



Health and Wellbeing Together

27 April 2022

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

Membership

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Health and Wellbeing
Paul Tulley (Vice Chair)	Black Country and West Birmingham CCGS
Emma Bennett	Executive Director of Families
Councillor Ian Brookfield	Leader of the Council
Ian Darch	Wolverhampton Voluntary Sector Council
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Chief Superintendent Richard Fisher	West Midlands Police
Marsha Foster	Black Country Healthcare NHS Foundation Trust
Lynsey Kelly	Head of Community Safety
Dr. Ranjit Khutan	University of Wolverhampton
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Councillor Beverley Momenabadi	Cabinet Member for Children and Young People
Sally Roberts	Chief Nursing Officer
Samantha Samuels	Group Commander Operations North, West Midlands Fire Service
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Opposition Leader
Lucie Woodruff	Healthwatch Wolverhampton

Information for the Public

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

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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 previous meetings** (Pages 5 - 18)
[To approve the minutes of the meetings of 13 October 2021 and 19 January 2022.]
- 5 **Matters arising**
[To consider any matters arising from the minutes of the meetings of 13 October 2021 and 19 January 2022.]
- 6 **Health and Wellbeing Together Forward Plan 2022 - 2023** (Pages 19 - 26)
[To receive the Health and Wellbeing Together Forward Plan 2022 - 2023.]

ITEMS FOR DISCUSSION OR DECISION - PART 2

SYSTEM LEADERSHIP

- 7 **Health and Wellbeing Together: Board Membership Update** (Pages 27 - 28)
[To approve an update to Health and Wellbeing Together membership.]
- 8 **Timings for Future Meetings**
[To agree a new start-time for future meetings of Health and Wellbeing Together.]
- 9 **COVID-19 Situation Update**
[To receive a presentation on the current COVID-19 situation.]

GROWING WELL

- 10 **Health Inequalities Strategy Exemplar: Physical Inactivity - Progress Update**
(Pages 29 - 36)
[To receive a briefing note outlining a progress update on the Physical Inactivity Exemplar.]

LIVING WELL

- 11 **Serious Violence Duty** (Pages 37 - 40)
[To receive a briefing note outlining proposals for the implementation of the Serious Violence Duty.]

- 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.]



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.

12

Other Urgent Business

There was no other urgent business raised.

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Health and Wellbeing Together – Informal Meeting Minutes - 19 January 2022

Attendance

Members of Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)
Paul Tulley (Vice Chair)

Emma Bennett
Councillor Ian Brookfield
Tracy Cresswell
Ian Darch

John Denley
Chief Superintendent Richard Fisher
Marsha Foster

Lynsey Kelly
Dr. Ranjit Khutan

Councillor Linda Leach
Professor David Loughton CBE

Councillor Beverley Momenabadi
Sally Roberts
Samantha Samuels

Laura Thomas
Councillor Wendy Thompson

Cabinet Member for Health and Wellbeing
Wolverhampton Managing Director, Black Country
and West Birmingham CCGS
Executive Director of Families
Leader of the Council
Healthwatch Wolverhampton
Chief Executive at Wolverhampton Voluntary
Sector Council
Director of Public Health
Chief Superintendent, West Midlands Police
Director of Partnerships, Black Country Healthcare
NHS Foundation Trust
Head of Community Safety
Head of Public Health, University of
Wolverhampton
Cabinet Member for Adults
Chief Executive - Royal Wolverhampton Hospital
NHS Trust
Cabinet Member for Children and Young People
Chief Nursing Officer
Group Commander Operations North, West
Midlands Fire Service
Third Sector Partnership
Opposition Leader

In Attendance

Jennifer Alder
Madeleine Freewood
Shelley Humphries
Kate Lees
Hettie Pigott
Becky Wilkinson

Office of the Police and Crime Commissioner
Public Health Partnership and Governance Lead
Democratic Services Officer
Partnership Manager – Children's Services
Health Improvement Officer
Deputy Director of Adult Services

Item No. *Title*

1 Apologies for absence

Apologies were received from Professor Steve Field CBE.

2 Notification of substitute members

There were no notifications of substitute members.

3 Declarations of interest

There were no declarations of interest.

4 Minutes of the previous meeting

It was noted that it had been agreed to conduct the meeting virtually due to rising COVID-19 infections at the time the meeting was scheduled. It was acknowledged that decisions could not be ratified and thus acted upon until the next quorate meeting. It was noted that the Terms of Reference item was awaiting scheduling, however it was noted that this was pending outcomes from the creation of the new Integrated Care System which may have implications for future responsibilities for Health and Wellbeing Together.

Resolved:

That the minutes of the previous meeting be approved as a correct record subject to ratification at the next quorate meeting.

