

Health and Wellbeing Board – 19 October 2021

YouTube link: <https://youtu.be/x1f-o0ZTmwY>



## Health and Wellbeing Board

Tuesday 19 October 2021 at 4.00 p.m.

Digital meeting via Microsoft Teams.

Public access via this link: <https://youtu.be/x1f-o0ZTmwY>

**Membership:** Councillor S. Craddock (Chairman)  
Councillor R. Martin  
Councillor T. Wilson  
Councillor I. Robertson  
Ms. K. Allward, Executive Director Adult Services  
Ms. S. Rowe, Executive Director Children's Services  
Mr. S. Gunther, Director of Public Health  
Dr. A. Rischie (Vice-Chair) ] Clinical  
Mr. G. Griffiths-Dale ] Commissioning Group  
Dr. H. Lodhi ] representatives  
Ms. M. Poonia, Healthwatch Walsall  
Ms S. Samuels, Group Commander, West Midlands Fire Service  
Chief Supt. P. Dolby, West Midlands Police  
Ms D. Lytton, One Walsall  
Mr D. Loughton, Walsall Healthcare NHS Trust  
Ms. F. Shanahan, Walsall Housing Partnership/Housing Board  
Ms. M. Foster, Black Country Healthcare NHS Foundation Trust  
Ms. Rachel Davies, Walsall College  
NHS England

**Quorum:** 6 members of the Board

## **Memorandum of co-operation and principles of decision-making**

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

# Agenda

1. **Welcome**
2. **Apologies and Substitutions**
3. **Minutes:**
  - (a) **Health and Wellbeing Board – 20 July 2021**
    - To approve as a correct record - Copy enclosed
  - (b) **Sub-Committee Minutes - Local Outbreak Engagement Board**
    - To note the minutes of 6 July 2021– copy enclosed
4. **Declarations of interest**

*[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]*
5. **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.

## Discussion/Decision Items

6. Joint Strategic Needs Assessment
  - Report of Director of Public Health – enclosed
7. Joint Health and Wellbeing Strategy – format and structure
  - Report of Director of Public Health - enclosed

## Assurance Items

8. Healthwatch Annual Report
  - Report of Chief Executive, Healthwatch Walsall - enclosed

## Information Items

9. Mental Health and Wellbeing Strategy – progress update.
  - Report of Director of Public Health - enclosed
10. Walsall Together Progress Report
  - Report of Walsall Healthcare NHS Trust - enclosed

11. Better Care Fund – update on submission of plan for 2021/22
  - Report of Better Care Fund Manager - enclosed
  
12. Work programme 2021/22
  - Copy enclosed
  
13. **Date of next meeting** - 25 January 2022

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## 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 beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

## **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.

# Health and Wellbeing Board

**Tuesday 20 July 2021 at 4.00 p.m.**

**Venue: Town Hall, Lichfield Street, Walsall.**

**Note:** *As the emergency legislation which enabled Council meetings to meet virtually had expired, the meeting took place in person with a quorum present. Other Board Members and Officers attended the meeting remotely however only those members physically present in the Town Hall voted. The meeting was conducted via Microsoft Teams to include all remote contributions and to enable it to be streamed on YouTube.*

**Present**  
(in person)                      Councillor S. Craddock (Chair)  
   Councillor R. Martin  
   Councillor I. Robertson  
   Mr. S. Gunther, Director of Public Health  
   Ms. D. Lytton, One Walsall  
   Ms. F. Shanahan, Walsall Housing Partnership/Housing Board

**Present**  
(remote)                              Dr. A. Rischie, Walsall Clinical Commissioning Group (Vice-Chair)  
   Mrs K. Allward, Executive Director, Adult Social Care  
   Mrs S. Kelly, Director, Children’s Services  
   Mr. G. Griffiths-Dale, Managing Director, Clinical Commissioning Group  
   Dr. Lodhi, Clinical Commissioning Group  
   Ms. M. Poonia, Healthwatch Walsall  
   Chief Supt. P. Dolby, West Midlands Police  
   Mr M. Hill, Walsall Healthcare NHS Trust (substitute)  
   Ms. M. Foster, Black Country Healthcare NHS Trust

**In Attendance:**                      Mrs H. Owen, Democratic Services Officer  
(In Person)

**In Attendance:**                      Mrs A. Farrer, Healthwatch Walsall  
(Remote)                              Mrs C. Williams, Specialist Project Manager, Public Health.  
   Ms R. Davies, Walsall College

## 740    **Welcome**

Councillor Craddock 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.

Councillor Craddock welcomed Ms R. Davies, Director of Adult Community Learning, Walsall College who would be taking over from Ms J. Holt following her retirement. He wished Ms Holt well on behalf of the Board.

741 **Apologies and substitutions**

Apologies for non-attendance were submitted on behalf of Councillor Wilson and Mrs S. Rowe.

Substitutions: Mrs S. Kelly substituted for Mrs S. Rowe.

742 **Election of Vice-Chair**

As previously agreed by the Board, a nomination was sought for the position of Vice-Chair from Clinical Commissioning Group members. Councillor Craddock nominated Dr A. Rischie who accepted. The nomination was put to the vote and it was:

**Resolved:**

That Dr. A. Rischie be elected Vice-Chair of the Health and Wellbeing Board for the Municipal year 2021-22

743 **Minutes**

(a) **Health and Wellbeing Board**

**Resolved**

That the minutes of the meeting held on 27 April 2021, copies having been sent to each member of the Board be approved and signed as a correct record.

(b) **Local Outbreak Engagement Board Sub-Committee**

The minutes of the meeting of the Local Outbreak Engagement Sub-Committee held on 13 April 2021 were submitted for information:

(see annexed)

Councillor Craddock took the opportunity to advise members of the outcome of a subsequent sub-committee meeting on 6 July which had discussed the current position with regard the number of Covid cases presenting locally. He urged caution coming out of restrictions and encouraged all organisations to consider their health and safety policies and retain the Hands, Face Space guidance. In addition, Councillor Craddock mentioned that whilst there was an excellent uptake of vaccinations in Walsall, the under 30's age group were presenting in greater numbers and stressed the importance of taking up the vaccine offer as the best defence against the virus.

Other Board members concurred and were concerned to ensure that protective measures were retained to protect everyone more generally given the upcoming winter flu season.

**Resolved**

That the minutes be noted.

744 **Declarations of interest**

There were no declarations of interest

745 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

746 **Establishment of Sub-Committee**

A report was submitted which sought approval to establish the Local Outbreak Engagement Board, a sub-committee of the Health and Wellbeing Board.

(see annexed)

The following amendment was reported:

Amendment to the remit set out in the Appendix – replace “Shadow Portfolio Holder” with “One elected member not from the controlling administration”.

It was moved by Cllr Craddock, seconded by Cllr Martin, and

**Resolved:**

- 1) That the Local Outbreak Engagement Board be established until the first meeting of the Health and Wellbeing Board in the 2022-23 municipal year;
- 2) That the remit and membership of the Local Outbreak Engagement Board be confirmed as set out in Appendix 1 (as amended).
- 3) That the remit and membership of the Board be reviewed at the first meeting of the Health and Wellbeing Board in the 2022-23 municipal year

747 **Health and Wellbeing Board (HWB) Transformation**

The Managing Director of Walsall Clinical Commissioning Group, Mr G. Griffiths-Dale, presented a report which updated on the initial phase of the workstream review of current governance arrangements for the Health and Wellbeing Board and sought approval for a number of recommendations to progress this.

(see annexed)

Mr Griffiths-Dale said that the intention was to broaden the scope of the reporting to focus on the wider determinants of health so that all members of the Health and Wellbeing Board could be engaged. He also touched on the importance of contributions of other related Boards and partner organisations informing the work of the HWB. In this respect he said that having regard to the overlapping membership of many related boards and partner organisations, HWB members had agreed that any reports for assurance or for information should be signed by the chair of the reporting organisation so that the HWB could focus on any gaps in assurance rather than duplicating debate.

Members discussed the report during which time Stephen Gunther said that it was important to capture the forums used over the pandemic and move them to a more strategic forums now working with communities and said that he would report further on this to the Board in due course.

Members briefly discussed the relationship of the HWB with Walsall Together following which Mrs K. Allward cautioned that that the HWB needed to focus on setting outcomes rather than the delivery which was the role of Walsall Together and said that she would explore this further with Dr. Rischie outside the meeting.

Members supported the report which was agreed to be a consensus view and it was:

**Resolved:**

- 1) That the Board agrees to participate in a review in to the feasibility of the creation a Walsall Strategic Forum to ensure that the remit of the Health and Wellbeing Board is consistent with the wider strategic direction and vision for Walsall.
- 2) The Board approves that the structure of the Board agenda is amended to focus the available time on discussions on key areas where the partnership can add value, and gain assurance from partners that decisions will be implemented.
- 3) The Board approves that in future the agenda for the Health and Wellbeing Board is to be divided into the three prioritised areas, with the thematic discussions driven by the priorities identified through the JSNA.
- 4) The Board agrees that the appropriate chair of the committee sending the report signs off all assurance reports submitted to the Health and Wellbeing Board.
- 5) The Board agrees that for reports submitted for assurance, the Health and Wellbeing Board focusses on areas where there are gaps in assurance. Reports submitted with full assurance to be noted.
- 6) The Board endorses that The Health and Wellbeing Board will work with counterpart Board's across the Integrated Care System (ICS) to determine learning and/or common actions that will address the identified priorities over 21/22 to inform the development of governance structure from 22/23.
- 7) The Board agrees to the development of an outcomes framework, alongside the JSNA and existing Walsall outcomes frameworks, to ensure that all priorities are covered to inform the Health and Wellbeing Strategy (2022 -25).
- 8) The Board agrees to the development of Proxy indicators to enable the production of a performance report for Health and Wellbeing Board. The aim of this is to focus discussions to ensure preventative and/or corrective action as appropriate to deliver the shared priorities within agreed parameters.

9) The Board agrees to the formation of a subgroup to undertake an annual performance review to identify areas of concern for escalation to the next Health and Wellbeing Board as a themed discussion led by Walsall Insights Group (WIG)

10) To note that the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting

748 **Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS) update**

The Director of Public Health, Mr S. Gunther, presented a report which provided assurance in relation to the progress on the production of the Joint Strategic Needs Assessment. Mr Gunther also shared the slides at appendix 2 on screen for clarity.

(see annexed)

Members discussed the report during which time Mr Gunther responded to questions and points of clarification and advised as follows:

- With regard to potential delays and distortion of data due to the current Covid situation, the JSNA would be looking at the long term trend and general direction however, it would also look at the impact of the Covid period.
- As a part of collating qualitative data, engagement with the community would be undertaken to capture the local citizen, patient, and individual voice and that Healthwatch Walsall would also be engaged in this.
- Liaison with Walsall Together and the Primary Care Networks would also inform the medium and longer term actions.
- A midlands wide analysis on Long-Covid had been undertaken and the data from that would be used to inform the JSNA.
- In noting that the housing sector was varied and that the quality of private rented sector accommodation was of concern, was a cause, there was to be a report to cabinet looking to invest in improving this sector and landlord policies to provide support and challenge to them. Advice would be sought from the Walsall Insight Group on the potential to break down the data to more detailed level.

Members were also concerned with the impact on mental wellbeing arising from the pandemic including as a result of delays to presenting and treatment of serious illness such as cancer and diabetes. It was considered that the JSNA would inform intervention measures and include a preventative focus.

**Resolved:**

- 1) To recognise the statutory duty to have an up to date and fit for purpose Walsall JSNA which will, in turn, help to identify priorities for the Joint Health and Wellbeing Strategy
- 2) To commit to, contribute to and utilise Walsall's Joint Strategic Needs Assessment

#### 749 **Health and Wellbeing Board priorities 2020-21**

The Director of Public Health presented a report which updated on the Board priorities workstream agreed at the last meeting

##### **Resolved:**

- 1) That the Board accepts the priorities of the Board, members and the associated thematic analysis.
- 2) That the Board agrees to the development of a planned approach to the priorities in line with the agreed work programme for the board, development of the governance arrangements, and wider developments regarding the local health and social care economy. The approach to include focused development sessions; facilitating joint working with the relevant partners and Boards, such as the Economic board, to progress priorities; and alignment with developments taking place across Walsall regarding children and young people
- 3) That the board will identify the top priorities in parallel with the production of the Joint Strategic Needs Assessment to inform the 2020-25 Health and Wellbeing Strategy part of the Boards work programme for 2021-22..

#### 750 **Work programme**

The work programme was submitted and noted.  
Date of next meeting - 19 October 2021

The meeting terminated at 5.10 p.m.

Chair:

Date:

## **Health and Wellbeing Board (Local Outbreak Engagement Board)**

### **Sub-Committee**

**In the Council House at 6th July 2021 at 4.00 p.m.**

**Present** Councillor S. Craddock (Chair)  
Mr. S. Gunther, Director of Public Health, Walsall Council  
Mr. D. Fradgley, Walsall Healthcare NHS Trust

**Board Members  
Attending remotely** A. Rischie, Clinical Commissioning Group (Vice-Chair)  
Councillor I. Robertson  
Ms. D. Lytton, One Walsall  
Chief Superintendent P. Dolby, West Midlands Police  
Dr. M. Lewis, Walsall Healthcare NHS Trust

**In Attendance** Councillor M. Bird, Leader of the Council  
Mr. K. Beech, Director of Communications, Marketing and  
Brand  
Ms. E. Thomas, Public Health Intelligence Manager  
Ms. L. Jones, Black Country and West Birmingham CCGs  
Ms S. Gulzar, Mind Kind Project  
Dr. M. Shehmar, Walsall Healthcare NHS Trust

### **Welcome**

At this point, the Chair opened the meeting by welcoming everyone, and explaining that as the emergency legislation which enabled Council meetings to meet virtually has expired, the meeting was taking place in person with a small quorum in the Council House. Other Board Members and Officers attended the meeting remotely.

