CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 8 July 2021

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Tracy Cresswell (Via MS Teams)
Cllr Jaspreet Jaspal (Via MS Teams)
Cllr Milkinderpal Jaspal (Via MS Teams)
Cllr Sohail Khan
Cllr Lynne Moran (Via MS Teams)
Cllr Phil Page
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)

Witnesses
Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust) (Via MS Teams)
Paul Tulley (Managing Director of Wolverhampton area - Black Country and West Birmingham CCG)

Employees
Martin Stevens DL (Scrutiny Officer) (Minutes)
John Denley (Director of Public Health)
Becky Wilkinson (Deputy Director of Adult Services)
Dr Ainee Khan (Consultant in Public Health)
Neeraj Malhorta (Consultant in Public Health)
Julia Cleary (Scrutiny and Systems Manager)
Emily Hackett (Senior Public Health Specialist)
Jacqui McLaughlin (Commissioning Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies and Substitutions**
An apology for absence was received from Panel Member, Cllr Rashpal Kaur.

Cllr Jasbir Jaspal sent her apologies as the Portfolio Holder for Public Health and Wellbeing.

Marsha Foster had submitted her apologies as a representative of the Black Country Partnership NHS Foundation Trust.

Vanessa Whatley, Deputy Chief Nurse, The Royal Wolverhampton NHS Trust, sent her apologies.

There were no substitutions.

2 **Declarations of Interest**

Tracy Cresswell declared a pecuniary interest on agenda item 6, Healthwatch engagement pre-tender activity.

3 **Minutes of previous meeting**

The minutes of the meeting held on 24 March 2021 were confirmed as a correct record.

4 **Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh**

The Director of Public Health introduced a report on the Wolverhampton Covid-19 Outbreak Control Plan – 2021 refresh. The Covid landscape had changed dramatically right the way through the pandemic to date. This had consequently led to the plan being refreshed.

The Director for Public Health presented a slide on the subject of, “What we’ve learned so far.” He cited six important themes,

- Shared Ownership
- Shared Cultures
- Shared Information
- Shared Trust
- Shared Goals
- Shared Capacity

He showed a slide on the governance local arrangements, which highlighted the complexity of the response to the Covid-19 pandemic. The refreshed plan had seven key themes, which he listed as follows :-

- Theme 1 – Care homes and educational settings
- Theme 2 – Higher risk settings, communities and locations (including compliance and enforcement)
- Theme 3 – Community Testing
- Theme 4 – Contract Tracing
- Theme 5 – Data integration and information sharing
- Theme 6 – Vulnerable communities (including support to self-isolation)
- Theme 7 – Governance and local boards

The Director of Public Health with regards to Care Homes commented it was important to provide as much support as possible, including specialist advice to limit the impact of the virus. It was important to continue to support care settings to increase vaccine uptake within staff. Looking ahead to the winter it was important measures were in place to reduce the risk of infection.

The Director of Public Health with reference to Care Homes remarked that they had to ensure every possible support had been offered to these settings to contain and

manage possible outbreaks. It was also important that education could continue at University in a safe manner.

The Director of Public Health commented that they continued to support businesses at scale to access routine lateral flow testing. They were also being proactive and reactive to enforcement activities working with West Midlands Police and Environmental Health. They would proactively support businesses to re-open safely as lockdown eased and continue to collaborate with partner agencies, supporting workplaces to comply with legislation and guidance. He praised the response from the faith groups within the City, in terms of leading the response within their communities.

The Director of Public Health presented a slide on community testing. The City had been one of the first in the country to have a drive through testing site in partnership with NHS colleagues. It was also one of the first to have community mobile testing programme and one of the first in the region to have mass testing. This has been particularly valuable at Christmas time, when there had been a peek of the UK variant. He was also pleased with the work of the local contact tracing team. Data integration and sharing had been invaluable. Lessons from this could be taken forward into the future, including as part of the Relighting Our City Strategy.

The Director of Public Health highlighted the importance of getting as many people in the City to have their vaccine and as quickly as possible. With time vaccine hesitancy in people could be overcome, particularly when conversations were had on an individual basis. A good example of this was staff in the care sector where uptake was now at around 85% from initially being just over 50%. 161,000 doses of the vaccine had now been delivered to residents of Wolverhampton. The Covid-19 weekly cases in the City were currently above 250 per 100,000.

