# Health & Wellbeing Board 3 March 2020

# Walsall Together Update

#### 1. INTRODUCTION

This report provides an update on the development of Walsall Together. It provides an overview of the work undertaken since the previous report presented in October and highlights some key priorities for the partnership over the coming months.

#### 2. BACKGROUND

Walsall Together is an Integrated Care Partnership (ICP) between Walsall Healthcare NHS Trust, Dudley & Walsall Mental Health NHS Trust, Walsall Council (Social Care and Public Health), Walsall Clinical Commissioning Group (CCG), One Walsall (Council for Voluntary Services), Primary Care Networks, and Walsall Housing Group (representing the housing partners). 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.

### 3. GOVERNANCE ARRANGEMENTS

#### 3.1. Primary Care Networks

Within the PCN Directed Enhanced Services (DES) contract, 5 out of the 7 national service specifications are due to come into effect on 1st April 20. These include:

- Structured Medication Reviews and Optimisation;
- Enhanced Health in Care Homes (delivered jointly with community services providers);
- Anticipatory Care (delivered jointly with community services providers);
- Personalised Care; and
- Supporting Early Cancer Diagnosis.

There are 2 specifications – Enhanced Health in Care Homes and Anticipatory Care – that have direct implications on the Walsall Together model.

The partnership will work closely with PCNs to achieve integration of the DES service specifications with the Walsall Together model to ensure the realisation of full system benefits. National consultation on the proposed specifications has now closed and the final specifications have been released. We now need to fully understand the implications for the Walsall Together partnership and will work closely with the PCNs in Walsall to agree how we will work together.

## 3.2. Clinical and Professional Leaders Group (CPLG)

The Walsall Together Partnership Board has recently approved changes to the Terms of Reference for the Clinical Operating Model Group and this will now be known as the 'Clinical & Professional Leadership Group', with the Director of Public Health as Chair. This change has been necessary to improve the delivery assurance role of the group as well as introduce a strategic remit for future clinical development of Walsall Together. Clinical priorities will be determined both locally and with alignment with the STP Clinical Leadership Group, where appropriate. Membership has been refined to include commissioners across services including members from the Council and the CCG.

### 3.3. Section 75

A Section 75 agreement, due to commence on 1<sup>st</sup> April, will see Walsall Adult Social Care effectively sub-contract services in scope to Walsall Healthcare Trust. The Section 75 agreement defines how the statutory duties will be executed under the contract, how the staff will be managed, and how financial and performance accountability will be achieved. It is proposed that all staffing areas reporting to the Director of Social Care are in scope. This includes:

- Assessment and Care Management including 4 locality teams, the Mental Health Team and the Complex Team and Strategic Safeguarding and Partnerships;
- Intermediate Care service. A multi-disciplinary team operated jointly between Walsall Healthcare NHS Trust and Walsall Adult Social Care;
- Resources to include Goscote, Shared Lives, Employment services and Emergency Duty Team.

### 3.4. Resilient Communities

Planning have started regarding how we achieve alignment of the Walsall Together and Walsall Council respective Resilient Communities programmes. There are several key personnel at Walsall Together Board level and within the project teams that are also members of the Council programme, who are supporting the discussions and the work to review potential overlaps is in progress.

# 4. DELIVERY OF THE TRANSFORMATION

### 4.1. Integration

Work to fully integrate and co-locate health and social care teams in the community is ongoing. As previously reported, health and social care teams are fully co-located in the West and East localities and they are partially co-located in the North. A solution for the South locality has now been identified and plans are in progress to ensure that the teams are co-located by the end of May 20.

### 4.2. Workforce and Organisational Development

The Senior Management Team (SMT) has reviewed several options for organisational development. A formal proposal has been received that offers an

approach to the organisational development work with the senior leaders across Walsall Together including the SMT and the leadership teams for the operational services in scope.

Additionally, conversations are ongoing with another external training provider to deliver the strengths-based practice (SBP) training across the wider integrated teams. Discussions have included the interdependency between delivering SBP approaches to our patients and citizens and adopting SBP approaches to how we work better together.

If SBP is to be a golden thread for Walsall Together, it makes sense to adopt this approach in our wider workforce development and it therefore seems pertinent to explore this concept in more detail with the same training provider.

### 4.3. Population Health Management

Discussions are underway between the Walsall Together Digital Lead and the Director of Public Health about how we create a population health database for each Primary Care Network. This will allow risk stratification and segmentation of the population in order to inform care planning and service design.

