to support the health and wellbeing of around 2,700 staff across 70 care homes in the City.
- 3.4 To ensure all our providers have access to independent advice and support, we have supported membership costs of West Midlands Care Association to allow all providers the same level of support.

4.0 Next Steps

- 4.1 A Wolverhampton Cares Steering Group is in place within City of Wolverhampton Council and wider integration work is taking place within the Patient Journey workstream of the One Wolverhampton Place Based Partnership
- 4.2 The Steering Group will meet in January to forward plan activity and outcomes expected from Wolverhampton Cares in 2022 for approval by Strategic Executive Board and will be consulted on at a One Wolverhampton level. The current outcomes include:

Appropriate Social Work Offer -

- Commitment to meeting the needs of people in Wolverhampton, additional resources in place through Relight to support the additional needs arising from Covid-19 including Mental Health and Multi-agency Safeguarding Hub (MASH) referrals.

Workforce, Skills and Retention -

- First meeting of CWC, CCG, RWT, Princes Trust, WMCA, Voluntary Sector, University and College to take place in January 2022
- Commitment to connecting those furthest from the job market in Wolverhampton into a health and care career path (through links with housing colleagues).

Carer Passport -

- Working with education providers to support Carers in education or training without extensive bureaucracy to enable carers to access support through their education / training provider with their own education.

Carer Respite Support -

- Working with Public Health to offer activities for carers at the same time as supporting those who they care for to undertake leisure activities.

- 4.3 Wolverhampton Cares will be an ongoing scheme that encompass support for the Social Care sector in the City. Regular updates can be provided.

Briefing Note

Title: Health Inequalities Strategy implementation - Progress Update **Date:** 11 Jan 2022

Prepared by: Madeleine Freewood (Partnership and Governance Lead)
Hettie Pigott (Health Improvement Officer)

Directorate: Public Health, City of Wolverhampton Council

Intended Audience: Internal Partner organisation Public Confidential

Purpose

To provide Health and Wellbeing Together (HWBT) with a progress update in respect of the Health Inequalities Strategy implementation as regards:

1. development of an overall monitoring framework
2. the physical inactivity exemplar, applying the principles of the Health Inequalities Strategy.

Overview

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. This includes the immediate health impact of Covid-19 and Long Covid on individuals and communities; the potential impact of the pandemic and associated lockdowns upon access to primary and secondary care and the short-term and longer term economic, social and educational impacts.

In recognition of this, HWBT has produced a Health Inequalities Strategy¹. It provides an overarching set of guiding principles outlining an agreed approach to pro-actively tackle health inequalities within the City. 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.

Concurrent to the development and delivery of the strategy, HWBT board partners have committed to working on a cross-cutting 'exemplar' priority to actively apply the principles of the strategy to address. The reduction of physical inactivity in the City was identified as an area of challenge where board partners could come together to enable system join-up and enact cultural change.

¹ <http://wellbeingwolves.co.uk/document/Wolverhampton%20Health%20Inequalities%20Strategy%202021-2023.pdf>

Development of a Health Inequalities Strategy Monitoring Framework

The Health Inequalities Strategy outlines the health inequalities challenge in the City and presents a set of guiding principles agreed by board partners to be adopted in response. It commits the board to agreeing a high-level monitoring framework as a means to share practice and hold each other to account.

Following consultation with board members, including health and care partners and the membership of the Safer Wolverhampton Partnership, it is proposed to create a SharePoint site to host the monitoring framework to:

- report to Health and Wellbeing Together via high level performance dashboards
- act as a searchable resource for partners to enable collaboration
- include a resource section with links to guidance and other resources, for example the Health Equity Assessment Tool²
- align with the Joint Strategic Needs Assessment³ online area, including links to consultation reports and resources from partners.

The aim is for this site to be developed, tested with partners and operational by the next meeting of HWBT in April 2022.

Physical inactivity ‘system challenge exemplar’ progress update

“Physical inactivity is responsible for one in six UK deaths (equal to smoking) and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone).”⁴ Wolverhampton has consistently significantly higher levels of physical inactivity than the English average, thus the impact of the levels of inactivity are felt in NHS services and the wider system in Wolverhampton. Physical inactivity increases the risk of developing many non-communicable diseases such as diabetes, cardiovascular diseases and cancer as well as increasing the risk of being overweight and obese and lower levels of wellbeing.

Sport England have cited that the Covid-19 pandemic has had detrimental effect on 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.

Physical inactivity for adults is defined as not completing 30 minutes of moderate intensity physical activity, that raises your heart rate and breathing, per week. For children and young people, it is not completing on average 30 minutes of moderate intensity physical activity a day.

