

Attendance

Members of the Health and Wellbeing Board

Councillor Roger Lawrence
Councillor Sandra Samuels OBE
Councillor Paul Sweet

Councillor Hazel Malcolm

Councillor Wendy Thompson
Brendan Clifford
John Denley
Dr Helen Hibbs
Elizabeth Learoyd
Tracy Cresswell
Linda Sanders

Sarah Smith
Jeremy Vanes
David Watts
Lesley Writtle

Warren Davies
Dr Ranjit Khutan

Chair (Labour)
Cabinet Member for Adults
Cabinet Member for Children and Young
People
Cabinet Member for Public Health and
Wellbeing
Conservative Party Leader
Service Director - City Health
Director of Public Health
Chief Officer, Wolverhampton CCG
Healthwatch Wolverhampton
Healthwatch Wolverhampton
Independent Chair of Adults and Children's
Safeguarding Board
Head of Strategic Commissioning
Royal Wolverhampton Hospital NHS Trust
Director of Adult Services
Associate Chief Operating Officer, Black
Country Partnership Trust
West Midlands Fire Service
University of Wolverhampton

Employees

Madeleine Freewood
Andrew Wolverson
Wendy Ewins
Dereck Francis

Development Manager
Head of Service – People
Commissioning Officer
Democratic Services Officer

Partners in Attendance

Sarah Southall
Yvonne Higgins

Head of Primary Care, Wolverhampton CCG
Deputy Chief Nurse, Wolverhampton CCG

The Chair also welcomed Habiba Amjad, Graduate Trainee and Amais Perry, a student from King's C of E School, as observers.

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Apologies for absence (if any)**
Apologies were received by Sally Roberts, Emma Bennett, Chief Superintendent Jayne Meir, Ben Diamond, Dr Alexandra Hopkins, Tim Johnson, Mark Taylor and Joanne Alner.

- 2 **Notification of substitute members (if any)**
Warren Davies attended on behalf of Ben Diamond and Dr Ranjit Khutan attended on behalf of Dr Alexandra Hopkins.

- 3 **Declarations of interest (if any)**
There were no declarations of interest made.

- 4 **Minutes of the previous meeting**
Resolved:
 That the minutes of the meeting held on 11 April 2018 be confirmed as a correct record and signed by the Chair.

- 5 **Matters arising**
The Chair took the opportunity to acknowledge that Chief Superintendent Jayne Meir would be moving to a different department and would therefore no longer be attending. He expressed thanks for her service on behalf of the Board and wished her well.

The Chair also welcomed Councillor Jasbir Jaspal, Habiba Amjad, Graduate Trainee and Amais Perry, a student on work experience from Kings C of E School as observers.

- 6 **Health and Wellbeing Board Forward Plan - 2018 - 2019**
Resolved:
 The Children's and Adult's Safeguarding Annual Report items scheduled for 17 October were to be incorporated into one report.

- 7 **HeadStart Phase 3 – Annual Review Outcome**
Andrew Wolverson, Head of Service – People presented the report on the HeadStart Phase 3 and highlighted key points. It was noted that all but two of the milestones had been fully achieved during Phase 2 and the two that remained had been partially achieved. The milestone relating to sustainability planning had picked up the pace and support had been requested from the Big Lottery, which was being considered. An engagement team had been working hard to bring the development of empowerment and capacity building toolkits up to speed.

One finding highlighted from the scheme was that young people from deprived areas had a higher resilience than that of the national average. The importance of discovering how this was built and whether it was resilience through adversity or other factors were at work was noted.

The two-tier service investment was welcomed by Councillor Sweet and the Board were reminded about the B-Safe Safeguarding Board. A presentation of a video

produced by young people on knife crime would be going to the Safeguarding Board in September. HeadStart had been an invaluable scheme and involved many engaged young people.

Initial stages of the HeadStart scheme had been encouraged by the City of Wolverhampton University.

It was queried whether the SUMO based resilience programme was continuing into special schools. The Board were advised that the special schools were around 12 months away from coming on board and it was likely that information on this would be included in next year's HeadStart report. It was also noted that it was important to capture information up to 10 years into the scheme to ensure its longevity.

Resolved:

That the report be noted.

- 8 **Joint Public Mental Health & Wellbeing Strategy for Wolverhampton**
John Denley, Director for Public Health presented the City of Wolverhampton contribution and Sarah Fellows presented the strategy for the Clinical Commissioning Group [CCG] to the draft Joint Mental Health Strategy, a collaboration between the Council and CCG and highlighted key points. Much of the focus was on prevention and ensuring mental health resilience in the population.

The Board were advised that the City of Wolverhampton's strategy was an overarching report whilst the CCG contribution was a more comprehensive document.

