Walsall Council

Health and Wellbeing Board

Tuesday 20 September 2022 at 4.30pm.

Digital meeting via Microsoft Teams.

Public access via this link: http://www.WalsallCouncilWebcasts.com

Membership:
Councillor G. Flint (Chairman)
Councillor K. Pedley
Councillor T. Wilson
Councillor A. Nawaz
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 , Integrated Commissioning Board
Mr. G. Griffiths-Dale, Integrated Commissioning Board
Ms. M. Poonia, Healthwatch Walsall
Ms S. Samuels, Group Commander, West Midlands Fire Service
Chief Supt. P. Dolby, West Midlands Police
Ms S. Taylor, 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. R. Davies, Walsall College
NHS England
Vacancy – Integrated Commissioning Board Representative.

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.

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	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. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.
Contracts	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: (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
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	Any tenancy where (to a member's knowledge): (a) the landlord is the relevant authority; (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where: (a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either: (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (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.

Part 1 – Public Session

1. Welcome

2. Apologies and Substitutions

3. **Minutes**: 26 April 2022
   - To approve as a correct record – copy **enclosed**

   (Note: The meeting on 12 July 2022 was cancelled following a national hot weather alert. Items for consideration at that meeting are contained in this agenda)

4. **Appointment of Vice-Chairman**
   (Note: The Board has previously agreed that the Vice-Chairman should be a Clinical Commissioning Group (now Integrated Commissioning Board) Member

5. **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]

6. **Local Government (Access to Information) Act, 1985 (as amended)**: There are no items for consideration in the private session of the agenda

Discussion/Decision Items

7. Joint Local Health and Wellbeing Strategy 2022-25
   - Report of Director of Public Health- **enclosed**

8. We are Walsall 2040
   - Presentation - Head of Policy and Strategy – **enclosed**

9. Pharmaceutical Needs Assessment
   - Report of Director of Public Health **- enclosed**

10. Better Care Fund – End of Year Report and 2022/24 Plan
    - **Note**: The report of Better Care Fund Manager will be published on Thursday 15 September to enable late submissions to be added to the plan and consulted upon.

11. Development of Family Hubs and Start for Life Programme in Walsall Council
    - Report of Director, Children's Services - **enclosed**

Assurance Items

12. Health Protection Forum Annual Report
    - Report of Director of Public Health – **enclosed**

13. Walsall Together Annual Report
    - Report of Director, Transformation & Place, Walsall Together - **enclosed**

Information Items

14. Mental Wellbeing Strategy – Progress on delivery
    - Report of Director of Public Health – **enclosed**

15. Work programme 2022-23
    - Copy **enclosed**

Date of next meeting – 6 December 2022

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Health and Wellbeing Board

Minutes of the meeting held on Tuesday 26 April 2022 in the Town Hall, Lichfield Street, Walsall at 4.25pm.

Present (in person)	Councillor S. Craddock (Chair) Councillor I. Robertson Councillor K. Pedley Mr. S. Gunther, Director of Public Health Ms C. Jennings, Housing Sector (Substitute) Ms R. Davies, Walsall College
Present (Remote)	Dr. A. Rischie, Walsall CCG (Vice-Chair) Mrs K. Allward, Executive Director, Adult Social Care Mrs S. Rowe, Executive Director, Children's Services Ch. Supt. Dolby, West Midlands Police Ms D. Hipkins, Walsall CCG (substitute) Mr D. Benge, One Walsall (substitute) Ms. M. Poonia, Chair, Healthwatch Walsall Ms M. Foster, Black Country Healthcare Foundation Trust Prof D. Loughton, Interim Chief Executive, Walsall Healthcare NHS Trust
In Attendance: (In Person)	Mrs H. Owen, Democratic Services Officer

777 **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 said that he would consult all Board members on their views if a vote was required however, only those Board members present in the Council House were able to vote and that this would be done by a show of hands which would be recorded.

Members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Introductions took place and a quorum of members present in-person was established.

At this point, Councillor Craddock said that as he would be standing down at the next election in May, this would be his last meeting as Chair of the Health and Wellbeing Board. He took the opportunity to thank all Board members for their help and contributions throughout the year.

778 **Apologies and substitutions**

Apologies for absence were received from:
Councillor Wilson; Ms F. Shanahan (Housing Sector), Mr G. Griffiths-Dale (CCG); Ms. S. Taylor (One Walsall)

Substitute members for this meeting only:
Ms C Jennings for Ms F. Shanahan; Ms D. Hipkins for Mr G. Griffiths-Dale; Mr D. Benge for Ms. S. Taylor.

779 **Minutes – 21 January 2022**

Resolved

That the minutes of the meeting held on 21 January 2022, a copy having been sent to each member of the Board be approved and signed as a correct record.

780 **Declarations of interest**

There were no declarations of interest

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

There were no items to be considered in private session.

Discussion/decision items

782 **Better Care Fund (BCF) – Q4 report**

Mrs K. Allward, Executive Director, Adult Social Care, Public Health and Hub presented a report of the Better Care Manager which provided an update on the 2021/22 Better Care Fund year-end reporting responsibilities.

(see annexed)

In presenting the report, Mrs Allward advised that the National Better Care Fund reporting requirements and timetable had been received however the requirements did not align with reporting to the Health and Wellbeing Board, therefore, approval was sought to delegate authority to approve the year-end report for the financial year 2021/22 and future BCF reports during financial year 2022/23 . She said that the end of year reports would be submitted retrospectively to the Board.

Mrs Allward addressed concerns regarding accountability for the spend and reiterated the governance arrangements in place as set out in the report. She added that she would expect that risks of overspend or delivery would be escalated and registered through the normal monitoring arrangements in the governance model.

(Note: change to recommendations to read, italics, – authority is delegated to the Executive Director Adult Social Care, Public Health and Hub *in consultation with* the Managing Director of Black Country and West Birmingham Clinical Commissioning Group, Walsall……)

When asked by the Chair, it was established that no member joining remotely had an objection to the recommendations being approved

A vote was taken amongst those members present in the room and it was:

Resolved:

1) That Health and Wellbeing Board members receive the update regarding BCF year-end reporting

2) That Health and Wellbeing Board members agree to delegate authority to the Executive Director of Adult Social Care, Public Health and the Hub, in consultation with the Managing Director of Black Country and West Birmingham Clinical Commissioning Group Walsall place to approve the BCF year-end report for financial year 2021/22 and future BCF reports during financial year 2022/23

783 **Walsall Joint Strategic Needs Assessment 2022-25**

In attendance: Ms E. Thomas, Public Health Intelligence Manager

Mrs Thomas presented a report which provided the final key findings on the Walsall Joint Strategic Needs Assessment.

(see annexed)

Ms Thomas responded to questions and points of clarification from members and a discussion ensued during which time comments included:

- The crossover of access to healthcare services with other neighbouring areas was a key focus of the Health Protection Forum.
- The M6 motorway was impacting on air quality however, the motorway was controlled by the Highways agency. The West Midlands Combined Authority Wellbeing Board was picking this up as a focus of attention.
- Air Quality was a significant focus for the Walsall Healthcare Trust and the Trust had invested in solar farms and other installations on the hospital site. The fleet of over 170 GP practice vans was also moving to electric. The availability of charging points was of concern. The Council was piloting a rollout of charging points.
- Digital poverty was a driver for inequalities generally.

The Chair thanked Ms Thomas and her colleagues for their work.

It was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved:

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

2) The JSNA is presented at the Walsall Together Board as an enabler to both encourage utilisation of the insight, as well as awareness of / reassurance of the priorities identified.

3) A commitment to further contributing to; and utilising Walsall's JSNA, to help monitor organisational priorities and action.

784 **Pharmaceutical Needs Assessment 2022-25**

In attendance: Ms E. Thomas, Public Health Intelligence Manager

Ms. H. Patel; Public Health Community Pharmacy lead

Ms J. Nichols, Local Pharmacy Committee

Ms A. Farrer, Healthwatch Walsall.

Ms Thomas and colleagues presented a report which provided the outcome of the Pharmaceutical Needs Assessment.

(see annexed)

A discussion took place, during which time, Ms Thomas confirmed that the close links with pharmacies to support the healthcare system in general would continue and also that mapping of postcode areas could be mapped to understand the demographics of respondents better. Of concern for members was the waste of medicines through unnecessary repeat prescriptions and also the need to speed up the provision of blister packs to patients.

Following the discussion, it was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved:

1) to note the progress to date including the resident survey results undertaken by Healthwatch Walsall..

2) to ensure input/comments/feedback is provided in line with the timeline set out in paragraph 10 of the report.

Assurance Items

785 **Children's and Adolescent Mental Health Services (CAMHS)**

In attendance: Dean Howells and Sarah Hogan, Black Country Healthcare NHS Foundation Trust

Ms. M. Foster, Acting Chief Executive, Birmingham and Black Country Healthcare NHS Foundation Trust, and colleagues presented a report which provided an update and information around the transformation of Walsall Child and Adolescent Mental Health Services (CAMHS)

(see annexed)

Ms Foster and colleagues responded to a number of points of clarification during which time members were advised of waiting times for the various services which Ms Foster said had improved. A discussion took place during which time comments included:

- Work was in place to help 18-25 year olds transition to adult services, offering emotional wellbeing and mental health services. The proposals were currently out to consultation with young adults. Walsall College supported this work as the largest sixth form in the Borough and having seen an increase in mental health needs of this age group..

- There was a local, regional and national services for those struggling with gender identity and therefore not mentioned in this update.
- There were changes to the way in which young people and been housed in centres away from home which would mean that the service locally would have a greater influence.
- Waiting times may have improved but there was concern about increased numbers of people in acute crisis needing help with mental health needs at too late a stage. Building resilience across the age ranges was key but there was a gross under-provision nationally of services other than child mental health services.

Following the discussion, it was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved:

1) That the Health and Wellbeing Board receive the information within the report which supports their identification of the wider teams who have had an impact on community wellbeing and mental health; and that the Board supports the transmutation work of Walsall CAMHS

2) That Board members have a greater understanding of CAMHS transformation and improves their understanding of how Walsall CAMHS contributes and puts measures in place that will promote the wellbeing and mental health of children and young people within Walsall and ensuring that children and young people are part of our planning process; and that the Board notes the progress of the transformation of Walsall CAMHS

786 **Healthwatch Walsall – progress on projects and public engagement**

In attendance: Ms. A. Farrer, Healthwatch Walsall.

Ms M. Poonia introduced Ms Farrer who presented a report updating on the progress of Healthwatch Walsall's work delivery plan 2021/22

(see annexed)

The report was seen as generally positive and it was noted that Walsall Together Board continued to engaged. With regard to enter and view services, Ms Farrer confirmed that some visits were being undertaken virtually but that it had been recently agreed to now continue to make in-person visits so these will resume shortly.

It was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved:

1) That the Health and Wellbeing Board notes the progress in delivering the Healthwatch Walsall work plan for 2021/2022.

2) That the Health and Wellbeing Board supports the work plan of Healthwatch Walsall

Information items

787 **Director of Public Health Annual Report**

The Director of Public Health, Mr S. Gunther, presented a report which provided an overview of the DPH Annual report (Improving Mental Wellbeing in Walsall – "Together We Can").

(see annexed)

It was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved

1) Health and Wellbeing Board note the key messages, recommendations and progress on implementation from the DPH Annual report launched in January 2022.

2) Health and Wellbeing Board support the implementation of the recommendations through their respective organisation and help disseminate and promote with partners and residents

788 **Public Health Outcomes Framework (PHOF)**

The Director of Public Health, Mr S. Gunther, presented a report which informed the Board of public health outcomes and to provide context and focus for future opportunities to improve.

(see annexed)

It was established that no member joining remotely had and objection to the recommendations being approved and it was:

Resolved

1) That the report be noted.

2) That the 3x3 matrix be used outside of this Board to open up discussions and subsequent action both within and outside the Council on how to improve public health outcomes.

3) Members note, that incorporating health and wellbeing considerations into decision making across sectors and policy areas, it can make a significant contribution to improving wellbeing for the people of Walsall.

4) Members note, that the 3x3 matrix has been showcased throughout the organisation and will continue to evolve over time with amendments to further enhance its capability.

789 **Work programme**

The work programme was submitted and noted.

At this point, Councillor Craddock thanked Councillor Robertson who was also standing down at the election , for his valuable contributions to the Board. He thanked Stephen Gunther who had mentored him through the pandemic, for the support of the Public Health team. and the Council communications team delivery of messages. He thanked all Board members and wished them well.. Board members reciprocated and wished Cllr Craddock well.

Date of next meeting – 12 July 2022.

The meeting terminated at 6.12pm

Chair:

Date:

Health and Wellbeing Board

20 September 2022

Joint Local Health & Wellbeing Strategy 2022-25

1. Purpose

1.1 To provide the Health & Wellbeing Board (HWB) with the final version of the Walsall Joint Local Health & Wellbeing Strategy (JLHWS) 2022-25.

2. Recommendations

2.1 That the Board approve the Joint Local Health & Wellbeing Strategy 2022-25

2.2. That the JLHWS is acknowledged as the framework to ensure accountability, monitoring organisational outcomes and performance against the agreed priorities by the Board

3. Report detail

3.1 The Health and Social Care Act 20121 ('the Act') amended the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

3.2 The Health and Care Act 2022[1] which received Royal Assent in April 2022, and integration white paper[2] looks to enable greater integration between partners across the health (which includes physical and mental health) and social care sector. This includes collaboration between partners who can address the wider determinants of health by:

- removing barriers to data-sharing
- enabling joint decision-making and greater collaboration within the NHS, between trusts, and between the NHS and other systems partners – in particular local authorities

[1] Health and Care Act 2022 (legislation.gov.uk)
[2] Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk)

3.3 The Health and Care Act 2022 establishes new NHS bodies known as Integrated Care Boards (ICBs) and requires the creation of Integrated Care Partnerships (ICPs) in each local system area. This will empower local health and care leaders to join up planning and provision of services – both within the NHS and with local authorities – and help deliver more person-centred and preventative care.

3.4 Local authorities and clinical commissioning groups (now ICSs) have equal and joint duties to prepare JSNAs and JLHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process.

3.5 The integration white paper sets out actions the government will take to support this greater collaboration at place level, and further develop the effective delivery of integrated health and care services.

3.6 It sets an expectation that places will make rapid progress in providing clarity on the governance and scope of their place-based arrangements to ensure NHS and local authority leadership are effectively bought together. This will include a single person, accountable for the delivery of shared outcomes and plans in each place, working with local partners.

3.7 JLHWSs are unique to each local area and are produced by each borough's health and wellbeing board.

3.8 A JLHWS:

- is the statutory responsibility of the HWBB
- outlines what agreed local priorities have been set by the HWBB in order to tackle the needs identified in the JSNA and members' individual strategies/operations plans
- translates the JSNA findings and members' individual strategies/operations plans into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs

3.9 The JLHWS 2022-25 replaces the 2017-2020 publication - 'The Walsall Plan: Our Health and Wellbeing Strategy'. A replacement was planned to commence in 2020 but was delayed due to the borough-wide response to the Covid-19 pandemic taking precedence.

3.10 This JLHWS is being presented

- As a succinct version (50% shorter than previous publication). The decision to be clear and concise for all readership was agreed by the Board. This has been achieved through the development of the Walsall Together partnership, which represents 60% of the HWB.
- To outline the new structure of the health service and introducing the Borough's new way of working via Walsall Together (see

Appendix 1), highlighting the building upon previous iterations and add further value, through partnership and place-based working
- As a live document. The priorities will be reviewed annually, in accordance with data from the JSNA and corporate strategies/plans

3.11 Collating information / data for the Strategy involved having a meeting with each member of the HWBB to discuss each department/organisation's strategy/operations plans and priorities. The findings were then presented at a HWB workshop (15 March 2022) where all members agreed the following priorities:

Mental Wellbeing (Mental wellbeing strategy 2022-2032 (walsallintelligence.org.uk) – especially isolation for all ages and the impact of Covid-19
Our Digital Approach (BC_Digital_Strategy_Final_210316.pdf (blackcountrylep.co.uk) – infrastructure and inclusion
Children and young people (Children & Young People - Walsall Insight (walsallintelligence.org.uk)

3.12 To ensure a collective agreement for Outcomes, the strategies listed above will be used for reporting and monitoring. It is to be noted that HWB:

- Signed off the Mental Wellbeing Strategy 2022-32
- Noted Walsall's 'Giving Every Child The Best Start In Life' and
- Agreed the content of the Black Country Digital Strategy

3.13 The strategies for the three areas will be the framework for each priority – adopting the strategies' projected outcomes.

4. Implications for Joint Working arrangements:

4.1 All members of the HWB have a joint focus on the three agreed priorities, in accordance with each organisation's governance but share the same Outcome – to reduce inequalities. Page eight (8) demonstrates the reporting format. Budgets and resources will not be aligned.

5. Health and Wellbeing Priorities:

5.1 HWBs have a statutory duty to ensure they have a JSNA and JLHWS 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.

5.2 A Marmot life course approach has been applied to the three over-arching priorities with sub priorities identified under each.

5.3 Safeguarding: No adverse implications for the most vulnerable sectors in the community have been identified.

5.4 Further advice will be sought from the Director of Public Health and the Public Health team during the term of this Strategy.

Background papers

1. Walsall JSNA
2. WM Fire Service - Our Plan 2021-24
3. WM Police – Wellbeing Action Plan
4. Walsall College - Strategy
5. whg – The H Factor 2021-24
6. Walsall Multi-Agency Mental Wellbeing Placed Based Strategy Mental Wellbeing Walsall "Together We Can" 2022- 2032
7. Black Country Digital Strategy
8. Walsall Digital Strategy 2022-25
9. Giving Every Child The Best Start In Life
10. Walsall Children, Young People & Families Strategic Alliance
11. NHS Long Term Plan
12. Health & Care Act 2022
13. Health & Social Care Integration Paper

Author

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Walsall Council

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Appendix 1

Members	Walsall Health & Wellbeing Board	Walsall Together
1. *Walsall Council*	√	√
2. *Walsall Clinical Commissioning Group*	√	√

3. *West Midlands Fire and Rescue Service*	√	𝒙
4. *West Midlands Police*	√	𝒙
5. *One Walsall*	√	√
6. *Walsall Healthcare NHS Trust*	√	√
7. *whg (Walsall Housing Group)*	√	√
8. *Walsall College*	√	𝒙
9. *Black Country Healthcare NHS Foundation Trust*	√	√
10. *Healthwatch Walsall*	√	𝒙

Cover Page:

Walsall Joint Local Health & Wellbeing Strategy 2022-25

"Together we will create a wellbeing-centred Borough!"

Collage of pictures of Walsall residents doing something that demonstrates wellbeing:

> *a keep-fit class / an elderly chair exercise class / children activities / vaccination clinic / residents with the fire service, police / two people sitting, communicating……...*

This document is available in alternative formats and can be explained in other languages. Please call:

Page 1: - Foreword from the Chair, Health & Wellbeing Board – Cllr Flint

Walsall is a borough rich in diversity and collectively we are working to ensure that it is a proud place to live, work and study for all our residents, students and businesses.

We are proud to introduce our new Joint Local Health & Wellbeing Strategy that outlines the focus of the Health & Wellbeing Board for creating a wellbeing borough.

The Council, NHS, Healthwatch, Fire, Police, Educational establishments, Social Housing, Third and Community sectors have agreed to work together on the areas of focus to improve the lives of the people of Walsall. This will be underpinned with a continuation of developing our Digital approach to services to improve access and information for all.

The coronavirus outbreak had, in many instances, exacerbated and amplified existing inequalities in wealth, race, gender, age, education and geographical locations – highlighting those in need. This applied when it came to both the exposure to the disease itself, and to the economic, social and mental impact of lockdown measures.

From healthcare and education to housing and work, the needs of many vulnerable groups have become more acute and the numbers in need have surged. The increase in the cost of living is also set to push more people into poverty, thereby expanding the inequalities gap and we acknowledge that the national move to deliver more services on-line may reinforce or increase health inequalities, as around a third of residents within Walsall are digitally excluded

The Health & Wellbeing Board is responsible for producing a Joint Local Health and Wellbeing Strategy, and as Chair of the Board, I believe that this is an opportune time to identify priority areas highlighted from our refreshed Joint Strategic Needs (and Assets) Assessments (JSNAs) as they are key for the development of joint strategies, which in turn feed into commissioning and operational plans. The Board will also look at which areas may need deprioritising and decommissioning.

Walsall's Joint Local Health & Wellbeing Strategy for 2022-25 maps out the priorities identified by Walsall's Health & Wellbeing Board members for the next three years. Our outcomes are to level up on social and quality of life issues - such as mental wellbeing, uneven life-expectancy, excessive elective surgery waiting time, fighting gang crime, encourage healthier lives, and creating a safer environment – which are within each organisation's individual plans.

This strategy outlines how we intend to invest in the Mental and Physical Wellbeing of our residents to continue to build a Borough to be proud of and improve the outcomes for the people of Walsall.

We have taken on board lessons learned from these past challenging years and continue to build on the outstanding partnerships established while going through the pandemic. Members of the Walsall Health & Wellbeing Board unanimously agree on the strengthening of existing partnerships and development of new ones. We intend to build on these partnerships to help the Borough get stronger and healthier because together we were better and more effective transforming health and wellbeing services for our residents, students and businesses.

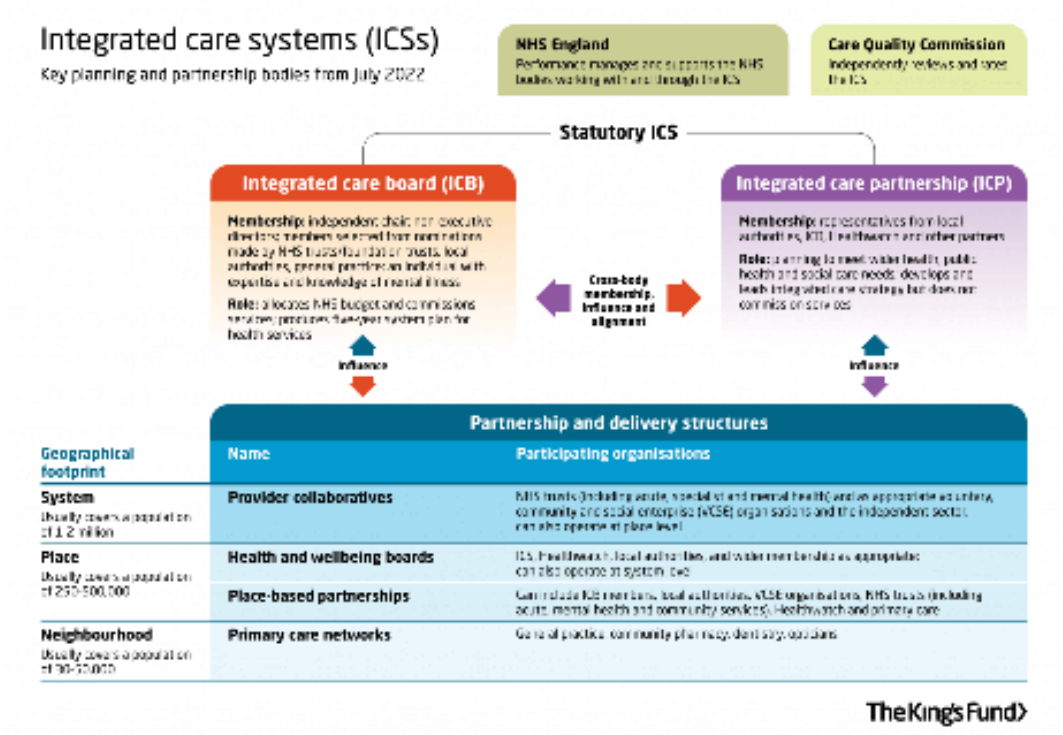
Page 2: - Introduction from the Director of Public Health - Stephen Gunther

A Joint Local Health & Wellbeing Strategy (JLHWS) is the plan set out to meet the needs identified in the Joint Strategic Needs (and Assets) Assessment (JSNA – (JSNA - Walsall Insight (walsallintelligence.org.uk)). This strategy will be an overview of the agreed priorities, outlining the planned activities for the future and outcomes, which will be used by the Board to monitor progress.

Both JSNAs and JLHWSs are tools to reduce health inequalities, and consider the needs of the whole community, including those who experience inequalities and may find it difficult to access services.

New ways of working have given all members of the Board the opportunity to review their services and with the financial challenges the pandemic has placed, to ensure that provision is offering value for money.

Following the introduction of the Health & Care Bill 2022, providers are required to have regard of their decisions on the triple aim duty of; (1) better health and wellbeing for everyone, (2) better quality of health services for all, and (3) sustainable use of NHS resources. Effective participation within system, place-based partnerships, and the introduction of provider collaboratives will be necessary and this will be carried out via the formation of the integrated care system:



To support our obligations under the Health & Care Act 2022 across the Black Country an integrated care board (ICB) will be established from July 2022 of which an approved representative of the Walsall Health & Wellbeing Board will be a member.

To develop this JLHWS, we have used data from the updated JSNA and members' individual strategies/operations plans as the blueprint for planning our joint health and wellbeing approach.

Council and member organisations have agreed on two core elements as they are paramount to society's development, that shape the future planning – Mental wellbeing and Children & Young People – and developing the footprint of our Digital approach to improve access and delivery of services across the Borough.

We have taken a different approach with this Strategy, which will serve as a map to all Health & Wellbeing members' strategies and operations plans and outline how these will be monitored and reported to you.

Page 3: Introducing the Walsall Health & Wellbeing Board

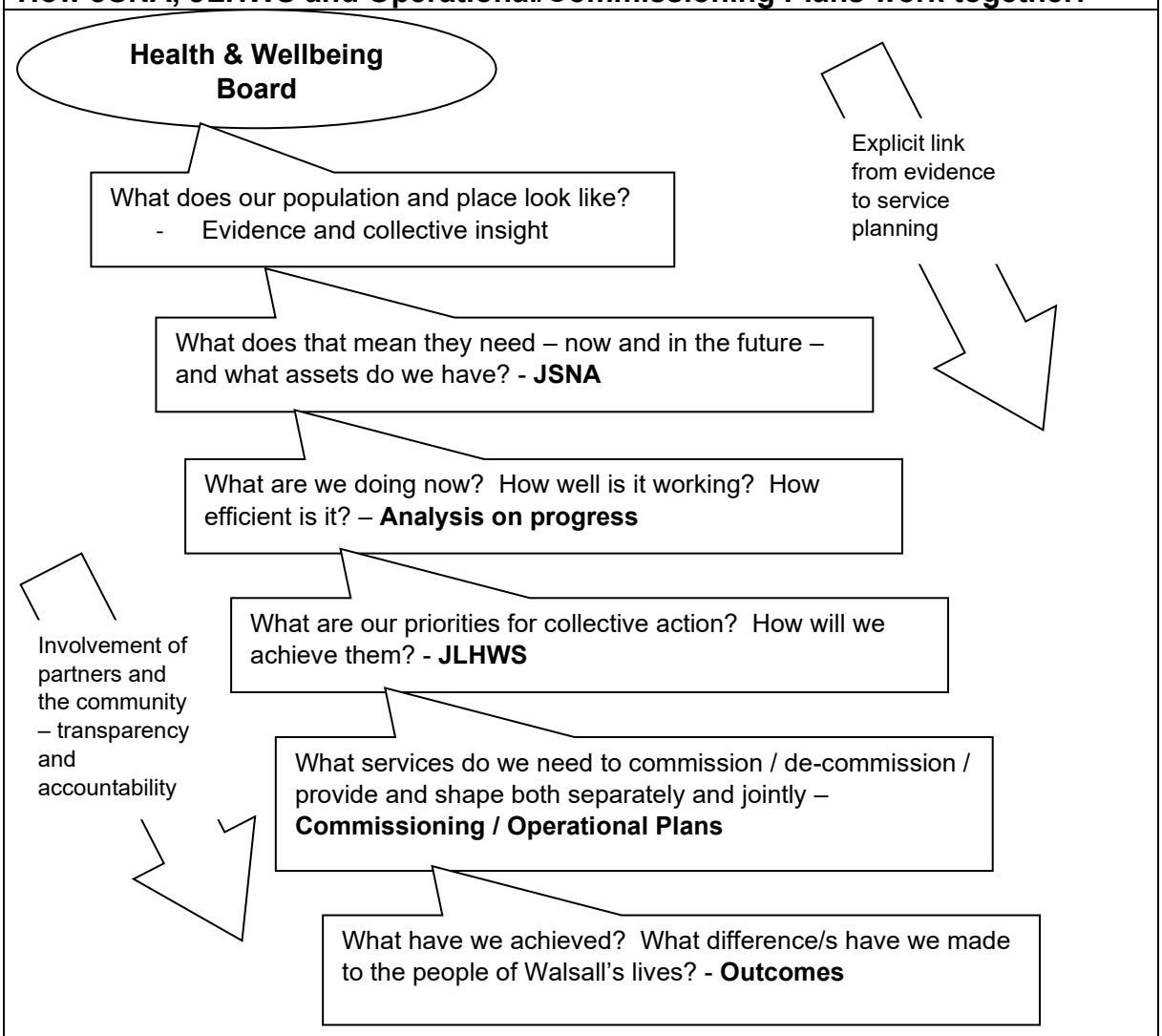
Health & Wellbeing Boards were established by the Health and Social Care Act 2012 to lead on reducing inequalities. It is responsible for setting the strategic direction; improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and social care and ensuring accountability for local action to improve health outcomes for the whole community.

Walsall's Health & Wellbeing Board brings together local leaders from across the health and social care system, including:

- the Council's public health and adult and children & young people's social care teams;
- Walsall Clinical Commissioning Group (responsible for funding and developing local hospital and community health services);
- Walsall Healthcare NHS Trust;
- Black Country Healthcare NHS Foundation Trust (Mental Health);
- West Midlands Police and Fire & Rescue services;
- whg (Walsall Housing Group)
- Walsall College;
- local councillors;
- the voluntary and community sector; and
- Walsall Healthwatch.

The purpose of our Health & Wellbeing Board is to lead and coordinate local collaborative efforts to improve health and wellbeing outcomes and reduce health inequalities. We strive to do this by working together to overcome complex health and wellbeing challenges, which cannot be solved by a single organisation working in isolation.

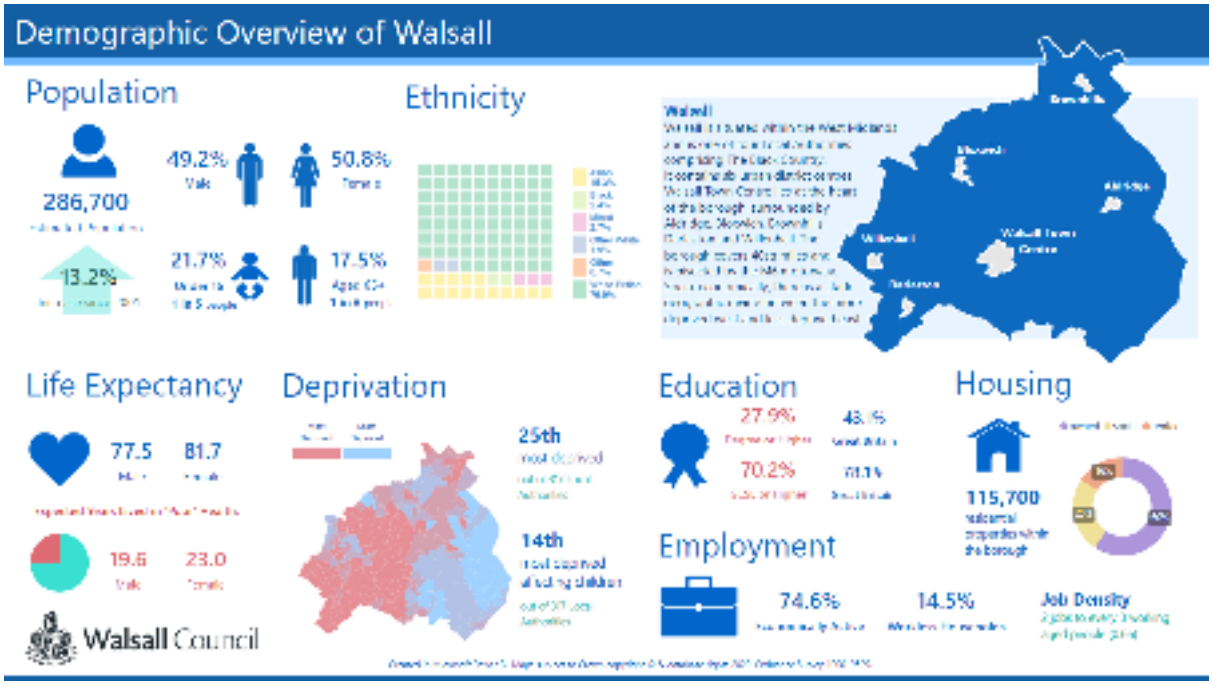
How JSNA, JLHWS and Operational/Commissioning Plans work together:



[Dept of Health 2012]

In this way, we are promoting the ambitions of a "wellbeing-centred borough" with greater opportunity and prosperity for everyone, whatever their background, and narrowing economic, environmental and health inequality.

Page 4: Walsall Context



Deprivation is deeply entrenched in Walsall and had worsened during the recession. Key facts are:

1. 44 out of 167 neighbourhoods (LSOAs) are now amongst the most deprived 10% in England compared to 34 in 2015.
2. The 2019 Index of Multiple Deprivation now ranks Walsall as the 25th most deprived English local authority (out of 317), placing Walsall within the most deprived 10% of districts in the country (33rd in 2015, 30th in 2010 and 45th in 2007).
3. There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.
4. Walsall fares particularly badly in terms of income (16th), education, skills & training deprivation (11th) and employment (38th) and many of the issues that challenge the borough match the geography of deprivation.
5. The high and increasing levels of child poverty puts additional demands on services. Walsall ranks 17th for income deprivation affecting children index (IDACI 2019) with the Borough's relative deprivation increasing over time (27th in 2015).
6. 1 in 3 (29.9%) aged under 16 years are living in low income families, higher than the national average of 20.1% (HMRC, 2016).
7. By the end of January 2017, 20.8% of primary school pupils were entitled to free school meals compared to the national average of 14.5% and 19.1% of secondary school pupils compared to 13.2% nationally (DfE June 2016).

Page 5: The JSNA and why the Priorities were chosen

Our JSNA is the means by which we work together to understand the future health, care and well-being needs of their community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive current and future investment priorities and thereby help to plan services to reduce health inequalities more efficiently. The emerging needs identified from the latest JSNA 2021[JSNA - Walsall Insight (walsallintelligence.org.uk)] refresh include:

1. Mental health (children, young people and adults)
2. Healthy weight (children, young people and adults)
3. Behaviour choices (diet, exercise, substance misuse)
4. Covid-19 implications (multi-faceted – i.e. impact on school readiness, mental health, business and economy, vaccination hesitancy and future preparations for 'living safely with Covid-19')
5. Health inequalities – widening gap with national (in general and specifically i.e. healthy life expectancy, infant mortality)
6. Dementia prevalence
7. Diabetes detection
8. Childhood immunisations – encouragement of uptake
9. Changing town centre – the Town Centre Master Plan and how to utilise the town centre differently – i.e. street furniture / design, culture celebration, Covid-19 memorial
10. Impact of poor air quality – M6 motorway J10 redevelopment works and the impact this will have.

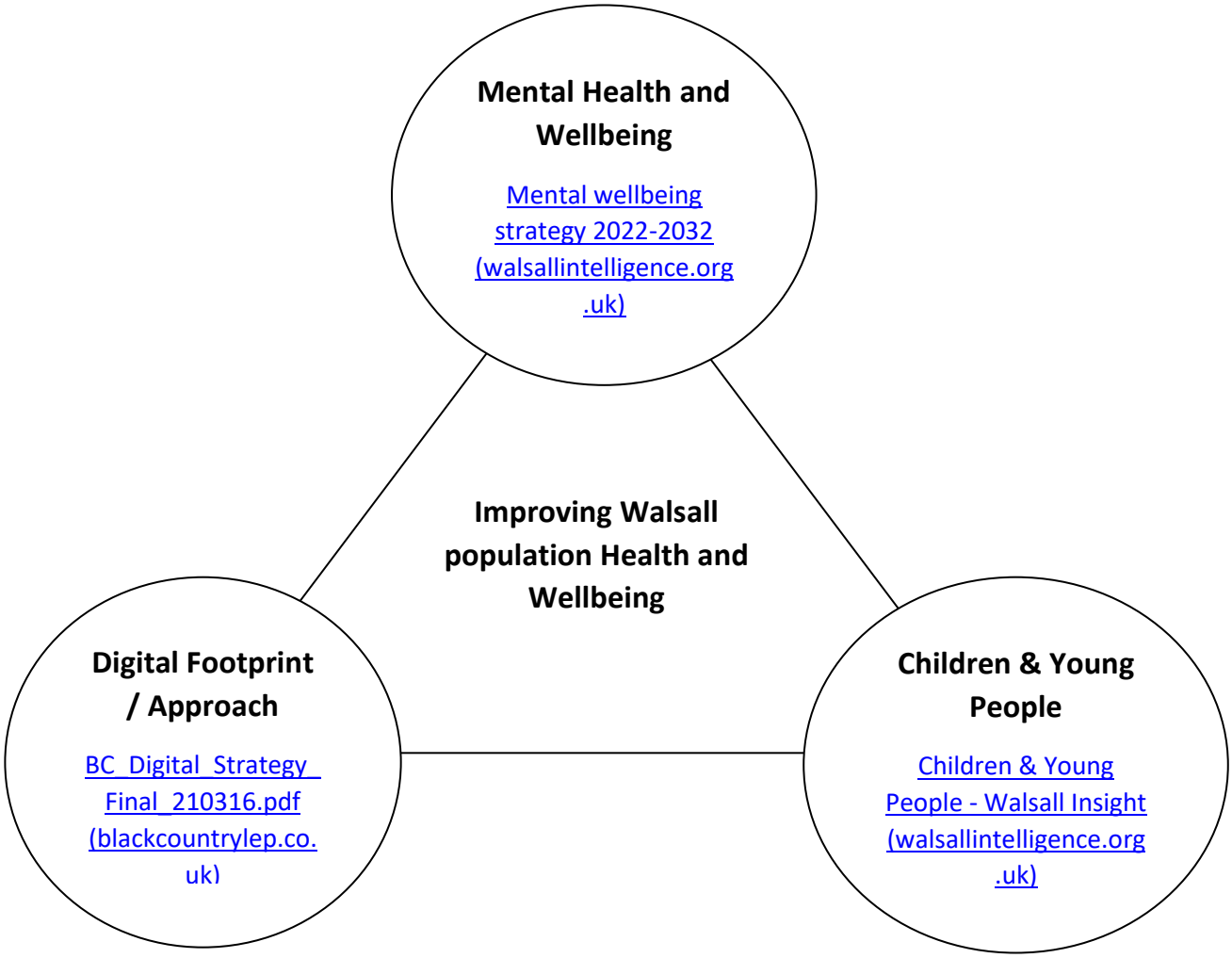
Interactive dashboards and further detail can be accessed on the **Walsall Insight website** Walsall JSNA 2021.

These needs, along with those identified in the other two key assessments (Economic Needs Assessment and the Strategic Assessment to inform the Community Safety Plan) have informed this strategy. There are three overarching priorities for the Strategy where value can be added by working together in partnership:

1. **Mental wellbeing – especially isolation for all ages and the impact of Covid-19**
2. **Children and Young People**
3. **Our digital approach – infrastructure and inclusion**

Reducing Inequalities will remain a core action within and underlying each of the priorities. The principle of 'proportionate universalism' will be applied, i.e. the scale and intensity of effort will be greatest where our need in Walsall is greatest. A Marmot life course approach has been applied to the three over-arching priorities with sub priorities identified under each.

Page 6: Priorities: Mental Health and Wellbeing, Children & Young People, Digital Approach



Mental Health & Wellbeing: Having good mental wellbeing increases an individual's resilience to challenging situations. It reduces the risk of depression and supports the building and maintenance of strong relationships. It is important to note that a person living with a mental illness can achieve positive mental wellbeing, like someone who has neither mental nor physical illnesses.	**Children & Young People:** Our priority is that Children are safe from harm, happy and learning well with self-belief, aspiration and support to be their best: Walsall children are provided with the best start in life so they can fulfil their potential and make positive contributions to their communities.	**Digital approach:** The world has changed at a pace that we could not have imagined two years ago. The Council, NHS and our partner organisations have been challenged to improve their digital transformation to a level that ensured services would be delivered to meet our residents' and business' needs. From lessons learned, all member organisations are committed to continue developing digital/technology to improve services and provision.

2022/3 Outcomes:

Mental Wellbeing	Children & Young People	Digital Approach
Set out in the Mental Wellbeing Strategy	*Set out by the Children's Alliance*	*Set out in the Digital Strategy*

Page 7: Walsall Together [Walsall Together - Walsall Healthcare NHS Trust] is a Place-based[1] partnership between Walsall organisations that plan and deliver health, mental health and social care services locally. They include:

- Walsall Healthcare Trust [Walsall Healthcare NHS Trust]
- Walsall Clinical Commissioning Group (including local GPs) [Black Country and West Birmingham CCG (blackcountryandwestbirmccg.nhs.uk)]
- Black Country Healthcare NHS Foundation Trust [Black Country Healthcare NHS Foundation Trust]
- Walsall Council [Walsall Council Homepage]
- whg Walsall Housing group –[whg Housing Association]
- One Walsall [One Walsall – One Walsall]

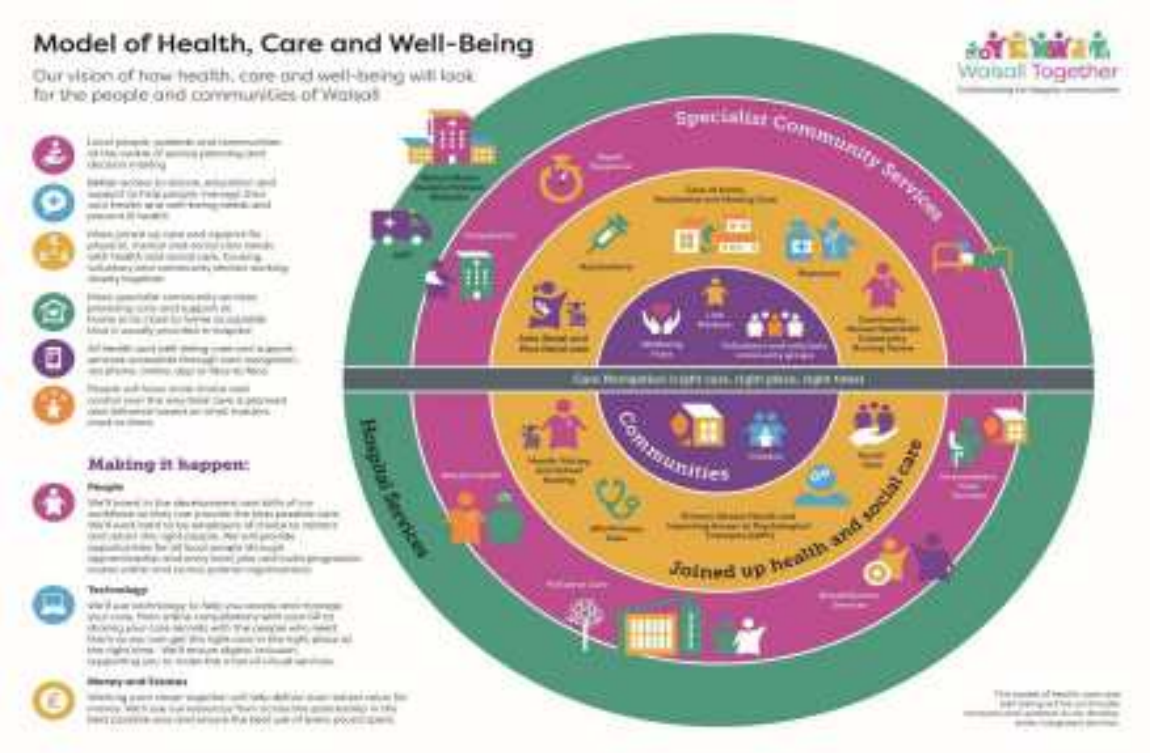
In essence, Walsall Together is one of the major drivers of the Joint Local Health & Wellbeing Strategy, along with the West Midlands Fire Service, West Midlands Police Service and Walsall College, as this partnership comprises of the members of the Health & Wellbeing Board.

These organisations are working together to:

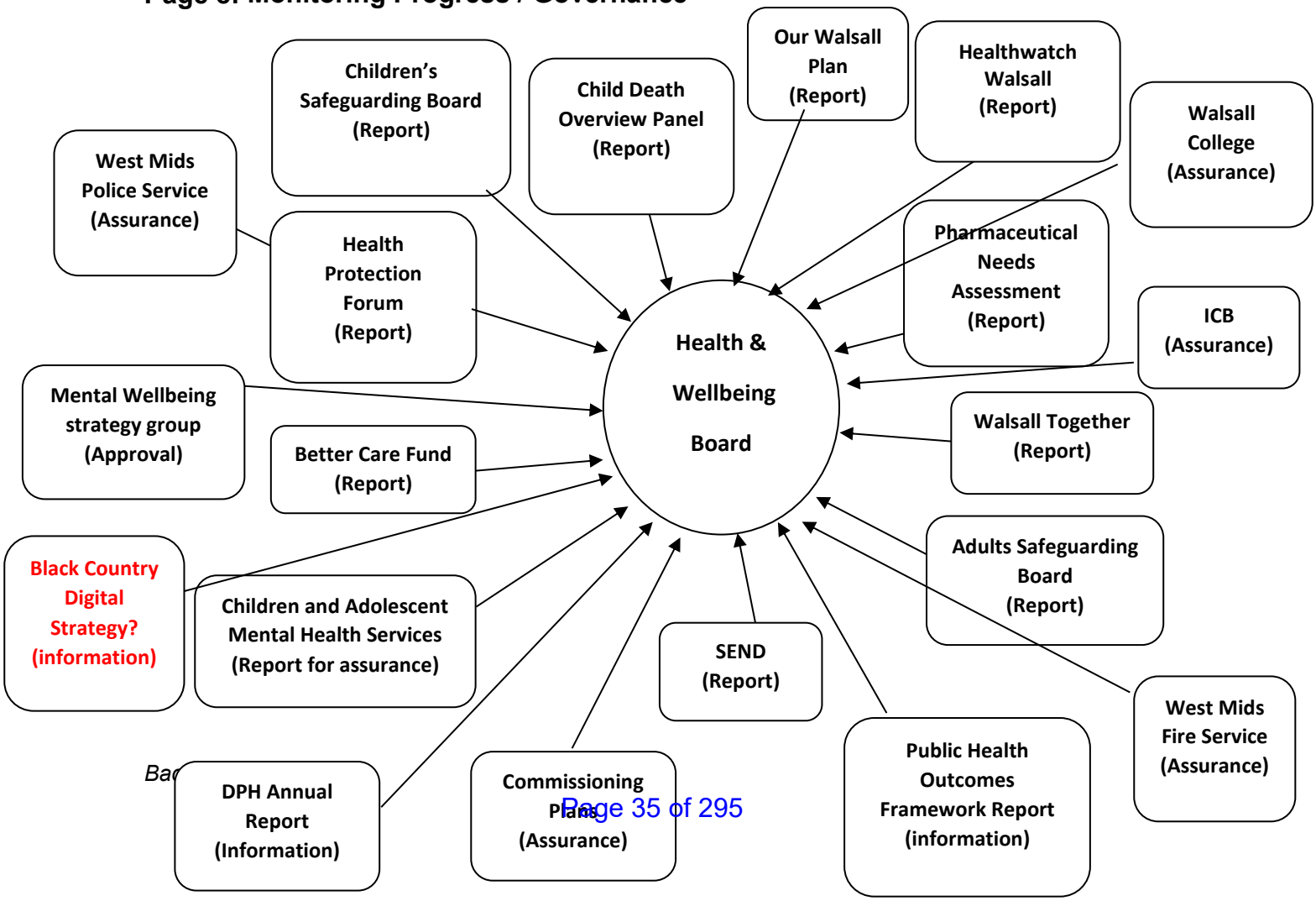
- Promote equality and reduce inequalities by focusing on the wider determinants of health
- Provide high quality and accessible care for all who need it
- Improve the health and wellbeing outcomes for the population of Walsall
- Develop a skilled, motivated and happy workforce
- Make the best use of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

The Walsall Together Board has an independent Chair and Non-Executive Directors and will be accountable to the Health & Wellbeing Board and ICB [New leaders announced for NHS Black Country Integrated Care Board :: Black Country and West Birmingham CCG (blackcountryandwestbirmccg.nhs.uk)], to meet the agreed priorities of the Borough.

[1] Place-based approaches target the specific circumstances of a place and engage the community and a broad range of local organisations from different sectors as active participants in their development and implementation.



Page 8: Monitoring Progress / Governance



Published by Walsall Council, on behalf of the Health & Wellbeing Board (logos of each member on the pages)

1. *Walsall Council*
2. *Walsall Clinical Commissioning Group*
3. *West Midlands Fire and Rescue Service*
4. *West Midlands Police*
5. *One Walsall*
6. *Walsall Healthcare NHS Trust*
7. *whg (Walsall Housing Group)*
8. *Walsall College*
9. *Black Country Healthcare NHS Foundation Trust*
10. *Healthwatch Walsall*

WE ARE WALSALL 2040

Health & Wellbeing Board update

July 2022

Ambition:

- **We are Walsall 2040** is an opportunity for us to shape the Borough that we want to work in, live in and visit in the future

- We are ambitious for Walsall and want to continue to develop a thriving Borough, with happy, healthy people

- The Borough has a proud past and a strong present with a growing population. It is a place where communities come together and where diversity is celebrated

- Walsall has an economy worth almost £5billion per year, providing jobs for 120,000 people

Context- shared story

Understand those who work, live and visit Walsall

Develop trust and ongoing dialogue

Listen to what matters

Create a shared narrative of the Walsall we all want to see by 2040

Published record of where we are now and where we are going

Co-design

Opportunity to hear feedback to inform service development and planning

Tell us

Walsall strategic framework

Keystone under which sit supporting strategic pillars to address inequalities and ensure improved outcomes

Roadmap for prioritisation and future collaboration across communities/partners

A framework to address inequalities and ensure improved outcomes for all

a narrative of place that signals ambition and intent

Long-term focus enables us to consider technological, global changes and ensure generational approach to outcomes

Partnership:

We are Walsall 2040 will provide a strategic framework for Walsall Council and its partners to prioritise resources, develop shared ambitions and ensure we are aligned in leading and shaping a Walsall that works for everyone: a Walsall we can all be proud of.

