

## Health and Wellbeing Board

15th October 2020

### Walsall Together Update

#### 1. Purpose

This report provides an update on the development of Walsall Together. It provides an overview of the progress of the partnership since the previous report was presented in March 2020.

#### 2. Recommendations

- 2.1 The Board is asked to note the progress made by the Walsall Together partnership in delivering the transformation expected in 2020/21 in the context of the COVID-19 outbreak.
- 2.2 The Board is asked to agree that a joint Population Health and Inequalities Strategy is developed between Walsall Together and the Health and Wellbeing Board in line with the timescales required for implementation of a formal Integrated Care Provider (ICP) contract i.e. by April 2021.

#### 3. Background

Walsall Together is an integrated care partnership between Walsall Healthcare NHS Trust, Black Country Healthcare NHS Trust, Walsall Council (Social Care and Public Health), Walsall Clinical Commissioning Group, One Walsall (Council for Voluntary Services), Primary Care Networks, and Walsall Housing Group (representing the housing sector). The partnership aims to develop new integrated ways of working to:

- Improve the health and wellbeing outcomes of their population;
- Increase the quality of care provided; and
- Provide long term financial sustainability for the system.

#### 4. Delivery of the Transformation

The previous report presented in March 2020 included a high-level implementation plan for 2020/21. Expectedly, delivery of this plan has been impacted by the COVID-19 outbreak and as such a revised plan has been appended to this report (approved at the Walsall Together Partnership Board in July 2020).

The previous report also included an ambitious investment call of approximately £4m for 2020/21 and also acknowledged that there would be no new funding available to support the proposals. In response, Walsall Healthcare has

committed £1.6m of investment in community services that will support several part-year investments targeted at reducing emergency hospital attendances and admissions. This will rise to £2.2m in 2021/22

Referrals to the Care Coordination Centre (previously known as Single Point of Access) have increased significantly since the start of the year to over 600 per month, mainly from GPs. The service is able to deal with over 50% through either advice and guidance or through disposition to Locality Teams. As a result, the levels of demand on the Rapid Response service is lower than expected and this presents an opportunity to expand the capacity offered to West Midlands Ambulance Service (WMAS) across the Care Coordination and Rapid Response services to further impact on admissions avoidance.

The integrated care pathways that underpin these services are being mapped. The teams have already explored a number of options for integration with social care and a formal pilot that offers a step-up response within the Intermediate Care Service (ICS) is in the final design stage.

Full co-location of the place-based teams has now been achieved in all localities. Integration and organisational development work with the teams has been stalled during COVID-19 due to the remote working arrangements in place. Nevertheless:

- Monthly, GP-led multi-disciplinary team meetings are in place across all 7 place-based teams;
- A single electronic referral form has been rolled out to allow direct referrals from general practice clinical systems;
- The strengths-based practice training that commenced in March 2020 and was paused during COVID-19 phase 1 will now re-start in a revised virtual format.

The number of new referrals into Locality Teams has continued on a downward trend throughout COVID-19 and is reflected in the following overall trends seen across community services:

- Increased referrals from chronically unwell patients;
- Reduced referrals for post-procedural care;
- Change in case mix of those with long term conditions already on the case load now requiring more complex nursing care.

The change in acuity and subsequent impact on activity levels was anticipated and planned for. The result of the changing demand is evident as the teams are making fewer, longer calls with patients. A significant amount of low complexity, high volume activity has been reduced and it is planned for this to continue post-COVID. For example, where possible, patients and relatives have been taught to give their own injections.

In adult social care, the level of referrals is increasing as we enter the 'reset' phase. It needs to be noted the safeguarding in care settings, complexity of needs, carers stress and self-neglect are a significant feature of the work that teams are dealing with. The pressure remains for supporting Elderly Mentally Infirm (EMI) but particularly those who are demonstrating complex behaviour.