Councillor Sandra Samuels OBE stated that, from an adult social care perspective, the joint strategy was an excellent piece of work and it was good that the Council were working in collaboration rather than in a silo environment. She stressed the importance of the integration of physical and mental health and highlighted the risks involved in relation to the mortality rate. With reference to the infographic on page 11 of the CCG's strategy, it was suggested that this be reproduced and appear in public places, such as surgeries, to help influence good practices.

From a safeguarding point of view, Linda Sanders advised she felt that people suffering a severe mental health condition could be vulnerable, to exploitation for example, and could this be considered?

Councillor Paul Sweet echoed that it was an excellent effort and that early intervention was key, saving future costs if a mental health condition worsened. He suggested that much good work was going on with THRIVE West Midlands and that there could be a link established.

Dr Ranjit Khutan noted that ethnic groups and high-risk groups had been grouped together and that solutions needed to be found within communities. He added that work could be done with students.

Sarah Fellows added the following points:

- How many with severe mental illness [SMI] have health checks – reports to NHS England.

- CCG targets were being met and overperforming in cases.
- Medications for SMI can factor in physical health problems
- Information sharing needed to be improved and expanded upon
- The strategy would expand to include a safeguarding element
- Information would be broken down into specific groups, which would be shared with the Board

Resolved:

1. That the CCG strategy would expand to include a safeguarding element.
2. That information would be broken down into specific groups, which would be shared with the Board.
3. That the joint strategy be approved and noted.

9

Quality Improvement Strategy 2017 - 2020

Dr Helen Hibbs, Chief Officer of Wolverhampton Clinical Commissioning Group [CCG] presented the report and highlighted key points.

In addition to the information in the report, it was noted that:

- The focus on safeguarding was welcomed.
- End of life support with respect to cancer sufferers had been bleak and it was queried what the timeline was to close the gap in terms of support. Dr Helen Hibbs advised that discussions were being entered into on quality of care and identification of appropriate end-of-life pathways and getting patients onto them. Work was being done with WT and the Mental Health Trust with regard to workstreams and looking at specific end of life care.
- There were high levels of mortality, which did not appear to be a hospital issue but a system issue.
- Councillor Thompson added that at best the end of life care was excellent and she had seen families incorporated into decision making, however there were challenges faced with various pressures, busy wards, etc. and there was the risk of “wrong choice or no choice”.
- The CCG delivery of the Red Bag Project was touched on and the Board were advised that training had been rolled out to nursing care homes across the City.
- Proposals were being looked at with Compton Care [formerly Compton Hospice] as part of the strategy group. There had been some concerns that

there wasn't as much funding available as when it had been Compton Hospice.

Resolved:

That the Strategy be approved and noted.

10

Overview of Primary Care Strategy

Sarah Southall, Head of Primary Care presented the report and highlighted key points.

The Board were advised that five priority areas were being looked at and each had their own individual work programme. It was noted that the area facing the biggest challenges was the workload placed on staff and practices. There had been engagement with patients and services users throughout the process and the goal was to achieve a seven-day service in general practices by September.

93 recommendations formed part of the strategy, 21 of which had been achieved and closed and 50 of which were in progress.

There had been further development in the following areas:

Special Access Services [formerly Violent Patients] hosted in All Saints practice.

In hours GP for people coming from out of City, for example people who live in Wolverhampton for short periods such as students or people who work but don't live in the City.

Good progress had been made on the improvement plan for learning disability health checks.

Impressive feedback had been received following a session held on issues surrounding Domestic Violence.

With regard to the aforementioned workforce issues, it was noted that the gap was closing with the help of workforce retention schemes, which was to receive £400,000 of funding. Sign-off was awaited for the retention plan which included offering GPs more flexibility and peer support. The NHS and wider Black Country clinical fellows. It suggested to encourage GPs to stay within the area where they were trained NHS Wolverhampton were exploring the concept of a portfolio career for GPs to broaden experience, incorporating some hospital work into work schedules to encourage the retention of local GPs.

Resolved:

That the strategy be received and noted.

11

Better Care Fund (BCF) Update Report

David Watts, Director for Adults Services presented the report and gave an overview of its content. It was highlighted that admission placement figures were at 281, which was above the target 260 but was still a reduction from 2016-2017. It was also worth noting that there had been a visit from the National Better Care Team and that

Wolverhampton had received a positive mention in their bulletin and been included as a good example within some of their presentations.

Councillor Sandra Samuels OBE was particularly pleased to see how well the City were doing with regard to dementia awareness and the engagement of services across the City.

With regard to the number of delayed transfers of care, it was noted that Wolverhampton figures had improved whilst South Staffordshire's had not. The Chair added he had spoken to South Staffordshire Council and they had experienced difficulties over some years. It was suggested that financial problems and a lack of packages of care may be contributing to the problem. South Staffordshire has had difficulties with the sign-off of their Better Care Programme but will look to NHS England to resolve any problems.

