

# **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.

<b>Risk</b>	<b>Mitigation</b>	<b>RAG</b>
Estates – ability to fund and identify suitable premises to achieve the target operating model	WT has Created a Space Utilisation Group, which links to the STP Local Estates Forum Development of a blueprint H&WB Centre through the One Public Estate collaboration 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: <ul style="list-style-type: none"> <li>• Board and SMT;</li> <li>• Operational teams.</li> </ul>	

## 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.

Status summary							
#	High	Medium	Low	Total	Delayed	Overdue	
Not started	34	-	-	34	-	-	
In progress	32	-	-	32	-	-	
Completed	-	-	-	-	-	-	
Total tasks	66	-	-	66	-	-	
Delayed	-	-	-	-	-	-	
Overdue	-	-	-	-	-	-	

[illegible]

Milestone #	Action #	Description	Resources	Programme Lead	Dependency milestone	Priority	Start date	Due date	Status	Delayed (days)	Overdue (days)	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/1	1/2	1/3