He reported that only those Board Members physically present in the Council House were able to vote in accordance with the provisions set out in the Local Government Act 1972.

### **78/21 Apologies and substitutions**

Ms. D. Lytton attended as substitute for Ms. M. Dehal.

### **79/21 Minutes**

#### **Resolved**

**That the minutes of the meeting held on 13 April 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.**

#### **80/21 Declarations of interest**

There were no declarations of interest.

#### **81/21 Local Government (Access to Information) Act, 1985**

There were no items to consider in private session.

#### **82/21 Questions from the Public**

The Chair promoted the opportunity for Members of the public to ask questions of the Board. No questions had been received for this meeting.

#### **83/21 Walsall Covid-19 Data**

The Public Health Intelligence Manager updated the Board on the latest Covid-19 data using the Council's weekly dashboard and government data.

She advised that since the pandemic began there have been over 27,000 positive cases in Walsall and in the past 7 days there had been a rate of 169.5 per 100,000 population which represented a 117.9% increase on the previous week. Confirmed cases are higher in young adults who were encouraged to take up the offer of vaccination and ensure they received both doses to have maximum protection.

There had been a total of 852 Covid related deaths in Walsall and current trends showed fewer deaths than would be expected.

Following a question the Director of Public Health stated that the communities in which there appeared to be more resistance in vaccine uptake were workers in domiciliary care and those from Black and Black African communities.

**Resolved:**

**That the report be noted.**

#### **84/21 Covid-19 Vaccination Update**

The Board were updated on the latest situation with delivering Covid-19 vaccines.

Ms. L. Jones noted that Walsall was one of the best performing local authorities within the Black Country and West Birmingham area, with 85% of residents aged 25 or over having had their first dose. This still remained below the national benchmark.

Higher levels of vaccine hesitancy were reported among younger cohorts and the number of vaccinations in Walsall had been consistently lower than the national target for 18 – 29 year olds.

Areas of the borough with lower vaccine uptake amongst the Black British ethnic group included Bloxwich, Short Heath, Streetly and Willenhall. Areas with lower vaccine uptake in unknown ethnic groups included Birchills, Darlaston, Pelsall and Pleck and these areas were to be targeted with vaccination buses and a number of communication strategies.

It was highlighted that all local public bodies need to work together to encourage vaccination uptake.

**Resolved:**

**That the report be noted.**

#### 85/21 **Delta variant**

Dr. M. Lewis presented a report to the Board on the Delta variant originally identified in India in January 2021.

He advised the Delta variant appeared to be around 60% more transmissible than the Alpha variant and the risk of hospitalisation within 14 days of contracting the virus was also greater. The Delta variant was identified as the most prevalent variant in the UK at present.

In the UK fewer hospitalisations and deaths were recorded for the Delta variant and this was thought to be due to the effectiveness of the vaccination programme with vaccinations providing a high level of protection.

Mr D. Fradgley highlighted that whilst hospitalisation was down attendance at the hospital was at very high levels and it was important to manage expectations and encourage the public to use services responsibly.

Following this report Councillor Craddock noted that Dr. M. Lewis would shortly be leaving his post in Walsall and publically thanked him for his professional and knowledgeable contributions to the Local Outbreak Engagement Board.

**Resolved:**

**That the report be noted.**

#### 86/21 **Communication with Residents**

The Director of Communications, Marketing and Brand gave a presentation highlighting high-level plans, communication data and future plans regarding messages relating to the vaccination programme.

Following a question he advised that some communications would be released in regards to upcoming Euro 2020 football matches to encourage the public to take lateral flow tests before going out and to adhere to Covid restrictions in place.

He introduced Ms S. Gulzar of Mind Kind, a local community interest company who were working as Covid community champions. Ms S. Gulzar shared her experiences of working as a community champion and some successes of the

scheme, suggesting that it would be beneficial if more Covid community champions had the opportunity to share their experiences.

**Resolved:**

**That the report be noted.**

In closing the meeting the Chair emphasised the rising rates in the borough and highlighted the importance of residents taking personal responsibility to assist in the prevention of the spread of the virus. He promoted the availability of vaccines in the borough and encouraged all to take their first and/or second doses when offered.

The meeting terminated at 5.30 pm

Chair:

Date:

## Our Joint Strategic Needs Assessment (JSNA) – Draft Emerging Key Findings

### 1. Purpose

To provide the Board with the emerging key findings on the Walsall Joint Strategic Needs Assessment (JSNA).

### 2. Recommendations

2.1 The Board to note the emerging findings of the JSNA for the purpose to identify priorities for the Walsall Joint Health and Wellbeing Board Strategy (HWBS).

2.2 A commitment to further contributing to; and utilising Walsall's JSNA to help inform organisational priorities and action.

### 3. Report detail

3.1 *“JSNAs will be the means by which local leaders **work together** to understand and agree the needs of all local people, with the **joint** health and wellbeing strategy setting the priorities for **collective action** ... providing the **evidence base for decisions about local services.**”*  
(Department of Health & Social Care, 2011).

3.2 A JSNA is:

- Statutory duty of the HWBB
- Used to identify local priorities
- Feeds into the development of the Walsall joint HWBS
- Assists in developing local plans to improve health and wellbeing of the population and to reduce health inequalities.

3.3 A refresh of Walsall's JSNA would have commenced last year (2020), however it was delayed due to the response to the Covid-19 pandemic taking precedence.

3.4 This refresh aims to build upon previous iterations and add further value in the form of:

- Six key chapters and one supplementary
- Take an asset based approach to drive the 'so what...?'
- Incorporate qualitative data i.e. resident survey on Covid-19
- Learn from others JSNA best practice
- Continue to host on the [Walsall Insight](#) website
- Improve the end user experience (and strengthen staff skills and expertise) by utilising Power Bi to further effect

3.5 In the development of the JSNA a number of HWBB Development sessions have taken place ie on mental wellbeing and JSNA priority formation to inform the development of priorities. Discussions with services ie Children and Adolescent Mental Health Services (CAMHS); Adult Social Care (ASC) and Housing colleagues have been had to glean views and seek further input.

- 3.6 A JSNA Working Group (and Teams set up) has been meeting fortnightly, drawing upon the support and expertise of the Walsall Insight Group (WIG - further details in appendix 1). WIG have been tasked with refreshing the JSNA to then inform the joint HWBS. A 'JSNA 2021 Refresh Progress Log' has been devised and appropriate officers / Partner officers allocated to assisting with the refresh (an updated version is in appendix 2).
- 3.7 Our JSNA continues with the Marmot life course approach and is structured into six key chapters, with an additional supplementary seventh chapter dedicated to Covid-19. These include:
1. Health and wellbeing
  2. Healthy start
  3. Adult wellbeing
  4. Ageing well
  5. Place
  6. Economy
- Supplementary Chapter 7 - Covid-19

The emerging key findings from the draft 2021 JSNA to date are set out below. Also included by Chapter are the positives emerging, building on the strengths Walsall has.

Chapter 1 – health and wellbeing:

- Varied population density, increased diversity, increased inequalities, lower life expectancy / healthy life expectancy

And - diversity creates opportunities and different experiences.

Chapter 2 – healthy start:

- High infant mortality, higher low birth weight babies, high obesity (reception and year 6), high self-harm, low educational attainment, high number of looked after children and decrease in immunisation uptake

And - Low numbers of those not in education, employment or training (NEET), low hospital attendances, low risky behaviours, low smoking prevalence.

Chapter 3 – adult wellbeing:

- Inactive, poor diets, higher drug use, high rates of diabetes

And - high health check uptake and low homelessness.

Chapter 4 – ageing well:

- Higher rate of premature deaths (cancer + cardio-vascular disease), increasing falls, higher MHD

And - low social isolation, good detection of disease (diabetes), good reablement and support at home.

Chapter 5 – place:

- Poor air quality, increasing road accidents/impact, increasing domestic abuse, crime/safety concerns, increased deprivation (IMD), high retail unit vacancies/changing town centre

And - well connected, good access to woodland, rich and diverse trades, arts and heritage

## Chapter 6 – economy:

- Unemployment claimant high esp. young people (18-24), gap on matching skills to jobs, low income economy, high fuel poverty

And - diverse job roles across the borough, skilled trades, national companies HQs within the borough.

## Supplementary Chapter 7 – Covid-19:

- “enduring transmission” in parts of the borough, continued pressures on health and care services (business continuity), long-covid, impacts on workforce (undetermined), continued requirement for response, taking resources.

However – a strong community response, exposed assets we didn’t know, built lasting partnerships.

- 3.8 An overview of the views and outputs from the recent JSNA focussed HWB Development Session are summarised below, with further assimilation of these taking place.

Do the finding’s ‘feel about right’?:

- Concerns about the years in ill health – how can we improve?
- What are the impacts on mental health in general and as a result of Covid-19?
- How do we address the continuing health inequalities long term in a sustainable way?

Are there any gaps?:

- Adults with learning disabilities
- Details of hospital admissions and reasons for such

Other Comments:

- Links to neighbouring LA JSNAs?
- Good working relationships are key to success.
- Go back to using the ‘every contact counts’ principle.
- A commitment that strategic plans are linked to a JSNA evidence base.

- 3.9 The timeline for JSNA 2021 reporting, aims to have a final draft in November 2021. This commitment is achievable with direct input and support from identified officers and Partners.

Updated content is being uploaded onto the Walsall Insight website - [here](#) in due course. Chapter 1 is currently live, with other Chapters coming soon.

## **4. Implications for Joint Working arrangements**

Good joint working arrangements are crucial in relation to our JSNA process and in delivering the Health and Wellbeing Strategy. The HWB will need to provide the leadership required to overcome potential barriers to effective action.

## **5. Health and Wellbeing Priorities**

HWBs have a statutory duty to ensure they have a JSNA and HWBS in place. These are used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities.

## **Background papers**

Link to JSNA material is available on the Walsall Insight Website - [Walsall JSNA](#)

### **Authors**

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## Appendix 1 – Walsall Insight Group (WIG) Network

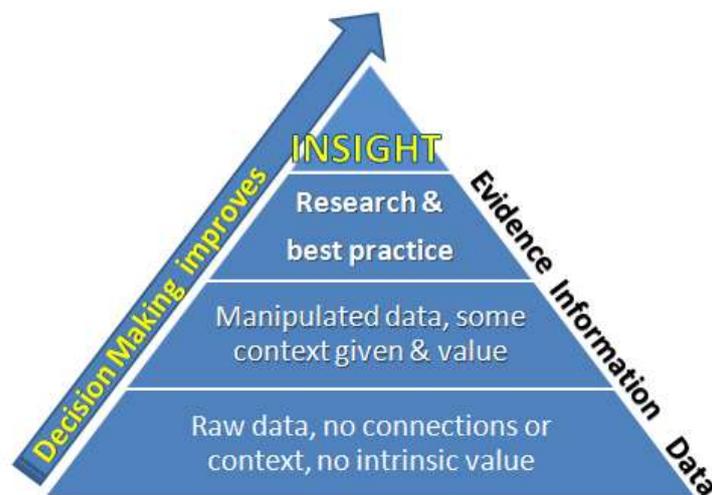
### 1. Purpose

The Walsall Insight Group (WIG) aims to bring together colleagues from different service areas across Walsall Council whose responsibility it is to ascertain a level of *'Insight'* as part of their job role.

Insight needs to be recognised as a valuable business asset. It is defined as **'the capacity to gain an accurate and deep understanding of someone or something'** (Oxford Dictionary, 2017).

Sharing insight with colleagues and working more collaboratively as part of the Insight transformation programme, will improve intelligence that can then be utilised to make informed council related decisions – this is the overall vision for the programme.

The Insight triangle highlights the levels at which 'insight' is created – data (both qualitative and quantitative) and information are used together to generate intelligence / evidence. Using insight in this way will ensure the council is making evidenced and informed decisions.



### 2. Objectives of the Group

The key objective of this group is to work collaboratively, to utilise analytical expertise when analysing data to understand the needs of and to inform key decisions aimed at improving outcomes for the borough of Walsall.

WIG members will be committed to providing insight in relation to the Council's and Partner's Boards, this will be achieved via a number of ways including:

- Harness and add value to the boroughs information assets through analysis in order to understand the boroughs key priorities and to hence inform strategic decision-making processes aimed at delivering improved outcomes for the borough.
- Develop a performance framework and monitor delivery against The Walsall Plan.
- Contribution to key Insight products such as - Locality profiles; JSNA to inform local delivery and highlight priorities.
- Learning and provision of expertise training to help sustain skill levels amongst all WIG members.

- Collaborate with wider intelligence networks to understand the extent of and hence manage the delivery of agreed forward programme of the borough's analytical and information needs.
- To work towards contributing to the three key strategic assessments.
- To recognise, harness and strengthen capabilities within WIG and wider intelligence network so that products are fit for purpose and of a good quality; incorporating creative, innovative, qualitative and informative outputs that informs sound decisions and hence leads to positive outcomes for the borough.
- WIG to act as peer support on more formal basis, to assist in developing personal analytical and technical skills.
- To identify and to act on areas for improvement relevant to delivery of forward programme of analytical needs. For example development of Walsall's Local Information System (LIS).
- To adhere to and facilitate delivery of agreed Partnership Data Sharing Protocol and other information governance guidelines in relation to GDPR 2018.

### **3. Membership**

Recognised Walsall Council colleagues who have an 'insight' responsibility within their job role.

It is recognised that membership will extend to Partners in due course as they too play a vital role in the delivery of insight and the success of Insight as a LA transformation programme is pivotal.