Our Partners include:

Walsall College

University of Wolverhampton

West Midlands Fire Service

whg

One Walsall

West Midlands Police

Walsall Together

Walsall For All

NHS Black Country and West Birmingham Clinical Commissioning Group

Deliverables

- We are Walsall 2040 published and collectively shared borough plan highlighting what we want to see by 2040
    - Traditional strategy document
    - plan on a page
- ‘Our Walsall Story’-A published record of community views and priorities to be created online through video and media and a booklet distributed across partners and community groups
- Local public intelligence and information to feed into data profiles, service development and planning across partners
- 3-5 year implementation plan identifying activity required to affect change
- Annual partnership report for the public

Timescale

- Public engagement by end August 22
- Consultation and plan at Council February 23
- Telling our Story-Book and materials development begins from August 22
- 3-5 year delivery plan Spring 2023

Resident engagement

Residents survey (quant research)

- Opened 6 June, closes 15 July
- 1,223 postal responses and 91 online – total 1,314 (13% response rate)
- www.wearewalsallsurvey.co.uk
- An additional 190 received online (open to everyone)
- Topline results expected early August followed by detailed report
- Easy read version available online and via community organisations

Focus groups (qual research)

- 2 groups so far taken place (total of 4 x adult groups and 1 for 18-24 year olds)
- Expectant / new parents focus group and telephone interviews to take place end-July
- Detailed thematic report expected in August

Early feedback

Focus groups:

- In general the key hopes for the future of the borough involve regeneration of town centres to regain the sense of community, draw residents and visitors in, and create jobs.
- People want to see parks revamped and towns attracting new shops, restaurants and (affordable) activities for all ages.
- Another key area to tackle is crime, which many residents consider is linked to the lack of jobs and activities for young people.

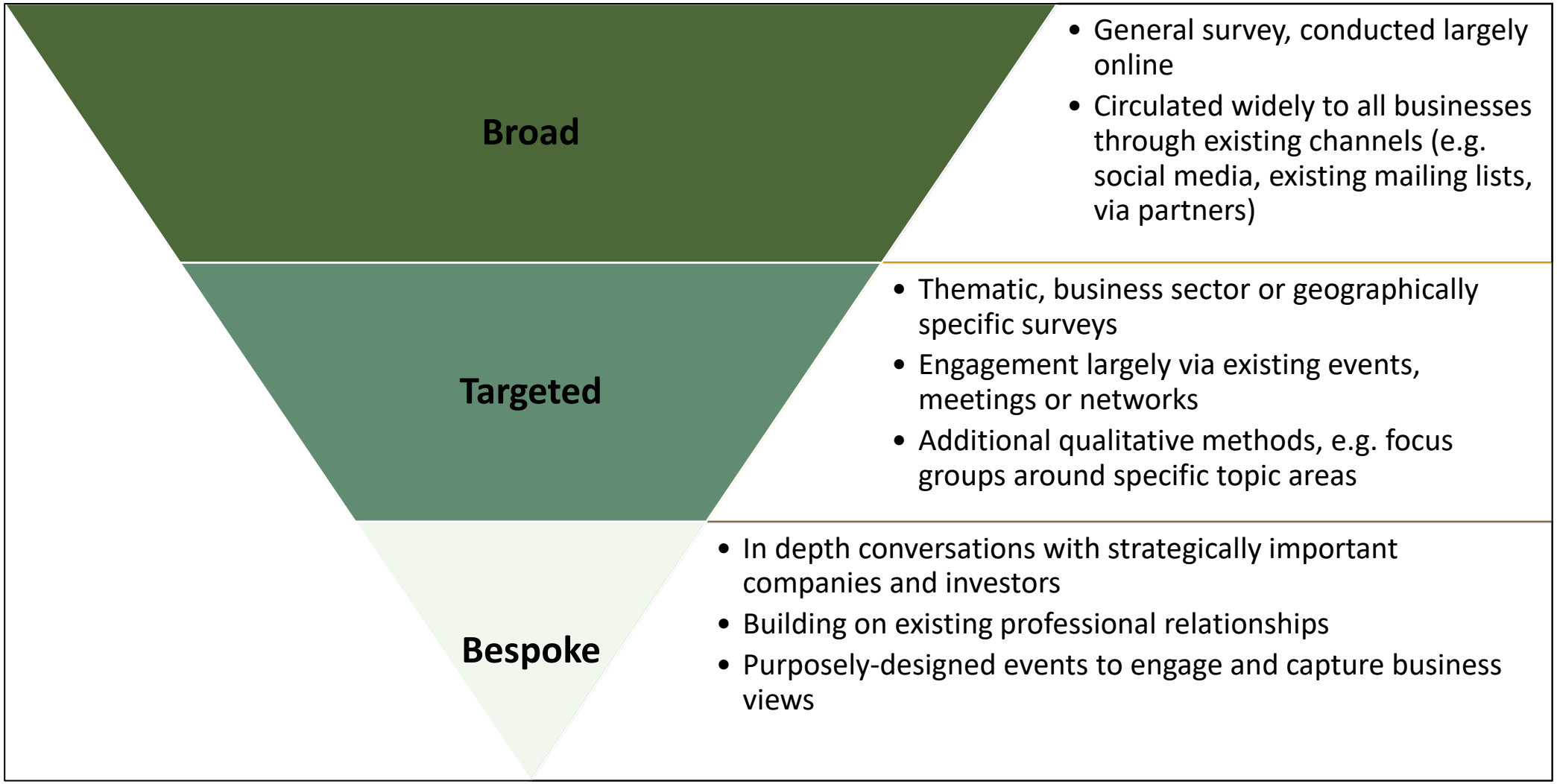
Schools engagement

- 16 June partnered with Wolverhampton University leadership day for prospective students. 100+ young people watched the WAW 2040 video and participated in a short engagement exercise led by WU.

- 23 June attended Head Teachers forum (primary and secondary)
- Explained WAW 2040 and outlined lesson plans and accompanying class based activity available for them to use (developed with Virtual Schools Team)
- As an incentive to take part a small prize draw of vouchers is on offer to participating schools

- **Primary schools**
  - All primary schools will be sent lesson plans / resources and will be supported and encouraged to participate before end of summer term
- **Secondary schools**
  - September engagement

Business engagement



Community Stakeholder engagement-VCS

- Capitalise on the knowledge, skills, expertise and relationships that exist across community/VCS
- Co-design engagement with the community
- Using Walsall For All leadership and successful covid champion and micro-grants approach
- Invited Community groups/VCS to tell us how they can engage their users/community views

Community engagement

- £31,849 in micro grants awarded
- 19 organisations leading engagement activities in July/August/September
- Activities include:
  - Focus groups, face-to-face interviews and video calls
  - Graffiti wall
  - Art project to produce a mural
  - Fun/activity sessions with young vulnerable people
- Guidance notes and media resource packs have been provided, officers on hand to give advice and guide

Next steps:

- The public engagement phase of **We Are Walsall 2040** has begun
- Focus Groups to deep dive into views will take place in July
- **We Are Walsall 2040** engagement activities will take place throughout the summer/early autmun through VCS
- Consultation on the plan will begin in February
- Ratification summer 2023

Thank you

Please complete the online survey

www.wearewalsallsurvey.co.uk

Health and Wellbeing Board

20 September 2022

Walsall Pharmaceutical Needs Assessment (PNA) 2022-2025

1. Purpose

1.1 Health and Wellbeing Boards (HWBs) assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013.

1.2 The current PNA, published on 1st April 2018, is due to be reviewed and updated but will remain in use until a revised PNA is approved by the HWB. The National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require every HWB to publish its first PNA by 1 October 2022 (delayed a year due to the Covid-19 pandemic).

1.3 The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. It also informs NHS England and Improvement of the need for pharmaceutical services within Walsall; this includes decisions on applications for new pharmacy and dispensing appliance contractor premises.

1.4 Walsall Council Public Health and Black Country Integrated Care Board (ICB) will use the PNA to inform their commissioning decisions.

1.5 Walsall's PNA has been updated and presented to HWB previously. It has fulfilled its obligations, and the final assessment awaits approval.

2. Recommendations

2.1 That the Pharmaceutical Needs Assessment (PNA) 2022-2025 be approved as set out in Appendix A.

2.2 To note that the PNA will be published on the Councils website before the statutory deadline of 1 October 2022.

3. Report Detail

3.1 Introduction

Health and Wellbeing Boards (HWB) assumed responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. Walsall's current PNA was approved by the HWB in March 2018 and is currently published on the Council's website - Walsall's current PNA 2018-2020.

Legislative Background

3.2 The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make Regulations.

3.3 The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions local authorities; the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.

3.4 The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies. The development of PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and Improvement (NHSE&I) and Integrated Care Boards (ICBs). HWBs may therefore wish to note that PNAs, as a separate statutory requirement, cannot be subsumed as part of these other documents but can be annexed to them.

3.5 Community pharmacy is a valuable and trusted public health resource, accessed by thousands of people on a daily basis across Walsall. It has the potential to provide services that have a positive impact on public health outcomes, including healthy life expectancy and reducing health inequalities. Notably community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long-term partner.

3.6 **Purpose of PNAs**

The PNA will be used by NHS England and Improvement when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements and it will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS E&I and ICBs.

3.7 **Pharmaceutical Services**

Pharmaceutical services in relation to PNAs include:

- ***'Essential services'*** which every community pharmacy providing NHS pharmaceutical services must provide (the dispensing of medicines, promotion of healthy lifestyles and support for self-care);
- ***'Advanced services'*** - services subject to accreditation and are optional;

- ***'Enhanced services'*** - commissioned by NHS England.

3.8 The following are included in a pharmaceutical list. They are:

- pharmacy contractors (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use); and

- dispensing appliance contractors (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They cannot supply medicines.

3.9 In addition, there are two other types of pharmaceutical contractor - dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as "controlled localities" and local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some HWB areas.

4. Updating Process

4.1 The PNA is a key tool for identifying commissioning processes in NHS England, the Local Authority and the Integrated Care Board (ICB). This includes pharmaceutical services and other services that may be delivered through community pharmacies. The PNA maps current provision, assesses local need and identifies any gaps in provision.

4.2 A reminder of the key elements of the process for reviewing and developing the draft document are outlined in Table 1.

Process	**Timescale***
Establish PNA steering group	December 2021
Identify local need and map provision	January to March/April 2022
Present draft PNA to HWB for comment	April 2022
Consultation on draft PNA	July-Sept 2022
PNA revision post consultation	August/September 2022
Final PNA to HWB for approval	September 2022
Publication of PNA	1st October 2022

Table 1 – PNA Process – Key Elements

4.3 A PNA working group was set up in December 2021/January 2022 and met on a six-weekly basis. Membership consisted of representation from the following:

- Public Health - Walsall Council
- Walsall Clinical Commissioning Group (CCG) [later Black Country Integrated Care Board (ICB)]
- Local Pharmacy Committee (LPC)
- NHS England / Improvement (NHSE/I)
- Healthwatch Walsall

4.4 The development of the PNA was divided into steps within a project plan, as set out below:

- Walsall Health Profiles – to understand the health needs of Walsall residents
- HWB priorities – to be clear on the committed priorities informed by JSNA
- Identify pharmaceutical service provision – map current provision and services offered
- Mapping and synthesising data – combining the data and evaluating its results, including potential gaps
- Patient experience – utilising the results from the patient survey carried out by Healthwatch Walsall and how they help steer future decisions

4.5 The PNA is complete and is complimented by an **executive summary** outlining key findings as well as a **slide set**.

4.6 Included within the assessment are the survey results of local pharmacists to confirm all the services currently offered; as well as a survey conducted by Healthwatch Walsall to seek resident views of pharmacy services.
Responses to the survey surpassed last time and reported an overall satisfaction of pharmacy and GP performance for receiving medication as very high. A number of recommendations were highlighted such as continue to offer patients choice and more promotion of pharmacy services.

4.7 From an intelligence perspective, the assessment incorporates the use of the market segmentation tool – Mosaic, to distinguish key features of our community populations. It also includes accessibility mapping (sourced via the Office for Health Improvement and Disparities (OHID) SHAPE tool), to better interpret access to community and 100-hour pharmacies using the walk, drive and public transport modes of travel.

4.8 The key recommendations from the updated PNA are as follows:

- All Walsall pharmacies provide 'essential' services, with sufficient coverage and comparable pharmacy / population rates and no deficiencies identified
- Good coverage of 'advanced' services with additional pharmacies looking to provide over the next 12 months. Where there is low uptake, these are deemed specialist services with current provision in the most appropriate areas
- Also good coverage of 'enhanced' services (commissioned locally by NHSEI)
- Coverage for both Public Health and BC ICB commissioned services is good. Some services are specialist but deemed to be in the appropriate location or also available via other providers.

4.9 HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area;
- any Local Medical Committee for its area;

- any persons on the pharmaceutical lists and any dispensing doctors list for its area;

- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area;
- any NHS trust or NHS foundation trust in its area;
- the NHSE; and
- any neighbouring HWB.

4.10 Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

4.11 A 60-day mandatory consultation period took place from Friday 8th July to Monday 5th September 2022 with a reminder sent at the midway point. Promotion was raised via the Walsall Council and Healthwatch Walsall websites, via the working group and through HWB in general.
For ease, a simple survey was made available to capture any feedback / comments from the consultation phase. There were two comments received from a neighbouring area and a community pharmacy business.

4.12 Ongoing input was provided by Walsall LPC and Healthwatch Walsall as key members of the working group.

4.13 All feedback has been incorporated / actioned (where applicable) following the closure date with all answers to questions posed about Walsall's PNA, responded to positively.

5. Implications for Joint Working arrangements:

5.1 Failure to deliver a PNA by 1st October 2022 will put the Council in breach of Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012.

5.2 Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit and may also be challenged via the courts. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up to date.

6. Health and Wellbeing Priorities:

6.1 This updated PNA has taken into account the Joint Health and Wellbeing Strategy priorities as illustrated within section '6. Health and Wellbeing Board Priorities' of the PNA. Many of the commissioned services provided by pharmacies have a direct impact on the emerging needs identified within the JSNA. In addition, pharmacies are an important asset within our borough, having a link to residents for conveying public health messages.

Background papers
Nothing to declare.

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Appendix A – Walsall PNA 2022-2015
Appendix B – Walsall PNA summary slide set

Walsall Health and Wellbeing Board

Walsall Pharmaceutical Needs Assessment 2022-2025

The document has been prepared to meet the requirements of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

1st October 2022

Contents

Glossary

The table below defines terms included within this PNA:

Term	Definition
AUR	Appliance Use Reviews
BCICB	Black Country Integrated Care Board
CCG	Clinical Commissioning Group
CGL	Change Grow Live
CHD	Chronic Heart Disease
CPCF	Community Pharmacy Contractual Framework
CPPQ	Community Pharmacy Patient Questionnaire
CVD	Cardio-vascular disease
DH	Department of Health
DSR	Direct Standardised Rate
EHC	Emergency Hormonal Contraception
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
ICB	Integrated Care Board
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LCS	Locally Commissioned Services
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LRC	Local Representative Committee
NHS	National Health Service
NHSE&I	NHS England and NHS Improvement
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OHID	Office for Health Improvement & Disparities (formerly Public Health England)
ONS	Office for National Statistics
PCN	Primary Care Network
PhAS	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
POCT	Point Of Care Testing
SAC	Stoma Appliance Customisation
SMEs	Small and Medium Sized Enterprises
STP	Sustainability and Transformation Plans
TB	Tuberculosis

Executive Summary

This document is Walsall's Health and Wellbeing Board's (HWB) pharmaceutical needs assessment (PNA). The document has been prepared to meet the requirements of the National Health Service (NHS) (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The purpose of a PNA

The PNA is a key commissioning tool for NHS England and NHS Improvement (NHSE&I), local authority and Clinical Commissioning Group's (CCG). The PNA includes pharmaceutical services and other services that may be delivered through community pharmacy. The PNA maps current provision, assesses local need, and identifies any gaps in provision.

NHSE&I has the responsibility for determining market entry to a pharmaceutical list and the PNA forms an important part of the decision process.

Robust, up to date evidence is important to ensure that community pharmacy services are provided in the right place and that the pharmaceutical services commissioned by NHSE&I and services commissioned by Walsall Council and the CCG meet the needs of the communities they serve.

This PNA has been developed in accordance with Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and through a process of engagement and collaboration with stakeholders.

This PNA includes information on:

- The legislative background.
- Demography of the Walsall population.
- Pharmacies in Walsall and the services they currently provide.
- Maps relating to Walsall and providers of pharmaceutical services in the area.
- Conclusions on assessments of pharmaceutical need.
- Potential gaps in provision that could be met by providing more services through our existing provision of pharmacies and likely future pharmaceutical needs.

Walsall is a metropolitan borough consisting of a mix of urban, suburban and semi-rural communities. Covering 40 square miles, it is located to the north-west of Birmingham, and is one of the four local authorities that make up the Black Country sub-region (with Dudley, Sandwell and Wolverhampton). Walsall town centre lies at the heart of the borough surrounded by Aldridge, Bloxwich, Brownhills, Darlaston and Willenhall district centres.

Walsall's overall population of 286,700 (ONS 2020) residents is predicted to increase by 5.9% over 10 years, from 274,200 in 2014 to 290,200 in 2024. Like many areas, the predicted growth of Walsall's older population (> 65) is higher than this at 12.4%. There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017. Therefore, planning to meet the needs of a growing younger

population as well as a growing number of older people is incorporated within the Local Authorities' key strategic priorities, while recognising that the proportion of residents likely to be economically active is projected to fall.

Walsall is a culturally diverse town where people of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups. The number of non-UK born residents in Walsall increased by 3.7% (or 9,900 people) between the 2001 and 2011 censuses and Walsall now has a small Eastern European population who make up about 1% of residents (2,700 people in total). In terms of children and young people aged 0-17, the proportion of pupils from minority ethnic groups has increased to 37.4% of all pupils living in the area from 36.7% in 2016 and 24% Primary pupils have English as an additional language. (School Census, January 2017).

The following sections summarise the conclusions of the PNA which have been derived by mapping health needs of the population from the perspective of pharmaceutical services against current pharmaceutical service provision.

Access to Essential Services

Essential pharmaceutical services are part of the pharmacy contractual framework and must be provided by all community pharmacies. As of June 2022, there are 71 pharmacies in Walsall, of which 10 are '100 hour' pharmacies and seven are wholly Internet/distant selling pharmacies.

The pharmacy service provision to patient ratio to be sufficient within the Walsall boundary. This will be kept under review for any increase in population or any future housing developments.

There are sufficient pharmacies in Walsall and the surrounding area to provide essential pharmaceutical services to its population. The HWB are not aware of any deficiencies in these services.

From the accessibility SHAPE tool, there are sufficient pharmacies located across the borough to meet the needs of the population, in addition of the resident survey, most access via car.

Pharmacies are open to provide services at the times needed and used by the population. The resident survey did not highlight the need for additional opening hours.

The access to current pharmacy service provision in terms of GP surgery opening hours is sufficient to meet the requirements of the local population.

There is sufficient access to the pharmaceutical service needs of patients during GP extended surgery and Urgent Treatment Centre hours.

There is good alignment between pharmacies and GP practices (this reflects responses from the resident survey).

This PNA has concluded that there is no need for further pharmaceutical contract applications.

Access to Advanced Services

There are Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions, these include:

1. Community Pharmacy Consultation Service
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service
6. Smoking Cessation Service
7. Appliance Use Review
8. Stoma Customisation Service

These are nationally commissioned services over which the HWB has limited control and has no levers to improve the quality or targeting of the service.

Community Pharmacy Consultation Service

There are 64 out of 72 pharmacies across the borough which offer the community pharmacy consultation service and a further three pharmacies indicated they intend to provide in the next 12 months. This illustrates good coverage across Walsall with no gaps identified.

Flu Vaccination Service

There are 40 pharmacies across the borough, actively providing the flu vaccination service, the community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months. There is good coverage

with GPs and pharmacies working jointly to ensure service delivery.

Hepatitis C Testing Service

There are currently 4 pharmacies providing this service. The Community Pharmacy questionnaire indicated that there is one further contractor that intends to provide the service within the next 12 months.

Whilst there is little cover of this service, this is also available for individuals to access through the Drug and Alcohol provider, Change, Grow, Live (CGL).

Hypertension Case Finding Service

There are 44 pharmacies across the borough providing the hypertension case finding service, there is good overage of this service.

New Medicines Service

There is good provision of New Medicine Service across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

Smoking Cessation Service

The location of pharmacies offering the smoking cessation service is judged to be in the right places.

Appliance Use Reviews and Stoma Appliance Customisation

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require

either from a clinic or hospital or from a dispensing appliance contractor located in another area

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Enhanced Services

Enhanced services commissioned by NHSE&I in response to the needs of the local population.

Community Pharmacy National Enhanced Service COVID-19 Vaccination Programme

NHSE&I commission a COVID- 19 vaccination service directly from community pharmacy. It has been commissioned where there is a local population need, where Pharmacy Contractors can meet the key designation requirements and where NHSE&I considers the contractor best placed to meet that need.

Bank Holiday Rota Service

NHSE&I commission a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

The Community Pharmacy Extended Care Service

This service aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHSE&I Midlands Region with access to support for the treatment of the following:

Tier 1

- Simple UTI in Females (from 16 years up to 65 years of age)
- Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

Tier 3 (to be commissioned late 2022), will only be available for offer by selected pharmacies by NHSE&I

- Treatment for Otitis Media (aged from 3 months to 16 years)

Currently, 31 pharmacies offer Tier 1 and 21 offer both Tier 1 and Tier 2. There is good provision of this service across Walsall.

Local Authority Commissioned Public Health Services

Emergency Hormonal Contraception (EHC)

In relation to the teenage mother data thematically mapped, there are pharmacies accessible for accessing EHC should it be needed. Furthermore, additional pharmacies have expressed an interest in providing this service in the future.

Supervised Consumption of Prescribed Medicines Service

Many of the localities within the borough in need of this service have a pharmacy(s) signed up to provide.

The recent pharmacy survey indicated 17 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

Needle Exchange

Some areas within the borough, in need of the service have a pharmacy(s) signed up to provide this service

The recent pharmacy survey indicated 24 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

Supply of Naloxone

Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings. Change Grow Live (providers of this service) plan to engage with pharmacies to improve uptake of the service.

Stop Smoking Services (varenicline supply)

At the time of writing this PNA, the service is on hold as there are currently long-term supply issues of this drug, and no supply date has been issued by the manufacturer.

All Walsall residents (and those who work within the borough) can access smoking cessation services from the commissioned smoking cessation provider. It is therefore accepted that there are no current gaps in provision at this time. The community pharmacy questionnaire indicated that 39 pharmacies would be willing to provide stop smoking NRT voucher service if commissioned and 40 contractors would be willing to provide the supply of varenicline under a PGD.

Distribution of Healthy Start Vitamins [provided on a voluntary basis]

There are currently 8 providers across the borough. Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings.

Black Country Integrated Care Board Commissioned Services

Minor Ailments Scheme (Pharmacy First)

The majority of communities within the borough have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby. The community pharmacy questionnaire indicated that 15 providers would be willing to provide the service.

Palliative Care Service

The on-call pharmacist covers the whole of the borough so there are no geographical gaps. Walsall does not need any further providers of this service, as there are no issues with covering the on-call rota.

Pharmacy distribution is fairly evenly spread and aligned with the ophthalmic optometrists providing the service.

1. Introduction

To provide pharmaceutical services, there is a requirement to apply to the NHS to be included in a pharmaceutical list. Pharmaceutical lists are compiled and as of October 2021 are held by NHS England and NHS Improvement (NHSE&I). This is commonly known as the NHS “market entry” system.

Under the 2013 regulations, to provide pharmaceutical services, a person must apply to NHSE&I to be included in the relevant pharmaceutical list by proving they are able to meet a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment. There are exceptions to this, such as applications for benefits not foreseen in the pharmaceutical needs assessment or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis. The first Pharmaceutical Needs Assessments (PNAs) were published by Primary Care Trusts (PCTs) and were required to be published by 1 February 2011.

From April 2013, Health and Wellbeing Boards (HWB) became responsible for pharmaceutical needs assessments.

Walsall HWB published their first PNA in 2015 and a revised PNA in 2018.

Legislation

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1st April 2013.

The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

Wider Context

The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for health and wellbeing boards in relation to joint strategic needs assessments. The aim of joint strategic needs assessments is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions local authorities; the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.

The preparation and consultation on the pharmaceutical needs assessment should take account of the joint strategic needs assessments and other relevant strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of pharmaceutical needs assessments is a separate duty to that of developing joint strategic needs assessments as

pharmaceutical needs assessments will inform commissioning decisions by local authorities, NHSE&I, and clinical commissioning groups.

Implications for Health and Wellbeing Boards

As the pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises, and is used by NHSE&I (and, on appeal, NHS Resolution) to determine such applications, there are serious implications for health and wellbeing boards who fail to meet their statutory duties.

There is no right of appeal against the findings or conclusions within a pharmaceutical needs assessment. Health and wellbeing boards (although in reality this will be the local authority) therefore face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g. by failing to consult properly or take into consideration the results of the consultation exercise undertaken, or fail to publish by the required deadlines.

In addition, a pharmaceutical needs assessment that does not meet the requirements of the 2013 regulations, or is poorly worded, may lead to:

- an increase in applications for premises that are not required,
- applications being granted when they should be refused and vice versa,
- applications for new pharmacy premises being granted but which do not meet the local authority's strategic plans, and
- an increase in the number of appeals against decisions made by NHSE&I.

2. Definitions

Within the regulations there are a number of words and phrases that need to be understood in the context of pharmaceutical needs assessment. The most relevant ones are explained below.

Advanced Services

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff.

The following services may be provided by pharmacies:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- hypertension case-finding service, and
- community pharmacy hepatitis C antibody testing service
- stop smoking service
- appliance use reviews
- stoma appliance customisation

The community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service were commissioned from community pharmacies in response to the pandemic, these were decommissioned 31st March 2022.

Appliances

Whilst drugs are the most common healthcare intervention and a large proportion of the health and wellbeing board's population will have prescribed them on a regular or occasional basis, a smaller proportion will require access to appliances.

The pharmaceutical needs assessment will therefore need to consider access to both drugs and appliances. Whilst pharmacies are required to dispense valid NHS prescriptions for all drugs, both they and dispensing appliance contractors may choose which appliances they provide in their normal course of business. They may choose to provide a certain type of appliance, or types of appliance, or they may choose to provide all appliances. Some pharmacies may choose not to provide any appliances. A large proportion of patients who are regular users of appliances will have them delivered, often by dispensing appliance contractors based in other parts of the country (see 'Dispensing appliance contractors' section below).

Controlled localities

Controlled localities are areas that have been determined to be 'rural in character' by NHSE&I (or a preceding organisation) or on appeal by NHS Resolution. There is no one factor that determines whether or not an area is rural in character; rather NHSE&I will consider a range of factors which may include population density, the presence or absence of facilities, employment patterns, community size and distance between settlements, and the availability of public transport.

Their importance comes into play in relation to the ability for a GP practice to dispense to its registered patients. In order to be dispensed to, as a starting point, the patient must live in a controlled locality, more than 1.6km (measured in a straight line) from a pharmacy.

Directed services

This is a collective term for advanced and enhanced services.

Dispensing appliance contractors

Dispensing appliance contractors are different to pharmacy contractors because they:

- only dispense prescriptions for appliances. They cannot dispense prescriptions for drugs
- are not required to have a pharmacist
- do not have a regulatory body
- their premises do not have to be registered with the General Pharmaceutical Council.

Dispensing appliance contractors tend to operate remotely, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. There are far fewer of them compared to pharmacies (there were 111 dispensing appliance contractors as of 30 June 2021 compared to 11,201 pharmacies).

Dispensing doctors/practices

Whilst the majority of people living in the health and wellbeing board's area will have their prescriptions dispensed by a pharmacy, some will have them dispensed by their GP practice. In order to be dispensed to by their GP practice, a patient must meet the requirements in the regulations which in summary are:

- they must live in a controlled locality,
- they must live more than 1.6km (measured in a straight line) from a pharmacy,
- the practice must have approval for the premises at which they will dispense to them, and
- the practice must have the appropriate consent for the area the patient lives in.

Distance selling premises

Distance selling premises are pharmacies, but the 2013 regulations do not allow them to provide essential services to people on a face-to-face basis. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then either deliver them to the patient or arrange for them to be delivered using a courier, for example. They must provide essential services to anyone, anywhere in England, where requested to do so. They may choose to provide advanced services, but when doing so must ensure that they do not provide any element of the essential services whilst the patient is at the pharmacy premises.

Enhanced services

Enhanced services are the third tier of services that pharmacies may provide, and they can only be commissioned by NHSE&I. The services that may be commissioned are listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) which can be found in the Drug Tariff.

Whilst the local authority may commission public health services from pharmacies these do not fall within the legal definition of enhanced services and are not to be referenced as such in the pharmaceutical needs assessment. See 'locally commissioned services' below.

Essential services

All pharmacies, including distance selling premises, are required to provide the essential services. As of October 2021, there are seven essential services.

(i) dispensing of prescriptions,

(ii) dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days, and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.

(iii) disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

(iv) promotion of healthy lifestyles, which includes providing advice to people who appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), or smoke, or are overweight, and participating in six health campaigns were requested to do so by NHSE&I.

(v) signposting people who require advice, treatment or support that the pharmacy cannot provide to another provider of health or social care services, where the pharmacy has that information.

(vi) support for self-care which may include advising on over-the-counter medicines or changes to the person's lifestyle.

(vii) discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 percent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly.

Dispensing appliance contractors have a narrower range of services that they must provide:

- dispensing of prescriptions.
- dispensing of repeat prescriptions.
- for certain appliances, offer to deliver them to the patient (delivering in unbranded packaging), provide a supply of wipes and bags, and provide access to expert clinical advice.
- where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

It should be noted that clinical governance is not an essential service. Instead, it is a framework which underpins the provision of all pharmaceutical services.

Integrated Care Boards and Integrated Care Systems

From July 1st 2022, clinical commissioning groups were replaced by integrated care boards. The Health and Care Act 2022 provides for the establishment of Integrated Care Boards (ICBs) across England, as part of the Act's provisions for Integrated Care Systems (ICSs).

ICSs are partnerships of NHS bodies and local authorities, working with other relevant local organisations, which will come together to plan and deliver joined up health and care services to improve the lives of people in their area.

Each ICS will have an ICB which is a statutory NHS organisation responsible for developing a plan in collaboration with NHS trusts/foundation trusts and other system partners for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the defined area.

For the Black Country, the ICB is the NHS Black Country Integrated Care Board (BCICB) covering the Boroughs of Dudley, Sandwell, Walsall and the City of Wolverhampton.

From this point forward, references to CCGs and services previously commissioned by the CCG will now be referred to as ICBs or BCICB commissioned services.

Local pharmaceutical services

NHSE&I does not hold signed contracts with the majority of pharmacies. Instead, pharmacies provide services under a contractual framework and the terms of service are set out in the 2013 regulations.

The one exception to this rule is local pharmaceutical services. A local pharmaceutical services contract allows NHSE&I to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 regulations. The contract must, however, include an element of dispensing.

Locally commissioned services

Locally commissioned services are not a term that can be found within the 2013 regulations but is often used to describe those services commissioned from pharmacies by local authorities and clinical commissioning groups. As noted in the definition of enhanced services above, they are not enhanced services because they are not commissioned by NHSE&I.

Necessary services

The 2013 regulations require the health and wellbeing board to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the pharmaceutical needs assessment. There is no definition of necessary services within the regulations and the health and wellbeing board therefore has complete freedom in this matter.

Opening hours

Pharmacies and dispensing appliance contractors have two different types of opening hours – core and supplementary.

In general pharmacies will have either 40 or 100 core opening hours per week, although some may have a number that is between 40 and 100, and some may have less than 40.

Dispensing appliance contractors are required to have not less than 30 core opening hours per week, although some may have more or less.

Core opening hours can only be changed by first applying to NHSE&I. As with all applications, they may be granted or refused.

Any opening hours that are over and above the core opening hours are called supplementary opening hours. They can be changed by giving NHSE&I at least three months' notice.

Other NHS services

Other NHS services are those services that are provided as part of the health service. They include services that are provided or arranged by a local authority (for example the public health services commissioned from pharmacies), NHSE&I, integrated care board, an NHS trust or an NHS foundation trust.

From April 2023 NHSE&I expects all ICBs will take on delegated responsibility for pharmaceutical services. It should be noted services commissioned from pharmacies by clinical commissioning groups (and are therefore other NHS services) will move to the integrated care boards and will fall then within the definition of enhanced services.

Other relevant services

These are services that the health and wellbeing board is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements, or better access, to pharmaceutical services. Once the health and wellbeing board has determined which of all the pharmaceutical services provided in or to its area are necessary services, the remainder will be other relevant services.

Pharmaceutical services

Section 126 of the 2006 Act places an obligation on NHSE&I to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

Pharmaceutical services are a collective term for a range of services commissioned by NHSE&I. In relation to pharmaceutical needs assessments, it includes:

- essential, advanced and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors
- the dispensing service provided by some GP practices, and
- services provided under a local pharmaceutical services contract that are the equivalent of essential, advanced and enhanced services.

Unforeseen benefit applications

The pharmaceutical needs assessment sets out needs for, or improvements or better access to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access.

However, there are two types of application which lead to the opening of new premises that are not based on the pharmaceutical needs' assessments – those offering unforeseen benefits and those for distance selling premises. In 2020, these two types of applications accounted for approximately 94 percent of the applications submitted to open new premises (approximately 27 percent and 67 percent respectively).

Where an applicant submits an unforeseen benefits application, they are offering improvements or better access that were not foreseen when the pharmaceutical needs assessment was written but would confer significant benefits on people in the area of the health and wellbeing board.

3. Development Process and Methods

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

There are **eight** key stages to developing a pharmaceutical needs assessment:

1. Governance

The PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE&I), Public Health, Walsall Medicines Management, Local Pharmaceutical Committee and Healthwatch Walsall. Full membership of the working group is described in Appendix 1.

The HWB approved the process of developing the PNA and timeline.

2. Gathering of health and demographic data

Updating of the data and the relevant mapping enabled conclusions to be provided in relation to pharmacy service provision across the borough.

3. Public and contractor engagement

The HWB has engaged in consultation during the development of the draft PNA and these approaches include: -

- A Community Pharmacy survey was undertaken in February-April 2022. All contractors within Walsall Local Authority boundary were invited to participate. Providers were requested to provide details of their premises and current services offered and services they would be willing to provide. The results are summarised later in this document.
- Patient and Public survey was undertaken, a questionnaire developed with Healthwatch Walsall, the results also summarised later in the document.
- The Local Pharmaceutical Committee (LPC) for Walsall have been actively engaged throughout the developments of this PNA. This includes two members participating in the working group.
- Healthwatch Walsall have been actively engaged throughout the developments of this PNA with a representative participating in the working group.
- NHSE&I have been communicated with throughout the PNA development and have been requested to be a member of the working group. This is in addition to the mandatory consultation described below.

4. Pharmaceutical services information

Data was obtained from routine contracting and activity data held by NHS Business Services Authority website, with supplementary information from NHS England and NHS Improvement, the ICB and Public Health and an electronic survey of pharmacy contractors. Data was obtained on other providers of services that are currently or could be provided by pharmacy providers.

5. Analysis and drafting

As the required data and information was gathered, drafting the document commenced.

6. Review and sign-off

Once the analysis and drafting were complete the steering group reviewed the document, identified any gaps in provision that either currently exist or will arise within the three-year lifetime of the document. The next draft of the document was then be produced and shared with the steering group. The pharmaceutical needs assessment was then signed off by the steering group and passed to the board for sign-off prior to the consultation

7. Consultation

A mandatory formal consultation lasting 60 days was undertaken on the final draft of the PNA as per the Regulations, 2013. This took place between July and September 2022.

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs).
- any persons on the pharmaceutical lists and any dispensing doctors list for its area.
- any LPS chemist in its area with whom the NHS has made arrangements for the provision of any local pharmaceutical services.
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area.
- the NHSE&I; and
- any neighbouring HWB.

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses: and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

Feedback received will be considered by the PNA working group and incorporated where appropriate.

8. Review, sign-off and publication

A report on the consultation is included in the final version of the document, and the steering group reviewed the responses to the consultation. The finalised document will be signed-off the health and wellbeing board and published on 1st October 2022.

Pharmaceutical Needs Assessment Objectives

The aims of the PNA include enabling the NHSE&I, Local Authorities, ICBs, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Gain a clear picture of pharmaceutical services currently provided
- Understand the current and future pharmaceutical needs of the local population
- Clearly identify and address any local gaps in pharmaceutical services
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.

4. Information to be included in the PNA

What the legislation says

Regulation 4 and Schedule 1 of the 2013 regulations outline the minimum requirements for pharmaceutical needs assessments. In addition, regulation 9 sets out matters that the health and wellbeing board is to have regard to.

In summary the regulations require a series of statements of:

- the pharmaceutical services that the health and wellbeing board has identified as services that are necessary to meet the need for pharmaceutical services;
- the pharmaceutical services that have been identified as services that are not provided but which the health and wellbeing board is satisfied need to be provided in order to meet a current or future need for a range of pharmaceutical services or a specific pharmaceutical service;
- the pharmaceutical services that the health and wellbeing board has identified as not being necessary to meet the need for pharmaceutical services but have secured improvements or better access;
- the pharmaceutical services that have been identified as services that would secure improvements or better access to a range of pharmaceutical services or a specific pharmaceutical service, either now or in the future; and
- other NHS services that affect the need for pharmaceutical services or a specific pharmaceutical service.

Other information that is to be included or taken into account is:

- how the health and wellbeing board has determined the localities in its area;
- how it has taken into account the different needs of the different localities, and the different needs of those who share a protected characteristic;
- a report on the consultation;
- a map that identifies the premises at which pharmaceutical services are provided;
- information on the demography of the area;
- whether there is sufficient choice with regard to obtaining pharmaceutical services; • any different needs of the different localities; and
- the provision of pharmaceutical services in neighbouring health and wellbeing board areas.

Exclusions from the scope of the PNA

The PNA regulations set out the scope for the PNA. There are elements of pharmaceutical services and pharmacists working in other areas that are excluded from this assessment. These include prison, secondary and tertiary care sites where patients may be obtaining a type of pharmaceutical service.

Future PNAs and Supplementary Statements

The PNA will be updated every three years and supplementary statements may be published before this if deemed necessary by the HWB. A revised PNA may need to be published when significant changes to the need for pharmaceutical services are

identified, unless this is considered a disproportionate response. The HWB will therefore establish a system that allows them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

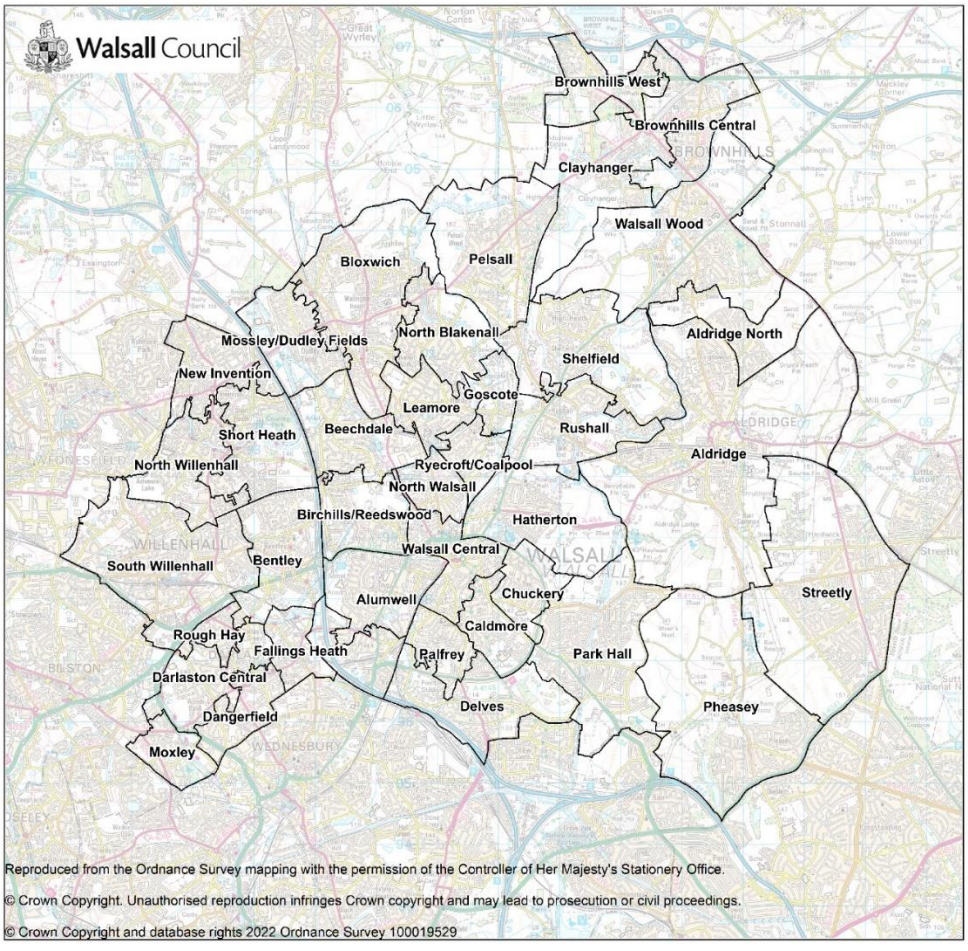
HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by the ICB as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHSE&I and its Area Teams have access to their PNAs.

Localities for the purpose of the PNA

The PNA written in 2011 considered at depth the options for defining localities. It was unanimously agreed on the option of using "neighbourhoods/communities". And that this approach for defining localities would inform the JSNA.

Walsall has 39 'community' areas with an average of 6,400 residents in each. They are predominantly named after local urban centres, villages or large housing estates and the boundaries were the result of a large local authority consultation with residents at the turn of the century in Walsall and therefore more likely to be a 'real world view' of Walsall geography. The 39 communities are represented on the map below.

Map 1 – Walsall's Community Boundaries



Source – Walsall Council, Ordnance Survey

5. Demographics

Walsall Health Profiles

Health Profiles are produced annually by the Office for Health Improvement and Disparities (OHID) (formerly known as Public Health England (PHE)). The latest health profile for Walsall can be accessed using the following link - Walsall Health Profile 2019. It is summarised as follows:

Health in Summary

The health of people in Walsall is varied compared with the England average. Walsall is one of the 20% most deprived districts/unitary authorities in England and about 25.8% (15,070) of children live in low-income families. Life expectancy for both men and women are lower than the England average.

Health Inequalities

Life expectancy is 10.4 years lower for men and 8.8 years lower for women in the most deprived areas of Walsall than in the least deprived areas.

Child Health

In Year 6, 26.2% (958) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 15 per 100,000 population, better than the average for England. This represents 10 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.

Adult Health

The rate for alcohol-related harm hospital admissions is 688 per 100,000 population. This represents 1,814 stays per year. The rate for self-harm hospital admissions is 182 per 100,000 population. This represents 520 admissions per year. Estimated levels of adult excess weight in adults (aged 18+) are worse than the England average. The rates of new sexually transmitted infections and those killed and/or seriously injured on the roads fare better when compared to the England average. The rates of hip fractures in older people (aged 65+) and new cases of TB are worse than the England average. The rate of statutory homelessness is better than the England average. The rates of under 75 mortality from cardiovascular diseases and cancer are worse than the England average.

Deprivation

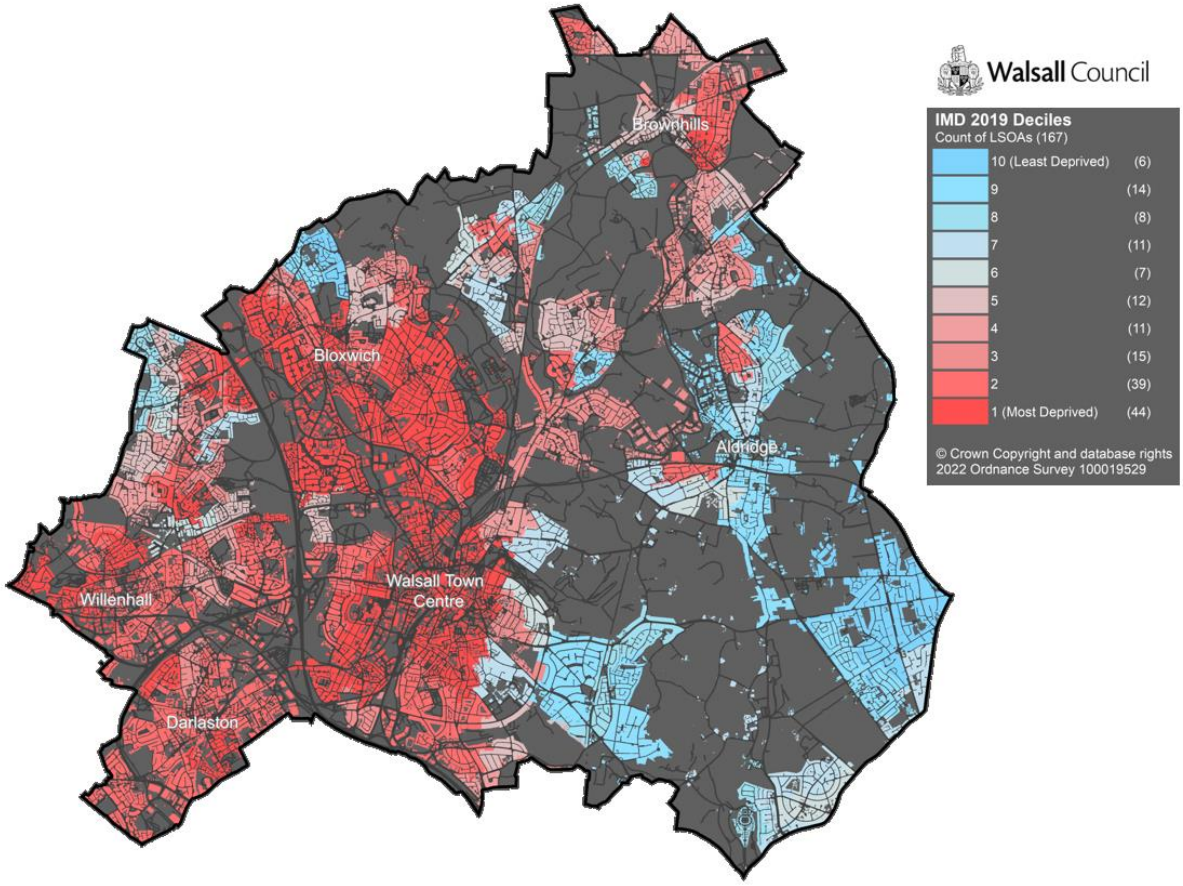
The English Indices of Deprivation 2019, produced by the Ministry of Housing, Communities and Local Government (MHCLG), identify small areas of England which are experiencing multiple aspects of deprivation. The Indices are based on seven aspects of deprivation:

1. Income
2. Employment
3. Health and Disability
4. Education, Skills and Training
5. Crime
6. Barriers to housing and services
7. Living environment

There are also two supplementary domains – Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI).

Within Walsall, there is considerable variation in the levels of deprivation experienced. There are pockets of extreme deprivation in some areas and over a quarter of LSOAs (44 out of 167) are amongst the most deprived 10% in England. This is more than the 34 LSOAs in 2015 and the 41 in 2010. These highly deprived LSOAs are located primarily in Blakenall, Birchills Leamore, Pleck, St Matthew's and Bloxwich East and Bloxwich West wards. Darlaston and Willenhall South also have widespread multiple deprivation.

Map 2 – Indices of Multiple Deprivation (IMD), 2019



Source – Ministry of Housing, Communities and Local Government – English Indices of Deprivation, 2019

Further detail about Walsall's IMD can be accessed on the Walsall Insight Website - [Walsall IMD 2019 Dashboard]

Age Profiles

Walsall has an estimated population of 286,700 (ONS 2020 Mid-Year Estimates), comprised of approximately 21.7% children 0-15 (62,300), 60.8% working-aged 16-64 (174,300), and 17.5% 65 years & over (50,100), giving a dependency ratio of 0.64 dependents to every 1 working age adult. In terms of density, this equates to around 2,757 people per square kilometre. The population has seen a 7.45% increase over the past decade, from 266,800 in 2010: most of this increase

has been under 16s, increasing by 12.2% & over 65s growing by 10.2%, contrasted to a working age (16-64 years) increase of around 5.1% (2020 & 2010 ONS Mid-Year Estimates).

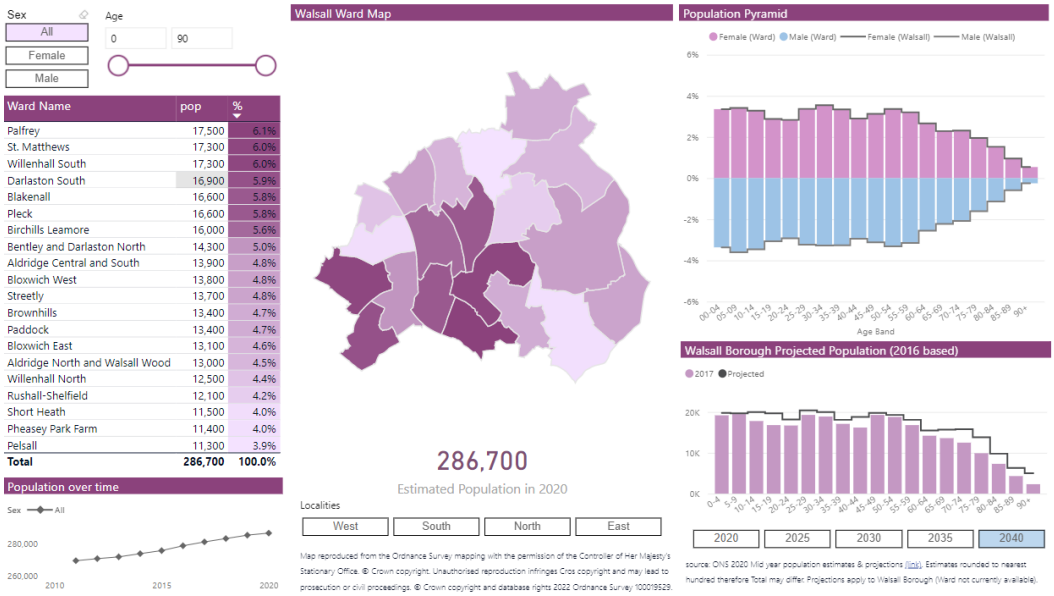
The mid-year 2020 estimates include the first wave of the COVID-19 pandemic, which saw population growth relatively decelerate due to COVID-19 mortality and reduced population movement via internal and external migration. As a consequence, it is estimated Walsall's population grew by 1200 (0.43%) from 2019-2020, contrasted to the previous year (2018-19) growth of 2,100 (0.74%). Against a five-year average (0.83% per year), 2020 saw the rate of population growth roughly halve.

Walsall's overall population is predicted to increase over the next 10 years by 5.9% from 274,173 in 2014 to 290,238 in 2024. In addition to this, Walsall's older population (those aged 65 and above) is also predicted to increase by 12.4%, with the number of older people 85 years and older increasing from 6,008 in 2014 to 8,669 in 2024 (an increase of 44.3%).

Walsall is expected to see continued and consistent population growth, projected to increase by 7% to an estimated 304,400 by 2030 and further by 13% to an estimated 320,400 by 2040 (2020 ONS, 2018-based projections). The largest increases are expected within older age groups; the population over 65 years of age will increase their share of the population from approximately 18% to 20% by 2040 (around a 1% decline in population share for both children and working-age adults). There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of Walsall of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017.

Therefore, planning to meet the needs of a growing number of a younger population as well as a growing number of older people is incorporated within our key strategic priorities, while recognizing that the proportion of residents likely to be economically active is projected to fall.