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, Public Health Partnership and Governance Lead 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, Public Health Partnership and Governance Lead.

Resolved:

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

7 Development of the Black Country Integrated Care System

Paul Tulley, Black Country and West Birmingham Clinical Commissioning Group (CCG) presented the Development of the Black Country Integrated Care System (ICS) briefing note and highlighted key points.

The briefing note provided background context to the plans for the ICS, the proposed structures, appointments and the current situation. It was reported that the Bill was currently moving through Parliament and the Integrated Care Board constitution was at development stage. The implementation date had been revised from 1 April 2022 to 1 July 2022.

It was acknowledged that the timescales appeared to be tight and queried how the new system would be introduced. It was confirmed that the CCG and ICS could not formally co-exist therefore there would be a clear point when the CCG ceased and the new ICS took over. It was noted however that some operations and relationships between components of the new system may take time to establish therefore an element of transition was expected.

Assurances were offered that there were ongoing conversations including the Executive Director of Families and Deputy Director of Adult Services from CWC in relation to the development of the ICS and partnership. The suggestion that Health and Wellbeing Board Chairs could convene in a joint workshop to discuss and share proposals for the partnership was noted and would be passed on to the group involved in designing the process for consideration.

It was acknowledged that the key benefit for involving health and wellbeing boards was to ensure there was no duplication of work; only added value. It was also noted that place-based planning was a key element in the infrastructure of the system and governance of the ICP.

In response to a query around how all areas of the Black Country would have an equal voice in decision making, it was noted that it was planned to design plans with engagement from the four local authorities based in the Black Country footprint.

It was confirmed that the Bill would clearly set out roles and responsibilities for all partners involved and discussions would take place with partners to establish how this would work practically.

In terms of staffing, it was noted that changes to the CCG in preparation for the introduction of ICS have meant staff with local knowledge moving into new roles. It was queried what action was being taken to ensure this wouldn't have a negative impact on quality and access to Wolverhampton services. With the exception of the executive posts, it was confirmed all existing CCG staff would assimilate into roles in the new organisation to avoid disruption or loss of local knowledge. Following the last CCG merger, most changes has already been made and it was confirmed there were no further significant changes planned.

Resolved:

That the update on the Development of the Black Country Integrated Care System be received.

8

Wolverhampton Cares

Becky Wilkinson, Deputy Director of Adult Services presented the Wolverhampton Cares briefing note and highlighted salient points. The briefing note provided background context on the launch of the Wolverhampton Cares initiative.

It was noted that the Wolverhampton Cares network had been developed to bolster existing support to the Health and Social Care sector in the City to enable both Council colleagues and private providers to continue provision of high-quality care. The network included City of Wolverhampton, the Royal Wolverhampton NHS Trust and the University of Wolverhampton among its partners and it was hoped that others would follow.

The briefing note outlined work undertaken to date and plans for the creation of a Wolverhampton Cares Steering Group to plan future activity and outcomes expected of Wolverhampton Cares in the coming year, as well as describing the outcomes already identified.

A query was raised around the number of beds at New Cross Hospital occupied by patients who had been deemed medically fit for discharge which included a number from other local authorities. Assurances were offered from Public Health that partners were aware of the situation and there were already daily ongoing conversations on how to alleviate this.

The work undertaken by the Adult Services team during a particularly challenging time was acknowledged and it was noted that COVID outbreaks and staff shortages had caused discharge delays that were not ideal. Partners echoed this and reported that proactive work had been undertaken with the Acute Trust and with nursing homes towards turning bed availability around as quickly as possible.

Other issues had been noted with ambulance diversions from Shropshire and it was requested that an update on this be provided at the next meeting.

Resolved:

1. That the Wolverhampton Cares update be received.
2. That an update be provided on Shropshire diversion issues.

9

Health Inequalities Strategy implementation - Progress Update

Madeleine Freewood, Public Health Partnership and Governance Lead and Hettie Pigott, Health Improvement Officer presented the Health Inequalities Strategy implementation - Progress Update briefing note. The briefing note provided Health and Wellbeing Together with a progress update on the development of an overall monitoring framework and the physical inactivity exemplar used to apply the principles of the Health Inequalities Strategy.

A query was raised around measurable timescales of an improved activity outcome and it was noted that there were already a number of time related activities taking place. Over the 'Discovery' phase of the implementation, further priorities would be identified and tackled in turn using an incremental approach.

In response to a query raised by Ian Darch, Wolverhampton Voluntary Sector Council (WSVC) on engagement, it was confirmed that there had been a great deal of work undertaken in partnership with Active Black Country, various partnership workshops and work had also begun at a community level. An invitation was extended for WSVc to be involved with the Inactivity Sub-group which had been outlined in the presentation.