### **4. Role of the Nominated Representative**

The role of members is:

- To work collaboratively across the insight network in order to meet the analytical needs of their service i.e. JSNA
- To act as a channel to facilitate the wider analytical group networks contribution into analytical outputs.
- To act as an analytical 'champion' for WIG and a source of advice within their own service area / organisation.
- To act as a point of contact for partner organisations on analytical issues within their service area
- To refer issues to the group as appropriate
- To draw on the expertise of the group for specific projects i.e. JSNA
- To promote a culture where evidence is paramount to effective decision making.

# Appendix 2 – JSNA 2021 Progress Log

## JSNA 2021 – Progress Log

Chapter Number	Section Number	Section Name	Status	Comments	Additional notes
0	0	<b>Executive Summary</b>	ET	Being collated - slide set. To include discussions from HWB Dev. Session	A draft slide set is nearing completion for the development session
<b>Health &amp; Wellbeing in Walsall</b>					
1	0	Introduction			
1	1	Demography	LH	Update to 2019	

## **Health and Wellbeing Board**

**19 October 2021**

### **Joint Health & Wellbeing Strategy (Walsall Plan) – Structure and format for 2022-25**

#### **1. Purpose of the report**

- 1.1 To present to the Health & Wellbeing Board the intention for the development of the new Joint Health & Wellbeing Strategy (Walsall Plan) for 2022-25

#### **2. Recommendations**

- 2.1 That the Joint Health & Wellbeing Board agrees to the proposal for the approach, structure, and format for the updated Joint Health & Wellbeing Strategy (Walsall Plan) for 2022-25

#### **3. Aim**

- 3.1 The Council's previous two-year Joint Health & Wellbeing Strategy Corporate Plan expires in 2021 and the new plan will cover the period 2022 – 2025, which will be informed by updated strategic assessments including the Joint Strategic Needs (and assets) Assessment, Community Safety, Economic assessments, NHS Integrated Care Provider (ICP) Five-Year Forward Plan and H&WB Partners' Forward Plans.
- 3.2 The 2022-25 Strategy will be in alignment with the Joint Strategic Needs (and Assets) Assessment (JSNA) and the Council's Budget Plan and will outline the priority areas and how we intend to work together to improve people's health and reduce health inequalities that exist in the Borough.

#### **4. Know**

##### **4.1 Context**

The Health and Wellbeing Board (HWBB) is a partnership board consisting of members from the local authority, NHS and the voluntary and community sectors. The main aim of the HWBB is to promote greater partnership and integration of services across NHS, public health, local government and voluntary and community sector organisations. One of the tasks of the HWBB is to produce a Joint Health and Wellbeing strategy based on its population's needs.

When we talk about improving health and reducing health inequalities, we are talking about the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work and play. These factors

also shape the choices we make, for example the food we eat or how we choose to travel from one place to another.

King’s Fund: Four Pillars of Population Health (2018)<sup>1</sup> is a framework for action around four areas to focus on to improve population health outcomes:

1. The wider determinants of health – the range of social factors such as income, employment, housing and transport which are the most important driver for health
2. Our health behaviours and lifestyles – covering behaviours such as smoking, alcohol consumption, diet and exercise which are the second most important driver for health
3. The places and communities we live in and with – which influence our health behaviours, social relationships and networks
4. An integrated health and care system – to coordinate and tailor services to individual needs rather than to suit organisations.

Our Joint Health and Wellbeing Strategy 2022 – 2025 will outline the aim of our partner organisations working together to make Walsall a healthy place by creating the physical and social conditions for all people to thrive, and to complement the provision of holistic health and care services.

#### 4.1.1 The proposed headers for the 2022-25 publication:

<b>HEADER</b>	<b>Details / Sub Headers</b>
FOREWORD	H&WB CHAIR (LA)
	H&WB VICE CHAIR (NHS)
INTRODUCTION	<ul style="list-style-type: none"> <li>▪ HOW WE DEVELOPED THIS STRATEGY</li> <li>▪ CREATING A HEALTHIER PLACE AND RESILIENT COMMUNITIES</li> </ul>
	<ul style="list-style-type: none"> <li>▪ OUR AMBITION</li> <li>▪ OUR PRINCIPLES</li> </ul>
WALSALL CONTEXT	<ul style="list-style-type: none"> <li>▪ WHAT IS A H&amp;WB</li> <li>▪ HEALTH AND CARE LANDSCAPE</li> <li>▪ POPULATION &amp; DEVELOPMENT</li> <li>▪ COMMUNITY &amp; ECONOMY</li> <li>▪ HEALTH &amp; WELLBEING CHALLENGES</li> <li>▪ PARTNERS (SUSTAINABILITY TRANSFORMATION PROGRAMME)</li> <li>▪ ICS</li> </ul>
	PRIORITIES / KEY AREAS OF FOCUS
	i. PREVIOUS – WHAT HAVE WE DONE SO FAR
	ii. NEW – WHAT NEXT / WHY WERE THEY CHOSEN
	iii. ACTIONS / OUTCOMES
	iv. WHAT SUCCESS LOOKS LIKE
	STRATEGY

<sup>1</sup> [www.kingsfund.org.uk/publications/vision-for-population-health](http://www.kingsfund.org.uk/publications/vision-for-population-health)

NEXT STEPS	a. FOR THE BOARD b. MONITORING PROGRESS
------------	--

## 4.2 Council Corporate Plan Priorities

4.2.1 The Strategy outlines the agreed priorities:

- the delivery on the priorities
- accountability through reporting on the progression of each priority

4.2.2 Reporting on the progression of the priorities will be monitored by the Health & Wellbeing Board and formally reported to Cabinet.

## 4.3 Risk management

Risk	Management
The Joint Health & Wellbeing Strategy is not completed within the timeframe, for 01 April 2022 publication	<ul style="list-style-type: none"> <li>- Establish link with each contributing partner</li> <li>- Attending JSNA work groups to monitor progression and identify priorities as they present</li> <li>- Regular reviews of Community Safety (Walsall Safer Partnership Plan) and Walsall Economic Board</li> </ul>

## 4.4 Financial Implications

There are no specific financial implications of this report

## 4.5 Legal Implications

There are no specific legal implications of this report

## 4.6 Procurement Implications/Social Value

N/A

## 4.7 Property Implications

N/A

## 4.8 Health and Wellbeing implications

4.8.1 The successful implementation of the Joint Health & Wellbeing Strategy will have a positive holistic impact on the health and wellbeing of Walsall residents - not only in the reduction of inequalities but by equipping our residents with the foundations to lead wholesome, independent lives.

## 4.9 Staffing implications

N/A

#### **4.10 Reducing Inequalities**

4.10.1 The aim of the Joint Health & Wellbeing Strategy is to outline how the local authority, NHS and the voluntary and community sectors intends work together to reduce inequalities and maximise potential. The Strategy outlines (i) what success should look like and (ii) how progress will be monitored through regular reporting. This format highlights the members of the Health & Wellbeing Board's intention in being accountable and transparent.

4.10.2 In the development and delivery of this process:

- due regard to the EqIA and other duties has be undertaken and considered
- the assessment of impact and distribution of that impact will be reported.

#### **4.11 Consultation**

4.11.1 The drafts for this Strategy will be presented to

- Executive Director meetings
- Health & Wellbeing Board (remotely)
- CMT

### **5. Decide**

5.1 The Health & Wellbeing Board has the responsibility to ensure that a current Joint Health & Wellbeing Strategy is available and published.

### **6. Respond**

6.1 Work on the 2022-25 Joint Health & Wellbeing Strategy has commenced:

- The strategic assessments planned already have a governance through the Health and Wellbeing Board and will be reported to board members throughout.
- The Walsall Insight Group is overseeing the operational development of the JSNA and is involving all directorates across the Council, as well as other partners in the Borough.

### **7. Review**

7.1 Progression on the development of the Joint Health & Wellbeing Strategy (Walsall Plan) for 2022-25 will be reported throughout the process:

29 Sept 2021	EDMT (ASC,PH,Hub)	Structure & Format
19 Oct	H&WB	
25 Nov	CMT	
1 <sup>th</sup> Nov	EDMT (ASC,PH,Hub)	1 <sup>st</sup> Draft
25 Nov	CMT	
tbc 2022	EDMT (ASC,PH,Hub)	Final Draft
25 Jan	H&WB	
17 Feb	CMT	
16 Mar	Cabinet	
tbc	Council	

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**Sponsoring Director**

Stephen Gunther

Director of Public Health, Policy & Strategy and Business Insights

## Health and Wellbeing Board

19 October 2021

### Healthwatch Walsall Annual Report 2020/2021

#### For Assurance

##### 1. Purpose

Healthwatch Walsall has a statutory duty to promote the voice of local people about health and social care services with commissioners and providers of these services.

The purpose of this report is to present to the Health and Wellbeing Board the Healthwatch Walsall Annual Report for 2020/2021.

##### 2. Recommendations

- 2.1 That the Health and Wellbeing Board note the key messages from the Annual Report.
- 2.2. That the Health and Wellbeing Board notes the contribution made by Healthwatch Walsall volunteers.
- 2.3 That the Health and Wellbeing Board note the work priorities for 2021/2022.

##### 3. Report detail

- 3.1 The Healthwatch Walsall Annual Report 2020/2021 highlights the range of activities undertaken during the year and the different ways in which the Healthwatch Walsall team carried out the work during the Pandemic.
- 3.2 Healthwatch Walsall year in numbers:
  - Contacted by almost 900 people
  - Signposted advice and information to over 200 people
  - Engaged with and supported almost 19,000
  - Published 19 Reports
  - Made 126 recommendations
  - Supported by 20 volunteers
  - Staff team of 5
- 3.3 In June 2020 Healthwatch Walsall commenced virtual public engagement sessions called "First Friday Focus". These sessions were, and continue to be, held on the first Friday of each month and cover a range of topics. There

has been very good attendance at these events and Healthwatch Walsall has reached different audiences on each occasion.

3.4 Healthwatch Walsall was unable to carry out Enter and View visits to health and social care premises due to the Pandemic. A pilot project was undertaken to carry out virtual visits to 4 Learning Disability Homes in the Borough, entitled Engage and Share which allowed Healthwatch Walsall to hear the views of service users, their relatives, staff and Managers.

3.5 Healthwatch Walsall plays an important role in helping citizens to get the information they need, especially through the pandemic. The insight we collect is shared with Healthwatch England and local partners to ensure services are operating as best as possible. We helped citizens by:

- Providing up-to-date advice on Covid-19 from a local, regional and national level.
- Signposted people to reliable up-to-date information.
- Sharing information on local issues.
- Helping people to access services needed.

3.6 Healthwatch Walsall priorities for 2021/2022 are:

- A collaborative piece of work across the Black Country Healthwatch around young people's mental health, in particular focusing on transition into adult service.
- Use of Walsall Urgent Treatment Centre to understand why there is an increase in patient presentation and whether this is linked to accessing primary care services.
- Patient Experience of diabetic eye screening services to support the NHSE/I procurement exercise.

#### **4. Implications for Joint Working arrangements:**

Good joint working and partner relationships have and continue to be crucial in the delivery of the Healthwatch Walsall work plan. We continue to act independently with a strong Board to champion the public/patient voice but engage in partnership activities to improve and enhance health and social care. Hence combining the roles as a critical friend.

#### **5. Health and Wellbeing Priorities:**

- Commitment to supporting the Health and Wellbeing priorities/
- Healthwatch Walsall support the promotion and delivery of initiatives to support the improvements in health identified in the JSNA.
- Enable those at risk of poor health to access appropriate health and care, with informed choices.
- Empowering and signposting people to appropriate services to support positive health and wellbeing.
- Remove unwarranted variation in health care and ensure access to services with consistent quality.
- Enable those at risk of poor health to access appropriate health and care, with informed choice.

- Marmot objectives: Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. enabling all children, young people and adults to maximize their capabilities and have control over their lives.

## **Appendix A**

The Healthwatch Walsall Annual Report for 2020/2021 is attached as Appendix A.

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# On equal terms

Then and now

Healthwatch Walsall Annual Report [2020-21](#)

# Contents

	<b>Page</b>
About us	3
Message from Chair of Healthwatch England	3
Message from our Chair	4 to 5
Highlights from our year	6
Then and Now 1. Access to GP services	7 to 8
Then and Now 2. Communication: Walsall Manor Hospital	9 to 10
Working with Walsall Together	11 to 12
We have worked with...	13
Responding to COVID-19	14 to 15
Case Studies	16 to 18
Engage & Share Pilot	19 to 20
First Friday Focus...	21 to 23
Our Befriending Service	24
Volunteers	25 to 26
Finances	27
Next Steps	28
Thank You	29
Statutory Statements	30
Methods and Systems	31
Contact details	32

# About us

## Here to make health and care better

We are the independent champion for people who use health and social care services in Walsall. We are here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

## Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

### Our goals



#### 1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



#### 2 Providing a high quality service

We want everyone who shares can experience or seeks advice from us to get a high quality service and to understand the difference their views make.



