

Monthly Brief

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Frailty

Work is continuing to make sure older people get the right care in the right place, and that hospital is only used when it's really needed. The Frailty Group is strengthening support at the front door of the hospital to help identify people living with frailty earlier and ensure they receive the most appropriate care. Work is underway to enhance multidisciplinary team (MDT) presence within the Emergency Department, supported by recruitment to expand the workforce model and increase the use of community pathways for people who can be safely supported without admission.

Frailty Same Day Emergency Care is seeing increasing activity, supporting an average of six to eight patients per day, with further work underway to increase capacity. Clinical Frailty Scoring at triage is helping to identify people earlier and support conversations about the right care and discharge. A pilot Frailty Day has been completed, with consultant geriatricians reviewing patients aged over 65 with higher frailty scores. Early findings showed that more than a third of patients reviewed were discharged following specialist assessment, demonstrating the potential to avoid unnecessary admissions.

Work is continuing to develop Frailty Hubs and strengthen same-day social care access, reablement and therapy support in the community. Partners are also developing a Home First front-door model and exploring opportunities to increase same-day community assessment and support, helping more people return home safely and quickly. The next step is to build on this through the Home First approach, making it easier for people to move between hospital and community services and return home within the first few days of their stay where it is safe to do so.

Integrated Neighbourhood Teams

North INT - Ageing Well: Frailty Plus

Older people living with frailty often experience fragmented support, increasing the risk of deterioration, crisis and avoidable hospital admissions. As part of the Frailty work partners in the North are developing an Ageing Well: Frailty Plus model that brings together health, housing, pharmacy, VCSE and care partners to provide proactive, neighbourhood-based support for people living with frailty. The model will use the Complex Care Tool alongside professional judgement and local intelligence to identify residents most likely to benefit from support. Built around one assessment, one plan and one coordinator, the programme aims to help people live independently for longer, reduce health inequalities and deliver more joined-up care within neighbourhoods.

South INT - Childhood Asthma and Housing

Poor housing conditions, including damp and mould, can have a significant impact on children's respiratory health, contributing to poor asthma control and avoidable use of healthcare services. The South INT is developing a Childhood Asthma and Housing Pilot, bringing together housing, public health, children's services, healthcare providers and community partners to provide earlier support for children and families. Progress has been made in developing a sustainable housing referral pathway, expanding damp and mould intervention services, and creating a Health and Housing Toolkit to support frontline professionals in identifying housing-related health issues and strengthening referrals. The pilot aims to improve asthma outcomes, help children stay well at home and in school, and address wider health inequalities through a more joined-up approach to health and housing.

East INT - Childhood Obesity

Childhood obesity has a significant impact on future health outcomes, and opportunities to identify and support children early can sometimes be missed. Partners across health, public health, the local authority and voluntary sector are developing a neighbourhood approach to childhood obesity. An initial pilot has now been agreed with Alfred Squire Road Practice, supported by a multi-agency Childhood Obesity Task and Finish Group. Progress has also been made in establishing arrangements for sharing National Child Measurement Programme data with GP practices and developing an EMIS solution to improve identification and access to support. This work will help families access more coordinated prevention and intervention services, supporting healthier outcomes for children and contributing to the wider ambition of giving every child the best start in life.

West INT - Cancer Prehabilitation

People affected by cancer often require support with physical, emotional, social and practical needs before, during and after treatment. Partners across health, social care, pharmacy, voluntary sector and specialist cancer services are developing a coordinated prehabilitation offer tailored to individual need. Partners have agreed that the initial pilot cohort will focus on people with colorectal cancer and have reached consensus on a tiered support model. Learning from the RWT Cancer Prehabilitation Pilot is also being used to inform pathway development and future delivery. Opportunities have been identified to integrate social prescribing, welfare support, medicines optimisation, psychological support and community services into the future model. The aim is to improve outcomes and experiences for people affected by cancer through more personalised, preventative and joined-up support.

