

Social Care and Health Overview and Scrutiny Committee
Walsall Together Update
January 2020

1. INTRODUCTION

This report provides an update on the development of Walsall Together. It provides an overview of the work undertaken to date 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. Walsall Together Partnership Board

The Walsall Together Partnership (WTP) Board was established in May 19 and continues to meet on a monthly basis with representation from all partners. Terms of Reference have been agreed. In August 19, Walsall Housing Group (WHG) was approved as a member to act as representatives of the wider housing sector.

3.2. Primary Care Networks

Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan. They bring practices together to work at scale alongside community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. PCNs will enable greater provision of proactive, personalised, coordinated and more integrated health and social care with clear benefits for patients and clinicians. PCNs will also be expected to support the integration of primary care with community and other services through the lead clinical directors taking a seat on emerging Integrated Care Systems.

In Walsall, the 7 PCNs were confirmed in June 19. They are aligned to existing Locality Teams and representative membership of each of the PCNs is built into the governance structure at all levels of the Walsall Together Partnership. The PCNs have chosen to nominate 4 PCN Leads (1 per Locality) and these Leads have been active members of the core governance groups, including the WTP Board, Senior Management Team and Clinical Operating Model Group, since October 19. The CCG has further supported this commitment with additional funding to allow the PCN Leads to undertake this role.

3.3. Alliance Agreement

The Alliance Agreement formalises the governance arrangements within the partnership without requiring any contractual amendments. It describes the way partners will work together to deliver sustainable, effective and efficient services. The Alliance Agreement has been approved by the WTP Board and each of the partner organisations boards.

3.4. Senior Management Team and Programme Office

A Senior Management Team (SMT) and Walsall Together Programme Office have been established and are co-located at Blakenall Village Centre. The SMT is meeting weekly with a strong focus on operational delivery of the services in scope. There is a bi weekly rotation on transformation and operational delivery and coordination of services.

A robust transformation methodology and programme structure have been developed that describes the remit, programme governance and desired outcomes of the individuals and teams tasked with delivering the Clinical Operating Model (COM). This has been approved by the WTP Board.

3.5. Clinical Operating Model Group

A COM Group has been established as the overarching clinical and professional group that will mandate, oversee and ensure effective engagement for the system to enable better integrated working in the interests of citizens. The COM Group met for the first time in July 19 and was well attended by partners from across the system. Monthly meetings have since been established. The group are focusing on the following end to end pathways. These have been selected following a review of the population health acer care challenges through the support of public health data together with a professional triangulation from the group itself

- Respiratory
- Cardiology
- Diabetes
- End of Life Care
- Mental Health Outpatients
- 0 – 19 Year services

The Group is currently revising its Terms of Reference in support of a transition to a Clinical Leadership Group with a line of sight to the Black Country Sustainability and Transformation (STP) Partnership. The Group is also looking to strengthen the strategic responsibilities across each of the identified priority pathways through the establishment of dedicated sub-groups which will support commissioning co production.

3.6. Citizen & Community Engagement

Healthwatch has been commissioned to develop a Walsall Together User Group ensuring public and patients contribute to the identified priorities for service redesign. Strong public and patient engagement includes co-design and co-production. To lead this work, Healthwatch has appointed a Senior Engagement Lead and has recently appointed to the position of Chair of the User Group. In December 19, the WTP Board approved an Engagement Plan for the partnership, which:

- Describes the person specification and recruitment plans for the User Group, including the approach for vulnerable and seldom heard populations;
- Identifies appropriate engagement approaches for different stages of service redesign;
- Defines co-design and co-production in the context of Walsall Together.

3.7. Section 75

A working group was established in August 19 to develop the proposed Section 75 agreement between Walsall Healthcare NHS Trust and Walsall Council. A high-level Implementation Plan has been agreed and there is a series of meetings to refine the delivery of the S75. The WTP Board will receive the final version of the plan in February 2020 before this is approved by Cabinet and WHT Board.

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. Currently, health and social care teams are fully co-located in the West and East localities and they are partially co-located in the North. However, the social care teams for the South locality remain at the Civic Centre owing to the lack of space available in the current locations. There have been several potential solutions identified in recent months that have not materialised and we are now seeking to identify alternative accommodation.

A Walsall Together Space Utilisation Group (SUG) has been established and is looking at the entire partnership estates portfolio. The next priority for the SUG is to confirm a plan to co-locate the South Locality teams and to accommodate the Intermediate Care Service (ICS) at Blakenall Village Centre, freeing Holly Bank House up to accommodate Stroke Rehabilitation.

4.2. Workforce and Organisational Development

Beyond physical co-location of teams, the Walsall Together partners recognise the importance of undertaking workforce development to achieve full integration. In July 19, the WTP Board confirmed the adoption of strengths-based practice as a standout feature of Walsall Together. Funding to the value of £43,400 has since been secured, which will allow us to deliver full training for strength-based approaches, co-production with service users and personalisation to around 350 members of staff across locality teams during 2020.

Wider workforce development is being led through the Walsall Together programme team. A Programme Manager has been assigned responsibility to lead this work to include scoping of opportunities for training and development of existing staff and future workforce roles that deliver the clinical operating model.

In the context of delivering an ambitious programme of transformation across the health and care system, the WTP Board has resolved to undertake a series of developmental workshops during 2020 with key themes pertinent to delivery of an ICP. The development will include systems thinking and specific themes for Walsall Together e.g. strengths-based practice and co-production.

4.3. Delivery of the Clinical Operating Model

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

- Integration of specialist nursing services for Respiratory and Cardiology has been delivered within the locality teams;
- Agreement on a combined infrastructure to support a Shared Care Record and Population Health Management has been reached;
- Conversations are underway to explore how a data warehouse could be hosted by one partner on behalf of the partnership.
- As a starting point for the implementation of a Care Coordination Centre, a new service has been operational for Winter 2019/20, with a specific remit of admissions avoidance;
- A new Standard Operating Procedure has been implemented at WHT to better support patients who are medically stable for discharge by improving mobilisation and reducing deconditioning;
- 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 2 GP Leads has been completed and there is a clear rollout plan for GP-led MDTs across all localities, commencing January 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 being 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. KEY PRIORITIES AND NEXT STEPS

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, 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. This challenge has been replicated in the programme office with them now needing to reach down to enable the change. 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.

There are several projects in design and delivery, with clearly articulated benefits that can be aligned to the triple aim outlined in the business case. The task now is to review the programme in the context of the key deliverables that will contribute to the overall clinical operating model and thereby realise the associated system benefits. In effect, it moves the current business case on from being an aspirational strategic case to a detailed, locally-specific operational implementation plan that clearly defines a route from the key elements in each of the tiers of the model to tangible system benefits.

Through consultation with all partners and the leadership teams across the tiers of the model, a series of proposals have been developed that have the potential to fundamentally change the activity flows in the system. The proposals currently 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 during January in order that investment cases can be presented to each organisation before the end of the financial year. This is a significant piece of work that the programme office, SMT and the wider leadership teams will need to support.

Whilst we are not yet in a position to provide the details of the investment proposals, attached to this report is the current draft high-level implementation plan for horizon 2.

Planning for horizon 2 is also underway to bring Children's and Public Health Services online. A key part of this work is the aforementioned Section 75 Agreement as this will support some important decisions regarding the scope of services to be included within the Section 75 and the wider partnership.

6. Recommendation

The Committee 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	-	-	-	-	-	-

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Project Plan

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