



Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: **Thursday 8th April 2021 AT 6.00 P.M.**

Meeting to be held via: **Microsoft Teams**

Public access to meeting via: https://youtu.be/4qVAqmDZN_E

MEMBERSHIP:

Councillor Hussain	(Chair)
Councillor Allen	(Vice-Chair)
Councillor Ali	
Councillor Clarke	
Councillor Coughlan	
Councillor Ditta	
Councillor Neville	
Councillor Rasab	
Councillor Robertson	
Councillor Sarohi	
Councillor Waters	

PORTFOLIO HOLDERS:

Health and Wellbeing	-	Councillor S. Craddock
Adult Social Care	-	Councillor R. Martin

Note: Walsall Council encourages the public to exercise their right to attend meetings of Council, Cabinet and Committees. Agendas and reports are available for inspection from the Council's Democratic Services Team at the Council House, Walsall (Telephone 01922 654767) or on our website www.walsall.gov.uk.

AGENDA

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes of the previous meeting To approve and sign the minutes of the meeting that took place on 28 th January 2021.	<u>Enclosed</u>
<u>Scrutiny</u>		
6.	Walsall Together Update An update on the Walsall Together partnership.	<u>Enclosed</u>
7.	Community Stroke Rehabilitation Service Update To receive information on the operation of the stroke service since the service was reconfigured.	<u>Enclosed</u>
8.	Diabetic Eye Screening Procurement – Birmingham, Solihull and Black Country An update on the progress for procurement of the Diabetic Eye Screening in Birmingham, Solihull and Black Country.	<u>Enclosed</u>
<u>Overview</u>		
9.	Forward plans To receive the Forward Plan of Key Decisions from Cabinet and the Black Country Executive Joint Committee, to identify any further matters, which Members feel, may benefit from scrutiny.	<u>Enclosed</u>
10.	Date of next meeting To be agreed at Annual Council.	

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a</p>

	beneficial interest exceeds one hundredth of the total issued share capital of that class.
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Schedule 12A to the Local Government Act 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Social Care and Health Overview and Scrutiny Committee

Thursday 28th January 2021 at 6.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Councils Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present:

Councillor Hussain (Chair)
Councillor Allen (Vice Chair)
Councillor Ali
Councillor G. Clarke
Councillor Coughlan
Councillor S. Ditta
Councillor Rasab
Councillor Robertson
Councillor Sarohi
Councillor Waters

Portfolio Holders Present

Councillor S. Craddock – Health and Well Being
Councillor R. Martin – Adult Social Care

Officers

Karen Jackson	Director Social Care for Adults
Stephen Gunther	Director of Public Health
Suzanne Letts	Lead Accountant, Adult Social Care
Nikki Gough	Democratic Services Officer, Walsall Council

Geraint Griffiths-Dale Managing Director Walsall CCG)

Aileen Farrer Healthwatch Walsall representative

Welcome

At this point in the meeting, the Chair opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers, which could be found on the Council's Committee Management Information system (CMIS) webpage. Members confirmed that they could both see and hear the proceedings.

19 /20

Apologies

There were no apologies received for the duration of the meeting.

20/20

Substitutions

There were no substitutions for the duration of the meeting.

21/20

Declarations of Interest and party whip

A declaration of interest was received on behalf of Councillor B. Allen as an employee of Walsall Healthcare Trust.

22/20

Minutes of the previous meeting

The minutes of the meeting that took place on 23rd November 2020 were discussed.

Resolved (by roll call)

That the minutes of the meeting held 23rd November 2020, were agreed as a true and accurate record of the meeting.

The Committee agreed to receive item 7 prior to item 6.

23/20

Outpatient Service Redesign

The report was presented by the Managing Director (Walsall CCG) who highlighted the salient points. Members were informed that the purpose of this report was to:

- Provide an overview of the work undertaken to date in respect of outpatient service redesign in response to Covid19 (phase one);
- Inform members of the proposal for future outpatient service transformation (phase two) and next steps to enable full and robust patient and public engagement and co-design.

A new operating model had been developed in response to the Covid19 pandemic to enable the delivery of outpatient services and reduce face-to-face appointments by using virtual and telephone consultation methods. Further work was planned to understand the impact of virtual appointments and Healthwatch were supporting the CCG to identify those patients that this benefited. The report detailed the patient engagement planned, and it was suggested that this might need to be further considered by the Committee. It was noted that this was dependent on the national Covid restrictions.

Members were advised that many treatments had been delayed, which had resulted in a significant number of people waiting in excess of 40 weeks and stated that work was underway to manage waiting lists. Focus would be placed on key areas, and every medical speciality would be reviewed. The Committee were assured that it would be informed if there were any planned service changes (other than Covid related).

A Member observed that older people and those with special needs may prefer face to face consultations. The Managing Director acknowledged this, and stated that this would be considered.

A Member asked for due consideration to be given to those specialities that would be best suited to video technology. The Managing Director stated that the CCG and the Trust were working with national teams to build on good practice. Members were advised that those people who had appointments cancelled would be contacted, and clinical harm assessments had taken place to identify people at risk. The priority was to bring waiting lists down as soon as possible.

A Member expressed concern at the continuation of video and telephone consultations once the waiting list had recovered, as this may result in less opportunistic diagnosis of health problems. The Managing Director stated that there was a balance of risk between this and the opportunity to see people as quickly as possible. It was stressed that if in doubt patients should request a face-to-face appointment.

The Managing Director stated that prior to the implementation of any changes, the committee would be given the opportunity to provide a community perspective and the outcome of the consultation would be provided to Members. It was requested that the CCG were notified of any community groups who should be contacted to take part in this patient engagement.

Resolved

That the Outpatient Service Redesign be noted.

The Portfolio Holder introduced the report, it was noted that an updated report had recently been circulated (see annexed), to ensure that the most up to date data was presented. The following points were highlighted:

- Infections rates had plateaued.
- Infection rates in other areas were falling faster.
- Infection rates were the highest they have been.
- The age group 20 -39 years had the highest level of infection rates.
- There had been slight reduction in infection rates in the over 65 year old age group.
- The proportion of BAME residents testing positive had remained stable.
- The majority of cases were in clusters – in residential settings.
- There had been no large business Covid19 outbreaks.
- Schools were still experiencing positive cases and the authority was supporting them with this.
- There were still cases within care homes and all had been offered vaccinations.

