



Health and Wellbeing Together

Minutes - 10 April 2019

Attendance

Members of Health and Wellbeing Together

Councillor Roger Lawrence (Chair)	Leader of the Council
Dr Helen Hibbs (Vice Chair)	Chief Officer, Wolverhampton CCG
Emma Bennett	Director of Children's Services
Katherine Birch	Faculty of Education, Health and Wellbeing
Helen Child	Third Sector Partnership
Tracy Cresswell	Healthwatch Wolverhampton
John Denley	Director of Public Health
Professor Steve Field CBE	Royal Wolverhampton NHS Trust
David Loughton CBE	Royal Wolverhampton Hospital NHS Trust
Councillor Hazel Malcolm	Cabinet Member for Public Health and Wellbeing
Councillor Sandra Samuels OBE	Cabinet Member for Adult Services
Meredith Teasdale	Director of Education
Councillor Wendy Thompson	Shadow Cabinet Member for Public Health and Wellbeing
David Watts	Director of Adult Services

In Attendance

Brendan Clifford	Black Country DASS
Susan Eagle	Commissioning Officer
Sarah Fellowes	Wolverhampton CCG
Madeleine Freewood	Development Manager
Shelley Humphries	Democratic Services Officer
Councillor Jasbir Jaspal	Chair of Health Scrutiny Panel
Neeraj Malhotra	Consultant in Public Health
Amanda Newbold	Head of School Improvement
Anthony Walker	Homelessness Strategy and External Relationships Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence**
Apologies were received from Councillor Paul Sweet, Kate Martin, Chief Superintendent Andy Beard and Lesley Writtle.
- 2 Notification of substitute members**
There were no notifications of substitute members.

3 **Declarations of interest**

There were no declarations of interest made.

4 **Minutes of the previous meeting**

Resolved:

That the minutes of the meeting held on 23 January 2019 be approved as a correct record and signed by the Chair.

5 **Matters arising**

In respect of Minute 9 it was noted that, following the Joint Health and Wellbeing Strategy consultation, an email that thanked participants for their contribution was sent to all 288 respondents who had provided an email address in order to be updated about the roll-out of the strategy. It was noted that programmes such as the Walking for Health campaign had been bolstered by this support.

6 **Health and Wellbeing Together Forward Plan 2018 - 2019**

Madeleine Freewood, Development Manager presented the Health and Wellbeing Together Forward Plan 2018 – 2019.

It was proposed, in accordance with the Terms of Reference agreed at the July meeting of Health and Wellbeing Together, that a Strategy Day be arranged to identify future priorities. It was agreed that the meeting of Health and Wellbeing Together scheduled for 3 July 2019 be extended to accommodate.

It was also agreed that the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.

Resolved:

1. That the Health and Wellbeing Together Strategy Day be scheduled for 3 July 2019.
2. That the meeting of the Health and Wellbeing Together Executive Group scheduled for 22 May 2019 be cancelled.
3. That the Health and Wellbeing Together Forward Plan 2018 – 2019 be noted.

7 **Joint Dementia Strategy for Wolverhampton 2019 - 2024**

David Watts, Director of Adult Services presented the Joint Dementia Strategy for Wolverhampton 2019 – 2024 report and highlighted salient points. The report outlined that the strategy had been developed following the extensive work of a multi-agency working group which had involved representatives from the voluntary and community sector as well as carers of people living with dementia.

Attention was drawn to the five areas of focus which represented different stages of the journey of care for a person affected by dementia; Preventing Well, Diagnosing Well, Living Well, Supporting Well and Dying Well. It was reported that the working group had been established to develop and improve ways to provide support around these five themes. It was noted that an action plan was required to underpin the work and Better Care workstreams would be established.

The Joint Dementia Strategy for Wolverhampton 2019 – 2024 and the work of all the partners involved was commended by Board members. It was noted that there had been good use of the Joint Strategic Needs Assessment (JSNA) and the work

undertaken around dying with dignity which supported the Integrated Care; Frailty and End of Life priority was also commended.

It was highlighted that continued partner involvement and a focus on sustainability would be necessary to ensure that the support for people living with dementia was constantly maintained and that the Living Well priority was also supported.

Resolved:

1. That the Joint Dementia Strategy 2019 – 2024 for Wolverhampton be approved.
2. That the topic specific Joint Strategic Needs Assessment for Dementia in Wolverhampton be approved.

8 **No Recourse to Public Funds - Request for Numbers**

Neeraj Malhotra, Consultant in Public Health presented the briefing note on No Recourse to Public Funds (NRPF) – Request for Numbers. It was noted that the information contained within the briefing note had been collated in response to a request from Health and Wellbeing Together in October 2018 following the presentation of the draft NRPF Protocol. The figures represented the number of people with no recourse to public funds residing within the City and an update was also provided on the draft protocol.

It was noted that there is a considerable difference between the data that had been extracted from social care sources and the Refugee and Migrant Centre. It was highlighted the two different data sources were not comparing 'like with like' as one set of data provided a current snapshot whilst the other covered a 12-month period.