The Director of Public Health spoke on the importance of good governance and communicating the plan.

The Chair thanked the Director of Public Health for his presentation. She also thanked him and his team for the fantastic work they had completed over the last 18 months.

The Chief Executive of the Royal Wolverhampton NHS Trust paid tribute to the Director of Public Health and his team. Without the support of the Public Health Team they would have not been able to have dealt with the crisis in the way they did. Working relationships had changed forever for the betterment of the residents they served. He estimated around 60% of the people coming into the Accident and Emergency Department had not been vaccinated. They were therefore setting up a system where vaccinations could be offered alongside their visit to the department. He pleaded for people who had not yet received a vaccination to have one. The people that were being admitted to hospital in Wolverhampton were predominately those that had not been vaccinated fully or not even one dose.

A Panel Member passed on her compliments on the Covid-19 Outbreak Control Plan and acknowledged the efforts and contributions from members of the Public Health Team. She felt the report highlighted the importance of partnership working. In response to the question put to Councillors in the covering report, that being, “Is there anything Councillors could do to support the ongoing work to increase the

uptake of the Covid-19 vaccine across the whole City and within all communities to help us to continue to protect the most vulnerable and get the City back on its feet," she promoted the fact that the Vaccine Bus was currently in her own Ward of St Peter's at the Molineux stadium and would remain there over the weekend. She herself would be visiting the vaccine bus and promoting its location on social media. She raised the point of adding wrap around services to the vaccine bus service, especially for the vulnerable people who did not fall into the normal categories. She asked whether the vaccine bus would be visiting the Romany Gypsy traveling community either at permeant sites or unauthorised encampments. She also questioned whether the travelling community had access to GP services. She gave particular praise to the "Stay Safe, Be Kind" helpline. She raised the point of people who did not necessarily fit into a vulnerable group category but still may have appreciated assistance with things like shopping and phone calls. She referred to the needs based accommodation offer. She felt strongly about having good standards in housing.

The Director of Public Health commented that the vaccine bus on average administered approximately 200 doses of the Covid-19 vaccine per day. There were however 2,100 vaccine doses available per day through the different sites in the City. They were working with the CCG, pharmacists and faith groups to reach those traditionally classed as hard to reach. Flexible offers were available to reach particular groups. Community Ambassadors and their support volunteers were knocking on doors on a daily basis, averaging around 300 houses a day. This exercise was revealing more about people living in the City and how they could have a better life. With reference to GPs, it was important to look at what could be done to free them up more from having to give vaccines so they could focus on their routine work.

The Managing Director of the Wolverhampton area in the CCG stated that they had worked with the lead of the Local Authority and the site Manager of the traveller site. A questions and answer session was held and a dedicated open access clinic was run at Showell Park Surgery. This was the surgery where many of the travelling community were registered.

A Panel Member asked about access to the vaccine in Wolverhampton for people who were not legally in the United Kingdom. He had heard that they were able to obtain the vaccine by going to a GP surgery. The Director of Public Health confirmed that they were able to obtain the vaccine at sites where it was being offered and it did not necessarily have to be at a GP surgery. The Panel Member asked for some communication work to be done so they knew they did not need to be fearful of obtaining the vaccine.

A Member of the Panel asked whether the Prime Minister's intention to relax restrictions on the 19 July was a good one, or if the Director of Public Health advised to carry on with the current precautions. The Director of Public Health spoke on the need for individual responsibility. He would be wearing a mask still and advised everyone else to do the same. Individual actions resulted in collective actions, which made a difference to the City.

The Chief Executive of the Royal Wolverhampton NHS Trust spoke about the previous winter having been the lowest he had known in his career for flu and norovirus. Face coverings and hand hygiene he believed to be two of the most

important factors in the decline of these viruses. It was important to consider the benefits of these actions not just for Covid but for other viruses. He was concerned about childhood illnesses in the winter. The Southern Hemisphere winter was always a good indication of what was to come in the British winter.

