



Health and Wellbeing Together Minutes - 13 January 2021

Attendance

Members of the Health and Wellbeing Together

Councillor Jasbir Jaspal (Chair)	Cabinet Member for Public Health and Wellbeing
Chief Superintendent Andy Beard	West Midlands Police
Emma Bennett	Director of Children and Adult Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Councillor Ian Brookfield	Leader of the Council
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Marsha Foster	Director of Partnerships, Black Country Healthcare NHSFT
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
Lynsey Kelly	Head of Community Safety
Councillor Linda Leach	Cabinet Member for Adults
Professor David Loughton CBE	Chief Executive - Royal Wolverhampton Hospital NHS Trust
Councillor John C Reynolds	Cabinet Member for Children and Young People
Laura Thomas	Third Sector Partnership
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
Paul Tulley	Managing Director, Wolverhampton CCG

Employees

Heather Clark	Service Development Manager
Lucy Heath	Academy Director for Healthier Futures Academy
Shelley Humphries	Democratic Services Officer
Madeleine Freewood	Stakeholder Engagement Manager
Kate Warren	Consultant in Public Health

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence**
Apologies were received from Juliet Malone, Katrina Boffey and Sally Roberts.
- 2 Notification of substitute members**
Laura Thomas attended on behalf of Craig Alford.

3 **Declarations of interest**

There were no declarations of interest made.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting of 21 October 2021 be approved as a correct record.

5 **Matters arising**

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

6 **Health and Wellbeing Together Forward Plan 2020 - 2021**

Madeleine Freewood, Stakeholder Engagement Manager presented the Health and Wellbeing Together Forward Plan 2020 – 2021 and outlined future agenda items.

It was noted that work towards the Health Inequalities Strategy would be informing the agenda of the next full board meeting. Any other requests for agenda items should be forwarded to Democratic Services or Madeleine Freewood.

Resolved:

That the Health and Wellbeing Together Forward Plan 2020 – 2021 be received.

7 **Local Outbreak Engagement Board Update**

Dr. Kate Warren, Consultant in Public Health delivered the Local Outbreak Engagement Board update presentation. It was reported that transparent and in-depth information was now much more readily available within the public domain however it was noted that the slides provided a summary illustration of the current position.

In terms of daily cases in Wolverhampton, it was reported that numbers had risen much higher than in the spring although it was worth noting that testing had become more widely available in recent months. It was highlighted that some cases may go undetected however a random household survey conducted by the Office of National Statistics suggested around 2.4% of the population were testing positive in the City.

Regional case rates statistics showed that the Wolverhampton case rate per 100,000 people was the highest in the West Midlands although not reaching as high as that of London and the south east.

It was reported that case rates were currently lower in children and residents aged 60 and over. A great deal of work had gone into providing information and support to the older cohort to shield themselves.

There were no consistent hotspots or marked variations between areas of the City.

It was reported that there were significantly more COVID patients in hospital than during the spring peak with ICU beds especially under severe pressure. Many elective surgeries were being delayed and additional staff were being sought in an effort to ease some of this pressure.

It was noted that the cohorts with the highest numbers of COVID patients admitted to hospital was the 18 – 64 and 65 – 84 age groups which consisted of many working age residents. Admission rates were higher but mortality rates were lower for the older population than in the spring.

It was queried whether it had been taking longer to treat people. It was noted that the average hospital stay was shorter than in Spring, however it was thought this may be attributed to the lower age of patients admitted.

In response to a query on why Wolverhampton was so high in case rates it was suggested that this may be linked to higher rates of testing. Wolverhampton was currently rated ninth highest in the country for testing provision.

It was reported that the situation in hospitals was critical and, although many false news stories and images of empty wards had been shared out of context on social media, the reality was that the wards in use for COVID patients were under immense pressure. It was stressed that the severity of the situation should be taken seriously and it was vital that the public should continue to take every precaution to keep themselves and others safe.

Resolved:

That the Local Outbreak Engagement Board Update be received.

8

Progress Update – Wolverhampton Health Inequalities Strategy

Madeleine Freewood, Stakeholder Engagement Manager and Dr Kate Warren, Consultant in Public Health presented the Progress Update on the Wolverhampton Health Inequalities Strategy report accompanied by a presentation. The report provided a summary of activity undertaken to date following the October board meeting to gain partner feedback and approve direction of travel. The presentation provided a visual overview of the aims of the Strategy, the approach to development and delivery as well as the priorities for the first year.