#### 4.4. Delivery of the Clinical Operating Model

The Walsall Together Partnership has made good progress in delivering service transformation across the target Clinical Operating Model:

- A detailed opportunity search for development of the Intermediate Care Service has been undertaken and demonstrated clear recommendations for improvement that are being taken forward by the project group;
- Recruitment of a permanent MDT coordinator and GP Leads for all Localities has been completed and there is a clear rollout plan for GP-led MDTs across all localities, commencing February 20;
- A single electronic referral form has been developed to allow referrals directly from general practice clinical systems into locality teams (via NHS.net) is has been piloted in January 20 with a view to wider rollout before the end of the financial year;
- Training has commenced at Walsall Manor Hospital on the Bedside Mobility Assessment Tool (BMAT), which will reduce deconditioning and improve patient mobilisation during inpatient stays.

### 5. PROGRAMME RISKS

The following key risks and associated mitigations have been identified.

Risk	Mitigation		
Estates – ability to	WT has Created a Space Utilisation Group, which		
fund and identify	links to the STP Local Estates Forum		
suitable premises to	Development of a blueprint H&WB Centre through		
achieve the target	the One Public Estate collaboration		
operating model	Actions do not fully mitigate the risk at present		

including co-location and integration of services and the full business case offering (4 Health & Wellbeing Centres across Walsall)		
Engagement - ability to deliver and embed the full programme of transformation will require effective engagement across all partners including PCNs	A Communications Group has been established and is developing a communications strategy for WT A dedicated Communications Lead has been appointed and commenced in post in February 20. Funding for PCN engagement has been agreed by the CCG and 4 nominated PCN Leads are now engaged across the Walsall Together programme.	
Financial model – funding for pump priming and ability to invest in preventative services	CCG and Council commissioners are represented at the WTP Board, SMT and COM Group to ensure commissioning decisions and specifications are aligned to WT priorities and appropriate challenge is applied regarding potential disinvestment Sources of additional developmental and transformational funding are being identified and applications submitted where appropriate e.g. Family Safeguarding, Skills for Care, and industry partners	
Resource capacity to deliver the transformation (programme office and operational support for implementation)	Discussions are ongoing with the SMT and WTP Board regarding the priorities for WT, particularly in Tier 1 (Integrated Primary Care, LTC Management, Social and Community Services) Further recruitment to the programme office is in progress (administration and project management support)	
Organisational Culture - ability to achieve fully integrated working across all partners	Organisational development plan agreed to develop a culture of systems thinking, integrated working, strengths-based practice and co-production: • Board and SMT; • Operational teams.	

### 6. 2020/21 INVESTMENT

Excellent progress has been made since the partnership was formally established on 1st April 19. The formal governance structures and the foundations of integrated teams are in place and it is now opportune to take stock and consider the scale of the ambition set out in the business case.

To date, the investment has been relatively limited in the context of scalable transformation. Additionally, operational leadership teams have struggled to manage the delivery of daily service management whilst inputting into a significant service change programme. To remedy this, an operational plan is being worked through to

look at best fit for our operational managers moving forward for the services that are in scope.

Going forwards, there is an investment call of approximately £4m for 2020/21 that will fundamentally change the activity flows in the system. The investment will support transformation in the following 4 areas:

- Resilient communities;
- Integrated place-based teams and specialist community services;
- Intermediate and crisis services;
- Enablers (digital, estates, and workforce/organisational development).

The proposals are in the final stages of development. They state the ambition for 2020/21 and the likely significant investment required alongside the expected system benefits. The WTP Board reviewed the initial proposals in December 19 and is supporting a more detailed piece of work to fully scope each workstream in order that investment cases can be presented to each organisation before the end of the financial year.

The Walsall health and care system faces significant financial challenges for 2020/21. Although the outlook for future years appears to be more positive, it is clear that there is no investment funding available to support the Walsall Together proposals for 2020/21. As such, the partnership is reviewing the funding options available within existing budgets in order to support the part-year investments required according to the likely phased implementation of schemes. In other words, the total £4m investment is a recurrent full-year effect. With phased implementation of schemes during 2020/21, we believe we need to secure approximately £2.9m in-year funding in order to deliver significant benefits in terms of financial sustainability and improved outcomes for our population.

Whilst we are not yet able to provide the details of the investment proposals, attached to this report is the current draft high-level implementation plan for 2020/21.

#### 7. Recommendation

The Board is asked to note the contents of this report.