The Chair asked Panel Member, Cllr Milkinderpal Jaspal to speak of his personal experience of contracting and suffering with Covid-19. He paid tribute to the Director of Public Health and the Public Health Team for their work since the pandemic had commenced. He also paid tribute to the staff of the New Cross Hospital. He stated that without the care of staff from New Cross Hospital he would not be alive. Many people did not realise the seriousness of the Covid-19 virus. His view was that people needed to continue to be sensible and take all the precautions such as washing hands, general cleanliness, social distancing and mask wearing. Everyone needed to take personal responsibility. He was not in favour of the plans to relax restrictions later in the month. He had taken all the precautions he could earlier in the year but had sadly caught the virus off his son who had visited the home. His son had caught the virus from a patient he was vaccinating.

The Chair asked about the plans for potential third booster Covid-19 vaccines and the flu vaccine. The Managing Director of the Wolverhampton area of the CCG responded that there would be a flu programme for the upcoming Winter. He knew there would also be a Covid-19 booster vaccine programme. There were however considerable unknowns as to what the booster Covid-19 vaccine programme would entail. He cited as an example of this uncertainty, being the type of vaccine that would be used and whether it would be combined with the flu vaccine. They were currently awaiting the national strategy to give them the detail of the programme.

The Chair asked about the uptake of people using lateral flow tests in Wolverhampton and what steps were being taken to increase their use amongst the Wolverhampton population. The Director for Public Health responded that each week in the City, 25,000 – 26,000 tests were undertaken by the community in Wolverhampton. He classed this as a phenomenal response. Making tests available as much as possible and encouraging personal responsibility were key.

The Chair raised the point of being able to order lateral flow tests online and for people to have them delivered to their home address. She thought that not all Wolverhampton residents were aware of this service. She asked if this could be promoted more and the link advertised on the Council's website. The Director of Public Health agreed to do some more on this area and stressed the multiple ways of obtaining a lateral flow test.

The Vice-Chair commented that the Outbreak Control Plan highlighted the importance of wearing masks but it was silent on the issue of the different types and quality of masks. It was clear that FFP2 and FFP3 masks readily available on Amazon were much better at protecting individuals from the risk of catching Covid-19. He asked if Public Health were able to consider communicating information on the different masks available and using a higher quality one in higher risk settings, such as a crowded bus or train carriage. In addition, he stated that the plan contained the phrase, "hands, face, space." The British government had added the term fresh air to the phrase. It was clear that good ventilation, such as by opening windows, could help reduce the spread of infection, as could better air conditioning

systems and meeting people outside rather than inside. He asked if this could be taken into account of any information advice issued by Public Health.

The Director responded there were variable qualities of mask available. Locally as a Council they had purchased and distributed 23,000 cloth masks, which were washable and reusable and of a very decent quality. He encouraged people to use a face mask and take individual responsibility. Some masks were only for single use and so should be used as such. He wanted to promote the use of masks and for people to update their mask when required. He agreed that the mask people used needed to be of suitable quality that was available in the public domain. With regard to ventilation it was clear that this did reduce the risk of infection. If the weather was cold though opening windows could have a detrimental impact on wellbeing, a balance needed to be struck. As it was currently Summer, he did recommend as much ventilation as possible and even meeting outside where appropriate.

The Chair stated that the plan outlined that there would be robust support for people required to isolate, she asked if the national financial support scheme was still available, as the report referred to it continuing until the 30 June 2021. The Director of Public Health responded that the national scheme supporting people to stay at home was still available. They needed to make people more aware of the scheme and the local support available such as shopping etc. He urged people to obtain the vaccine and then isolating would be less of an issue moving forward.

The Vice-Chair asked about how the rollout of the vaccine was going for the young people that were eligible. The Director of Public Health responded that the window of opportunity for young people to have the vaccine had only been open a relatively small amount of time. He was confident that uptake would increase in time. Working in partnership to promote the vaccine for young people was an important aspect.

The Chair asked how the helpline for schools to report positive Covid-19 cases was coping. The Director of Public Health responded that four weeks earlier the City had 6 outbreaks overall. On the present day there were 60, most of these were driven in school age and in particular the age group 11-16. Managing the outbreaks was key, it was not possible to contain them. People on the helpline were very much now advising schools how to get to the summer term break. It had been very busy, with the containment approach switching to one of management.

5 **Public Health - Annual Report 2020 - 2021 (Draft)**

The Director of Public Health presented the Public Health Annual Report 2020-2021. A copy of the presentation slides are attached to the signed minutes. He thanked the Portfolio Holder for Public Health and Wellbeing and the two members of staff who had led on the production of the report, Neeraj Malhorta (Consultant in Public Health) and Emily Hackett (Senior Public Health Specialist).