A query was raised around the value of social prescribing and if encouraging older adults to be more active could be incorporated into this. It was noted that Linda Stone had been involved with work around including older adults in the scheme.

It was acknowledged that using the partnership of Health and Wellbeing Together provided a good platform to collaborate. It was noted that the workshops had been welcomed as some partners felt it encouraged them to consider their services and what could be contributed.

Resolved:

That the Health Inequalities Strategy implementation - Progress Update be noted.

10

Financial Inclusion Strategy Overview

Alison Hinds, Deputy Director of Social Care delivered the Financial Inclusion Strategy Overview presentation and highlighted salient points. The presentation outlined the development of a Financial Inclusion Strategy in response to tackling financial hardships across the City. Consultation findings showed that although there were many strengths, financial challenges caused or exacerbated by COVID had emerged in communities either during the pandemic or more recently.

It was outlined that the intended outcome was to achieve a financially inclusive Wolverhampton where residents had access to a comprehensive range of appropriate financial and money advice services, as well as the knowledge, skills and confidence to maximise their own financial wellbeing. This would be approached using a number of principles which were outlined in the presentation as well as a graduated response to identify need as 'Early, Emerging or Essential' and respond with the appropriate support.

It was noted that the aims and guiding principles aligned well with the following Joint Health and Wellbeing Strategy themes and priorities and it was proposed that Health and Wellbeing Together provide governance and scrutiny:

- Theme 1 – Growing well
- Theme 2 – Living Well
- Priority 5 – Embedding prevention across the system.

A Wolverhampton Financial Inclusion Partnership would be established to take responsibility for monitoring progress against the action plan by analysing dashboard data gathered on the financial picture in the City.

It was acknowledged that financial difficulties often had an adverse impact on mental health and the development of the Financial Inclusion Strategy was welcomed.

It was noted that the demand for food deliveries during the initial lockdown had highlighted a lack of resilience and how many vulnerable people there were within the City who had not the means to get by.

It was reported that a piece of work undertaken in partnership with the Wolverhampton Voluntary Sector and the Poverty Truth Commission prior to COVID had uncovered that the awareness of available support services within the City was low. Some residents had also reported negative interactions with service providers, including having assumptions made or blame apportioned around how their financial circumstances came about. Assurances were offered that the consultation process would inform how to use the strategy to raise awareness of available support, establish direct pathways to appropriate services and instil confidence that cases would be handled sensitively.

Partners were happy to contribute, have overview and to receive future updates on the development of the Financial Inclusion Strategy.

Resolved:

That the Financial Inclusion Strategy Overview be received.

11

Police and Crime Plan

Jennifer Alder, Office of the Police and Crime Commissioner delivered a presentation which provided an overview of the Police and Crime Plan launched in November 2021. It was noted that the Plan was a statutory requirement and set out the need, priorities and objectives of the Police in relation to policing. The commitments in the Plan had been guided by those outlined in the Police and Crime Commissioner's manifesto which had been published prior to elections in May 2021.

Following community engagement for the Health Inequalities Strategy, one emerging barrier to engaging in physical activity had been residents' perceptions of personal safety whilst moving through public places. It was acknowledged that there was opportunity for alignment with Safer Wolverhampton Partnership or other routes to examine how to ensure safer

It was reported that a women's safety survey was due to launch in February 2022, led by Simon Inglis of West Midlands Police and supported by communications from CWC, to understand the ways in which women felt unsafe, where and the reasons why. A link to the survey could be made available for partners to share wider.

The Police and Crime Plan was welcomed and the inclusion of the voice of young people in the priorities was commended.

It was also reported that a piece of education-based work was being delivered around harmful sexual behaviour. This work was place-based and focused around areas of concern in the City and supporting vulnerable cohorts such as street sex workers and female rough sleepers. Training would be delivered as part of the delivery of this.

Resolved:

That the Police and Crime Plan presentation be received.

12

Other Urgent Business

Community Green Grants Fund

It was reported that the West Midlands Combined Authority would be launching a Community Green Grants Fund to support projects that:

- Increase or improve green spaces close to where people live
- Connect people to nature, especially communities experience green deprivation
- Enhance the local environment
- Tackle barriers to accessing green space.

Small grants of between £3,000 to £25,000 and large grants between £25,000 and £100,000 could be applied for. Interested voluntary sector groups were encouraged

to attend a webinar for interested groups taking place 27 January 2022 and a link would be shared to book a place.

Meeting times

It was noted that some members had found the lunchtime meeting start time a challenge to fit into changing schedules. The wider group were encouraged to state their preference whether the meeting should be brought forward or pushed back later to avoid the lunch period.