Figure 1 – Population in Walsall



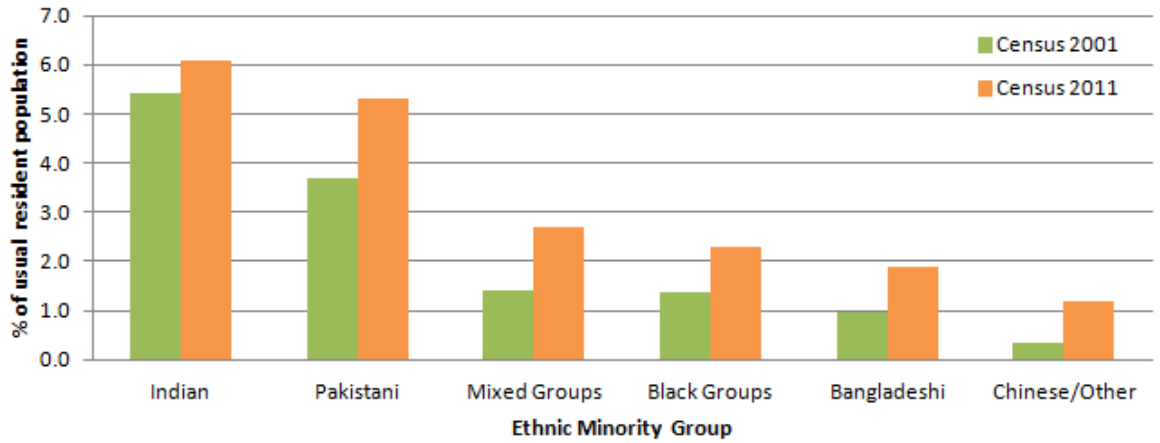
Source – MYE, ONS, Walsall Insight website

Further detail about Walsall's population can be accessed on the **Walsall Insight Website** - Walsall 2020 Population

Ethnicity

The population of Walsall in 2011 was around 269,000. Of these, 'White British' remain the largest single group at 76.9%, the number of residents from a minority ethnic group has risen to almost one in four. People of Indian, Pakistani and Bangladeshi background form the largest minority ethnic groups in Walsall. The number of Non-UK Born residents in Walsall has increased by 3.7% (or 9,859 people) between the 2001 and 2011 censuses.

Figure 2– Minority ethnic group trends in Walsall – 2001 to 2011



Source- 2011 Census

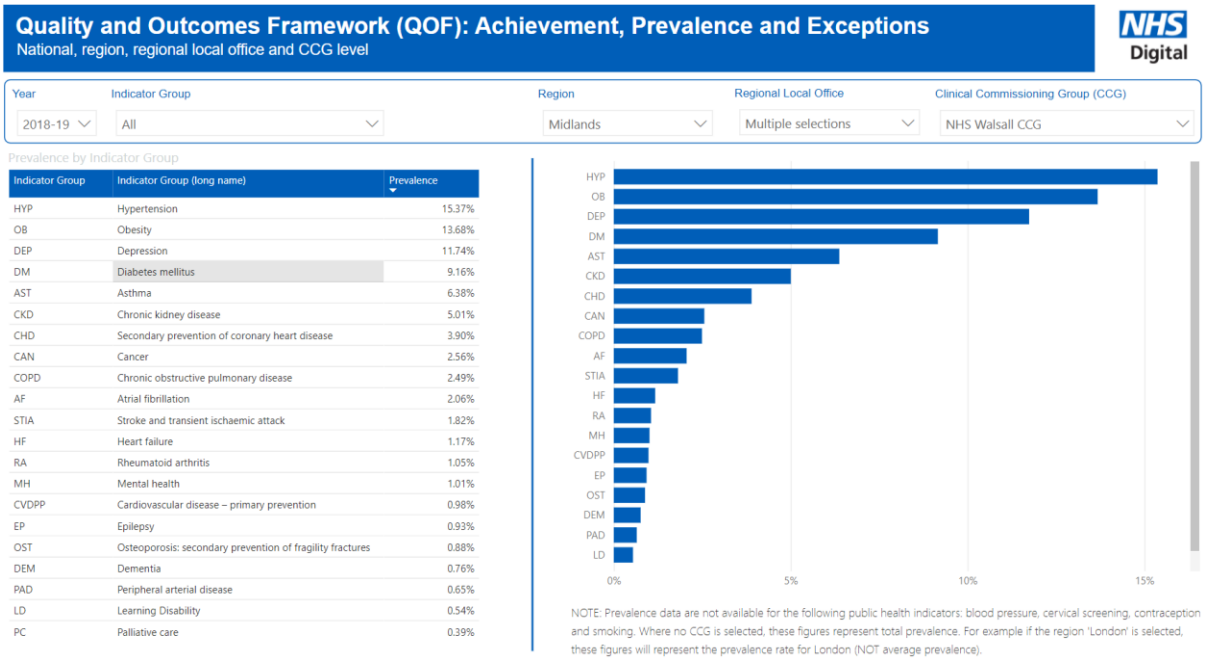
NB: White British population is not included in the chart.

The release of the Census 2021 results is not due until Summer 2022 and so at the time of writing this PNA, updated ethnicity data was not available to include. It is anticipated however that Walsall's ethnic population will have increased over the last decade, and it is important to ensure pharmacies are accessible to all residents needs across the borough.

Disease Prevalence

The demographic trends described previously, coupled with higher-than-average recorded levels of several long-term conditions, poses significant challenges for the health and social care of the borough's elderly population in the future. This set of circumstances also provides extensive opportunities for primary prevention of disease.

Figure 3– Prevalence of long-term conditions in Walsall – 2018/19



Source – NHS Digital - Quality & Outcomes Framework

In Walsall the recorded prevalence of the majority of long-term conditions covered by the Quality and Outcomes Framework has increased since the last PNA, with the top three conditions consistent to last time:

1. Hypertension
2. Obesity
3. Depression

The most prevalent diseases as listed above are largely linked to unhealthy lifestyles, including poor diet and lack of exercise. Without significant intervention and reversal of these lifestyle factors, the burden of these conditions will likely continue to increase in the future resulting in additional costs to local health and social care services. Additionally, it may contribute to increasing levels of social exclusion and widening the inequalities gap between Walsall and England in relation to key outcomes such as healthy life expectancy.

Potential Future Developments

Potential housing development sites in Walsall are illustrated in the map below to help determine the future impact upon pharmacy and health needs in the future. These sites include those allocated in the Unitary Development Plan (UDP) or Site Allocation Document (SAD) plus information from the 2020-21 Strategic Housing Land Availability Assessment (SHLAA).

As of April 2022, Walsall has a target of 5,454 homes to be completed over the next five years 2022-27. Known sites that have planning permission, are under construction or are allocated in the development plan are shown on the map below.

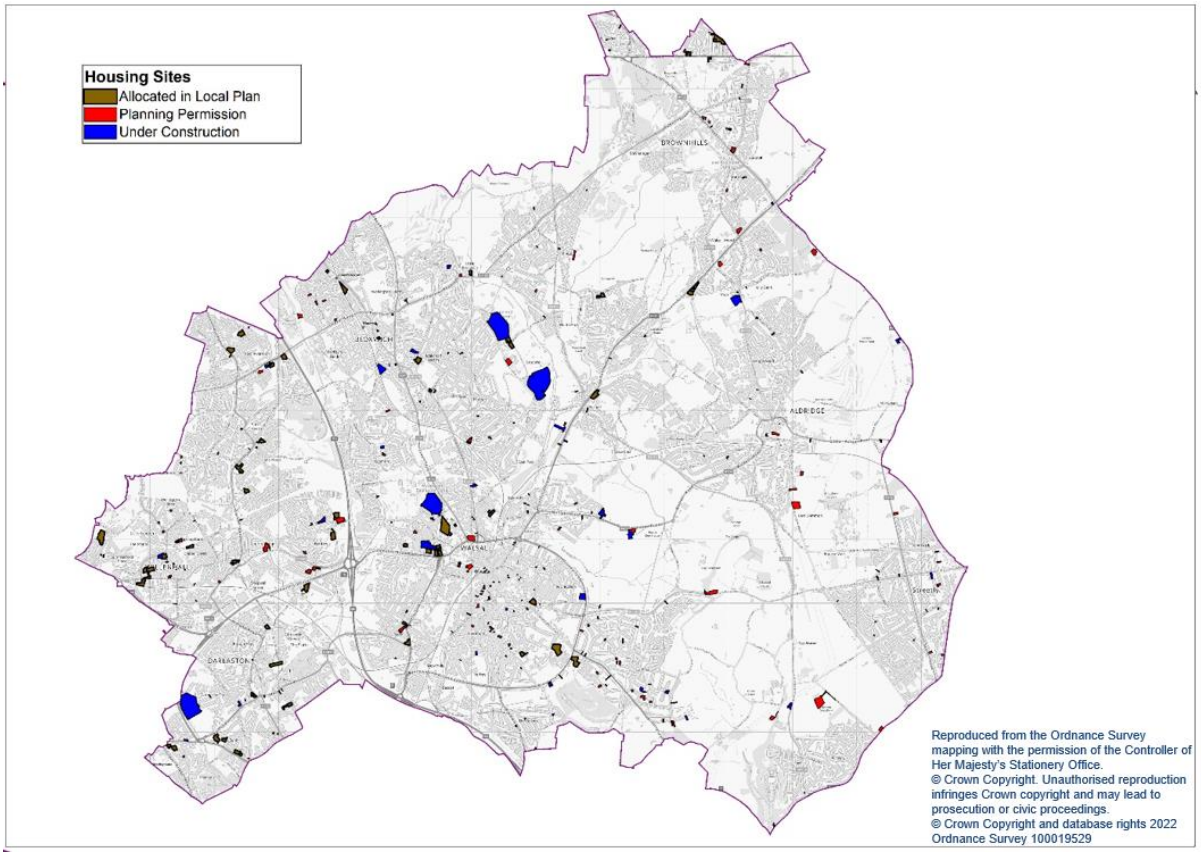
Furthermore, the Reg. 18 Draft Black Country Plan, which was consulted on last autumn proposed that 13,344 new homes will be provided in Walsall over the period 2021-2039 and will include site allocations to address these. An increased population would still surmount to an above average rate of pharmacies per 100,000 population of 24.5.

Centres Uses

For Planning purposes, pharmacies are generally considered to be "Centres Uses" which means they should ideally be located within town, or local centres alongside other shops and community uses so the first choice of location from a Planning point of view should be in one of our existing Strategic (Walsall Town Centre), District (Aldridge, Bloxwich, Brownhills, Darlaston, Willenhall) or Local (35 listed in the SAD document, e.g. Caldmore, Turnberry Road, Pelsall) Centres ahead of any other sites.

The adoption of the Site Allocation Document (SAD) in 2019 means that there are now some Centre's policies which will need to be taken into account when proposing new locations for pharmacies in the PNA.
The preferred locations for proposed new pharmacies should prioritise district centres or local centres as far as possible in line with SAD Policies SLC1: Local Centres, and SLC2: Local Centre Development Opportunities in order to ensure that centres remain active, vibrant places to visit and that they meet a variety of their community's needs.

Map 3 – Potential future housing development sites in Walsall



Source – Walsall Council Planning Policy, Ordnance Survey

Local Health Needs by Community

The data included to identify the local health needs in Walsall was extracted using the market segmentation tool – Mosaic. This uses an array of data sources to identify people with similar characteristics into 'group types' and notes their key feature. Data was also used from the updated locality profiles using a 'best fit' approach for the community areas.

The regulations guidance (The National Health Service (Pharmaceutical and Local Pharmaceutical Services), Regulations 2013) states that the PNA should distinguish between diverse needs and lifestyles of its localities and distinguish between those needs that can be met using pharmaceutical services and those that cannot. The table below shows, for each locality the issues relating to demography and lifestyle challenges.

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
1. Aldridge	Prestige Positions • High value detached homes • Married couples • Managerial and senior positions • Supporting students and older children • High assets and investments • Online shopping and banking	• Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
2. Aldridge North	Senior Security • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers	• Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Medium levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
3. Alumwell	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• High levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
4. Beechdale	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence
5. Bentley	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
6. Birchills / Reedswood	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Average levels of mental health prevalence
7. Bloxwich	Vintage Value • Elderly • Living alone • Low income • Small houses and flats • Need support • Low technology use	• Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
8.Brownhills Central	Vintage Value • Elderly • Living alone • Low income • Small houses and flats • Need support • Low technology use	• Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Above average levels of mental health prevalence
9.Brownhills West	Aspiring Homemakers • Younger households • Full-time employment • Private suburbs • Affordable housing costs • Starter salaries • Buy and sell on eBay	• Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
10.Caldmore	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
11. Chuckery	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
12. Clayhanger	Domestic Success • Families with children • Upmarket suburban homes • Owned with a mortgage • 3 or 4 bedrooms • High internet use • Own new technology	• Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Low levels of dementia prevalence • Average levels of mental health prevalence
13. Dangerfield	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
14. Darlaston Central	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence
15. Delves	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Above average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
16. Fallings Heath	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
17. Goscote	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
18. Hatherton	Senior Security • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers	• Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
19. Leamore	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
20. Mossley / Dudley Fields	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Lower than average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence
21. Moxley	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
22. New Invention	Aspiring Homemakers • Younger households • Full-time employment • Private suburbs • Affordable housing costs • Starter salaries • Buy and sell on eBay	• Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence
23. North Blakenall	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
24. North Walsall	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Above average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence
25. North Willenhall	Aspiring Homemakers • Younger households • Full-time employment • Private suburbs • Affordable housing costs • Starter salaries • Buy and sell on eBay	• Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
26. Palfrey	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Above average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence
27. Park Hall	Prestige positions • High value detached homes • Married couples • Managerial and senior positions • Supporting students and older children • High assets and investments • Online shopping and banking	• Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
28. Pelsall	Senior Security • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers	• Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • Low levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence
29. Pheasey	Senior Security • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers	• Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
30. Pleck	Urban Cohesion • Settled extended families • City suburbs • Multicultural • Own 3-bedroom homes • Sense of community • Younger generation love technology	• Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • High levels of diabetes prevalence • Low levels of dementia prevalence • Above average levels of mental health prevalence
31. Rough Hay	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Above average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Average levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
32. Rushall	Modest Traditions • Mature age • Homeowners • Affordable housing • Kids are grown up • Suburban location • Modest income	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Average levels of mental health prevalence
33. Ryecroft / Coalpool	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • High level of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
34. Shelfield	Modest Traditions • Mature age • Homeowners • Affordable housing • Kids are grown up • Suburban location • Modest income	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Average levels of diabetes prevalence • High levels of dementia prevalence • Below average levels of mental health prevalence
35. Short Heath	Senior Security • Elderly singles and couples • Homeowners • Comfortable homes • Additional pensions above state • Don't like new technology • Low mileage drivers	• Average levels of children who are overweight / obese • Average positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • Average levels of unpaid care provision • Low levels of CHD prevalence • Low levels of Cancer prevalence • Low levels of diabetes prevalence • Low levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
36. South Willenhall	Family Basics • Families with children • Aged 25 – 40 • Limited resources • Some own low-cost homes • Some rent from social landlords • Squeezed budgets	• Average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Average rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Low levels of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Average levels of mental health prevalence
37. Streetly	Prestige positions • High value detached homes • Married couples • Managerial and senior positions • Supporting students and older children • High assets and investments • Online shopping and banking	• Lower than average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • Average levels of CHD prevalence • High level of Cancer prevalence • Low levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health prevalence

Community	Demographic 'Characteristics'	Health & Lifestyle 'Characteristics'
38. Walsall Central	Transient Renters • Private renters • Low length of residence • Low-cost housing • Singles and shares • Older terraces • Few landline telephones	• Lower than average levels of children who are overweight / obese • High positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • Low adult obesity prevalence • High rates of successful 4-week smoking quitters (16+) • Low levels of unpaid care provision • Average levels of CHD prevalence • Average levels of Cancer prevalence • High levels of diabetes prevalence • Average levels of dementia prevalence • Above average levels of mental health prevalence
39. Walsall Wood	Aspiring Homemakers • Younger households • Full-time employment • Private suburbs • Affordable housing costs • Starter salaries • Buy and sell on eBay	• Average levels of children who are overweight / obese • Low positive chlamydia screening rates (per 10,000 15- to 24-year-olds) • High levels of adult obesity prevalence • Low rates of successful 4-week smoking quitters (16+) • High levels of unpaid care provision • High level of CHD prevalence • High level of Cancer prevalence • Average levels of diabetes prevalence • Average levels of dementia prevalence • Below average levels of mental health

Source - Experian Mosaic - Market Segmentation; 2020 Ward Profiles, Walsall Council

6. Health and Wellbeing Board Priorities

Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is the means by which the local health economy, local authorities and third sector organisations work together to understand the future health, care and well-being needs of their community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is designed to inform and drive future investment priorities and thereby help to plan services more efficiently. Walsall updated their JSNA in 2021/22 with the emerging needs identified from the refresh including:

1. Mental health (children, young people & adults)
2. Healthy weight (children & adults)
3. Behaviour choices (diet, exercise, substance misuse)
4. Covid-19 implications (multi-faceted – i.e., impact on school readiness, mental health, business & economy, vaccination hesitancy)
5. Health inequalities (in general or specifically i.e., healthy life expectancy, infant mortality)
6. Dementia prevalence
7. Diabetes detection
8. Childhood Immunisations
9. Changing town centre
10. Impact of poor air quality

Interactive dashboards and further detail can be accessed on the **Walsall Insight website** Walsall JSNA 2021.

These needs, along with those identified in the other two key assessments (Economic Needs Assessment and the Strategic Assessment to inform the Community Safety Plan) have fed into the updated 'Joint Health and Wellbeing Strategy 2022-2025'. There are three overarching priorities for the Strategy where value can be added by working together in partnership:

1. **Mental wellbeing – especially isolation for all ages and the impact of Covid-19**
2. **Our digital approach – infrastructure and inclusion**
3. **Children and young people**

Reducing Inequalities will remain a core action within and underlying each of the priorities. The principle of 'proportionate universalism' will be applied, i.e., the scale and intensity of effort will be greatest where our need in Walsall is greatest.

A Marmot life course approach has been applied to the three over-arching priorities with sub priorities identified under each.

Pharmacy Providers can contribute to the above priorities through the community pharmacy contractual framework and locally commissioned services.

Contractual Framework- managed by NHSE&I:

1. Signposting to help people who ask for assistance by directing them to the most appropriate source of help.

2. Healthy lifestyle advice to be given patients presenting prescriptions for certain conditions e.g., diet, physical health and smoking

3. Participating in health promotional campaigns e.g., alcohol consumption or providing an alcohol brief intervention service, cancer screening, tackling isolation and loneliness

4. Self care

5. Relevant Staff are aware of safeguarding guidance and the local safeguarding arrangements

6. Supporting patients with long term conditions with new medicines service, flu vaccinations, hypertension case finding service

Locally Commissioned Services:

7. Reducing teenage pregnancies through provision of Emergency Hormonal Contraception (EHC)

8. Reducing smoking prevalence through provision of smoking cessation services

9. Providing substance misuse services- supervised consumption and needle exchange

10. Minor ailments service

11. COVID Urgent Eye Care services

Other services provided but not commissioned:

12. Distribution of Healthy Start Vitamins

Through the Pharmacy Quality Scheme, which forms part of the Community Pharmacy Contractual Framework (CPCF), though not mandatory, it supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience. These domains change each year.

For 2021/22; domains covered Medicines safety and optimisation domain:

- Respiratory domain
- Digital domain
- Primary Care Networks domain
- Prevention domain
- Addressing unwarranted variation in care domain
- Healthy living support domain

7. Benchmarking Provision of Pharmacy Services

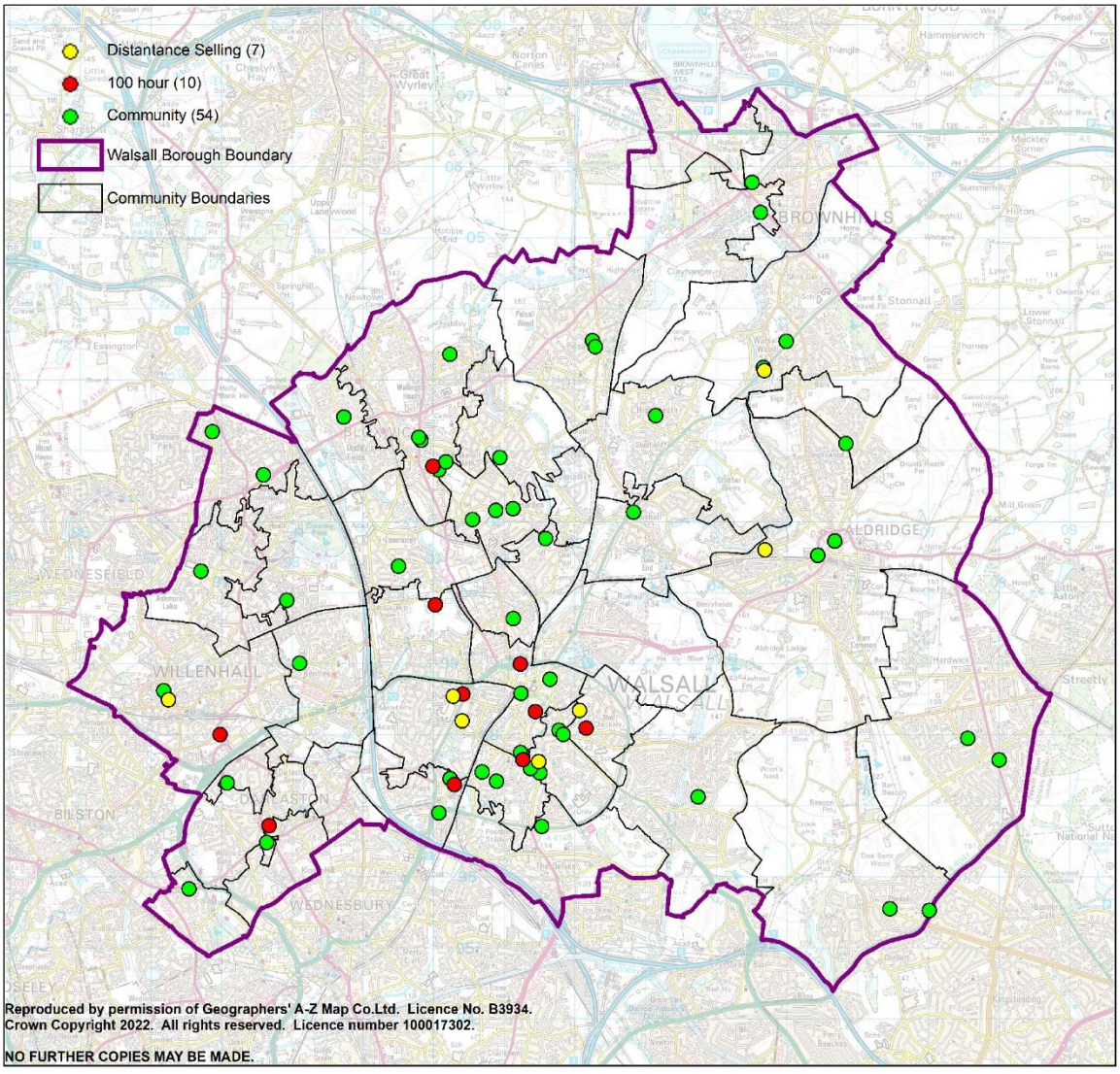
Data was obtained from routine contracting and activity data held by NHSE&I, Walsall Public Health and BCICB, a survey of pharmacy contractors.

Distribution and Pharmacy Types

The map below shows the distribution of pharmacy contractors by type across the borough. See appendix 2 for a larger labelled map by pharmacy type.

Map 4 – Community, 100 hour & distance selling pharmacies in Walsall (as of 16th June 2022) by Community

In total, Walsall has **71** pharmacies. Of these, **54** are community pharmacies, **7** are distance selling / internet pharmacies and **10** are 100-hour pharmacies.



Source – NHSE&I, Walsall Council, Ordnance Survey

Tables 1 and 2 - 100-hour and distance selling / internet pharmacies

100-hour Pharmacies	
Pharmacy	**Community**
A Karim's Chuckery Pharmacy	Chuckery
Asda	Dangerfield
Asda	Walsall Central
Asda	Bloxwich
Lloyds Pharmacy	Birchills / Reedswood
Manor Pharmacy	Alumwell
Pharmacy Dept. at Tesco	South Willenhall
Pleck Pharmacy	Pleck
Tesco Instore Pharmacy	Walsall Central

Distance Selling / Internet Pharmacies	
Pharmacy	**Community**
8pm Chemist	South Willenhall
The Online Pharmacy	Aldridge
Click 4 Pharmacy	Caldmore
118 Pharmacy Limited	Walsall Wood
PharmHub Pharmacy	Alumwell
The Prescription Centre	Caldmore
CO-OP PHARMACY	Alumwell

Source - Data from OHID – Strategic Health Asset Planning and Evaluation (SHAPE tool)

Data from the Office for Health Improvement and Disparities (OHID) 'Shape' tool, enables a comparison of community pharmacy services provision per capita with other areas across the Area Team geography (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton).

Table 3 – Community pharmacies by population per 100,000

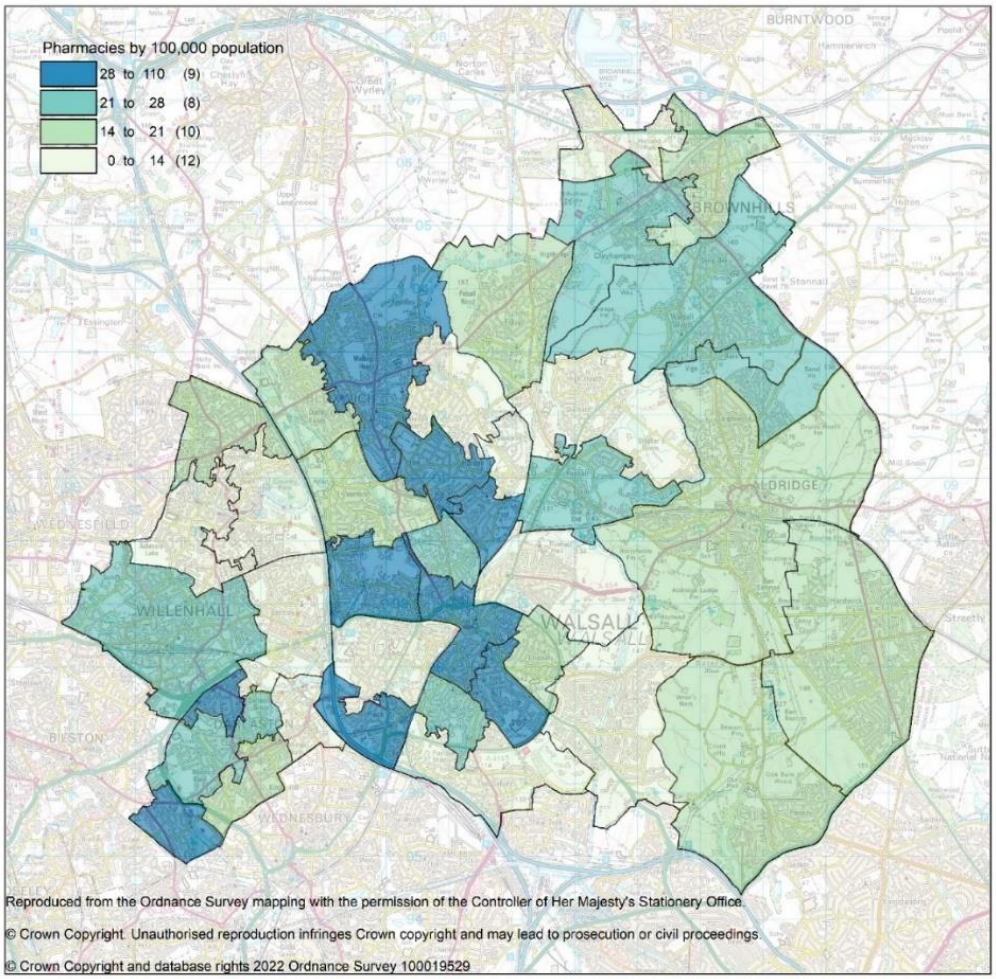
	Pharmacies	Population	Rate
Walsall	71	286,716	24.76
Dudley	68	322,363	21.09
Wolverhampton	61	264,407	23.07
Sandwell & West Birmingham	130	507,323	25.62

Source – OHID, Shape tool & 2020 MYE (https://shape.phe.org.uk/themes/index.asp)

With the exception of Sandwell and West Birmingham, Walsall has a higher number of community pharmacies per 100,000 population to the rest of the CCG geography.

Map 5 illustrates the number of pharmacies per 100,000 population by community. It is clear that some community areas have a greater proportion of pharmacies for their population size than others, those being Leamore, Ryecroft / Coalpool, Walsall Central, Caldmore and Pleck.

Map 5 – Walsall pharmacies per 100,000 population



Source – NHSEI, ONS MYE, Ordnance Survey

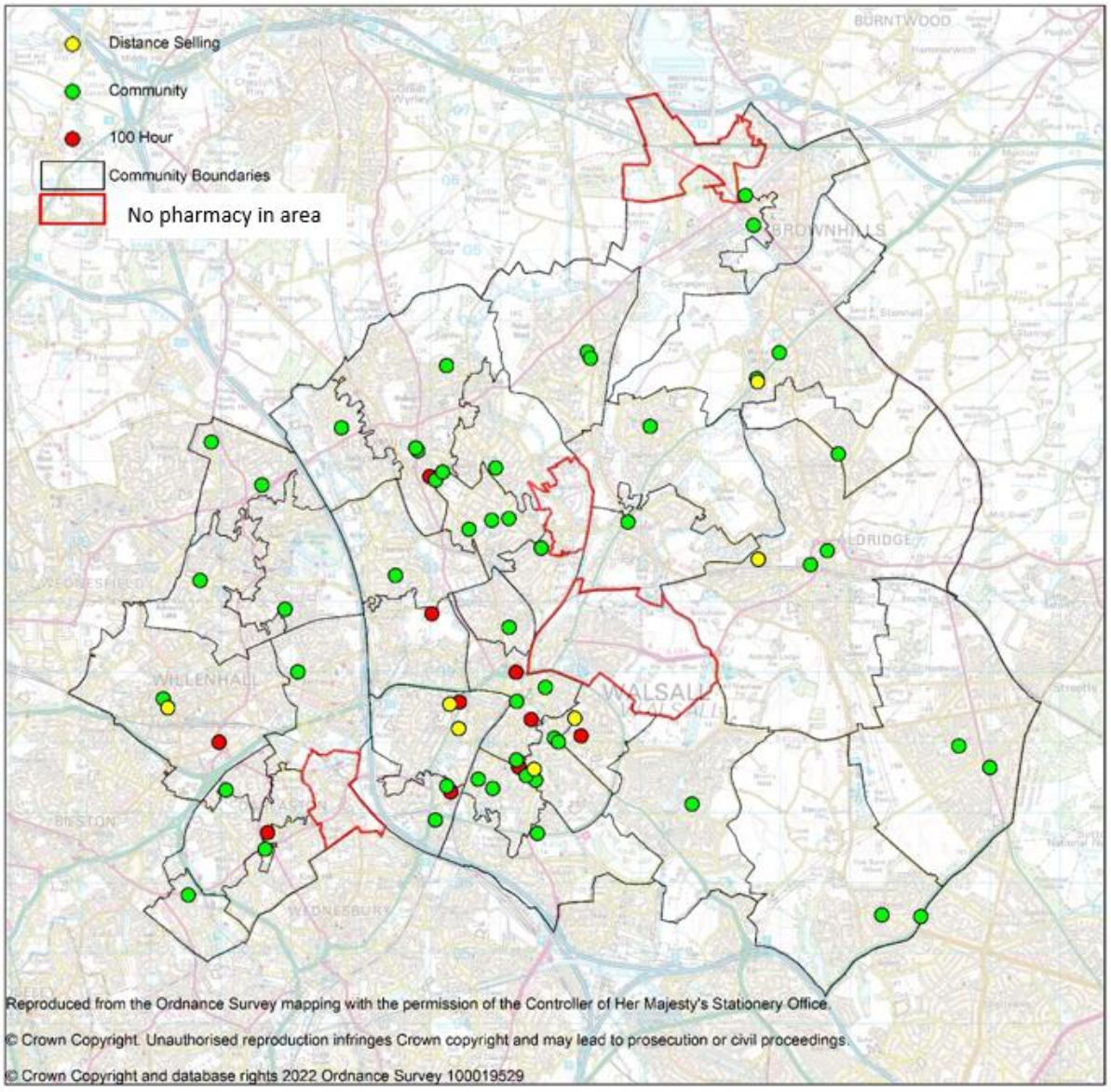
There are some communities where the rate of pharmacy per population is low and map 6 identifies four communities which do not have a pharmacy within them. These are explored in more detail below.

Community Area Analysis

The map below shows like last time, there are four community areas without a pharmacy located within them, these are:

1. Brownhills West
2. Goscote
3. Hatherton
4. Fallings Heath

Map 6 - Communities & pharmacies by type



Source – NHSE&I, Walsall Council, Ordnance Survey

Each community has been reviewed to identify whether there is a need for a new pharmaceutical provider.

Of the four communities where there is no pharmacy currently located within the area;

- Brownhills West is largely an industrial area
- Goscote and Fallings Heath are both small communities when compared to the others, and have sufficient provision in neighbouring communities
- Hatherton is largely non-residential but with close links to North Walsall and Walsall Central which has the largest number of pharmacies.

Based on the above information, we conclude there is no need for a new pharmaceutical provider in the above communities.

Community Area Analysis – Accessibility

The Office for Health Improvement and Disparities' (OHID) SHAPE tool was utilised to analyse accessibility. It uses the detailed Ordnance Survey road network, along with the latest data on public transport stops and timetables, to generate accurate journey times between any given point in the borough to a defined destination (in this case, community and 100 hour pharmacies).
The results are visually displayed as travel time contours (or 'isochrones') on a map of Walsall.

Contour maps have been produced for three types of transport:

1. Walking
2. Driving
3. Public Transport (including walking where necessary)

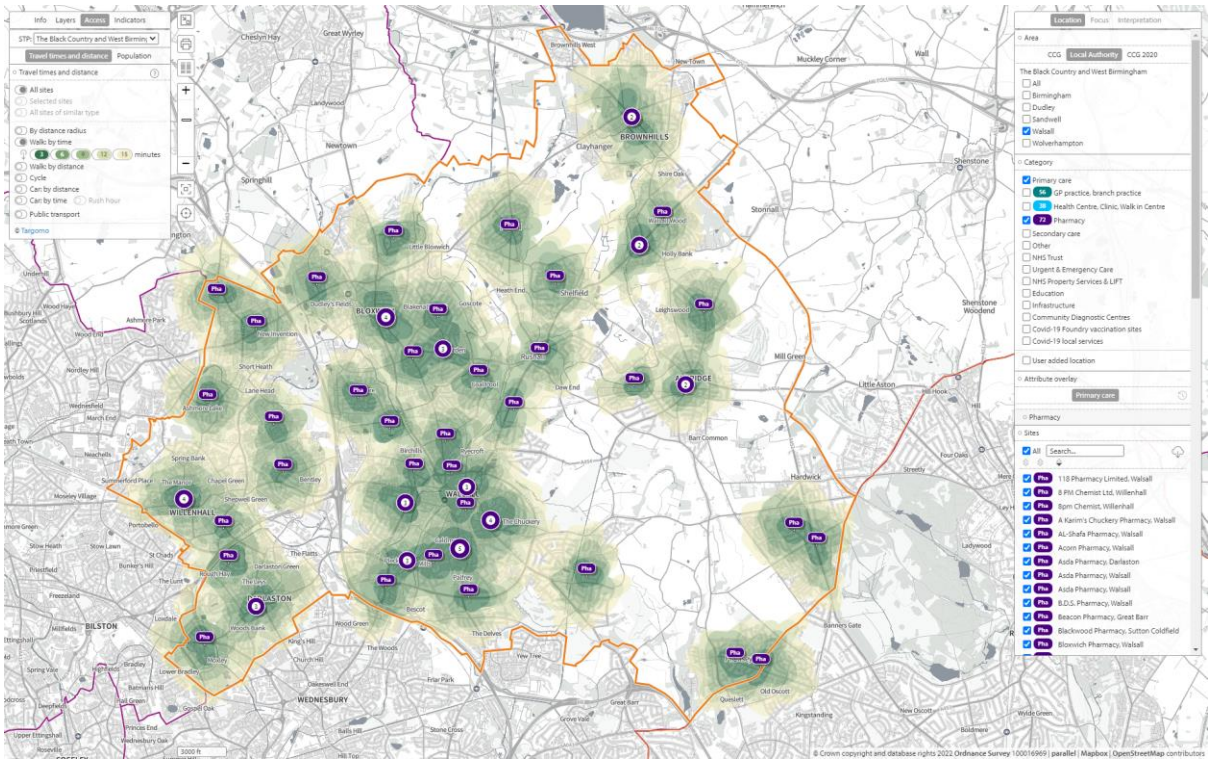
There is no standard definition of what makes a service 'accessible' or not. This will depend on the type of service being provided, the mode of transport used, the time it is being accessed and the circumstances of the individual. Different time bands have been used for each mode of transport, based on a range of what might be considered an acceptable travel time for the majority of residents. Clearly, not all modes of transport will be available to all residents.
The maps have coloured contours shaded according to the key in each map. This is overlaid on a borough map.

The resident survey indicated that the majority of responses (79%) travel up to 15 minutes to a pharmacy.

Analyses travel times by foot is based on an average walking speed of 4.8 km per hour – the standard set by the Department for Transport. It uses the fastest distance along the actual highways network rather than straight-line distance 'as the crow flies' – thus taking into account natural or manmade obstacles such as canals or motorways, as well as areas where there are no roadways. They may not include all footpaths that are available to pedestrians, so accessibility may actually be slightly higher than reflected in some areas. Analysis is based on walking times of 10 minutes, 15 minutes and 20 minutes.

Accessibility – Walking

Map 7 - Access to a pharmacy – Walking



Source – OHID SHAPE tool

Access to pharmacies via walking does highlight some potential gaps to the East of the borough and parts of Brownhills. These areas however are not densely populated (Hatherton).

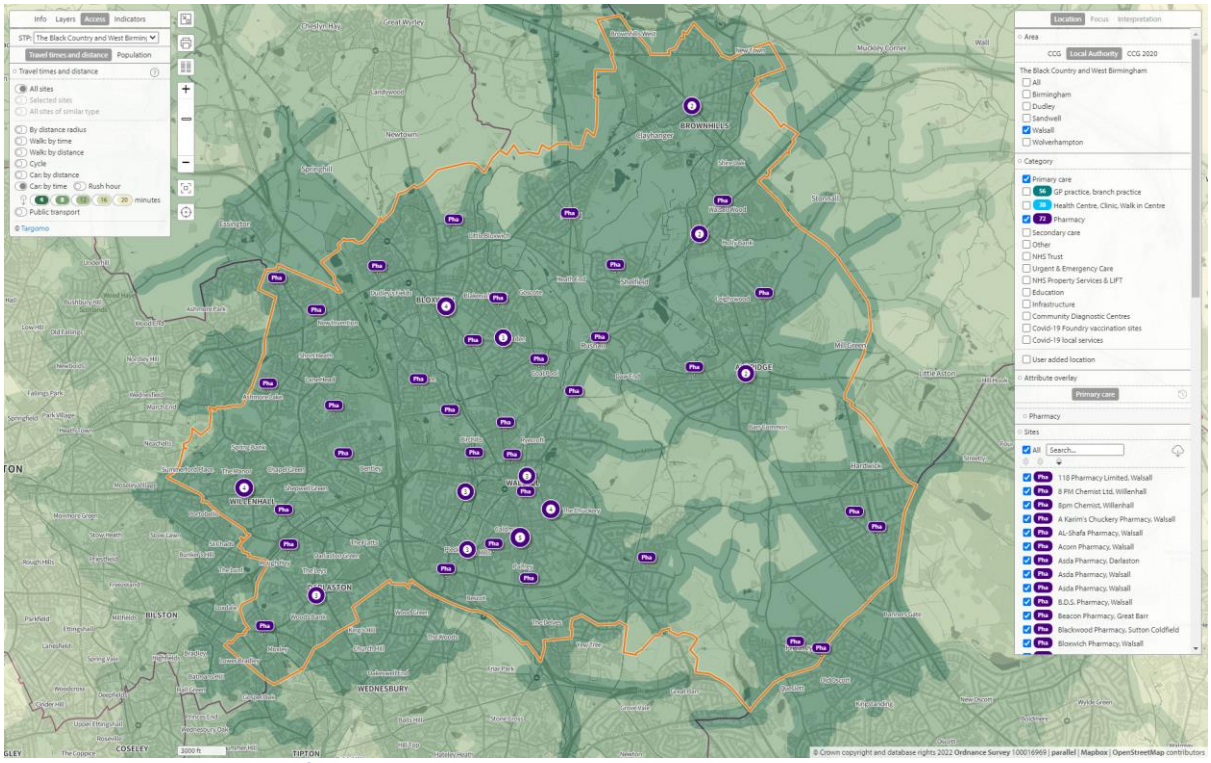
There is excellent coverage to the West of the borough, the majority of pharmacies being accessible within 20 minutes of walking.

The resident survey indicates that those close enough to a pharmacy do walk to it, with 31% opting to.

Accessibility - Driving

Driving analyses look at accessibility by car/van or motorcycle. Calculations are based on the average driving speed for the type of roads involved – as determined by the Department for Transport. Depending on volumes of traffic, journey times may vary slightly during the day. This analysis does not take into account any time taken to park and to walk to services, as on-site or nearby parking facilities are assumed to be available.

Map 8 - Access to a pharmacy – Driving



Source – OHID SHAPE tool

Access to pharmacies via car / van does not highlight any accessibility gaps. The majority of pharmacies are accessible within a 4-minute journey time and this was echoed from the survey results, with car being the favoured mode of travel to pharmacies.
To the east of the borough, journey times may be slightly longer (up to 8 minutes).

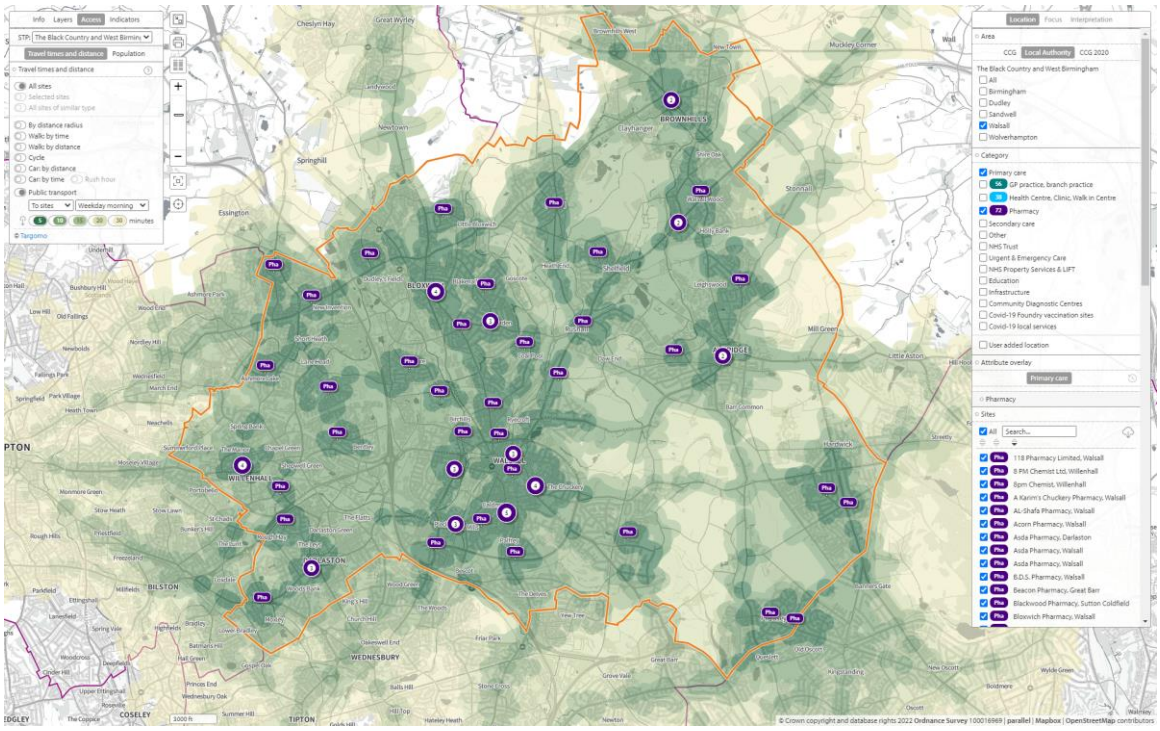
The resident survey indicates that travel mode by car is most popular at 64%.

Accessibility – Public Transport

Public transport journey times are calculated based on the minimum time it would take to walk to the nearest bus stop, travel to the stop nearest to the destination, and then walk to the final destination. It also allows for interchanges between services to be made (as well as taking into account the time needed to make the interchange). It is the shortest time possible to reach a community pharmacy or 100-hour pharmacy location – and obviously just missing a bus and having to wait for another would add extra time to the journey.

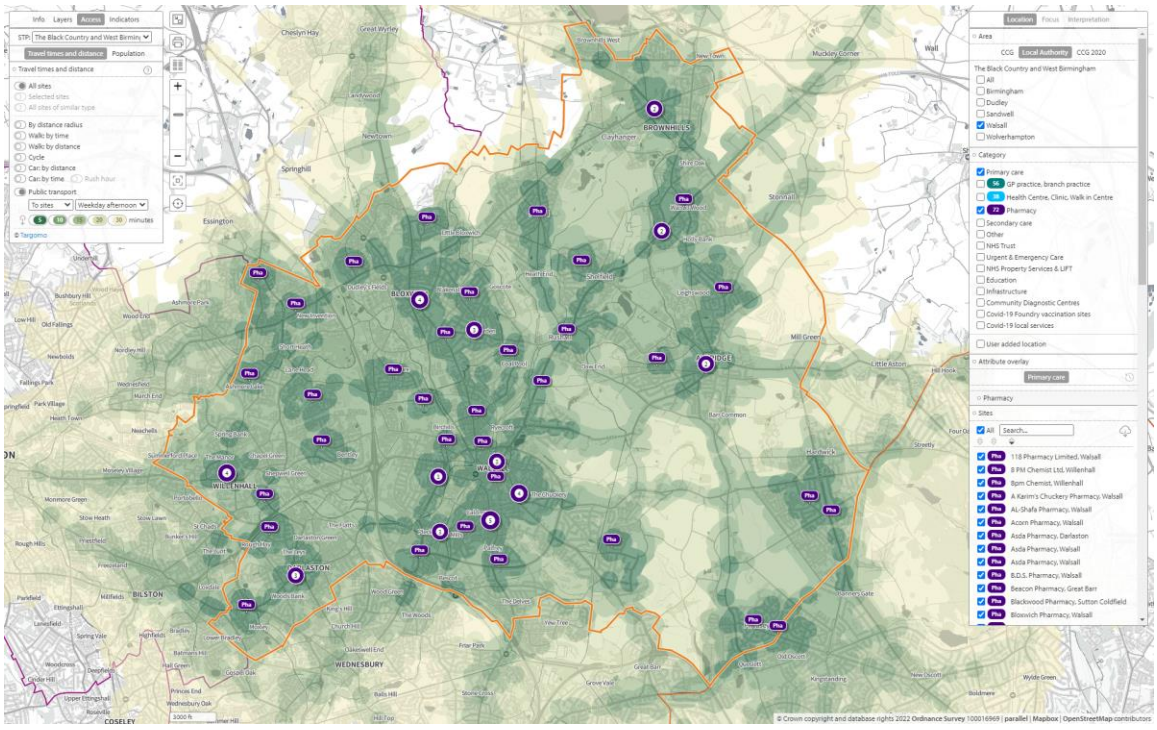
As the calculations are done using actual public transport timetables, it is necessary to specify a day and time at which to run the calculation (as frequency of buses varies according to days of the week and times of the day). This initial analysis is based on weekday morning, weekday afternoon and weekday evening. Analysis is based on journey times of 5, 10, 15, 20 and 30 minutes.

Map 9 - Access to a pharmacy – Public Transport Weekday morning



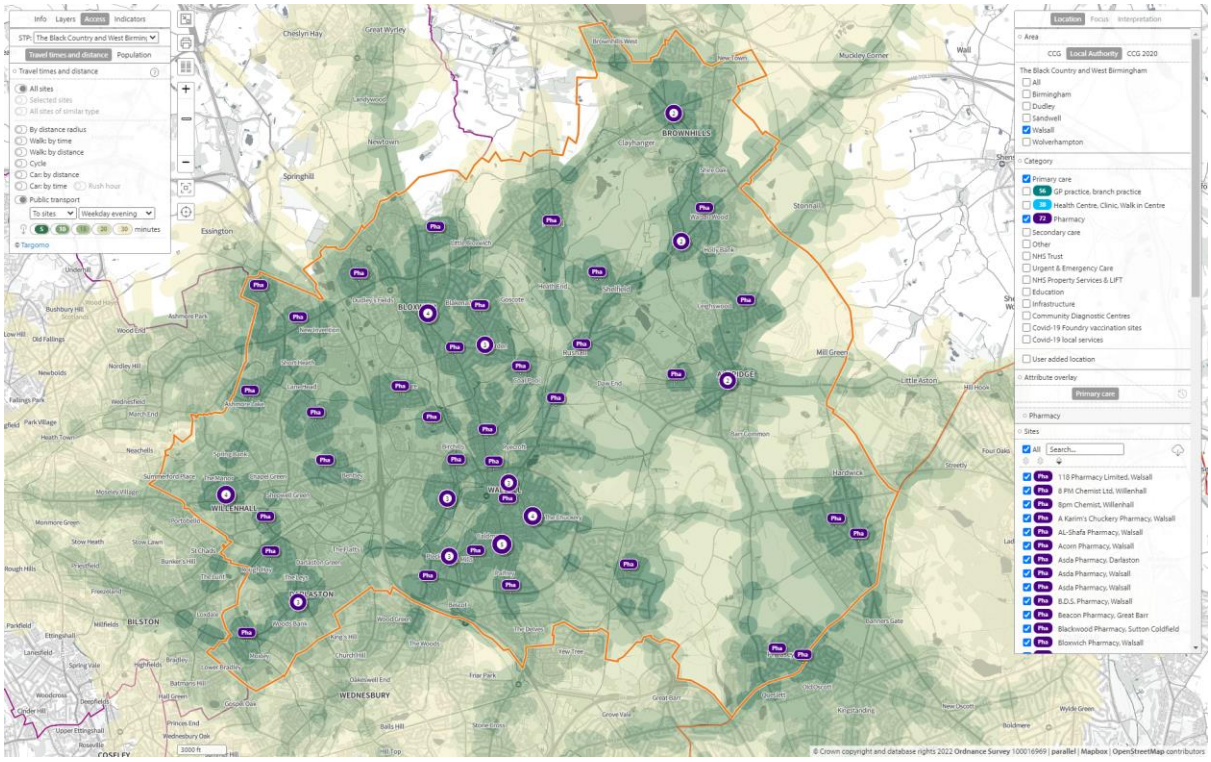
Source – OHID SHAPE tool

Map 10 - Access to a pharmacy – Public Transport Weekday afternoon



Source – OHID SHAPE tool

Map 11 - Access to a pharmacy – Public Transport Weekday evening



Source – OHID SHAPE tool

Access to pharmacies via public transport indicates that residents could access a pharmacy within a 30-minute journey time during the week.

The survey results show that public transport was not a common form of accessing pharmacy services (<3%).