The Portfolio Holder stated that the vaccination programme in Walsall had received very positive feedback. Asymptomatic testing (lateral flow) was being carried out with critical workers to reduce the spread. There had been two meetings of the Local Outbreak Engagement Board since the last scrutiny committee, a weekly update to members was sent out in a weekly email, and the data dashboard was updated weekly.

In response to a Member query, the CCG representative stated that the vaccination programme was delivered through a partnership approach. There was confidence that Walsall would meet national targets, and had the capacity to step up the number of vaccinations delivered. A member questioned when housebound patients would be vaccinated, and the Committee were informed that this group of patients would be soon be invited to be vaccinated and an update would be provided to the committee. Communication messages were being sent out to inform residents that if invites were directing people to the Birmingham vaccination centre they were able to wait for a local appointment.

A Member questioned if there were any plans for vaccination passports, it was stressed that this would be a national policy and the representatives present were not able to answer this question.

A Member questioned if there was a dedicated contact number in case of side effects from the vaccination. The Portfolio Holder stated that every vaccination centre had a team able to respond to potential side effects). Any side effects related to the vaccinations would be recorded.

A Member questioned if there was data relating to patients contracting Covid19 from within the hospital, and questioned if this was being monitored. The Committee were assured that hospitals had strict streaming methods to separate Covid and non-Covid patients. The Director of Public Health stated that the authority continued to work with the hospital to minimise any risk.

A Member provided challenge to the approach taken in Walsall in relation to lateral flow tests, Officers explained that lateral flow tests had been provided to critical workers who had to work outside of the home. Specific communities would be targeted for lateral flow testing where this would have the greatest impact. Walsall was in discussion with the national team to determine the best deployment of the devices. The Portfolio Holder, informed the Committee that vaccination staff were carrying out lateral flow tests before attending centres, and thanked the volunteers for this vital work and thanked One Walsall for coordinating volunteers.

The disproportionate effect of Covid19 on BAME communities was acknowledged, and questioned if there were any statistics on take up of vaccinations from these communities. The CCG representative responded to explain that there were particular communities where there was a higher rate of refusal and a roving team was reinforcing that the vaccination was safe to these communities. The Portfolio Holder stated that this had also received national press coverage to reinforce the message that the vaccinations were safe.

Resolved

That the Covid19 update be noted.

25/20 Stroke Pathway

The Committee were advised that the Stroke Pathway report had been deferred until the next committee meeting.

26/20 Walsall Together Update

The Committee were advised that the Stroke Pathway report had been deferred until the next committee meeting.

27/20 Draft Revenue Budget Feedback and Draft Capital Programme 2021/22 to 2023/24

The Lead Accountant (Adult Social Care) informed the Committee that the second budget report went to Cabinet on 9 December 2020 and included feedback from this Committee on the draft budget plan as reported to Cabinet on 28 October 2020, along with a draft Capital Programme for the period 2021/22 to 2023/24.

Members were informed that the item contained within the draft capital programme that fell under the remit of this Committee, was the

Integrated Community Equipment Store (ICES). This was a joint pooled budget between the authority and the CCG, which was about supporting the community living at home as independently as possible.

A Member requested regular updates to detail how the Walsall Proud programme would deliver efficiencies within the directorate. Officers confirmed that this would be possible.

The Director (Social Care for Adults) stated that briefings had been provided to Members on the strength-based approach, which underpinned the transformation agenda.. It was clarified that the request was for detail on how the Walsall Proud Programme would create efficiencies.

Resolved (by assent)

The Draft Revenue Budget Feedback and Draft Capital Programme 2021/22 to 2023/24 was noted.

28/20

Areas of Focus

It was noted that the stroke pathway item and Walsall Together item would be received at the next meeting.

Resolved

That the areas of focus be noted.

29/20

Forward Plans

The Forward Plan of Key Decisions from Cabinet and the Black Country Executive Joint Committee were considered.

30/20

Date of the next meeting

The date of the next meeting was agreed as 8th April 2021.

Termination of Meeting

The meeting terminated at 7.30p.m.

Walsall Together Update

1. PURPOSE

This report provides an update on the development of Walsall Together. It provides an overview of the work undertaken since the previous report was received in January 2020 and highlights some key priorities for the partnership over the next financial year.

2. RECOMMENDATION

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

3. BACKGROUND

Walsall Together is a formal partnership between Walsall Healthcare NHS Trust, Black Country Healthcare NHS Trust, Walsall Council (Adult Social Care, Children's Services and Public Health), Black Country and West Birmingham Clinical Commissioning Group (CCG), One Walsall (Council for Voluntary Services), Primary Care Networks, and Walsall Housing Group (representing the housing sector). The main purpose of the partnership is to integrate services within an evidence-based model that will help to reduce health inequalities and improve outcomes for the population of Walsall.

The partners have agreed to work collaboratively to:

- Promote equality and reduce inequalities by focusing on the wider determinants of 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. GOVERNANCE ARRANGEMENTS

4.1. Transition to an Integrated Care Provider (ICP) Contract

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 (currently in draft form) 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. The preferred option in Walsall is the Lead Provider model as this is most akin to the current Host Provider model. This model was the basis of the business case approved by each governing body in 2019 and further supported with the creation of the section 75 between Walsall Healthcare and Walsall Council in 2020. The involvement of Walsall Council in the ICP contract is limited to this section 75 agreement.

Work to implement an ICP contract is in progress. It is intended that Walsall will be operating in shadow form by the end of the first quarter of 2021/22. A full ICP contract will be implemented from 1st April 2022, following internal processes of due diligence for providers and commissioners, and assurance to NHS England & Improvement.

4.2. Population Health & Inequalities

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, 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.

The partnership has established a workstream to oversee development and implementation of a Population Health & Inequalities Strategy. The Senior Responsible Officer (SRO) for this workstream is the Director of Public Health, to ensure there is clear alignment to the work of the Health & Wellbeing Board (HWBB) and the development of the Walsall Health & Wellbeing Strategy. The partnership is clear that the strategic ambition will be set by the HWBB, and the partnership will articulate its response to reducing health inequalities within the scope of its membership. This will include segmentation of the population within each of the 7 Primary Care Networks (PCNs) and identification of priorities for integration of care

and support. This work is expected to take shape during quarters 1 and 2 of the 2021/22 financial year and oversight is provided by the Clinical & Professional Leadership Group (see section 4.5 below).