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	<h1>Health and Wellbeing Together</h1> <p>27 April 2022</p>
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Report title	Health and Wellbeing Together Forward Plan 2022 - 2023	
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 2022 – 2023.

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: January 2022

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

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

KEY

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

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

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

Joint Health and Wellbeing Strategy (JHWBS) priority areas:

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

[E] Executive

[FB] Full Board meeting

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB 27 April 2022	System Leadership		Health and Wellbeing Together - Board Membership Update	Madeleine Freewood, CWC	Report	
			Timings for Future Meetings	Madeleine Freewood, CWC	Verbal	
	System Leadership		COVID-19 Situation Update	Lynsey Kelly, CWC	Presentation	
	Growing Well Living Well	1. Early Years 2. Children and young people's mental wellbeing and resilience 3. Workforce 4. City Centre 5. Embedding prevention across the system	Health Inequalities Strategy Exemplar: Physical Inactivity – Progress Update	Hettie Pigott, CWC	Briefing Note	
	System Leadership Living Well	4. City Centre 5. Embedding prevention across the system	Serious Violence Duty	Hannah Pawley, CWC	Briefing Note	

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
E: 8 June 2022	System Leadership		West Midlands Combined Authority (WMCA) Wellbeing Board Update	Madeleine Freewood, CWC		Standing Item
	System Leadership		Integrated Care Partnership Update	Alastair McIntyre, Black Country and West Birmingham CCG	Verbal Update	Deferred from 2 March 2022
	System Leadership		Oxley Health and Wellbeing Facility Update	Julia Nock / Ballal Raza / Stephen Howells, CWC	Presentation	Deferred from 2 March 2022
	System Leadership		Health Inequalities Strategy Performance Framework Dashboard Demonstration	Madeleine Freewood, CWC		
			Adult Social Care Reform	Becky Wilkinson, CWC	Presentation	Deferred from 2 March 2022
			2021 – 2022 Better Care Fund Year End	Jessica Timmins, CWC	Report	

[This report is PUBLIC
– NOT PROTECTIVELY MARKED]

Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
FB: 13 July 2022			Annual Health and Wellbeing Together Development Session		Closed Workshop	
E: 13 September 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	Verbal Update	Standing Item
FB: 12 Oct 2022	System Leadership		Pharmaceutical Needs Assessment	Parmdip Dhillon, CWC		
E:9 November 2022						
FB: 18 Jan 2023						
E: 13 March 2023						
FB: 26 April 2023						

[This report is PUBLIC
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Date	Theme	JHWBS Priority	Title	Partner Org/Author	Format	Notes/Comments
To be scheduled:	System Leadership		Further review of Terms of Reference	Madeleine Freewood, CWC	Report	Following update on ICS changes.
	System Leadership		Public Health Annual Report	John Denley, CWC	Report	

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	<h1>Health and Wellbeing Together</h1> <p>27 April 2022</p>
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Report title	Health and Wellbeing Together: Board Membership Update	
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	Public Health and Wellbeing	
Accountable employee	Madeleine Freewood	Partnership and Governance Lead
	Tel	01902 553528
	Email	madeleine.freewood@wolverhampton.gov.uk
Report has been considered by	Public Health Senior Leadership Team 05 April 2022	

Recommendations for decision:

Health and Wellbeing Together is recommended to:

1. Approve that the Director of Adult Social Services (DASS) is added to the membership of Health and Wellbeing Together (Full Board) and the Health and Wellbeing Together Executive Group.
2. Agree that the Terms of Reference be updated accordingly and adopted by the Board.

1.0 Purpose

- 1.1 To update the Health and Wellbeing Together Board membership to reflect a recent appointment at the City of Wolverhampton Council.

2.0 Background

- 2.1 The Director of Adult Social Services (DASS) is a member of the Health and Wellbeing Together Board. Recently the role of DASS, which includes a range of statutory responsibilities, had been discharged by the Executive Director of Families. Following the appointment of Becky Wilkinson to the position of DASS on 21 March 2022 it is recommended that the role DASS be reinstated as a permanent member of both Health and Wellbeing Together and Health and Wellbeing Together Executive.

3.0 Membership update

- 3.1 Health and Wellbeing Together 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. The Act states that the DASS for the local authority should be a member. Now that a new appointment has been made to the role of DASS, it is appropriate that the membership of the board be updated to reflect this change.

4.0 Financial implications

- 4.1 There are no direct financial implications to the recommendations of this report.
[JB/19042022/15]

5.0 Legal implications

- 5.1 The membership update is in line with the requirements of the Health and Social Care Act 2012.
- 5.2 There are no legal implications arising from the report
[TC/06042022/A]

6.0 Equalities implications

- 6.1 The membership update will ensure that Adult Social Care is appropriately represented on the Health and Wellbeing Together Board.