#### 3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



**“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”**

**Sir Robert Francis QC, Chair of Healthwatch England**

# Message from our Chair

Mandy Poonia  
Healthwatch Walsall Chair



**“Healthwatch Walsall Annual Report provides an overview of the activities and services provided. The report highlights some of the challenges our communities face in accessing health and social care services in Walsall and how we have worked to address these. Primarily, our role is to gather views and opinions of our local communities and collate data about people’s experiences in accessing health and social care services within the Borough.**

**2020/21 has again been a difficult year. Fortunately, the vaccine programme has been rolled out, however, the new variant brings its own challenges. Healthwatch Walsall has remained diligent in communicating vital and important information through various platforms. Healthwatch Walsall continues to set its annual priorities based on the intelligence and data we gather from our local communities. It is important that we are told by our public, the areas of health and social care that need to be addressed.**

**Healthwatch Walsall recognises there are cohorts of our communities who are seldom heard. This is an aspect that we aim to address in our future work.**

**Our work continues to be driven by what we are told. It is important you share your experiences and challenges with us, so that we can speak with stakeholders and providers, in order to inform positive change with local service provision.**

**Our purpose is to influence and help make better care for the public and for providers to understand what people want and their concerns, so your questions, concerns and compliments would be welcomed. At Healthwatch Walsall we are independent and a ‘critical friend’ with regard to the NHS and social care, we have recently escalated a matter in Walsall, regarding GP’s to the Care Quality Commission (CQC), which is currently being deliberated and we are awaiting a response, so that we can provide some assurances to our local communities”.**

**“We have established positive relationships with stakeholders and providers in Walsall which is pertinent to our role. Members of the team currently sit on various strategic boards, ensuring representation of our local communities. Our contract with Walsall Together allows us to work and engage with service users in relation to key clinical pathways. Our Senior Engagement Lead continues to strengthen links with patients and facilitates several forums for service users”.**

### Priorities

**“Our recent priorities have been based on gathering information from the Trust, looking specifically at communication, with recent work looking at experiences of people with learning disabilities in care homes. Healthwatch Walsall has also commenced a project, working collaboratively with Black Country Healthwatch in addressing the mental health needs of young people. The aim is to look at the challenges that young people face in accessing social and health care services, which it is hoped will provide some important intelligence for us to provide change and improvement to local service providers, thus aiming to improve mental health services for young people”.**

### Looking Forward

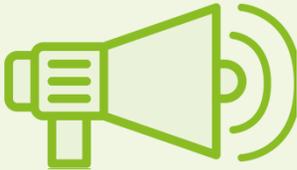
**It is anticipated that we will resume ‘Enter and View’ visits on various health and social care services as soon as the Government allows us. Clearly, during the pandemic we have not been able to carry out these visits safely. ‘Enter and View’ visits are an important aspect of our work as we can observe first hand the environment and the way in which residents and patients are treated and learn about their experiences. The pandemic has had a huge impact on our local communities and we will be aiming to work with other organisations in order to work towards recovery and building resilience.**

**Finally, we will continue to serve our local communities, through listening to their experiences and ensuring their voices are heard at all levels within health and social care arenas. Therefore it is important you get in touch with us so we can make a difference”.**

# Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

## Reaching out



We have been contacted by

**Almost 900 people**

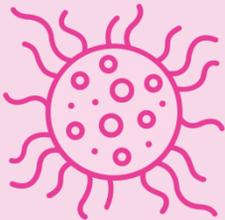
this year about their experiences of health and social care.

We gave signposting advice and information to

**Over 200 people**

this year.

## Responding to the pandemic



We engaged with and supported

**Almost 19,000 people**

during the COVID-19 pandemic this year.

Via our social media platforms, online meetings, website, dedicated Service Feedback Centre, daily incoming calls and other work. We started First Friday Focus sessions in June 2020 attracting different audiences monthly.

## Making a difference to care



We published

**19 reports**

about the improvements people would like to see to health and social care services.

From this, we made **126 recommendations** for services improvements.

## Health and care that works for you



**20 volunteers**

helped us to carry out our work. They contributed 30 days.

**We employ 5 staff**

All are full time equivalent, the same as the previous year.

We received

**£ 190,450**

from our Local Authority in 2020-21.



# 1. Access to GP services



**Then: In 2019/2020 the public told us they had poor access to GP services**

**This project was an agreed piece of work from patients/service user experiences we received during 2019/2020. Patients indicated that they were having difficulties contacting a number of GP surgeries/practices across the Borough.**

**Patient intelligence was gathered from various sources: our online Service Feedback Centre, face to face outreach, calls to our Freephone telephone number, our various social media platforms and our Email [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) account.**

**It should be noted that some of this intelligence was gathered prior to the pandemic. Patients were still finding it difficult to contact GP surgeries/practices for diagnostic investigation and results, repeat medication and information on test results.**

We undertook both an online survey and a mystery shopper project asking patients about access to their GP and their recent experiences. At the same time, staff and volunteers rang several GP practices recording how many calls it took to get through, how long any recorded message was and how long they waited before a practice employee spoke to them.

Work was done at various times of the day over different days during a six week period. Data was collected and both the survey outcomes and mystery shopper process were analysed and a report drawn up. There was a summary single page report and a full report issued.

### Summary of our findings:

- One respondent said that they had attempted 120 times to telephone their GP surgery/practice.
- 55 respondents telephoned between 1 to 6 times before being able to contact their GP surgery/ practice.
- 17 respondents who were not able to contact their GP surgery/practice did nothing, 12 had sought advice through the internet, 10 had self-treated and 10 had spoken to a pharmacist.

### Summary of our recommendations:

- Clinical and professional staff have access to a dedicated non patient telephone number to 'each' GP surgery/ practice when needed for such things as medication updates, safeguarding issues etc.
- Access to adequate and well staffed telephone systems is very important.
- Digitally excluded patients (no internet) should still be able to access GP services via telephone.



**“I would much prefer to speak to a person when I phone instead of a recorded voice. It is very impersonal and cold”**  
**“tried 120 times one morning and it was either engaged or just rang out after the recorded message”**

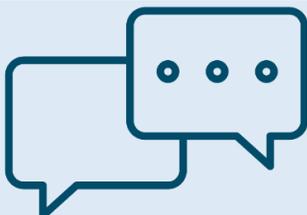


## Now: Had to escalate to the CQC

We have recently escalated concerns from the public about lack of GP services contact and access at two surgeries in Walsall. These concerns have also been shared with Care Quality Commission (CQC) and the commissioner of services.

Our aim would be that the providers and commissioner identify and implement improvements of access to GP services in the short and long term.

We continue to receive service user experiences/concerns and we are contacting the surgeries or signposting them to a complaints advocacy service.



**To see the full and summary report, visit our website to read and download.**

Link for full report: <https://tinyurl.com/wdb65vn2>

Link to summary report: <https://tinyurl.com/7uk9f5f3>



## 2. Communication: Walsall Manor Hospital (WMH)



**Then: In 2019/ 2020 the public told us that communication was inconsistent**

Feedback received from members of the public about communication at Walsall Manor Hospital, formed the basis of this project. We wanted to find out about people's experiences of communication at Walsall Manor Hospital, assess how patients felt about their experiences and to hear about their concerns so that they could be presented to key stakeholders.

In addition, we looked back at our intelligence gathered and patient or relative reviews left on our Service Feedback Centre website, from the 1st April 2020 to 30th March 2021 to see what service user experiences were.

We also looked at NHS Choices website and the Trust's own Facebook page and reviews of patient comments.

In addition to methods noted previously, we also researched CQC published reports on the various departments and aspects of services delivered at the Hospital.

### Summary of our findings:

- Feedback between Walsall Manor Hospital (WMH) and other care service providers majority mixed.
- Feedback between WMH and GP majority mixed.
- Patient information cards or health passports are not being regarded/used by staff.
- Communication for people with sensory impairments can be improved.
- Discharge plans are not always communicated with families or care providers.

### Summary of our recommendations:

- Cancelled appointments are communicated with patients in a timely manner to reduce/cease patients turning up for cancelled appointments.
- Update website and other platforms around what services are open available, which are closed or have delivery restrictions.
- Improve methods or formats of communicating with people with sensory impairments.
- Ensure there is a standardised communication liaison process between departments that works and is adhered to.



**“When they do answer they are not able to give clear updates on our family member”.**

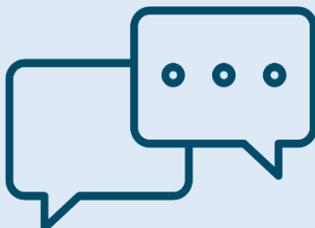
**“Care for my disabled son and have a health passport for him, the hospital staff are ignoring these or using them inconsistently, this is vital information that is being ignored”.**

**“Still waiting for an urgent follow up consultation”.**



## Now: CQC ‘Requires Improvement’

From the CQC inspection in March 2021 the CQC has rated many service areas as ‘Requires Improvement’. Healthwatch Walsall will monitor this closely.



**To see the full report visit our website and the CQCs website**

Link for HWW full report: <https://tinyurl.com/5tjrzwfs>

Page 42 of 81

Link to CQC report: <https://www.cqc.org.uk/location/RBK02>

# Working with Walsall Together



## Walsall's Integrated Care Partnership

Walsall's Integrated Care Partnership is a collaboration between Walsall NHS Healthcare Trust, the Black Country Clinical Commissioning Group, the Black Country Healthcare NHS Foundation Trust, local Walsall Council, GP's, Primary Care Networks, One Walsall and Walsall Housing Group (whg).

Its vision is collaborating for happier communities, with its aim as a partnership to work together 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 best use of all partner resources.

Healthwatch Walsall were commissioned by Walsall Together (WT) in 2019 as part of the patient, service user and citizen engagement around the 6 Key Lines of Enquiry: Diabetes, Cardiology, Respiratory, Mental Health, End of Life & Palliative Care, and best start in life early child.

Before the COVID-19 lockdown we had made positive steps in capturing patient/service user experiences of their care pathways through community outreach and shadowing service providers in the community.

However, in March 2020 we had to start to look at how we undertook engagement differently without the opportunity to undertake face to face contact. We did this by increasing social media activity and through promotion and collaboration with providers and the voluntary and community sector.

## What have we done so far?

We have held more than 20 virtual workshops to capture patients, service users lived experiences.

- Engaged with over 200 people through our workshops and engagement.
- We have tabled 3 reports on living and managing with diabetes, respiratory and heart conditions.

The reports are now being looked at through the Clinical and Professional Leadership Group (CPLG) to work collaboratively on feedback to patients and service users on how the recommendations and intelligence can be used to support co-production and care pathway redesign. The reports can be found at: <https://healthwatchwalsall.co.uk/our-reports>.

## Service User Group (SUG)

The Service User Group is made up of a number of individuals, or people who represent those, with long term health conditions and experiences of health and well-being inequalities. The group meet six times a year and using the skills, knowledge, and experience of all the members they work together to help us continually improve our plans for health and care services in Walsall.

The feedback received is taken back to the partnerships Senior Management Team and Clinical and Professional Leadership Group and is used to inform and shape service development. As part of the ongoing development of the WT SUG we want to ensure that we are fully representative of the wider Walsall population and welcome people in Walsall who have an interest in health/social care to be part of this.

## Phil Griffin – Walsall Together Service User Group Chair

We have worked with patients, service users and carers over the last year with the aim of finding out what they think of health services they're accessing or have accessed. This has been hugely challenging given the need to move to different types of engagement media from those we were able to use initially before the pandemic began.

Using different engagement approaches we have learned a lot about services patients have accessed or are still accessing and have shared our findings in the form of engagement reports with the local providers of services and those that commission them with the intention that this would help to improve services at the point of delivery right across the patient journey.

The aim is to enable and empower communities and individuals to access the care they need as early as possible by building resilient communities and having accessible primary care and other community based specialist services with access to hospital and specialist services when there is a need. The aim is to promote and maintain healthier lifestyles and for everyone to have access to the care they need, when they need it, provided by the right person with the right skills in a community setting but with access to hospital or specialist care when there is a need.

This model of care will rely on greater support and involvement of the voluntary sector in Walsall and community associations which did great work during the pandemic supporting local communities.

We look forward to continuing our work with Walsall Together partners and the communities that we serve and to bring about positive change in the care that people receive.

## Walsall Diabetes Peer Support Group

Through the workshops and through COVID-19 a large number of participants highlighted the impact on diabetes, loneliness, anxiety and the importance of people coming together and sharing experiences. As a result, we have been working in conjunction with Diabetes UK and we have established a bimonthly Diabetes Peer Support Group. This has been very much welcomed and we have had presentations around the impact of mental health and diabetes, health living and support and medicines management.



**“The presentation was brilliant and the Q&A answers excellent. We were blessed to have this. Perhaps there could be a Walsall Diabetes Videocast for new diabetics to unlock the mysteries of medication. Even older experienced chaps like me learned stuff yesterday. The response to my Victoza issue was far better than the Manufacturers”.**

## Co-production

So that this work is of most value, it is important the intelligence and feedback received is used by providers to highlight what people think needs to be changed in health and social care delivery and in the process of service and care pathway change. If services cannot change for whatever reason, we need to ensure that we also feedback to those who have shared their information.

We must though recognise the digitally excluded. We welcome the opportunity when we can undertake face to face community and service user engagement to engage with those excluded.

We would like to say a big thank you to the providers of Walsall Together and partners for supporting our work and the commitment to patient and service user engagement, most importantly to those who have shared their stories and experiences.

Page 44 of 81

More information about Walsall Together and how local people can get involved can be found on their website [www.walsalltogether.co.uk](http://www.walsalltogether.co.uk).

# We have worked with...

Over the year we work with a number of organisations to help raise awareness, pass on important service or condition related information as well as develop and improve service user experiences to get the best health and social care for Walsall people we they need it.