A Panel Member praised the Public Health Annual report and in particular the individual Ward profiles at the end of the report. She acknowledged the exemplary corporate response to the pandemic. She however highlighted that the UK was one of the most unequal countries in Europe. There was still a great deal of work to do, Covid-19 had amplified the inequality within the country. With reference to domestic violence, she stated that she was the Councillor observer on the Haven Board and confirmed that demand for the service had exceeded the supply over the period of

lockdown. They were exceeding the numbers for which they had been contracted to do and suggested this was an area which could be looked at by Officers in the future. She noted that cancer screening had declined as would have been expected. She added that this would mean poorer outcomes for people in the future, when cancer was finally discovered. She remarked that she wanted to see safe cycle routes into the City Centre. She did not believe there was a safe route from Bilston into the City Centre at the current time.

The Director of Public Health on the matter of domestic abuse promoted the importance of partnership working to help people that were vulnerable to domestic abuse. He preferred to think of it in this way rather than from a purely contractual perspective. Creating stability to be able to respond and growing the service in relation to the need was key. He saw cancer screening as part of the "Relight our City" agenda. Responding to try and improve the situation was key. With reference to cycling there were key elements, ownership of a bike, ability to ride a bike and being able to ride a bike in a safe environment. The third part was a challenge, safe routes and helmets were important.

The Chief Executive of the Royal Wolverhampton NHS Trust commented that safety for cycling also included personal security. A number of his staff used to cycle on the Canal tow path into the City Centre. They had now stopped doing this as a Member of his staff was pushed into the canal with his bike after his wallet had been taken. He commented that people were presenting with cancers at a higher stage than would have been preferable. This was clearly a concern going forward. They were doing everything they could to ramp up the cancer services as rapidly as possible.

A Panel Member asked about the percentage of houses with one or more category one hazards. He asked for more information about the seriousness of the situation and a better idea as to what these hazards were. He also referred to an anomaly on the Heath Town Ward profile in the annual report where there were some crosses rather than a number.

The Consultant in Public Health (Neeraj Malhorta) responded that category one hazards were a nationally defined framework. It included hazards where it was deemed the tenant or residents would be put into serious harm. If a hazard was category one, the Local Authority had powers to act. The data they had been given for the report was based on a report from the Builders Research Establishment and it was from 2017. They took a sample of houses and using an expert methodology then estimated the prevalence of those hazards across the housing stock. It was a reliable methodology but it was based on a sample from 2017. There was now a Better Homes Board in Place and this Board had oversight of the Housing Strategy. The Housing Strategy had three major work streams. The first being about improving the supply of housing stock, the second about the quality of housing stock and the third was about making sure the housing offer was accessible to vulnerable groups such as those experiencing domestic abuse. Work to improve the quality of the housing stock was therefore a key element of the housing strategy. She offered to circulate in conjunction with her housing colleagues more information on the types of category one hazards and the remedial action that took place. The Director confirmed that it was a design error as to why there were some crosses on the Heath Town Ward rather than a number.

The Chair commented that considerable work had taken place since 2017 with reference to housing and therefore the accuracy of the data in reference to category one hazards was in question. The Director of Public Health commented that over the next year he thought there would be significant updates in relation to category one hazard housing data. During Covid-19 a lot of survey work and data collection had not taken place across the county for the last 18 months. The Ward Profiles meant they were able to better work at place level.

The Chair stated that the Public Health Annual Report aimed to set out how to learn to live with Covid-19 and ensure no one was left behind. She asked what steps health partners were taking to help people with long Covid-19. The Managing Director of the Wolverhampton area of the CCG responded that there were now some long Covid-19 clinics. To access the service, you had to be referred to the clinic by your GP. Around 1 in 5 Covid patients suffered from long Covid syndrome.

The Chair commented that the report provided some useful statistics on obesity, physical inactivity, smoking, deprivation and housing. These were all factors in how well someone recovered from Covid-19. She asked what new initiatives there were to help improve these areas for Wolverhampton citizens. The Director of Public Health responded that in spite of Covid-19, the Public Health team were continuing to direct resources to help improving these areas, which were all the more important.