The data indicated that a very large proportion of people with NRPF status were able to manage without Council support and they had established their own support networks through either community links or extended family. It was noted that in some instances, local churches donate collections from their congregations to members of the community who have NRPF status.

It was noted that future data gathering 'soft intelligence' from the voluntary sector to enable the partnership to monitor numbers as well as trends. It was suggested that approaching other sources such as schools and West Midlands Police may be beneficial to gather further information on figures.

It was reported that the training accompanying the launch of the NRPF Protocol had been unavoidably delayed. This was due to some essential revisions that needed to be made to the Protocol relating to how the Council should be notified about people with NRPF status. The training will be re-scheduled to commence after April 2019 and will be offered to elected members as well as other stakeholders.

It was suggested that timeliness with which applications were dealt with by the Home Office or the numbers of people with NRPF status moving in and out of borough may also have had some effect on gathering realistic figures.

Cases of people with NRPF status who were in employment yet had no fixed abode were discussed. It was suggested that these people may be working 'cash in hand' and it was noted that they may be at risk of exploitation.

A concern was raised in respect of people with NRPF status who were at risk of eviction from rental properties due to rent payment difficulties and it was clarified that these were being dealt with on a case by case basis. It was added that legal aid funding was available and Helen Child, Third Sector Partnership representative offered to provide any advice on request on behalf of the Citizens Advice Bureau.

It was noted that it was positive that many people with NRPF status had sought support within the community as it was beneficial for communities to become as self-sufficient as possible.

In respect of children from families with NRPF status, it was highlighted that Wolverhampton was in a strong position compared with many other local authorities. It was noted that child in need assessments provided robust support to families throughout the immigration process.

Resolved:

1. That the information on numbers of No Recourse to Public Funds in the City of Wolverhampton be noted.
2. That the update on the multi-agency protocol and accompanying training be noted.

9

Homelessness Prevention Strategy 2018 - 2022

Anthony Walker, Homelessness Strategy and External Relationships Manager presented the Homelessness Prevention Strategy 2018 – 2022. The report outlined that the strategy had been developed to incorporate new duties following the introduction of the Homelessness Reduction Act (HRA). It was noted that difficulties had been experienced due to factors such as fluctuating property prices and the nature of accommodation.

The Strategy placed a focus on four key elements identified as: Homelessness Prevention; Tackle Rough Sleeping; Vulnerability and Health and Responding to the Local Housing Market. Approval was sought for an implementation plan to be developed to deliver these themes and for a multi-agency steering group to be established to oversee the plan.

A concern was raised regarding the risks of unscrupulous landlords, however assurance was given that the Authority had been working closely with landlords to ensure quality and an Eviction Officer had recently been appointed to assist with illegal evictions. It was suggested that the introduction of Universal Credit had been off-putting for some landlords as there was a risk of rent either being paid late or falling into arrears.

There had been reported a sharp increase in rough sleepers in recent years, however positive steps had been taken to reduce these numbers and it was noted that the City of Wolverhampton had been nominated for several awards for this work.

Concern was expressed in respect of accessibility of health provision, however it was reported that engagement was key. Once engaged, access to health provision was considered good, especially once the availability of walk-in centres was made known.

In response to a query, it was clarified that Wolverhampton Homes delivered a considerable portion of temporary accommodation as well as some being provided

by Housing First, however it was agreed that permanent and sustainable housing solutions that were key.

The work undertaken on the strategy was commended and the importance of the progress was highlighted due to the impact homelessness had on mental health and quality of life as well as the effects felt by families with children.

The development of the action plan and multi-agency steering group were both approved. It was requested that partners from multiple sectors become involved in the steering group and that any organisations contact Anthony Walker, Homelessness Strategy and External Relationships Manager to express interest.

Resolved:

1. That the development of a new action plan for the delivery of the Homelessness Prevention Strategy 2018-2022 be approved.
2. That the development of a multi-agency steering group to oversee the Homelessness prevention Strategy 2018-2022 be approved.
3. That the findings of the Homelessness Prevention Strategy 2018-2022 be noted.

10

Developing the Health and Wellbeing Dimension in All Policies

Brendan Clifford, Black Country DASS presented the Developing the Health and Wellbeing Dimension in All Policies. The report outlined progress made by City of Wolverhampton Council in embedding health and wellbeing implications into all decision-making processes.

In order to inform decisions, a 'health and wellbeing implications' heading had been added to all City of Wolverhampton reports templates. It was noted that the development of training material/ short guidance notes would further enhance corporate awareness of how decision making across all Council directorates can impact on the health and wellbeing of citizens.

It was also highlighted that the use of interactive dashboards to inform live decision making as part of the development of a 'JSNA interactive' toolkit would enable health and wellbeing data to proactively inform corporate decision-making processes.

Members of Health and Wellbeing Together were asked to identify methods of considering health and wellbeing implications in their own decision-making.

Resolved:

- That the Developing the Health and Wellbeing Dimension in all Policies report be noted.