## Responding to COVID-19

**Healthwatch Walsall plays an important role in helping people to get the information they need, especially through the pandemic.**

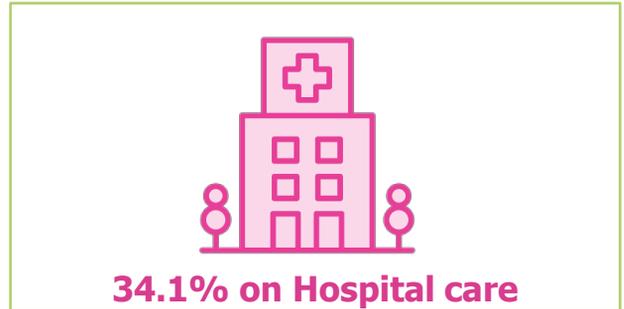
**The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.**

**This year we helped over 200 people by:**

- **Continuing to provide up to date local, regional and national COVID-19 information via our website.**
- **Enabling people to get in touch with services that did not respond.**
- **Signposting people to services or organisations that they did not consider or know about for help.**
- **Continuing to support the vaccine roll-out with local hub and vaccination centre information.**

# What people shared...

## Top four areas that people have contacted us about:



## The typical issues that people had:

- Lack of contact and access to GP services.
- No face to face GP appointments.
- Couldn't get repeat prescription, needed to make an appointment but couldn't.
- Length of surgery telephone messages before speaking to a staff member.
- No ID no GP registration.
- Hospital appointments being cancelled and patients not being informed in a timely manner.
- Hospital patient records misplaced.
- Imaging appointments and results not readily available.
- Unable to get through to hospital to get updates on patients admitted on ward.
- The style that some hospital staff talk to patients.
- Variation in cost of care in own home.
- Waiting for insulin injection from community based nursing.
- Being asked to pay for dental work previously available on NHS.
- Taken off the Dental practice list due to COVID-19 now got to re-register.
- Need a disability friendly dental practice.



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Walsall is here for you.



[www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)



0800 470 1650



[info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

# Case Studies

## Getting people in touch with their GP Practice

Pre and during COVID-19 people told us how difficult it was to get in touch with their GP practice, particularly in two Walsall GP surgeries. With over hundreds of calls made, but not being able to get through, getting cut off etc or asked to call back the next day. In some instances professionals from Children Services, Social Services, Safeguarding and a local care home representative contacted Healthwatch Walsall (HWW) to advise that they could not get in touch with practices to attain important information or medication for a resident.

HWW tried continuously to contact the practice and after much perseverance and with the patients or organisation representative permission passed the request for contact on to the surgery staff. In the short term this resolved some of the contact issues.

However, similar issues continued to be brought to our attention. We continued to assist wherever possible and informed patients of alternative care options such as our 'Extra GP Appointments' system in Walsall to access a GP or the Urgent Treatment Centre (UTC) and of course NHS 111.

We escalated these issues to the Care Quality Commission (CQC), the Primary Care Service Commissioner at our Clinical Commissioning Group (CCG), patients also complained directly to local Councillors. All this has resulted in news coverage on the BBC with interviews from local patients and requests for patient access improvement from local Councillors.

## Communication with Walsall Manor Hospital

A service user contacted Healthwatch Walsall as it had been confirmed by Walsall Manor Hospital, seven months previously, they needed a knee operation. Seven months on from a diagnosis and a treatment plan the patient had not had a date for the operation or an any updated information on the current situation from Walsall Manor Hospital.

The patient also asked Walsall Manor Hospital if they could supply them with a letter as proof to their employer.

Healthwatch Walsall contacted the 'Patients Advice and Liaison Service' (PALS). PALS contacted the patient to say there was a backlog due to COVID-19. The Trust confirmed the patient was on the waiting list and would be appointed an operation date as soon as possible. Seven weeks later the patient had a telephone consultation with a Doctor from Walsall Manor Hospital, nine months after the diagnosis. The Doctor was unable to confirm the patient required an operation, instead the patient was booked in for an X-Ray. The Doctor told the patient 'He needed to make his mind up if they needed an operation or not'.

The patient had a manual job, and their medical condition was making it difficult for them to be fully mobile. Walsall Manor Hospital supplied a letter after a period, but the patient's job title was wrong. The letter stated the patient worked for a music corporation when in fact they worked for a Local Government department.

10 months after the patient's original diagnosis it was confirmed, again, that they still needed an operation. PALS did supply the patient with a letter for his employer with the correct job title.



**"Well it has been a long time coming but they have finally sent the letter I have asked for so I would like to say a VERY BIG THANK YOU for all the hard work you have done and for putting up with people like me very much appreciated many thanks.**

## Peoples ideas going in to our new build A&E

One of our First Friday Focus meetings was themed around the Walsall Trusts proposed new build, Accident & Emergency Department (A&E). During the presentation an attendee raised the importance of having a changing room in the department for ease of access to individuals and carers of people with complex medical needs.

It became apparent that the Trust and architects had not allowed or included for such facility albeit a legal requirement and a need for other service users. Healthwatch Walsall later organised three focus groups in conjunction with the Trust Project Manager to listen to the potential needs, ideas and suggestions from the deaf/hard of hearing, blind/visually impaired and carers or relatives of people with complex medical needs.

The Trust Project Manager proved to be very interested and took some of the ideas back to their team and the projects architects. Healthwatch Walsall also contacted the Clinical Commissioning Group specifically regarding the changing room and shortly after it was agreed to include the changing room as part of the project.

Additional input from the groups will be revisited further down the line in the project development and include an overview of how some design elements are results of the focus group conversations and service user ideas.



**“This is fantastic news. I’m so pleased that we made an impact. This will be of huge benefit to so many disabled adults and children”.**

## Getting the information needed

Healthwatch Walsall were contacted by an outpatient of Walsall Manor Hospital who asked for our help in trying to get his results of an MRI scan. The service user had a Prostate Check, which involved an MRI scan in the Urology Department at Walsall Manor Hospital in February 2020.

Concerned about the results the patient contacted his own GP in August, who confirmed an area was showing up as a hotspot. The GP could not confirm anything as he needed the Consultant/Doctor at the hospital to interpret the results.

The patient contacted the Urology Department at Walsall Manor Hospital to try and get his results, but they were unable to speak to anyone. They then contacted PALS to help.

The patient should have had a telephone consultation from a doctor at the hospital. This did not take place due to the patient's notes being sent to the wrong department (sent to Respiratory instead of Urology) The hospital did phone them and apologise. After several attempts to speak to the Hospital again and having no answers the outpatient contacted Healthwatch Walsall.

Healthwatch Walsall contacted PALS at Walsall Manor Hospital relaying the patient's story. The same day a Nurse in the Urology Department spoke with the outpatient and gave them their results. The Nurse was also going to arrange a biopsy.



**“Thank you for your help. I am really pleased, someone phoned me today”.**

## Patients pain driving them to suicide

A service user contacted Healthwatch Walsall as they were in pain and said they needed an operation. The service user's pain was leading them to have suicidal thoughts. They spoke very little English, the language barrier made it difficult for them to communicate and hindered each parties understanding. The service user had been an inpatient previously at a local Acute Hospital who said they could not help.

By spending time listening, understanding and communicating, to the service user's concerns it became apparent to us that the service user had additional complex care needs such as housing, mental health issues and physical health problems.

Healthwatch Walsall contacted the service user's GP Practice and relayed the conversations they had with the patient as permission had been granted to do this.

The GP Practice decided to make a referral for a Multidisciplinary team (MDT) so that health and care services could be co-ordinated to meet the need of the individual with complex care needs. Seven days later the service user had an appointment for a Mental Health Assessment where an interpreter had been booked.

In addition the service user secured an appointment at University College London Hospitals which was their original wish.

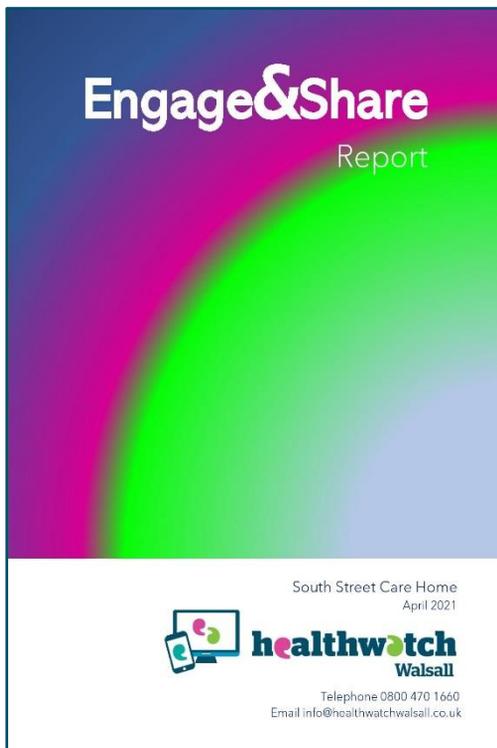
## How to get in touch to make a difference

People can get in touch with us in different ways, to share experiences, seek information, ask a question or to book to attend any of our public meetings. So here is how to contact us:

- Leave a service review on our 24/7 online Service Feedback Centre which can be found on our website: <https://healthwatchwalsall.co.uk/services/> .
- Leave a message/ comment via our website: <https://healthwatchwalsall.co.uk/contact/> .
- Email us using: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) .
- Telephone us on our FREE phone number: **0800 470 1660**.
- Or write to us (our address is on the rear of this annual report).



# Our Engage & Share Pilot



Due to the suspension of Enter and View because of COVID-19, we set about developing an initial pilot alternative that used technology to gain service insight and service user views.

In the past, we would have been able to go into a service, see, hear, smell and ask about the service delivery and its impact on service user lives and their loved ones.

We came up with the alternative and developed a delivery methodology which involved working with the service commissioner, clinicians involved and Local Authority social care operatives in their care/nursing home quality team.

We called it 'Engage & Share'. Initially liaising with the Local Authority, services commissioner of Learning Disabilities care homes, we developed questions for service users, relatives and carers, staff and managers.

With questions now in place for those involved. We decided that we could gain intelligence by using telephone interviews, an online questionnaire that mirrored the interview questions or if agreed and appropriate, use of video calls. We offered parties the choice to take part and the opportunity to withdraw if they wished.

We involved volunteers and over a period of a month we engaged with 4 separate Learning Disability care homes and recorded their responses to our questions.

As this could only be delivered if participants chose to be involved a letter was sent and made available for each participant. Additional easy read material was made available. Each participant was asked to identify a keyword rather than their personal details so that they could withdraw if they chose to so at a later date and we could remove their answers as necessary.

When delivering the pilot specially identified staff and volunteers were used and briefed prior and feedback was gathered during the four week period during which the project was carried out. This enabled any relevant queries or issues to be addressed and the pilot to carry on.

Once the engagement had been finalised the data was analysed and draft reports created and shared with the service provider for comment and also to check the report contained the discussed information. Once the provider had commented and any amendments made the reports were approved by the Healthwatch Advisory Board and subsequently published on our website, shared with: local Councillors, service commissioners, the service providers, CQC, our Local Authority including their internal social care quality team and of course the general public.

## Contact us to get the information you need



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[www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)

Page 51 of 81  
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## A summary of the main findings included:

- Service users and relatives felt that the service, facilities and care they accessed was good.
- There was reduced access to outside activities and social activities due to COVID-19 lockdown, which service users greatly missed.
- Access to GP visits in the home if needed, was not always available.
- Service users missed personal socialising and simply a hug that was not possible during COVID-19.
- Develop service user opportunities to work in garden area/duties when possible.

## Some of the comments we received during the pilot from service users



**"I can't attend the motivational hub x2 weekly because I have to stay home. The staff support me to go on zoom with my friends, so things have changed because of the germ"**

**"Staff stop me from getting hurt if I was worried about anything I would let staff know"**

**"I have just had my room decorated in my choice of colours and what I wanted so this has improved where I live"**

**"Food is lovely here I had onion rings and salad and breaded mushrooms today"**

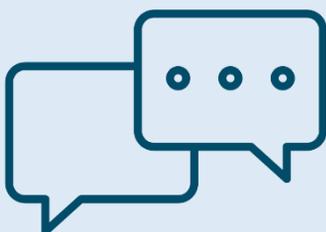
**"It's the same as it normally is"**

## A summary of the main recommendations

- Walsall CCG to be made aware of GPs that refused genuine home visit requirements to residents.
- Individual annual review/health checks to be completed.
- Explore use of outside areas for outside activities.
- Explore community venues and available day centres for redeveloping social engagement with others when safe to do so.
- Develop service user opportunities to work in garden area/ duties when possible.

The final reports can be located on our reports section of our website: [www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk) .  
Link to section: <https://healthwatchwalsall.co.uk/our-reports/> .

### Share your views with us



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 **0800 475 1200**

 [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

# Our First Friday Focus...



**1st Friday Focus...**  
**Adult Safeguarding**

**What's important to you?**

**healthwatch**  
Walsall

 Presentation & Guest speakers from  
Walsall Safeguarding Partnership  
*Right for Children, Families and Adults*

**Friday 5th February 2021, 10.00am till 11.00am,**  
**By Zoom.**  
 You can Dial in to the meeting without the internet.  
 You will need to download the ZOOM app.  
 To book your space  
 Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)  
 Or Tel: 0800 470 1660

During the Pandemic HWW were unable to undertake face-to-face engagement so the driver for this form of engagement was developed. In June 2020, on the first Friday we held an online focus group style session on "Hello Walsall, how are you doing". This was in the style of an informal chat and was unscripted with free flow dialogue. The purpose of this was to see where this led to, and to see how easy it was to engage with the public online.

We advertised the event through all our networks and used the Zoom online digital platform for the event. We chose the subject to gain intelligence about the effects of Covid-19 on the citizens of Walsall. Given that it was a free flow conversation, this utilised our communication and engagement skills to ensure the discussion was a success.

On this occasion we didn't have a guest speaker but all the Healthwatch Walsall team were present and contributed fully to the session which was recorded with the consent of participants. It was very well received and following an informal evaluation, we agreed as a team, that a series of focus groups would be held on the first Friday of every month.

To come up with a "catchy" marketing style, we named the sessions as 'First Friday Focus...' (FFF) and the marketing is similar for each event which is now a recognised brand.

Since the start of the FFF sessions, our momentum has grown, and we now offer the platform to stakeholders/partners as a way to support engagement with the public. We are joined not only by regular attenders, but we attract new audiences each month dependent upon the topic.

## Friday 3 July 2020 – Domiciliary Care

General discussion held around domiciliary care service provision in the Borough during the pandemic. Some of the queries raised were around early access to PPE, whether staff were allowed to stay on site to reduce outside contact and whether easy read information was available.