Based on the above information, we conclude:

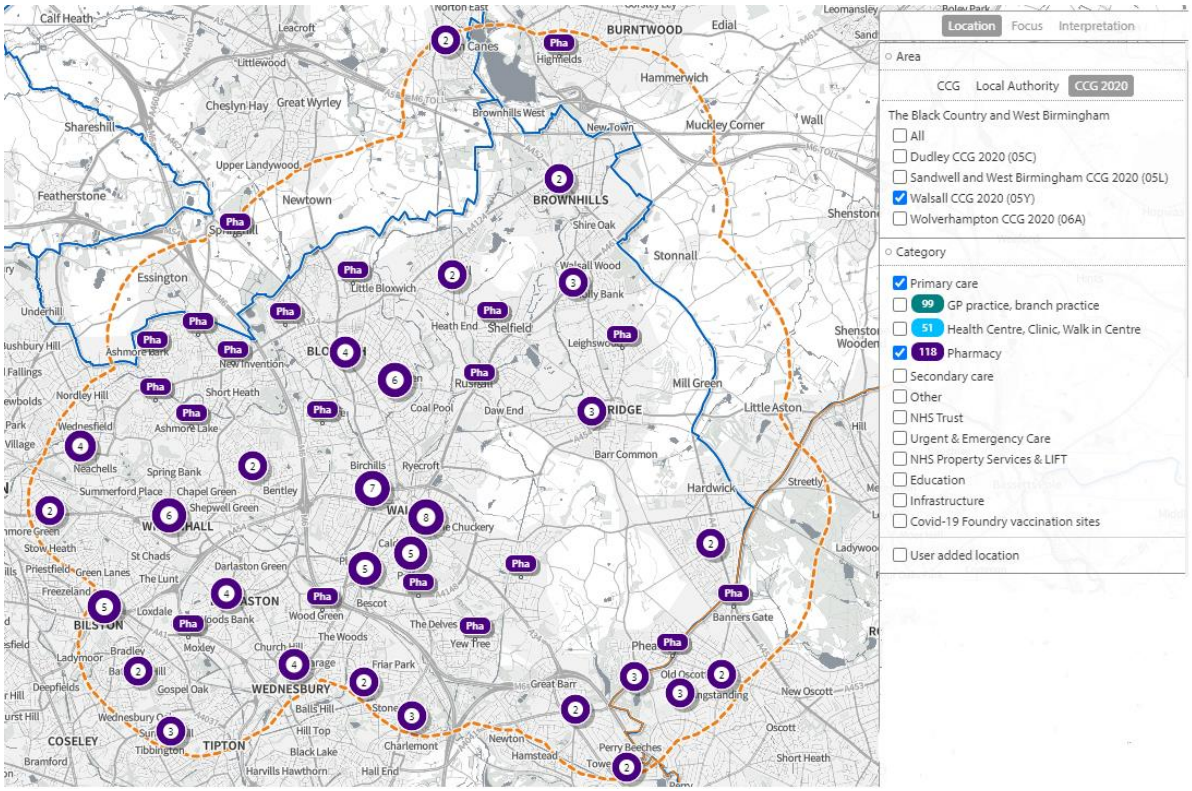
Conclusions agreed from the accessibility SHAPE tool, that there are sufficient pharmacies located across the borough to meet the needs of the population, in addition of the resident survey, most access via car.

Dispensing Services – Cross Border and Dispensing Doctors

Cross Border Provision

Pharmacies that dispense a large number of prescriptions for Walsall residents are a potential source of pharmaceutical services for our patients. The map below illustrates where cross border pharmacies are located within a 2-mile (as the crow flies) radius, which may be accessed by Walsall residents.

Map 12 - Walsall pharmacies & cross border pharmacies with a 1.6km (1 mile) buffer

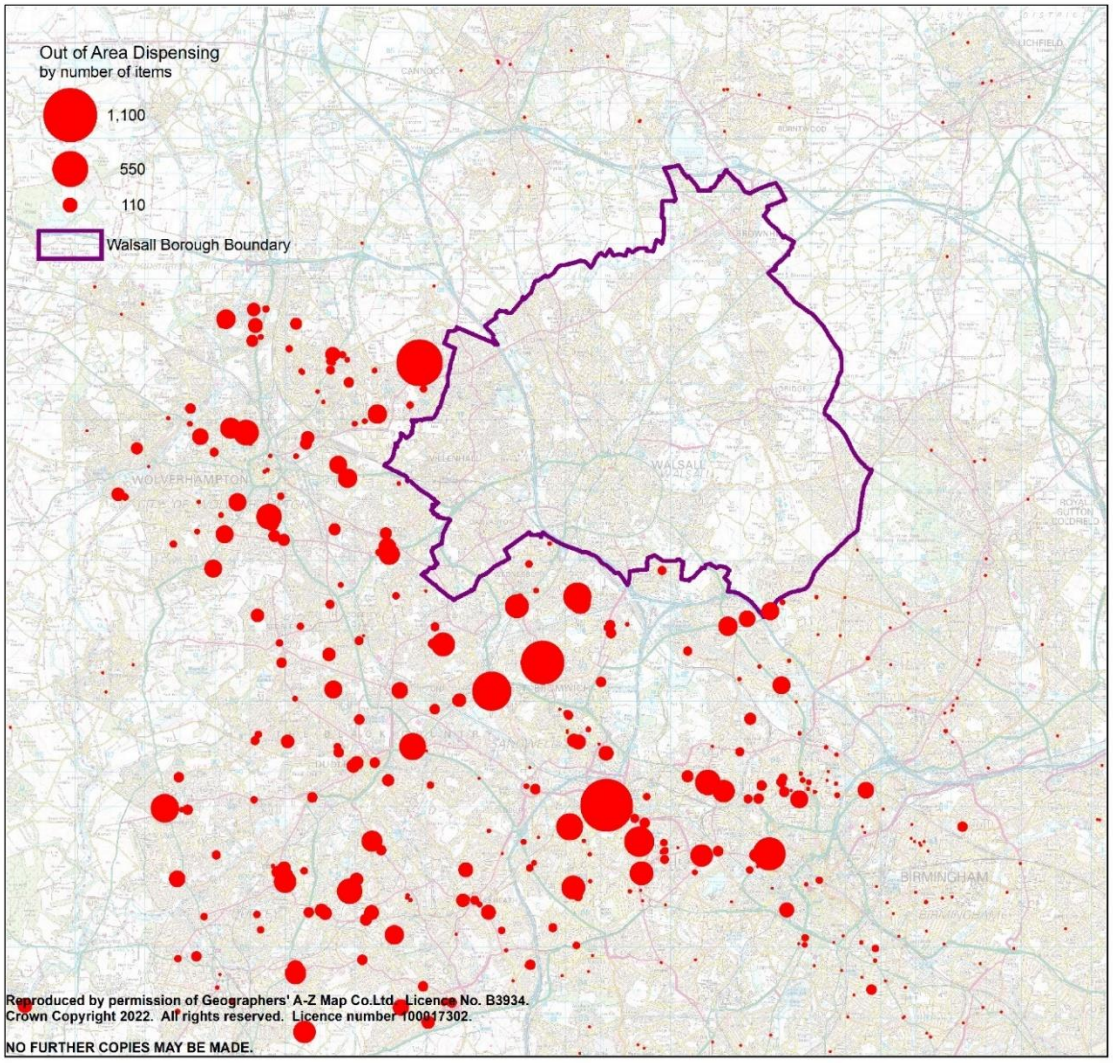


Source – OHID SHAPE tool

Walsall has 71 pharmacies within the borough with an additional 46 pharmacies located within a 1.6km (1 mile) buffer of the borough. These are mainly located to the South and West of the borough, where the population is more densely populated, and residents are able to utilise these pharmacies.

Pharmacies highlighted below show where patients have had prescriptions dispensed outside the Walsall area during March 2022.

Map 13 - Pharmacy dispensing by number of items



Source – EPACT2

Dispensing GPs

There are no dispensing GPs within the Walsall geographical boundary. However, a GP practice within Walsall has a branch surgery which is a dispensing practice based in Stonnall (commissioned by NHSE&I).

Based on this information, we conclude: The pharmacy service provision to patient ratio be sufficient within the Walsall boundary. This will be kept under review for any increase in population or any future housing developments.

There are sufficient pharmacies in Walsall and the surrounding area to provide essential pharmaceutical services to its population.

The accessibility analysis illustrates there is access for the majority of residents by car at most times

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Pharmacy Services Provision

Opening Times

Under the NHS Terms of Service for community pharmacies, all pharmacy contractors are expected to provide essential services. Advanced and enhanced services are opted to provide to all patients during their core hours as approved by NHSE&I, and during their supplementary hours as notified to NHSE&I.

Pharmacies are expected to provide pharmacy services throughout the day to maximise health outcomes. In cases where accredited pharmacists are unavailable i.e., Emergency Hormonal Contraception and supply of varenicline, the pharmacy staff would be expected to signpost patients appropriately. Certain services do not have to be provided all day as they can be operated by an appointment system e.g., Flu vaccinations.

Contractors are not required to open on public holidays (Christmas Day and Good Friday) or bank holidays (including any specially declared bank holidays). In addition, they are not required to open on Easter Sunday, which is neither a public nor bank holiday. They are encouraged to notify the NHSE&I well in advance so that consideration can be given as to whether the provision of pharmaceutical services on these days will meet the reasonable needs of patients and members of the public.

The local NHSE&I have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

Consideration should be given to the need for pharmaceutical services during the opening hours of the Extended access services and urgent care centres.

The Regulations Guidance also states that the PNA should state how the 100-hour pharmacies are meeting the needs of residents within a locality.

100-hour pharmacies are required to open for a minimum of 100 hours per week. There are currently ten 100-hour pharmacies in Walsall.

The opening hours of these contractors allows Walsall residents to access pharmaceutical services out of usual opening hours. The pharmacies are summarised below with the availability of advanced and locally commissioned services outside of normal pharmacy opening hours provided to improve access to services for Walsall residents.
Details of opening hours are included in Appendix 3.

GP Access

52 GPs in Walsall provide surgery times between the hours of 8.00am to 6.30pm, Monday to Friday (excluding bank holidays). The earliest surgery appointments some practices offer outside of core hours are between 7am and 8am in the morning and in the evening the latest surgery appointments are held between 6.30pm and 8.00pm. A number of GP practices hold weekend surgeries on Saturdays only between 8am and 12.00pm (excluding the urgent treatment centre).

Since April 2020, the Walsall Primary Care Networks (PCNs) have jointly commissioned OurNet Health Services Ltd to provide a Walsall Extended Access Service to allow patients increased access to primary care appointments.

The service is open weekday evenings, weekends and bank holidays and is operated from two hubs, the Walsall North Hub (Pinfold Health Centre, WS3 3JP) and the Walsall South Hub (Broadway Medical Centre, WS1 3HD.)

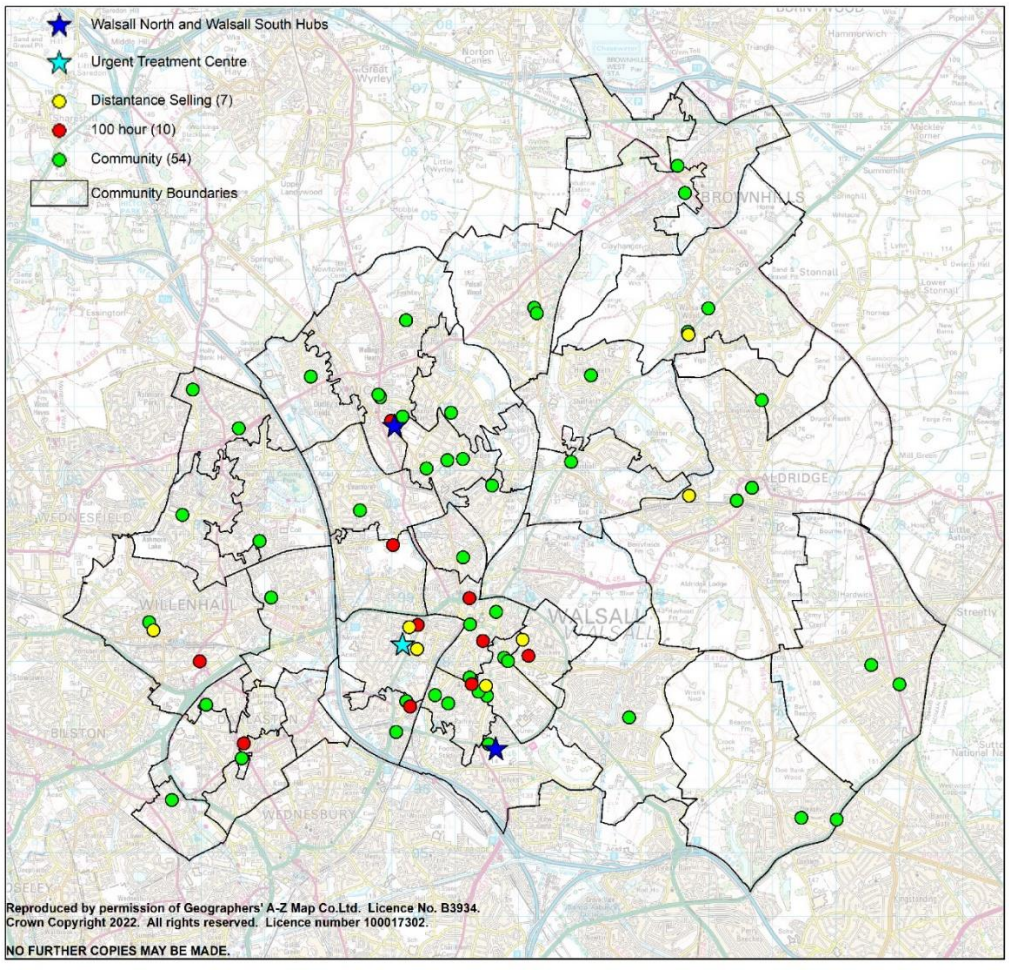
Malling Health also cover the Out of Hours across Walsall which is accessed through NHS111.

There is currently one Urgent Treatment Centre in Walsall, at Walsall Manor Hospital, Wilbraham Road, off Moat Road, Walsall, WS2 9PS (refer to map below) Open 7am – midnight every day (including bank holidays).

Pharmacy Coverage for Extended Access and Urgent Treatment Centre

There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the centres.

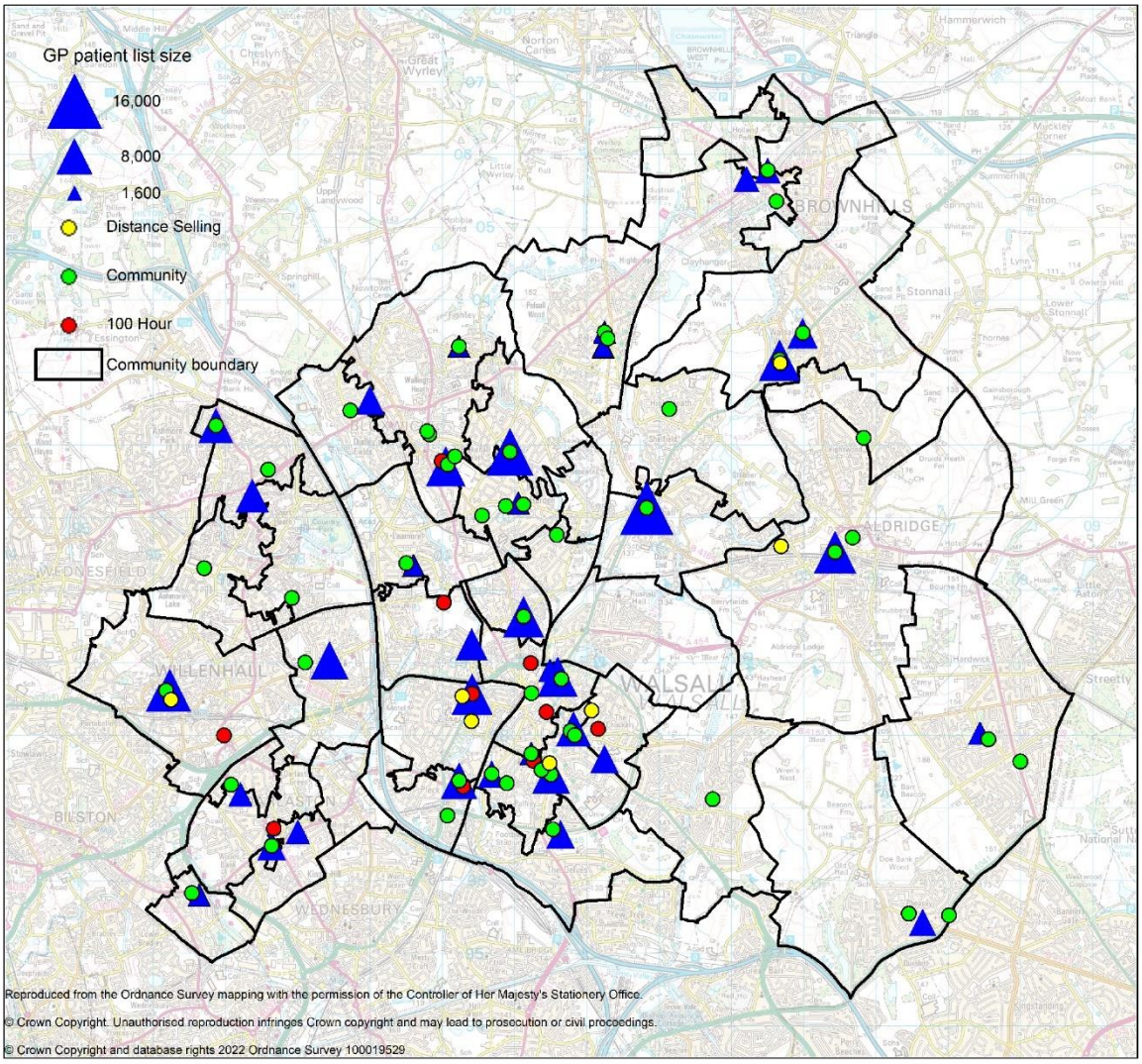
Map 14 - Urgent Treatment Centre, Hubs and pharmacies by type by community



Source – NHSE&I, Walsall Council, Ordnance Survey

All Walsall pharmacies and their opening times are provided in Appendix 3. Of the 71 pharmacies across the borough, 15 open on a Sunday (including wholly internet / distance selling pharmacies).

Map 15 - GP practices by list size and pharmacies by type



Source – NHSE&I, Walsall Council, Ordnance Survey

The map shows the relative size of each GP practice based on their list size and the relation to pharmacies. There is good alignment between pharmacies and GP practices.

Based on the above information, we conclude: Pharmacies are open to provide services at the times needed and used by the population. The resident survey did not highlight the need for additional opening hours.

The access to current pharmacy service provision in terms of GP surgery opening hours is sufficient to meet the requirements of the local population.

There is sufficient access to the pharmaceutical service needs of patients during GP extended surgery and Urgent Treatment Centre hours.

There is good alignment between pharmacies and GP practices (this reflects responses from the resident survey)

Community Pharmacy Services Provision

Current Premises

Information obtained from the pharmacist survey carried out between February to May 2022, has been used to inform the following:

Consultation Rooms

Of the 53 pharmacy contractors who responded, 98% have a consultation area available on site. Of these, 48 contractors are able to accommodate wheelchair access. One Distance Selling pharmacy contractor stated no consultation area is available.

Six of these pharmacies allow patients access to on site toilet facilities and 48 have on site hand washing facilities for consultations available.

Essential Services

The Essential Services listed below are offered by all pharmacy contractors as part of the NHS community pharmacy contractual framework.

- Dispensing medicines / appliances

  [In addition to the essential service, whilst many prescriptions will be sent electronically from GP practices to pharmacies, the pharmacy survey indicated 52 pharmacy contractors that responded, provide a prescription collection service from GP practices. 43 of these pharmacies also provide a free of charge delivery of dispensed medicines on request. Ten pharmacies charge for delivery of dispensed medicines].

- Dispensing of repeat prescriptions i.e., prescriptions which contain more than one month's supply of drugs on them. For example, an electronic repeatable prescription may say that the prescription interval is every 28 days, and it can be repeated six times. This would give a patient approximately six months' supply of medication, dispensed every 28 days with the prescriber only needing to authorise them once.

- Disposal of unwanted medicines - to ensure the public has an easy method of safely disposing of unwanted medicines, thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them and reduces the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.

Also reduces the environmental damage caused by the use of inappropriate disposal methods for unwanted medicines.

- Public health (promotion of healthy lifestyles) - the provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions who appear to:

    - have diabetes; or
    - be at risk of coronary heart disease, especially those with high blood pressure; or
    - who smoke; or
    - are overweight

    In addition, pro-active participation in national / local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods. Past campaigns have included Health Screening awareness; sexual health; oral health and alcohol awareness. Aims to increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health and target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

- Signposting - the provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, to other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

- Support for self-care - the provision of advice and support by pharmacists/pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines

- Clinical governance - clinical governance is a system through which healthcare providers are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.

- Discharge Medicines Service (DMS) - NHS Trusts are able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. Using the information in the referral, pharmacists will

be able to compare the patient's medicines at discharge to those they were taking before admission to hospital. A check will also be made when the first new prescription for the patient is issued in primary care and a conversation with the patient and/or their carer will help to ensure that they understand which medicines the patient should now be using.

- Healthy Living Pharmacy - The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

Based on the above information, we conclude:

All Walsall pharmacies provide essential services. The HWB are not aware of any deficiencies in these services.

Pharmacy Quality Scheme (PQS)

The Pharmacy Quality Scheme (PQS) forms part of the Community Pharmacy Contractual Framework (CPCF).

It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.

The criteria change each year.

Advanced Services

There are Advanced Services within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions, these include:

1. Community Pharmacy Consultation Service
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service
6. Smoking Cessation Service
7. Appliance Use Review
8. Stoma Customisation Service

1. Community Pharmacy Consultation Service (CPCS)

This service connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

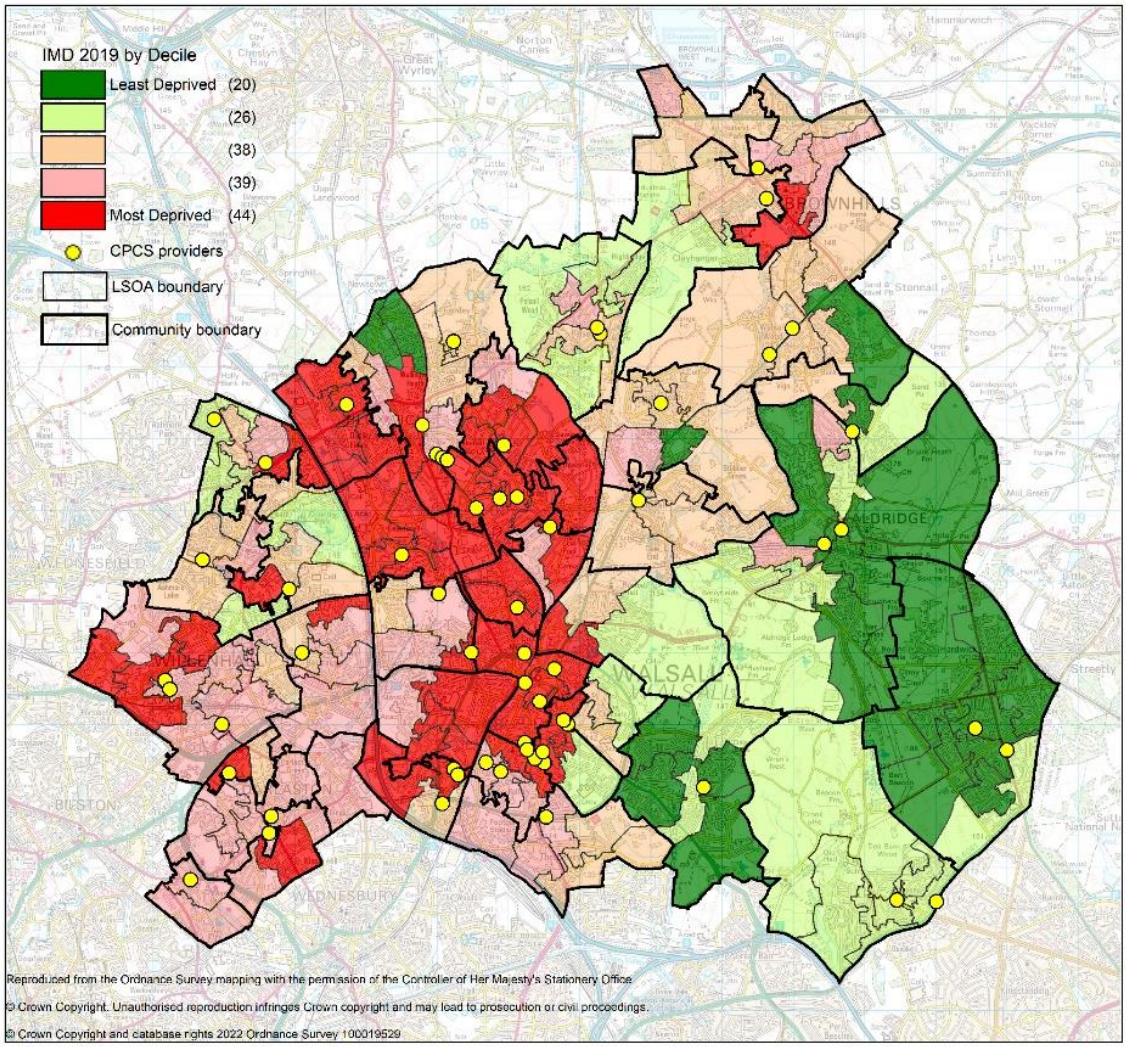
As well as referrals for minor illness from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.

The CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacy, which should be their first port of call and can deliver a swift, convenient and effective service to meet their needs. Since the CPCS was launched, an average of 10,500 patients per week being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP

The CPCS provides the opportunity for community pharmacy to play a bigger role than ever within the urgent care system.

As of 7th March 2022, 64 pharmacies in Walsall are registered to provide this service. The Community Pharmacy questionnaire also indicated another provider intends to provide within the next 12 months.

Map 16 – CPCS pharmacy providers and IMD 2019



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

There are 64 out of 71 pharmacies across the borough which offer this service and three pharmacies intend to provide in the next 12 months. The map illustrates good coverage across Walsall with no gaps identified.

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2. Flu Vaccination Service

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015.

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening

hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service (Flu Vaccination Service) will support NHSE&I, in providing an effective vaccination programme in England. It aims to:

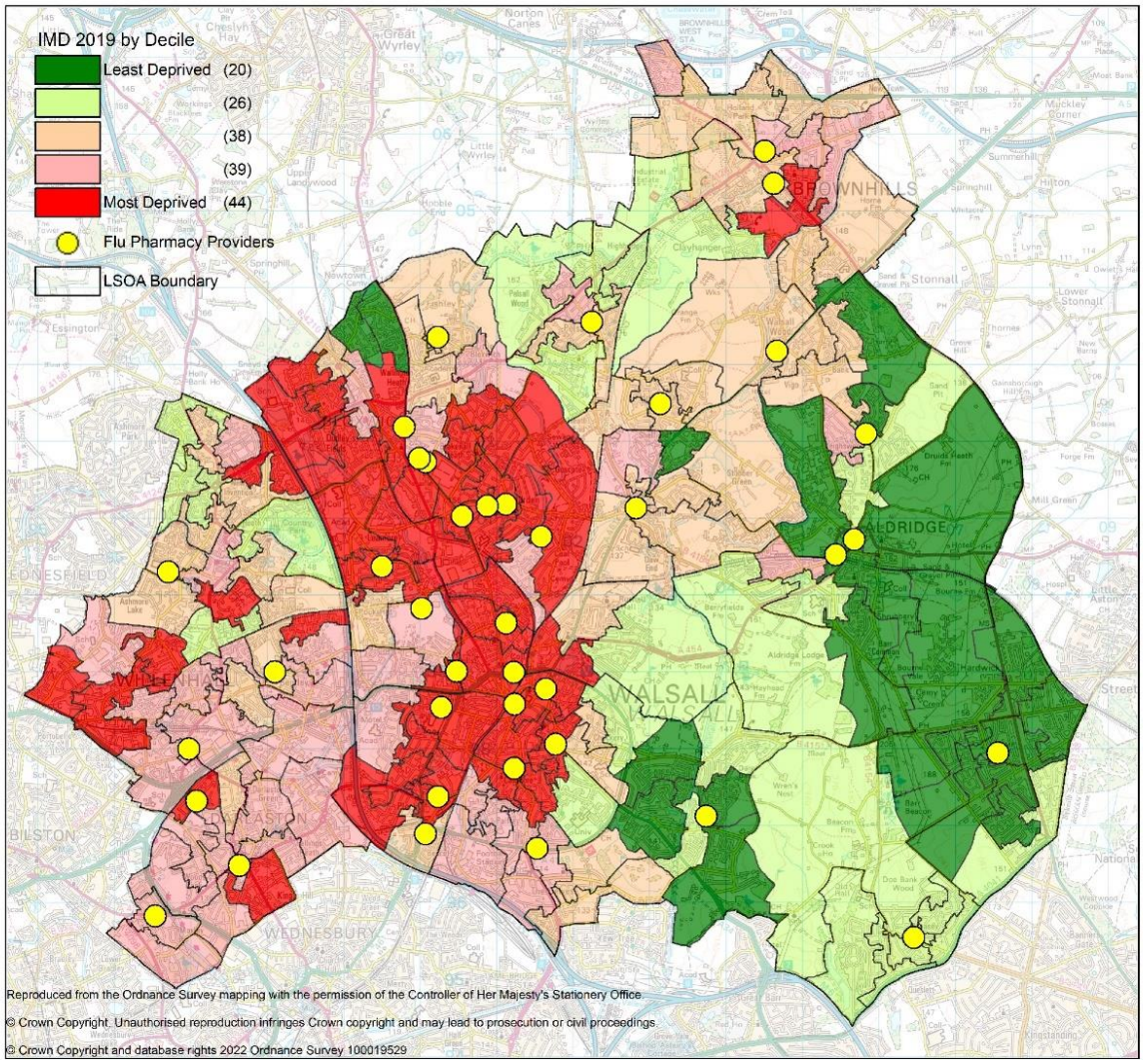
1. sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice.
2. provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and
3. reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

NHSE&I database provided the data and during the 2021-2022 season to January 2022, **40** pharmacies in Walsall were actively providing the service.

For year 2020-21, there were 64 pharmacies providing the service, in 2019-20 there were 55 pharmacies and during 2018-19 there were 48 pharmacies providing the service.

The data provided does not provide the number of pharmacies that have signed up to provide the service. This may maybe higher than the 40 that were actively providing the service. The community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months.

Map 17 - Pharmacies offering flu vaccination service with IMD 2019 by LSOA



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

The activity data shows, there are 40 pharmacies across the borough, actively providing the flu vaccination service, the community pharmacy questionnaire indicated that 51 pharmacies are currently providing the service and another three providers intend to provide within the next 12 months. The map illustrates good coverage with GPs and pharmacies working jointly to ensure service delivery.

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3. Hepatitis C testing service

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the Community Pharmacy Contractual Framework (CPCF) in September 2020, and it has been agreed in March 2022 the service should continue to be commissioned until 31st March 2023.

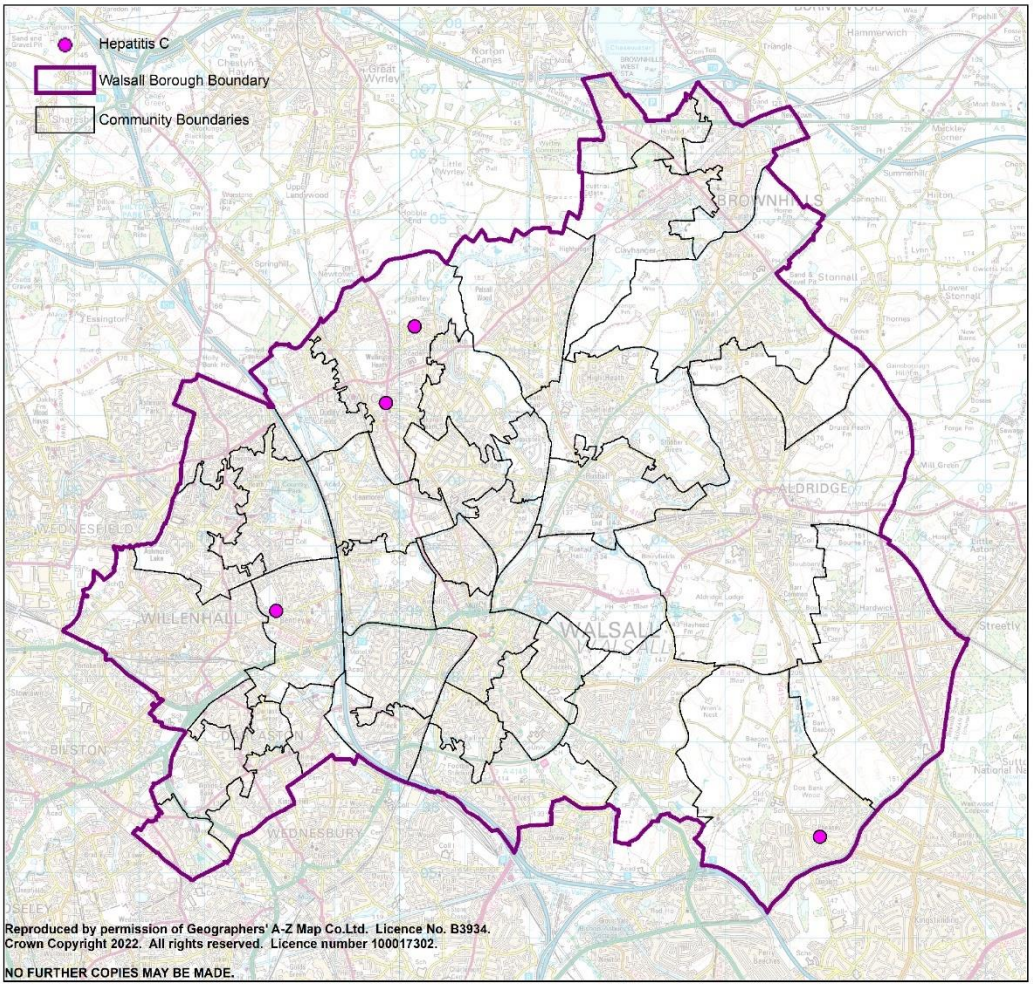
The service is focused on provision of point of care testing (POCT) for Hepatitis C (Hep C) antibodies to people who inject drugs (PWIDs), i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The overall aim of the service is to increase levels of testing for HCV amongst PWIDS who are not engaged in community drug and alcohol treatment services to:

a. increase the number of diagnoses of HCV infection;
b. permit effective interventions to lessen the burden of illness to the individual;
c. decrease long-term costs of treatment; and
d. decrease onward transmission of HCV.

There has been no service provision in Walsall since the commencement of this service.

Map 18 - Pharmacies offering Hepatitis C Antibody testing service by Community Boundary



Source – NHSBSA, Walsall Council, Ordnance Survey

Based on the above information, we conclude:

The Community Pharmacy questionnaire indicated that there is one further contractor that intends to provide the service within the next 12 months.

Whilst there is little cover of this service, this is also available for individuals to access through the Drug and Alcohol provider, Change, Grow, Live (CGL).

4. Hypertension Case Finding Service

This service has been commissioned as an Advanced service from 1st October 2021. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

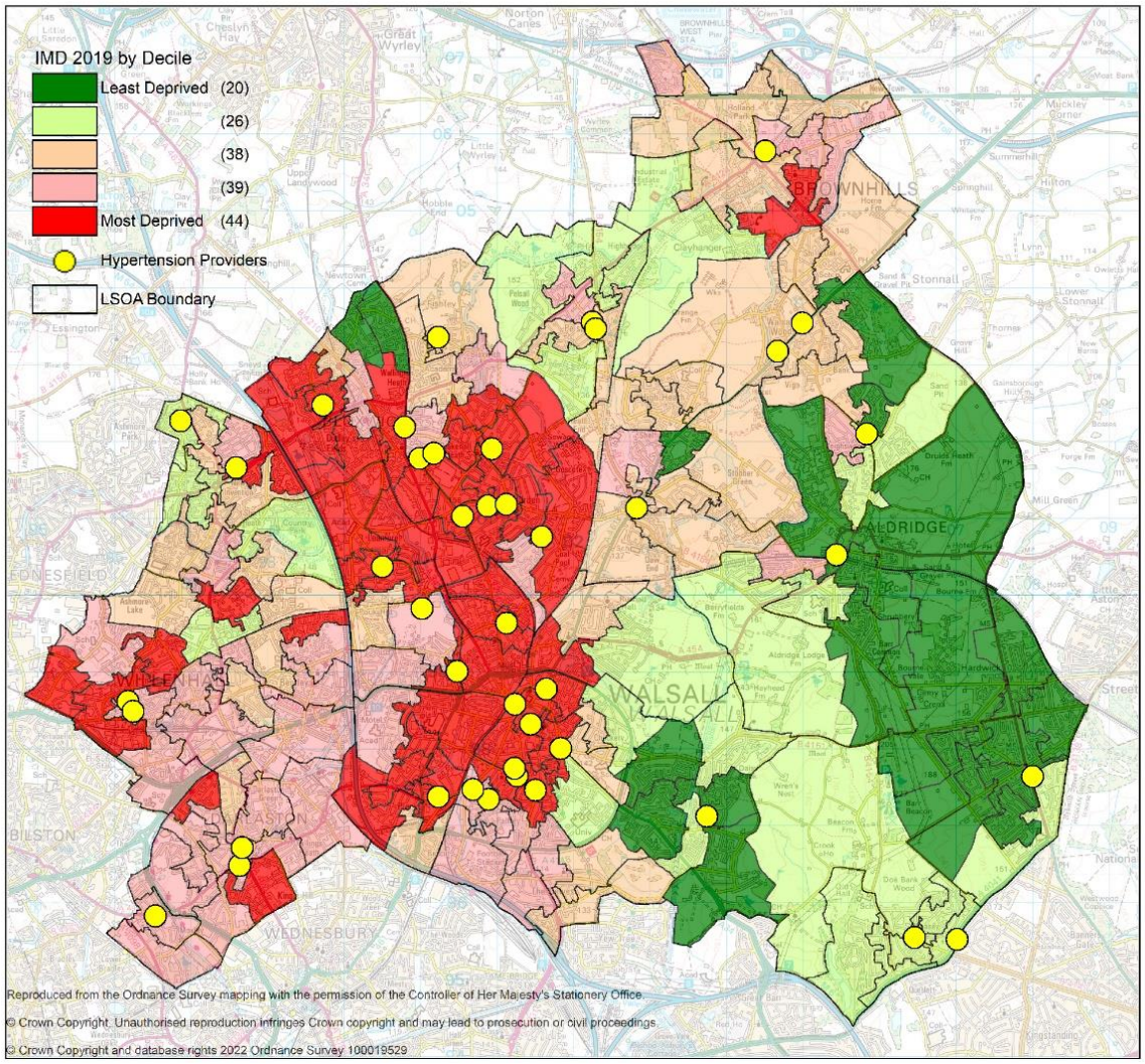
The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management;
- At the request of a general practice, undertake ad hoc clinic measurements and ABPM
- Provide another opportunity to promote healthy behaviours to patients.

The service will support the work that both general practices and wider PCN teams will be undertaking on CVD prevention and management, under changes to the PCN Directed Enhanced Service.

In Walsall there are **44** pharmacies that have signed up to provide this service as at 23.05.2022.

Map 19 - Pharmacies offering hypertension service with IMD 2019 by LSOA



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

There are 44 pharmacies across the borough which offer this service. The map illustrates good coverage.

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5. New Medicines Service (NMS)

The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

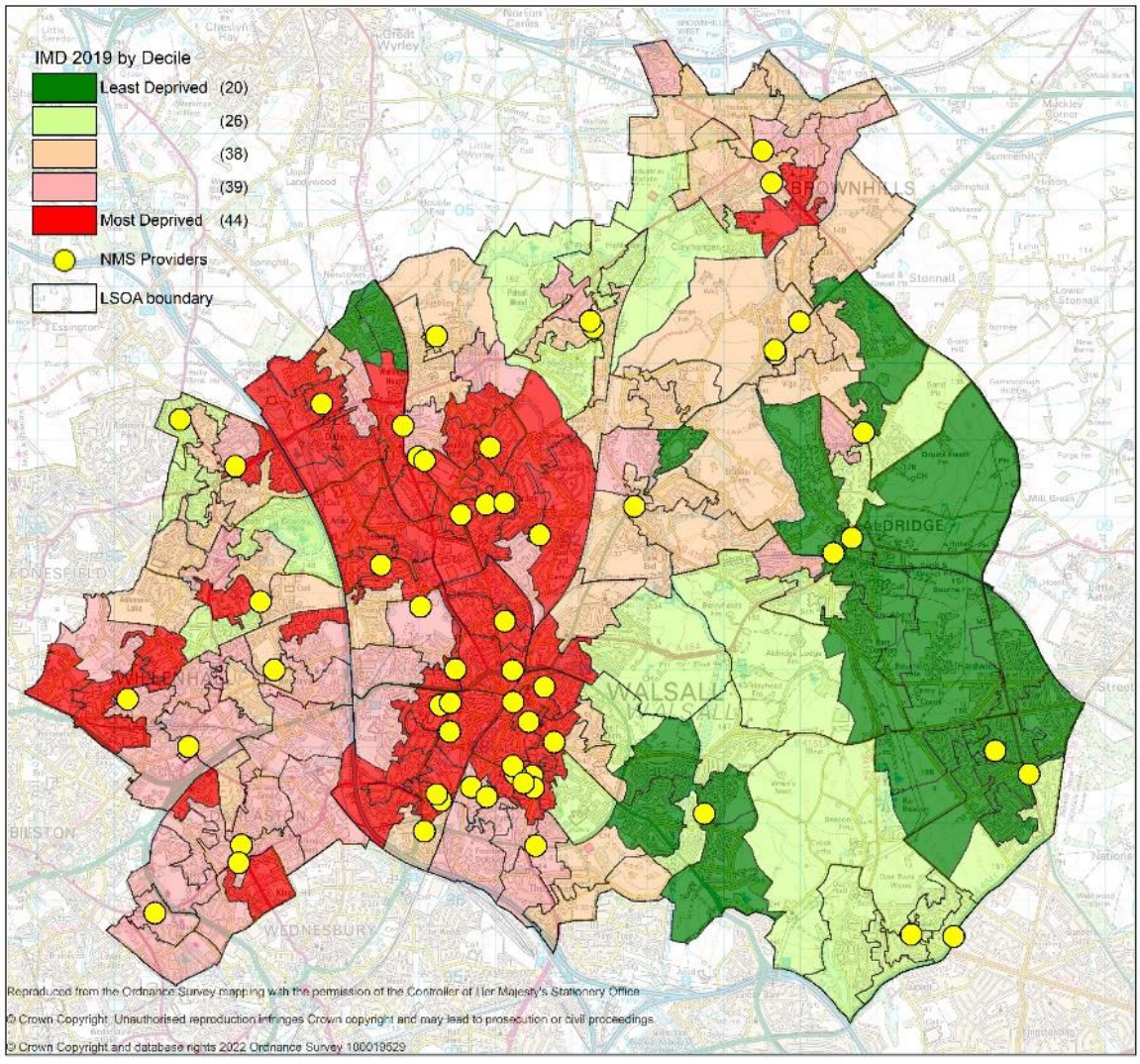
Implementation of NMS will:

- improve patient adherence which will generally lead to better health outcomes;

- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service; and
- support the development of outcome and/or quality measures for community pharmacy.

In the first six months during 2021/22, 60 pharmacies provided the services.

Map 20 - Pharmacies offering NMS service with IMD 2019 by LSOA



Source – NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

There is good provision of New Medicine Service the (NMS) across Walsall that help to deal with adherence to medicines and the management of people with long-term conditions.

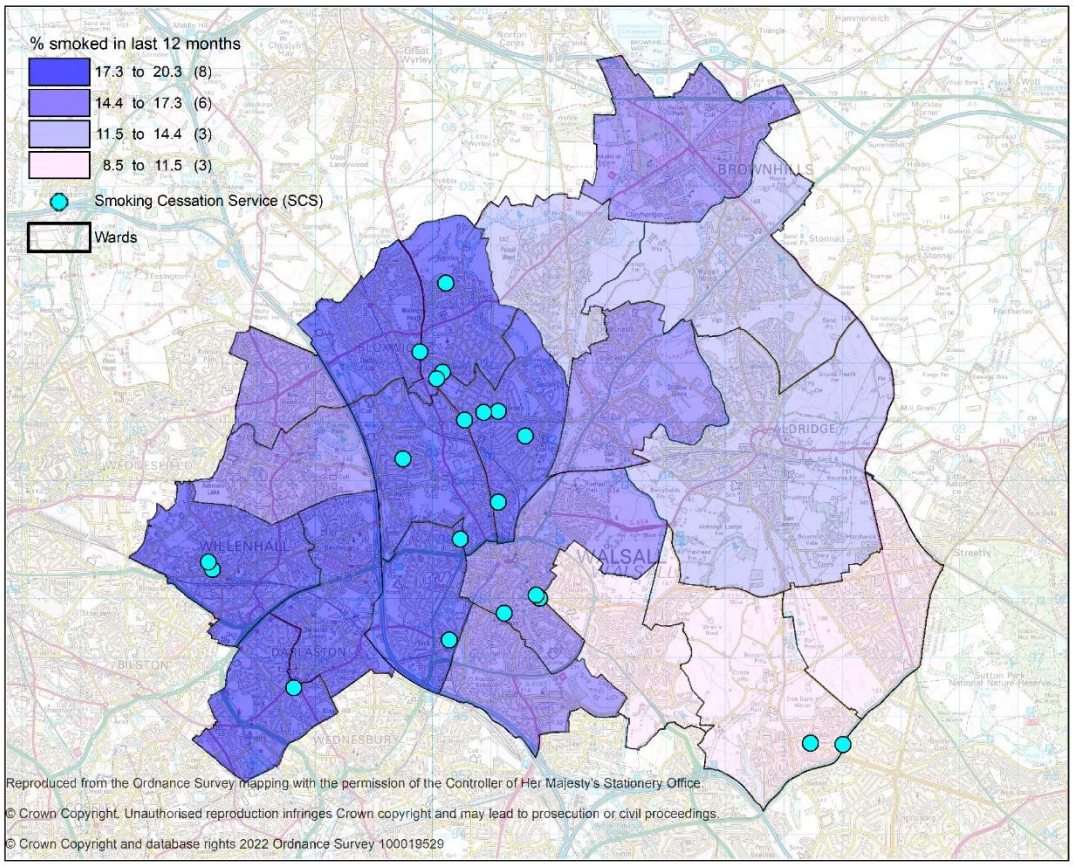
6. Smoking Cessation Service (SCS)

This service has been commissioned as an advanced service from March 2022. It has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking with the objective of the service being to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the Ottawa Model for Smoking Cessation.

At the time of writing this PNA, there were **23** pharmacy providers as at September 2022. There has been no activity.

Map 21 - Pharmacies offering Smoking Cessation Service (SCS) with Mosaic data by ward on 'smoked in the last 12 months'



Source – NHSE&I, Walsall Council, Mosaic – Market Segmentation Tool, Ordnance Survey

The data from Experian illustrating those who claim to have 'smoked in the last 12 months' links closely to high deprivation levels across the borough. Smoking rates are highest within Blakenall ward, and this has the largest number of pharmacies offering the smoking cessation service.

In addition, the Community Pharmacy questionnaire indicated that 31 contractors intend to provide the service in the next 12 months.

Based on the above information, we conclude:

The location of pharmacies offering the service is judged to be in the right places.

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7. Appliance Use Reviews (AURs)

Appliance Use Review (AUR) is the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by:

- establishing the way the patient uses the appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- advising the patient on the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Within Walsall in 2021 there was **0** provision.

8. Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, because the provision of the appliance or the customisation is not within the pharmacist's normal course of business, the prescription must, subject to patient consent, be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service, if contact details are known to the pharmacist. The local NHS England team may provide the information, or it may be established by the pharmacist.

Within Walsall in 2021 there were **120** provisions.

Based on the above information, we conclude:

Coverage of appliance use reviews and stoma appliance customisation services are low which is similar to the trend seen across England due to these services being a specialist area with many patients receiving the support they require either from a clinic or hospital or from a dispensing appliance contractor located in another area.

Enhanced Services

Enhanced services commissioned locally by NHSE&I in response to the needs of the local population.

Participation in LCS is voluntary; therefore, pharmacies will decide to participate or not based on local needs and whether the service will be financially viable to them as a business.

COVID-19 vaccination programme

NHS England commission a COVID- 19 vaccination service directly from community pharmacy. It has been commissioned where there is a local population need, where Pharmacy Contractors can meet the key designation requirements and where NHS England considers the contractor best placed to meet that need.

The aims of this service are to:

- maximise uptake of COVID-19 vaccine by Patients in identified at-risk groups by providing vaccination services from Pharmacy Contractors alongside other sites where a need is identified by the Commissioner (NHSE).
- administer vaccines as recommended by the JCVI as part of an initial course of vaccination, or any additional subsequent doses or revaccination boosters that may be recommended.
- increase opportunities for specified cohorts of patients to access COVID-19 vaccinations and/or improve Patient convenience and choice.
- ensure that vaccination services can be provided from a variety of settings and effectively utilising available staff from across primary care.

Bank Holiday Rota Service

The Regional NHSE&I have commissioned a rota service to ensure there is adequate access to pharmaceutical services on days when pharmacies are not obliged to be open, such as Bank Holidays.