4.3. Primary Care Networks

The ICP contract is specifically designed to aid the integration of primary medical services with other local health and care services. This is on the basis that a whole population approach is not possible without primary care. However, GP participation in an ICP is voluntary and local ICP proposals will not be able to move forward without support from general practice. As such, NHS England offers a partially integrated model in which existing contracts for core primary medical services will remain operational and GPs can participate in the ICP contract via an Integration Agreement (IA). The IA allows for shared objectives between GPs and the ICP, greater consistency of care across the whole population, achieved through shared clinical protocols, and common ways of working. This work has already commenced as a core product of the Walsall Together model.

Further discussions are required across our partners and particularly with 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 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. It should be noted that this work is building on the sound foundations that already exist within Walsall Together and should not in any way be seen as a reset of the current arrangements. In a thriving ICP, partnerships are required and relationships with multiple providers must remain in place.

In Walsall, the 7 PCNs were confirmed in June 19. Representatives continue to engage in all levels of the partnership governance structure as reported to the Committee in January 2020.

4.4. 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.

The current Alliance Agreement runs to April 2021. The partnership will renew the agreement subject to updating specific sections to reflect the maturing appetite for integration. These updates will include:

- Aims and objectives will be updated to reflect the current partnership objectives, recognising the prominence of reducing health inequalities as we move through COVID-19 recovery, and to reflect the objectives set within the Section 75 and ICP contract;

- Interim arrangements for the shared management of strategic and key operational risks will be formalised, including a clear rationale for the partnership approach to mitigations where there is added value in doing so.

4.5. Clinical & Professional Leadership Group

The Clinical & Professional Leadership Group (CPLG) was formerly known as the Clinical Operating Model (COM) Group. The role of CPLG has been reviewed in recent weeks in line with wider system developments including:

- Review of the Health and Well Being Board, refresh of the Joint Strategic Needs Assessment and creation of a Health & Well Being Strategy
- Local, regional and national learning regarding the restoration and recovery following COVID-19, particularly the need to ensure health inequalities are not exacerbated
- Transition towards an ICP contract and the increased focus on whole population health outcomes

Discussions within the membership of CPLG to date have continually focused on a desire to move away from the initial single-disease pathway focus to one that considers population segmentation, multi-morbidity and frailty. The revised Terms of Reference therefore reflect this broader approach and clarifies an offer of clinical and professional oversight across all aspects of the partnership and transformation programme.

The CPLG will retain its existing responsibilities in relation to citizen and communities' engagement and quality impact assessments.

In line with the overarching objective of the partnership to reduce health inequalities, the CPLG is proposing to organise its areas of responsibility and any specific programmes of work around the following themes:

- Reducing variation in outcomes
- Identifying and overseeing implementation of our priorities as anchor institutions
- Ensuring the COVID restoration and recovery does not exacerbate health inequalities

There is also a commitment to being data and evidence driven.

Work to date against each of the 3 key themes above includes:

- Population segmentation has been undertaken by health, public health and housing colleagues and includes both quantitative and qualitative data, including assets-based data. By June 2021, the partnership will have combined population profiles, at Primary Care Network level, to support priority setting. This work will be further complimented by the rollout of a Population Health Management digital solution (segmentation tool).
- whg has partnered with Walsall Healthcare NHS Trust to deliver an employment initiative whereby local people in long-term unemployment are given training opportunities via Walsall College alongside a volunteering placement at Walsall Healthcare with a guaranteed job interview at the end of the process. To date, 100% candidates have secured permanent employment.

4.6. Citizen & Community Engagement

Healthwatch has been commissioned to develop a Walsall Together User Group ensuring citizens can contribute to the identified priorities for service redesign. Strong engagement includes co-design and co-production with individual citizens and also with wider communities and the community and voluntary sector. Work is currently in progress to align the existing work through Healthwatch with wider place and system developments in engagement, particularly relating to health inequalities. This work will have oversight from the partnership's Resilient Communities workstream (more information on this is included below).

Direct engagement work with individuals and communities has continued through the pandemic. Healthwatch has undertaken surveys and held multiple virtual focus groups with service users that have lived experience of long-term conditions. Engagement reports have been produced for diabetes, respiratory and cardiology, with input from Public Health colleagues and clear responses from operational service leads. This information is reported formally to CPLG and translated into operational action. For example, in Diabetes, we have now established a Diabetes Peer Support Group in Walsall. It was firstly established through Healthwatch, supported by the Community Diabetes team, before becoming self-sustainable. Further recommendations, including those relating to COVID restoration and services for the BAME community are being discussed jointly with service leads, the BAME community network and Public Health.

The current focus of Healthwatch's engagement activities includes End of Life care, Outpatients redesign and health inequalities.

5. DELIVERY OF THE TRANSFORMATION

5.1. Resilient Communities

As the partnership matures and new whole-population-based contractual frameworks are introduced, there is increased scope to shift resources around the system and towards the lower end of the tiered model. To support such investment decisions, the Resilient Communities work stream needs to define a work programme that aligns to a set of clear outcomes with deliverables that demonstrate the evidence base and robust evaluation data.

The partnership is focused on reducing health inequalities, acknowledging the need to address the wider determinants of health. The COVID pandemic has compounded the challenges faced by many of communities and had a disproportionate impact on those most vulnerable. Our response to these challenges will be grounded within the Resilient Communities workstream.

A workshop was held in February to reset the partnership thinking and approach. There was agreement on the following points:

- Establishment of a Resilient Communities Steering Group

- Governance of the Steering Group will sit inside of Walsall Together, reporting formally to the CPLG to ensure alignment with population health and inequalities agenda, clear links to the HWBB, and the partnership Outcomes Framework
- Aligned approach with Walsall Council's Resilient Communities work, including membership from the Council's Director of Resilient Communities
- Clarity on specific outcomes and population health challenges that the Walsall Together Partnership (WTP) is able to influence
- Development of a set of principles for building resilience and engaging with communities
- Development of a set of principles for engaging with community and voluntary organisations via One Walsall

There are several existing initiatives that will be incorporated into the workstream, which will have a strong focus on delivery. These initiatives will be taken forward with immediate effect and will continue in parallel to the governance and strategic discussions:

