



# Health and Wellbeing Together

## Minutes - 27 April 2022

### 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 CCGS
Emma Bennett (v)*	Executive Director of Families
Councillor Ian Brookfield (v)	Leader of the Council
Ian Darch	Wolverhampton Voluntary Sector Council
John Denley	Director of Public Health
Chief Superintendent Richard Fisher	Chief Superintendent, West Midlands Police
Scott Humphries (v)	Black Country Healthcare Foundation Trust
Dr. Ranjit Khutan (v)	Head of Public Health, University of Wolverhampton
Councillor Linda Leach (v)	Cabinet Member for Adults
Hannah Pawley	Community Safety Manager
Sally Roberts (v)	Chief Nursing Officer
Nikki Saunders (v)	Third Sector Partnership
Councillor Wendy Thompson (v)	Opposition Leader
Lucie Woodruff (v)	Healthwatch Wolverhampton

#### In Attendance

Madeleine Freewood	Public Health Partnership and Governance Lead
Shelley Humphries	Democratic Services Officer
Jacqui McLaughlin (v)	Commissioning Officer
Hettie Pigott	Senior Public Health Specialist
Richard Welch (v)	Head of Partnerships (Public Health)

\*(v) virtual attendance

*Item No.*    *Title*

- 1 Apologies for absence**  
Apologies were received from Professor Steve Field CBE, Marsha Foster, Lynsey Kelly, Professor David Loughton CBE, Councillor Beverley Momenabadi, Laura Thomas and Becky Wilkinson.
- 2 Notification of substitute members**  
Hannah Pawley attended in person for Lynsey Kelly. Scott Humphries joined virtually for Marsha Foster and Nikki Saunders joined virtually for Laura Thomas.

3 **Declarations of interest**

There were no declarations of interest.

4 **Minutes of previous meetings**

1. That the minutes of the meeting of 13 October 2021 be approved as a correct record subject to a correction recording Ian Darch as attending for the Wolverhampton Voluntary Sector Council.
2. That the minutes of the informal meeting of 19 January 2022 be approved as a correct record.

5 **Matters arising**

There were no matters arising from the minutes of 13 October 2021 and 19 January 2022.

6 **Health and Wellbeing Together Forward Plan 2022 - 2023**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together Forward Plan 2022 – 2023 and outlined future agenda items.

It was highlighted that the first Full Board meeting of the new municipal year in July would comprise of a developmental day to be held in person and closed to the public.

Members were invited to suggest items for presentation at future meetings by contacting either the Chair, Madeleine Freewood or Democratic Services.

Resolved:

That the Health and Wellbeing Together Forward Plan 2022 – 2023 be noted.

7 **Health and Wellbeing Together: Board Membership Update**

Madeleine Freewood, Public Health Partnership and Governance Lead presented the Health and Wellbeing Together: Board Membership Update report and highlighted key points. Due the appointment of the new Director of Adult Social Services, it had been deemed appropriate to reinstate the role on the membership of the Board.

It was agreed that the membership and Board Terms of Reference be updated to this effect and the current Director of Adult Social Services, Becky Wilkinson, was welcomed to the Board membership.

Resolved:

1. 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. That the Terms of Reference be updated accordingly and adopted by the Board.

8 **Timings for Future Meetings**

The Chair reported that, following discussions on the current start time of the meeting, it had been found that a lunchtime start was no longer convenient for all members.

It had been proposed that the time changed and, after consulting the membership, it was found that a 10:00 am start with refreshments to follow was the majority preference. It was agreed that this would be the new time going forward and invites would follow in due course.

Resolved:

That the meeting start-time be altered from 12:00 midday to 10:00 am.

- 9 **COVID-19 Situation Update**  
John Denley, Director of Public Health delivered the COVID-19 Situation Update with supporting presentation.

It was reported that in terms of case rates, Wolverhampton was around the national average although there was scope to improve upon this. Figures showed that the virus was still prevalent. While outlining case rates within settings, such as care homes, it was acknowledged that the rates demonstrated how infectious Omicron was and was not a reflection on the management of the spread in those settings.

It was noted that the general population was in the process of living alongside COVID-19 and that testing, although no longer free or mandatory, was now an established practice which contributed to curbing the spread. The reporting of results where possible was still a helpful tool in gauging how prevalent it was in the population. Guidance had been made available for Adult Social Care settings and a list of approved suppliers had been compiled and provided to workplaces. In terms of outbreak management, there were no concerns within care homes or school settings.

In terms of the vaccination programme, the newest eligible cohort was the 5–11-year-old group, although vaccines were accessible via GP appointment only at this stage.

It was noted that contracting COVID could still potentially be very serious for some and the level of threat to an individual correlated with whether they were vaccinated and to what level. The more vaccines received, the better the level of protection and the lower the risk of serious illness. It was stressed that it was never too late to begin the vaccination process and vaccines were still widely available via pre-booked or walk-in appointments.

It was reported that Community Vaccine Funding had been awarded to over 35 organisations to provide advice and signposting to vaccines in low uptake areas, which had prompted over 200 residents to access their vaccine. It was also noted that a priority was rolling out the vaccine to particularly vulnerable individuals. It was noted that there was a cost of £35 per person to be supported into receiving the vaccination, however this was considered minimal when weighed against the risk of people entering ICU seriously ill.