The Community Pharmacy Extended Care Service

This service aims to provide eligible patients who are registered with a General Practitioner (GP) contracted to NHS England & Improvement Midlands Region with access to support for the treatment of the following:

Tier 1

- Treatment of Simple UTI in Females (from 16 years up to 65 years of age)
- Treatment of Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

Tier 2

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions
- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

Tier 3 (to be commissioned late 2022), will only be available for offer by selected pharmacies by NHSE&I

- Treatment for Otitis Media (aged from 3 months to 16 years)

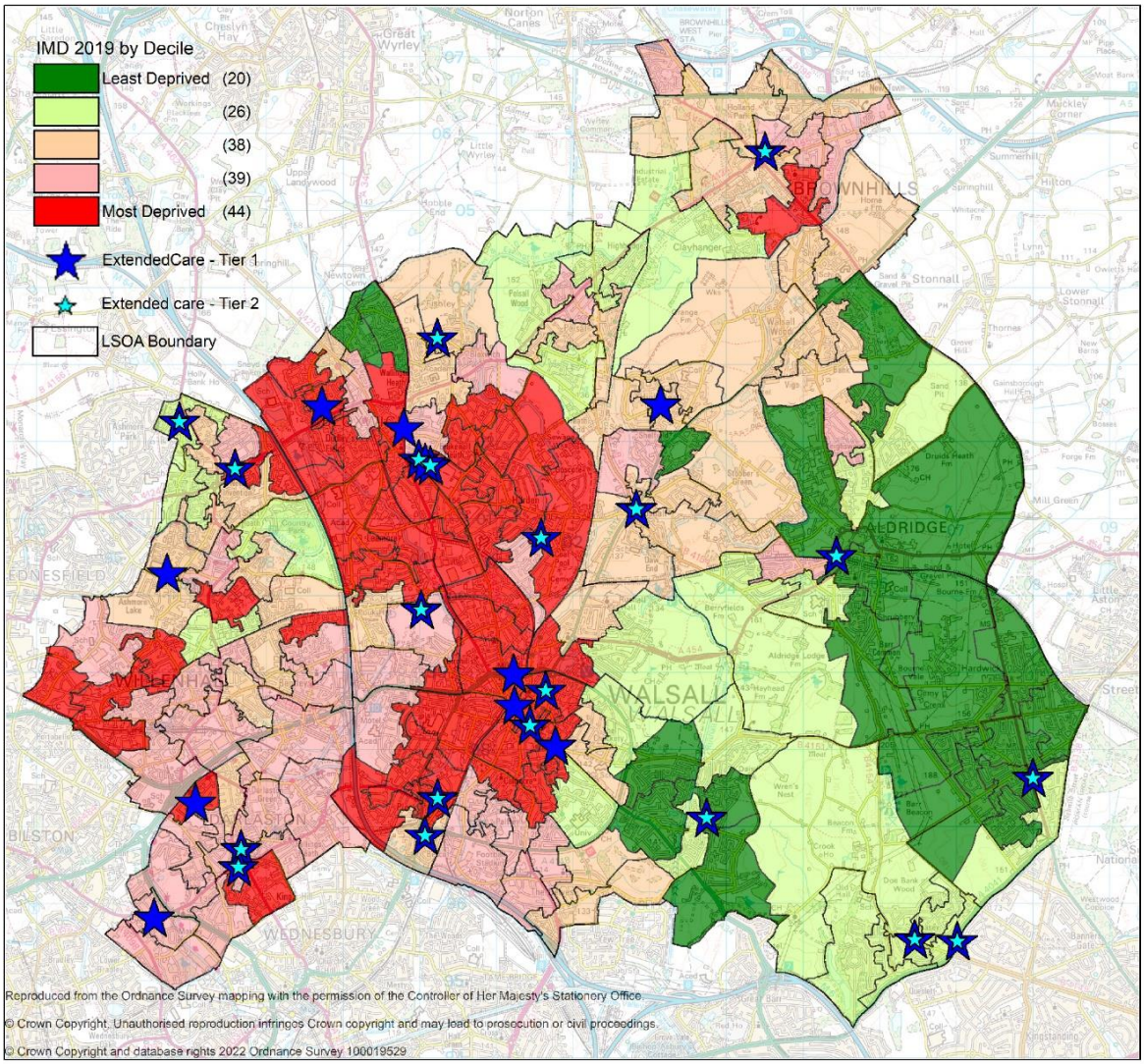
The service will be provided through Community Pharmacies contracted to NHS England & Improvement Midlands Region

The overall aim of the scheme is to ensure that patients can access self-care advice for the treatment of a range of conditions, and, where appropriate, can be supplied with antibiotics or other prescription only medicines to treat their condition. This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their General Practitioner (GP) or Out of Hours (OOH) provider, walk in centre or accident and emergency.

- Educate patients to seek advice and treatment from the most appropriate healthcare setting
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions

- Educate patients with aim of reducing requests for inappropriate supplies of antibiotics
- Promote the role of the pharmacist and self-care
- Improve working relationships between doctors and pharmacists

Map 22 – Extended Care service – tiers 1 and 2



Source – Regional NHSE&I, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

Currently, 31 pharmacies just offer Tier 1 and 21 offer both Tier 1 and Tier 2.
** to provide Tier 2, pharmacies must first provide Tier 1.*

Based on the above information, we conclude:

There is good provision of this service across Walsall.

Local Authority Commissioned Public Health Services

1. Emergency Hormonal Contraception (EHC)
2. Supervised Consumption of Prescribed Medicines Service
3. Needle Exchange Service
4. Supply of Naloxone
5. Smoking Cessation [Varenicline Supply under PGD]
6. Distribution of Healthy Start Vitamins

The following sections will provide service descriptions and outcomes for each of the services and provide maps showing where pharmacies are accredited to provide each service.

1. Emergency Hormonal Contraception (EHC)

Service Description, Aims and Outcomes

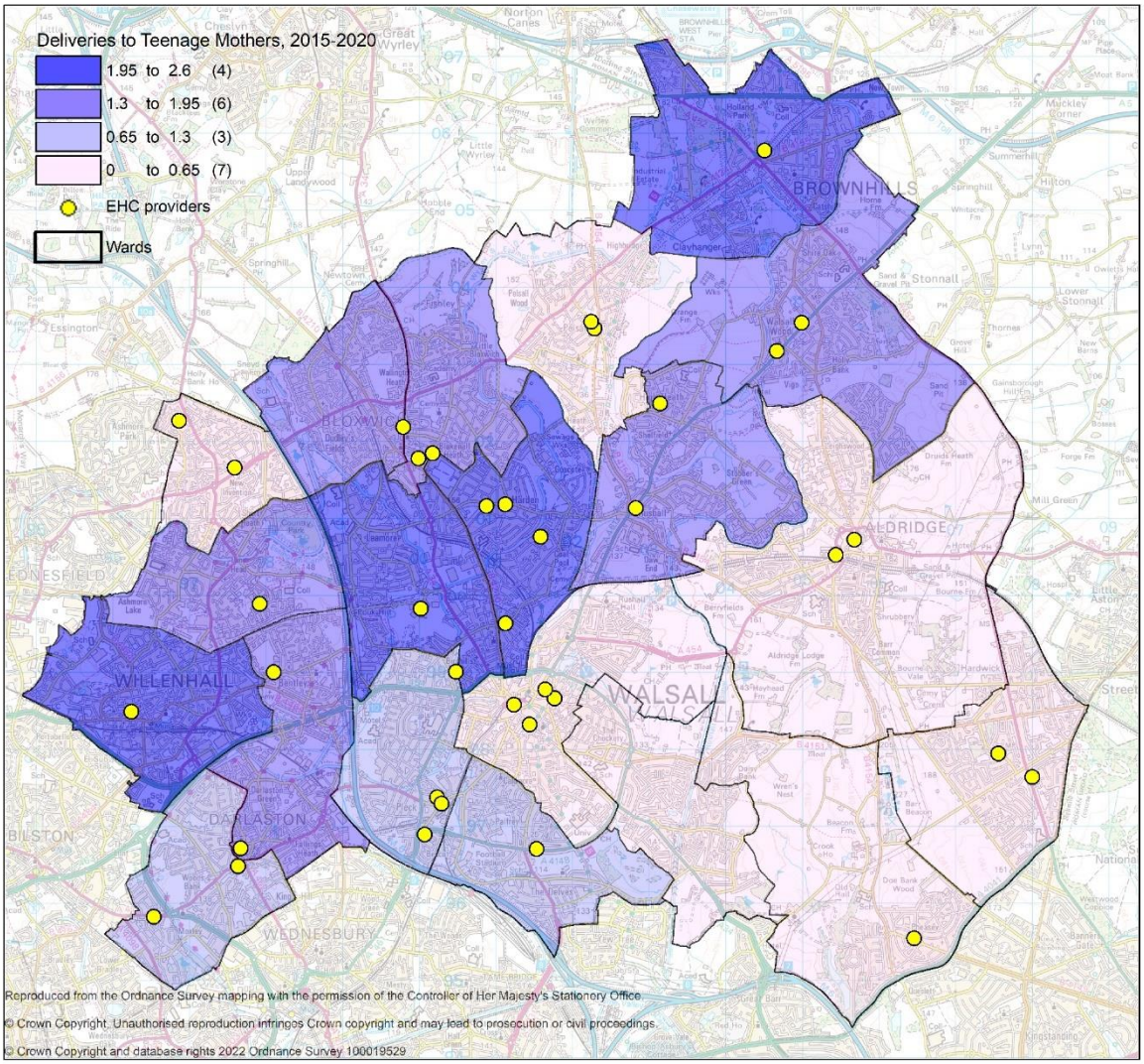
The service is commissioned to offer convenient and rapid access to free EHC through pharmacies to help contribute to a reduction in unplanned /unwanted pregnancies which remains significant public health problem.

The aim of this service is to improve access as well as increasing choice to emergency contraception and sexual health advice. It also follows up those clients and signposts into mainstream contraceptive services.

Distribution of Service Providers

The map below shows the pharmacy providers that are accredited to provide EHC.

Map 23 - Pharmacies offering Emergency Hormonal Contraception by deliveries to teenage mothers, 2015-2020



Source – Central Health Solutions Ltd., NHS Digital, Ordnance Survey

The majority of localities within the borough in need of this service currently have a pharmacy(s) signed up to provide this service. Localities that do not have a pharmacy signed up have access to a service nearby.
In addition, the community pharmacy questionnaire indicated that 16 contractors were willing to provide the service. The public health team will work with Walsall Healthcare Trust (providers of this service) to engage with these contractors if there is a need.

Based on the above information, we conclude:

In relation to the teenage mother data thematically mapped, there are pharmacies accessible for accessing EHC should it be needed. Furthermore, additional pharmacies have expressed an interest in providing this service in the future.

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2. Supervised Consumption of Prescribed Medicines Service

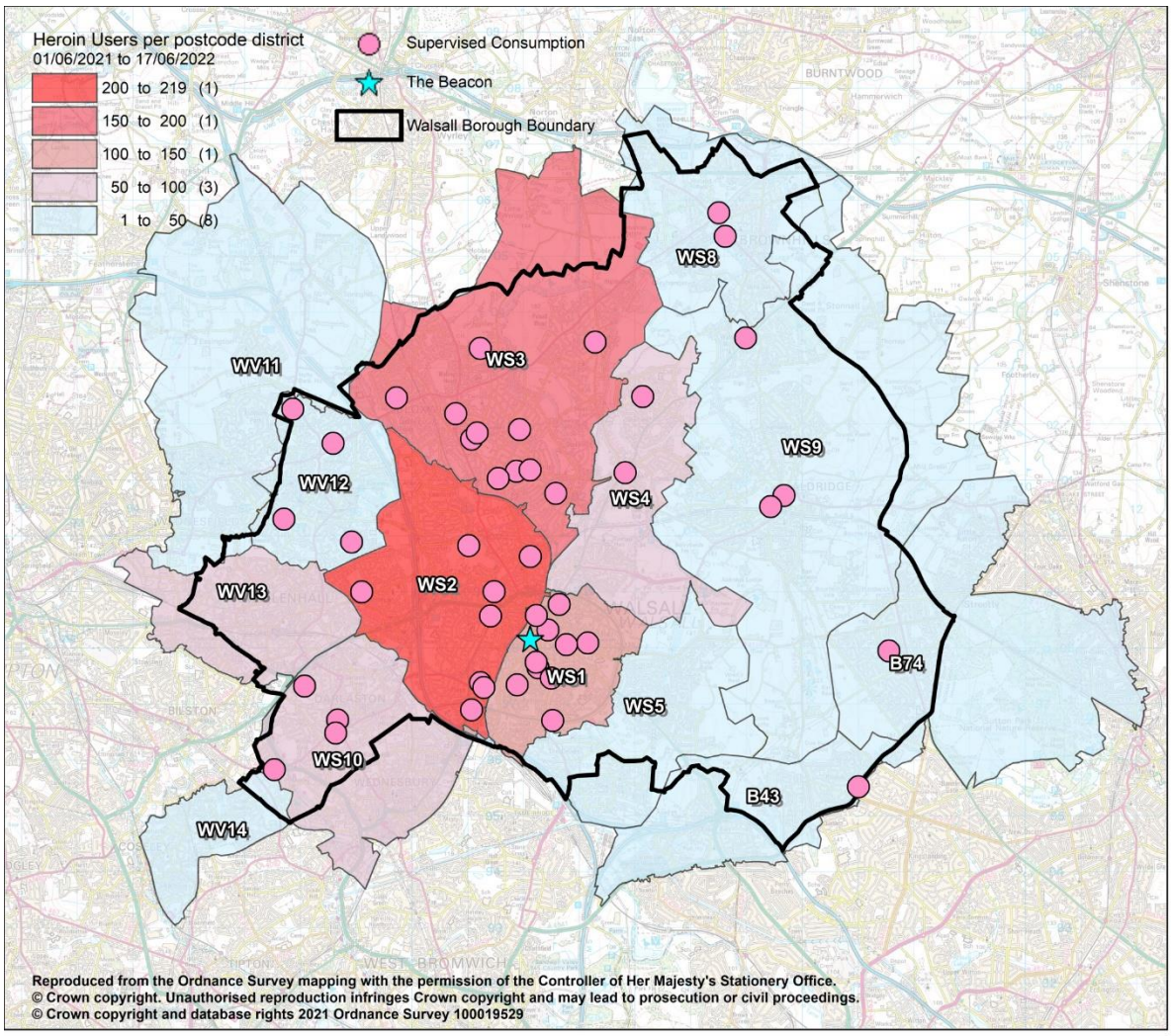
Service Description, Aims and Outcomes

Drug misuse is an increasing problem that affects not only the drug user themselves, but also their family, their friends and the public at large. Pharmacists are well placed to be able to provide services to drug users as part of the strategy of harm reduction. The supervised consumption of prescribed medicines service requires the pharmacist to note and report any signs of over sedation or intoxication and seek clinician advice on continuation of administering. They are also encouraged to report any safeguarding issues directly to social care or seek further advice / information from The Beacon (drug and alcohol recovery service in Walsall).

Distribution of Service Providers

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The map below shows the pharmacy providers that are accredited to provide Supervised Consumption of Prescribed Medicines, mapped against the need for the service (heroin drug users).

Map 24 - Pharmacies offering Supervised Consumption of Prescribed Medicines Service and heroin drug users by postcode district



Source – CGL, Walsall Council, Ordnance Survey

Based on the above information, we conclude:

Many of the localities within the borough in need of this service have a pharmacy(s) signed up to provide.

The recent pharmacy survey indicated 17 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

3. Needle Exchange Service

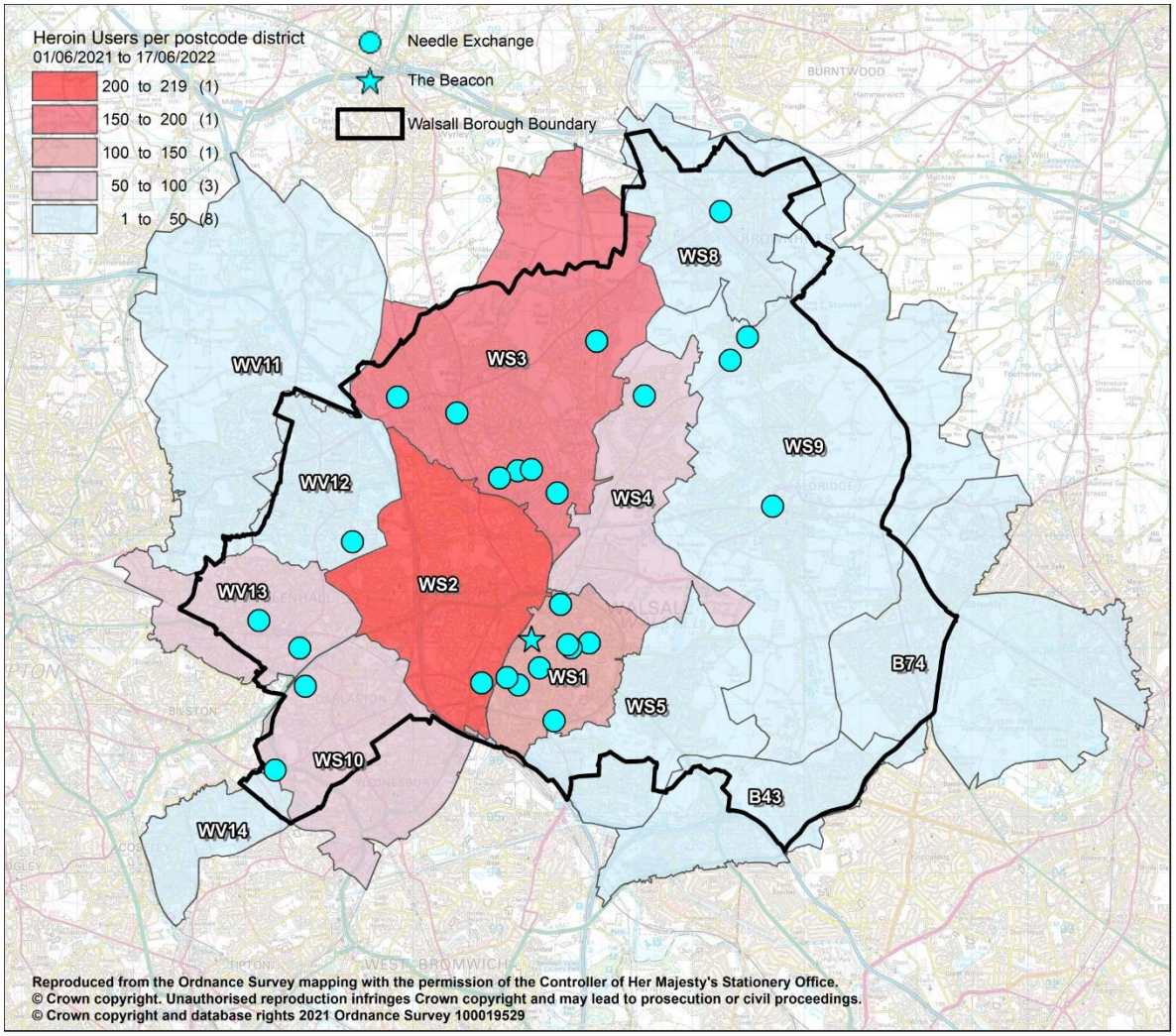
Service Description, Aims and Outcomes

The needle exchange service allows pharmacies to provide access to sterile needles and syringes and a sharps container for return of used equipment. The service aims to assist service users in remaining healthy until they are ready and willing to cease injecting by reducing the rate of sharing and other high risk injecting behaviours; providing sterile injecting equipment and other support;
and promoting safer injecting practices. The service encourages the return of used equipment by the service user for safe disposal, reducing the risk of spreading blood borne viruses. Pharmacists accredited to provide this service provide the service user with appropriate health promotion materials, support and advice, referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

Distribution of Service Providers

Public Health Commissioners actively seek service user feedback to understand their needs for accessing services across the Walsall borough. The following map shows sign up of community pharmacists for the needle exchange service and The Beacon (drug and alcohol recovery service in Walsall).

Map 25 - Pharmacies offering Needle Exchange Service and heroin drug users by postcode district



Source – CGL, Walsall Council, Ordnance Survey

Based on the above information, we conclude:

Some areas within the borough, in need of the service have a pharmacy(s) signed up to provide this service

The recent pharmacy survey indicated 24 pharmacies were willing and able to provide this service. The public health team will work with Change Grow Live (providers of this service) to engage with these contractors if there is a need.

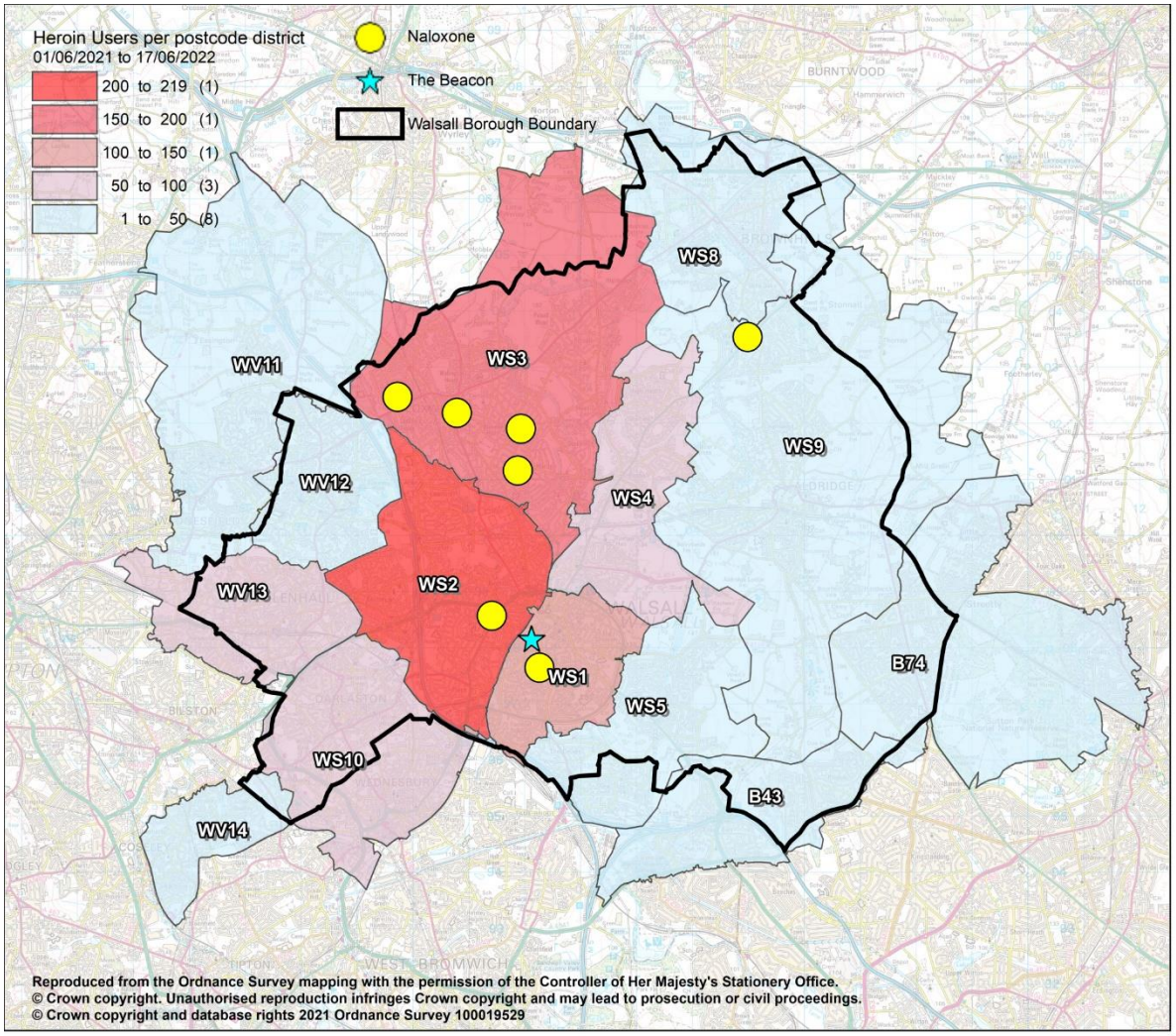
4. Supply of Naloxone

Service Description, Aims and Outcomes

To widen the availability and removing barriers to naloxone provision to keeping people safe and reducing drug-related deaths. This service is for pharmacies will dispense naloxone to increase accessibility across a larger geographical area in

pharmacies where community drug and alcohol services are delivered. service opening hours. This will also make naloxone available to those who are not in treatment and may therefore not be engaged with a service but who are at high risk of an opiate overdose.

Map 26 - Pharmacies offering supply of naloxone and heroin drug users per postcode district



Source – CGL, Walsall Council, Ordnance Survey

There are few pharmacies offering the supply of naloxone, however, they are concentrated centrally, within the most deprived areas of the borough and where highest rates of heroin rates are highlighted.

Based on the above information, we conclude:

Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings. Change Grow Live (providers of this service) plan to engage with pharmacies to improve uptake of the service.

---

5. Stop Smoking services [Varenicline supply]

Service Description, Aims and Outcomes

The service aims are to provide one to one smoking cessation behavioural change support and advice over three months for those who wish to quit smoking and provide an appropriate form of Nicotine Replacement Therapy (NRT).

Distribution of Service Providers

Currently Public Health only directly commission the service a non-pharmacy single provider.

Walsall Public Health commissioned the supply of varenicline under a Patient Group Direction (PGD) to support the stop smoking service through a community pharmacy. This is a local agreement between the smoking cessation service provider and community pharmacy. At the time of writing this PNA, the service is on hold as there are currently long-term supply issues of this drug and no supply date has been issued by the manufacturer.

Based on the above information, we conclude:

All Walsall residents (and those who work within the borough) can access stop smoking services from the provider. It is therefore accepted that there are no current gaps in provision at this time. The community pharmacy questionnaire indicated that 39 pharmacies would be willing to provide stop smoking NRT voucher service if commissioned and 40 contractors would be willing to provide the supply of varenicline under a PGD.

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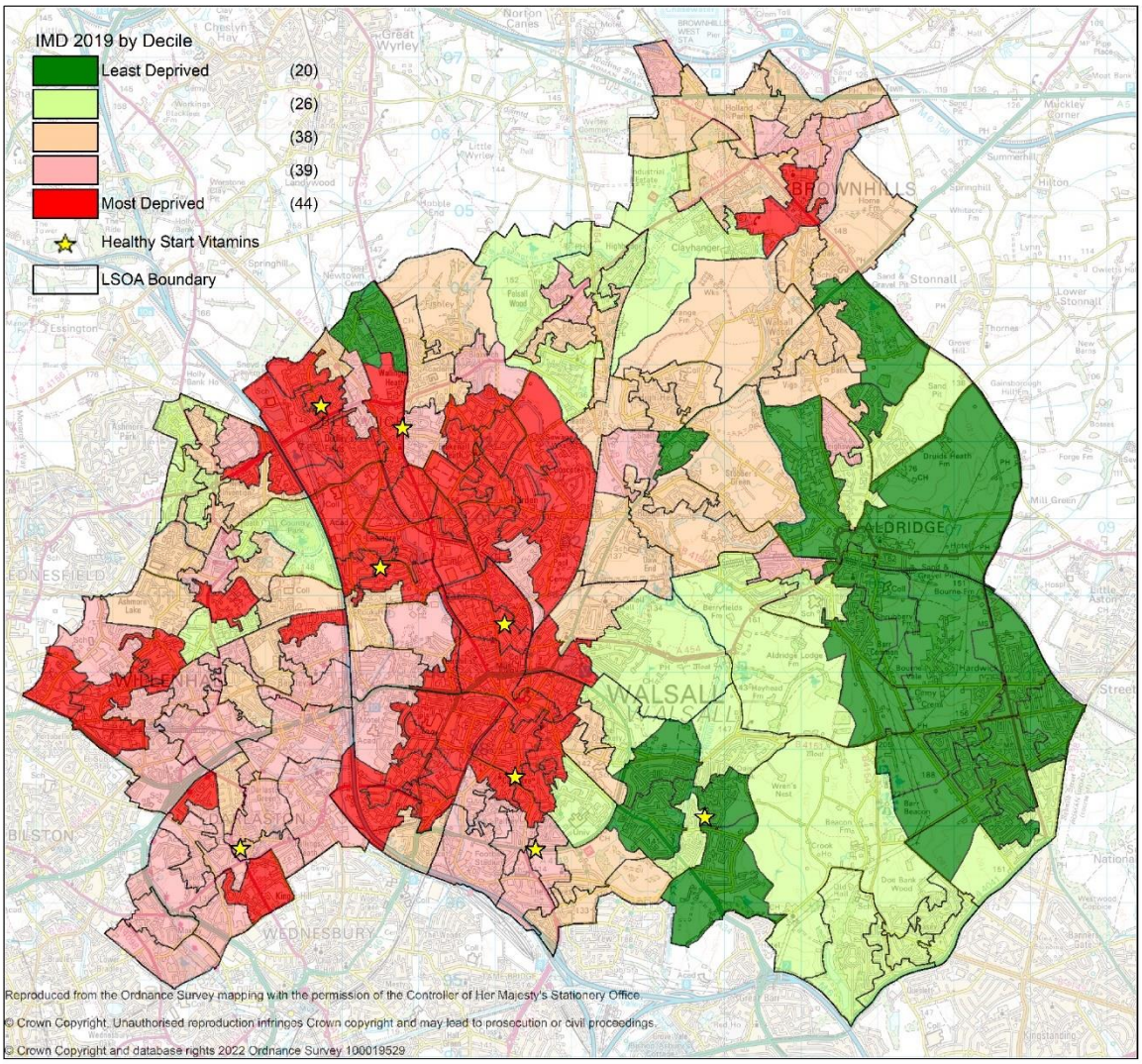
6. Distribution of Healthy Start Vitamins

Although this is not a commissioned service, some pharmacies have volunteered to offer Healthy Start vitamins for pregnant women, new mothers and young children by:

- The exchange of Healthy Start vouchers for Healthy Start Vitamins in pharmacies
- Increasing promotion of the Healthy Start Scheme through pharmacies in localities
- Promoting the sale of Healthy Start Vitamins to non-beneficiaries

Map 27 - Pharmacies offering health start vitamins and IMD 2019



Source – Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

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Based on the above information, we conclude:

There are currently 8 providers across the borough. Whilst there is little cover of this service, this is also available for individuals to access through other providers/settings.

BCICB Commissioned Services

1. Minor Ailments (Pharmacy First)
2. Palliative Care
3. COVID Urgent Eye Care Service (CUEs)

1. Minor Ailments (Pharmacy First)

Service Description, Aims and Outcomes

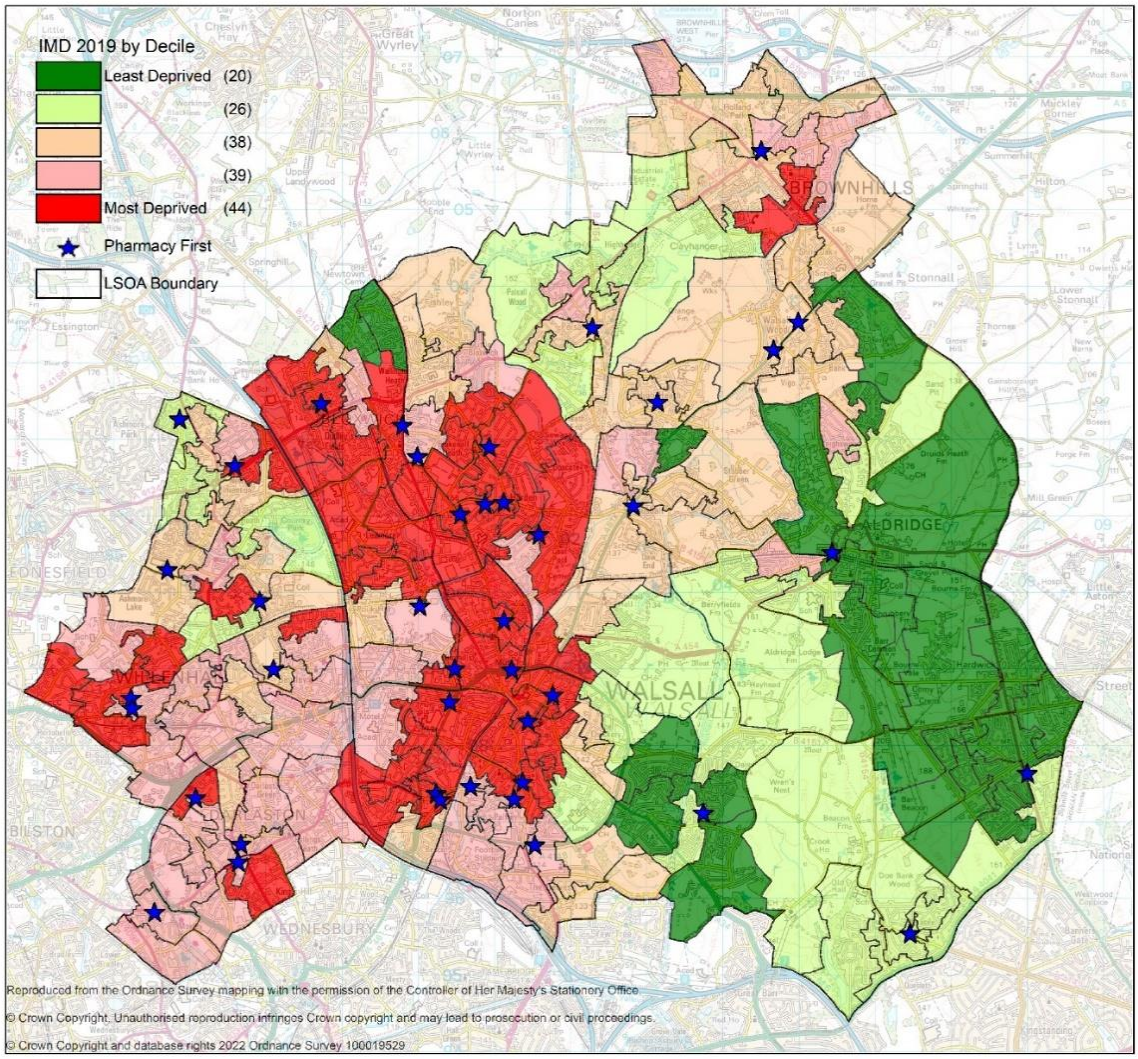
Pharmacy First (Minor Ailments Scheme) aims to improve access and choice for people with minor ailments by enabling those who wish to, to be seen by a community pharmacist. The pharmacist will provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription, thus aiming to improve primary care capacity by reducing medical practice workload related to minor ailments and support General Practitioners in seeing those patients whose condition necessitates a consultation and promoting and empowering patients to self-care when suffering from a minor ailment. The service also promotes self-care to support the NHSE&I guidance on *Conditions for which over the counter items should not routinely be prescribed in primary care.*

Distribution of Service Providers

The map below shows the pharmacy providers that are accredited to provide Pharmacy First mapped against the need for the service (deprivation).

Pharmacies offering a minor ailments scheme are thought to be more appropriately located in poorer more deprived areas as they remove a time and cost barrier for treatment.

Map 28 - Pharmacies offering Pharmacy First service and IMD 2019



Source – BCICB, Indices of Multiple Deprivation 2019, Ordnance Survey

A review in January 2022 showed if the service had not been in place, 89% would have accessed the GP, 1% would have gone to A&E 9.3% would gone to the Urgent Treatment Centre. Thereby showing the benefits of the service by the number of GP consultations saved, hence improving GP capacity and easing pressures on the A&E department and primary care urgent services.

Based on the above information, we conclude:

The majority of communities within the borough have a pharmacy(s) signed up to provide this service. Communities that do not have a pharmacy signed up have access to a service nearby. The community pharmacy questionnaire indicated that 15 providers would be willing to provide the service.

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2. Palliative Care

Service Description, Aims and Outcomes

The palliative care service allows the pharmacist on call to dispense a prescription for palliative care drugs to improve access and ensure continuity of supply, to support people, carers and clinicians by providing them with up-to-date information and advice and referral where appropriate and thereby reducing the demand for hospital-based services and lower levels of unplanned hospital admissions.
The providers of this service sign up to the on-call rota so that weekends and bank holidays are covered. The service is supported by one 100-hour pharmacy during their normal opening hours. Access to these drugs during weekday out of hours is being reviewed.

Access to these specialist drugs has improved both 'in hours' and 'out of hours'.

Based on the above information, we conclude:

The on-call pharmacist covers the whole of the borough so there are no geographical gaps. Walsall does not need any further providers of this service, as there are no issues with covering the on-call rota.

---

3. COVID-19 urgent and emergency eye care service (CUEs)

Service Description, Aims and Outcomes

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement set out that routine sight testing had ceased (NHS England Publication approval reference: 001559), COVID-19 urgent and emergency eye care service (CUEs) was commissioned by the Black Country STP and is provided by local optical practices via the optometry federation, Primary Eyecare Services Ltd (PES) with the support of the Black Country Local Optical Committees. This has superseded the commissioned Minor Eye Care Conditions service (MECs).

Through a network of optical practices, and utilisation of technology, patients gain prompt access to a remote consultation and, in most cases, a care plan for the patient to either self-manage their ocular condition (with access to appropriate topical medications where appropriate), be managed by their optometrist with advice, guidance and remote prescribing as necessary by hospital eye service or be appropriately referred to ophthalmology services.

Benefits

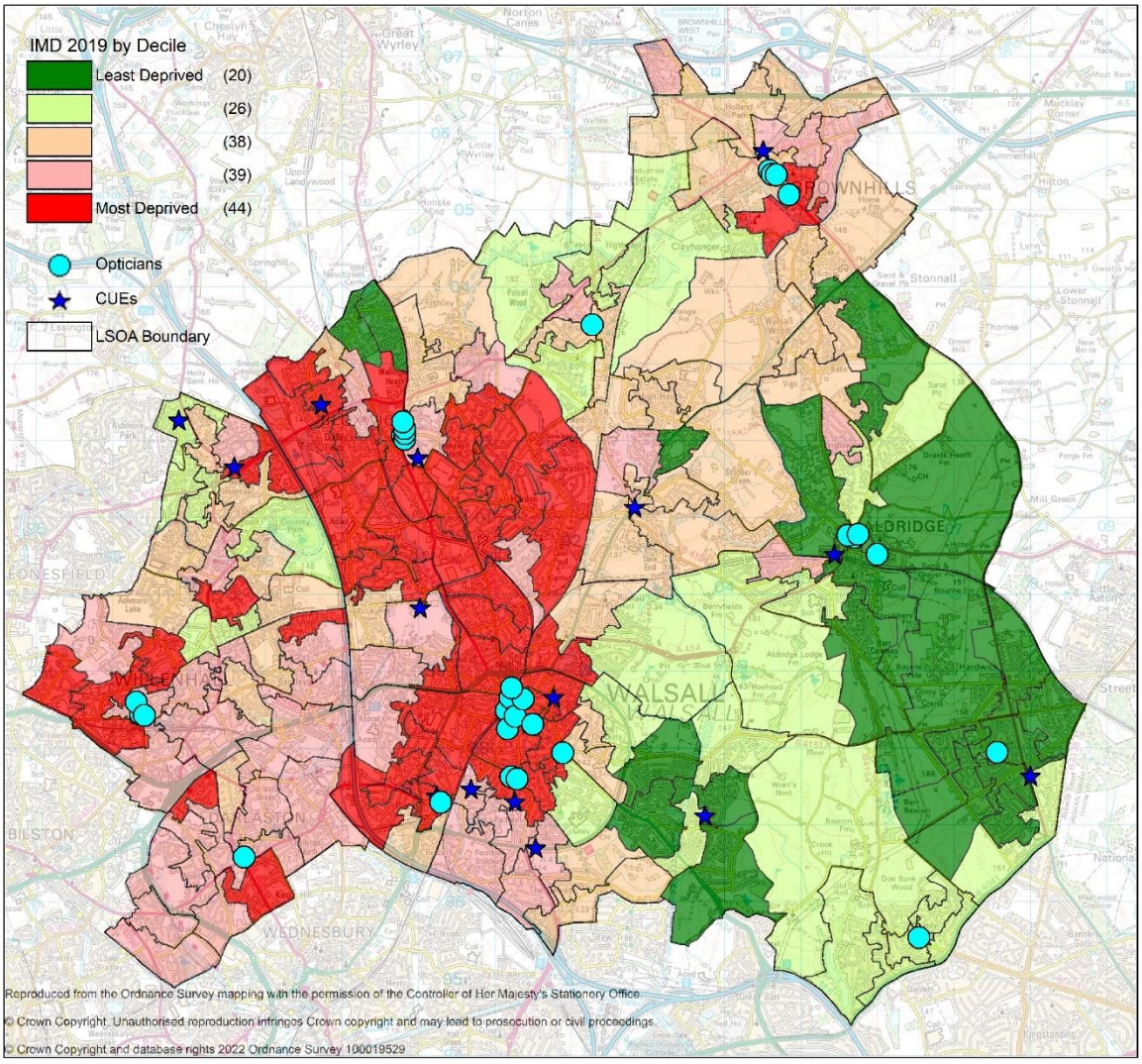
- Reduction in the number of ophthalmology attendances, an essential outcome in response to the COVID-19 due to limited staff and numbers of clinicians redeployed to assist patients requiring critical care
- Reduction in the number of eye-related GP appointments
- Release hospital workforce for more complex ophthalmic care and potential for front-line COVID-19 response

- Reduce coronavirus infection risk by minimising patient travel and patient – practitioner contact time
- Provide a rapid, safe access, high quality service for patients
- Reduce the total number of patient face to face appointments
- Improve the quality of referrals and referral pathway
- Care closer to home and in a lower risk setting
- Direction to self-care, e.g. patient leaflets, websites, online symptom checker
- Improve quality of life

Distribution of Service Providers

The map below illustrates the dissemination of pharmacy provision across the borough. Access to the service is fairly evenly distributed, except for the Short Heath / Willenhall South area towards the West. However, patients from these localities are able to access in nearby pharmacies.

Map 29 - Pharmacies offering Covid-19 Urgent and Emergency Eye Care service (CUEs), opticians and IMD 2019



Source – BCICB, Walsall Council, Indices of Multiple Deprivation 2019, Ordnance Survey

Based on the above information, we conclude:

Pharmacy distribution is fairly evenly spread and aligned with the ophthalmic optometrists providing the service.

Other Enhanced / Locally Commissioned Services

Pharmacies can provide a number of additional services such as:

- Anticoagulant Monitoring Service
- Anti-viral Distribution Service
- Care Home Service
- Chlamydia Testing Service
- Chlamydia Treatment Service
- Contraception Service
- Disease Specific Medicines Management Services
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service
- Medicines Optimisation Service
- Obesity management (adults and children
- Not Dispensed Scheme
- Phlebotomy Service
- Prescriber Support Service
- Schools Service
  Screening Services
- Vaccination Services

Predominantly these services are not currently commissioned, however the majority of pharmacists expressed a willingness to provide, if commissioned in the future. Further details from the questionnaire are available in Appendix 4.

Patient Experience

PNA Specific Patient Survey

To ensure engagement was captured from Walsall residents on their perception and use of pharmacy services, a resident survey was undertaken. This decision was made following discussions within the working group, and the offer from Healthwatch Walsall to conduct this survey for us (report available HERE).

Appendix 5 has a link to the survey and report in full, however it consisted of two key sections:

1. Your use of pharmacies (which included a free text option to share any other relevant detail)
2. About You

The survey was sent out via a series of avenues including promotion via pharmacies through the LPC and through the promotional efforts of Healthwatch Walsall.
The survey was available to complete via the Walsall Council and Healthwatch Walsall websites as well as hard copies distributed throughout pharmacies for a period from 4th to 25th February 2022.

A total of 142 completed surveys were returned, an improvement on the 61 received for inclusion within the 2018 PNA. 57% of returns were from females and 40% males with a mix of ages responding, but the majority aged 45 to 64 years.

The majority of respondents visit a pharmacy 'once a month' (39%) but 20% also visit 'once a week or more' and / or 'once every few months' or 'once every few months' (38%) and purchase non-prescription medicines, either 'for themselves' or 'for a family member'.

Almost 90% of respondents have a particular pharmacy that they visit most often with the top 3 reasons supporting this being:

1. Close to home
2. Friendly / familiar staff
3. Efficiency

In relation to how users travel to a pharmacy, car (64%) is the most common mode, followed by walking (31%). Only 3% of the responses gained use public transport to access the pharmacy they visit. Almost 79% of responses travel no more than 15 minutes to a pharmacy with the time of the day to visit 'varies' (46.5%) but according to responses, 'Monday to Friday' is most common (43.7%) than weekends and during a morning (28.2%).

When users were asked about their use of specific services pharmacies provide over the last 12 months, the top 3 responses were:

1. Prescription collection
2. Purchasing over the counter medication
3. Prescription service

And ranked 4th, was the collection of lateral flow tests (LFTs) – a national commissioned service, now no longer available. Almost 84% of responders stated Covid-19 had not changed the way in which they used a pharmacy.

The recommendations from the residents' survey concluded by Healthwatch Walsall include:

- To ensure that patients and users of pharmacies continue to have choice of pharmacies locally and that pharmacies continue to be flexible in their opening hours, wherever possible to include some weekend opening times. If this is not possible, then to provide patients with information of locally available pharmacies during out of hours.

- Pharmacies to ensure they have sufficient medication available to meet the needs of people on repeat prescriptions, in order that there are no delays in treatment.

- More pharmacies to offer delivery services for medication.

- Dossett box/blister packs are made available wherever possible.

- Information is provided to patients about any change of medication brand/colouring to avoid confusion.

- Promote additional services offered by pharmacies.

Pharmacy Patient Survey

Each year as part of their Community Pharmacy Framework, pharmacies are expected to undertake a Community Pharmacy Patient Questionnaire (CPPQ). The survey results should be used to inform consideration of how contractors can develop their pharmacy service.

The pharmacy must publish their results of the survey. The report should identify the areas where the pharmacy is performing most strongly and the areas for improvement together with a description of the action taken or planned.