The Chair remarked that the annual report quoted that 0.6% of the population was recorded on GP systems as having a learning disability. But it also stated, that they thought this was an underestimate of the picture. She asked what could be done to make this more accurate and why they thought it was an underestimate? She commented that to help people with learning disabilities, accurate data was needed. The Director of Public Health responded that he was in agreement that accurate data was needed in order to be able to improve services and this was something which they would work on in the future in partnership with other organisations.

The Chair commented that the report referred to Public Health leading and coordinating responses to promote healthy growth and emotional wellbeing within Schools. He asked for some examples where Public Health were leading. The Consultant in Public Health responded alongside the physical activity work that was planned for school age children they were working with the Wolverhampton Wanderers Foundation to prevent obesity in children, working with pre school children and families. In terms of emotional wellbeing there were 5 or 6 youth suicides in the Black Country and neighbouring areas between October and March. As a consequence they had led briefing sessions to all secondary schools on suicide prevention. They were also organising training with an external provider to prevent suicides in young people. This would take place from September on a Black Country footprint. The Public Health team also worked extensively across teams in the Council to help improve the physical and emotional wellbeing of children in the City.

The Vice Chair asked whether Public Health, to improve physical activity and help reduce obesity, would introduce a FitBit pilot in some of the school classes in areas of the City with the worst statistics. He added that he was aware of at least 3 Wolverhampton residents who would be competing in the Olympic Games. He thought some publicity for them would be good for the City as they would be placing the City on the world stage. The Director of Public Health responded that he was thrilled that Wolverhampton residents would be competing in the Olympic Games

and encouraging physical activity in as many different ways as possible was important. There was currently open a grant scheme, which enabled sports clubs in the City the opportunity of up to £1,000 for them to open up again safely, review their membership and build upon it. In terms of FitBit and other brands, technology was getting a lot cheaper. If fitness trackers could be used to make a difference in certain populations, then he saw this as part of physical promotion and was certainly happy to investigate and embrace moving forward.

The Chair stated that the Annual report referred to the future of Test and Trace being allocated locally. She asked if the Public Health Team were ready and if they agreed with this approach. The Director of Public Health responded that because people who were double jabbed would not be required to isolate in the future, the work of the Test and Trace team should in principle decrease. As a Service they were certainly ready if needed. The change in rules was another reason for people and their families to have themselves vaccinated.

The Chair remarked that the report referred to a 190 Community Champions. She asked if this was the ideal figure, or did they want more. She asked how the number of 190 had been reached. The Director of Public Health responded that the Community Champions was an initiative which had been set nationally and devolved to Public Health teams locally to implement. He praised the work of the Community Champions to date. He spoke highly of the model and how this model could be used in the future as part of a place based approach.

The Vice Chair commented that the report stated they had pro-actively contacted people who were yet to take up the vaccination. He asked if everyone had been pro-actively contacted who was eligible for the vaccination and what methods of contact were they using. The Director of Public Health responded that working in partnership alongside data sharing protocols there were three principles in place. The first being, everyone received a text message, the second being a personal call to as many people as possible, the third intervention was a knock on the door of their home address, if the first two had not been successful for whatever reason. It was a combination of a systematic and targeted approach.

6 **Healthwatch Pre-Tender Engagement Activity**

The Deputy Director for Adult Services presented the item on Healthwatch pre-tender engagement activity. She stated that the Healthwatch contract was up for renewal next year, when the current contract came to an end in March 2022. Given the importance of Healthwatch, particularly in the current climate and as the country began to recover from Covid and learn from the last 18 months, it was crucial that the voices of people in the City were heard. Lived experience was incredibly important to Adult Services when they were delivering services and improving the delivery of service. It was essential to the practice model in Wolverhampton. They were keen to obtain the views of Members of the Health Scrutiny Panel, so these could be incorporated into the work on the contract.

The Commissioning Officer gave a presentation on Healthwatch Wolverhampton. The engagement exercise was to inform the development of the service specification. They wanted to hear the views of the general public and stakeholders to see what they could do to improve the service specification. A 12-week consultation had taken place which ran from the 1 April 2021 to 24 June 2021. The

consultation process had taken place online because of Covid-19. It had been promoted through press releases, various websites and media platforms including CCG, Wolverhampton Voluntary Sector Council and the current Healthwatch Wolverhampton service, in addition to individual communications aimed at all Social Care providers.