7.0 Health and Wellbeing implications

- 7.1 The membership update will ensure the health and wellbeing implications of Adult Social Care users and workforce are appropriately represented on Health and Wellbeing Together.

8.0 Background papers

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

Briefing Note

Title: Health Inequalities Strategy Exemplar: Physical Inactivity – Progress Update
Date: 27 April 2022

Prepared by: Hettie Pigott

Job Title: Health Improvement Officer

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 exemplar: Physical Inactivity progress update.

Background

There are high levels of physical inactivity in the City and there are far-reaching benefits to reducing these levels both for individual residents and for the City (Appendix 2: The Rationale for Tackling Physical Inactivity). As the exemplar piece of the HWBT Health Inequalities Strategy, a system redesign of the approach to tackling inactivity in the city is being undertaken. This approach follows four key stages: Discover, Define, Develop, Deliver.

Since September 2021, work has been carried out to move through the discovery phase to fully understand the extent and depth of the issues around physical inactivity in Wolverhampton. This work has included:

- Stakeholder Engagement
- Data Analysis of physical activity and wider determinants
- Mapping of policy local, regional, and national
- Resident Focus Group

The findings of this work will be presented through a Discovery Report and later through a Physical Inactivity Joint Strategic Needs Assessment. To continue to drive the work forward into the next stages of the system re-design, it is proposed that the formation of the Physical Inactivity Steering Group is approved (Appendix 1: Terms of Reference: Health and Wellbeing Together Physical Inactivity Steering Group), which will sit beneath HWBT and have thematic task and finish groups connected to it. This will enable priorities to be set and have an action-focused model to find innovative solutions to reduce levels of physical inactivity in the City and move levels towards the England average.

Recommendation

That Health and Wellbeing Together approve the formation of the Physical Inactivity Steering Group and the associated Terms of Reference (Appendix 1).

Terms of Reference:

Health and Wellbeing Together Physical Inactivity Steering Group

The Physical Inactivity Steering Group is a subgroup of Health and Wellbeing Together (HWBT), Wolverhampton's Health and Wellbeing Board. The workstream around reducing levels of physical inactivity in Wolverhampton came from Wolverhampton Health Inequalities Strategy, which aims to understand health inequalities in the city and undertake a systematic and joined-up approach to tackle these disparities.

Wolverhampton has high levels of physical inactivity across all life stages. Not only are there inequalities in those who are more likely to be inactive (women and girls, those from low socio-economic groups, people living with a disability or long-term health condition, older adults, and people from Black, Asian, and other minority ethnic backgrounds), those who are inactive have an increased risk of a range of non-communicable diseases.

Physical Inactivity is defined as:

Adults	Undertaking less than 30 minutes of moderate intensity physical activity a week
Children and Young People	On average undertaking less than 30 minutes of moderate intensity physical activity a day

The Physical Inactivity Steering Group will:

- Provide strong local leadership to reduce levels of physical inactivity in Wolverhampton.
- Provide opportunities for partnership and integration across the system to tackle physical inactivity.
- Collaborate across the system to identify shared priorities and appropriately activity, informed by a commitment to a place-based approach to health.

The Physical Inactivity Steering Group is responsible for:

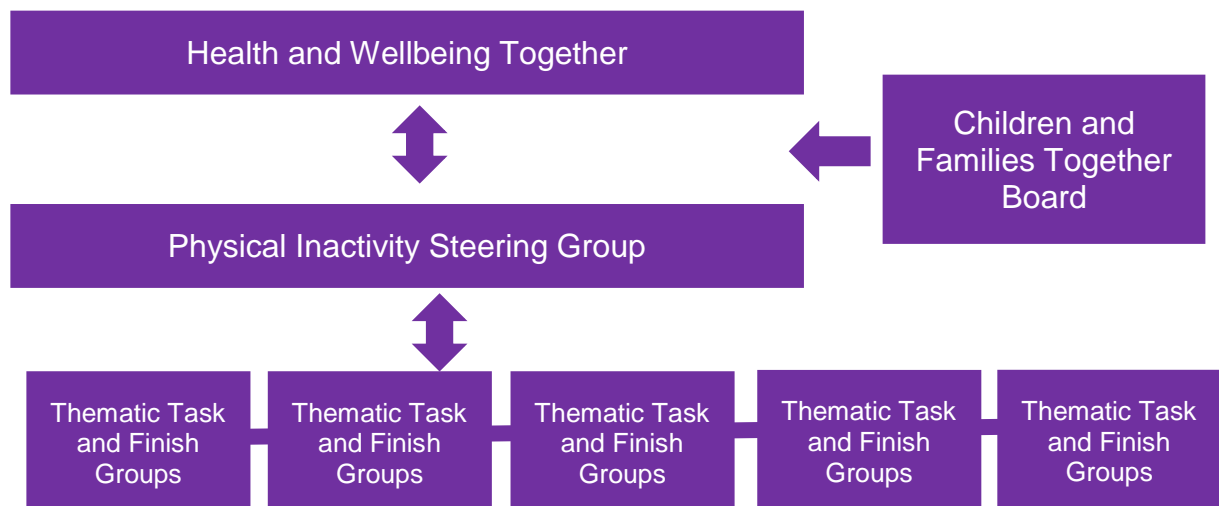
- Assessing the needs of the local population by developing and overseeing the implementation of the City's Joint Strategic Needs Analysis Assessment (JSNA) for Physical Inactivity.
- Preparing and publishing a Tackling Physical Inactivity Strategy for the city that is evidence based on the JSNA.
- Selecting up to five priority areas of work within physical inactivity (short term from the Physical Inactivity Discovery Document and long term from the JSNA).
- The set-up and delivery of thematic task and finish groups.