Appendix 1 – Membership of PNA Working Group and Acknowledgments

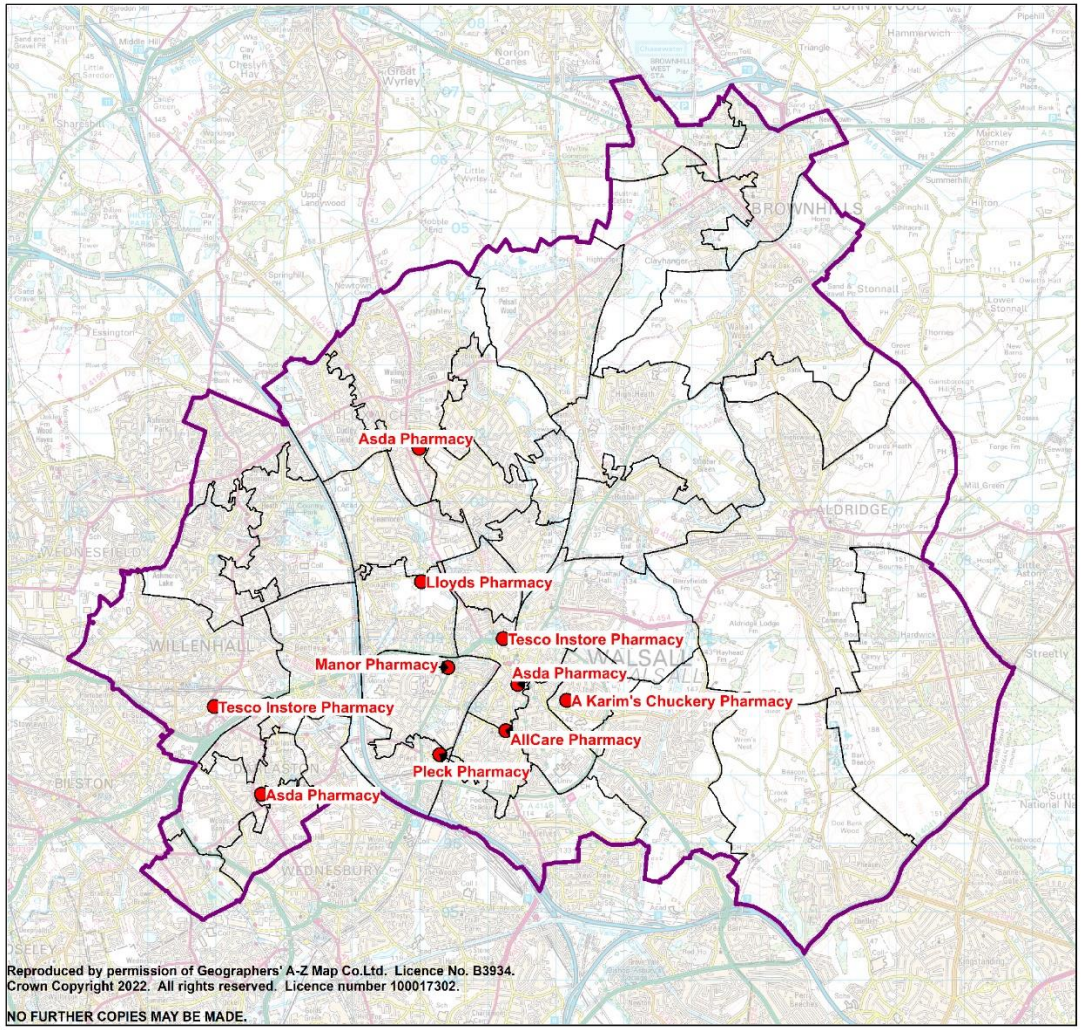
Name	Title	Organisation
Emma Thomas	Public Health Intelligence Manager	Walsall Council Public Health
Hema Patel	Community Pharmacy Facilitator	Walsall Council Public Health / Walsall Place - BCICB
Jayesh Patel	Chair	Walsall LPC
Jan Nicholls	Chief Officer	Walsall LPC
Sumaira Tabussum	Head of Medicines Management	Walsall Place - BCICB
Tracey Harvey	Senior Commissioning Manager; Pharmacy, Optometry and Dental	NHS England and NHS Improvement; Midlands (West)
Aileen Farrer	Manager	Healthwatch Walsall
Paul Nelson	Interim Consultant in Public Health	Walsall Council Public Health

Thanks is extended to the following people, who provided invaluable advice and support in the production of this PNA:

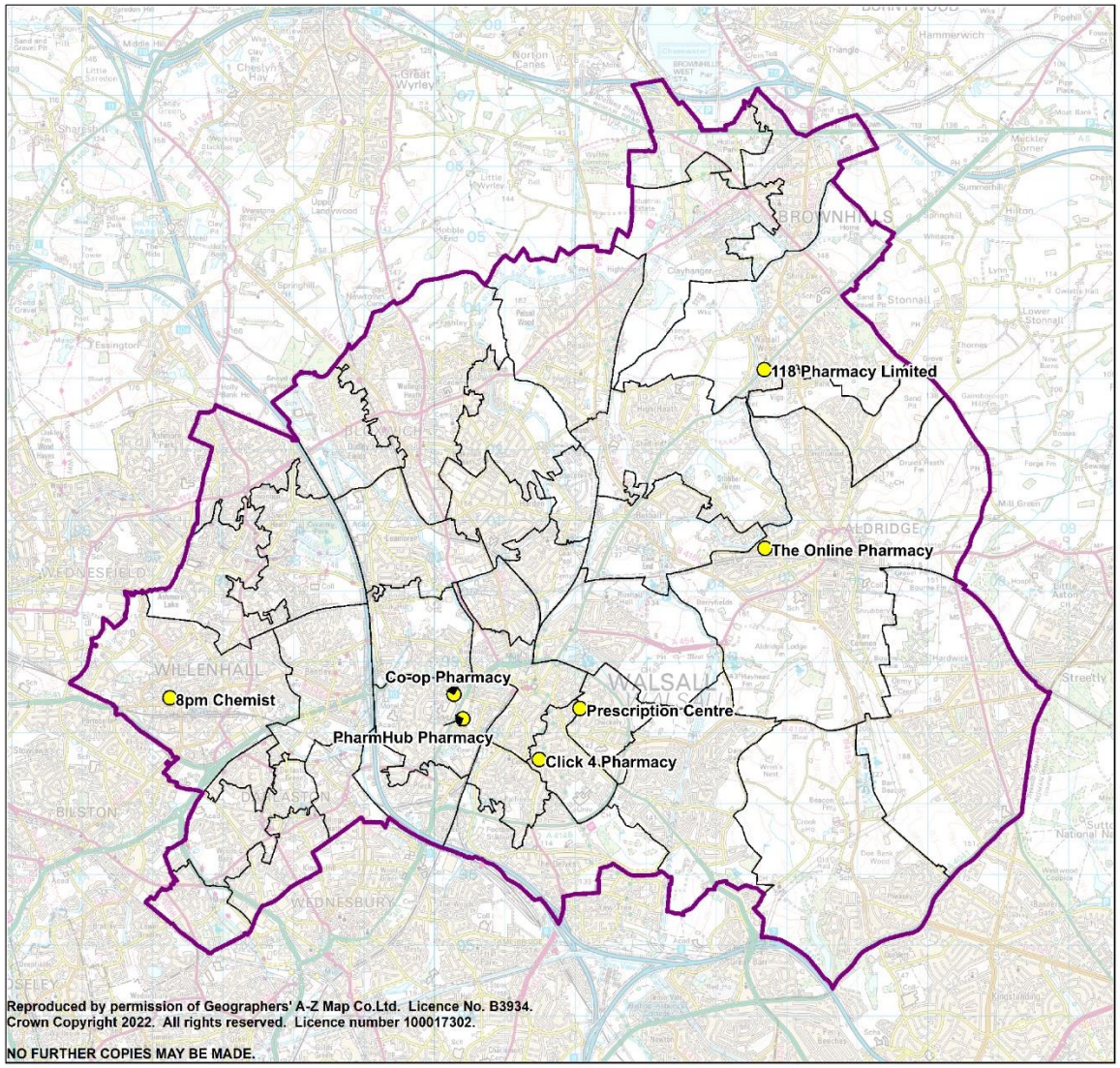
Name	Title	Organisation
Dr Claire Heath	Public Health Intelligence – Senior Analyst	Walsall Council
David Hughes	Public Health Intelligence – Technical Officer	Walsall Council
Lee Harley	Public Health Intelligence – Technical Officer	Walsall Council
Sandip Nagra	Public Health Intelligence – Senior Analyst	Walsall Council
Anne Brunozzi	Services Manager Change, Grow, Live Walsall – The Beacon	Change, Grow, Live
Anna King	Corporate Consultation Officer	Walsall Council
Elizabeth Forster	Planning Policy Officer	Walsall Council

Appendix 2 – Maps showing Pharmacy Contractors by Type within Walsall

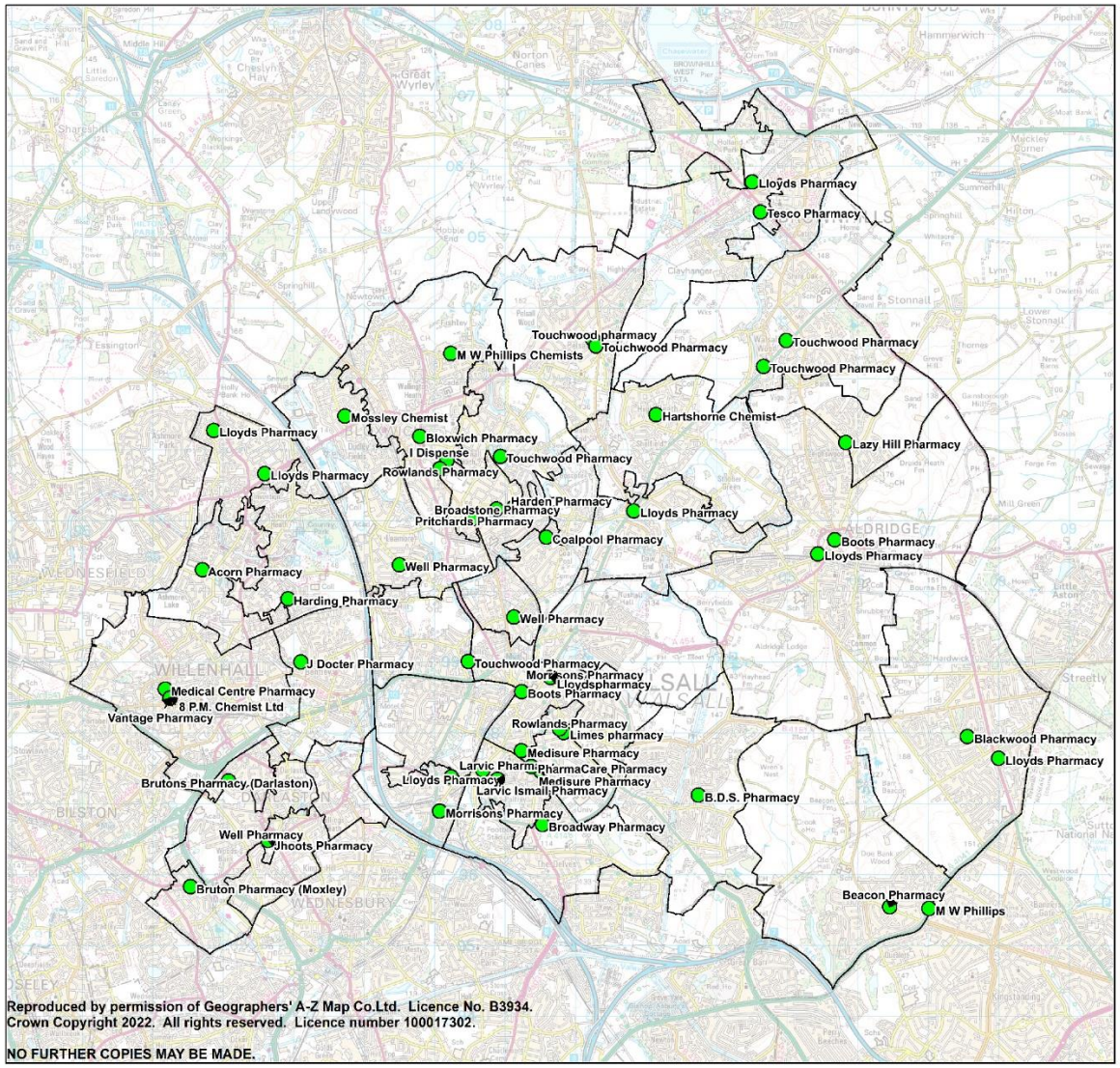
100 Hour Pharmacies:



Distance Selling Pharmacies:



Community Pharmacies:



Appendix 3 – Pharmacy Contact Details & Opening Times by Type

Community Pharmacies

TRADING NAME	ADDRESS 1	POSTCODE	TOTAL HOURS MONDAY		LUNCH		TOTAL HOURS TUESDAY		LUNCH		TOTAL HOURS WEDNESDAY		LUNCH		TOTAL HOURS THURSDAY		LUNCH		TOTAL HOURS FRIDAY		LUNCH		TOTAL HOURS SATURDAY		LUNCH		TOTAL HOURS SUNDAY	
8 P.M. Chemist Ltd	61 Wolverhampton Street	WV13 2NF	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	18:00				
Acorn Pharmacy	41 Castle Drive	WV12 4QY	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	18:00	13:00	13:30	09:00	13:00				
B.D.S. Pharmacy	Unit 11	WS5 3EY	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	17:30	13:00	14:15	09:00	13:00				
Beacon Pharmacy	81 Collingwood Drive	B43 7JW	08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			09:00	12:00				
Blackwood Pharmacy	87 Blackwood Road	B74 3PW	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			09:00	13:00				
Bloxwich Pharmacy	169 High Street	WS3 3LH	09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:30			09:00	17:00				
Boots Pharmacy	Unit A	WS1 1NG	08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			08:30	17:30			10:30	16:30
Boots Pharmacy	14-16 Anchor Parade	WS9 8QP	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00				
Broadstone Pharmacy	63A Broadstone Avenue	WS3 1ER	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30								
Broadway Pharmacy	4 Hawes Close	WS1 3HG	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:00			09:00	18:30								
Bruton Pharmacy (Moxley)	101 High Street	WS10 8RT	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	17:30	13:30	14:00	09:00	12:00				
Brutons Pharmacy (Darlaston)	26A Hall Street East	WS10 8PL	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Coalpool Pharmacy	140 Dartmouth Avenue	WS3 1SP	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Harden Pharmacy	1 Chestnut Road	WS3 1BB	09:00	18:15			09:00	18:15			09:00	18:15			09:00	18:15			09:00	18:15			09:00	13:00				
Harding Pharmacy	Shop 3, Brackendale Shopping Centre	WV12 4HA	09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:00			09:00	18:30			09:00	13:00				
Hartshorne Chemist	54 Spring Lane	WS4 1AT	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00				
I-Dispense Limited	2 Field Road	WS3 3JE	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30								
J Docter Pharmacy	1 Churchill Road	WS2 0AW	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00				
Jhoots Pharmacy	36A Pinfold Street	WS10 8SY	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Larvic Ismail Pharmacy	Unit 2	WS1 4LA	09:00	18:30			09:00	18:30			09:00	14:00			09:00	18:30			09:00	18:30			10:00	14:00				
Larvic Pharmacy	151 Wednesbury Road	WS1 4JQ	09:00	19:00			09:00	19:00			09:00	19:00			09:00	19:00			09:00	14:00								
Lazy Hill Pharmacy	159 Walsall Wood Road	WS9 8HA	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00				
Limes pharmacy	The Limes Business Centre	WS1 2LT	08:30	18:00			08:30	18:00			08:30	18:00			08:30	18:00			08:30	17:30								

TRADING NAME	ADDRESS 1	POSTCODE	TOTAL HOURS MONDAY		LUNCH		TOTAL HOURS TUESDAY		LUNCH		TOTAL HOURS WEDNESDAY		LUNCH		TOTAL HOURS THURSDAY		LUNCH		TOTAL HOURS FRIDAY		LUNCH		TOTAL HOURS SATURDAY		LUNCH		TOTAL HOURS SUNDAY	
Lloyds Pharmacy	Chester Road North	WS8 7JB	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Lloyds Pharmacy	121 Chester Road	B74 2HE	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00						
Lloyds Pharmacy	14 Oxford Street	WS2 9HY	08:30	18:00			08:30	18:00			08:30	17:00			08:30	18:00			08:30	18:00								
Lloyds Pharmacy	Sina Health Centre	WV12 5XZ	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30								
Lloyds Pharmacy	107 Lichfield Road	WS4 1HB	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30								
Lloyds Pharmacy	18-20 The Square	WV12 5EA	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:00				
Lloyds Pharmacy	Anchor Meadow	WS9 8AJ	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30								
Lloydspharmacy	126 Lichfield Street	WS1 1SY	08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			08:30	18:30			09:00	17:00				
M W Phillips	526 Queslett Road	B43 7DY	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30								
M W Phillips Chemists	111 Buxton Road	WS3 3RT	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00	09:00	18:00	13:00	14:00						
Medical Centre Pharmacy	40 Gomer Street	WV13 2NS	08:30	18:30			08:30	18:30			08:30	13:00			08:30	18:30			08:30	18:30								
Medisure Pharmacy	Little London Surgery	WS1 3EP	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00								
Medisure Pharmacy	49 Brace Street	WS1 3PS	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00				
Morrisons Pharmacy	125 Lichfield Street	WS1 1SY	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	20:00	13:00	14:00	08:30	19:00	13:00	14:00	10:00	16:00
Morrisons Pharmacy	Wm. Morrison Superstore	WS2 9BZ	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	09:00	20:00	13:00	14:00	08:00	19:00	13:00	14:00	11:00	17:00
Mossley Chemist	10 Cresswell Crescent	WS3 2UW	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	18:30	13:00	14:00	09:00	13:00				
PharmaCare Pharmacy	The Crown	WS1 4BP	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	17:30				
Pritchards Pharmacy	594 Bloxwich Road	WS3 2XE	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	13:00				
Rowlands Pharmacy	10 Birmingham Road	WS1 2NA	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20						
Rowlands Pharmacy	29A The Pinfold	WS3 3JJ	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20	09:00	18:00	13:00	13:20						
Tesco Pharmacy	Silver Street	WS8 6DZ	08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			08:00	20:00			10:00	16:00
Touchwood Pharmacy	St Johns Medical Centre, 60 High Street	WS9 9LP	08:45	18:30			08:45	18:30			08:45	18:30			08:45	18:30			08:45	18:30								
Touchwood Pharmacy	83 Lichfield Road	WS9 9NP	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00				
Touchwood Pharmacy	Blakenall Village Centre	WS3 1LZ	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Touchwood pharmacy	Pelsall Village Centre, High Street	WS3 4LX	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Touchwood Pharmacy	47 High Street	WS3 4LT	09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	18:30			09:00	13:00				
Touchwood Pharmacy	47-47A Birchills Street	WS2 8NG	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								
Vantage Pharmacy	18 Wolverhampton Street	WV13 2NF	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00								
Well Pharmacy	Darlaston Health Centre	WS10 8SY	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00								
Well Pharmacy	53 Leckie Road	WS2 8DA	08:00	18:30			08:00	18:30			08:00	18:30			08:00	18:30			08:00	18:30								
Well Pharmacy	8 Stephenson Square	WS2 7DY	09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00			09:00	18:00								

Distance Selling / Internet Pharmacies

TRADING NAME	ADDRESS 1	POSTCODE	MON		LUNCH		TUES		LUNCH		WED		LUNCH		THURS		LUNCH		FRI		LUNCH		SAT		LUNCH		SUN		LUNCH	
118 Pharmacy Limited	9 High Street	WS9 9LR	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
8pm Chemist	First Floor	WV13 2NF	09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00			09:00	17:00										
Click 4 Pharmacy	49a Bath Road	WS1 3BT	10:00	18:00			10:00	18:00			10:00	18:00			10:00	18:00			10:00	18:00										
Co-op Pharmacy	2 Moat Road	WS2 9PJ	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	18:00	13:30	14:00	09:00	13:00						
PharmHub Pharmacy	Unit 149D	WS2 9ES	08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00			08:30	19:00										
Prescription Centre	7 Selborne Street	WS1 2JN	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30	08:30	17:30	12:30	13:30								
The Online Pharmacy	Unit N2B Westpoint	WS9 8DT	09:30	17:30			09:30	17:30			09:30	17:30			09:30	17:30			09:30	17:30										

100 Hour Pharmacies

TRADING NAME	ADDRESS 1	POSTCODE	MON		LUNCH		TUES		LUNCH		WED		LUNCH		THURS		LUNCH		FRI		LUNCH		SAT		LUNCH		SUN		LUNCH	
A Karim's Chuckery Pharmacy	7-9 Kinnery Street	WS1 2LD	08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	23:59			08:00	12:00		
AllCare Pharmacy	41 Caldmore Green	WS1 3RW	08:00	22:00			08:00	23:59			08:00	23:59			08:00	23:59			08:00	22:00			09:00	22:00			09:00	20:00		
Asda Pharmacy	Woodall Street	WS3 3JR	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Asda Pharmacy	St Lawrence Way	WS10 8UZ	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Asda Pharmacy	42 George Street	WS1 1RS	08:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Lloyds Pharmacy	Reedswood Way	WS2 8XA	07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	23:00			07:00	22:00			10:00	16:00		
Manor Pharmacy	59 Forrester Street	WS2 9PL	09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			09:00	23:30			11:00	23:59		
Pleck Pharmacy	246A Wednesbury Road	WS2 9QN	07:30	22:00			07:30	22:00			07:30	22:00			07:30	22:00			07:30	13:30			07:30	22:00			07:30	20:30		
Tesco Instore Pharmacy	Littleton Street West	WS2 8EQ	06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30	13:30	14:30	06:30	22:00	12:30	13:00	11:00	17:00		
Tesco Instore Pharmacy	Pharmacy Dept. at Tesco Willenhall	WV13 2PZ	08:00	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:30			06:30	22:00			10:00	16:00		

Appendix 4 – Pharmacy Survey

A survey of pharmacists was conducted via PharmOutcomes, the full report is available on request.
Please contact walsallpna2022@walsall.gov.uk for a copy.

Appendix 5 – Resident Survey

Healthwatch Walsall conducted a resident survey on behalf of Walsall's Health and Wellbeing Board and the process for updating this PNA. The report can be accessed in full, from Healthwatch Walsall's website Walsall PNA Resident Survey Report - March 2022

Appendix 6 – Mandatory 60 Day Consultation Feedback

HWBs must consult the bodies set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area.
- any Local Medical Committee for its area.
- any persons on the pharmaceutical lists and any dispensing doctors list for its area.
- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services.
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area.
- any NHS trust or NHS foundation trust in its area.
- the NHSE; and
- any neighbouring HWB.

Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC for the original HWB's area is consulted;

- there is a minimum period of 60 days for consultation responses; and
- those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

A 60-day mandatory consultation period took place from Friday 8th July to Monday 5th September 2022 with a reminder sent at the midway point. Promotion was raised via the Walsall Council and Healthwatch Walsall websites, via the working group and through HWB in general.
For ease, a simple survey was made available to capture any feedback / comments from the consultation phase. In addition, a PNA 2022 email address was set up for additional comments / feedback. There were two comments received from the following organisations:

- on behalf of an organisation
- on behalf of a community pharmacy business

Ongoing input was provided by Walsall LPC and Healthwatch Walsall as key members of the working group.

All feedback has been incorporated / actioned (where applicable) following the closure date with all answers to questions posed about Walsall's PNA, responded to positively.

The following comments were provided:

It was interesting to see (as an example of patients accessing a pharmaceutical service in adjacent local authorities) the distribution of dispensing in chart 13 across pharmacies throughout the wider Black Country and much of Birmingham. Access to local commissioned services by Black Country ICB should be better given our Dudley population should now be able to access services such as pharmacy first or CUES within all pharmacies in the Black Country (as opposed to Dudley previously).

Walsall's PNA response – BC ICB currently commission the above services across the entire BC ICB geography.

The following comments were provided:

There have been minor changes to opening hours for the Boots stores in the appendices. Localities specified in the PNA allow for a good level of local detail but the 'potential gap' label on the map on page 59 might lead potential applicants to believe a gap may exist. Map 24, map 25 and map 26 are not consistent with the other service maps that identify the providing pharmacies. We would suggest that all maps are consistent stating pharmacy provision only and not highlighting specific drug user areas.

Walsall's PNA response – all pharmacy opening hours have been checked and updated, discrepancies have arisen as we have received notification of changes to opening hours after completing the draft PNA. We have removed the reference to 'potential gap' on page 59. Whilst we acknowledge the comments refencing maps 24, 25 and 26; we have mapped service provision against IMD, teenage pregnancy, smoking and heroin use to demonstrate the need for these services where the need is greatest.

Walsall Pharmaceutical Needs Assessment (PNA) 2022-2025

Assisted by the PNA Working Group

A PNA is defined as the statement of need for pharmaceutical services in a given area

Background

- From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility, under the Health and Social Care Act 2012, to publish and keep up to date, a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA)

- Pharmaceutical and Local Pharmaceutical Regulations 2013 set out the requirements for PNAs

- Walsall's last PNA was produced in 2018

Purpose

The PNA enables NHS England/Improvement, Walsall Council, Walsall ICB, Local Pharmaceutical Committees (LPC), pharmacy contractors and other key stakeholders to:

- Understand the current and future pharmaceutical needs of the local population
- Gain a clear picture of pharmaceutical services currently provided
- Clearly identify and address any local gaps in pharmaceutical services
- Make appropriate decisions regarding applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacy as the PNA can identify areas for future investment or development or areas where decommissioning is required.

PNA Development

- Formed PNA working group

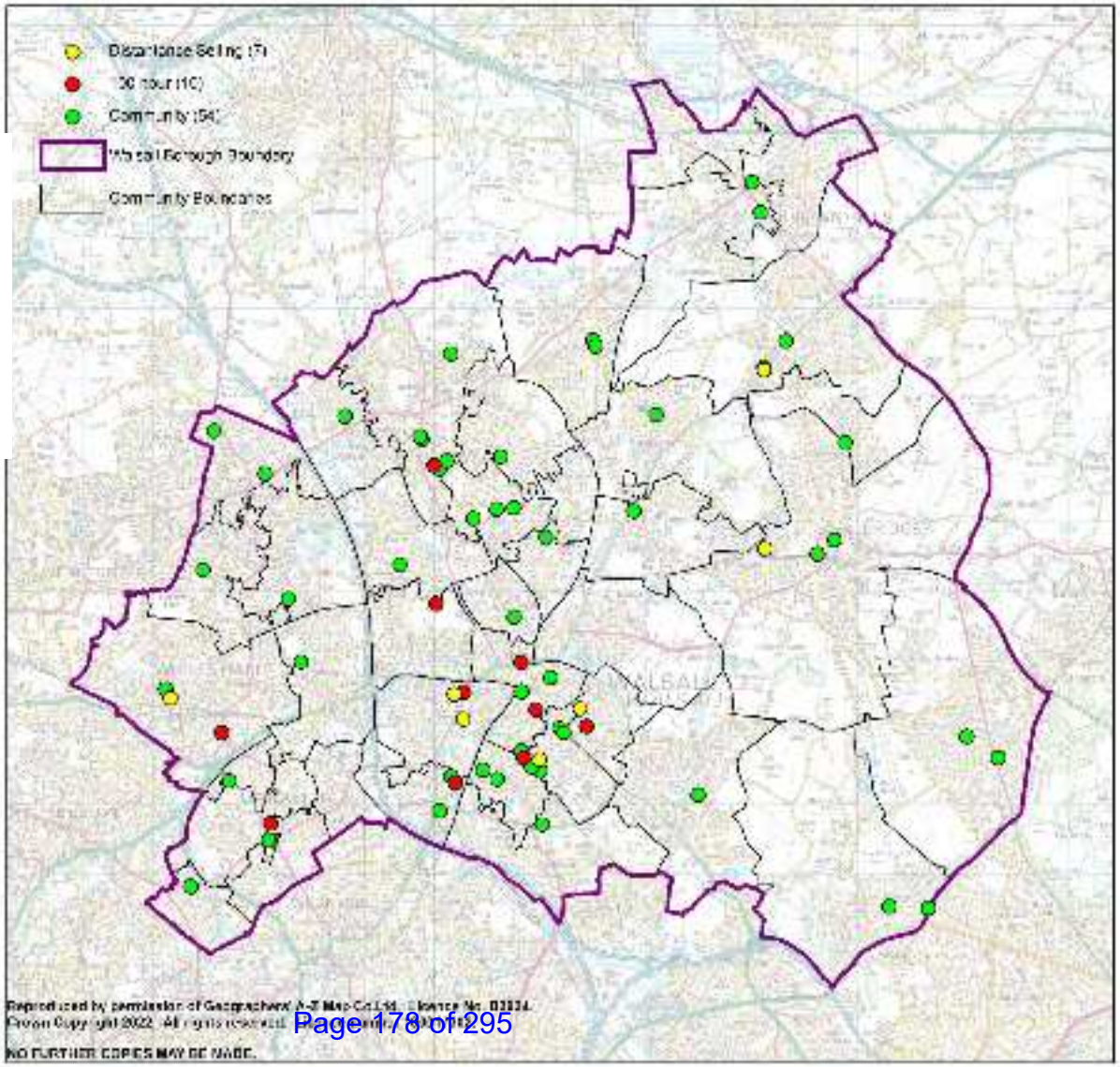
  (Primary care contracting (NHS England/Improvement), Public Health, Black Country Integrated Care Board, Medicines Management, Local Pharmaceutical Committee , Community pharmacy contractors, Healthwatch Walsall)

- Identified local health needs, HWB priorities
- Identified local pharmaceutical service provision
- Sought patient experience via Healthwatch Walsall
- Mapped and synthesised data
- Undertook consultation
- Revised PNA where appropriate, following consultation

Map of Pharmacies by Type

71 pharmacies in total;

- **7 – distance selling / internet**
- **10 – 100 hour**
- **54 – community**



Services offered

There are **four** different levels of Pharmaceutical Service provision:

1. Essential Services (all pharmacies must provide)
2. Advanced Services (pharmacies choose to provide)
3. Enhanced Services (commissioned locally by NHS England & Improvement, pharmacies choose to provide)
4. Locally Commissioned Services (LCS) (commissioned locally by LA / ICB pharmacies choose to provide)

1. Essential – all pharmacies

Part of the NHS community pharmacy contractual framework

- Dispensing medicines / appliances
- Repeat dispensing
- Medicines waste – out of date drugs etc.
- Public Health – promotion of healthy messages, lifestyle advice
- Signposting to other services
- Support for self care
- Clinical Governance – adhering to regulations / guidance
- Discharge Medicines Service (DMS)
- Healthy Living Pharmacy (HLP)

Access to Essential Services / Conclusions

- Walsall has 24.76 pharmacies per 100,000 population, when compared to Dudley (21.09); Wolverhampton (23.07) and Sandwell & West Birmingham (25.62)

- Dispensing demands are lower compared to WM and England

Conclusion – all Walsall pharmacies provide essential services, there are no deficiencies in these services.

2. Advanced Services – some pharmacies

Negotiated and funded nationally

- Community Pharmacy Consultation Service
- Flu Vaccination Service
- Hepatitis C Testing Service
- Hypertension Case Finding Service
- New Medicine Service (NMS)
- Smoking Cessation Service
- Appliance Usage Review (AUR)
- Stoma Appliance Customisation (SAC)

Access to Advanced Services / Conclusions

- Community Pharmacy Consultation Service - 64/71 pharmacies provide
- Flu Vaccination Service - 51/71 currently providing
- Hepatitis C Testing Service - limited service, also available through CGL
- Hypertension Case Finding Service - 44/71 pharmacies provide
- New Medicine Service (NMS) - 60/71 pharmacies provide
- Smoking Cessation Service – 23/71 providers provide
- Appliance Usage Review (AUR) - 0 provision at present
- Stoma Appliance Customisation (SAC) - low uptake, but a specialist service and in line with national

Conclusion – Good coverage of most services generally, with additional pharmacies looking to provide some of the services over the next 12 months. Where there is low uptake, these are deemed specialist services with current provision in the most appropriate areas

3. Enhanced Services – some pharmacies / Conclusions

Commissioned locally by NHSE&I in response to the local population

- Bank Holiday Rota Service – ensure there is adequate access to pharmaceutical services during bank holidays
- Community Pharmacy Extended Care Service - 20/71 provide service

Conclusion – Good coverage of these services

4. Locally Commissioned Services (LCS) – some pharmacies

Commissioned by Walsall Council (Public Health) & Black Country ICB

Walsall Council Public Health:

- Emergency Hormonal Contraception (EHC)
- Supervised consumption of prescribed medicines
- Needle exchange
- Supply of Naloxone
- Smoking cessation (Varenicline supply)
- Healthy Start Vitamins

Black Country ICB:

- Minor Ailments (Pharmacy First)
- Palliative care service
- COVID Urgent Eye Care Service (CUEs)

Conclusions to Locally Commissioned Services (LCS)

Commissioned by Walsall Council (Public Health) & Black Country ICB

Walsall Council Public Health:

- Emergency Hormonal Contraception (EHC) – good accessibility with other pharmacies interested in providing
- Supervised consumption of prescribed medicines
- Needle exchange

} – pharmacies offering deemed to be in the correct localities

- Supply of Naloxone – little coverage but also available via CGL
- Smoking cessation (Varenicline supply) – can access directly from smoking provider but pharmacies are interested in offering alternative services should they be commissioned
- Healthy Start Vitamins – low uptake but also available through other providers, with further work promoting planned

Conclusions to Locally Commissioned Services (LCS)

Commissioned by Walsall Council (Public Health) & Black Country ICB

Black Country ICB:

- Minor Ailments (Pharmacy First) – good coverage across the borough

- Palliative care service – on call pharmacist covers borough as a whole, therefore no geographical gaps

- COVID Urgent Eye Care Service (CUEs) – good spread of provision and aligned with ophthalmic optometrists

Patient Experience – Healthwatch Walsall

- Survey distributed via multiple avenues during 4th to 25th February 2022
- 142 responses (61 received in 2018 survey) – 60% females / 40% males, majority aged between 45 and 64 years
- Overall satisfaction of pharmacy and GP performance in process for receiving medication is very high – 99% report average / happy / very happy

Recommendations include:

- Continue patient choice in terms of location & services offered
- Pharmacies to ensure sufficient supply of medication
- Dossett / blister boxes available where possible
- Pharmacy promotion

Conclusion – some suggested additional services already offered, better communication of what is provided needed

60 day Consultation Feedback / Comments

- Took place between 08/08/2022 - 05/09/2022
- Accessed electronically via Walsall Council website (Walsall PNA Consultation 2022) or could request a hard copy

- Typo corrections
- Some additional content updates
- Absorbing the Supplementary Statement changes into the revised PNA i.e. opening hour changes

With ongoing input from Walsall LPC and Healthwatch Walsall, as part of the working group.

60 day Consultation Feedback / Comments

Following the consultation, two responses were returned:

- On behalf of an organisation

It was interesting to see (as an example of patients accessing a pharmaceutical service in adjacent local authorities) the distribution of dispensing in chart 13 across pharmacies throughout the wider Black Country and much of Birmingham. Access to local commissioned services by Black Country ICB should be better given our Dudley population should now be able to access services such as pharmacy first or CUES within all pharmacies in the Black Country (as opposed to Dudley previously).

Response – BC ICB currently commission the above services across the entire BC ICB geography

60 day Consultation Feedback / Comments

Following the consultation, two responses were returned:

- On behalf of a community pharmacy business

There have been minor changes to opening hours for the Boots stores in the appendices. Localities specified in the PNA allow for a good level of local detail but the 'potential gap' label on the map on page 59 might lead potential applicants to believe a gap may exist. Map 24, map 25 and map 26 are not consistent with the other service maps that identify the providing pharmacies. We would suggest that all maps are consistent stating pharmacy provision only and not highlighting specific drug user areas.

Response – all pharmacy opening hours have been checked / emended; 'gap' reference on P59 has been removed; comments on maps 24, 25 & 26 acknowledged.

Final Next steps

- Final PNA for approval by HWB
- Publication of PNA by 1st October 2022 on Walsall Council website
- Ensure maintain webpage, upload ‘Supplementary Statements’ with pharmacy changes (as and when notified) and ensure a map is available

Health and Wellbeing Board

20 July 2022

Walsall Better Care Fund 2022-2023 Plan

Assurance

1. Purpose

This update will inform members of details contained within the 2022-2023 Better Care Fund (BCF) Narrative Plan, planning and Capacity templates, as per national requirements, and prior to national submission.

2. Recommendations

2.1 That the Health and Wellbeing Board receives and agrees the 2022-2023 Walsall Better Care Fund Planning Template for approval to be sought at national level as per national assurance.

2.2. That the Health and Wellbeing Board receives and agrees the Better Care Fund 2022-2023 Narrative Plan for approval to be sought at national level as per national assurance.

2.3 That the Health and Wellbeing Board receives and agrees the Better Care Fund 2022-2023 Capacity and Demand template for approval to be sought at national level as per national assurance.

3. Report detail

Background

3.1 The Better Care Fund (BCF) 2022-2023 Policy Framework, published in July 2022, reaffirms a clear direction for the fund to be one of the government's national vehicles for driving health and social care integration. To support a number of reforms, 2022-2023 guidance remains similar to 2021-22, by supporting areas with continuity through building on progress and lessons learnt during the COVID-19 pandemic.

3.2 This year, the Policy Framework sets out a clear requirement for local plans developed at Place level to set out ambitions to meet two main objectives through agreed joint approaches:

- Enable people to stay well, safe and independent at home for longer
- Provide the right care in the right place at the right time - making sure people are supported with a discharge to the right place, at the right time, and with the right support that maximises their independence

3.3 In way of assurance against meeting national conditions such as support to reduce hospital delays and supporting independence once discharged, the requirement to report ambitions and actuals against BCF metrics remains. The metrics are set out in the planning template as follows:

- Number of older people still at home 91 days after discharge from hospital
- Number of long-term admissions to care homes for older people
- Number of avoidable admissions to hospital Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital)
- Number of older people discharged to their usual place of residence

Overview of plan

3.3 As per national requirements, the 2022-2023 Walsall Better Care Fund plan is complete at local level and outlines 22-23 ambitions with an overview of performance this financial year to date. Alongside the narrative plan, each local area is required to complete the planning template, outlining expenditure, income and metric stretch targets. An addition this year is the Capacity and Demand template, which outlines targets across discharge and community activity from October 2022 – March 2023.

3.4 Completion of the plan has taken an integrated approach as per previous years. Partners have contributed to the completion of the three documents, specifically Adult Social Care and Black Country ICB Walsall Place, including our main provider service for Intermediate Care to support data in relation to the Capacity and Demand template, and our acute provider Walsall Healthcare Trust in relation to NHS related metrics.

KEY MESSAGES TO NOTE **UPDATE**	**WALSALL PLACE BCF PROGRAMME – PLAN** **FINANCIAL YEAR 2022/2023**
Overview: Governance and assurance	In line with agreed governance regarding Walsall BCF, the 2022-2023 plan has been subject to review from Commissioning leads across Adult Social Care (ASC) and Black Country ICB Walsall Place to seek agreement. The plan and accompanying templates have been presented to JCC (14 September 2022) for approval as per governance, and Local Commissioning Board (20 September 2022). The governance process has assisted leads in approving the plan ahead of national submission on 26 September 2022.

Income and expenditure	The 2022-2023 planning template details line-by-line expenditure across the main programme (joint investment) and the Improved BCF (investment allocated directly to ASC with conditions regarding allocation of spend). Each scheme funded by the programme aligns to agreed national conditions and aims. ASC have utilised the Improved BCF to provide additional staffing resources including locality social work teams and commissioning capacity to support key transformational areas. Following the removal of the Hospital Discharge Fund, financial analysis identified a carry forward from 2021-2022 to utilise as a 22-2023 contingency to mitigate predicted overspend positions across Intermediate Care provision to support timely discharges.
Metrics	The four metrics within the planning template detail agreed stretch targets. The NHS metrics namely discharge to place of residence and avoidable admissions have been determined based on ICB baselines for a consistent approach across the Black Country. Social Care ambitions have been set as per ASCOF measures agreed and subject to publication.
Capacity and Demand	A task and finish group of colleagues from the provider arm, ASC commissioning, Black Country ICB Walsall Place commissioning and finance agreed discharge and capacity ambitions for Oct 2022 – Mar 2023 across discharge pathways, as well as spend for non-related BCF investment and BCF investment to support Intermediate Care. Further national monitoring will commence following submissions to inform future reporting.
Narrative highlights	The 2022-2023 narrative plan details next steps for partners in relation to the development of the programme. As per national ambitions, partners will further consider how the programme can support, or align to support regarding unpaid carers and the reduction of Health Inequalities. One of the programmes key continued successes is the use of the Disabled Facilities Grant. Securing an Occupational Therapist to review and progress referrals supports our discharge pathways by ensuring a sufficient resource is part of agreed processes to mitigate discharge delays. The Team, which sits within Walsall Council, continue to work in an integrated way, providing minor adaptations and repair services to support planned discharges.
Next steps	The BCF programme in Walsall continues to be a key driver in relation to national priorities of promoting independence for older people, ensuring timely discharges and reducing hospital delays. The programme continues to fund schemes in relation to Intermediate Care including staffing and provision. It is the intention of partners to continue investment across these areas to support national agendas and local ambitions. Following the implementation of the Integrated Care Board (ICB) in July 2022, partners agree the importance of sharing the programme with other Places within the Black Country. As the ICB develops, we will also review governance arrangements through commissioning committee structures, to ensure a consistent clear approach for our BCF programme.

4. Implications for Joint Working arrangements:

Financial implications:

As a programme, BCF is a key enabler to integration. Despite this, local areas remain restricted in relation to long term planning, as national guidance continues to require one –year plans. Discussions have taken place at length with national leads, however, there is still no agreement to move towards two or three year plans. As a result of one year plans, funding is agreed and allocated yearly, posing a risk to the support the programme provides to statutory functions and partnership agreements in relation to staffing across essential services, investment to increase capacity and opportunities to shape and grow the provider market.

As part of the governance mechanisms, discussions regarding the risk to the programme remain at Joint Commissioning Committee level, and the BCF Manager will continue to raise the risk with the national team in relation to local concern.

5. Health and Wellbeing Priorities:

5.1 The programme supports the local approach to a healthy population, by aligning the outcome of supporting the independence to older people.

Background papers

1. 2022-23 BCF Planning Template
2. 2022-23 BCF Narrative Plan
3. 2022-23 BCF Capacity and Demand Template

Author

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BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.

6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.
2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.
3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.
5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.
6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.
8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)
10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Walsall
Completed by:	Charlene Thompson
E-mail:	charlene.thompson@walsall.gov.uk
Contact number:	01922 653007
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	Yes
If no please indicate when the HWB is expected to sign off the plan:	Tue 20/09/2022
If using a delegated authority, please state who is signing off the BCF plan:	N/A

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	N/A
Name:	N/A

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Gary	Flint	cllr.gary.flint@walsall.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	N/A	Geraint	Griffiths	geraint.griffiths@nhs.net
	Additional ICB(s) contacts if relevant	N/A	Pip	Mayo	pip.mayo@nhs.net
	Local Authority Chief Executive	Dr	Helen	Paterson	helen.paterson@walsall.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	N/A	Kerrie	Allward	kerrie.allward@walsall.gov.uk
	Better Care Fund Lead Official	N/A	Tony	Meadows	tony.meadows@walsall.gov.uk
	LA Section 151 Officer	N/A	Deborah	Hindson	deborah.hindson@walsall.gov.uk
*Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->	Better Care Fund Lead Official	N/A	Tracy	Simcox	tracy.simcox@walsall.gov.uk
	Better Care Fund Lead Official	N/A	Andy	Rust	andrew.rust@nah.net

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Walsall

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£4,202,771	£4,202,771	£0
Minimum NHS Contribution	£24,588,328	£24,588,328	£0
iBCF	£14,181,001	£14,181,001	£0
Additional LA Contribution	£1,883,641	£1,883,641	£0
Additional ICB Contribution	£0	£0	£0
Total	**£44,855,741**	**£44,855,741**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£6,987,305
Planned spend	£13,049,387

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£9,793,076
Planned spend	£9,887,880

Scheme Types

Assistive Technologies and Equipment	£1,278,052	(2.8%)
Care Act Implementation Related Duties	£1,248,341	(2.8%)
Carers Services	£0	(0.0%)
Community Based Schemes	£146,538	(0.3%)
DFG Related Schemes	£4,202,771	(9.4%)
Enablers for Integration	£927,525	(2.1%)
High Impact Change Model for Managing Transfer of C	£5,957,018	(13.3%)
Home Care or Domiciliary Care	£2,069,114	(4.6%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£15,014,569	(33.5%)
Bed based intermediate Care Services	£2,393,516	(5.3%)
Reablement in a persons own home	£1,746,589	(3.9%)
Personalised Budgeting and Commissioning	£379,648	(0.8%)
Personalised Care at Home	£5,211,158	(11.6%)
Prevention / Early Intervention	£159,751	(0.4%)
Residential Placements	£480,181	(1.1%)
Other	£3,640,968	(8.1%)
Total	**£44,855,739**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	0.0	0.0	0.0

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	96.0%	96.0%	96.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	619	588

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.2%

Planning Requirements >>

Theme	Code	Response
NC1: Jointly agreed plan	**PR1**	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Walsall

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Walsall	£4,202,771
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	**£4,202,771**

iBCF Contribution	Contribution
Walsall	£14,181,001
Total iBCF Contribution	**£14,181,001**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Walsall	£848,009	iBCF2 - Reserves
Walsall	£1,035,632	BCF use of contingency - Intermediate Care
Total Additional Local Authority Contribution	**£1,883,641**	

NHS Minimum Contribution	Contribution
NHS Black Country ICB	£24,588,328
Total NHS Minimum Contribution	**£24,588,328**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	**£0**	
Total NHS Contribution	**£24,588,328**	

	2021-22
Total BCF Pooled Budget	**£44,855,741**

Funding Contributions Comments Optional for any useful detail e.g. Carry over
£848k - Improved Better Care Fund Carry forward from 2022/23 £1.035m - Carry forward of Better Care Fund to support demand within the Intermediate Care Service following the cessation of Hospital Discharge Funding

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Walsall

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£4,202,771	£4,202,771	£0
Minimum NHS Contribution	£24,588,328	£24,588,328	£0
iBCF	£14,181,001	£14,181,001	£0
Additional LA Contribution	£1,883,641	£1,883,641	£0
Additional NHS Contribution	£0	£0	£0
Total	**£44,855,741**	**£44,855,741**	**£0**

Please note:

Scheme Types categorised as 'Other' currently account for approx. 8% of the planned expenditure from the Mandatory Minimum. In order to reduce reporting ambiguity, we encourage limiting this to 5% if possible.
While this may be difficult to avoid sometimes, we advise speaking to your respective Better Care Manager for further guidance.

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£6,987,305	£13,049,387	£0
Adult Social Care services spend from the minimum ICB allocations	£9,793,076	£9,887,880	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Intermediate Care	Intermediate Care Team	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Minimum NHS Contribution	£4,495,574	Existing
2	Social Care - Social Workers	Protecting Social Service - Additional Social Worker posts	Care Act Implementation Related Duties	Other	7 additional posts	Social Care		LA			Local Authority	Minimum NHS Contribution	£317,080	Existing
3	Carers	Shared Lives Co-ordination	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	Minimum NHS Contribution	£61,964	Existing
4	Intermediate Care	Contingency from 2021/22 to support Intermediate Care	High Impact Change Model for Managing Transfer	Multi-Disciplinary/Multi-Agency Discharge		Social Care		LA			Local Authority	Additional LA Contribution	£1,035,632	New
5	Equipment	Integrated Equipment Store - Facilities	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£68,264	Existing
6	DFG Capital Grant	Disabled Facilties Grant	DFG Related Schemes	Adaptations, including statutory DFG grants		Other	Statutory function	LA			Private Sector	DFG	£3,314,771	Existing
7	DFG Support	Disabled Facilties Grant - Integrated Equipment Store	DFG Related Schemes	Discretionary use of DFG - including small adaptations		Social Care		LA			NHS Community Provider	DFG	£888,000	Existing

8	Carers	Support to Carers	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Private Sector	Minimum NHS Contribution	£440,976	Existing
9	Community Support	Short Term Care - Home placements	Personalised Care at Home	Other	Domicilary care hc	Social Care		LA			Private Sector	Minimum NHS Contribution	£4,504,022	Existing
10	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Additional LA Contribution	£848,009	New
11	Social Care	Protecting Adult Social Care	Other		Care Coordination	Social Care		LA			Local Authority	iBCF	£1,488,379	Existing
12	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£229,500	Existing
13	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£8,590,690	Existing
14	Intermediate Care	Intermediate Care Team - Staffing remodel	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£295,438	Existing
15	Employment services	Employment Support	Enablers for Integration	Employment services		Social Care		LA			Local Authority	iBCF	£23,455	Existing
16	Social care support	Additional Social Worker/Occupational Therapy posts within	Care Act Implementation Related Duties	Other	Additional support to locality teams	Other	Staffing resource	LA			Local Authority	iBCF	£490,285	Existing
17	Occupational Therapist	Lead Occupational Therapist post in Social Care	Enablers for Integration	Workforce development		Social Care		LA			Local Authority	iBCF	£16,769	Existing
18	All Age Disability	All age disability/transitional modelling	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£51,005	Existing
19	Commissioning	Additional Commissioning Support	Enablers for Integration	Joint commissioning infrastructure		Social Care		LA			Local Authority	iBCF	£229,223	Existing
20	Brokerage	Brokerage and Business Support	Home Care or Domiciliary Care	Other	Support to broker dom care	Social Care		LA			Local Authority	iBCF	£314,747	Existing
21	Programme management	Better Care Fund Support	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£32,000	Existing
22	Programme management	Senior Alliance of Walsall Together	Enablers for Integration	Programme management		Social Care		LA			Local Authority	iBCF	£238,000	Existing
23	Payment support	Commissioned Payments Support Team	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£237,143	Existing
24	Social care support	Care Quality Commissioning Support	Enablers for Integration	Other	Additional support regarding new	Social Care		LA			Local Authority	iBCF	£60,000	New
25	Social care support	Case Management Support Officer	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£30,000	Existing
26	Finance support	Finance Support	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£100,000	Existing

27	Proivison	Community Care packages to support pathways	Home Care or Domiciliary Care	Domiciliary care packages		Social Care		LA			Private Sector	iBCF	£1,754,367	Existing
28	Community support	Community Nursing In reach team	Prevention / Early Intervention	Other	Community Health investment	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£159,751	Existing
29	Single point of access	Single point of access	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£259,987	Existing
30	Intermediate Care support	Frail Elderly Pathway OOH's A&E	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£90,838	Existing
31	Case management	Enhanced case management approach in nursing and	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£372,753	Existing
32	Community support	Evening and Night Service	Community Based Schemes	Multidisciplinary teams that are supporting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£84,574	Existing
33	Intermediate Care Services and Community Health	Rapid Response Team within Service Level Agreement with Walsall	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£659,887	Existing
34	Intermediate Care Services and Community Health	District Nursing Wrap Around Team within Service Level Agreement	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£772,653	Existing
35	Frail Elderly	Frail Elderly Pathway Additional Community Investment	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£944,935	Existing
36	Intermediate Care Services and Community Health	Intermediate Care Provision within Service Level Agreement with	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,074,406	Existing
37	Intermediate Care Services and Community Health	Intermediate Care Services and Community Health Service within	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£1,319,710	Existing
38	Equipment	Integrated Equipment Service	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£499,092	Existing
39	Mental Health	Psychiatric Liaison Team (OP) based at the Manor	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Community Provider	Minimum NHS Contribution	£463,592	Existing
40	Community Health	Redesign of Stroke/ Rehab/ Falls Service	Bed based intermediate Care Services	Other	Rehab abd reablement support	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£732,976	Existing
41	Single point of access	Single point of access (Community Investment)	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£54,297	Existing
42	Personalised Health Budgets	Co-ordination of Personal Health Budgets	Personalised Budgeting and Commissioning			Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£12,505	Existing
43	Commnity Health	Stroke Non bed based Home Care	Personalised Care at Home	Other	Support to stroke patients following	Community Health		CCG			Private Sector	Minimum NHS Contribution	£88,305	Existing
44	Rehabilitation	Walsall Cardiac Rehabilitation Trust	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£317,824	Existing
45	Intermediate Care	Rapid Response FEP Sitters	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr response)		Community Health		CCG			Private Sector	Minimum NHS Contribution	£247,059	Existing

46	Intermediate Care	Intermediate Care - FEP WHC consultant	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£198,858	Existing
47	Intermediate Care	DTA Beds	Bed based intermediate Care Services	Step down (discharge to assess pathway-2)		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£1,660,540	Existing
48	End of life	End of life divisionary beds	Residential Placements	Nursing home		Continuing Care		CCG			Private Sector	Minimum NHS Contribution	£193,200	Existing
49	GP support	Blakehnall Doctors Phoenix (Medical Cover to ICT Beds)	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			Private Sector	Minimum NHS Contribution	£23,002	Existing
50	Equipment	Community Equipment Service (CCG allocation)	Assistive Technologies and Equipment	Community based equipment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£710,696	Existing
51	Dementia	Dementia support workers (based in Manor Hospital), Dementia	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			Private Sector	Minimum NHS Contribution	£175,165	Existing
52	Mental Health	Psychiatric Liaison Team (Adults)	Personalised Care at Home	Mental health /wellbeing		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£618,831	Existing
53	Quality	Quality In Care Team Support	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Community Health		LA			Local Authority	Minimum NHS Contribution	£425,812	New
54	Intermediate care	Home from Hospital Services required in the reablement pathway for	Reablement in a persons own home	Reablement service accepting community and		Community Health		CCG			Private Sector	Minimum NHS Contribution	£66,990	Existing
55	Potential risk of unachieved reduction in	Potential risk of unachieved reduction in admissions	Other		Agreed Contingency	Acute		CCG			NHS Acute Provider	Minimum NHS Contribution	£1,225,249	Existing
56	Primary Care support	Enhanced Primary Care to Nursing Home (inc D2A beds)	Residential Placements	Nursing home		Primary Care		CCG			Private Sector	Minimum NHS Contribution	£286,981	Existing
57	Programme management	Better Care Fund Support	Enablers for Integration	Programme management		Other	BCF Support	CCG			Local Authority	Minimum NHS Contribution	£32,640	Existing
58	Demand pressures	Contingency from Prior Year	Other		Joint demand management pressures	Community Health		Joint	100.0%	0.0%	Private Sector	Minimum NHS Contribution	£518,423	New
59	Demand pressures	2022-23 CCG Activity Growth	Other		CCG planning against funded services	Community Health		CCG			CCG	Minimum NHS Contribution	£408,917	Existing

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:
- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:
- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	1. Respite Services 2. Other	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other	Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
9	Housing Related Schemes		This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.
10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other	Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other	Provides support in your own home to improve your confidence and ability to live as independently as possible

13	Personalised Budgeting and Commissioning		Various person centred approaches to commissioning and budgeting, including direct payments.
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Walsall

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	322.7	277.0	296.0	292.7	Projection from 21-22 data. Black Country level data utilised to inform values and demoninator.	Expansion of admisison avoidance is a priority schemes e.g. care navigation centre, Rapid Response and virtual ward.
	Denominator	286,700	286,700	286,700	286,700		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Indicator value	0.0011545	0.000994	0.0010603	0.0010498		
	Indicator value	331	285	304	301		
	Denominator	286,716	286,716	286,716	286,716		

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	96.9%	96.0%	96.1%	96.1%	Aiming to sustain 96% planning performance. Denominator figures sourced from SUS data at Black Country level using baselines. Numerator sustained at 96%.	Elements of IC to be discussed and planned through MDT working arrangements to review and sustain positions. Ward level discharge planning is in place and will remain. Social Care capacity discussed. IC pathways reviewed at Joint Commissioning Committee level, aligned to overview of acute performance.
	Numerator	6,236	6,217	5,986	5,840		
	Denominator	6,437	6,473	6,228	6,075		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
	Quarter (%)	96.0%	96.0%	96.0%	96.0%		
	Numerator	6,348	6,380	6,141	5,910		
	Denominator	6,612	6,646	6,397	6,156		

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65	Annual Rate	619.3	660.6	560.1	588.3	Trajectory over recent years has seen decline in permanent admissions for the	Continued integrated approach across pathways to meet ambitions.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Numerator	310	335	284	300	over 65 age bracket but an increase in the 18-64 age group.	
	Denominator	50,053	50,709	50,709	50,990		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	77.2%	72.8%	79.5%	82.2%	As a system our integrated teams support the target of ensuring older people remain in their own home 91 days after being discharged from hospital. Our aim through the Council's Corporate Plan is to increase the number of older people who are in	Investment from BCF programme into re-ablement services.
	Numerator	278	262	237	333		
	Denominator	360	360	298	405		

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:
- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.

Walsall Better Care Fund

Narrative Plan 2022-2023

August 2022

Cover

As a joint programme, Walsall Better Care Fund has been in place since 2015 as per national requirements. The programme has remained as a driver across Walsall supporting agendas such as the reduction of hospital delays, older people remaining in their own home, timely discharges from the Acute, providing a joint approach to pilots to shape the market and the development of ambitions in relation avoidance.

As partners of the fund, Walsall Council specifically Adult Social Care (ASC) and Black Country Integrated Care Board (ICB) – Walsall Place have agreed an integrated approach by ensuring the programme aligns to joint commissioning priorities to embed its activity, spend, performance and is utilised as a programme to support joint developments. This agreed approach, is supported through key governance, where commissioning committees receive assurance in relation to the programme, and items of escalation to agree mitigation jointly.

Walsall Health & Wellbeing Board receive the programme, where agreement is sought from members, ensuring the programme continues to work effectively to support agreed local agendas and national priorities. In line with agreed governance, The Better Care Fund 2022-2023 Narrative plan, planning and capacity and demand templates will be presented to members before national submission on 26 September 2022. Walsall's approval and agreement routes are as follows:

Forum	Membership	Decision and Date
ICB Strategic Commissioning Committee	Place Managing Directors ICB Directors	ICB level agreement of place plans and seeking delegated authority to approve plans at Place– 08.09.2022
Joint Commissioning Committee	Executive Directors – Walsall Council Directors – Walsall Council Managing Director – Walsall Place Finance leads – ICB and Walsall Council Commissioning leads – ICB and Walsall Council GP rep – Walsall Place	Seeking approval - 14.09.2022
Local Commissioning Board	Managing Director – Walsall Place PCN leads – Walsall Place Clinical leads – Walsall Place Directors – Walsall Council Executive Directors – Walsall Council	Agreement – 20.09.2022
Walsall Health and Wellbeing Board	Public Health, Adult Social Care and Children's	Member sign off – 20.09.2022

	Services Directors and Executive Directors Black Country ICB – Walsall Place (responsible for funding and developing Walsall Healthcare NHS Trust; Black Country Healthcare NHS Foundation Trust (Mental Health); West Midlands Police and Fire & Rescue services; Walsall Housing Group Walsall College; Local councillors; Walsall Healthwatch.	