**Impact** – One of the attendees was from a LD care provider and HWW were pleased to send the attended a copy of or LD Directory of Services.

## Friday 7 August 2020 – Primary Care Networks

Updating the public on the status of the PCNs within Walsall generating a lot of discussion.

**Impact** – Information about the integrated phone number was made available and from this one of the attendees was able to speak to two of the social prescribers.

## Friday 4 September 2020 – Access to GP Services

This session was held to support the Healthwatch Walsall Methods of Access to GP Surgeries work project. A general discussion was held around how people access services and how digital exclusion will affect the citizens without IT access. One of the social housing providers in attendance advised that 40% of their tenants do not have wi-fi and that services need to be available for all including those most disadvantaged, different backgrounds and cultures.

**Impact** - The session allowed citizens to have their view heard about accessing GP services all of which were included in the final report.

#### **Friday 2 October 2020 – Mental Health IAPT**

It is clear that throughout the pandemic there has been a significant impact on people's mental health and anxiety. In discussions with the Black Country Healthcare NHS Foundation Trust, there is a need to promote and make readily available information to patients and service users access to IAPT (Talking Therapies) for people with low to medium mental health and anxiety. Many people still do not know what IAPT entails and how to access it. With this in mind the IAPT Pan Trust Manager gave a presentation on IAPT, its benefits and how the programme can be tailored to people's needs. He also indicated that there are IAPT programmes for those with specific long term health conditions.

**Impact-** Information sharing with the public about how to refer into the IAPT service in Walsall.

#### **Friday 6 November 2020 – A&E New Build**

Patients, service users and relatives were able to share their views of needs within a A&E New Build for various communities such as the Deaf/Hard of Hearing, Blind/Visually Impaired, Learning disabilities around layout, lighting, space and facilities.

**Impact-** Three further Zoom meetings took place with the Trust Project Manager and seldom heard groups who were given the opportunity to share their views on new build raising issues around adult changing rooms and entrance issue for Blind/Visually impaired. Availability of video BSL interpreter was a point that was also raised and access to a BSL interpreter person raised and taken on board.

**A major impact following Healthwatch FFF is that we have now received confirmation that funding has been made available to have an adult changing room prominently sited in the new A&E Department.**

#### **4 December 2020 – Communication between Manor Hospital/Service Users**

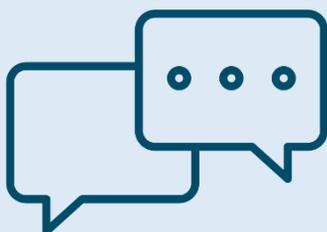
This session was held to support the Healthwatch Walsall work priority project and led to the collation of patient and relatives' experiences all of which will be fed into our Work Programme report. The guest speaker was the Trust's Medical Director who informed attendees of a new communication method whereby the Hospital now corresponds directly with the patient and this is copied to the GP, rather than the other way round.

**Impact-** Enabling greater patient understanding of their condition/service and allows greater self-care/management.

#### **Friday 8 January 2021 – Emergency Care**

This was an information sharing service user session, about the new changes of service user access to urgent or emergency care given that there was a new process to identify the correct service for patients to access in place from January 2021. A presentation was given by Walsall CCG with a slide presentation and Q and A session.

### **Share your views with us**



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 **0800 476 160**

 [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

**Impact-** Raising awareness of new and important issues around accessing emergency care.

**5 February 2021 – Adult Safeguarding**

This FFF was also held as an information session about safeguarding giving attendees an insight of the signs of abuse and harm. An informative presentation from the Walsall Safeguarding Partnership was given with shared examples of cases and what look for and what to do if abuse is suspected. This was followed by a Q and A session.

**Impact-** Raising awareness of signs of abuse and what to do in these circumstances.

**Friday 5 March 2021 – Young People View of Manor Hospital**

The March First Friday Focus was held as an opportunity for young people to share their experiences of inpatient stays at Walsall Manor Hospital. Although promotion of the event was widely spread across social media platforms, the attendance of young people was low. Parents of young people attended and shared past experiences of their children to young adults.

**Impact-** The views of service user experiences were passed on to the Quality Improvement Lead at Walsall Healthcare Trust.

The 'First Friday Focus' meetings continue to grow in popularity with the public and professionals. We continue to schedule current and interesting sessions attracting different audiences.

At the request of other Healthwatch, the format has been shared with them to enable them to develop their alternative meetings.

**healthwatch Walsall**  
 "Walsall, how are you doing?"  
 Coffee & Tea Morning

Join us for our first virtual coffee & tea morning, 10.00 a.m. Friday 6 June 2020 hosted on Zoom. Theme of the discussion will be around how are Walsall people doing through COVID-19. Especially if you have or tend to use a health or social care service. If you are a relative, carer or a friend of someone that cannot make this coffee & tea morning, maybe you can attend on their behalf or pass on our details to them.

To register your interest to attend please send an email to: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) or call 0800 470 1660.

**1st Friday Focus**  
**healthwatch Walsall**  
**Domiciliary Care**

Your chance to chat about Walsall services that affect your care.

Cared for, carers, relatives and service providers are welcome to chat about how they are doing and what's working and what's not in Domiciliary Care.

Friday 3rd July 2020, 10.00am till 11.30am By Zoom. You will need to download the ZOOM app. We will send you an invite to join the conversation.

To join this discussion contact us on 0800 470 1660 or email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

**1st Friday Focus**  
**healthwatch Walsall**  
**The NEW build Walsall A&E Dept.**

Discussion about The NEW build Walsall A&E Dept. With a guest speaker: Debbie White, Senior Project Manager for Emergency Department and South East Area Lead.

Friday 6th November, 10.00am till 11.00am By Zoom. You can Dial In to the meeting without the internet.

You will need to download the ZOOM app. We will send you an invite to join the conversation. To book Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) Tel: 0800 470 1660

**healthwatch Walsall**  
**1st Friday Focus...**  
**The way you will access A&E has changed.**

To find out how? Join our 1st Friday Focus meeting...

**For urgent medical help call 111 first**

Guest Speaker Dr J. Teoh.  
 Clinical Executive, Integrated Assurance, Walsall Clinical Commissioning Group

Friday 8th January 2021, 10.00am till 11.00am, By Zoom. You can Dial In to the meeting without the internet. You will need to download the ZOOM app. We will send you an invite to join the conversation. Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) Tel: 0800 470 1660

**1st Friday Focus...**  
**healthwatch Walsall**  
**Communication from Walsall Manor Hospital**

Discussion about Walsall Manor Hospital. 10 am till 11 am.

Share your experiences before the meeting and on the day!

Friday 4th December, 10.00am till 11.00am By Zoom. You can Dial In to the meeting without the internet.

You will need to download the ZOOM app. We will send you an invite to join the conversation. To book Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk) Tel: 0800 470 1660

**1st Friday Focus...**  
**healthwatch Walsall**  
**Adult Safeguarding**

What's important to you?

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**1st Friday Focus...**  
**healthwatch Walsall**  
**Are You a Young Person...**

Who is or has been on a ward or received treatment at Walsall Manor Hospital?

How did it go? Share your experiences.

Friday 5th March, 10.00am till 11.30am

**1st Friday Focus...**  
**healthwatch Walsall**  
**Continuing Health Care & Personal Health Budgets**

for people with a Learning Disability.

Presentation from: Learning Disability Nurses Marie Perry and Lisa Smith

Friday 9th April 10.00am till 11.30am

# Our befriending service

During COVID-19 some of the roles we would have undertaken have been suspended. We realised there were many socially isolated people in the community who may have no one to communicate with which may impact on their mental and physical wellbeing.

We decided to set up a telephone befriending service for those in community social care and personal home settings. It was promoted via contact with our Local Authority and some participants joined from the work Healthwatch Walsall had undertaken.

This was successful and we had some 20 participants at one point. We have continued to use this opportunity and shared their experiences of local health and social care services. It also allowed us to signpost individuals to support organisations when needed and also to raise a safeguarding concern and a wellbeing check.

Here are two testimonials from participants of our befriending service.



**"Hello Lynne, I don't know how to say the biggest thank you to you Lynne. You are a brilliant person to talk, I really appreciate how we can just talk about anything and some times forgetting the time, you always listen and there is always good advice from you"**

**Lynne has helped me a lot in becoming a befriend I was so happy on the first Friday force meeting when she asked if she could phone me ever since she rings me and I look forward to talking she's beautiful and amazing lady. So brilliant to have Lynne I feel so safe and blessed, as I don't go anywhere I look forward to her phone calls, feel very safe knowing I have a best friend who can talk about anything we, do have a lot to talk not just my health but on other topics like problems.**

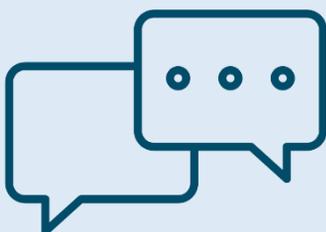
**"Keep up the good work and I strongly recommend you. Biggest Thank you with hug's 🤗🤗 and I feel so thankful knowing someone outside my family really cares for me. Thank you"**

**"Our conversations we have each week is a life saver to me". " I look forward to hearing from you, I can talk to you about anything, and some things I wouldn't even discuss with my family."**

**"During lockdown I have only had a family call maybe every two weeks for a few minutes" "I am isolated so its lovely to get a weekly call from you, you take your time listening to me".**

**"I don't know what I would have done without you" "You are always pleasant and lovely to me , and we have a laugh which makes me feel better"**

## Share your views with us



If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Walsall is here for you.

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 **0800 475 1000**

 [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)



# Our Volunteers

At Healthwatch Walsall we are supported by 20 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

## This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Took part in our pilot 'Engage & Share' asking questions about the delivery of the service and staff related questions over the phone.
- Sent in local service information and updates to help others.
- Took part in valuable surveys that were planned and helped promote those surveys to family members, friends and people they knew.
- Our volunteer Health Advisory Board (HAB) have guided and overseen our work programme and attended many strategic meetings to keep us informed of local service developments.

## Volunteer comments

**"The reason why, I really wanted to volunteer for Healthwatch Walsall is because this is the place where you can hear the public's good or bad experiences they have had whilst visiting healthcare services. By acknowledging the public issues, Healthwatch Walsall becomes a voice for the public and have a positive impact on those who have concerns regarding any services. It does really enable people to have a better experience.**

**Therefore, I wanted to be part of this amazing community where I can provide as much help and support to make a little difference in someone's life. I will also get to meet new people and work as a team with different age, gender and race. I wish to gain many skills through my volunteering, such as communicating, teamwork, empathy and problem solving. I am really looking forward to work with Healthwatch Walsall as I feel like I will have a better understanding of what public go through in every day life and how Healthwatch Walsall works as a team to resolve those problems"**

**"My overall experience of volunteering with Healthwatch Walsall has been very positive. The team are very helpful, supportive and caring and I feel it has been a good experience in terms of gaining insight into local health and social care provision and learning how to interact with staff working in these settings. It also made me feel as if I was contributing into the community.**

**I feel I have gained confidence as a result of volunteering for Healthwatch, also it has helped me to realise that some of my skills from previous employment which I never thought I would use again are in fact very useful and can be transferred into other areas. Just to say that if you would like to keep on touch on a befriending basis I would be grateful of that, although maybe not weekly as I will probably not have time for that now!**

**Many thanks for your help, kindness and support over the time I have been with Healthwatch and I wouldn't hesitate to volunteer again"**



Are you feeling inspired? We are always looking for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Walsall.



[www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)



0800 470 1660



[Info@healthwatchwalsall.co.uk](mailto:Info@healthwatchwalsall.co.uk)

# Finances

To help us carry out our work we receive funding from our Local Authority under the Health and Social Care Act 2012.

## Income

- Funding received from Local Authority

**£190,450**

- Additional funding

**£210.00**

**+ Balance B/F 2019/20 £19,410**



## Expenditure

- Staff costs

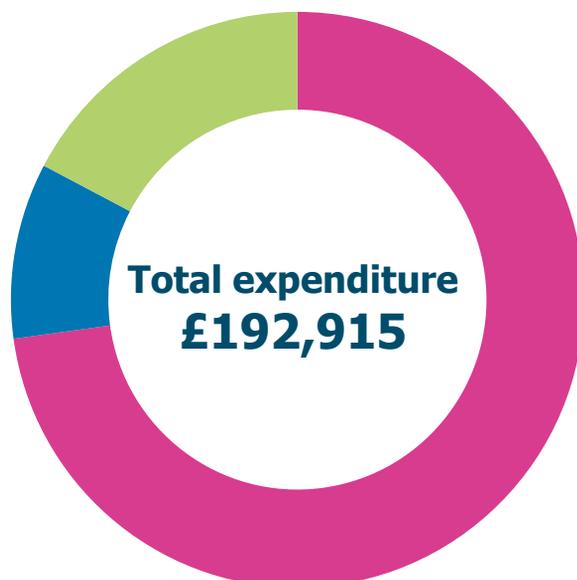
**£140,494**

- Operational costs

**£19,059**

- Support and administration

**£33,362**



# Next Steps

## Top priorities for 2021-22

At the extra-ordinary Healthwatch Advisory Board held on 6 May 2021, the following two work priorities were agreed.

### 1. Young People's Mental Health

This is a collaborative piece of work with three other Black Country Healthwatch, namely Healthwatch Wolverhampton, Healthwatch Dudley and Healthwatch Sandwell. The work will focus on transition into adult services.