The Commissioning Officer commented that whilst the official engagement exercise had finished, she was still happy to incorporate any feedback from the Health Scrutiny Panel, up until the point when the official document had to be submitted to procurement for the official tender process. The new service had to be in place by 1 April 2022. There had also been four on-line workshop meetings. She had been working with Children and Young people to support input specifically from young people through an on-line workshop.

The Commissioning Officer remarked that the overarching purpose of Healthwatch Wolverhampton was to improve local health and Social Care services through:-

- Championing the views of local people who use health and Social Care services by ensuring that their collective voices are heard, and views and experiences are used to improve existing services and to help shape future provision at both an operational and strategic level.

- Ensuring that action is taken to resolve concerns and problems in relation to services and to prevent them from arising again.

- Signposting individuals to the most appropriate services.

All local Healthwatch's had an overall arching body, Healthwatch England. They determined to a large extent the operational parameters for all local Healthwatch organisations. The parameters were as follows: -

- Promoting and supporting the involvement of people in the commissioning and scrutiny of local services.

- Enabling people to monitor the standard or provision of local services and to influence improvements.

- Obtaining people's views of local services and making them known to relevant organisations.

- Reporting / recommending improvements to services.

- Providing advice and information about access to local services.

- Making recommendations to Healthwatch England to advise the Care Quality Commission.

- Providing Healthwatch England with the intelligence and insight needed to enable it to perform effectively.

The Commissioner commented that to avoid conflicting with Healthwatch England's operational requirements, the focus of the engagement had encompassed local aspect of service delivery. This included: -

- The means of raising local awareness through promotion and understanding of the service.
- The means of local engagement to gather views, report back and establish annual priorities.
- Membership of various local and regional boards, committees and networks to optimise the ability to influence meaningful changes, both operational and strategic.
- Local performance measures to support the achievement of the aspects referred to as above.

The Commissioner asked the question, "Do you think that Healthwatch (Wolverhampton) could improve awareness and /or understanding of its services to local people? If 'yes,' how?

The Chair responded to the question stating that the organisation of Healthwatch did need promoting. She had not been aware of Healthwatch until she had become a Council Member. There probably would have been a couple of occasions in the past where she or her family would have approached Healthwatch had they had known about them. She believed that certain sections of the Wolverhampton community were aware of Healthwatch but certainly not the population as a whole. The Commissioner agreed with the Chair's comments. Promotion and raising awareness of Healthwatch was a key area for the future. Even the people that were aware of Healthwatch were not necessarily clear as to their responsibilities. There was an inner circle of people that had a relationship with Healthwatch, this needed to change and be expanded. This was clear from the feedback received to date.

The Commissioner asked Members a second question of, "How you would prefer to communicate your views and experiences in respect of health and care services and priority setting in addition to receiving feedback from Healthwatch (Wolverhampton)?

- Organised face-to-face events
- Confidential telephone line
- Existing forums / groups
- Postal – paper questionnaires / feedback forms
- Online – questionnaires / feedback, forums
- Social Media – Facebook / Twitter
- Other (please state)

The Chair responded that she felt it should be a mixture of communication methods and finding the right balance was key. The Scrutiny Officer commented that in the last municipal year, the Health Scrutiny Panel had received a presentation from the Youth Council on mental health. As part of this presentation it had been clear that TiKTok was one of the most used social media platforms by young people and

Instagram. More organisations including the Council were starting to use these social media platforms to reach a wider audience.

The Vice-Chair commented part of the reason for the existence of Healthwatch was to identify areas that had gone wrong and to report back so things could be improved. He thought it was important for Healthwatch to identify services which had improved because of their work. It needed to be clear where the outcomes were to prove value for money. He felt more could be done to publicise their work and their achievements. The Commissioner concurred with these views and stated that it would be reflected in the new service specification. A robust performance management framework would be put in place with quarterly meetings with Commissioning. It would be a tighter process, which would include partnership working with the Local Authority.

The Scrutiny Officer spoke on the subject of Webinars. He thought a Webinar about Healthwatch could add value which could be posted for people to watch at their convenience at a later date on the website and social media channels.

The Commissioning Officer asked Members a third question, which was, "Healthwatch (Wolverhampton) is expected to be an active member of various local and regional boards, committees and networks etc, to optimise the ability to influence change at operational and strategic levels. Which boards, committees and networks do you feel that Healthwatch (Wolverhampton) should be members of and why in terms of the impact that this would make?
It was confirmed that for this question, Members of the Panel would write in with any comments. The Chair however did have two questions of her own. She asked how, did Officers see Healthwatch's role in the Integrated Care System.