All system partners are engaging in discussions to develop a single social prescribing model for Walsall that aligns existing providers into a single pathway with clear links from Primary Care and complex multi-disciplinary teams into the

broad range of support and services available across our voluntary and community sector, including housing.

The integrated Shared Care Record will be ready for the first stage of implementation in October. Data feeds from Medway, Fusion (both Walsall Healthcare) and Mosaic (Walsall Council) will be added to the primary care data over the coming weeks. The shared care record will be available to support the complex multi-disciplinary team (MDT) meetings between community services and primary care in the first instance before being rolled out across the wider health and care economy. The next phase of development will focus on getting the relevant data feeds from mental health partners.

## **5. COVID-19 Response**

The governance arrangements and embedded relationships across Walsall Together enabled a truly integrated response to the COVID-19 outbreak:

- Enhanced support to Care Homes, including parachuting in clinical teams and rapid implementation of advanced care planning, to ensure patients continued to receive high quality care, outside of hospital; this has since received CQC and National Task Force recognition as best practice;
- Walsall Council granted Walsall Healthcare access to Holly Bank House inpatient facility under a tenancy at will to enable the transfer of vulnerable stroke and neurological rehabilitation patients out of the Manor Hospital; additional, significant support was provided by Walsall Housing Group and others to ensure the premises and facilities were fit-for-purpose;
- Community services increased emphasis on self-care, encouraging independence from statutory services, which is a culture being continued as we move forward;
- Nursing capacity was coordinated to subsume pharmacy pick-ups and small amounts of shopping in order that volunteers could be directed to those without any formal support;
- A volunteering hub was coordinated across the Council and One Walsall, utilizing the existing Making Connections hubs;
- Increase support was provided to general practice to cover patients with higher acuity;
- A digital response was mobilized quickly to support virtual clinics and enable home working for hundreds of staff across the system;
- Testing for professionals was coordinated across the system and sites identified for public testing;
- There was coordination of Personal Protective Equipment (PPE) distribution and messaging;
- All internal and external communications was streamlined throughout phase 1 across all partners and agencies;
- A population health approach enabled understanding of the COVID-19 impact on health inequalities.

## **6. Key Priorities**

The partnership is giving particular focus to the operational preparedness for a potential second wave over and above the usual winter pressures. The

promotion of self-care, as reported earlier in this paper, is a key element of the winter plan.

The partnership plans to implement an integrated front door at Walsall Manor Hospital, which will be one of the first of its kind in the Country. The service will work alongside walk-in services at Manor Hospital to further reduce admissions and length of stay. The integrated team would ensure patients who present at the hospital that are suitable for community care are re-directed with the right support and care.

Beyond the immediate operational pressures, the partnership is in the process of the formal transfer of School Nursing and Health Visiting into the Community Services division in October. This will for the first time bring adult and children community teams into the same MDT space to commence the planned work of family support.

Working with our Primary Care Network colleagues, the partnership has undertaken a successful pilot for first contact practitioner physiotherapy, demonstrating reduced workload for GPs and reduced referrals into secondary care (Trauma & Orthopaedics and Fracture Clinic). Discussions are now underway to establish the contractual arrangements necessary to provide the service on a larger scale.

## **7. Communications and Engagement**

Strong citizen and communities engagement includes co-design and co-production, both of which the partnership signed up to through an Engagement Plan approved in December 19. The partnership also commissions Healthwatch Walsall to coordinate engagement activities including a Service User Group, ensuring public and patients can contribute to the identified priorities for service redesign. Healthwatch has appointed a Senior Engagement Lead and Chair of the User Group. The User Group has agreed Terms of Reference and held 3 meetings between May and September. Through the Engagement Manager, Healthwatch has undertaken a Living with Long Term Conditions Survey and held patient workshops across diabetes, cardiology and respiratory. This work has identified key themes for service development that have been fed back into the services themselves and the wider Walsall Together programme, despite significant challenges as a result of COVID-19.