#### Project Plan

Next Gateway

WTP Board on 15th January 20

Programme	Walsall Together Horizon 2			% Complete	- %	]	RAG status	G
SRO SMT Lead	Walsall Together Board Daren Fradgley							
Project Manager	Walsal Together Programme Office	Status summary					_	
		#	High	Medium	Low	Total	Delayed	Overdue
Date updated	17/12/2019	Not started	34	-	-	34	-	-
Version	1.0	In progress	32	-	-	32	-	-
		Completed	-	-	-	-	-	-
Today	07/01/2020	Total tasks	66	-	-	66	-	-

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					milestone					(davs)	(davs)
		Resilient Communities								-	
1.01		Agree which locality will implement the first health & wellbeing centre		Michelle McManus	2.01 and Estates	High	01/01/2020		n progress		-
1.02		Identify the current community and voluntary provision for the identified locality		Michelle McManus		High	01/02/2020	30/04/2020	Not started	-	-
1.03		Secure accommodation for the health & wellbeing offer		Michelle McManus		High	01/02/2020	30/04/2020	Not started		
1.04		Ensure adequate capacity within the available community and voluntary services		Michelle McManus		High	01/04/2020	31/07/2020	Not started	-	
1.05		Deliver the initial health & wellbeing offer in one locality from the health & welbeing centre		Michelle McManus	Estates	High	01/08/2020	31/03/2021	Not started	-	
1.06		Operating model for social prescribing including alignment to PCN offer agreed		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
1.07		Social precribing offer aligned to all place based teams and accepting referrals		Michelle McManus		High	01/04/2020	30/04/2020	Not started	-	
1.08		Identify the specific health & welbeing needs of the population to define the full offer		Michelle McManus		High	01/02/2020	31/12/2020	Not started	-	
1.09		Create a funding framework to include grant and commissioned activity in advance of		Michelle McManus		High	01/04/2020	30/08/2020	Not started	-	
1.10		Living directory completed for services that are live, in scope and able to accept referrals		Michelle McManus		High	01/02/2020	31/12/2020	Not started	-	
1.11	1	Living directory uploaded to website and website live to the public		Michelle McManus		High	01/01/2021	31/03/2021	Not started	-	
	_									-	-
		Place Based Teams and Specialist Community Services								-	-
2.01		Agree which locality will implement the first health & wellbeing centre		Jane Sillitoe	1.01 and Estates	High	01/01/2020	31/03/2020	In progress	-	-
2.02	2	Locate agreed locality within the identified health & wellbeing centre		Jane Sillitoe	1.03	High	01/10/2020	31/12/2020	Not started	-	-
2.03	3	Agree pilot MDT pathway		Jane Sillitoe		High	01/01/2020	31/01/2020	In progress	-	-
2.04	4	Roll out of MDT model in North and West localities		Jane Sillitoe	2.03	High	01/01/2020	31/03/2020	In progress	-	-
2.05		Recruitment of GP leads for South and East localities		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
					2.04		01/04/2020				_
2.06		Confirm MDT pathway following pilot in North and West localities		Jane Sillitoe	2.04	High		01/04/2020	Not started	-	
2.07		Roll out of MDT model in South and East localities		Jane Sillitoe	2.03	High	01/04/2020	30/06/2020	Not started	-	-
2.08	8	Further develop MDT pathway to utilise the shared care record		Jane Sillitoe	5.04	High	01/07/2020	30/09/2020	Not started	-	-
2.09	9	Agree staffing model and pathway for specialist MDTs		Jane Sillitoe		High	01/04/2020	30/06/2020	Not started	-	
2.10	0	Commence specialist MDTs		Jane Sillitoe		High	01/07/2020	30/09/2020	Not started	-	-
2.11		Integrate Community Geriatrician offer into place based teams		Jane Sillitoe		High	01/04/2020	30/09/2020	Not started	-	-
2.12				Jane Sillitoe			01/07/2020	30/09/2020	Not started	-	-
		Scoping of appropriate outpatient activity including diagnostics to be delivered in the				High					
2.13		Alignment of Walsall Together model with PCN contract DES for anticipatory care		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
~		(integrated primary care and community services)		lana Cillitur		I Bal	01/01/0000	24/02/02/22			
2.14	4	Additional key deliverables to be defined		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	-
										-	-
		Intermediate Care Services								-	-
3.01	1	Align current winter SPA and rapid response activity to deliver the step up model		Michelle McManus		High	01/01/2020		In progress	-	-
3.02		Pilot step-up offer		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
3.03		Agree future state model including relationship with mental health		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
3.04	4	Implement initial step up offer alongside recruitment to increase capacity		Michelle McManus		High	01/04/2020	30/06/2020	Not started	-	
3.05		Full step-up offer delivered		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	
3.06		Fully integrate therapy function into Walsall Together operational team		Michelle McManus		High	01/01/2020	31/12/2020	In progress	-	
3.07		Complete pilot of IV pathways (shift from acute to community)		Michelle McManus		High	01/01/2020		In progress	-	-