- NHS Charities funding (awarded in January) covering the Kindness Counts project (reducing social isolation), health inequalities engagement, and coproduction training and development for the partnership
- Wider engagement workstream including the Healthwatch contract, Service User Group, CCG development of a Citizen Forum and STP Healthier Futures academy
- Wider consultation and engagement with the voluntary sector via One Walsall to find locality-based solutions for residents and map VCSE solutions (One Walsall's state of the sector survey and development tool are currently utilised to assess sector sustainability to meet demand)
- Social prescribing project group (membership includes whg, PCNs and Walsall Council)
- Anchor Institution Employment Initiative between whg and Walsall Healthcare, combining available entry level job opportunities together with whg's expertise with working in communities, is a strong step towards creating resilient communities
- Holiday and Activity Food programme (investment of £1.8m from the Department for Education during Easter, Summer and Christmas holidays in 2021 to 14,000 children on free School Meals)
- Exploration of how Resilient Communities can support expansion of the reach of the Family Safeguarding Model, in line with the proposals we included in the Changing Futures bid
- Living directory (identifying an innovative technological solution to support the development of social action through the provision of micro commissioning and adaptive training)

- Volunteering to support the statutory sector will be a key focus, building on from the pandemic and continuing the strides already made for volunteers supporting the health system

5.2. Workforce and Organisational Development

A formal workstream within the Walsall Together Transformation Programme has been established for Workforce and Organisational Development (OD).

An initial workshop took place in early March with representation across all partners. Membership and governance arrangements were discussed. A monthly Steering Group will be established and the scope of the workstream will include:

- Workforce challenges known and expected over the next 5 years
- Development of a People Strategy for Walsall that will address social exclusion and inequalities from a workforce and employment perspective. Aligned to the Population Health & Inequalities Strategy, the People Strategy will emphasise the role of Walsall Together as an Anchor Employer and describe a New Employer Model for Walsall.
- Identifying and creating local job opportunities, looking to expand on existing initiatives such as the work between whg and Walsall Healthcare, looking at how we can support apprenticeships in primary care, establishing integrated recruitment of additional roles in primary care, and ensuring a consistent approach to equality and diversity
- A clear strategy for addressing shortages in certain specialties through the development of new roles
- Development of an OD proposal to support integration at all levels of the partnership

5.3. Delivery of the Clinical Operating Model

The Walsall Together Partnership has made good progress in delivering service transformation across the Clinical Operating Model as outlined in the original business case and also in response to the COVID-19 pandemic. In the case of the latter, Walsall received recognition from the CQC and National Task Force in respect of how the level of integration strengthened our ability to provide enhanced support to our local population. The following list gives some examples of the work delivered in the last year:

- Multi-disciplinary team (MDT) working, which allows expertise and skills of different professionals to assess, plan and manage care jointly.
- Weekly MDT meetings to support people with one or more health or social care needs.
- Recruitment of social link workers within Primary Care, Locality Teams and whg
- Family Safeguarding Model across Walsall – a whole family approach which makes it easy for parents and children to access all the support they need from within one MDT team, to help them deal with the complex issues of domestic abuse, mental health and drug/alcohol abuse that harm their lives and those of their children.
- Extended mental health support services via phone and online session for those struggling with lockdown.

- Care Navigation Centre takes direct referrals from GPs and West Midlands Ambulance Service who have identified someone who is well enough to remain at home, but requires some additional support. The service has extended hours and is now a standalone service.
- Rapid Response Team set up to respond within 2 hours to urgent care needs within the community – reducing hospital admissions.
- Recruitment of multiple key worker job opportunities available in the Housekeeping Department at the Manor Hospital. Empowers residents with low aspirations to develop their confidence, skills and maximise their chances of success when applying for jobs.
- Saddlers Vaccination Centre – capacity to vaccination 5,000 a day if required
- Integrated Assessment Hub – staffed by integrated teams providing an alternative to A&E for patients who arrive but can be cared for within the community. The inclusion of social care makes it one of the first fully integrated assessment hubs in the country.
- Volunteer recruitment to support isolated or shielded with shopping and medication delivery, to those helping local families; supporting many local groups and charities, such as food banks and over the phone befriending services as well as on vaccination sites.

6. KEY PRIORITIES AND NEXT STEPS

The 2021/22 priorities for the integration of services will be

- Mobilisation of outpatients within the Walsall Together model and as part of our Population Health Management approach
- Integration of Primary Mental Health and IAPT teams, including the new roles expected through the Community Mental Health Framework and the primary care Additional Roles Reimbursement Scheme
- Further integration with PCNs to support additional roles recruitment and whole pathway development
- Integration of children's services and alignment of the wider children's agenda

A huge amount of hard work has already been done building relationships, trust and confidence across the partnership. The next steps are focussed on enabling the partnership to deliver fully integrated services that meet the needs of our entire population. The key focus is delivery of an Integrated Care Provider (ICP) contract that will move us to a whole population budget approach with one lead provider (Walsall Healthcare NHS Trust) receiving an annual budget based on population size from Walsall Clinical Commissioning group. From a wider partnership perspective, this supports a clear emphasis on outcomes rather than activity which in turn will mean more of a focus on prevention rather than treatment.

Author

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Community Stroke Rehabilitation Service Update

1. PURPOSE

This report provides an update on the development of community stroke rehabilitation services in Walsall since the last report to this Committee was received in January 2020.

2. RECOMMENDATION

The Committee is asked to take assurance that the transfer of Stroke Rehabilitation Services from Walsall Manor Hospital to Holly Bank House has been undertaken within the national guidelines for provision of these services, through appropriate consultation with key stakeholders and following the recommendations made by the West Midlands Clinical Senate.

3. BACKGROUND

The National Stroke Strategy (2007) demonstrated that a hub and spoke approach, in which all patients displaying stroke symptoms are directed to hyper-acute stroke units (HASU), will deliver significant improvements to patient outcomes including a reduction in mortality rates and earlier discharge from hospital. Once stable, patients are discharged from an acute setting with care delivered either at a community rehabilitation centre or at home.

In Walsall, following the West Midlands Clinical Senate Stroke Review in 2014, a Stroke Services Sustainability Review was undertaken by Walsall CCG in 2017. The outcome of the review was to establish a HASU and ASU (as the tariff assumes that the HASU and ASU are provided by the same provider) at the Royal Wolverhampton NHS Trust (RWT). A further recommendation was to establish a comprehensive inpatient community rehabilitation service in Walsall, provided by Walsall Healthcare NHS Trust (WHT). At the time of the review, there was no community bed facility to support Early Supported Discharge (ESD) and no community bed stock. As such, the stroke rehabilitation service was being provided on Ward 4 at the Manor Hospital, until a community facility could be secured.

