



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.