It was acknowledged that the issue of health inequality was a complex one and the report outlined that COVID-19 was exacerbating existing health inequalities, with negative impacts falling disproportionately on more deprived, disadvantaged and excluded groups and individuals.

In an effort to tackle these issues, differences in outcome had been divided into three groups: Deprivation, Protected Characteristics and Inclusion groups to be approached by employers and commissioners, providers of care and other services and as anchor institutions.

The suggested approach for delivery consisted of Health and Wellbeing Together having oversight and delivery of the strategy with the Children and Families Together Board focussing on children, young people and families and the Black Country and West Birmingham STP leading on regional coordination.

Health contributions would be driven by the Integrated Care Alliance Workstreams (soon to be Integrated Care Partnership from April 2021), supported by joint commissioning arrangements between the CCG and the Council, including thorough use of the Better Care Fund.

The delivery vehicle for wider determinants contribution to city strategy would be the Local Authority in partnership with Health and Wellbeing Together partners.

The three priorities for the first year were outlined as: Governance – to clarify who was responsible for delivering what and monitoring progress; Intelligence – to agree a streamlined approach to gathering, analysing and sharing data and Engagement and Co-production – to collaborate with partners and services across the City to provide fair inclusion and access to health services for all.

Guest speaker Lucy Heath, Academy Director for Healthier Futures Academy delivered a presentation which gave an in-depth overview of the role of the Academy in working together for a healthier post-COVID future. It also covered delivery of the WHoLE Programme initiative which provided support to partner organisations on understanding their local population, developing a set of priorities for action, stakeholder and community engagement and the coproduction of projects to improve population health. Partners were invited to consider the following questions and provide feedback via email or a survey website by 22 January 2021:

1. What priority should be given to each of the target socio-economic outcomes, and why?
2. Are there specific population cohorts that whole-system action should focus on?
3. Are there additional intervention mechanisms that should be considered?
4. What specific candidate interventions might be considered?

It was agreed that the link and contact details would be shared outside the meeting via email.

Councillor John Reynolds, Cabinet Member for Children and Young People suggested that a place-based approach would be beneficial as there was a mix of affluent and very deprived areas within his ward which often skewed the figures. It was agreed that this was a sound approach to ensure no deprived areas were overlooked.

Emma Bennett, Director of Children and Adult Services offered support and it was noted that co-production and engagement was a priority that the Children and Families Together Board was also championing. It was suggested that the Co-production Charter signed up to by the Authority could be shared as a useful reference tool to inform the Engagement and Co-production priority work.

Tracy Cresswell, Healthwatch Wolverhampton advised that Healthwatch were participating in a national piece of work around digital exclusion and reports could be shared with the Board once available.

Professor Steve Field CBE, Royal Wolverhampton Trust echoed Councillor Reynolds' suggestion to target deprived areas down to street level and pledged the support of the Trust. It was noted that the long-term impact of COVID would be felt for some time, particularly by the most deprived areas and BME communities. It was acknowledged that the reach of the Clinical Commissioning Groups merging across the Black Country would be a good opportunity to target those most at risk as well as

encouraging communities to take responsibility by following the restrictions more closely.

Resolved:

1. That Health and Wellbeing Together endorse the proposed approach and Year 1 priorities for the delivery and development of a Health Inequalities Strategy for the City of Wolverhampton.
2. That a link to the WHOLE Programme Survey be returned by 22 January 2021.
3. That the Co-production Charter be shared to contribute to Engagement and Co-production priority work.
4. That digital inclusion reports by Healthwatch Wolverhampton be shared with the Board once available.

9 **Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton**
Heather Clark, Manager for Strategic Project Funding presented the Maximising Digital Opportunities for Health and Wellbeing in Wolverhampton briefing note and delivered an accompanying presentation.

The briefing note provided an update on progress towards supporting the rollout of futureproofed digital infrastructure from full fibre broadband to 5G and the future opportunities it offered for the delivery of services and wider benefits it can bring to residents and businesses.