Service reconfiguration was implemented on 11th April 2018. From that point on, all patients with signs and symptoms of acute stroke were transferred to RWT for assessment and treatment. Walsall residents at RWT requiring in-patient stroke rehabilitation were then to be transferred to WHT (Ward 4) for care. Patients who did not require in-patient rehabilitation were discharged. The out-patient service for review of patients with Transient Ischaemic Attack (TIA) was also transferred to RWT.

4. PROGRESS

4.1. Transfer to Holly Bank House

As previously reported, the proposal to relocate stroke rehabilitation services from Walsall Manor Hospital to Holly Bank House had been discussed over several months between colleagues at Walsall Council and Walsall Healthcare NHS Trust. It was reported as progressing at the 16th January 2020 Health and Social Care Overview and Scrutiny Committee.

In the context of the COVID-19 pandemic, there became an urgent need in April 2020 to create additional capacity on the acute hospital site due to the pending surge in activity and to facilitate as safe an environment as possible for stroke rehabilitation patients and potentially those requiring complex discharge. National guidance in response to the COVID-19 outbreak, released on 19th March 2020, required all patients to be discharged from the acute hospital within three hours of being declared as medically stable. This was coupled with an expected surge in demand for acute based bed services and significantly increased infection risks associated with patients undertaking rehabilitation or complex discharge. This was further exacerbated in Walsall as these patient groups shared ward space with other medical presentations. In response, the occupancy of Holly Bank House was approved with immediate effect by both the Leader and Mayor of Walsall Borough Council, using executive powers.

Several organisations including Walsall Council, Walsall Healthcare NHS Trust and whg were involved in discussions to operationalise Holly Bank House as an inpatient unit. The following tasks were achieved over a 2-week period:

- CQC registration with Holly Bank House being registered as an emergency satellite site for Walsall Healthcare NHS Trust;
- The Intermediate Care Service (ICS) was relocated to Blakenall Village Centre;
- All statutory risk assessments including water/legionella were undertaken;
- All furniture and equipment was re-assembled and located in patient rooms;
- All electrics were inspected and PAT testing complete;
- The kitchen and laundry facilities were recommissioned including associated gas works undertaken;
- Arrangements made for cleaning and catering to be provided by Walsall Council as an interim arrangement before WHT facilities management team could take on the services from June 2020;
- Transfer of the Stroke Maintenance Team and associated equipment from Goscote House to Holly Bank House;
- All new protocols and clinical risk assessments were completed;
- Initial fire risk assessment undertaken;
- Security risk assessment completed.

The service has now been in situ at Holly Bank House since April 2020 under a Tenancy at Will. The site has also supported medically stable discharges from Manor Hospital during COVID-19 to further relieve pressure on the acute site. Capacity for stroke patients has not been impacted and additional nursing resource was allocated to the site to meet the needs of these patients.

During the process of finalising the long-term lease arrangements, it was discovered that the building fell short of fire compartmentation regulations for a unit of this nature. This impacted on the evacuation procedure and required additional staffing to support a full evacuation of the site if necessary. During the period that the improvements were made to the building, a new Standard Operating Procedure (SOP) was implemented and there were no escalations of patient transfer delays by RWT during this time.

The fire remedial works are now complete, and it is expected that the long-term lease agreement will be finalised in the coming weeks.

4.2. Clinical Senate Requirements

The following sections provide an update on the outstanding Clinical Senate recommendations that relate specifically to the provision of bed-based rehabilitation services.

Recommendation 5: an open and honest discussion is required with Walsall Stoke Services staff where change management and organisational change principles are applied in a fair, equitable and transparent way; providing clear communications and engagement activities, ensuring the continuation of skills, experience and knowledge of staff.

WHT policies relating to organisational change were implemented as part of the transfer of services to Holly Bank House. Positive feedback has been received from the staff team that work within the building as a good place to work:

“Whilst this transition period was difficult initially for the team to adapt to due to coming from an acute hospital, the opportunity to give person centred care is now a privilege. From transferring from an acute setting to a community rehabilitation unit we have enjoyed the challenge and feel that we now have a real opportunity as a team and as professionals to promote patient independence to the best of our ability, so patients are able to reach the goals that have been set for them before returning home”.

“We have had the opportunity to learn about our patients, their lives, their families and what is important to them. This allows us to help understand their feelings and fears and address and guide this required support in a much more holistic way”.

Recommendation 6: a comprehensive workforce plan is developed which reflects national guidance to achieve a service that is delivering 7 day services, and meeting the needs of SSNAP domains.

The previously agreed workforce model, that was operational at the Manor Hospital, has transferred to Holly Bank House. Additional capacity has been created across several job roles including senior nursing and AHPs to reflect the needs of the service. There is dedicated Speech and Language Therapy (SALT), dietetics and psychology liaison. Medical cover is provided by a Stroke Physician, shared with the acute site, and with additional GP cover available on call, in and out of hours.

Recommendation 15: all staff ratios – nursing, medical and therapist are at least at the standards set nationally for what is acceptable for stroke rehab and not adjusted allowing for potential workforce shortfall/recruitment.

Nurse and AHP staffing ratios have been set according to the RCP guidelines on optimum staffing levels for community stroke rehabilitation. Some additional posts have been added to the staffing model to ensure sufficient qualified nursing cover out of hours, recognising that Holly Bank House is a standalone site. The staffing model was approved in advance of transfer of services, by the Clinical Directors for Community Services, Medical Director and Director of Nursing at WHT.

Consultants at RWT have confirmed they are supportive of the staffing model and are assured that an appropriate level of medical cover and access to therapies is available. A Transfer of Care Standard Operating Procedure between WHT and RWT was approved prior to transfer of the service to Holly Bank House and remains in operation.

4.3. Patient Outcomes

This section provides an overview of performance of the unit relating to evidence-based outcomes for patients and other Stroke pathway related KPIs.

The number of patients transferred to Holly Bank House from April 2020 until end of January 2021 was 72 patients; the average length of stay for this patient group is currently 26 days, compared to a length of stay on ward 4 of 35 days.