11

Wolverhampton Clinical Commissioning Group (CCG) and Black Country and West Birmingham Sustainability and Transformation Partnerships (STP) Operating Plans

Dr Helen Hibbs, Chief Officer, Wolverhampton CCG presented the Wolverhampton CCG and Black Country and West Birmingham STP Operating Plans report. The report outlined that the attached STP wide Operating Plan was submitted in accordance with national guidance however Wolverhampton CCG Executive Team had taken the decision to produce a local operation plan for assurance.

Board members were advised that the transition from the STP to the new Integrated Care System was planned to take place across the Black Country and Birmingham over the next year as part of the National Health Service's Long-Term Plan.

A brief description of the architecture of the new system was provided:

Patient:

End user requiring easy access to quality services in a timely manner.

General Practitioners (GPs):

Arranged into networks of practices serving around 30 – 50,000 patients.

Wolverhampton was reported to be in a good position already as this way of working was already in place.

Place:

This was the Integrated Care System area and covered Wolverhampton.

Attention was drawn to the proposed priority areas around which the plan would focus: Primary Care; Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care; Cardiovascular Disease; Clinical Support Services; Musculoskeletal Conditions; Respiratory Diseases and Frailty.

It was highlighted that workforce retention was the biggest issue faced at present. A programme had been developed known as the GP Intensive Support Site Scheme which focused on this area. Work had been undertaken to improve retention by offering GPs portfolio careers to include opportunities to work with the Acute Trust or as managers as well as coaching opportunities. It was noted that the new GP networks would enable GPs to feel less isolated in their work and enhanced training for pharmacists to work around long-term care and medicine would take pressure off GPs, freeing them to concentrate on diagnostics. A request was made to provide an update on this work at a future meeting.

Concerns were raised in respect of low prostate cancer screening uptakes. It was noted that a campaign to encourage an increased uptake would be beneficial to ensure a better chance of early treatment. Caution was advised as attempting to treat or operate too early may cause more harm than good, therefore it was important to push for raised awareness of the condition and risks involved as well. It was suggested that ensuring that GPs investigate if patients had a family history of the condition during health checks.

It was highlighted that an improved test may be required which was reliable and acceptable to the general population to carry out. It was noted that prostate specific antigen (PSA) blood tests often caused unnecessary alarm as any enlarged tissue may be benign rather than malignant and the sample tests had been unpleasant to undertake. Normal practice for the local authority was to associate with national campaigns.

Resolved:

1. That an update on the NHS staff retention programme be provided at a future Health and Wellbeing Together meeting.

2. That the Wolverhampton Clinical Commissioning Group and Black Country and West Birmingham Sustainability and Transformation Partnerships Operating plans be noted.

12 **Progress on the Early Years Strategy**

Amanda Newbold, Head of School Improvement delivered a presentation on the Progress of the Early Years Strategy. It was outlined that the Early Years Strategy was launched in May 2017. The responsibility for the Early Years Service then moved to Education in April 2018 and in January 2019, the Early Years Team joined up with the School Improvement Team.

Following the public release of the information, it was reported that a grant of £516,400 had been awarded to City of Wolverhampton Council by the Early Outcomes Fund and it was planned to use this funding to secure good early language outcomes for children. It was also reported that a grant of £271,200 had been awarded by the Early Years Professional Development Fund to aid in fulfilling the improvement in children's early language, literacy and numeracy with specialist training.

It was reported that, following an announcement in April 2018, the Department for Education had developed a peer review model to improve local early years systems.

The Early Intervention Foundation (EIF) had been commissioned to produce self-assessment tools to measure progress for improving outcomes for children in the early years which focused on speech, language and communication skills. It was outlined that the audit tools which had been developed were to be utilised in a self-evaluation taking place between 8 April and 8 May 2019. This was to be followed up by a stakeholder event on 17 May 2019 which was to be facilitated by the EIF to identify priorities and areas of interest for the Peer Challenge.

It was noted that the DfE funded Peer Challenge was to take place from 25 – 26 June 2019 which would be followed by a mini review 12 months later to assess progress made and further developmental ideas.

It was reported that an Early Years Steering Group had been established and was to meet monthly until the Peer Review and quarterly thereafter to maintain oversight of the Strategy. It was noted that further learning and evaluation events and action plan revisions were to be scheduled over the next two years. Annual reviews of the Strategy had been planned and it was noted that the findings from the May 2019 review would be presented at the June meeting of the Children and Families Together Board.

It was also reported that findings had shown that many children starting in Reception class were as much as 18 months behind their peers. In response to this, access had been increased to two-year checks. Steps had also been taken to ensure the best start for children by developing a 'Ready for Nursery' check.

Resolved:

That further Early Years updates be provided to Health and Wellbeing Together as required.

13

Any other business

The Chair took the opportunity on behalf of Health and Wellbeing Together to offer thanks to and commend the contributions of Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust who had stepped down as Chair at the end of March 2019.

Dr Helen Hibbs, Vice Chair also took the opportunity to offer thanks to the Chair of Health and Wellbeing Together, Councillor Roger Lawrence, on behalf of the Board and commend his commitment and contributions to the work of Health and Wellbeing Together as Chair.