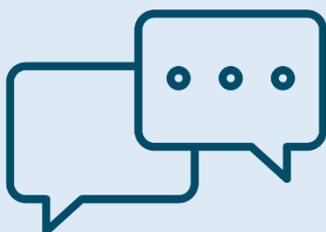
### 2. Use of Walsall Urgent Treatment Centre

Healthwatch Walsall will commence a piece of work about the use of the Walsall Urgent Treatment Centre to understand why there is an increase in patient presentation and whether this is linked to people not being able to see their GP or not wanting a telephone consultation. The work will also look at length of waiting times, communication and quality of care.

The Healthwatch Advisory Board agreed that at this stage, only two main work priority areas would be agreed for Healthwatch Walsall to allow flexibility in year.

## Next steps

- Healthwatch Walsall hope to recommence face to face engagement and resume Enter and View visits once national guidance allows this.
- We are building into our work plan time to follow up on recommendations made in reports published to the end of 2021 and ensure responses are received and shared.
- We continue to engage with seldom heard communities, and indeed during lockdown we have been successful in engaged with diverse groups. It is also pleasing to note that Healthwatch Walsall have a seat on the newly formed BAME group.
- All our staff, Board members and volunteers have equality and diversity training in order that this is embedded into all the work we undertaken.



### Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch Walsall is here for you.



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# Thank You



Aileen Farrer  
Healthwatch Walsall Manager

**"I would like to take this opportunity to thank all members of the public that have contacted and engaged with Healthwatch Walsall to share their views and experiences of health and social care services in the Borough.**

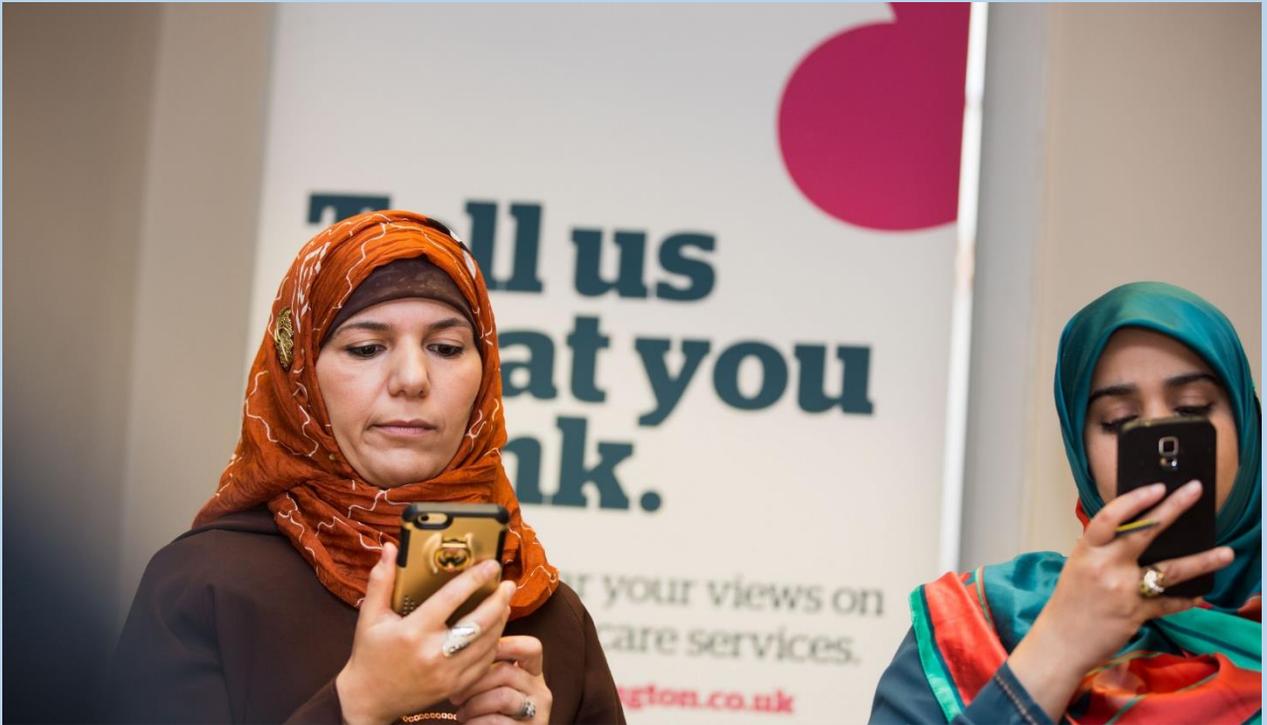
**Please continue to keep in touch with us by whatever means suits you best as this then allows us to ensure you have a voice with providers and commissioners of services. We are very much looking forward to being able to recommence face to face engagement and being out and about in Walsall meeting you all.**

**Thank you to the Healthwatch Advisory Board who provide us with a steer on our work programme and provide us with support and guidance in shaping our activity and helping to raise the profile of Healthwatch Walsall.**

**A huge vote of thanks goes to our loyal volunteers that support us at Healthwatch Walsall, their help is invaluable, and we appreciate all the dedication and time they give us. We could not do all we do without our volunteers, and we look forward to being able to meet up again soon.**

**Thank you to our stakeholders who support us in many ways, not least of which is listening to the views of the public.**

**It would be very remiss of me not to thank our staff team who, during the last 12 months of the pandemic, have worked tirelessly to support the citizens of Walsall, continuing to reach out to new groups, initiating and supporting new and innovative ideas of engaging with people virtually, which have been a great success. We are a small, but close team and I look forward to our next 12 months of working together".**



# Statutory statements

## About us

Healthwatch Walsall contract is held and delivered by: Engaging Communities Solutions, Unit 42, Staffordshire University Business Village, Dyson Way, Stafford, ST18 0TW.

Healthwatch Walsall uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

## The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 8 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Through 2020/21 the Board met 5 times and made decisions on matters such as approval of the innovative 'Engage Share' pilot project in 4 learning disability homes in the Borough.

We ensure wider public involvement in deciding our work priorities. Our work priorities are based on public intelligence we receive through all of our public communication channels including our First Friday Focus... sessions.

## Methods and systems used across the year’s work to obtain people’s views and experience.

This year we have done this by, for example piloting the ‘Engage&Share’ work which was implemented during the lockdown as a way of engaging with learning disability service users in the Borough to hear their views about health and social care services they received. We also collaborated with organisations running food banks to have Healthwatch Walsall leaflets in food packages. We also worked with the Carers Centre to have an article in their newsletter that is sent out to all carers in non-digital format.

We send our Annual Report to all statutory organisations, our stakeholders and partners, local Members of Parliament and Councillors and we publish on our website and ask stakeholders to also include a link on their websites. Hard copy reports are also made available as required.

Link to view or download our reports: <https://healthwatchwalsall.co.uk/our-reports/>

## 2020-21 priorities

Project / activity area	Changes made to services
GP Access	Presented to the CCG and we will follow up on recommendations made.
Communications between Manor Hospital and Services Users	Has been published and we will be following up on recommendations made.
Walsall Together Diabetes Key Line of Enquiry	Through the work undertaken on Diabetes pathway, a diabetes peer support group has been set up in conjunction with Diabetes UK. This is to be commended as there was no peer support group available in the Borough and this forum now allows for people with diabetes to meet and to learn about different issues that affect their long term condition.

## Responses to recommendations and requests

All providers when asked, provided information on request.

### Health and Wellbeing Board

Healthwatch Walsall is represented on the Walsall Health and Wellbeing Board by Mandy Poonia, Chair, Walsall Healthwatch Advisory Board. During 2020/21 our representative has effectively carried out this role by attending numerous strategic committees and meeting with key stakeholders across the Borough to raise the profile of Healthwatch Walsall.



### Contact us to get the information you need

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don’t struggle alone. Healthwatch Walsall is here for you.

-  [www.healthwatchwalsall.co.uk](https://www.healthwatchwalsall.co.uk)
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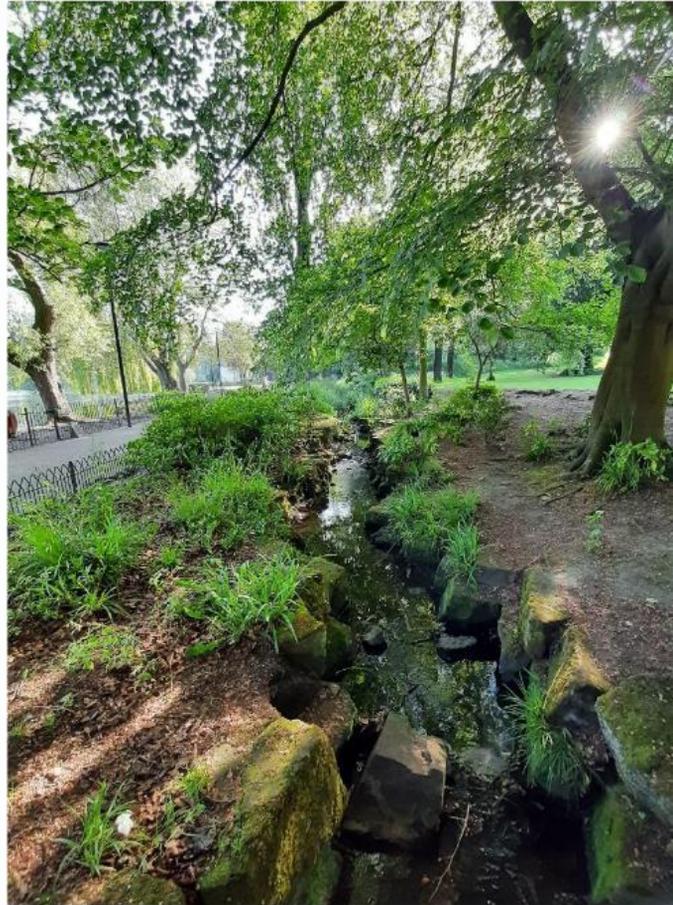
Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

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 Healthwatch Walsall 2020



**Health and Wellbeing Board**

**19 October 2021**

**Walsall Multi-Agency Mental Wellbeing Strategy – update on development**

**1. Purpose**

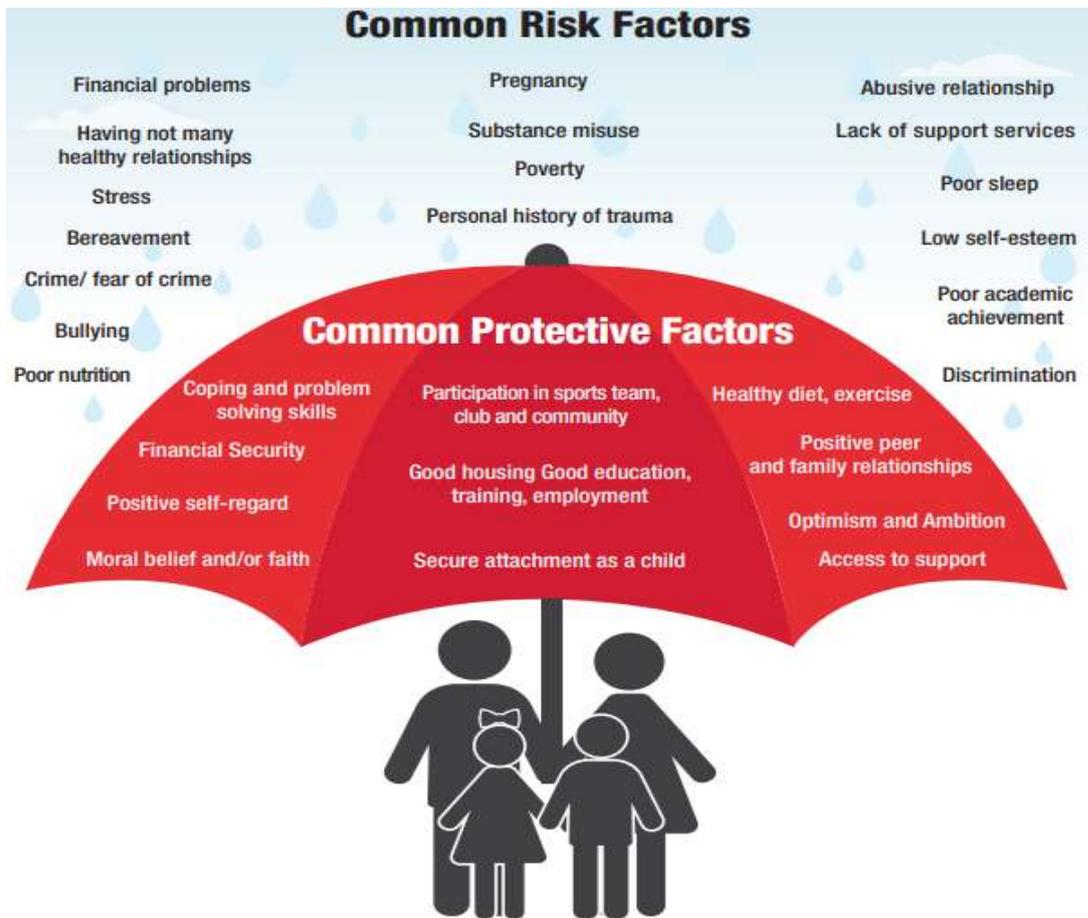
- 1.1 The purpose of the report is to provide the Health and Wellbeing Board with an update of the progress of the Walsall Multiagency Mental Wellbeing Strategy.

**2. Recommendations**

- 2.1 That the Health and Wellbeing Board note the progress of the Walsall Multi-Agency Mental Wellbeing Strategy.
- 2.2 That the Health and Wellbeing support the approach to the development and completion of the Walsall Multi-Agency Mental Wellbeing Strategy.