Productivity of input has increased from the therapy team due to location of MDT and LOS has decreased as a positive impact of a centralised patient group.

The following table shows that the majority of patients (68%) are discharged home with a package of care.

	Discharge Home Independently	Discharge Home with Package of Care	Placement (incl. D2A)	Returned to Hospital	RIP
% of Patients	13%	68%	6%	13%	1%

The following table shows the improvements made in level of independence for patients on the unit using the Barthel dependency Scores (maximum 100 as independent) from Sept 2020 to January 2021.

Average on Admission	Average on DC
43.5	56.8

The following table shows the average input (in minutes, per patient during their admission) from Physiotherapy and Occupational Therapy across the two settings:

	Walsall Manor (Ward 4)	Holly Bank House
Physio	444 minutes	585 minutes
OT	263 minutes	436 minutes

5. KEY PRIORITIES AND RISKS

WHT carries the financial risk in moving stroke rehabilitation to the community both in terms of capital investment and the ongoing expenditure position. A whole-system approach is required to minimise the financial risk to any single organisation in line with the principles of an integrated care system and as such this project is continued to being overseen by the Walsall Together Partnership.

It was also reported previously that there were significant challenges pertaining to affordability. However, the financial case is now resolved and WHT has completed the budget transfer from acute to community during January 2021.

WHT intends to undertake further patient engagement following the transfer of services to Holly Bank House. Plans discussed with the team to undertake formal engagement have been impacted by COVID-19. Informal feedback has been collected continually since April 2020, however. As a result of this feedback, improvements have been made including to the food provision, and cleaning standards.

6. BACKGROUND PAPERS

West Midlands Clinical Senate, Walsall Stroke Services Review, Stage 2 Clinical Assurance Review Panel Report (2017)

Authors

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WalsallHealth Overview and Scrutiny Committee

Date: 8th April 2021

Agenda item: 8

Diabetic Eye Screening Procurement – Birmingham, Solihull and Black Country

Report by: Karen Davis Interim Head of Commissioning NHSE/IMidlands-West

Purpose:

- For decision ☐
For discussion ☐
For information ☒
-

1. Introduction & purpose of the paper

- 1.1 The current provider contract for the provision of Diabetic Eye Screening for Birmingham, Solihull and Black Country expires in June 2021.
- 1.2 Under the 2015 Procurement Contract Regulations – It is necessary to re procure for this service.
- 1.3 An invitation to Tender was published in January 2021. Three bidders, including the current provider have submitted proposals for consideration.
- 1.4 It is possible that the service model could change, either as a result of a different provider winning the contract award, or due to the impact of Covid-19 Infection prevention and control measures.
- 1.5 The current procurement process has been paused to allow time for NHSE/I to assess the impact on access for patients of these changes.
- 1.6 The purpose of this paper is to update the Committee on the procurement for DESP in Birmingham Solihull and Black Country

2 Context/Background

- 2.1 The current provider for DESP in BSBC is University Hospital Birmingham. Their contract commenced July 2014 for 5 years and was subsequently extended by a further 2 years as per contract to end June 2021. There is no further scope within the contract for further extensions.



2.2 In order to gauge market interest a Prior Information Notice(PIN) was issued in November 2020 and showed significant market interest in providing the service. This included the current provider and others already providing services in Midlands Region.

2.3 An Invitation to Tender was issued on 14th December and closed on 13th January.

2.4 A Task and Finish Group involving NHSE/I contract managers working with colleagues from PHE Screening and Immunisation Teams has been convened to undertake the procurement and is supported by expertise from Arden and GEM CSU.

2.5 The Senior Responsible Officer for this procurement is Trish Thompson – Director of Primary Care and Public Health Commissioning.

2.6 As it is likely that the current service model will change, either due to the impact of Covid19 IPC measures, or a change of provider, further work is required to assess the impact on accessibility for patient.

2.7 Our proposal is to work with Diabetes UK to ensure both service users and the wider diabetic community have the opportunity to input into the procurement process. In addition to sending out a questionnaire via the existing provider.

2.8 The outcome of the user and patient engagement exercise will be used to inform the procurement process going forward.

3Next Steps

3.1The Committee should note the contents of this report

3.2 The Committee should indicate whether they wish to be directly involved in the patient engagement exercise

3.3. The Committee should note that further updates will be provided regarding the procurement process.

Recommendations

4.1The Committee is asked to:

- Note the update provided in this paper
- Confirm whether members wish to be directly involved in patient engagement exercise.

Karen Davis

March 2021

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
Published up to July 2021 (for publication 01/03/2021)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
04/01/2021	Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – National Innovation Centre	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to enter into a Grant Agreement with Dudley Council to deliver the Local Growth Deal Fund (LGF) funded elements of the Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – National Innovation Centre project with delivery to commence in the 2021/22 financial year.	Papers TBC – Helen Martin Helen.Martin@dudley.gov.uk	Dudley Council	31/03/2021
04/01/2021	Getting Building Fund – Capital and Revenue Funding Approval	<ol style="list-style-type: none"> 1. Approval for the Accountable Body (Walsall Council) to use the revenue funding and capital contingency funding for: <ul style="list-style-type: none"> • Walsall Council to carry out its role as Accountable Body to the Getting Building Fund programme, and • Walsall Council to cover the costs of the external legal and technical fees in support of managing the programme. 2. Approval for the Accountable Body (Walsall Council) to enter into a Grant Agreement with the Black Country Consortium for the Management and Administration functions of the Getting Building Fund. 3. Approval for the Accountable Body (Walsall Council) to proceed to re-profile the Getting Building Fund (GBF) projects Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Innovation Centre (Dudley Council), and the National Brownfield Institute Phase 2 - Construction and Delivery (University of Wolverhampton). 	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	31/03/2021