3.08		Ramp up and full integration of IV pathway offer with ICS		Michelle McManus		High	01/04/2020	30/06/2020	Not started	-	
3.09		Relocate Stroke services to Holly Bank House		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
3.10	0	Relocate ICS and other services from Holly Bank House to Blakenall Village		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
	_									-	
		Acute and Emergency Services								-	-
4.01		Assurance that a meaningful forum to align ED build with ambition of Walsall Together is in		Michelle McManus		High	01/01/2020	31/03/2020	In progress		
		place							-		
4.02		Further deliverables regarding ED build to be agreed		Michelle McManus		High		31/03/2020	In progress	-	
4.03		Shape and scope the retendering of the Urgent Treatment Centre provision	CCG	Michelle McManus		High	01/01/2020	30/06/2020	In progress	-	
4.04		Greater integration of community and ICS step up to function within the UTC		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	
4.05	5	Access to diagnostics for community patients via UTC		Michelle McManus		High	01/07/2020	31/03/2021	Not started	-	-
		Divite I Turu of a marchine								-	-
5.01		Digital Transformation Data sharing agreement in place and signed		Frank Botfield	None	High	01/01/2020	31/03/2020	n progress	-	-
5.02		Partner data sets agreed and populated in the shared care record system		Frank Botfield	5.01	High	01/01/2020	31/03/2020	n progress	-	
5.02		Engagement programme for all stakeholders in shared care record programme		Frank Botfield	5.01 and 5.02	High	01/04/2020	30/06/2020	Not started	-	
5.04		Testing of available shared care record data with North and West localty MDTs (PDSA)		Frank Botfield	5.02	High	01/04/2020	30/06/2020	Not started		
5.05		Develop full roll out plan for shared care record across all users and services		Frank Botfield	5.04	High	01/07/2020	30/09/2020	Not started		
5.06		Roll out of shared care record		Frank Botfield	5.05	High	01/10/2020	31/03/2021	Not started		
5.07		EPaCCS proof of concept (testing the software compatibility with current systems)		Frank Botfield	None	High	01/01/2020	31/03/2020	n progress		
5.08		EPaCCS pilot in 3 GP practices		Frank Botfield	5.07	High	01/04/2020	30/06/2020	Not started		
5.09		Engagement programme for all stakeholders in EPaCCS programme		Frank Botfield	5.08	High	01/04/2020	30/06/2020	Not started		
5.10		Develop full roll out plan for EPaCCS across all users and services		Frank Botfield	5.08	High	01/04/2020	30/06/2020	Not started		
5.11		Roll out of EPaCCS		Frank Botfield	5.1	High	01/07/2020	31/03/2021	Not started		
5.12		Strategy for deployment of the population health module across place based teams		Frank Botfield		High	01/10/2020	31/03/2021	Not started		
										-	-
		Workforce & Organisational Development								-	
6.01		Development of a proposal for OD covering Board, SMT and wider workforce		Michelle McManus		High	01/01/2020	31/03/2020	In progress		
6.02		Decision regarding internal provision versus external support		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
6.03		Commencement of Board Development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	-
6.04		Commencement of senior management development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	<u> </u>	
6.05		Commencement of wider workforce development		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
6.06		Deployment of strengths based practice training including motivational interviewing		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
6.07	1	Continuation of OD across Board, SMT and wider workforce		Michelle McManus		High	01/04/2020	31/03/2021	Not started	-	-
										-	
7.04		Estates & IT infrastructure		lono Cilliter		High	01/01/2020	31/03/2020	In program	-	-
7.01		Secure additional space at Blakenall Village to allow relocation of ICS and delivery of a		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress		
7.02		blueprint health & wellbeing centre Secure use of Holly Bank House for stroke rehab services		Michelle McManus		High	01/01/2020	31/03/2020	In progress	-	
7.02		Secure use of Holly Bank House for stroke renab services Refurbishment/upgrade of space at Blakenall including premises and IT infrastructure	BVC and WHT IT	Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	
7.03		Solution for relocation of wheelchair services		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress	-	
7.04		Relocation of North Locality to Blakenall		Jane Sillitoe		High	01/07/2020	30/09/2020	Not started		-
7.06		+		Jane Sillitoe		High	01/01/2020	31/03/2020	In progress		
7.07		Business planning for full colocation of South Locality		Jane Sillitoe		High	01/10/2020	31/12/2020	Not started	-	
		Corporate Support Services								-	
8.01		Communications strategy								-	
8.02		HR								-	
8.03		Business intelligence									
8.04		Finance									
8.05		Governance									
		Transformational resource									
8.06											
8.06 8.07 8.08		Facilities management Procurement									







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Project Plan Milestone # Action Description