**3. Report detail**

- 3.1 Promoting and supporting Walsall’s mental wellbeing has come up as a key issue for the Health and Wellbeing Board (HWBB) in the development of the Joint Strategic Needs Assessment and as a key theme in response to the Covid-19 pandemic.
- 3.2 During the Covid-19 pandemic response, a mental wellbeing cell was set up to identify and coordinate action to support the mental wellbeing needs identified. This cell has developed since then and is developing a mental wellbeing strategy for the borough.
- 3.3 There are a range of risk and protective factors for mental wellbeing. These are as follows:



3.4 The emerging strategy is set out in three parts:

- What mental wellbeing is, the Walsall ambition and values for mental wellbeing, the priorities and the strategic approach, the interaction with other policy and strategies and how the mental wellbeing strategy has been developed
- Summary of key data that has identified assets and needs of Walsall residents and what residents and partners say they would like Walsall to be
- Walsall’s current position, challenges, recommendations and how we will make it happen through leadership, partnership working and resources.

3.5 The strategy takes a dual approach to reach and engage Walsall residents. It takes the following universal and a targeted approach to improve population mental wellbeing:

- A *universal approach* to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations
- A *proportionately targeted approach* to reduce mental wellbeing and health inequalities to consider the clear mental health inequalities, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to treatment.

3.6 The strategy takes a 10-year approach to address some of the social and economic challenges. These are as follows:

- 1-2 years: Addressing Immediate Wellbeing Challenges Including the Covid Impact on Mental Wellbeing
- 3- 5 Years: Equilibrium and Beyond
- 6-10 Years: Aiming Higher for Walsall Residents

3.7 The strategy proposes the following definition of mental wellbeing;

Health is “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO). Mental wellbeing is defined as the positive end of the spectrum and describes both feeling good and functioning well. There can be no health without mental health. Mental Wellbeing is the bedrock from which other things flow.

3.8 The mental wellbeing of the population is affected by social network, income, unemployment and inadequate quality of work<sup>i</sup>, the quality of natural and built environment, such as air quality, the quality of green spaces, and housing<sup>ii</sup>.

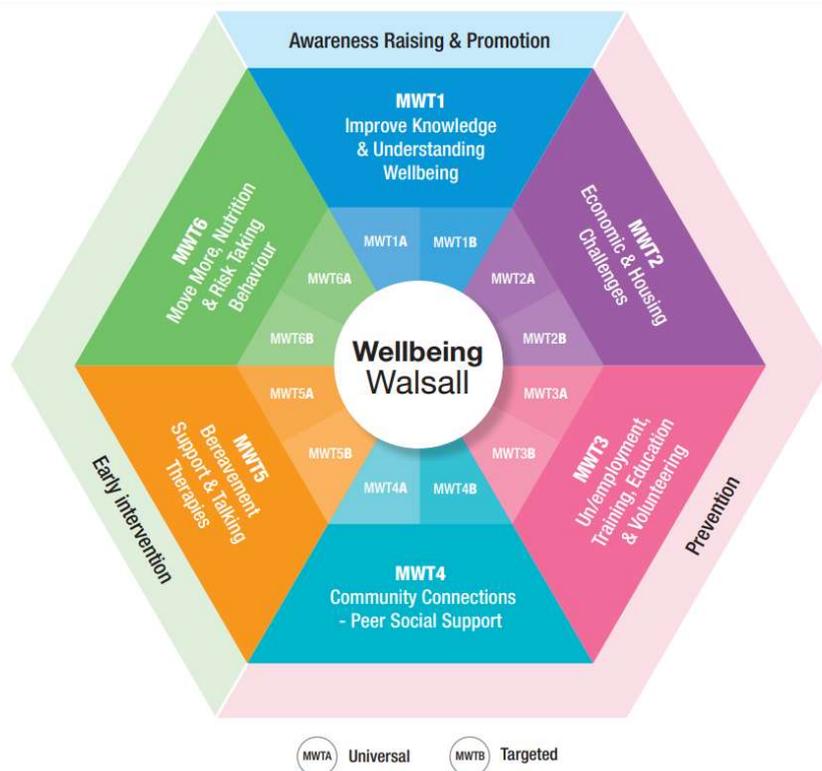
3.9 The proposed Walsall ambition and values is to achieve optimal mental wellbeing for all Walsall residents and reduce mental health and wellbeing inequality.

3.10 To achieve the ambition, we will need to work together to increase opportunities for better mental wellbeing. This will include; self-care and directing focus towards tackling common causes of poor mental wellbeing in Walsall.

3.11 The strategy priorities include:

- Improving the populations understanding of mental wellbeing and knowledge of how to access support and tackling mental health stigma
- Working together to improve some of the economic and housing challenges impact on the populations mental wellbeing
- Working in partnership with employers to support their employees
- Enhancing community connections, peer support and networks
- Making bereavement and counselling support more accessible by locating delivery within local communities and making them more culturally appropriate
- Utilising prevention and early intervention provision such as physical activity and nutrition

3.12 The Mental Wellbeing Strategy is set out in 3 Levels; Mental Wellbeing Promotion, Mental Illness Prevention and Early Intervention. These are laid out in 6 themes and are presented in the colours of the thematic wheel:



3.13 The thematic approach is as follows:

Theme 1.	Improve Knowledge & Understanding Wellbeing	Current position	Local challenge	Where we want to be
Theme 2.	Economic & Housing Challenges			
Theme 3.	Thrive Intervention Unemployment & Employment			
Theme 4.	Community Connections - Peer Social Support			
Theme 5.	Bereavement Support & Talking Therapies			
Theme 6.	Health Behaviour & Wellbeing			

3.14 The Draft Mental Wellbeing Strategy recognises other relevant local and national strategies and policies, which impact population mental wellbeing.

3.15 The strategy will be continued to be developed by exploring local needs and issues from the viewpoint of Walsall partners and residents. A qualitative study is currently underway which will glean views from local residents, drawing on existing literature of what works to improve mental wellbeing and by consulting partners through the;

- Health and Wellbeing Board Deep Dive
- Community mental wellbeing partnership
- Suicide Prevention Partnership
- One to one partnership engagement
- Mental Well-being SubCell

- Population Consultation.

#### **4 Implications for Joint Working arrangements:**

##### **4.1 Making it Happen, Leadership, Partnership & Resources**

To improve mental wellbeing across Walsall, it is vital to work as part of wider strategic system, which takes into account the social and other determinants of mental wellbeing. It is envisaged that with the further development of mental wellbeing SubCell will provide strategic leadership and will become accountable to the health and wellbeing board in delivery of the strategy.

#### **5. Health and Wellbeing Priorities:**

5.1 Mental wellbeing is emerging as a key priority for the HWBB in the development of the JSNA and Health and Wellbeing strategy. The development of this strategy will be a key component of the delivery of that priority.

5.2 The proposal has been tested against the Marmot principles to reduce mental health inequalities. It contributes to the following objectives:

- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable communities
- Strengthen the role and impact of ill-health prevention.

#### **Author**

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Senior Programme Development and Commissioning Manager

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<sup>i</sup> Compton, M.T. and Shim, R.S., 2015. The social determinants of mental health. *Focus*, 13(4), pp.419-425.

<sup>ii</sup> Evans, G.W., 2003. The built environment and mental health. *Journal of urban health*, 80(4), pp.536-555.

## 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

## Authors

Michelle McManus – Acting Head of Transformation, Walsall Together

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**BETTER CARE FUND Plan – 2021/22 requirements**

**For Information**

**1. Purpose**

To provide an update regarding the recently published 2021/22 Better Care Fund (BCF) Policy Framework and planning requirements to complete the local BCF plan for financial year 2021/22 in line with compliance.

**2. Recommendations**

- 2.1 That the Health and Wellbeing Board receives and notes requirements and responsibilities in relation to submission of the Walsall BCF 2021/22 plan.
- 2.2. That the Health and Wellbeing Board notes timescales for submission of the 2021/22 BCF plan, and acknowledge the completed plan will be presented in January 2022 for approval.

**3. Report detail**

- 3.1 As a national requirement, the 2021 to 2022 BCF Policy Framework was published on 19 August 2021, followed by planning requirements on 30 September 2021 to support local areas in completing joint local BCF plans this financial year.
- 3.2 The Policy Framework outlines minimal change to local programmes during 2021 to 2022, and aims to allow space for local areas to build on progress made during COVID, strengthening across areas such as;
  - Integration of commissioning
  - Delivery of services
  - Delivering person-centred care
  - System recovery from the pandemic
- 3.3 To ensure compliance, local areas must outline joint agreement between Adult Social Care and the Black Country and West Birmingham Clinical Commissioning Group (Walsall) of national conditions and targets against national metrics.

National conditions for 2021 into 2022 are:

- A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board
- NHS contribution to Adult Social Care to be maintained in line with the uplift to the Clinical Commissioning Group minimum contribution
- Investment in NHS-commissioned out-of-hospital services to support discharges

- A plan for improving outcomes for people being discharged from hospital

Revised metrics for 2021 into 2022 are:

- Discharge Indicators
- Avoidable admissions to hospital
- Admissions to residential and care homes
- Effectiveness of re-ablement

### **Local position/ Next steps**

- 3.4 To ensure compliance, locally Walsall must use published templates to complete the BCF plan for 2021/22. This will consist of outlining income and expenditure across the programme, updates against metrics and detailed narrative to outline local aims to meet national priorities and outcomes, aligned to clear local Walsall Together outcomes.
- 3.5 Whilst not received until 30 September 2021, there is still a requirement to meet the submission deadline to the national BCF team of 16 November 2021. Locally, the plan will be subject to agreed internal governance to ensure sign off from the finance group, a sub group of Joint Commissioning Committee and overall approval from Joint Commissioning Committee members on 3 November 2021.
- 3.6 There is acknowledgement by the national team local areas will struggle to seek approval from Health and Wellbeing Boards prior to the deadline. To support this, the national team advised plans can be submitted by 16 November, with approval sought from Health and Wellbeing Boards at a later date. Locally, this will mean Walsall will submit the completed plan by the deadline, presenting the plan to members at the next Board meeting in January 2022. Plans will remain on hold with the National team until the Health and Wellbeing Board give local approval. Whilst this is not an ideal position, the late publication of templates and planning requirements have made it impossible to ensure approval from Board before submission, however to mitigate any risk, assurance mechanisms are in place to ensure appropriate governance before submission on 16 November 2021.

## **4. Implications for Joint Working arrangements:**

- 4.1 The introduction of the BCF has enabled joint working and decision making between Adult Social Care and Black Country and West Birmingham Clinical Commissioning Group; services and schemes funded by the programme support Walsall's approach to integration, ensuring support to reduce delays with hospital discharges, supporting older people on discharge from hospital and supporting independence. The programme also supports the local approach to a healthy population as per the Health and Wellbeing Board strategy, by supporting the outcome of independence to older people needing less help from health and social care services.
- 4.2 Work across the programme continues however as BCF budgets are set year on year, there is a risk councils will struggle to fund specific services from social care budgets if BCF funding is no longer available in the future.

## **Background papers**

Better Care fund 2021/22 Policy Framework

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2021-to-2022>

## **Author**

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Walsall Council & Black Country and West Birmingham CCG (Walsall Place)

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## Health and Wellbeing Board – Work Programme 2021/22

REPORT ITEM	LEAD										
		June Workshop	20 July Board	Mid Sept Workshop	19 Oct Board	November Workshop	December Workshop	25 Jan Board	February Workshop	March Workshop	26 April Board
<b>Priorities for Health and Wellbeing Board</b>		Mental Health	Areas of focus for 2021/22	Draft JSNA - teasing out priorities		Using JSNA to inform JHWBS for 2022-25	Inequalities and Poverty		Focus to be confirmed	Focus to be confirmed	Identify priorities for HWBB focus for 22-25
<b>Review of Public Health Commissioning Intentions</b>	DPH										Annual Review
<b>Director of Public Health Annual Report</b>	DPH										For information
<b>Public Health Outcomes Framework</b>	DPH										Annual Report
<b>Joint Strategic Needs Assessment: JSNA</b>	DPH		Progress update	Workshop focus	Draft	Workshop focus		Final JSNA			
<b>Joint Health and Wellbeing Strategy</b>	DPH				Structure and format	Workshop focus		Final JHWBS			
<b>Mental Health &amp; Wellbeing Strategy</b>	DPH				Progress update			Final MH&W Strategy			
<b>Health Protection Annual Report</b>	DPH		Postponed *see note at end of document								
<b>Health Protection Strategy</b>	DPH										
<b>Child Death Overview Panel</b>	DPH							Annual Report			
<b>Pharmaceutical Needs Assessment</b>	DPH				2022						

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SEND Report	ED Children's										
Annual Report of Children's Safeguarding	ED Children's										
Better Care Fund (dates subject to National BCF Directives)	ED ASC		Q1 postponed to October		Q1 & Q2			Q3			Q4 and finance reporting
Local Authority Commissioning/ Spending Plans	ED ASC										Annual Review
Annual Report of Adults Safeguarding	ED ASC										
Walsall Together	WHT Board Member				Progress Report						
CCG Commissioning/ Spending Plans	Chief Officer CCG										Annual Review
Children and Adolescent Mental Health Services CAMHS	Chief Officer CCG										Progress report
Healthwatch	Chair Health watch				Annual Report						Progress on Projects /Public Engagement

### NOTES:

This is a 'working' document. The dates are provisional and are dependent on agreement from Lead Officers in accordance with reporting schedules

\*Health Protection Annual report. This is due to July meetings but has been postponed until January 2022 due to the focusing of resources on Covid-19 and production of Health Protection Strategy.

## Health and Wellbeing Board – Work Programme 2021/22

<b>ASC</b>	Adult Social Care	<b>BCF</b>	Better Care Fund	<b>WMCA</b>	West Midlands Combined Authority
<b>DPH</b>	Director of Public Health	<b>ED</b>	Executive Director		
<b>JHWBS</b>	Joint Health and Wellbeing Strategy (the Walsall Plan).	<b>CCG</b>	Clinical Commissioning Group		
<b>WHT</b>	Walsall Healthcare Trust	<b>HWBB</b>	Health and Wellbeing Board		