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
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Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
04/01/2021	Land & Property Investment Fund – Programme Extension	Approval for the Black Country Land and Property Investment Fund programme (LPIF), be re-profiled to allow expenditure and outputs to be claimed up to March 2025. Approval for the programme management costs, within this fund be reprofiled to March 2026, to ensure that the expenditure and outputs are audited in line with the Black Country Assurance Framework.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	31/03/2021
08/02/2021	Wolverhampton Canalside – Change Request	Approval for Sandwell Council to proceed to amending the Grant Agreement with Wolverhampton City Council, to deliver the Growing Places Fund (GPF) funded elements of the Wolverhampton Canalside project with delivery to conclude in the 2021/22 financial year.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	31/03/2021
05/10/2020	Dudley Advanced Construction Centre – Change Request	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley College, to deliver the Local Growth Fund (LGF) funded elements of the Dudley Advanced Construction Centre project with delivery to continue in the 2021/22 financial year.	Papers TBC – Helen Martin Helen.Martin@dudley.gov.uk	Dudley Council	28/04/2021
07/09/2020	Elite Centre for Manufacturing Skills – Change Request	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with the University of Wolverhampton, to deliver the Local Growth Fund (LGF) funded elements of the Elite Centre for Manufacturing Skills project with delivery to continue in the 2021/22 financial year.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	28/04/2021
08/02/2021	Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley Council to deliver the Local Growth Deal Fund (LGF) funded elements of the Hub to Home Transport	Papers TBC – Helen Martin Helen.Martin@dudley.gov.uk	Dudley Council	28/04/2021

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
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	and Autonomous Technologies – Test Track 1 Project Change Request	Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Test Track 1 project with delivery to continue in the 2021/22 financial year.			
04/01/2021	Black Country LEP Assurance Framework	Approval of the revised Black Country LEP Assurance Framework, following the implementation requirements of the new Black Country Executive Joint Committee Governance arrangements, and the programme of continuous improvement to further enhance the BC LEP governance and transparency above and beyond published government standards, included as Attachment 1 to this report.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	28/04/2021
01/03/2021	Bilston Urban Village Change Request	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Wolverhampton City Council, to deliver the Local Growth Fund (LGF) funded elements of the Bilston Urban Village project with delivery to continue in the 2021/22 financial year.	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	28/04/2021
01/03/2021	Goscote Lane Corridor Change Request	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Walsall Housing Group Limited, to deliver the Local Growth Fund (LGF) funded elements of the Goscote Lane Corridor project with delivery to continue in the 2021/22 financial year.	Papers TBC – Simon Neilson simon.neilson@walsall.gov.uk	Walsall Council	28/04/2021
01/03/2021	Transport Major Road Network (MRN) Development	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Wolverhampton City Council, to deliver the Local Growth Fund (LGF) funded elements of the Accessing Growth Transport	Papers TBC – Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	28/04/2021

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
Published up to July 2021 (for publication 01/03/2021)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
	Change Request	Major Road Network (MRN) Development project with delivery to continue in the 2021/22 financial year.			
01/03/2021	Growth Hub – Peer Networks Programme	Approval for the Accountable Body (Walsall Council) to enter into a grant agreement with the Black Country Consortium Ltd to deliver the Growth Hub Peer Networks Programme for 2021/22.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	28/04/2021
01/03/2021	Growth Hub Grant Funding Agreement Approval 2021/22	Approval for the Accountable Body for the Black Country Growth Hub (Walsall Council) to proceed to a Grant Agreement, with the Black Country Consortium Ltd, to deliver the Black Country Growth Hub Funding for 2021/22.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	28/04/2021
01/03/2021	Parallel 9/10 PRIVATE SESSION - Not for publication by virtue of paragraph 3 of Schedule 12(A) of the Local Government Act 1972 (as amended)	Approval for Walsall Council to enter into a Grant Agreement with Cayborn Limited to deliver the Black Country Enterprise Zone (BCEZ) funded elements for the Parallel 9/10 project, with delivery to commence in the 2021/22 financial year. Approval that business rates from the wider BC EZ can be utilised by Walsall Council to repay borrowing costs, with Parallel 9/10 being confirmed as the next priority project in respect of the allocation of business rates, after Categories 1 – 6 as set out in the BCJC Collaboration Agreement.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	28/04/2021



Walsall Council

FORWARD PLAN OF KEY DECISIONS

**Council House,
Lichfield Street,
Walsall, WS1 1TW**
www.walsall.gov.uk

8 March 2020

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” at least 28 calendar days before they are due to be taken by the Executive (Cabinet). Also included on the plan are other decisions to be taken by the Cabinet (“non-key decisions”). Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. Copies of the plan can be obtained from Democratic Services, Walsall MBC, Council House, Walsall, WS1 1TW helen.owen@walsall.gov.uk and can also be accessed from the Council’s website at www.walsall.gov.uk. The Cabinet is allowed to make urgent decisions which do not appear in the forward plan, however, a notice will be included on the agenda for the relevant Cabinet meeting which explains the reasons why.

Please note that the decision dates are indicative and are subject to change. Please contact the above addressee if you wish to check the date for a particular item.

Cabinet responsibilities are as follows

- Leader of the Council – Councillor Bird
- Deputy Leader, Regeneration – Councillor Andrew
- Deputy Leader, Resilient Communities – Councillor Perry
- Adult social care – Councillor Martin
- Children’s – Councillor Wilson
- Clean and green – Councillor Butler
- Education and skills – Councillor Towe
- Health and wellbeing – Councillor Craddock
- Personnel and business support – Councillor Chattha

The Cabinet agenda and reports are available for inspection by the public 7 days prior to the meeting of the Cabinet on the Council’s website. Background papers are listed on each report submitted to the Cabinet and members of the public are entitled to see these documents unless they are confidential. The report also contains the name and telephone number of a contact officer. These details can also be found in the forward plan.

Meetings of the Cabinet are open to the public. Occasionally there are items included on the agenda which are confidential and for those items the public will be asked to leave the meeting. The forward plan will show where this is intended and the reason why the reports are confidential. Enquiries regarding these reasons should be directed to Democratic Services (helen.owen@walsall.gov.uk).

“Key decisions” are those decisions which have a significant effect within the community or which involve considerable expenditure or savings. With regard to key decisions the Council’s Constitution states:

- (1) A key decision is:
 - (i) any decision in relation to an executive function which results in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council's budget for the service or function to which the decision relates or
 - (ii) any decision that is likely to have significant impact on two or more wards within the borough.
- (2) The threshold for “significant” expenditure/savings is £250,000.
- (3) A decision taker may only make a key decision in accordance with the requirements of the Executive Procedure Rules set out in Part 4 of this Constitution.

