

Health and Wellbeing Board

20 September 2022

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 2021.

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 Integrated Care Board, One Walsall (Council for Voluntary Services), Primary Care Networks, Healthwatch, Community Associations and Walsall Housing Group (representing the housing sector).

3.2 The Walsall Together business case, approved by Cabinet in 2019, outlined initial governance arrangements, vertically integrated within Walsall Healthcare Trust (WHT) as Host Partner, bringing partners together under an Alliance Agreement:

- WHT provides vehicle for governance by establishing a Partnership Board and management structure within the framework of its existing corporate structure
- The Walsall Together Partnership Board (WTPB) is a sub-committee of the WHT Board
- The established governance and regulation for each of the providers is retained and used to underwrite any collaborative decision

3.3 Partners have agreed 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 & Recovery

4.1 The previous report in October 2021, outlined the integrated response to the Covid-19 outbreak, recognised formally by the Care Quality Commission's provider collaboration review undertaken in July 2020. During the course of Winter 2021/22, the partnership further demonstrated the strengths and benefits of integrated arrangements across hospital discharge pathways:

- Walsall Healthcare NHS Trust achieved record low levels on the Medically Fit for Discharge lists last winter. Despite increased numbers throughout 2021 and 2022, the average length of stay has remained below the target of 5 days, demonstrating the ability of the service to accommodate increased demand.
- In the last 12 months, the Trust has been consistently ranked number one, out of 14 West Midlands Trusts, for ambulances handovers within 30 mins from arrival, being hailed as an "exemplar of best practice" by the West Midlands Ambulance Service Board of Directors for rapid handover of patients at the hospital
- Support to care homes with regards to infection control, risk management and back-office functions as required. Enhanced Case Management ward rounds now operate in all Nursing Homes and Elderly Care Residential homes, further support is in place with Quality in Care Improvement plans including Training and Education on core themes.

4.2 Access to care was seriously affected by the COVID-19 pandemic. This has led to long waiting lists for people with long term conditions or awaiting diagnosis. This will have an impact on the demand on community services as they support those patients while they wait for specialist appointments. We have seen a decrease in the number of contacts community services have made but an increase in the number of hours of care provided. This demonstrates our community teams are seeing more unwell patients who require more care and support through virtual wards, and this is likely to continue in respect of longer waiting lists.

4.3 Several initiatives deployed during the first year of the pandemic have continued and have been expanded to support Covid recovery and wider long-term condition management in the community. These include:

- Enhanced support to Care Homes, through the continued deployment of clinical teams dedicated to monitoring the long-term health needs of residents and managing acute illness. This ensures that residents can

stay in their homes and receive safe, high-quality healthcare outside of hospital.

- Safe @ Home, a service established to support acute Covid patients in the community, now includes Acute Respiratory Infection (ARI), Heart Failure and Frailty
- A multidisciplinary service model for the community management of long-Covid now receives referrals from GPs as well as hospital clinicians
- The Care Navigation Centre has further expanded its service capacity to take referrals from West Midlands Ambulance Service, General Practice and NHS111 and to allow certain long-term conditions patients to access support

4.4 Saddler's vaccination centre has now closed following a rationalisation of sites across the Black Country and a change in the national funding model. Vaccinations for Walsall residents will be undertaken by GP surgeries and through a Black Country hub based in Sandwell. Walsall Manor has been commissioned to provide vaccinations solely for Walsall Healthcare Trust staff.

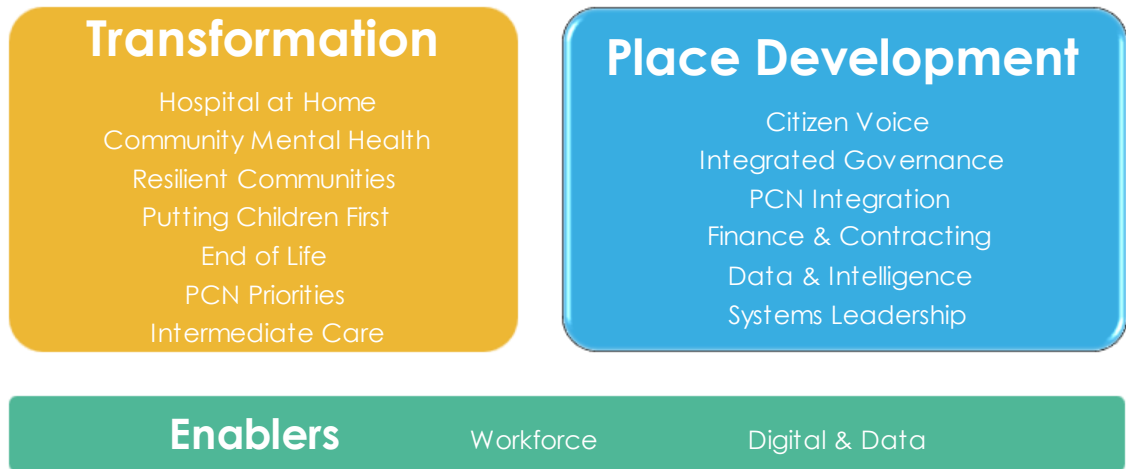
5 Transformation and Place Development

5.1 The next stage of our ambitions and plans for delivering services in a more integrated way are aligned to the NHS Long Term Plan (LTP) (2017), the health and social care White Paper, *Integration and innovation: working together to improve health and social care for all* (2021) and the more recent integration White Paper, *Joining up care for people, places and populations* (2022), as well as the strategic objectives of our partners and wider Black Country Integrated Care System.

