

## Health and Wellbeing Board

19th October 2021

### Walsall Together Update

#### For Information

#### 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 October 2020. It is presented for information, though it also refers to the potential for establishing assurance reporting arrangements to the Health & Wellbeing Board in future.

#### 2. Recommendations

2.1 The Board is asked to note the contents of the report

#### 3. Background

3.1 Walsall Together is a place-based partnership between Walsall Healthcare NHS Trust, Black Country Healthcare NHS Trust, Walsall Council (Adult Social Care, Children's Services and Public Health), Black Country & West Birmingham Clinical Commissioning Group, One Walsall (Council for Voluntary Services), Primary Care Networks, Healthwatch, Community Associations and Walsall Housing Group (representing the housing sector).

3.2 Following approval of a Communications and Engagement Strategy in November 2020, the partnership has updated its strategic vision and aims.

Vision: collaborating for happier communities

The partners agree to work collaboratively to:

- Promote equality and reduce inequalities by focusing on the wider determinants health
- Provide high quality and accessible care for all who need it
- Improve the health and wellbeing outcomes for the population of Walsall
- Develop a skilled, motivated and happy workforce
- Make the best use of partnership resources

## 4. COVID-19 Response

4.1 The governance arrangements and embedded relationships across Walsall Together enabled a truly integrated response to the Covid-19 outbreak. The following feedback was received from the Care Quality Commission's provider collaboration review undertaken in July 2020:

- The Walsall Together partnership working enabled smooth transition for over 65's that may have previously been in hospital longer than required. Length of stay reduced from 7 and a half days to less than 2 days.
- Nursing home feedback said that competition between providers has disappeared and that any previous barriers has been broken down, which had a positive impact on patients.
- Advance care planning for patients meant that out of 43 patients that had passed away, 41 of them has passed away in their preferred place

4.2 An overview of initiatives deployed during the pandemic were reported to the Health & Wellbeing Board in the previous report. Several initiatives have continued, and some have been expanded to support Covid recovery. These include:

- Enhanced support to Care Homes, including the deployment of clinical teams and rapid implementation of advanced care planning, to ensure patients continued to receive high quality care, outside of hospital
- Following extensive collaborative efforts to mobilise Holly Bank House at the start of the pandemic, assurance has now been provided to Health & Care Overview & Scrutiny Committee on the transfer of Stroke Rehabilitation Services from Walsall Manor Hospital, securing the site as the long-term placement for stroke and neurological rehabilitation services in Walsall and in line with the National Stroke Strategy (2007)
- Safe @ Home, a service established to support acute Covid patients in the community is now being expanded to also include other long-term conditions such as Chronic Obstructive Pulmonary Disease (COPD)
- A multiagency service model for the community management of long-Covid has been established
- The need for improved care coordination was a key theme identified through citizen engagement work in diabetes, respiratory and cardiology long-term conditions patients. As a result, the Care Navigation Centre has been expanded in terms of operational hours and service capacity to take referrals from NHS111 and to allow certain long-term conditions patients to access support directly, particularly when general practice services are closed
- Extended mental health support services via phone and online during Covid

4.3 Additionally, we have implemented:

- An Integrated Assessment Hub, which is staffed by multi-disciplinary teams, providing a service for emergency patients at Walsall Manor Hospital to prevent admission and provide care in the community alternative to A&E, for patients who arrive but can be cared for within the community
- The Saddlers Vaccination Centre with the capacity to deliver up to 5,000 vaccinations a day if required
- A recruitment initiative, Work for Health, between Walsall Housing Group (whg) and Walsall Healthcare, combining entry level job opportunities for people in long- term unemployment
- A successful bid for NHS Charities funding (awarded in January 2021) investing in a range of initiatives to help reduce health inequalities
- Targeted support to the Council's Holiday Activity and Food Programme to increase uptake in our most vulnerable and disconnected communities

## **5. Population Health and Inequalities**

5.1 In June 2021, the Director of Public Health made a series of recommendations to the Walsall Together Partnership Board for the governance and oversight of the partnership response to reducing health inequalities in Walsall. The recommendations described the relationship with both the Integrated Care System (currently known as the Strategic Transformation Partnership) and the Health & Wellbeing Board, and the role of the Walsall Together Clinical & Professional Leadership Group, which is Chaired by the Director of Public Health.