- Ensuring co-production with residents of Wolverhampton is part of the Steering Group's ethos.
- Creating innovative solutions to tackle inactivity in Wolverhampton and encourage suitable investment that aligns with the Physical Inactivity Strategy.
- Taking forward key priorities from the Physical Inactivity Strategy and to performance manage progress against defined targets.
- Ensuring the work of the Steering Group is aligned with policy developments both locally and nationally.

Physical Inactivity Steering group governance and reporting relationships:

The Physical Inactivity Steering group will sit under Health and Wellbeing Together and have influence from the Children and Families Together Board. The Steering Group will be made of partners from across the system to ensure the systematic and joined up approach to tackle the issue of physical inactivity.

The Steering Group will have the power to define priorities around physical inactivity and action solutions. Each priority will have a thematic task and finish group that shall be chaired by a member of the Steering Group. The task and finish group can comprise of wide range of partners and organisations and, where appropriate, Community Champions that are relevant to the priority. The task and finish groups will be action-focused, with a feedback loop into the Steering Group and subsequently Health and Wellbeing Together.



Physical Inactivity Steering Group Membership:

The Steering Group's membership will consist of partners from across the system to provide a diverse perspective on inactivity and solutions to the priorities.

If a member is not able to attend a meeting, they are able to send a suitable substitute in their place.

Specialist Area	Agency	Role
Transport	City of Wolverhampton Council	Transport Officer
Planning		Planning Officer
Community Safety		Community Safety Manager
Public Health		Public Health Partnerships Officer
Data		Data Analyst
Physical Activity	Active Black Country	Head of Insight, Health and Wellbeing
Health	Black Country and West Midlands CCGs	TBC
Health	Primary Care Representative	TBC
Health	Royal Wolverhampton Trust	TBC
Health / Communities	Wolverhampton Health Watch	TBC
Communities	Wolverhampton Voluntary Sector Council	TBC
Communities	Wolverhampton Homes	TBC
Communities	Social Prescribing	Social Prescriber
Children and Young People	Children and Families Together Board	TBC
Children and Young people	Children and Families Together Board	TBC

Active Black Country will chair the Steering group.

Members of Physical Inactivity Steering Group will:

- Make every effort to attend all meetings or send an appropriate substitute.
- Fully engage in meetings including active participation in all relevant agenda items.
- Commit to supporting the development of strong and purposeful relationships within the Steering group through attendance and, where required, participation at relevant task and finish groups.
- Raise awareness and support of the tackling physical inactivity agenda through their own organisation.
- Where any member of the Physical Inactivity Steering Group sits on another strategic City partnership group or board, they will raise awareness of the physical inactivity agenda and associated priorities and, as appropriate, seek opportunities to further embed whole system leadership.

Physical Inactivity Steering Group decision making:

The Physical Inactivity Steering Group has the power to set the priority areas for the work to tackle physical inactivity in Wolverhampton and to action subsequent work towards these priorities through the task and finish groups.

All priorities will be based on the evidence provided and updates of progress will be fed back through the feedback loop with Health and Wellbeing Together.

The group will develop a Physical Inactivity Strategy for Wolverhampton and the final approval of this strategy will sit with Health and Wellbeing Together.

Members will be accountable through their own organisation's decision-making processes for the decisions they take.

Any decisions are made by consensus and, where a vote is required, all members will have one vote. In the case of a tie the Chair will have the casting vote.

Physical Inactivity Steering Group frequency of meetings and quorum:

The Physical Inactivity Steering group meetings shall take place at least four times a year, with thematic task and finish groups taking place as regularly as required in between the Steering groups meetings.