It was noted that many of the individuals requiring hospital care for COVID were those who had not been vaccinated at all or fully, or had existing conditions exacerbated by the symptoms of the virus.

In response to a query regarding what the benchmark was in terms of the vaccination levels in the population, it was suggested that England average or above would be

the desired milestone, with a priority focus on providing as many vaccines as possible to the most clinically vulnerable.

It was queried whether key factors influencing vaccine uptake were known and what else would be a good incentive to get vaccinated as there were concerns that people felt less urgency to do so as COVID was no longer dominating the news. It was noted that the key message continually communicated was that full vaccination was still the best way to living with COVID in general circulation. It was also considered that making vaccines easily accessible by methods such as providing walk-in services in locations across the City had been a factor in encouraging people to come forward.

A query was raised around how the fourth vaccine or second booster now available for over-75s was progressing. It was reported that small numbers were coming through via GP surgeries, although there was not sufficient data available yet. It was anticipated that government announcements on the autumn plan may provide more detail and guidance. It was added that as more data became available, an update would be provided to include both the 5–11-year-old cohort and the over-75 boosters at the next public meeting.

The work coordinated throughout the pandemic by John Denley, Director of Public Health and Public Health was commended by Ian Darch, Wolverhampton Voluntary Sector Council and the strong community spirit of partners and of the City as a whole was acknowledged. It was added that lessons learned of what the City was capable of should not be lost now the peak of the crisis had passed.

A point was raised that, now tests were no longer free, it had been stipulated that testing for volunteer workers was only required if coming into contact with a clinically vulnerable person. It was agreed this was a sensible use of resources to protect residents as there was no longer the support of the free tests.

It was acknowledged that 5–11-year-olds having limited access to vaccines through pre-booked appointments only may be a barrier to uptake, therefore discussions were ongoing to explore how to overcome this.

The Chair summarised that COVID was still in circulation and that vaccination was still the best method of protection against the virus.

Resolved:

That the COVID-19 Situation Update be received.

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**Health Inequalities Strategy Exemplar: Physical Inactivity - Progress Update**

Hettie Pigott, Health Improvement Officer presented the Health Inequalities Strategy Exemplar: Physical Inactivity - Progress Update briefing note with supporting presentation. The briefing note outlined the progress to date and that the project was currently in the discovery phase.

It was proposed that a Physical Inactivity Steering Group be formed which would be comprised of strategic partners from across the system to set priorities for the workstream, based on the evidence base provided in the discovery report, and drive the work to tackle physical inactivity in Wolverhampton forward, through associated task and finish groups.

In response to a query around whether a member linked to education would be included, it was noted that a member of Children and Families Together Board with a background in education had been invited to join the membership. It was acknowledged that there were plans for schools to be included in this work as well as incorporating the school holiday activities offer.

A point was raised around the government pilot scheme which was in the pipeline to offer incentives for reducing inactivity via an app. It was queried if the analytics gathered from this could be used to inform the Health Inequalities work. It was reported that a meeting was scheduled with the Office for Health Improvement and Disparities (OHID) and it was on the agenda to confirm with them whether data sharing was a possibility.

Paul Tulley, Black Country and West Birmingham CCG recalled the Active Travel Plan which had been operating in the City for a number of years and suggested a link with this scheme. It was noted that policy mapping was part of the discovery phase to understand what was already available to avoid repetition and understand how existing policies might integrate with the Health Inequality Strategy.

Clarification was requested around where the new group would sit alongside the One Wolverhampton Place Based Partnership and how it would add value as there were concerns around duplication. It was confirmed that the group would serve as an anchor to focus solely on the area of physical inactivity and work together with the One Wolverhampton Place Based Partnership to share findings and identify opportunities for increasing physical activity using the City's infrastructure.

It was anticipated that there would be an update on the Steering Group by the next public meeting of Health and Wellbeing Together.

Resolved:

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

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### **Serious Violence Duty**

Hannah Pawley, Community Safety Manager presented the Serious Violence Duty briefing note accompanied by supporting presentation and highlighted salient points. The briefing note provided a summary of the requirements of the Serious Violence Duty, makeup of membership and outlining proposals for its implementation in Wolverhampton. It was also proposed to provide regular feedback on progress to Health and Wellbeing Together.

The presentation also included the outcomes of an extensive scoping exercise undertaken to gain an understanding of work already ongoing within the City, and listed the potential opportunities provided by the work associated with the Duty.

It was noted that the next step would be to perform a Strategic Needs Assessment and anticipated that the next update would be provided to Health and Wellbeing Together following the outcome of this.

It was noted that a mapping exercise would also be undertaken to identify work being carried out by other organisations across the City to avoid overlaps and identify any gaps.

The work undertaken and public health approach to serious violence was commended and it was acknowledged that the engagement process would build upon already strong partnerships. It was suggested that strategic elements of violence prevention be embedded in all other agendas across the system, such as Levelling Up, economic growth and Health Inequalities.

Resolved:

That Health and Wellbeing endorse the proposals for the implementation of the Serious Violence Duty in Wolverhampton.

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**Other Urgent Business**

There was no other business raised.