As partners of the Better Car Fund, Adult Social Care (ASC) and Black Country Integrated Care Board (ICB), Walsall Place have contributed to the completion of the template and narrative plan. Both are partners of our local alliance agreement at Place level, Walsall Together.

Our Walsall Together Partnership Board are sighted on developments of the BCF programme, as many schemes funded by the programme are discussed at Walsall Together level and are embedded in our pathways as integrated services. We have taken a system approach to agree targets and expenditure by ensuring agreement from our local Acute Trust (Walsall Healthcare Trust) Medical Directorate, specifically our Chief Operating Officer and Finance partners across Walsall Council and Black Country ICB. As part of delegated authority, the Executive Director of Adult Social Care has authority to approve plans pertaining to Walsall BCF on behalf of the Chief Executive for Walsall Council. This delegated authority also allows the Executive Director to joint Chair the Joint Commissioning Committee and approve recommendations.

Executive summary

To ensure consistency and planning to future proof our current funded services and resources, partners agreed through assured governance routes to roll over the 2021-22 programme into financial year 2022-23. As a joint appointment, the Walsall Better Care Fund Programme Manager oversees the day-to-day activity associated with the programme, with the support of finance business partners from each organisation to review and predict programme spend against demand across provision, specifically Intermediate Care following the removal of the Hospital Discharge Fund. The removal of the fund also led to a period of adjustment this financial year, as a number of services supporting intermediate care and funded via BCF, were aligned to Hospital Discharge funding to meet unprecedented demand. At Place, we are still experiencing high demand against capacity in the market, leading to financial planning and analysis to inform of risk to BCF budgets. As part of mitigation, partners identified and agreed BCF contingency, focusing spend across areas of provision and staffing to support traditional Intermediate Care approaches and mitigate any overspends projected against services where demand has increased. The fund will also as per previous years, support commissioning recommendations in relation to innovation and learning in readiness for developments as per national guidance and Place commissioning intentions regarding Intermediate Care. Partnership discussions have taken place this year to establish the programme as part of the total financial envelope for the alliance model, Walsall Together. The intention is to continue financial support towards integration and the development of pathways and services. This is a forward step to embed the BCF at Place as an instrumental programme of activity to support commissioned activity, rather than a funding stream.

Governance remains to ensure BCF leads at Joint Commissioning Committee level are aware of risk with clear mitigation plans, providing assurance regarding performance, spend, with approval sought in relation to the use of funding in line with the s.75 agreement. In way of management of the programme, we have ensured alignment to KLOE's continues to be in line with Place targets set as per key BCF metrics, namely the 91-day indicator by ensuring older people are able to remain at home after 91 days. As per our planning template, our programme funds staffing and provision across Intermediate Care to support this, as well as support services such as the Integrated Equipment Store to support timely responses to discharges, and locality social work teams to support flow. The Quality in care Team receives BCF funding to support review of care homes across Walsall in line with what is considered 'good' quality of care. This financial year, an independent quality review will commence to review the current quality offer in Walsall. All services are person centred to the individual to meet needs appropriately, but also respond to demand.

During 2022-23, attention has turned to the future of the programme and its influence under the newly established Integrated Care Board (ICB) since 01 July 2022. There are now four Place BCF programmes for the Black Country ICB. Whilst there is acknowledgment at national level BCF programme will remain at Health and Wellbeing Board level for footprint, therefore remaining as place programmes, there is a need to understand governance for programmes under ICB arrangements and future developments. Across the ICB, there is now a Black Country BCF Manager working Group to share good practice and discuss future national and ICB developments to understand impacts on the four Place programmes and consideration of

new approaches to the management of all four programmes through examples such as a Black Country dashboard to host BCF related data.

As well as understanding the future of BCF programmes under ICB arrangements, at Place, review across the programme continues to ensure continued performance in line with spend and overview of commissioning recommendations to develop current funded provision across Place systems. This financial year, Partnership agreement approved use of contingency funding to increase capacity across pathways 1 and 2 to meet demand in relation to re-ablement and bedded services. This will increase capacity, support metrics, national conditions and national aims for Intermediate Care.

Partners have agreed priorities are to:

- Continue recurrent investment into services and resources supporting Intermediate Care
- Consider how the programme can support the reduction of health inequalities at Place
- Align Walsall BCF as a key programme of activity and driver for integration to the financial envelope under Walsall Together

Governance

National context

The Integrated Care Partnership (ICP) and ICB, together with other key elements of the new arrangements including place-based partnerships will bring together all partners within an Integrated Care System (ICS).

With ICBs now in place, established governance arrangements are required to support collective accountability between partner organisations for delivery and performance. These arrangements must facilitate transparent decision-making and foster the culture and behaviours that enable system working.

The Health and Care Act requires providers to have regard of their decisions on the triple aim duty of; (1) better health and wellbeing for everyone, (2) better quality of health services for all, and (3) sustainable use of NHS resources. Effective participation within system, place-based partnerships, and the introduction of provider collaborative will be necessary.

Effective collaboration between providers and with a range of other partners is necessary if the NHS is to transform health and care for patients and the public. Collaboration needs to take place in respect of the three key areas (shared planning and decision-making, collective responsibility with partners for service delivery, delivery of decisions and improvements) and providers must have in place governance arrangements to ensure that they are collaborating effectively.

Local update

Governance developments

The Black Country ICB brings together Walsall, Dudley, Wolverhampton and Sandwell at system level. Whilst the ICB operating model is still to be defined, including the direction provider collaborative will take; discussions are taking place to understand arrangements regarding commissioning, finance, performance and workforce to support the local population and outcomes whilst adhering to national priorities.

In line with national recommendations, Place committees will sit as part of ICB structures, reporting into Board committees to develop place primary care and strategic commissioning arrangements. To support this development, leads across Adult Social Care, Public Health and Black Country ICB Walsall place agree a Place model is required to facilitate strategic discussions, with delegated responsibility. Discussions continue to understand the structure and membership of a Place model.

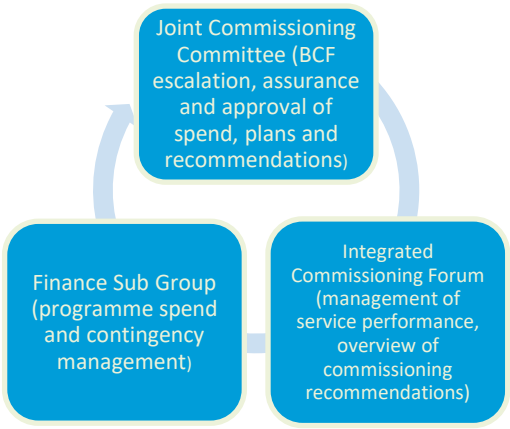
The relationship of the Place model and the alliance model, Walsall Together is to be agreed and forms part of discussions regarding the Place model. As a clear alliance model, Walsall Together promotes integration across place, bringing together partners to agree outcomes as per the outcomes framework and Health and Wellbeing Board priorities. Walsall Together Partners, which consist of Walsall Council, Black Country and West Birmingham CCG, Walsall at place, Walsall Housing Group and Primary care and CVS representatives, continue to meet

to discuss resource and future developments across the borough to promote independence and support agendas such as health inequalities. Whilst Walsall Together partners have no delegated authority, it is a vehicle to drive collaborative thinking and integration at Place. This supports the BCF as a programme of activity to support priorities such as maintaining independence and timely discharge. Through the exploration of a Place model, consideration of maintaining responsibility of statutory functions is required. This would include any high level discussions regarding continued s.75 agreements such as the Better Care Fund, and clear governance arrangements.

Current governance

To support current responsibilities, agreed governance arrangements remain at Place level in relation to management, approval and assurance mechanisms, including Walsall BCF. The Joint Commissioning Committee (JCC) a partnership approach and established integrated group hosts commissioning leads across ASC, Public Health, Children's Services and Walsall place under clear agreed governance, and is the approval route for all BCF programme decisions. As a membership, JCC meets at placed based level for the purposes of providing strategic commissioning leadership in relation to the health and social care responsibilities. This will include, commissioning programmes of work and other collaborative commissioning arrangements that partners may agree to enter into from time to time. Such arrangements may include, but are not limited to, formal pooled budget agreements, and aligned commissioning arrangements To develop integrated commissioning models which are outcomes focussed and aligned to local priorities driven by agreed strategies[1]

Sub groups of the JCC are in place, namely the Commissioning Committee with Senior Commissioning Manager membership across ASC, Walsall place and Children's Services, and the Finance sub group. The forum reviews performance of BCF funded schemes, receives commissioning recommendations to develop pathways and manages risk. The finance sub group reviews spend and allocation of the fund provides projections against the budget and manages any contingency agreed by partners. Through the sub groups, management of the programme is transparent, and provides assurance to JCC on a monthly basis.



[1] Joint Commissioning Committee Terms of Reference final 2021

As per integration and developments under Walsall Together, the programme is shared with partners, strengthening an understanding to embed the programme across our pathways to contribute towards developments of partnership outcomes for the borough, rather than a stand-alone programme outside of key decision-making. As per previous years, and in line with agreed governance, the 2022/2023 BCF plan will be subject to approval of JCC and agreement from sub groups before sign off is sought from Walsall Health and Wellbeing Board.

Overall BCF plan and approach to integration

National context

At National level, The White paper highlights Integrated Care System (ICS) and NHS powers to allow the implementation of joint committees to support joint decision-making and remove barriers.

National guidance regarding the implementation ICBs have highlighted a number of recommendations for systems to take forward, which include the importance of alignment with the ICP to meet outcomes.

Developments at ICP level are progressing towards a five-year strategy and a broader approach to meet priorities. To support this, consideration of a strategic place model is required to facilitate broader conversations, with agreement of clear governance to feed back into the ICB for agreement.

Joint priorities for 2022-23

During this financial year, integration continues to be the priority for Walsall in relation to the BCF programme. Locally in Walsall, the approach of joint responsibility between Walsall Council, specifically Adult Social Care and Black Country ICB, Walsall Place remains to manage the programme and its Place based developments to understand how we take the programme forward with clear priorities.

A clear joint priority for Walsall BCF this financial year is to work closely with leads from the alliance model, Walsall Together, to integrate the BCF so the programme aligns to developments to meet outcomes through agreement at Partnership Board across areas such as encouraging independence, a recognised outcome from BCF priorities, and the overarching outcomes framework. Alignment to Walsall Together also strengthen links to activity across areas such as the voluntary sector and housing as key partners of Walsall Together.

Approaches to joint/collaborative commissioning

The understanding of system v place is a continued conversation to outline where specific responsibilities will sit for oversight and delivery. BCF at ICB level also requires some consideration to understand any impact on place activity where the programmes will fund services and resources. In line with national guidance, Walsall BCF remains at Place and is part of the governance structure to ensure programme activity, investment across pathways and commissioning opportunities discussed collaboratively with commissioners across Adult Social Care, Walsall Pace and more recently Children's Services for oversight. Current joint commissioning arrangements are facilitated through a partnership approach namely the Joint Commissioning Committee (JCC).

The Health and Wellbeing Strategy 2022-25 is to be agreed this financial year by Walsall Health and Wellbeing Board members. The BCF programme will remain as a key driver to activity support continued integration at Place, with funding approved by partners to support pathways. As we move into 2023-24, partners will review the programme again to ensure

integration and delivery, whilst being aware of developments across the ICB through BCF programmes across the Black Country.

Implementing the BCF Policy Objectives (national condition four)

Local update

Across Place, Walsall has invested considerably into Intermediate Care. Our agreed approach to managing pathways and discharges through integrated teams and management, has led to an embedded collaborative model of care where the main provider and commissioners across Adult Social Care and Walsall Place discuss demand, capacity and spend regularly to understand our pathways. Walsall Together and BCF sub groups have played integral roles in the management of our BCF funded service, the Intermediate Care Service (ICS). The Service is a collaborative approach to delivering for people of the Borough bringing together health and social care teams, with strategic leadership across Adult Social Care and Walsall Healthcare Trust (WHT).

As a clear ethos, the intention of Walsall Together is for partners of the alliance to work together to ensure people remain independent for as long as possible with access to services and support. Following a significant investment by WHT facilitated by the Walsall Together plan, there has been an expansion of hospital avoidance capacity and a revised approach to crisis response, with overview of the Place Rapid Response service to operate a model with a revised timetable to offer support. It is intended the new Emergency Department at Walsall Manor Hospital will be operational from November 2022. These changes are in response to fundamental changes to crisis response timescales mandated by the Department of Health and Social Care (DHSC).

As per national guidance, Anticipatory Care is a priority, with plans outlining the responsibility of Integrated Care Systems to design, plan and commission Anticipatory Care for their system, of which Primary Care Networks (PCNs) must contribute. Plans should align to the Anticipatory Care Operating Model following publication, and should include detail regarding the following:

- The population cohort which will benefit most from proactive care in the community;
- How partners will ensure the necessary data sharing agreements are in place to both identify the anticipatory care cohort and to provide coordinated care across organisational and professional boundaries of health and care;
- The minimum number of patients to be offered anticipatory care;
- How assessment of patient need, and care planning will be carried out
- Agreed protocol for engagement of an individual followed by addition and then removal to the cohort list; and
- How the activity, experience and impact of anticipatory care will be tracked, and quality of the service improved

As an integrated system, discussions are underway to develop working groups under Walsall Together to facilitate discussions in relation to the scope and range of services across pathways to support developments, with analysis to identify gaps. In line with aims of ensuring patients live well and independent, Walsall BCF can identify current investment into has re-

ablement services and community support. This investment has a commitment from partners to remain as pathways and plans are developed.

There is a pathway approach in Walsall, with alignment to services and planning. As an integral focal point to care in Walsall, the Intermediate Care Service (ICS) is the single largest integrated service across Place for the health and social care system, and accounts for the highest amount of expenditure from BCF funding staffing and provision. The ICS is fundamental to the timely discharges from hospital of older adults, facilitates the assessment of people during a period of intermediate care and enables people to return to their own home, be that a care home, extra care scheme or private home as part of step down from hospital.

Following a continuation of funding from Walsall BCF into intermediate care, investment supports priorities to support older people and partners at Place agreed to fund the development of Pathway 1-3. Our programme also supports developments of the 100-day challenge, in way of investment into staffing to ensure seven day working across social care as well as health. This will be following a management of change, with current timescales indicating completion by autumn 2022. Our programme funds staffing who are instrumental to multidisciplinary working where ICS support on site at the acute to support early discharge planning. There is alignment across our BCF priorities and outcomes of Walsall Together by ensuring a joint approach to the commissioning of services to support independence and remaining at home for longer without the need for long term care. This in turn also supports the management of population health.

Our data has also identified a number of older adults under 65+ requiring support across these pathways. Monitoring is in place to support financial planning as our BCF programme has traditionally focussed on older people at 65+. At Pathway 1, additional block contract arrangements, funding up to 700 additional hours has received approval. This also supported an outcome focussed approach to care, ensuring older people are able to return home as per the home first approach. Across Pathway 2 and 3, commissioners recommended investment to increase bed capacity to meet demand and reduce spot purchasing which increased cost against budgets, following an increase in the need for older people to be 'stepped down' into bed provision, and the number of complex cases identified at Pathway 3. As a development at Place, commissioners are working with the provider to develop support across Pathway 0 through further collaboration with the voluntary sector to implement support on discharge where there are no identified care needs. Monitoring will take place through BCF sub groups and Walsall Together as per agreement.

Self-assessment of the 100-day challenge is complete. Walsall have a number of interventions in place or established, resulting in a rating of Amber overall 'Intervention happening some but not all the time'. Through the action plan, there is acknowledgement of ongoing work through an integrated approach. In line with a self-assessment against the High impact change model 'managing transfers of care', during 2021, a comprehensive review of the ICS was undertaken over a four month period with the continued support of key stakeholders within the ICS using a business analysis approach which included conversations with post holders across the ICS. The final report considers the ICS in line with associated national guidance and the future requirements of the service particularly in a post pandemic operating environment. The report outlined recommendations and detailed the associated enablers and timescales for

completion. The review also considered the impact of the worldwide pandemic COVID, and focussed on the period to understand the impact upon staff, welfare and in some cases physical health. Acknowledgments is required in relation to the national shortage of therapists. There is impact at Place where a large number of vacancies across specialised areas of the workforce, specifically Occupational therapists and Physiotherapists where support is required to align to the home first approach. At Place, interventions are in discussion to upskill staff to be able to work alongside qualified therapists, which offers opportunities for growth across the current workforce.

The Multidisciplinary approach is evident across Place and embedded into the Intermediate Care Service as a service. This approach adopted by operational leads, led to previous exemplary results recorded against the impact models. The review has identified good working relationships across ICS, enabling joint working to resolve complex situations. Following the review, there has been a focus to strengthen integrated working relationships, which includes Primary Care to deliver against the 'Right care, Right time, Right place' principle. During 2022/2023, collaborative commissioning arrangements will support the development of our pathways as per agreed investment from the BCF, to align continued development in line with High impact Change models, supporting seasonal escalation as a priority. In support of this, the capacity and demand template has enabled partners to identify areas of need in relation to additional capacity to meet increases in demand over the winter period. This approach has influenced amendments to reporting across our pathways.

Supporting unpaid carers

Local update

As a continuation, Walsall's Carers agenda benefits from investment through the BCF. There is an integrated approach to the review of the service provided, with discussion across forums to understand Borough wide impact and benefits. In 2022, following a procurement exercise, a contract was awarded to Forward Cares to deliver support across the Borough from July 2022.

Forward Cares have identified a hybrid model of information, guidance, support and communication to provide Carers with the opportunity to have needs met during flexible hours using effective approaches. The intention is to deliver robust, flexible and diverse carer-led support, with the aim of empowering Carers to build their resilience, which will make a positive difference to their caring role and for a fulfilled life outside of their caring role.

Forward Cares have, through their expertise identified a number of interventions to support unpaid carers. An offer of information and guidance including welfare advice, wellbeing checks, providing digital support and other provision to improve wellbeing within the Carers Hub for face-to-face support. Raising awareness of and respect for unpaid Carers is also a priority for the provider to support the reduction of Carer isolation and associated health impacts. A Health Liaison as a key funded role will train healthcare professionals to identify and refer Carers, helping the identification of new Carers, with support to stay well for longer.

In line with the new contract, these interventions will be subject to monitoring through indicators using an integrated approach with commissioners and assessment and care management leads to ensure alignment to Care Act responsibilities and BCF national conditions. A newly implemented Carers database will provide overview and updates for commissioners, and investment from Adult Social Care to fund an Engagement Officer will work alongside the provider across the community. For oversight, reporting will take place through BCF governance and Council internal governance structures as a statutory requirement.

Disabled Facilities Grant (DFG) and wider services

As a statutory obligation, Disabled Facilities Grants (DFGs) delivery must be must in accordance with the Housing Grants, Construction and Regeneration Act 1996. The government has subsequently enabled councils to use discretion to provide assistance under minor works schemes. The programme is managed directly by Walsall Council, and delivered in line with the Council's adopted Housing Renewal Assistance Policy (June 2022) and relevant legislation relating to DFGs. The updated Policy was developed in line with the BCF ambitions re maintaining independence and returning home following a hospital discharge. Corporate level consultation took place, including Adult Social Care, Public Health and the Hub. The Policy enables a flexible approach to provide support from additional investment for the most vulnerable, specifically residents identified with a disability. The service and the grant element remains subject to BCF governance as a funded BCF scheme. The council supports the BCF contribution by providing its own capital funding towards the programme.

As a Council led service, leads have completed analysis and improvements to reduce the total cost of individual DFGs. This has led to an increase in the number of households across the Borough who have been able to access the grant for support[2]. The integrated adaptations service remains in place, providing statutory DFGs, minor works and established handyperson services delivered in line with national best practice despite periods experiencing the impact of COVID across the Borough. To maintain continuity and integration across the service, partners agree to consistency of resources to support outcomes, specifically through the funding of specialist support from Occupational Therapists (OTs) including palliative OTs who submit the vast majority of referrals for adaptations and support, including Acute based OTs.

Wider integration, in line with good practice is demonstrated where Walsall Council has also provided regular support to neighbouring authorities via the national DFG Charity Foundations on streamlining DFG processes. Throughout the year, the team also provide simple fast referral routes for residents to access:

- a free home safe and well check by West Midlands Fire Service
- lower water charges – for those who are South Staffs water customers

Continued strong partnerships with social housing providers is helping to keep costs of adaptations as low as possible with major shared funding and block adaptation schemes. The team also manage the assistance for home heating and insulation (which help reduce impacts of COPD and incidence of slips, trips and falls and excess seasonal deaths) and support residents to secure grants and loans to help with cheaper energy costs.

A key demonstration of integration in 2021/22 and 2022/23 is the direction of separate capital funding to help tackle fuel poverty, unfortunate seasonal deaths and the impact of illness caused by damp and or cold homes. Walsall's fuel poverty rate is 10th highest in all of England (as of most recent data 2020). During 2021/22 and 2022/23 Walsall secured and delivered millions of pounds worth of funding to tackle fuel poverty through targeted support to disabled

[2] Walsall Council Joint Strategic Needs Assessment 2022

residents. The Councils latest position on this work is contained within the approved Home Energy Conservation Act Action Plan.

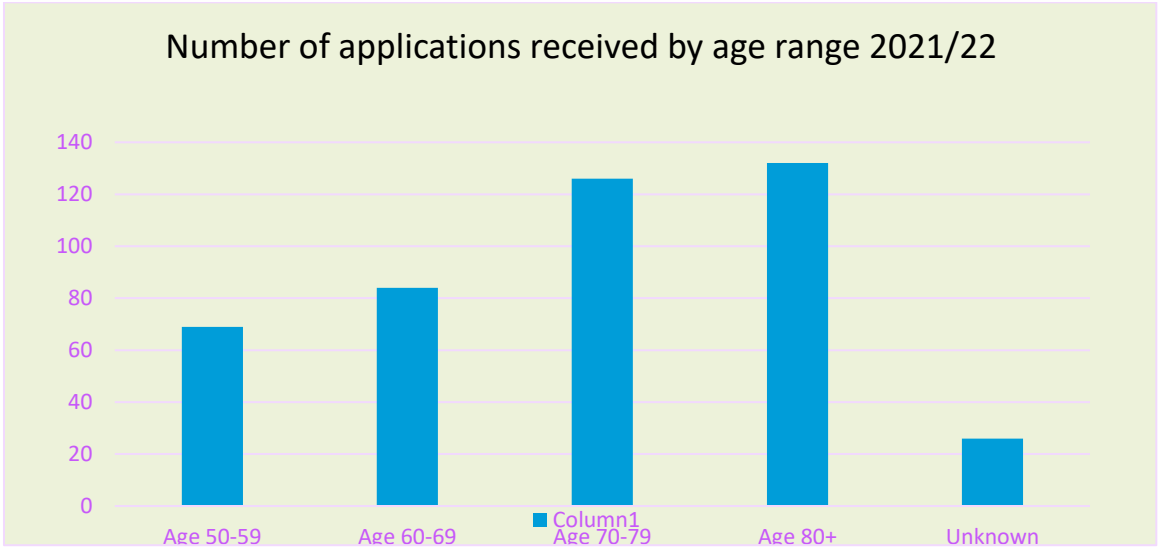
Overall, the services delivered by the team range from all forms of home adaptation for residents, directly supporting people to remain independent at home. In support of reducing inequalities, DFG funding and applications received supported one or more protected characteristics for example an identified disability. To maximise the use of the funds, the Council has agreed a process to review all quotations submitted, comparing these against established (and regularly reviewed) schedule of rates. The service also secures vastly reduced costs for the installation of hoists and lifts than the majority of all councils in UK through our direct tendering for the same. Additional ways to maximise benefit of the funding is via:

- Imposition of land charges in cases where grant is over £5,000. During 2021/22 this totalled 44 cases with a value of £178K
- Joint funding of adaptations to social housing properties – sharing the cost where possible to maximise help to residents of Walsall

Since 1 April 2022, 147 adaptations are complete, at an average value of £5,570. During financial year 2021-2022, 491 adaptations are complete:

- 310 (63%) were for residents over the age of 65 of which 178 were for residents aged 75 or older.
- 23 (5%) were households for children (below the age of 18) where an older person lived.

Below details, by age range support provided across the Borough:



The service has used DFG data to identify older people and families with an identified disability with help towards boiler repairs, replacements and upgrades to their heating systems. By the end of March 2023, it is expected that circa £425,000 additional capital from the Household Support Fund will have been used directly to help in this area.

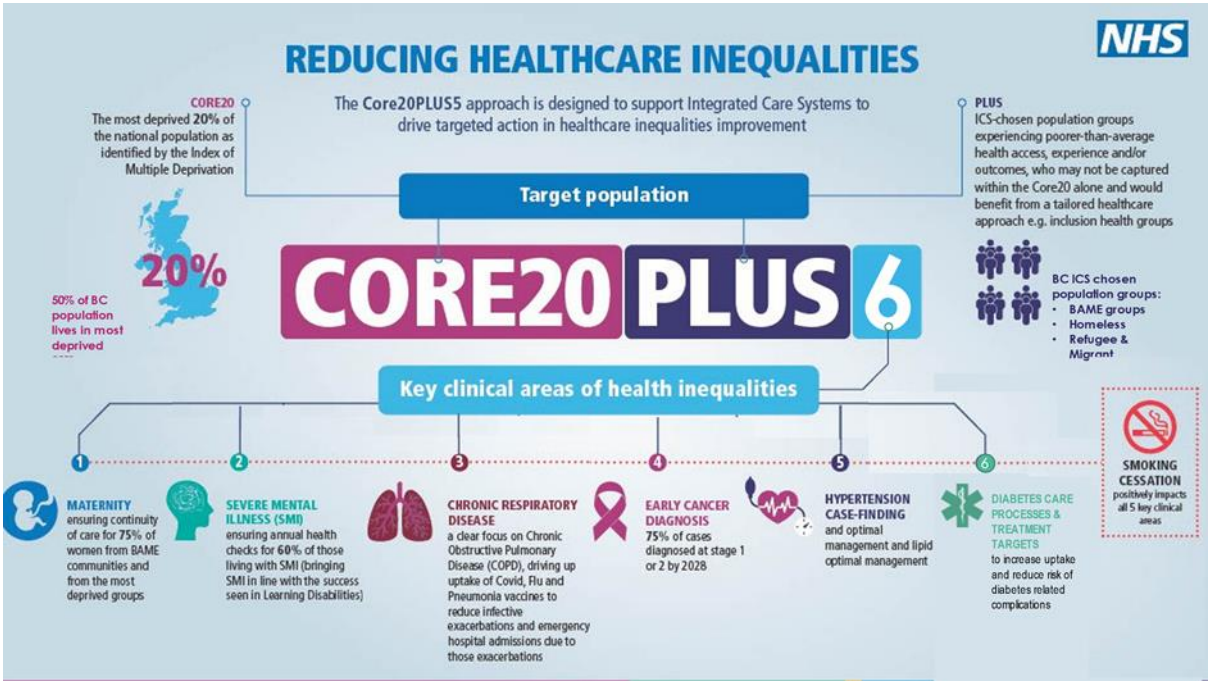
Locally, DFG as an integral funded service for Walsall BCF continues to align to national conditions and overarching local ambitions, supporting discharges where adaptations are identified, aligning and working alongside the Integrated Equipment Store where appropriate.

Equality and health inequalities

At national level, there is an expectation a reduction in Health Inequalities for populations across England will be delivered by providers working collaboratively as part of system place-based partnerships, the provider collaborative, and the wider health and care system in England.[3] Walsall, through Walsall Together as the alliance model continues to operate as an integrated system, where reducing Health Inequalities is a priority, with a clear aim to 'Promote equality and reduce inequalities by focusing on the wider determinants of health'. This is rooted in the collective approach to reduce inequalities, known as the wider determinants, ensuring better health and wellbeing across the Borough in line with investment[4].

At Integrated Care System level, a Health Inequalities and Prevention Board is established with senior leads across the Black Country as part of the membership. The Board has responsibility to note efforts of tackling inequalities, with the relationship with Place Health and Wellbeing Boards discussed to understand priorities and the alignment with NHS priorities.

The approach aligns to the national ambition of The Core20 Plus5 agenda, highlighting the key inequalities for the 20% deprived across the Country are now a priority. As a system, Black Country ICB agreed six areas, rebranding to The Core20 Plus6 from the most deprived 20% of the national population with health outcomes inequalities identification[5].



In support of this, a Black Country Health Equity Assessment Tool (HEAT) has received agreement. HEAT supports training to raise awareness of the critical importance health equity plays in everything we do, with a focus to ensure the health equity goes hand in hand in

[3] NHS draft guidance on good governance and collaboration - May 2022
[4] Walsall Together Population Health and Health Inequalities Strategy 2022-2024
[5] Walsall Together Population Health and Health Inequalities Strategy 2022-2024

everything we achieve across the Borough for everyone. Through partnership agreement, HEAT will be adopted by Walsall Together to support delivery and development.

In way of strategy, both the Joint Health and Wellbeing Strategy 2022-25 and Joint Strategy Needs Assessment, are in place and discussed at Health and Wellbeing Board level. Both documents consider the needs of the whole community, including those who experience inequalities and may find it difficult to access services. New ways of working have given all members of the Board the opportunity to review their services and with the financial challenges, the pandemic has placed, to ensure that provision is offering value for money[6]. This approach supports integrated working through partners of Walsall Together to meet outcomes as one of the major drivers of the Joint Health & Wellbeing Strategy, along with the West Midlands Fire Service, West Midlands Police Service and Walsall College, as this partnership comprises of the members of the Health & Wellbeing Board. These organisations are working 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 making the best use of partnership resources[7]

Our Place BCF programme continues to ensure investment across a number of services, which include those supporting independence on discharge through wrap around services where the workforce will support those with identified needs. The Improved BCF fund continues to fund a vast amount of Adult Social Care workforce. Locality social workers support the intention to tackle inequalities across the Borough. There is investment across specific services supports BCF metrics targets from baseline data identified for 8.3 (usual place of residence on discharge) 8.4 (number of long-term nursing and residential admissions to meet needs) and 8.5 (the 91 day indicator for those who have been discharged from hospital and remain in their place of residence after 91 days).

Our programme has remained stable as we embed Walsall Together priorities to align outcomes. As a programme of essential activity across our pathways, the approach to ensure we are able to ensure the reduction of inequalities is a key priority for funded services. To strengthen this, we will review monitoring to ensure this is in line with conditions. We will also identify any investment from the programme to support future interventions to continue the alignment of agendas, with key consideration of HEAT and the strategy.

[6] Walsall Joint Health and Wellbeing Strategy 2022-25
[7] Walsall Joint Health and Wellbeing Strategy 2022-25

Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type. Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)
Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance -
https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance
We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.
Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay
Caseload (No. of people who can be looked after at any given time)
Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility
Please consider using median or mode for LoS where there are significant outliers
Peak Occupancy (percentage) - What was the highest level of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services at a given time.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23

- Spend on intermediate care services in the BCF (including additional contributions).
These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	<Please select a Health and Wellbeing Board>
Completed by:	
E-mail:	
Contact number:	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	
If no, please indicate when the report is expected to be signed off:	

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	
Name:	

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Please select in '2. Cover' sheet

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	1270	1029	1183	1113	1172	1238
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	175	167	186	178	190	195
2: Step down beds (D2A pathway 2)	34	17	23	20	20	21
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	60	26	37	33	32	35

Any assumptions made:	The Pathway 2/3 numbers include pending Decision Support Tool (DST) assessments. Pathway 0 numbers based on assumption using indicative date from 21/22 FY i.e. total P0 discharges. We do not have data re

!!Click on the filter box below to select Trust first!!

Trust Referral Source (Select as many as you need)	Demand - Discharge Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
WALSALL HEALTHCARE NHS TRUST	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector	1270	1029	1183	1113	1172	1238
WALSALL HEALTHCARE NHS TRUST	1: Reablement in a persons own home to support discharge (D2A Pathway 1)	175	167	186	178	190	195
WALSALL HEALTHCARE NHS TRUST	2: Step down beds (D2A pathway 2)	34	17	23	20	20	21
WALSALL HEALTHCARE NHS TRUST	3: Discharge from hospital (with reablement) to long term residential care (Discharge to	60	26	37	33	32	35

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Please select in '2. Cover' sheet

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	Based on numbers through our Intermediate Care service's crisis response commissioned arran

Demand - Intermediate Care

Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	12	12	12	12	12	12
Urgent community response	20	20	20	20	20	20
Reablement/support someone to remain at home	50	50	50	50	50	50
Bed based intermediate care (Step up)	6	6	6	6	6	6

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Please select in '2. Cover' sheet

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Pathway 1 figure reflects a reduction (from 3.1) for discharge delays. Pathway 0 figure is replicated from 3.1. and

Capacity - Hospital Discharge							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
VCS services to support discharge	Monthly capacity. Number of new clients.	21	27	31	35	35	35
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.	1270	1029	1183	1113	1172	1238
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.	171	155	172	172	185	192
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.	13	13	13	13	13	13
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.	33	33	33	33	33	33

Better Care Fund 2022-23 Capacity & Demand Template

4.2 Capacity - Community

Selected Health and Wellbeing Board: Please select in '2. Cover' sheet

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or rehabilitation in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	Step up at 17% for Pathway 1 and P0, P2/3 figures based on analysis of Q1 admission avoidance. UCR is figure for

Capacity - Community							
Service Area	**Metric**	**Oct-22**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	7	7	7	7	7	7
Urgent Community Response	Monthly capacity. Number of new clients.	12	12	12	12	12	12
Reablement or rehabilitation in a person's own home	Monthly capacity. Number of new clients.	36	34	38	36	39	40
Bed based intermediate care (step up)	Monthly capacity. Number of new clients.	4	4	4	4	4	4

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board:	Please select in '2. Cover' sheet

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	£12,433,599
BCF related spend	£11,940,626

Comments if applicable	Through partnership agreement, Walsall BCF as a programme of activity funds Intermediate Care services. This is reflected in the overall spend highligted.BCF spend includes Discharge to Assess beds. Non BCF spend includes Rapid Response as this is

Agenda item

Health and Wellbeing Board

20 September 2022

Development of Family Hubs and Start for Life programme in Walsall

For decision

1. Purpose

1.1 To provide members of the Health and Wellbeing Board with an overview of the Family Hub and Start for Life programme and what it will mean for Walsall.

1.2 Secure support from the HWBB in the delivery of the programme aligned to delivery of Local Health and Wellbeing Strategy and its priorities.

2. Recommendations

2.1 That the HWBB supports the delivery of the Family Hub and Start for Life programme in Walsall.

2.2 That the HWBB requests to receive periodic assurances on delivery of this programme as part of the reporting on progress on the Local health and Wellbeing Strategic priorities.

3. Report detail

3.1 On the 1st April the Department for education and the Department for Health and Social Care announced that Walsall was going to be one of 75 LA's eligible to be part of the next wave of Family Hub programmes.

3.2 This is a timely opportunity as the programme focus on getting the support right for the 1001 days aligns with the priority areas identified by Walsall Children and young People Strategic Alliance as well as contribute to Walsall Joint Local Health and Wellbeing Strategy (22-25).

3.3 The Family hub programme focusses on 6 specific areas of action (as outline in the Best start in Life vision that was published in 2021) and requires all participation LA's to commit to implementing these:

1. **Seamless support for families**: a coherent joined-up Start for Life offer available to all families. The universal Start for Life offer should include the essential support that any new family might need: midwifery, health visiting, mental health support, infant-feeding advice and specialist breastfeeding support, safeguarding and services relating to SEND.

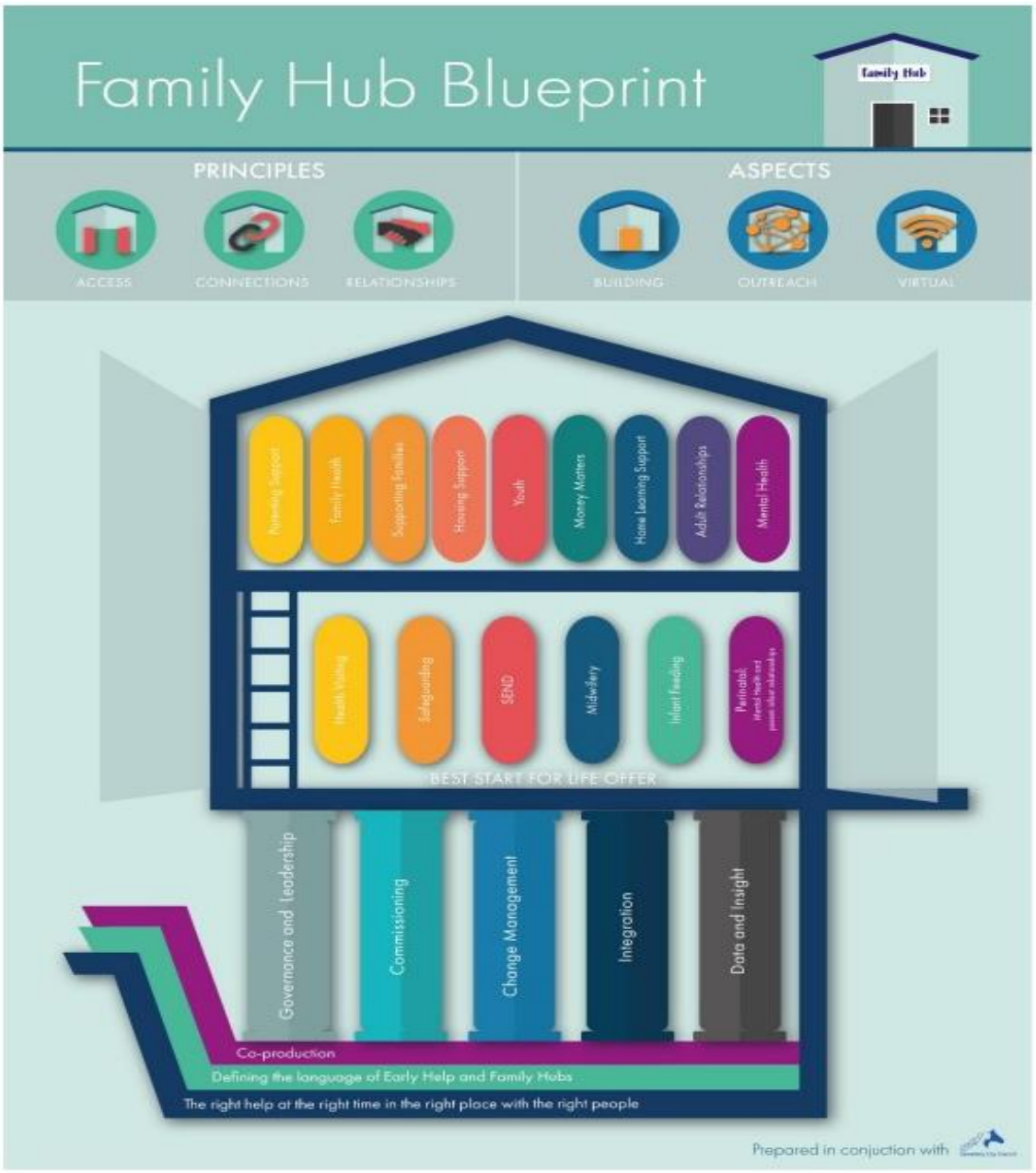
2. **A welcoming hub for families**: family hubs as a place for families to access Start for Life services. Services available physically, virtually and via outreach.
3. **The information families need when they need it**: designing digital, virtual and telephone offers around the needs of the family, including a digital child health record
4. **An empowered Start for Life workforce:** developing a modern, skilled workforce to meet the changing needs of families.
5. **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
6. **Leadership for change**: ensuring local and national accountability and building the economic case.

3.4 The Department for Education and Department for Health and Social Care published the detail guidance and funding allocation for each Local Authority on the 8th August.

Family Hub Blue print

3.5 The Associate of Directors of Children's Services commissioned the development of a Blueprint for action based on learning from the 14 Local Authorities across West Midlands. The Blueprint is intended to support the strategic and operational design and development of the Family Hub offer across the West Midlands Local Authorities with a focus on bringing "expertise through experience".

It aims to guide the thinking and actions of all those on their endeavours to create, convert or expand their current offer to children, young people, and their families.

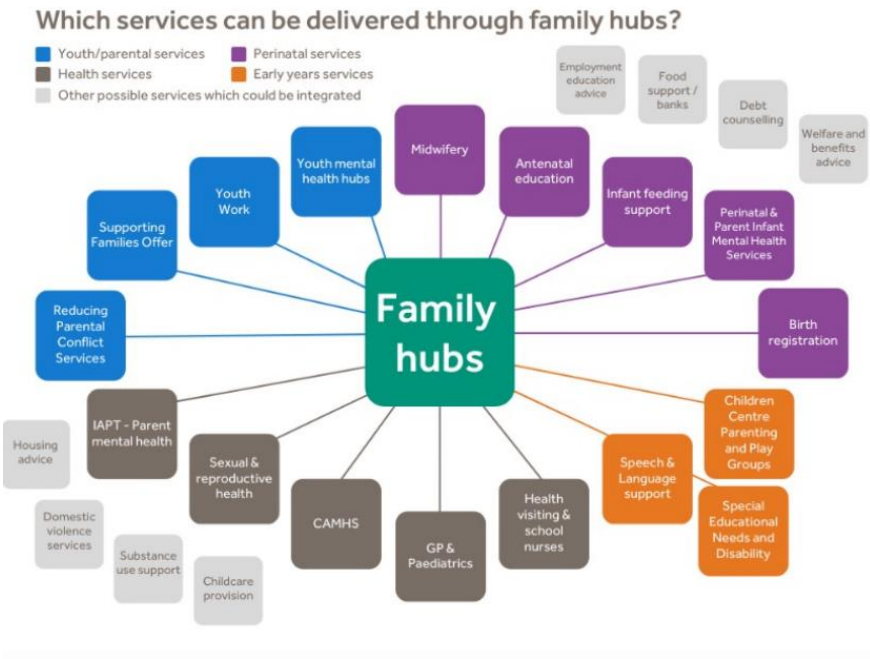


3.6 There are 5 core activities/services which need to be developed as part of the programme – with each element will have a minimum offer which need to be delivered by all LA's and a more ambitious (optional) 'go further' offer.

3.7 The method of delivery of the family hub will be expected to be a combination of :

- Building
- Outreach
- Virtual

3.8 Although the Focus of Family Hubs is on delivering effective information and services to children aged 0-5, there is an expectation to expand these services to ensure the programme has a whole family approach and supports children 0-19 to grow up safe from harm, happy, healthy and learning well. Therefore the below services are expected to form part of the Family Hub delivery:



Delivery of Family Hubs and Start for Life programme in Walsall

3.9 As part of our Walsall Right 4 Children (WR4C) transformation programmes we have already created four locality Hub and Spoke' model (appendix 1), seeking opportunities to co-locate teams, connecting practitioners (including Social Workers, Family Support workers, Health Visitors, School Nurses, police officers, Domestic Abuse Support, Mental Health support and substance misuse support), with each other, with community resources and the families they work with to enable us to provide easier access to integrated services giving the right help and the right time.

The family Hubs will enable us to further strengthen our integrated locality model focussed on giving all children in Walsall a best start in life.

3.10 A needs analysis has been completed by Walsall Insight group commissioned by the Children and Young People Alliance on the 1001 days (appendix 2) and will give us a good baseline for the work that needs to be done as part of Family Hubs

In addition information gathered as part of Walsall 2040 with parents and carers of children aged 0-19 will provide us valuable information to help shape the Family hub programme in Walsall.

3.11 Children's Services has been taking a lead on the development of the programme and have secured good engagement from key stakeholders. A number

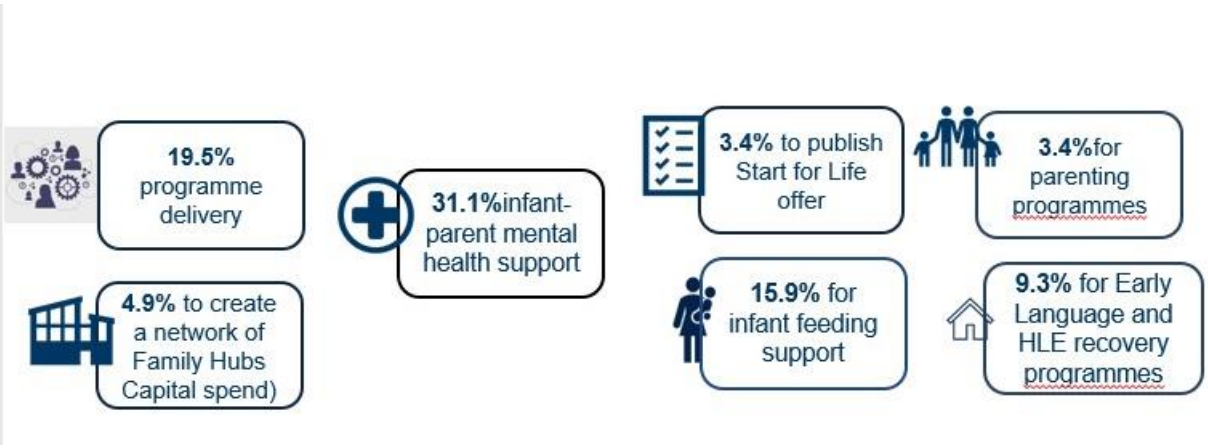
of briefings were held and a stakeholder implementation workshop took place on the 9th September 2022.

3.12 Stakeholders to date include Public Health, Walsall Together, Community mental health, 0-19 Healthy Child programme (health visiting and school health), paediatric Service, LA Early Years team, Resilient Communities, Walsall Health Care Trust, Housing, Black Country Mental Health; Police and ICS

3.13 By the end of October we will be publishing our initial Family Hub delivery plan and will be recruiting a designated transformation team 9bringing together skill and expertise from across the partnership) to support the effective development and implementation of this ambitious programme in Walsall.

4. Implications for Joint Working arrangements:

4.1 Government confirmed a funding package for Walsall between £3.774M and £3.937M over the next three financial years (till 24/25) to deliver the programme. The guidance sets out clearly the expected allocation of funding per programme strands:



4.2 The programme and the funding sits alongside funding to further embed the Reducing Parental Conflict programme (£120K over the next 3 years for Walsall) and the uplift to the Supporting Families programme (1.45M for 22/23 for Walsall) and HAF (£1.8M over next 3 years).

4.3 The Local Authority will be the key accountable body for the grant but there is a clear expectation the programme will be developed and delivered in collaboration with partners with Health, Voluntary Sector and Education system.

5. Health and Wellbeing Priorities:

5.1 The Family Hub and best start in Life will be delivering on all priorities as set out by Walsall Joint Local Health and Wellbeing Strategy 22-25:

- **Children and young people**: Ensuring all children have the best possible start in life and support them in growing up safe from harm, happy and learning well is at the heart of the programmes vision
- **Mental health and wellbeing**: supporting both the parents and children health and wellbeing is a core delivery expectation of the programme.
- **Digital**: the development of a digital inclusive offer will be key part of the programme to ensure that the information and services are easy to access by all.

5.4 Safeguarding: The Family Hubs approach will ensure that professionals work together, through co-location, data-sharing and a common approach to their work. Families will only have to tell their story once, the service is more efficient, with safeguarding at its core, and families get more effective support.

Background papers

Appendix 1 - Locality Hub and Spoke' model

Walsall Locality Hub and Spoke briefing.dc

Appendix 2 – 1001days needs assessment

CYP Alliance - First 1001 Days - Final Dra

Best Start for Life: vision for the 1,001 Critical Days - The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf (publishing.service.gov.uk)

Family Hub Local Authority Guide - https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide

Family Hub Blueprint for Action

West Mids Family
Hub Blueprint for Acti

Author

Isabel Vanderheeren – Director early help and Partnership
Local Authority - Children Services

☎
✉ Isabel.vanderheeren@walsall.gov.uk

Health and Wellbeing Board

20 September 2022

Health Protection Annual Report

For Assurance

1. Purpose

To provide the Health and Wellbeing Board with oversight of the work to protect the health of the population from infectious diseases, screening for cancers, monitor vaccination programmes, and respond to health emergencies.
This annual report details the situation with respect to key health protection issues, and the work being done to address them. This report covers the period from 1st April 2021 to 31st March 2022.

2. Recommendations

2.1 That the Health and Wellbeing Board note the annual report for health protection for 2021/22.

2.2. That the Board consider, as part of future business, any opportunities for collaboration on joint issues.

3. Report detail

3.1 The health protection work programme aims to ensure that every person, irrespective of their circumstances, is protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health.

3.2 This is done by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources

3.3 The annual health protection assurance report April 21 – March 22 provides an overview of the status of health protection priorities and key achievements of 2021/22 for the following areas:

- TB
- Immunisation

- Population screening programmes
- Sexually transmitted infections
- Antimicrobial resistance
- Infection control programmes
- Health emergency Planning

3.4 The management and control of the ongoing COVID pandemic has been the overriding priority in 2021/22. This has meant that work on the prevention and control of other infectious hazards has been deprioritised in 2021/22. This report was due in January 2022, however during this period all resources were focused on managing the Covid-19 Local Outbreak Management Plan. The pandemic impacted on both the availability of the data needed to complete the report and, on capacity to produce the report.

3.5 Restrictions on population movement in 2021/22 have also impacted on the circulation of various infectious organisms in the community and disrupted typical patterns of infectious diseases seen in the community.

3.6 Some of the key health protection challenges during 2021/22 are as follows:

- Childhood immunisation uptake rates have declined over 2021/22 due the pandemic.
- Sexually transmitted infections: Rates of genital warts were significantly higher than the regional average (35 per 100,000) in Walsall (49 per 100,000). Rates of syphilis were also significantly higher than the regional average (6 per 100,000) in Walsall (10 per 100,000).
- Tuberculosis (TB): Over the last 10 years, there has been a steady decline in the incidence rate (new cases per 100,000 population) but then a levelling off in more recent years at both the local and regional level. Walsall has higher rates of TB than the regional and national average

3.7 These are the health protection priorities that will be addressed in the coming year in our work plan:

- Immunisations – improve the uptake of all immunisations, particularly MMR, and reduce inequalities in the uptake of immunisations
- Work as a local system to reduce Sexually Transmitted Infections, and delays in the diagnosis of HIV
- TB – reduce delays in the presentation and diagnosis of TB, and improve the management of complex cases of TB.
- Infection Prevention and Control (IPC) strategic development to bring the many streams of work together as a system (HCAI/ AMR / Primary, community and secondary care)
- Refresh pandemic preparedness plans for Walsall

3.8 Other areas of work will also be taken forward in 2022/23:

- COVID-19 – continue deliver the Local Outbreak Management Plan (LOMP) to prevent and contain COVID-19 including the vaccination programme.
- Screening – focus on inequalities, and work to catch-up with the programme delayed by the pandemic
- Continue to carry out food safety inspections to support prevention of foodborne illness and work to catch up with the programme delayed by the pandemic
- Air Quality- continue work to meet the latest air quality standards and address the inequalities experienced in air quality
- Redesign sexual health services and improve access to sexual health services

4. Implications for Joint Working arrangements:

4.1 Making it Happen, Leadership, Partnership & Resources

4.2 To address health protection challenges across Walsall, it is vital to work as part of a wider strategic system, which takes into account the social and other determinants of mental wellbeing.