An outline was provided of the opportunities for the health and social care services with a range of improved connectivity and digital healthcare innovations. These included enabling some residents to manage their health at home, improving care and nursing home facilities, enhancing medical procedures and screening as well as offering ways to keep people active with streamed exercise classes.

It was acknowledged that the COVID crisis and subsequent lockdown measures had highlighted the importance of digital connectivity which, in some cases, had become essential for businesses, services and individuals. These events had also highlighted a great disadvantage for those with limited or no access to online connectivity and extensive work was being undertaken to address this.

A query was raised around how progress would be measured in terms of how many people had access following the rollout of the programme who had not previously. It was noted that there was a range of data of this kind being collected by an organisation enlisted to record digital inclusion in the City.

There had been one meeting of the newly established Digital Wolverhampton Partnership Board in December 2020 to establish the next steps of delivery of the programme.

Resolved:

That Health and Wellbeing Together note the progress against delivering the Wolverhampton Digital Infrastructure Strategy and activities underway to support the health and wellbeing agenda utilising technology.

10 **Healthwatch Wolverhampton Annual Report 2019-20**

Tracy Cresswell, Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2019 – 20 and highlighted salient points. The report set out the work undertaken during 2019 – 2020 period and explored significant successes. An overview was provided of the key vision, purpose and approach taken by Healthwatch in engaging with service users.

The report also set out Healthwatch priorities for areas of improvement during 2019 – 20 as: Isolation and Loneliness; Maternity Services; Cervical Cancer, and Mortality, which had been chosen based on feedback from service users. A set of recommendations was provided for each priority based on findings from various engagement exercises and survey feedback.

The report also included outcomes from Enter and View visits to service providers and updates on the Community Outreach projects undertaken by Healthwatch.

It was highlighted that in 2019, Healthwatch Wolverhampton achieved the Highly Commended Award from Healthwatch England for its work with the Deaf community and the Employer of the Year Award from Juniper Training for the provision of student placements with accompanying support.

It was noted that priorities were being explored for the upcoming year and it was intended that the work should align with Health and Wellbeing Together priorities.

The work was commended and congratulations extended on the awards received from Healthwatch England and Juniper Training.

Resolved:

That the Healthwatch Wolverhampton Annual Report 2019 - 20 be noted.

11 **Other Urgent Business**

A query was raised around the progress of the Covid vaccination programme and Paul Tulley, Wolverhampton CCG offered to provide a verbal update.

It was reported that six Primary Care Network vaccination sites were currently running as well as GPs focussing on administering vaccines to care home frontline staff and residents.

It was clarified that delays might be experienced if an outbreak occurred at a care home however Wolverhampton was currently managing things so this had not been an issue.

A hub had opened in New Cross Hospital for hospital staff although the hub also provided one of many vaccination routes for care home staff. It was reported that the programme initiated to vaccinate Council Social Care staff had started well.

It was acknowledged that there had been some confusion among constituents around the letters advising those in priority groups that they could now attend one of the mass vaccination centres. Concerns had arisen about the risk of travelling to the nearest centre, which was located in Birmingham. It was clarified that the letter advised recipients they could either arrange an appointment at a mass vaccination centre now if they wished or await a local appointment in their communities.

It was noted that, occasionally, spare vaccines became available due to missed appointments and were offered to people without appointments (in order of priority group) to avoid wastage.

It was acknowledged how many partners and organisations had come forward to contribute to the delivery of the programme and Wolverhampton had risen to the challenge very well. The overall spirit of togetherness in the City was commended. Positive feeling was expressed about the success to date and that the national supply would be the only limit.

It was reiterated how important it was for people to take up the vaccine once called upon and to continue to adhere to the restrictions following vaccination to limit the spread.

A query was raised around whether any particular community was experiencing difficulties or feeling concerned about the vaccine however it was noted that the Authority were continually engaging with community and faith group leaders who in turn were cascading information to community members.

In a query around community pharmacists administering the vaccine, it was noted that this was available where there was suitable storage for the vaccine although GPs were the first port of call due to their contacts and storage facilities.

It was highlighted that the region was on target to deliver the vaccine to vulnerable groups before the end of February 2021.

Partners were commended and thanked for their contributions to the vaccine programme.