The quorum for meetings will be one third of the membership, with one external partner in attendance.

Rationale for Tackling Physical Inactivity

Physical Inactivity is defined as adults who are undertaking less than 30 minutes of moderate intensity exercise a week or children and young people who are undertaking less than 30 minutes of moderate intensity physical activity a day.

Sport England

“Those who do the least activity stand to benefit the most” ⁽¹⁾

Chief Medical Officers

“Inactivity is a silent killer” ⁽²⁾

“While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e., engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.” ⁽²⁾

- Being physically inactive damages a person’s health ⁽³⁾
- Physical inactivity cost the UK £7.4 billion a year ^(4, 5)
- Physical inactivity directly contributes to one in six deaths ⁽⁶⁾
- If physical inactivity trends carry on at their current rate, the increased cost of health and social care will destabilise public services and will have a negative impact on quality of life of individuals and communities ⁽⁶⁾
- Physical inactivity is the fourth largest cause of disease and disability in the UK ⁽⁷⁾
- Being physically inactive increases the likelihood of depression, some cancers, diabetes and dementia ^(8, 9, 10, 11)
- Getting people who are inactive to become active could prevent one in 10 cases of stroke and heart disease ^(12, 13)
- Reducing physical inactivity could prevent up to 40% of long-term health conditions ⁽⁶⁾
- Even small differences in people’s physical activity levels can make a difference ⁽⁶⁾

References:

- (1) [Sport England Inactive People](#)
- (2) [Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers](#)
- (3) Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre
- (4) Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health* 33 (4): 527-535.
- (5) Ossa D and Hutton J (2002) The economic burden of physical inactivity in England. London: MEDTAP International
- (6) [Everyone Active, Every Day](#)
- (7) Murray et al. (2013) UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet* 381: 997-1020.
- (8) DH (2011) Start Active, Stay Active: A report on physical activity from the four home countries' Chief Medical Officers
- (9) Breakthrough Breast Cancer (2014) Raise your pulse, reduce your risk. How regular physical activity can reduce your breast cancer risk. London: Breakthrough Breast Cancer
- (10) PHE, UK Health Forum (2014) Blackfriars Consensus on promoting brain health: reducing risks of dementia in the population.
- (11) Weyerer S (1992). Physical inactivity and depression in the community. Evidence from the Upper Bavarian Field Study. *International Journal of Sports Medicine* 13:492-6.
- (12) Lee I, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT (2012) Effect of physical inactivity on major noncommunicable diseases worldwide: An analysis of burden of disease and life expectancy. *The Lancet* 380:219- 229.
- (13) Lee I-M, et al. (2012) Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* 380: 219–29

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Briefing Note

Title: Serious Violence Duty**Date: 27 April 2022****Prepared by: Hannah Pawley****Job Title: Community Safety Manager****Intended
Audience:**Internal ☒Partner organisation ☒Public ☐Confidential ☐

Purpose

To outline proposals for the implementation of the Serious Violence Duty in Wolverhampton and request endorsement from Health and Wellbeing Together.

Background

The Police, Crime, Sentencing and Courts Bill introduces a new Serious Violence Duty which will require responsible authorities to work together to address serious violence.

The Serious Violence Duty will require local authorities, the police, fire and rescue authorities, specified criminal justice agencies and health authorities to work together to formulate an evidence-based analysis of the problems associated with serious violence in a local area, and then produce and implement a strategy detailing how they will respond to those particular issues. Prisons, youth custody agencies and educational authorities may also need to work with these core partners.

Requirements of the Duty

The Duty encourages authorities to place an emphasis on early intervention with young people in order to prevent them from becoming either a victim or perpetrator of serious violence in the first place.

Key elements of the Duty include:

- Identifying a partnership structure to oversee the approach to serious violence prevention;
- Understanding local issues and work together to establish the local strategic needs assessment;
- Preparation and implementation of a strategy to prevent and reduce violence in the locality.

Current Activity

There are already strong partnership responses to violence prevention in Wolverhampton driven by the Tackling Violence and Exploitation Strategy, delivery of which is overseen jointly by Safer Wolverhampton Partnership (SWP) and Wolverhampton Safeguarding Together (WST). This strategy sets out Wolverhampton's ambition to take a public health approach to addressing the causes of violence in their entirety to deliver change at population level. Delivery against this strategy has included activity such as a contextual safeguarding review and development of Wolverhampton's Partnership Exploitation Hub.