Home First

We know that hospital demand continues to put pressure on services, and there is an opportunity to support more people to remain independent at home and reduce avoidable hospital admissions. Partners are working together through Home First to review and improve pathways, with a particular focus on discharge and Discharge to Assess. We're also looking at intermediate care provision, gaps and blockages such as housing, and opportunities to redesign and integrate services. The focus remains on strengthening hospital discharge pathways and embedding Discharge to Assess arrangements, while identifying how community, voluntary sector and wider support services can work alongside health and care services to support admission avoidance and successful discharge. Partners have also reviewed the Winter Plan and agreed the need for a coordinated approach to managing delivery risks and dependencies across the system. Work continues through task and finish groups to review referral and assessment processes and identify opportunities for improvement. This will help people leave hospital safely and in a timely way, return home or to a community setting where appropriate, and access the right support to remain independent for longer. This supports the wider ambition to shift care from acute to community settings and make 'home where possible, hospital when necessary' part of how services work across Wolverhampton.

Community Activation

VCSE organisations play a vital role in improving health and wellbeing, building trust, and driving positive change within our communities. The partnership is developing a city-wide Health Champions programme to support health campaigns, encourage healthier lifestyle choices, and capture the experiences and insights of local people across Wolverhampton's ten priority areas. These insights will help shape the delivery of INTs and inform Public Health priorities. Building on existing Community Health Champion approaches across the city, partners have developed a prevention-focused framework centred around eight key domains, creating a consistent approach while recognising the strengths of local communities. Draft Expressions of Interest have also been submitted for the Health Champion Coordinator and administrative support roles, with recruitment expected to begin once approval is confirmed.

Through the pilot, funding will be provided to organisations already making a difference in their communities. They will identify and support Health Champions to lead community conversations, gather local feedback and strengthen connections between residents and health services. Following strong partner support, the programme has been extended from an initial six-month proposal to a 12-month pilot running from January to December 2027, providing greater opportunity to establish sustainable community engagement and maximise impact. This will help ensure community voices are heard and can influence future planning and service delivery.

In other news...

Get winter ready with free vaccinations for eligible residents: People in Wolverhampton are being urged to get their winter vaccinations and book an appointment. Flu, COVID-19 and RSV can cause serious illness, particularly for older people, pregnant women, babies and young children, and people with certain health conditions. Vaccinations are available through GP practices and participating pharmacies. If you're eligible, you will usually be contacted by your

GP practice, NHS service or healthcare provider. Find out more about winter vaccinations and check eligibility: [NHS winter vaccination information](#)

Breast screening unit returns to Bilston: The mobile breast screening unit is returning to Morrisons in Bilston on Saturday 17 and Saturday 24 October. Women aged 50 to 71 are routinely invited for breast screening every three years. Women aged over 71 can self-refer by contacting the Breast Screening Programme on 01384 244177 or 01543 576235. The mobile unit will give women the opportunity to access breast screening locally and find out more about the service.

Young people invited to help shape city's SEND future: Young people with special educational needs or disabilities (SEND) are being encouraged to have their say on Wolverhampton's draft SEND and Inclusion Strategy at a dedicated consultation event next month. The event, hosted by HY5!, Wolverhampton's SEND Forum for children and young people age 11-25, will take place at Cherry Street SEND and Sensory Hub on Tuesday 3 November, 2026, from 5pm to 7pm. It is open to young people aged 11 to 25, who are welcome to bring a parent, carer or other trusted adult for support if needed. The session will give young people the opportunity to share their views on the draft strategy and discuss what is important to them as plans are developed to improve support and inclusion across the city. Places are limited and can be booked at <https://tinyurl.com/yvm3uv9b>

Get set for a spooktacular half-term with Yo! Active: Children and young people can enjoy a spooktacular half-term, thanks to Wolverhampton's popular physical activity programme Yo! Active. Delivered by the City of Wolverhampton Council, WV Active and Wolves Foundation, Yo! Active is open to children and young people aged up to 18, or 25 for care leavers or those with a disability, and offers a wide range of free activities all year round. Young residents can take their pick from a range of free physical activity sessions every week, including free swimming, gym and court hire, multi sport sessions, basketball and bespoke activities for under fives. There are also tailored sessions for school holidays, including the upcoming October half-term, with highlights including Multisport Mayhem, Nerf Nightmare and a Spooktacular Party. To see the full timetable, please visit <https://wvactive.com/activities/october-half-term-2026.html>.



Get in touch

If you would like to get in touch with the partnership or contribute to the briefing, please [email rwh-tr.onewolverhampton-pto@nhs.net](mailto:rwh-tr.onewolverhampton-pto@nhs.net)

You can find out more about the partnership by following us on [X](#).