The Communications Lead for Walsall Together has significantly improved the internal and external communications associated with the partnership. However, much of the focus has understandably been on supporting the operational response to COVID since the post holder joined the team in February 20. As we start to think about restoration and recovery, a formal Communications Strategy has been drafted and shared with key stakeholders across the partnership. The Strategy will be presented for approval by the SMT and WTP Board during October.

## **8. Governance Controls and Assurance**

The Walsall Together Partnership (WTP) Board continues to meet monthly and is well attended. There has been an increased focus on the governance

associated with risk and assurance to ensure that an integrated position is reported to the WTP Board.

The Walsall Together partnership continues to mature and acknowledge the collective responsibility to reduce health inequalities and provide better outcomes for the people of Walsall. In response, the WTP Board is rightly demanding an improved level of integration in respect of assurance reporting and Walsall Healthcare has, as Host Provider, instigated an internal audit of the governance associated with the partnership. Over the coming months, a full review of the governance, risk and legal frameworks will be undertaken to ensure they are fit-for-purpose.

The WTP Board has approved the creation of a formal risk register that includes risks to delivery of the transformation and to the strategic objectives of the partnership. All of the identified risks reflect the partnership's ability to identify funding and resources to effectively and efficiently deliver the ambitious scale of transformation identified in the original business case, within a very challenged population. This has been further compounded by the COVID-19 outbreak and the likely national austerity that will inevitably follow for a number of years.

Partners have also committed to sharing sections of their respective corporate risk registers where risks are pertinent to the wider partnership. Work is underway to ensure any process is aligned to the Walsall Healthcare Risk Management Framework (as Host Provider) and to ensure the appropriate governance is in place to allow the WTP Board to collectively manage any further identified risks, including those risks to operational services in scope.

The Walsall Together Senior Management Team continues to meet twice per week giving focus to a) operational oversight and b) delivery of the transformation.

The Clinical and Professional Leadership Group (CPLG) meets monthly, Chaired by the Director of Public Health. The Group ensures clinical and professional oversight and input into the Walsall Together programme. Early discussions have taken place to review the membership and purpose of the Group to ensure it can better support the partnership's approach to tackling health inequalities and the development of a Population Health Management Strategy.

## **9. Tackling Health Inequalities**

Following approval of the Business Case by statutory partner governing bodies in 2019, the contractual structure of the partnership was virtually integrated under an Alliance Agreement. Contractual accountability lines have since continued to be bilateral between commissioners and providers as in 2018/19. As per the business case, the commercial model from April 2019 to March 2021 was intended as a transitional period to allow for the development of the necessary governance, payment and contracting environment in which an integrated care operating model can be designed and implemented. The direction of travel inferred in these documents was to develop more formal contractual arrangements through which to plan, manage and deliver integrated care and reduce health inequalities as the alliance matures.

An Integrated Care Provider (ICP) contract is a formal contractual mechanism to deliver integrated care across primary, secondary, community and other health and care services. Under an ICP contract, the ICP is responsible for the integrated provision of general practice, wider NHS and potentially local authority services. The contract itself is a national specification, adapted from the standard NHS contract and with specific additional provisions related to integrated care, equality and health inequalities, and population health management. It is available to statutory bodies only.

There are a range of contractual models available in respect of establishing an ICP contract in Walsall. The preferred option will be dependent on the respective appetite for any given level of integration across the affected partner organisations. They range from Lead Provider (most akin to the current host provider model) to formation of a new legal entity. Each option has advantages and disadvantages that need to be considered thoroughly.

In respect of our current partner organisations, we know that local authority participation will be limited to the existing section 75 agreement and that Black Country Healthcare are willing to engage in discussions about how to integrate and the range of their services that will be in scope. This position reflects the excellent progress made to date across the Walsall Together alliance. In essence, if you look at Walsall Together from the viewpoint of adult social care or public health you will see the section 75. It should be noted that Walsall is the only place in the Black Country to have this arrangement to date and other areas are looking to replicate our model.