The Deputy Director for Adult Services responded that the role of Healthwatch in the Integrated Care System and Integrated Care Partnership was an important subject matter. They were invited members to both the Integrated Care System and the Partnership, which covered Wolverhampton. The Integrated Care System was currently in a transition period with a mandate to bring about significant change. With change came challenge, there was a considerable amount of engagement that needed to be done around the Integrated Care System. The Healthwatch role would be vital in sharing views of Wolverhampton residents and holding the health system to account for the services which were being delivered and changing. Healthwatch's role would therefore be a crucial one.

The Chair asked if the new contract could have a requirement that the three positions given to Healthwatch on the Health Scrutiny Panel were filled and if there were vacancies going forward that they were filled swiftly. She didn't want long-term vacancies on the Panel, there was currently one long-term vacancy to fill. The Commissioner responded that she would ensure there weren't long-term vacancies in the future and would hold them to account on this point.

The Vice Chair asked if the Commissioner could provide a summary of some of the main themes of the feedback received to date from the engagement exercise. The Commissioner responded that there were some overarching themes. One of the main themes was the awareness of Healthwatch and understanding of its role and responsibilities. They had asked people why they had contacted Healthwatch. The main contacts were as expected, those being, to ask for service information and to

share experiences and complain. The most popular means of communication was online and at actual events. The Service specification would include a range of communication methods which worked well for the citizens of Wolverhampton. It would be subject to influence and change.

The Commissioner remarked that there had been a whole myriad of response to the question about which boards, committees and networks Healthwatch should form a part. It ranged from health groups, particularly mental health, Public Health forums, young people and disabilities, faith groups, ethnic minority groups, LGBTQ+ groups, trans groups, over 50s forums, all manner of NHS forums and schools. The range of groups highlighted the lack of understanding about Healthwatch role as they could not possibly attend all of them. Healthwatch was an influencer and an enabler service as opposed to a doing service.

The specific areas which they felt Healthwatch should focus on included GP Services particularly waiting times, attitudes and there being an inadequate number of GPs. There had also been responses regarding cancer services, the post Covid impact, services for the trans community, obesity, dental care, health and wellbeing, exercise, mental health, domiciliary care services and scrutiny of NHS decisions.

The Commissioner commented that other useful additional comments had included more robust reporting, communicating and seeing through recommendations. A comment had been made about the importance of having a joined-up approach to ensure systematic change could take place. Another point which had been raised was Healthwatch working with the Council in partnership. Due to Healthwatch Wolverhampton only currently having 6 staff, it was important for some of the regional staff to attend meetings to free up some of their time at a local level. It had also been raised that the priorities of Healthwatch should be aligned with the overall health system.

The Commissioner commented that there had been some points raised about internal governance and decision making. The composition of the Board and how it changed or people being re-elected needed to be addressed. The voluntary sector wanted to be involved in decision making at a local level. This would be built into the new contract, as they wanted local decisions taken by local people to feed into the wider healthcare agenda.

The Commissioner asked a final question to Members which was, “In terms of local measures, are there any specific indicators that you feel should be set for the new service?”

The Chair commented that she would await written responses from Members on this question. She added that it had been a difficult time for Healthwatch during Covid because they had not been able to carry out some of their normal responsibilities such as enter and view. The Deputy Director for Adult Services agreed and added that they had supported residents in care homes when they could, when restrictions had allowed. They had visited some care homes when allowed to do so and so adult services had benefited from their input. She added this was information which would be good for Healthwatch to directly feedback. The Scrutiny Officer commented that he had just been sent the Healthwatch Wolverhampton Annual Report. This would be a good opportunity for Healthwatch to report back on the work they had

completed. It normally came to one of the Panel meetings in the Municipal year. He would circulate the report to Panel Members within the next day.

The Chair thank the Scrutiny Officer and the Scrutiny and Systems Manager for their help in running the first hybrid meeting of the Health Scrutiny Panel in the Council Chamber. She thanked Members and Officers for their contributions during the meeting. The next meeting would be a Special Meeting on Urology Services on Thursday, 29 July 2021 at 1:45pm.