These plans set out a clear direction for delivering integrated services in the community that focus on a data driven, proactive and preventative approach, by putting people at the centre and giving them more control over their own health and more personalised care when they need it. To support delivery of these plans during 2022/23, we have 2 established change programmes:



Walsall Together Programmes



2022/23 Transformation Programme

Hospital at Home	Community Mental Health	Resilient Communities	Putting Children First	End of Life	PCN Priorities	Intermediate Care
<ul style="list-style-type: none"> Virtual wards IT systems digital integration 	<ul style="list-style-type: none"> Community mental health transformation – embed in next phase Integrated Place Based Teams Substance misuse 	<ul style="list-style-type: none"> Wellbeing framework 	<ul style="list-style-type: none"> Family safeguarding Adolescents with complex needs Family hubs Special education needs or disability (SEND) action plan 	<ul style="list-style-type: none"> Electronic Palliative Care Co-Ordination System (EPaCCS) End of Life Strategy – key priorities 	<ul style="list-style-type: none"> Diabetes Male suicide Chronic Kidney Disease (CKD) Children and Young People (CYP) mental and physical health Frailty Physical activity programme for adults with long term conditions 	<ul style="list-style-type: none"> Service review

- 5.2 The following paragraphs provide an overview of key highlights since the previous report.
- 5.3 Healthwatch Walsall and Diabetes UK teamed up to set up a new Peer Support Group for people living with or affect by Diabetes in Walsall. The group was set in response to patient feedback collected on behalf of the Walsall Together Partnership calling for more support and advice on managing the condition, medication needs, nutrition and diet information as well as signposting to services.

- 5.4 A new initiative was launched, aiming to help expectant and new mothers give their baby the best start in life by improving their financial situation and in turn their health and wellbeing was successfully piloted. It offers support and guidance on accessing benefit entitlements, signing up to the Priority Services Register, ways to make savings on energy usage and costs, budgeting and assessing eligibility for grants and vouchers.
- 5.5 Walsall Together Partnership has developed a data dashboard which monitors the demand on hospital and community services in real time and indicates where there is capacity in the system to help ease the pressure. This allows decision makers to identify where the pressure points are and work together to identify where patients can be discharged to or hospital admissions avoided, making sure people are safe, and getting the right support in the right place. It also enables barriers to discharge to be identified, highlights where more resources are needed and allows for staff to be redeployed into areas where extra support is required.
- 5.6 Virtual wards set up to help people manage covid-19 patients at home, as well as support those with long covid, were expanded to include patients with respiratory conditions and Chronic Obstructive Pulmonary Disease (COPD). As of April 2022, more than 1,800 people have been cared for through virtual wards that were put in place to reduce the length of time people were in hospital or prevent them from having to go in at all.
- 5.7 A new pathway has been launched in Walsall to help keep frail, elderly residents safe in their own home and avoid unnecessary admissions to hospital. As part of the initiative, which was set up by the Walsall Together Partnership, West Midlands Ambulance Service (WMAS) are able to directly refer patients who have fallen at home, but don't require an ambulance, to the Care Navigation Centre (CNC) team for clinical assessment and support. Work in this area will be expanded to support more patients through a virtual ward model.
- 5.8 Work4Health is a programme that was set up by whg, Walsall Healthcare NHS Trust, Walsall College and the Department of Work and Pensions in order to enable them to collaboratively support disadvantaged adults to gain employment. Following the initial pilot it was highlighted as an excellent example of cross-sector collaboration at place level as a means of tackling the wider determinants of health, widening the NHS candidate pool and a way of improving workforce retention. This resulted in additional funding being made available by the Trust to further develop and resource the programme and to extend it to other NHS job roles. As of January 2022, 75 local jobseekers had secured jobs within Walsall Healthcare Trust following support from the programme. Out of these 75 job outcomes 81% were unemployed or economically inactive previously, 51% were BAME and many were from areas where unemployment levels are consistently high and where health outcomes are poor.
- 5.9 Kindness Counts Champions were recruited by whg, funded by the Walsall Together Partnership, as part of a successful NHS Charities bid to help reduce

health and wellbeing inequalities in Walsall. The aim of the Kindness Counts programme is to use a targeted approach to support whg customers, and other Walsall residents, who are feeling lonely or isolated in order to improve their overall health and wellbeing. A programme of activities is delivered by the champions that help increase confidence and self-esteem and provides people with opportunities to meet and socialise with others.