Dates of meetings

2020 28 October
9 December

2021 10 February
17 March
21 April

FORWARD PLAN OF KEY DECISIONS
APRIL to JULY 2021 (8.3.21)

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
11/21 (8.3.21)	Review of Achievements 2019-20: To receive a review of some of the key achievements during the 2020-21 year in relation to the Council's Corporate Plan 2018-2021.	Cabinet Non-key decision	Helen Dudson Helen.dudson@walsall.gov.uk	Internal Services	Councillor Bird, Leader of the Council	21 April 2021
12/21 (8.3.21)	Walsall Future High Street scheme To seek approval of the full business case and funding package for Walsall's Future High Street scheme. <i>Private session report. Contains commercially sensitive information.</i>	Cabinet Key decision	Joel Maybury Joel.maybury@walsall.gov.uk Valdheer Rajania Valdheer.rajania@walsall.gov.uk	Internal Services	Councillor Andrew	21 April 2021
13/21 (8.3.21)	Restart Scheme: To note an overview of the new government Restart scheme and accept a sub-contract with the approved DWP Tier 1 Prime Provider for the Central West region.	Cabinet Key decision	Jane Kaur-Gill Jane.kaur-gill@walsall.gov.uk	Internal Services	Councillor Andrew	21 April 2021
14/21 (8.3.21)	Willenhall Masterplan: Strategic Land Acquisitions – in principle approval for the use of Compulsory Purchase Order powers.	Cabinet Key decision	Willenhall Masterplan: Strategic Land Acquisitions. (Private Report)	Internal services	Councillor Andrew	21 April 2021

	<i>Private session report. Contains information relating to the financial or business affairs of a particular person</i>		Contact: Kauser Agha Kauser.agma@walsall.gov.uk			
9/21 (2.1.21)	Adult Social Care Call Electronic Call Monitoring System: Approval of the extension to the Electronic Call Monitoring Contract for an additional year and delegate authority to make any variations as a result of statutory requirements	Cabinet Non-key decision	Hardeep Kainth 01922 658387 Hardeep.kainth@walsall.gov.uk	Internal services	Councillor Martin	21 April 2021
15/21 (8.3.21)	Shared Lives Model - Permission to consult on a proposed new standardised scheme of payments to carers who support adults and young people in the carers own family home	Cabinet Key decision	Jeanette Knapper/Kirpal Bilkhu/Nigel Imber Kirpal.bilkhu@walsall.gov.uk	Shared Lives Carers, Shared Lives Service Users and families, internal services.	Councillor Martin	21 April 2021
16/21 (8.3.21)	Direct Payment Support Service: award of contracts: To delegate Authority to the Director of Adult Social Care to award contracts for the provision Direct Payment Support Services for a period of three years, with the option to extend on an annual basis for a further period of up to two years; and to agree a contract modification with existing DPSS providers for the period 6.10.21 up to 31.03.22 to allow for transition between new and outgoing providers; should this be necessary.	Cabinet Non-key decision	Tracy Simcox Tracy.simcox@walsall.gov.uk Roberto Lusuardi Roberto.lusuardi@walsall.gov.uk	Staff, partner organisations, users, carers	Councillor Martin	21 April 2021
17/21 (8.3.21)	Maintenance Contracts – Award of contracts for General Building repairs and	Cabinet	Ian Lister ian.lister@walsall.gov.uk	Internal	Councillor Chattha	21 April 2021

	Fire Safety maintenance to commence from 1 st June 2021. 3 + 1 + 1 contracts	Key decision				
18/21 (8.3.21)	Youth Justice Plan: To agree the plan and refer to Council to approve.	Cabinet Council	Phil Rutherford Philip.rutherford@walsall.gov.uk	Internal Services	Cllr Wilson	21 April 2021
19/21 (8.3.21)	School Improvement and Moderation Service : Delegate authority to Award of contract for the provision of School Improvement and Moderation Service from 01 September 2021 to 31 August 2023 with option to extend any part up to 3 years to 31 August 2026	Cabinet Key decision	Trudy Pyatt, Head of Inclusion Trudy.pyatt@walsall.gov.uk David DeMay, Children's Commissioner david.demay@walsall.gov.uk	Internal services Inclusion Centre, Alternative Provision providers	Cllr Towe	21 April 2021
20/21 (8.3.21)	Provision of Alternative Education: Delegate authority to award of contracts for the provision of Alternative Education from 01 August 2021 to 31 July 2025 with option to extend any part up to 2 years to 31 July 2027	Cabinet Non-Key decision	Alternative Provision Framework Contract Extension Cabinet Report on 15 July 2020 Trudy Pyatt Head of Inclusion Trudy.pyatt@walsall.gov.uk	Internal Council colleagues, Inclusion Centre, Alternative Provision providers	Cllr Towe	21 April 2021
21/21 (8.3.21)	Pre-Audit Outturn 2020/21: To inform Cabinet of the pre-audit revenue and capital financial outturn position for 2020/21 after revenue and capital carry forwards into 2021/22 and financial and treasury indicators for 2020/21.	Cabinet Non-key decision	Vicky Buckley 01922 652326 Vicky.buckley@walsall.gov.uk	Internal services	Leader of the Council	June 2021

43/18 (8.10.18)	Lighting Invest to Save: To consider proposals for a major investment in the highway lighting infrastructure by replacing all existing lighting with energy efficient LED lighting	Cabinet Key decision	Paul Leighton 07831 120871 Paul.leighton@walsall.gov.uk	Public, Walsall Public Lighting Ltd, industry companies, internal services.	Portfolio holder for Regeneration	June 2021
22/21 (8.3.21)	Walsall Council Housing Allocations Policy: To update the policy which sets the principles for the allocation of affordable housing	Cabinet Key decision	Neil Hollyhead 07943 500394 Neil.hollyhead@walsall.gov.uk	Public, Housing Associations, Internal Services	Portfolio holder for Regeneration	June 2021
23/21 (8.3.21)	Corporate Financial Performance 2021/22, Covid-19 update and Budget Framework 2022/23 to 2024/25: To report the financial position based on 2 months to May 2021, impact of Covid-19, and the budget framework for 2022/23 to 2024/25.	Cabinet Non-key decision	Vicky Buckley 01922 652326 Vicky.buckley@walsall.gov.uk	Internal services	Leader of the Council	July 2021
24/21 (8.3.21)	Phoenix 10 Project To seek authority for the award of a contract for Environmental Impairment Liability Insurance to support delivery of the project. <i>Private Session report: Contains commercially sensitive information</i>	Cabinet Key decision	Joel Maybury Joel.maybury@walsall.gov.uk	Internal services	Portfolio holder for Regeneration	July 2021