In addition to this, Wolverhampton's Interpersonal Violence Strategy (2019-2022) oversees the City's partnership response to domestic abuse. The Serious Violence Duty provides an opportunity to ensure that the Tackling Violence and Exploitation Strategy and Interpersonal Violence Strategy are closely aligned to ensure that there is a consistent and robust violence prevention offer within Wolverhampton which connects with the relevant partnership boards. It also provides an opportunity to widen the focus of the current Interpersonal Violence Strategy to extend activity to promote the safety of women in public spaces, including the night-time economy, building on existing work including the creation of Wolverhampton's 'Safe Haven'.

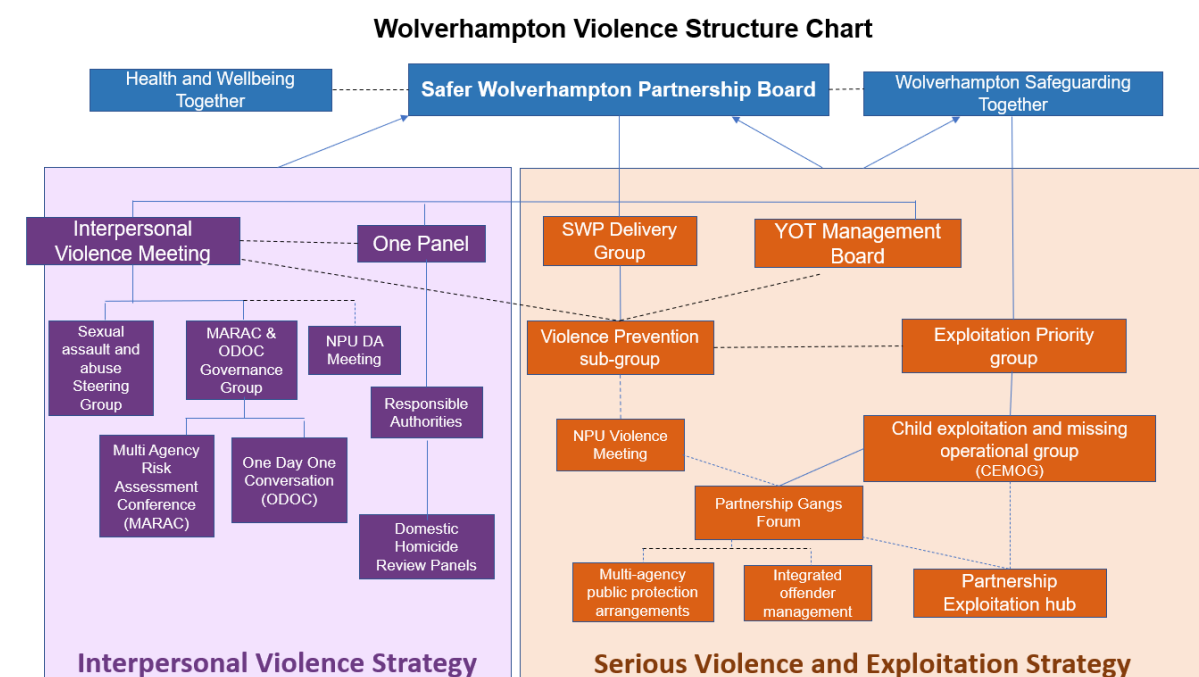
Local implementation

In order to build on existing successes, ensure that there is a robust violence prevention offer within Wolverhampton and ensure that Wolverhampton is compliant against the new Duty a new Violence Prevention Subgroup has been established to progress the below activity:

- Mapping of current violence prevention/support provision;
- Establishing a mechanism for monitoring, reviewing and implementing (where appropriate) best practice around violence prevention and reduction;
- Reviewing of area-specific data and services with a focus on prevention and early intervention;
- Overseeing production of a violence needs assessment and annually refreshed problem profile;
- Ensuring that the Serious Violence and Exploitation Strategy is reflective of the needs assessment;
- Developing action plans and performance frameworks to monitor delivery of the strategy;
- Ensuring the subgroup reports into SWP and provide regular updates to WST and Youth Offending Team (YOT) Management Board.

The group reports into existing SWP structures and will also closely align with WST structures (particularly the exploitation priority group), Wolverhampton's Interpersonal Violence Board and YOT Management Board. Proposed structure and initial membership are outlined in Appendix 1. It is proposed that there is also regular feedback to Wolverhampton's Health and Wellbeing Board, Health and Wellbeing Together.

Proposed Structure and Membership



Membership

Proposed membership would include representation from the following organisations:

- Local Authority* (including public health, children's services, adult safeguarding, education, Youth Offending Team)
- West Midlands Police*
- Probation*
- West Midlands Fire Service*
- Clinical Commissioning Group*
- West Midlands Violence Reduction Unit
- Voluntary/community sector
- Royal Wolverhampton Trust

*Responsible authorities

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