6. Population Health and Inequalities

- 6.1 Recognising that Walsall is the 25th most deprived local authority area in England (IMD) with a quarter of wards in the top 10% most deprived, the partnership is looking to implement a population health management approach and joined up working across services and with housing associations and VCSE partners who are best placed to reach those that might otherwise avoid statutory services. This is a key output of our Data & Intelligence workstream.
- 6.2 The Walsall Together Partnership Board will act as the Health Inequalities Board for the partnership and place. It will work with the Health & Wellbeing Board to ensure we address, in the right order, the health inequalities that are presented to it and will feed this up to the Integrated Care System Health Inequalities & Prevention Board.
- 6.3 To ensure our work to reduce health and social inequalities is coordinated, and embedded within our approach to population health management, we have a well-established Population Health and Inequalities Steering Group, Chaired by a Consultant in Public Health. The Group is responsible for drafting the partnership's Population Health & Inequalities Strategy. Acknowledging that the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment set the overarching ambition and priorities for Walsall, the partnership strategy will describe the partnership response and local Population Health Management delivery model. The partnership strategy is currently in draft form, and is expected to be finalised during quarter 3.
- 6.4 Our Clinical & Professional Leadership Group, Chaired by the Director of Public Health, has also set out its transformation plans to ensure that, all areas of responsibility and programmes of work are assessed to measure impact on inequalities, centred on the following themes:
 - Reducing variation in outcomes
 - Identifying and overseeing implementation of our priorities as anchor institutions
 - Ensuring the COVID restoration and recovery does not exacerbate health inequalities
- 6.5 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 impact positively on employment status without extending

the limitations of the scope of the partnership. The partnership is exploring options for developing an Anchor Network in Walsall, starting with the work undertaken in the Workforce Steering Group, but also considering the benefits within estates and procurement

- 6.6 The partnership is currently compiling a collaborative response to the national cost of living crisis, recognising the growing evidence base linking such circumstances as fuel poverty on health outcomes, particularly excess Winter deaths. The partnership has identified several initiatives that can be rapidly implemented without additional investment, working with our housing and third sector partners. The partnership will also consider how a more strategic response could support coordination of the limited resources available across our partnership, particularly in advance of Winter.

7. Place Based Partnership Governance

- 7.1 Following the establishment of Integration Care Systems in July 2022, the partnership has been reviewing place-based governance arrangements. This has been supported by the appointment of a new independent Chair for the Partnership, Patrick Vernon, who is playing a key role in promoting debate and review amongst partners.

The current arrangements, outlined in section 3 above, were intended to set the foundations of partnership working and to provide a vehicle for governance. It was acknowledged at the time that arrangements would be subject to change in light of emerging objectives and direction of the partnership.

Partners are working on an updated Place model. This builds on existing joint commissioning arrangements. Options are being explored to increase inclusion of providers across the commissioning cycle whilst ensuring statutory commissioning responsibilities are retained.

Inherent in the development programme is the recognition that moving to a more collaborative model brings some risks regarding how to manage conflicts of interest and to ensure transparency. While these risks are not unique to collaborative models, they demand careful management and formal structures to support collaborative service planning. This involves building mutual understanding between local commissioner and provider leaders, a process which takes time but is essential. Developing shared views and understanding among senior leaders goes alongside a wider process of change for operational staff that focuses on supporting them to work more effectively with colleagues in other local organisations.

Within Walsall, 'System Leadership' (focussed on leading across local organisational/sector boundaries) is a workstream in our Place Development Programme. The scope will include Walsall Together partners and wider

commissioning teams to ensure we role-model the collaborative values that have delivered benefits to date.

8. Next steps

8.1 Further work is required to confirm:

- How contracting of services will operate (day one and over time) and the funding that will flow from the joint commissioning arrangements to Walsall Healthcare and other providers
- The relationship between the Walsall Together Board and the Health & Wellbeing Board
- How the citizen voice will be further embedded across the partnership
- The role and responsibilities of the Single Accountable Person/Director of Integration
- The governance between Walsall Healthcare Trust Board and the Walsall Together Partnership
- The distinct responsibilities and membership of place Boards and Committees
- The final scope of services for control at place, through joint commissioning arrangements
- How we will integrate data and intelligence to drive decision-making and monitor progress against an outcomes framework

References

- [Thinking differently about commissioning | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insight/thinking-differently-about-commissioning)
- [solving-the-puzzle-sept-21.pdf \(ippr.org\)](https://www.ippr.org/publications/solving-the-puzzle-sept-21)
- Health & Social Care White Paper, 2021.
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>
- Thriving Places (produced jointly by NHSE and LGA)
<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0660-ics-implementation-guidance-on-thriving-places.pdf>
- Integration White Paper, 2022 (<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>)

Appendices

None

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