While there are health benefits for everyone to increase the amount of physical activity they undertake, there are particular and tangible benefits in supporting people who are physically inactive to increase their activity levels, as it could prevent one in ten cases of stroke and heart disease in the UK and one in six deaths from any cause.⁵

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

³ <https://insight.wolverhampton.gov.uk/Help/JSNA>

⁴ Physical activity: applying All Our Health - GOV.UK (www.gov.uk)

⁵ Health matters: getting every adult active every day - GOV.UK (www.gov.uk)

In September 2021, HWBT held a virtual workshop facilitated by Active Black Country to scope a partnership response to the challenge presented by physical inactivity in the City. Further to this initial whole system meeting, there has been a series of focused workshops to home in on areas of the system: Health, Children, Young People and Education, Communities, Active Places and Community Safety.

These workshops looked to further explore and discover some of the points raised from the whole system meeting, including, sources of data to build a better understanding of inactivity in the City, identify the 'pain points' in the system, map work that is already being undertaken and identify support that is required for the system.

This physical inactivity exemplar is following a system redesign methodology, which has four phases: discover, define, develop, and deliver. This piece of work is currently in the 'discover' phase, which allows time to understand what the system-wide challenges are.

As a key part of the Health Inequalities Strategy and the discovery phase of system redesign, having suitable, reliable and valid data is key. It has been raised from the beginning of this process that there is a need for better data. There are several pieces of work in progress to gain such data, including:

- The Health-Related Behaviour Survey – a questionnaire of children and young people to establish their behaviours in relation to a range of behaviours associated with healthy outcomes
- The Adult Lifestyle Survey – a questionnaire for residents across Wolverhampton
- In partnership with Active Black Country and the University of Wolverhampton centre of Sikh Studies, a focused piece of research has been undertaken into physical activity and the Sikh community of Wolverhampton. This has been identified as a gap in knowledge as the national research into Asian communities does not reflect this community.

Although the work is currently in the discovery phase, there are time-limited opportunities to support the agenda of tackling inactivity in Wolverhampton:

- Health Incentives Pilot - launching Spring 2022: Wolverhampton has been selected as the location for the pilot to establish whether incentivising health behaviours increases the uptake of behaviours such as healthy eating and physical activity.
- Maximisation of the CWG2022 - Commonwealth Active Communities Fund Black Country awarded £1.3 million: this has identified Bilston East, Bushbury South and Low Hill, and East Park as priority wards to create active communities as part of the legacy of the Commonwealth Games in the West Midlands. Alongside this, Wolverhampton Community Games is being organised by the school sport partnership to ensure that the games has an impact at grassroots level
- Creation of the Health Equity Assessment Tool for Inactivity in Wolverhampton
- Health Psychology Placement – a research piece into Older Adults and Physical Inactivity focuses on mild frailty and creation of an evidence-based intervention

It is recognised that to drive this forward a working group aligned to HWBT needs to be established to continue progressing through the stages of redesign and maintain system oversight of time limited opportunities. It is suggested that this group include people who work across the sector to ensure it is fully representative of the system. The aim is for a membership and governance structure developed for approval at the next meeting of the HWBT in April 2022.

Please ask for: Brittany Bowles

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Our reference: 2021-01232



west midlands
police and crime
commissioner

Agenda Item No: 11

Date: 03 November 2021

Good Afternoon,

I am writing to share with you my West Midlands Police and Crime Plan 2021-2025 ("the Plan"). You can access the Plan [here](#).

The Plan is based on my Manifesto: Justice, Safety and Security, on which I stood and was democratically elected. However, it is also informed by and has had regard to an extensive and wide-ranging consultation. The consultation commenced on the 13 May 2021, the day I took office, there were 6 separate stages and it was completed on 1 October 2021. We had a total of over 4,600 responses to the consultation.

It is as a result of this that I believe the Plan reflects the needs, priorities and objectives of the people and communities of the West Midlands – a people and communities Police and Crime Plan from a People and Communities, Police and Crime Commissioner.

I want to record my gratitude and thanks to the people, communities, statutory bodies, the third sector, campaigning organisations, elected representatives, community safety partnerships, stakeholders, those in policing and all others that have contributed their comments, ideas, proposals and thoughts to the Plan.

This Plan is a comprehensive agenda for change, development and progress in policing, rebuilding community policing, combatting violence against women and girls, tackling violent crime, including knife crime, putting prevention at the heart of what we do and ultimately delivering justice, safety and security for all of our people and communities of the West Midlands.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Simon Foster'.

Simon Foster

West Midlands Police and Crime Commissioner

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