5.2 The following principles have been agreed by WTPB with the Integrated Care System (ICS) Board:

- The ICS Health Inequalities Board will not commence any work on health inequalities without the agreement from Walsall place. The Directors of Integration and Public Health respectively are members of the ICS Health Inequalities Board, representing Walsall.
- There will be some areas where there is commonality across all places in the Black Country system and where it would make sense to work collectively. In these instances, we will seek the Partnership Board's permission to support these initiatives where they are appropriate for Walsall and in line with the partnership's priorities.
- The Walsall Together Partnership Board will act as the Health Inequalities Board for the partnership. It will work with the Health & Wellbeing Board to ensure we address, in the right order, the health inequalities that are presented to it.

5.3 To ensure the partnership's work to reduce health inequalities is coordinated and embedded within its approach to population health management, a Population Health and Inequalities Steering Group has been established. This Group will coordinate all existing strands of work and will ensure strategic alignment between system and place, according to the principles outlined

above. It will provide assurance to the Walsall Together Partnership Board, via the Clinical & Professional Leadership Group.

- 5.4 Acknowledging that the Joint Strategic Needs Assessment will set the overarching ambition and priorities for Walsall, the Walsall Together Population Health & Inequalities Strategy will describe the partnership response and local Population Health Management delivery model through Primary Care Networks (PCNs). Planning for Year 1 (2022/23) is in progress, though some PCN initiatives will commence as early as Quarter 3 2021/22. The Year 1 focus is on improving referrals and access. From Year 2 the focus will transition to outputs and then outcomes.
- 5.5 Resilient Communities is the foundation of the Walsall Together model of health, care and wellbeing. The Resilient Communities “offer” looks to build community capacity in areas where there is an over-reliance on statutory services, and also supports increased uptake of health and wellbeing initiatives, particularly in communities that experience the poorest health outcomes. This is achieved through an extensive network of trusted community-based organisations and individuals.
- 5.6 Several partner organisations are anchor institutions and by definition have responsibilities to consider their influence on the wider determinants of health. Initiatives such as the Work for Health scheme referenced above, present a clear opportunity to impacting positively on employment status without extending the limitations of the scope of the partnership.
- 5.7 Lastly, the population health management approach will support elective recovery that is focused on reducing health inequalities. Work is already in progress to align the place-based partnership plans with those in acute services.

## **6. Transformation Programme Governance**

- 6.1 Internal partnership governance arrangements have been revised to provide greater distinction between operational oversight for services contractually in scope (these are Walsall Healthcare Trust Community Services and the Adult Social Care arrangements within the section 75 agreement), and the transformation agenda. A recommendation for the Clinical & Professional Leadership Group to act as the partnership transformation board is contained within papers for the Walsall Together Partnership Board on 20th October. It will bring together previously dissonant operational and clinical/professional transformation agendas and ensure that addressing health inequalities is a golden thread in all transformation work.
- 6.2 The population health management approach will be adopted by the Walsall Together Programme Office. This resource and the PCN development team within the CCG will adopt a single change methodology and reporting system.

## 7. Next steps

- 7.1 The Walsall Together partnership was established in April 2019. It is timely to review the original business case and reconfirm the scope and pace of integration. There is added impetus, in that the health, social and economic impacts that Covid-19 has had on our local communities and our vulnerable residents should also be considered. It has led to significant and disproportionate effects, particularly on low-skilled and low-income households, which has further exacerbated the health and social inequalities faced locally.

A health and care White Paper, *Integration and innovation: working together to improve health and social care for all*, was published in February 2021. The White Paper reinforces the commitments made in the Walsall Together business case and aims to support progression of the integration agenda “further and faster in the interests of improving care” (King’s Fund 2021). However, the extent to which implementation is being left to local determination could present as much risk to the stability of existing place-based partnerships as it does opportunity. In specific response to the publication of the White Paper, the Walsall Together partners have agreed three interrelated actions:

- Ensure we have a strong voice at system level to shape what is delegated to Walsall place
- Formalise the role of the Health & Wellbeing Board in relationship to the Walsall Together Partnership
- Strengthen current governance arrangements through the Alliance Agreement

There are some key decisions to be taken in regard to the scope and pace of integration, the associated decision-making and contractual options around Walsall Together, which are in progress. From a Health & Wellbeing Board perspective, the Walsall Together Partnership is keen to explore opportunities to establish an accountability and assurance reporting relationship in relation to the delivery of improved health outcomes through the population health & inequalities plan.

## Appendices

None

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