Further discussions are required across our partners and particularly with Primary Care Networks (PCNs) to develop a shared vision for integrated care that all parties feel they can own and sign up to. The groundwork of this has been achieved through Walsall Together and now needs to be finalised within a robust governance and legal framework, with clearly defined impact analysis on the risk profile for each organisation. Any perceived disadvantages or risks associated with the new contract will be articulated in the context of significant improvements to health inequalities and outcomes for the citizens of Walsall.

NHS England has a number of legal duties related to equality and health inequalities, which extend to its development of the contractual arrangements for commissioning of ICPs. In addition to standard NHS contract terms and conditions, the ICP contract includes a range of other provisions specific to equality:

- Any providers that may be contracted under an ICP contract need to undertake an equality and health inequalities impact assessment of local population groups and service user needs;
- ICPs must implement a whole population model, e.g. a Multi-specialty Community Provider (MCP) as outlined in the NHS Five Year Forward View, that will focus on addressing the wider determinants of health and tackling inequalities;
- ICPs must have information systems and analytical capacity, supported by the use of a recognised risk stratification tool and, where appropriate, by data sharing arrangements with other providers of health and social care.

Discussions are underway across the Walsall Together partnership and with STP colleagues through the Academy Director to look at how we might develop a Population Health and Inequalities Strategy for Walsall that addresses the

above points. This will include PCN-level needs analysis and prioritisation, a Walsall-wide approach, overseen by the Walsall Together Clinical and Professional Leadership Group (Chaired by the Director of Public Health), and alignment to a Health and Wellbeing Strategy for Housing (developed by Walsall Housing Group). To further maximise opportunities to address the wider determinants of health and ensure alignment to the Joint Strategic Needs Assessment, a proposal has been made for the Strategy to be jointly developed with the Health and Wellbeing Board; the Walsall Together partners are fully supportive of this approach.

## Appendices

Appendix 1 – Walsall Together Horizon 2 Programme Plan (v2.2)

### Authors

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Programme **Walsall Together Horizon 2 Plan 2020/21**

% Complete **12%**

RAG status **G**

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Next Gateway WTP Board July 2020

Status summary

#	High	Medium	Low	Total	Delayed	Overdue
Not started	6	-	-	6	2	-
In progress	35	2	-	37	-	2
Completed	5	1	-	6	-	-
<b>Total tasks</b>	<b>46</b>	<b>3</b>	<b>-</b>	<b>49</b>	<b>2</b>	<b>2</b>
Delayed	2	-	-	2	-	-
Overdue	2	-	-	2	-	-