It was queried whether Wolverhampton could provide facilities to South Staffordshire at a cost, but it was agreed it would be better for South Staffordshire to work on their challenges and Wolverhampton could assist by sharing their best practices.

In answer to a query regarding regular updates, it was advised that the Better Care Fund item regularly appeared on the Health and Wellbeing Board agenda.

Resolved:

1. That an update on the Better Care Fund become a regular item on the agenda.
2. That the report be noted.

12

Black Country Transforming Care Partnership

Dr Helen Hibbs, Chief Officer of Wolverhampton CCG delivered the PowerPoint presentation to the Board. Following the presentation, questions were invited to be directed at Wendy Ewins who had accompanied her from Wolverhampton CCG.

It was noted that Wolverhampton was ahead across the Black Country with fewer children in the tier 4 A and T beds and only 6-8 young people with tier 4 provision. Finance had been an issue however there was positive funding following to the community provider.

The Black Country as a whole was seen as being behind however it was hoped that Wolverhampton's positive figures would bring the Black Country up to standard.

With regard to the information on the last slide of the presentation [page 161 of the agenda pack], it was queried whether a target had been set for forensic beds. Targets had not changed and there was no indication of reducing tier 4 or Spec Com beds. Some areas would over-deliver, some would under-deliver. There were particularly high numbers in beds but not enough to reach trajectory.

It was noted that the focus needed to lie in doing the right thing and it was crucial that people with learning disabilities or autism received the right care.

Resolved:

That the strategy be agreed and noted.

13 **Healthwatch Wolverhampton Annual Report**

Elizabeth Learoyd, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report and gave an overview.

The focus was on engaging with as many local partners as possible, including the Clinical Commissioning Group [CCG], [CTC], City of Wolverhampton Council to put the City on the map as a good example. It gave an overview on the top priorities and successes and included positive case studies.

Various schemes were highlighted including:

- Café Neuro, established in February 2018 which provided a community hub offering outreach initiatives, peer support, signposting to services and an opportunity to socialise for anyone with a neurological condition and/or carers and other professionals.
- Work was being done with the deaf community and a hard of hearing report was due to come to the next Health and Wellbeing Board meeting. There had been public events, following which a number of recommendations had been made to improve services available. The Action for Hearing Loss scheme was to receive two years of ringfenced legacy funding.
- The CAMHS transformation, which had included surveys from which a number of issues had been highlighted following on to a series of recommendations for improvement.
- The Annual Listening Tour; the feedback from this informed setting work priorities and issues were highlighted in care services, domiciliary care, dental care, GP services, preventing drugs and alcohol misuse, hospital discharge and preventing isolation and loneliness.

It was also announced that Sheila Gill was now the new Chair of the Healthwatch Advisory Board and Tracy Cresswell was now the new manager for Healthwatch Wolverhampton.

Jeremy Vanes, NHS Wolverhampton noted that there were many good, diverse events highlighted here allowing for full and proper conversation and praised the progress made.

Resolved:

That the report be noted.

14 **Strengthening Governance and System Leadership - Health and Wellbeing Board Review - Final Recommendations**

Madeleine Freewood, Development Manager delivered a presentation to the Board outlining the aims of the review of the Health and Wellbeing Board. This provided an update on the recommendations previously submitted to the Board in April.

The presentation included the final recommendations, which included a re-branding of the Board, revision of the Terms of Reference, formulation of a Communication

and Engagement plan, strengthening partnerships and collaborative activity and establishing an Executive Board.

Also included was the launch of a new microsite and the use of new government documents which made the Board more accessible. A guide for the public featuring advice on how to attend a meeting and submit questions on featured agenda items was also introduced.

It was demonstrated how the Board and its transformation would link in with other Council boards, such as the Children's Trust Board which was undergoing a similar review and that the City 2030 Vision would be used to form the basis for its own vision.

The work carried out was praised and the recommendations were all agreed.

Resolved:

That the Health and Wellbeing board adopt the new branding, use of new governance documentation and terms of reference.

15

Wolverhampton Joint Health and Wellbeing Strategy 2018 - 2023

John Denley, Director of Public Health presented the Wolverhampton Joint Health and Wellbeing Strategy and highlighted key points.

The draft version of the Strategy document had been included in the pack and covered seven priorities across the three key themes of Growing Well, Living Well and Ageing Well. It was explained that the Strategy was driven by the City Vision and Public Health Vision and was intended to inform on the statutory role and vision of the Board.

It was suggested that clear shared goals and more public engagement were required and it was requested that a consultation be conducted and brought back to the Board in the autumn.

Resolved:

That a consultation be held on the Wolverhampton Joint Health and Wellbeing Strategy and outcomes be brought to the meeting scheduled in October.