Milestone #	Action #	Description	Verto Project Alignment	Programme Lead	Trust	Investment RAG	Priority	Start date	Due date	Status	Delayed (days)	Overdue (days)	Date completed*	Comments
1		<b>Resilient Communities</b>												
	1.01	Approval of revised Workstream Plan for Resilient Communities	RESCOM	Michelle McManus		Red	High	01/06/2020	22/07/2020	In progress	-	37		To be re-presented to WTP Board in September
	1.02	Identify investment to deliver Resilient Communities	RESCOM	Michelle McManus		Red	High	22/07/2020	19/08/2020	In progress	-	9		Discussion re requirements for WTP Board in September
	1.03	Infrastructure for Grant Funding Programme	Grant Funding	Michelle McManus		Red	High	01/08/2020	31/10/2020	Not started	27	-		Dependent on items above
	1.04	Stakeholder event and award of grants	Grant Funding	Michelle McManus		Red	High	01/10/2020	30/11/2020	Not started	-	-		Dependent on items above
	1.05	Assess quality of provision and develop Living Directory	VCSE Provision	Michelle McManus		Red	High	01/09/2020	31/03/2021	In progress	-	-		ICP Requirement
	1.06	Commission academic partner e.g. Wolverhampton University	VCSE Provision	Michelle McManus		Red	Medium	01/09/2020	30/09/2020	In progress	-	-		Will also support ICP work
	1.07	Social prescribing offer aligned to all place based teams and accepting referrals	Social Prescribing	Michelle McManus		Green	High	01/05/2020	31/08/2020	In progress	-	-		Social prescribing meeting in
	1.08	Single social prescribing model aligned across system partners	Social Prescribing	Michelle McManus		Green	High	01/07/2020	31/03/2021	In progress	-	-		Social prescribing meeting in
	1.09	Framework for coproduction and established mechanisms across all Tiers	Coproduction	Michelle McManus		Green	Medium	01/09/2020	31/03/2021	In progress	-	-		Very early discussions with
2		<b>Place Based Teams and Specialist Community Services</b>												
	2.01	Agree pilot MDT pathway	MDTs	Jane Sillitoe		Green	High	01/01/2020	31/03/2020	Completed	-	-		
	2.02	Roll out of MDT model in all localities	MDTs	Jane Sillitoe		Green	High	01/01/2020	31/08/2020	Completed	-	-		
	2.03	Recruitment of additional MDT coordinators (1 per Locality)	MDTs	Jane Sillitoe		Green	High	01/07/2020	31/08/2020	In progress	-	-		WHT Investment Case
	2.04	Further develop MDT pathway to utilise data sharing through EMIS	MDTs	Jane Sillitoe		Green	High	01/04/2020	30/06/2020	Completed	-	-		
	2.05	Agree staffing model and pathway for specialist MDTs	MDTs	Jane Sillitoe		Green	High	01/04/2020	30/09/2020	In progress	-	-		WHT Investment Case
	2.06	Integrate Community Geriatrician offer into place based teams	Frailty	Jane Sillitoe		Green	High	01/08/2020	31/12/2020	In progress	-	-		Post out to advert
	2.07	Scoping of appropriate outpatient activity including diagnostics to be delivered in the community	Outpatients	Jane Sillitoe		Green	High	01/07/2020	30/09/2020	In progress	-	-		
	2.08	Recruitment of additional posts for Place Based Teams	PBTs	Jane Sillitoe		Green	High	01/07/2020	30/09/2020	In progress	-	-		WHT Investment Case
	2.09	Alignment of primary and community mental health services to place-based teams	PBTs	Jane Sillitoe		Green	High	01/08/2020	31/12/2020	Not started	27	-		Waiting on update from BCH
	2.10	Training and development for PBTs	PBTs	Jane Sillitoe		Green	High	01/08/2020	31/03/2021	In progress	-	-		WHT Investment Case
	2.11	Organisational development and further integration of PBTs	PBTs	Jane Sillitoe		Amber	High	01/04/2020	31/03/2021	In progress	-	-		Additional paper re workforce in
	2.12	Enhanced support to care homes new model	Care Homes	Michael Cox		Green	High	01/07/2020	31/10/2020	In progress	-	-		Paper to WTP Board in September
	2.13	Integration of children's services - Health Visiting and School Nursing	HV/SN	Jane Sillitoe		Green	High	01/07/2020	31/03/2021	In progress	-	-		
	2.14	Family safeguarding model	N/A	Michelle McManus		Green	High	01/04/2020	31/03/2021	In progress	-	-		Governance via Safeguarding Board
3		<b>Intermediate Care Services</b>												
	3.01	Formal pilot of step-up offer for Intermediate Care Service	ICS Step Up	Michelle McManus		Green	High	01/07/2020	30/11/2020	In progress	-	-		PID expected August
	3.02	Expansion of care coordination (SPA) to 24/7	CCC	Michelle McManus		Green	High	01/07/2020	30/09/2020	In progress	-	-		WHT Investment Case
	3.03	Expansion of Rapid Response to operate 6:00am to 12:00 midnight	Rapid Response	Michelle McManus		Green	High	01/07/2020	30/09/2020	In progress	-	-		WHT Investment Case
	3.04	Alignment of pathways across Tier 3 including with WMAS 111/999	ICS Step Up	Michelle McManus		Green	High	01/08/2020	31/03/2021	In progress	-	-		T3 Project Group re-established
	3.05	St Giles Hospice transfer of provision	Hospice	Michael Cox		Amber	High	01/07/2020	31/10/2020	In progress	-	-		
	3.06	Establishment of stroke and neuro rehab at Holly Bank House	Stroke	Michelle McManus		Amber	High	01/04/2020	30/09/2020	In progress	-	-		
	3.07	Additional capacity for IV therapies to be delivered in the community	IV Therapy	Michelle McManus		Green	High	01/07/2020	30/09/2020	In progress	-	-		WHT Investment Case
	3.08	Organisational development and integration of teams	ICS Step Up	Michelle McManus		Green	High	01/09/2020	31/03/2021	In progress	-	-		SBP training restarted
4		<b>Acute and Emergency Services</b>												
	4.01	Integrated front door aligned to FES, PBTs, UTC and ICS	Integrated Front Door	Michelle McManus		Amber	High	01/05/2020	30/11/2020	In progress	-	-		PID expected in September, aligned to T3
	4.02	BMAT evaluation and handover to WHT (MLTC Division)	Mobilisation	Michelle McManus		Amber	Medium	01/04/2020	31/08/2020	Completed	-	-		Handed over to WHT Falls project
5		<b>Digital Transformation</b>												
	5.01	Data sharing agreement in place		Frank Botfield		Green	High	01/01/2020	31/03/2020	Completed	-	-		
	5.02	Partner data sets agreed and populated in the shared care record system		Frank Botfield		Green	High	01/04/2020	30/09/2020	In progress	-	-		
	5.03	Testing of available shared care record data with locality MDTs (PDSA)		Frank Botfield		Green	High	01/04/2020	30/09/2020	In progress	-	-		
	5.04	Full roll out for shared care record across all users and services		Frank Botfield		Green	High	01/10/2020	31/03/2021	Not started	-	-		
	5.05	EPaCCS proof of concept (testing the software compatibility with current systems)		Frank Botfield		Green	High	01/01/2020	31/03/2020	Completed	-	-		
	5.06	EPaCCS pilot in 3 GP practices		Frank Botfield		Green	High	01/04/2020	30/09/2020	In progress	-	-		
	5.07	Roll out of EPaCCS		Frank Botfield		Green	High	01/10/2020	31/03/2021	Not started	-	-		
	5.08	Strategy for deployment of the population health module across place based teams		Frank Botfield		Green	High	01/10/2020	31/03/2021	Not started	-	-		
6		<b>System Enablers</b>												
	6.01	Development of a proposal for OD covering Board, SMT and wider workforce	Workforce	Michelle McManus		Amber	High	01/01/2020	30/09/2020	In progress	-	-		
	6.02	Review of Strengths Based Practice project post-COVID-19	SBP	Simon Cooper		Amber	High	01/05/2020	31/08/2020	In progress	-	-		Paper expected August
	6.03	Head of Terms for shared occupancy buildings between WHT and Walsall Council	N/A	Michelle McManus		Amber	High	01/07/2020	30/09/2020	In progress	-	-		
	6.04	One Public Estate - Acadis commission to deliver the OPE business case	N/A	Jane Sillitoe		Green	High	01/04/2020	31/03/2021	In progress	-	-		
	6.05	Review of all community estate and development of a WT Estates strategy	N/A	Jane Sillitoe		Red	High	01/06/2020	31/03/2021	In progress	-	-		Strategic Estates Lead required
	6.06	Development of a Communications Strategy for Walsall Together	N/A	Michelle Beddow		Amber	High	01/07/2020	30/09/2020	In progress	-	-		
	6.07	Recruitment to Senior Data Analyst (WTPO and Family Safeguarding joint appointment)	N/A	Frank Botfield		Green	High	01/07/2020	30/09/2020	In progress	-	-		
	6.08	Development of a robust operational performance dashboard for services in scope	N/A	Frank Botfield		Green	High	01/08/2020	31/10/2020	In progress	-	-		