4.3 The Health Protection Forum provides strategic leadership and is accountable to the HWBB for delivering the Health Protection Strategy and work plan

4.4 The key partner organisations responsible for delivering health protection are the UKHSA, NHS England, the Black Country ICS, Walsall Healthcare Trust and Walsall Council PH.

4.5 A Memorandum of Understanding is being developed to define roles and responsibilities of these key organisations in the event of a health protection incident or outbreak.

5. Health and Wellbeing Priorities:

5.1 The work programme for Health Protection supports the following Council priority “people are supported to maintain and improve their health, wellbeing and quality of life”.

5.2 The work programme for Health Protection supports the priorities of the Health and Wellbeing Strategy, specifically in relation to children and young people.

5.3 This work programme contributes to the reduction of health inequalities, particularly in the uptake of immunisation and screening, In addition, tuberculosis and sexually transmitted infections are more likely to impact vulnerable communities more severely.

Background papers

The overview detailed above relates to the Health Protection Annual Report for 2021/22 which is attached.

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Health Protection Annual Report 2021-22

Contents

Acknowledgments

Thanks also to all members of the Walsall Health Protection Forum and programme leads, all of whom have continued to support both essential health protection work at the same time as supporting the Walsall COVID-1919 response.

Introduction

This annual health protection assurance report covers the period April 2021 – March 2022. The report provides an overview of the status of health protection priorities, targets and recommended actions identified by the Health Protection Forum.

This report was due in January 2022, however during this period all resources were focused on managing the COVID-19 19 Local Outbreak Management Plan. This impacted on both availability of the data we need to have access to complete the report and, on our capacity to produce the report.

Some key non COVID-19-19 health protection prevention deliverables were put on hold as the health and public health systems stood up the COVID-19 19 response. As we have seen through COVID-19 19, there is inequality in the level of risk that different individuals and groups are exposed to. Health Protection risks and issues reveal these inequalities, just as COVID-19 19 has done.

This report is a reminder of the range of communicable disease and environmental risks which we need to address as part of COVID-19 Recovery. Our next assurance report for the period 2022 – 2023 will focus on the following key priorities identified in the Health Protection Strategy.

These are the health protection priorities that will be addressed in the coming year in our work plan:

- Immunisations – improve the uptake of all immunisations, particularly MMR, and reduce inequalities in the uptake of immunisations
- TB – reduce delays in the presentation and diagnosis of TB, and improve the management of complex cases of TB.
- Work as a local system to reduce Sexually Transmitted Infections, and delays in the diagnosis of HIV
- Infection Prevention and Control (IPC) strategic development to bring the many streams of work together as a system (HCAI/ AMR / Primary, community and secondary care)
- Refresh pandemic preparedness plans for Walsall

The following areas of work will also be taken forward in 2022/23:

- COVID-19 – continue deliver the Local Outbreak Management Plan (LOMP) to prevent and contain COVID-19 including the vaccination programme.
- Screening – focus on inequalities, and work to catch-up with the programme delayed by the pandemic
- Continue to carry out food safety inspections to support prevention of foodborne illness and work to catch up with the programme delayed by the pandemic
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- Redesign sexual health services and improve access to sexual health services

COVID-19

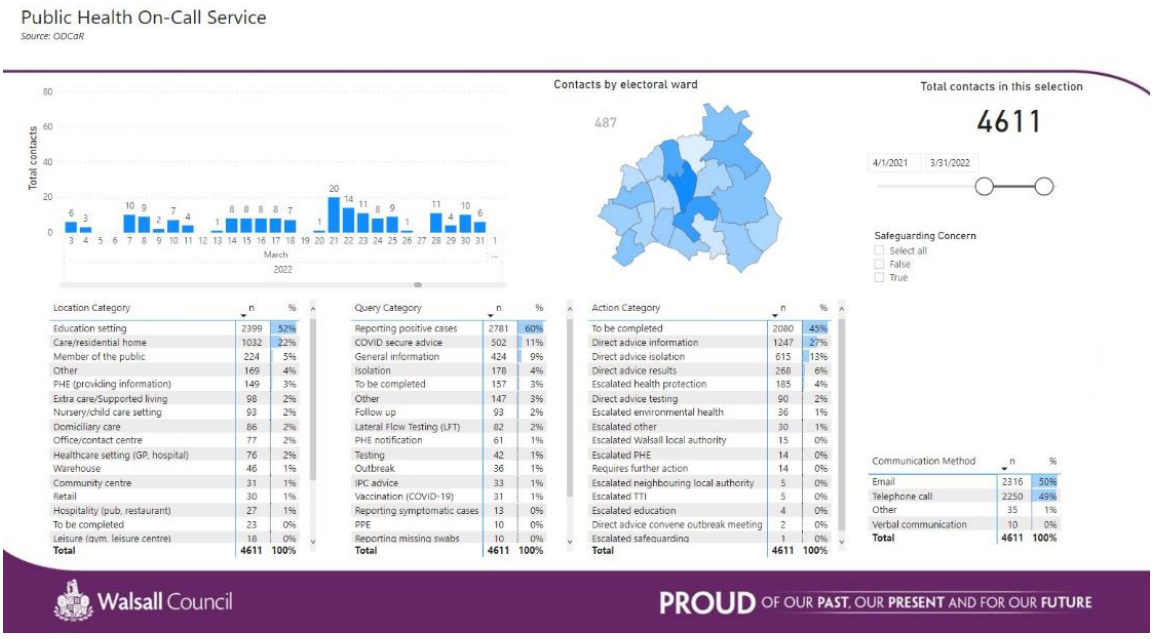
COVID-19 Response in 2021/22

Over the past year, the Walsall health protection team has continued to provide dedicated COVID-19 support to residents, education settings, workplaces and communities. They have:

- Received over 4.600 queries and processed over 10,000 contacts
- Created a bespoke software solution to record and report data
- Provided comprehensive support for all education settings
- Build a strong partnership with Children's Services /Head teachers to identify, inform and take necessary action to minimise disruption
- Promoted the vaccine programme
- Continued to work with community organisations and Council teams to protect vulnerable groups
- Provided guidance on managing infection control /safe use of PPE equipment /catheter care in care homes
- Engaged with national and local teams to establish, manage and deliver symptom-free testing options across the borough
- Opened thirteen supervised testing locations
- Facilitated delivery of testing kits to 4,000 families
- Supplied 25,000 tests to education setting and a further 30,000 to health and social care settings
- 40,000 lateral flow tests have been distributed to key settings

The on-call service has been managed flexibly to deflect pressures on the system and incorporated adjusting hours of service, shift patterns and number of staff in response to increasing case rates, changes of guidance, surge testing and new variants.

The on call service has been scaled back since the 1st of March 2022, but a reduced team remains in place until the end of September 2022.



Communications

Effective communications and engagement are key to ensuring guidance, advice and support messages are straightforward, targeted, personal and respectful and enhances the Council's reputation as a trusted provider of accurate information. We have dedicated public health resource to:

- Engaged with residents and encouraged conversations
- Used public health data and insight to shape and evaluate campaigns
- Worked with partners across the health and social care economy sharing and amplifying information and guidance
- Worked collaboratively to open up opportunities to reach audiences that no single organisation could reach on their own
- Engaged effectively with local and regional media to run vaccine campaigns in trains, on buses and local radio

COVID-19-19 Community Champions

Walsall Council was awarded a grant under the government's Community Champions scheme to boost vaccination uptake in under-represented communities disproportionately impacted by the pandemic**.**

The Walsall for All model was developed and utilised existing community networks across the borough. In total, 22 community and voluntary sector organisations were offered small grants to undertake dedicated activities and recruit Community Champions to disseminate culturally appropriate and accessible materials, support vaccination clinics and organise tailored awareness sessions, assisting in supporting the health and wellbeing needs of residents.

The Community Champions programme is currently being evaluated by the NIHR.

Priorities for 2022/23:

- Continue to maintain surveillance of COVID-19 infections in Walsall until the end of March 2023
- Continue to maintain a dedicated COVID-19 response cell until the end of September 2022
- Conduct winter planning exercises to ensure that vulnerable sections of the community such as the care sector are prepared for any possible winter surge in COVID-19 or flu infections.

Infection Prevention and Control in the Community – Walsall Public Health

Achievements in 2021/22

Nursing and Residential Care Homes

Due to the COVID-19 19 pandemic care homes undertook annual IPC self-audit. The results of this were as follows:

1. Between 1st April 2021 – 31st March 2022 out of 64 homes on the care home database, 61 returned a self-audit
2. RAG rating of the above of the 61 returned self-audits:
    - 54 (84.4%) were RAG green (score >90%),
    - 7 (10.93%) were RAG amber (score > or =75%)
    - 3 did not return self-audits (0.047%) RAG red (score <74%)

This gave the IPC team the space to focus on the COVID-19 response and provide IPC support and education by actively visiting care homes throughout the pandemic. We continue to conduct monthly remote link worker training sessions, but we aim to go back to in person quarterly IPC link worker training sessions.

This year, however, the IPC team will be doing a quality improvement and assurance visits to **all** care homes.

Domiciliary Care

- The domiciliary care sector has been supported initially through weekly providers meetings through 2021, ensuring that a constant infection prevention and control presence has been available to answer questions and queries concerning the rapidly changing COVID-19 19 guidance.
- The IPC team provided support to the domiciliary care sector through outbreak management and IPC webinars.
- Link worker sessions were offered to all health and social care workers including domiciliary care. In the year 2021/2022, 5 link worker sessions were done.
- Donning and doffing training: bespoke leaflets explaining PPE and standard precautions were printed out and distributed to all domiciliary care providers for their workforce. IPC workbooks were purchased by the council and offered to all providers for their staff training as well.

Children's homes

- Children's homes in Walsall were offered training on IPC and donning/doffing of PPE and the management of COVID-19 outbreaks.

Educational settings

- Education settings have received IPC input regarding effective COVID-19 19 outbreak management, risk assessing, IPC standards such as cleaning, decontamination of a COVID-19 19 infected environment and respiratory etiquette.
- Education settings have also been provided with resources such as the spotty book, COVID-19 19 guidance for schools along with regular webinars for out of term activity groups.

Priorities for 2022/23

- Improved standards of infection prevention and control in care homes, domiciliary care settings and schools and childcare facilities, in line with NICE NG63
- Improve IPC awareness with domiciliary care providers
- IPC quality improvement visits have resumed: All 60 residential and nursing homes as well as special schools and sexual establishments are to be audited. Quality assurance and Improvement visits of all homes to be done by end of March 2023.

Key Actions

- Reinstate face to face link worker training from September 2022, and work with adult social care commissioners to ensure engagement of the care sector (particularly domiciliary care) with link worker training
- As part of winter planning and preparedness 2022/2023, business continuity in care sector will be introduced.
- Maintain strong relationships with quality and compliance team and undertake quality improvement initiative within the care sector: catheter care and oral care
- Continuing education to the care sector on the importance of IPC beyond COVID-19-19 to ensure all communicable diseases are managed effectively
- Domiciliary Care annual audits to be introduced; existing audit tool for care home has been adapted to suit the domiciliary care sector

Infection Prevention and Control - Walsall Healthcare Trust

The Infection Prevention & Control Team (IPCT) is based at the Manor Hospital site. The team works closely with all Trust colleagues and external contractors to support a vision of no person being harmed by an avoidable infection. The service provides IPC support to the Manor Hospital site and the community services provided by the Trust.. In addition, they work closely with Walsall Council's Health Protection team to deliver a health economy approach to infection prevention strategies.

Key achievements in 2021/22

- The Annual Infection Prevention and Control (IPC) Report reports on infection prevention and control activities within Walsall Healthcare NHS Trust for April 2021 to March 2022. The publication of the IPC Annual Report is a requirement to demonstrate good governance, adherence to Trust values and public accountability.

- The following organisms are subject to mandatory reporting. These are MRSA, MSSA, Clostridiodes difficile and Gram-negative bloodstream infections (Escherichia coli, Klebsiella species, Pseudomonas aeruginosa).

- The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2021/22 including planned audits, teaching sessions and undertook additional duties to support the Trust in response to the COVID-19-19 pandemic.

- The Trust experienced 3 cases of MRSA bacteraemia during 2021-22 against a target of zero.

- There were 31 toxin positive reportable cases of Clostridium *Difficile* (C. diff) against a trajectory of no more than 33 cases

- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for 1 quarter; no infections were identified.

- During 2021/22 the COVID-19-19 pandemic was a challenging year for the IPC team and Trust wide services, posing additional demand in the prevention and control of infection within healthcare premises.

- The Trust is currently rated amber by NHS England and Improvement for Infection Prevention and Control. The Trust received very positive feedback for progress in standards of IPC and plan to revisit the Trust in August 2022.

Priorities and actions for 2022/23

Infection prevention and control is a top priority for Walsall Healthcare NHS Trust. Keeping our patients safe from avoidable harm is everyone's responsibility. In this

summary document we set out our programme for the year to keep our patients, staff and the public informed of our planned activity at Walsall Healthcare.

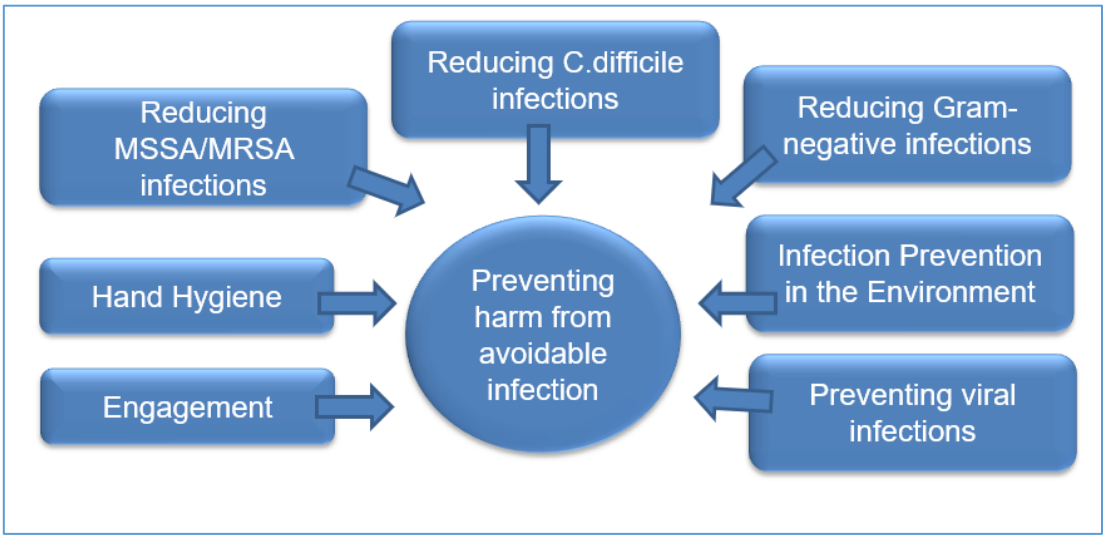
Each year the Infection Prevention & Control Team undertakes a review of the Trust's compliance with the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (2015). The team's aim is to provide an infection prevention & control service that supports our clinical teams to deliver safe care. This annual plan covers strategic themes we have identified as areas of focus for the financial year 2022/2023.

This annual programme of work for the year includes the annual plan, audit plan and our monthly themed focus plan. The programme also takes into consideration flexibility in approach whilst continuing to manage the COVID-19-19 Pandemic and related local actions required.

Vision

Our vision is to prevent harm from avoidable infection

Strategic themes
Our strategic themes in 2022/2023 focus on improving outcomes for our patients and provide a framework for our operational work plan.



Infection Prevention and Control - Black Country Healthcare NHS Foundation Trust (BCHFT).

Our Trust is committed to following a robust Infection, prevention and control (IPC) annual plan that supports the delivery of high-quality healthcare and protects the health and wellbeing of its services to ensure no patient is harmed by a preventable infection.

In the last 12 months the Trust has achieved a number of key objectives: -

Key Achievements for 2021-22

- Significant investment and appointment to the IPC team, current establishment is 1 WTE Band 8B-Head of IPC, 1 WTE Band 8A-Lead IPC nurse, 2 WTE Band 7 IPC nurses. Outstanding positions- 1 WTE Band 4 associate post & 1 WTE Apprentice admin.
- Continued delivery of the Trusts Infection Prevention and Control annual plan.
- Continued and ongoing response to the COVID-19 19 pandemic including implementing a robust Outbreak management plan with an effective multidisciplinary COVID-19 management team.
- IPC teams ongoing input and support of key estates projects within the Trust estate.
- Supporting the Trusts regulatory and mandatory requirements and ensuring that IPC is at the centre of these governance frameworks.
- Inpatient COVID-19 vaccinations periodically completed in partnership with our external colleagues supporting the delivery.
- Table 1 - BCHFT reported no MRSA, MSSA or E.coli Bacteraemia during the 2021/22 reporting period.
- HCAI COVID-19-19 infections saw a slight increase on previous year to date due to factors including increased prevalence and transmission of the Omicron variant within the wider community and a lessening of national restrictions.

Table 1: Alert organisms.

Year	MRSA Bacteraemia	E Coli Bacteraemia	MSSA Bacteraemia	Clostridium Difficile	HCAI COVID-19-19
2021/22	0	0	0	1	101
2020/21	0	0	0	1	95

- Delivering the seasonal staff and inpatient Influenza vaccination programme.

Table 2 below indicates Staff influenza vaccination levels for both 2020-21 to 2021-22 and a reduction in frontline vaccinations administered, although Trust overall compliance is lower than the previous year, there were many COVID-19 related challenges that were adapted to overcome in order to achieve this percentage.

Table 2: Staff Vaccination Rates

Year	Number of vaccines given to frontline staff BCHFT	% of staff vaccinated at BCHFT
2021-22	1759	47.5%
2020-21	2250	72.3%

Priorities & actions for 2022-23

The identified areas above are still applicable throughout the next 12 months.

- To implement and improve the staff & inpatient Influenza campaign to commence July 2022 linked to the CQUIN is for Flu vaccinations for frontline healthcare workers.
- To support the national aim and strategy in the reduction of Gram negative bloodstream infections with collaborative approach across the system.
- Continuation of 'Mouthcare Matters' quality improvement project including collaborative working within the inpatient wards with a focus on older adults utilising QI methodology to support and underpin oral assessment tools and education within the key areas.
- Assessment and antimicrobial prescribing around Urinary Tract Infections (UTIs) utilising QI methodology to support and underpin this.
- Effective links and partnership work with infection prevention control colleagues at system level and ongoing active involvement with NHSe/I infection prevention control networks to support continued improvement and best practice.
- Relaunched IPC Link champions to continue monthly meetings and 1:1 support from IPC nurses visiting the areas.

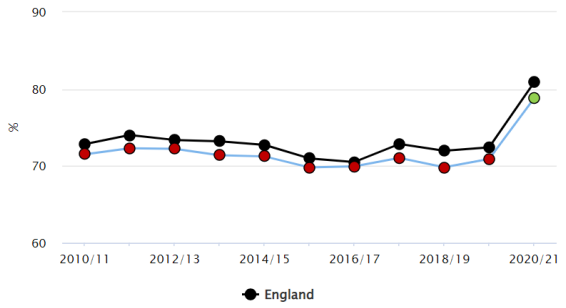
Influenza

Seasonal influenza is a respiratory viral infection which in otherwise healthy individuals is typically a self-limiting disease. The public health effect varies considerably with the predominant circulating strains, the age groups most affected and the match of the vaccine.

Up to a third of people with flu display no symptoms, yet some people, particularly those with underlying risk factors, can experience a much more serious infection. Influenza is a contributing factor to excess winter deaths.

Performance in 2021/22:

Figure 1. Trends in Flu Vaccine Uptake in the Over 65's



Recent trend: ⬆ Increasing & getting better

Benchmarking against goal: <75% ≥75%

Period		Walsall Count	Walsall Value	Walsall 95% Lower CI	Walsall 95% Upper CI	West Midlands	England
2010/11	●	30,310	71.5%	71.1%	71.9%	71.3%*	72.8%*
2011/12	●	33,161	72.3%	71.9%	72.7%	72.6%*	74.0%*
2012/13	●	33,611	72.2%	71.8%	72.6%	72.2%*	73.4%*
2013/14	●	34,178	71.4%	71.0%	71.8%	72.4%*	73.2%
2014/15	●	34,448	71.2%	70.8%	71.6%	72.3%*	72.7%
2015/16	●	33,693	69.8%	69.4%	70.2%	70.4%*	71.0%
2016/17	●	33,635	69.9%	69.5%	70.4%	70.1%*	70.5%
2017/18	●	33,700	71.0%	70.6%	71.4%	72.1%*	72.9%
2018/19	●	33,918	69.8%	69.4%	70.2%	71.1%*	72.0%
2019/20	●	34,807	70.9%	70.5%	71.3%	71.3%*	72.4%
2020/21	●	38,627	78.8%	78.4%	79.1%	80.1%*	80.9%*

Figure 1 illustrates the trend in Flu vaccination uptake in Walsall in the Over-65's target group. In previous years, vaccination coverage in this cohort was lower than the national rate for England and did not achieve the nationally set target of 75%.

However, in the 2020/21 Flu season, against the backdrop of the COVID-19-19 pandemic, Flu vaccination uptake increased significantly to 78.8%, (up from 70.9% in 2019/20) and exceeded the target.

Figure 2. Uptake of Flu Vaccination in Target Groups in the 2020/21 and 2021/22 Seasons.

	Summary of Flu Vaccine Uptake %							
	65 plus	65 plus (at-risk only)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women	All aged 2 -3 year olds	All School Aged Children 4-11
Walsall Uptake 2021/22	**79.9**	**83.1**	**49.7**	**30.7**	**47.6**	**32.7**	**33.9**	**29.9**
Walsall Uptake 2020/21	**78.8**	**82.8**	**52%**	**39.9**	**54.6**	**41.7**	**50.6**	**50.7**
Uptake Ambition	85%	85%	75%	75%	75%	75%	70%	70%

In 2021/22, uptake in the Over-65's further increased to 79.9%, and was 83.1% in older people who were also at clinical risk; again exceeding the 75% coverage benchmark.

However, in light of the COVID-19-19 pandemic, a national uptake ambition for Flu vaccine has been set at the higher rate of 85% for this cohort.

Contrastingly, uptake in pregnant women, toddlers and school-aged children was lower in 2021/22 than it was in the previous season of 2020/21.

Priorities for 2022/23:

- Improve performance against national targets for flu by 5% over 2021/22
- Plans to roll out a combined flu/COVID-19 booster campaign for 2022/23 starting in September 2021

Key Actions:

- Work with antenatal services and the Health in Pregnancy team to improve uptake in pregnant women.
- Provision of comic style booklets for all school age children encouraging them to become "Flu Fighters". This was developed in Wolverhampton and saw an increase in uptake of 8% in school age children.
- The Black Country ICS identify and support general practices with low uptake in previous years.
- Joined up media campaign between the Black Country ICS, Walsall Healthcare Trust (WHT) and Walsall Council.

Immunisation

Immunisations are acknowledged as one of the most significant public health developments in the prevention of infectious disease.

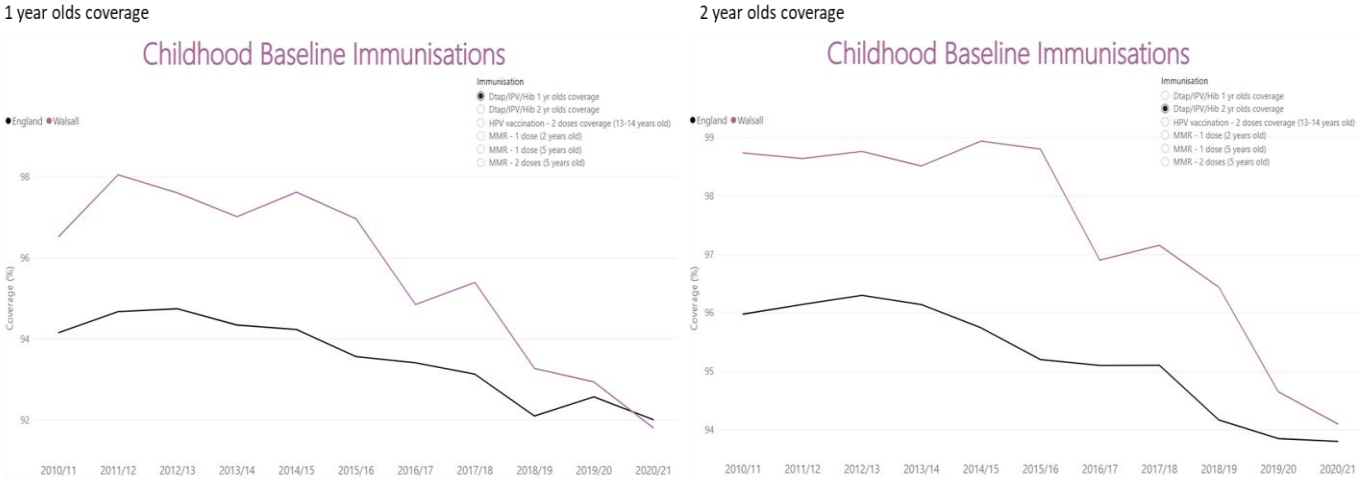
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Performance in 2021/22:

Childhood Baseline Immunisations

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenza type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine). The vaccine is offered when babies are two, three and four months old.

Figure 3. The trend in uptake of the Dtap/IPV/Hib Vaccine



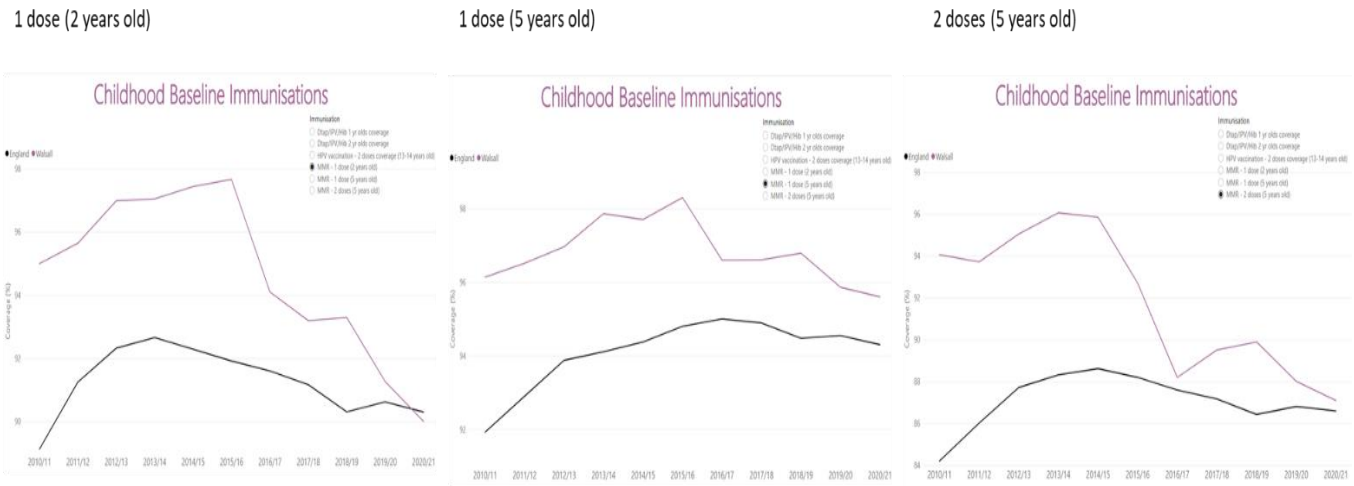
Both in Walsall and nationally, there has been a decreasing trend in the coverage of the Dtap/IPV/Hib vaccination in 1 and 2 year olds, and Walsall's coverage rate is now similar to the national average. However, prior to 2018, the uptake rate in Walsall had been significantly better than England, indicating that this decreasing trend has been steeper in Walsall than elsewhere.

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and

deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They then have a booster dose before starting school, which is usually between three and five years of age.

Figure 4. Trends in Uptake of the MMR Vaccine in 2 and 5 year olds in Walsall



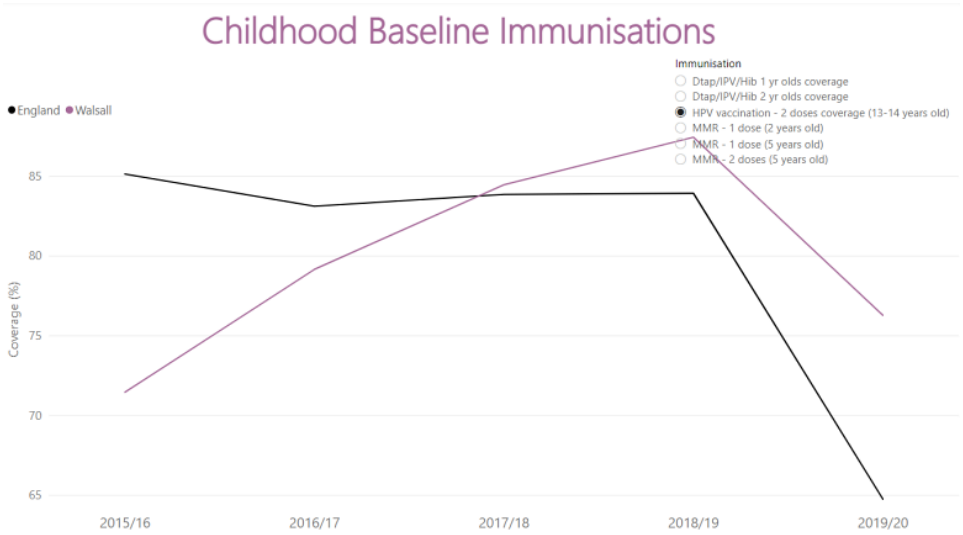
MMR vaccine coverage for both 1st and 2nd doses has followed a decreasing trend in Walsall since 2014/15. In particular, 1st dose uptake in younger children (2 year olds) has decreased from 97.6% in 2015/16, which was significantly higher than the national rate, to 90.0% in 2020/21, which is now lower than the national rate.

One dose coverage in 5 year olds has also declined, albeit less significantly. This indicates that this single-dose coverage rate is currently being maintained by the older children in this cohort (3-5 year olds), who received their first dose before the rate decreased. However, it is anticipated that without catch up interventions, this indicator will also significantly decrease in the near future. This is also substantiated by the 2-dose coverage rate in this cohort.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. While it was initially a three dose vaccination programme, it was run as a two-dose schedule from September 2014 following expert advice.

The first HPV vaccine dose is usually offered to females in Year 8 (aged 12−13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first. Therefore the completed course coverage is not available until the end of Year 9.

Figure 5. Trends in Uptake of HPV vaccination in 13-14 year old females.



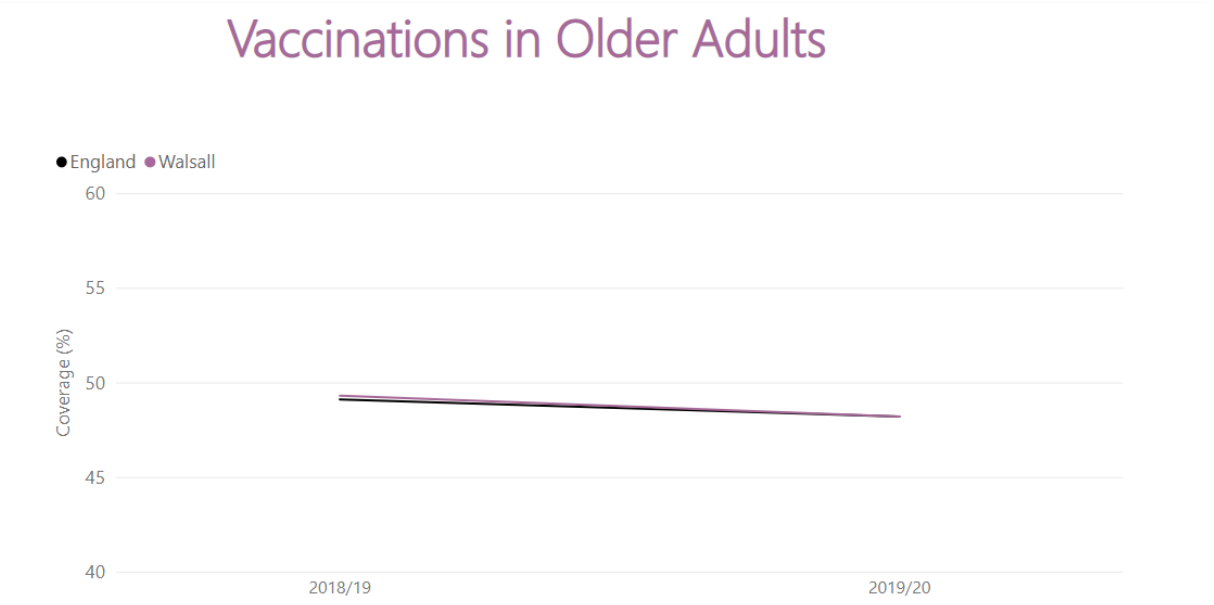
Between 2015/16 and 2019/20, the rate of coverage of 13-14 year old females in Walsall increased year-on-year from 71% to 87%, exceeding the national rate. Coverage decreased dramatically, both in Walsall and nationally in 2019/20. This is due to the impact of the Covid-19 pandemic, since this vaccination is delivered in schools, which were closed for part of the academic year.

Vaccinations in Older Adults

The shingles vaccination programme was introduced to reduce the incidence and severity of shingles in those targeted by the programme by boosting individuals' pre-existing Varicella-Zoster Virus immunity. The shingles vaccine stimulates individual pre-existing immunity which cannot be acquired, therefore immunisation is required for protection.

In 2010, the UK's Joint Committee on Vaccination and Immunisation (JCVI) recommended that a herpes zoster (shingles) vaccination programme should be introduced for adults aged 70 years, with a catch-up programme for those aged 71 to 79 years.

Figure 6. Shingles vaccination population coverage of people aged 71 years in Walsall



In 2019/20 the population coverage of 71 year olds in Walsall was 48.2%, which was the same as the national rate.

Priorities for 2022/23

- To maintain/increase uptake in all immunisation programmes, with a focus on groups with low uptake, and reduce service-related disparities in uptake
- Improve the uptake of 2 doses of MMR by the age of 5
- The uptake of prenatal pertussis vaccination needs to rise to at least 75% in the first 12 months of this strategy, building up to 95% uptake by the 2025.
- Increase the uptake of pneumococcal and shingles vaccination to meet national targets

Key actions

- Roll out of the West Midlands measles elimination strategy and wider work to improve MMR coverage.
- We will work with the immunisation provider and with local schools to improve awareness and increase uptake and improve follow up of DNAs for routine childhood immunisation through the health visiting services
- Work with commissioners and services supporting Looked after Children to increase uptake of routine immunisations
- We will launch a campaign to improve prenatal pertussis vaccination uptake in 2022.
- We will analyse health inequalities in the uptake of pneumococcal and shingles vaccination in Walsall and work with the Black Country ICS and PCNs to improve vaccination uptake of older people's vaccines

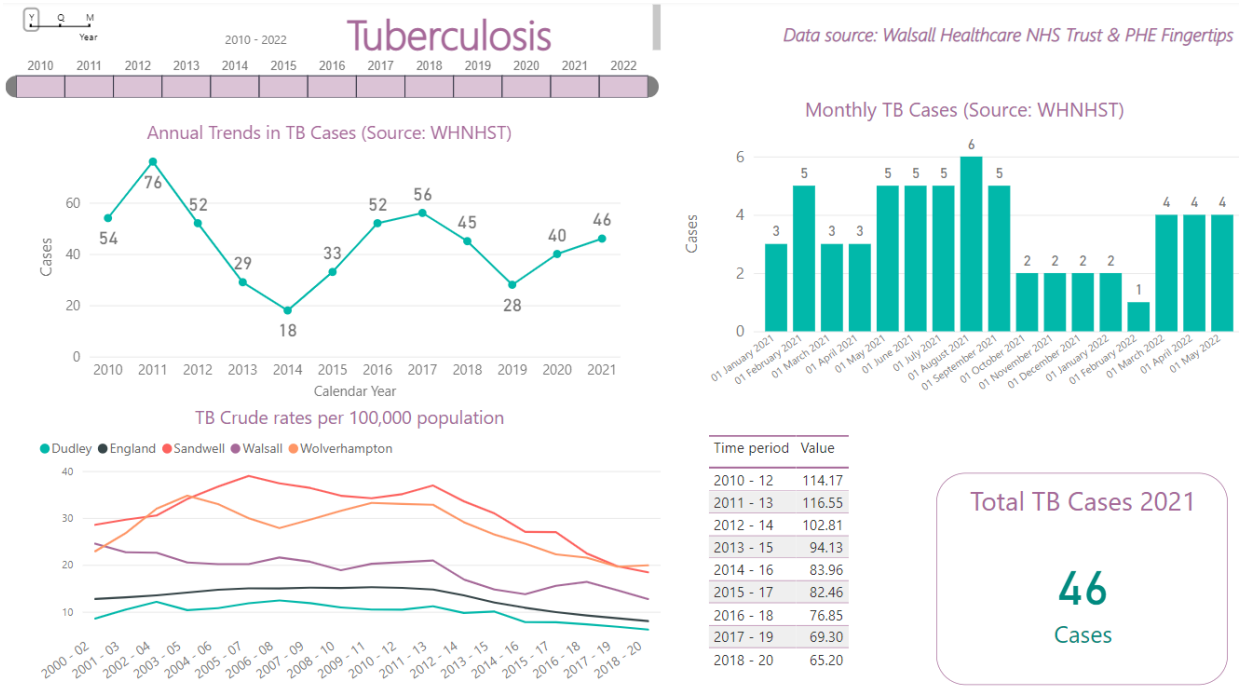
Tuberculosis and latent TB screening

TB is a “notifiable disease” and must be reported to government authorities. In England TB has been identified as a public health priority due to the health, social and economic burden of the disease.

The rates of TB and the risks of delayed diagnosis, drug resistance, and onward transmission are greatest among socially marginalised, under-served populations such as illicit drug users and the homeless.

Epidemiology of Tuberculosis in 2021:

Figure 7. Tuberculosis cases in Walsall in 2021



There was a total of 46 TB cases in Walsall in 2021, which was the highest number since 2018. However, there has been an overall decreasing trend in the last 10 years (when calculated as a rolling 3-year average). The TB rate in Walsall is also lower than the neighbouring Black Country Authorities of Wolverhampton and Sandwell, but is higher than the national rate for England.

Latent TB testing Programme:

This was suspended in December 2019 and has not been resumed since then.

Priorities for 2022/23

- To improve prompt diagnosis of suspected TB, and reduce delays in presentation to healthcare
- Continue to maintain high treatment completion rates,
- Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds.
- Focus on education of health professionals regarding epidemiology of TB, when to “think TB”, and thereby reduce delays in referral to secondary care

Key actions

- Raise TB awareness among high-risk communities to improve knowledge and early diagnosis in under-served groups.
- To reinstate the Latent TB Infection screening programme
- Continued participation in quality initiatives including cohort review
- Strengthen partnerships for managing patients with complex medical and social needs by setting up a regular multidisciplinary team to review complex cases
- Engagement with all GP Practices to improve early identification and management of TB

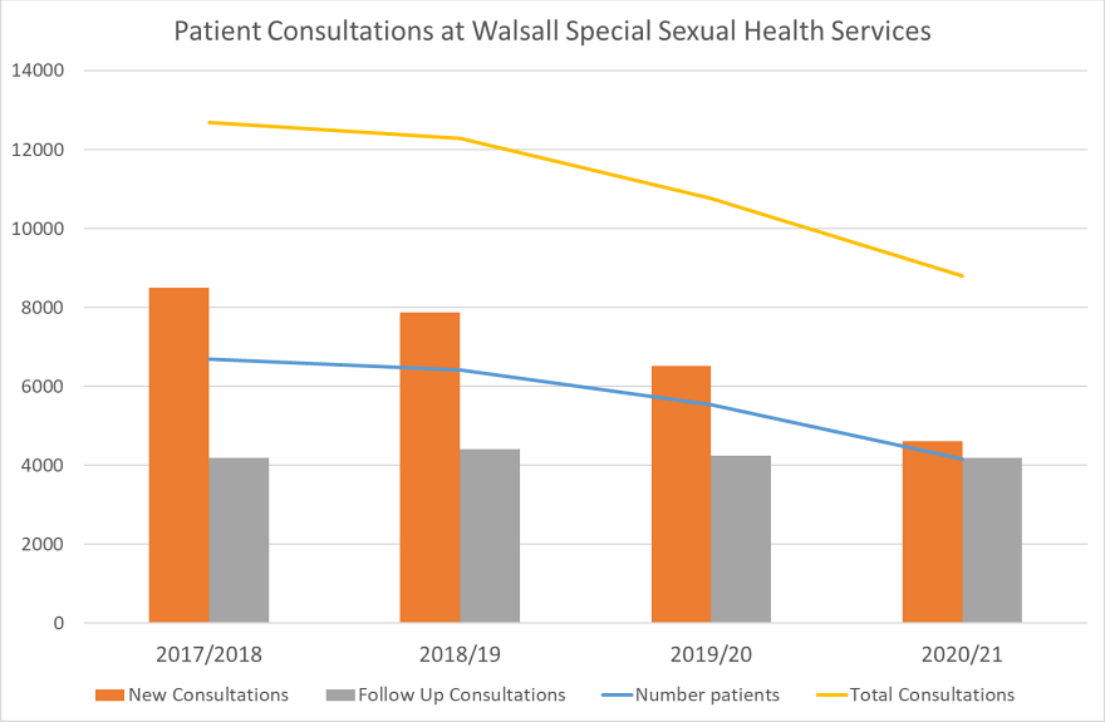
Sexually Transmitted Infections

Efforts to improve the sexual health of the population are a public health priority. Sexually transmitted infections (STIs) can have lasting long-term and costly complications if not treated and are entirely preventable. Diagnosing HIV and starting treatment earlier, minimises the impact on patients, their families and services.

Prevention of unintended pregnancies and control over reproductive choices preserves good mental and psychosexual health. Although progress has been made e.g. in the reduction in teenage conceptions, access to sexual health services in Walsall has reduced in recent years and STIs in Walsall continue to rise.

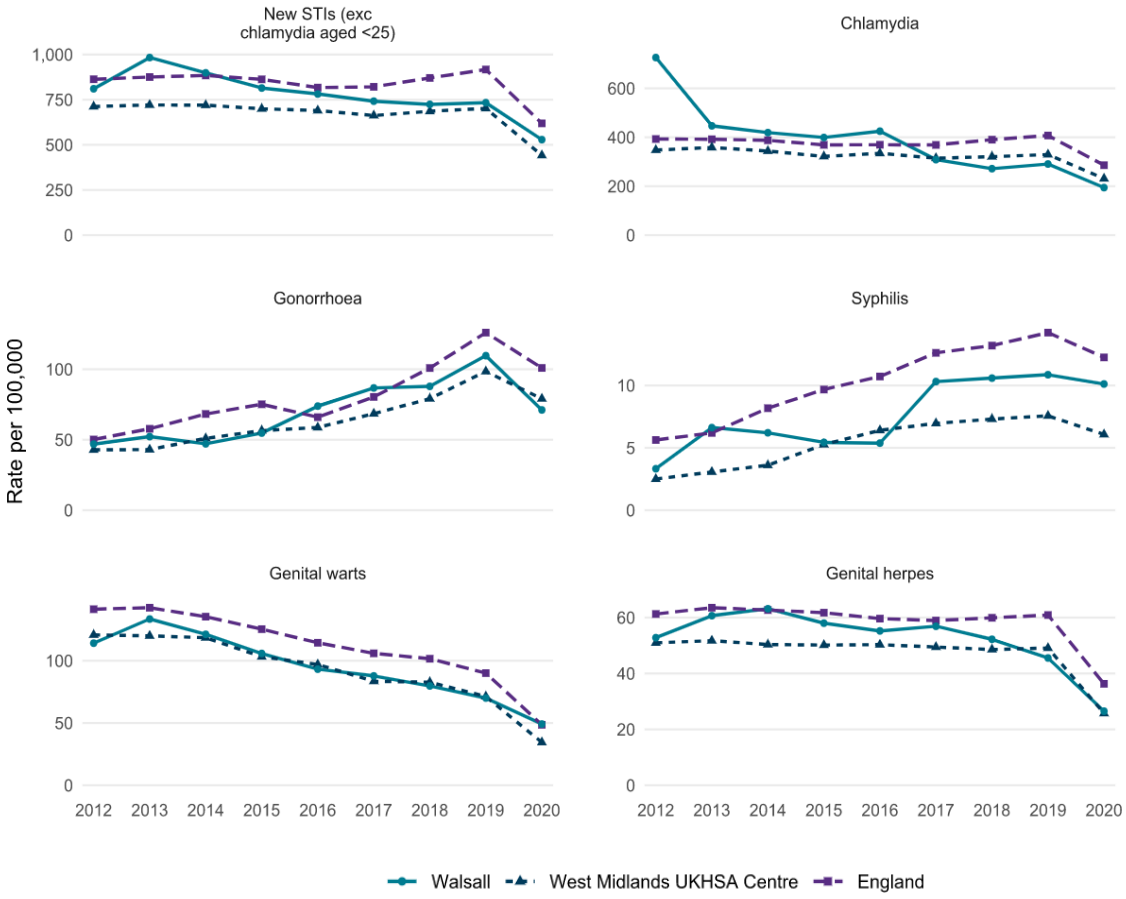
Epidemiology of sexually transmitted infections in 2021/22

Figure 8. Trends in the numbers of patients and new and follow-up consultations in Walsall Specialist Sexual Health services.



Since 2017, there has been a year on year decrease in the number of patients and the total number of consultations in Walsall Specialist Sexual Health Services. However, this trend is largely due to a decrease in the number of new consultations, while the number of follow up consultations has remained stable. The integrated sexual health contract mandated the provider to shift 30% of asymptomatic first attendances to online self-management/self-testing (digital offer). Therefore, this decrease is likely a result of compliance with this mandate and also the impact of no-walk in's during Covid-19.

Figure 9. Trends in STI diagnosis rates.



As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

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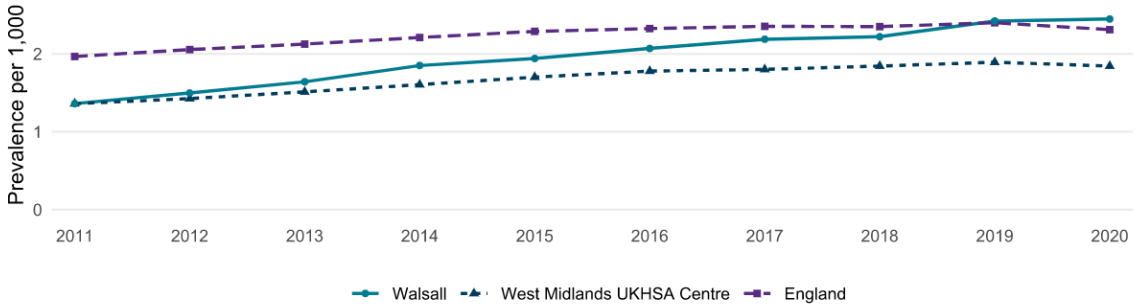
Table 1.Number of attendances, tests and diagnoses at Walsall Sexual Health Clinic.

Year	Quarter	Number of attendances (face to face)*	Number of tests				Number of diagnoses**				Test positivity			
			Chlamydia	Gonorrhoea	Syphilis	HIV	Chlamydia	Gonorrhoea	Syphilis	HIV	Chlamydia	Gonorrhoea	Syphilis	HIV
2018	Jan - Mar	3,282	1,485	1,466	1,417	1,422	156	52	7	<5	11%	4%	0%	n/a
	Apr - Jun	3,118	1,331	1,321	1,177	1,164	155	72	14	<5	12%	5%	1%	n/a
	Jul - Sep	3,071	1,384	1,368	1,231	1,221	158	76	6	<5	11%	6%	0%	n/a
	Oct - Dec	2,939	1,262	1,225	1,100	1,082	181	78	7	<5	14%	6%	1%	n/a
2019	Jan - Mar	3,075	1,376	1,347	1,217	1,214	193	76	8	5	14%	6%	1%	0%
	Apr - Jun	3,219	1,361	1,345	1,136	1,137	184	98	9	<5	14%	7%	1%	n/a
	Jul - Sep	3,076	1,388	1,362	1,150	1,137	200	97	9	<5	14%	7%	1%	n/a
	Oct - Dec	2,984	1,390	1,367	1,178	1,147	216	119	12	0	16%	9%	1%	0%
2020	Jan - Mar	3,044	1,319	1,308	1,112	1,076	210	84	7	<5	16%	6%	1%	n/a
	Apr - Jun	1,677	447	435	346	330	77	42	11	<5	17%	10%	3%	n/a
	Jul - Sep	2,092	776	776	668	637	130	54	8	0	17%	7%	1%	0%
	Oct - Dec	2,155	850	846	755	729	104	71	12	<5	12%	8%	2%	n/a
2021	Jan - Mar	2,250	845	852	758	741	122	72	10	0	14%	8%	1%	0%
	Apr - Jun	2,312	842	840	713	701	110	56	8	0	13%	7%	1%	0%

Figure 10. Diagnosed HIV prevalence per 1,000 population aged 15 to 59 years by year in Walsall.



As a response to the COVID-19 pandemic, since March 2020 the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

- A total of 1,277 new STIs were diagnosed in residents of Walsall in 2020. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.

- Walsall ranked 57th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 529 per 100,000 residents aged 15 to 64, better than the rate of 619 per 100,000 for England.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Walsall was 927 in 2020, worse than the rate of 1,408 for England.
- The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Walsall was 67th highest (out of 149 UTLAs/UAs) in 2020. The rate per 100,000 was 71.2, better than the rate of 101 in England.
- The number of new HIV diagnoses among people aged 15 years and above in Walsall was 16 in 2020. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 2.4, similar to the rate of 2.3 in England. The rank for HIV prevalence in Walsall was 48th highest (out of 148 UTLAs/UAs).
- In Walsall, in the three year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection (all individuals with CD4 count ≤350 cells/mm3 within 3 months of diagnosis) was 51.2%, similar to 42.4% in England.

When interpreting trends, please note:

- The decrease in STI testing and diagnoses in 2020 due to the reconfiguration of sexual health services during the COVID-19 pandemic response
- Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began

Priorities for 2022/23

A sustained reduction in the transmission of HIV and STIs; based on the following –

- Early detection in conjunction with rapid and successful treatment alongside partner notification through sexual health promotional campaigns and outreach programmes.

- Improved access to sexual health services for the prevention, diagnosis, treatment, and care of STIs through an increase in outreach into communities.
- An increased focus on groups with greater sexual health inequalities, including young adults, black ethnic minorities and men who have sex with men (MSM).
- Achieving an annual chlamydia detection rate of at least 2,300 per 100,000 15-24 year old population
- Expanded HIV testing to reduce late diagnosis of HIV, undiagnosed HIV infection and onward HIV transmission
- Improved infection prevention and control in high-risk premises, including sex establishments through a programme of regular audits and training

Key actions

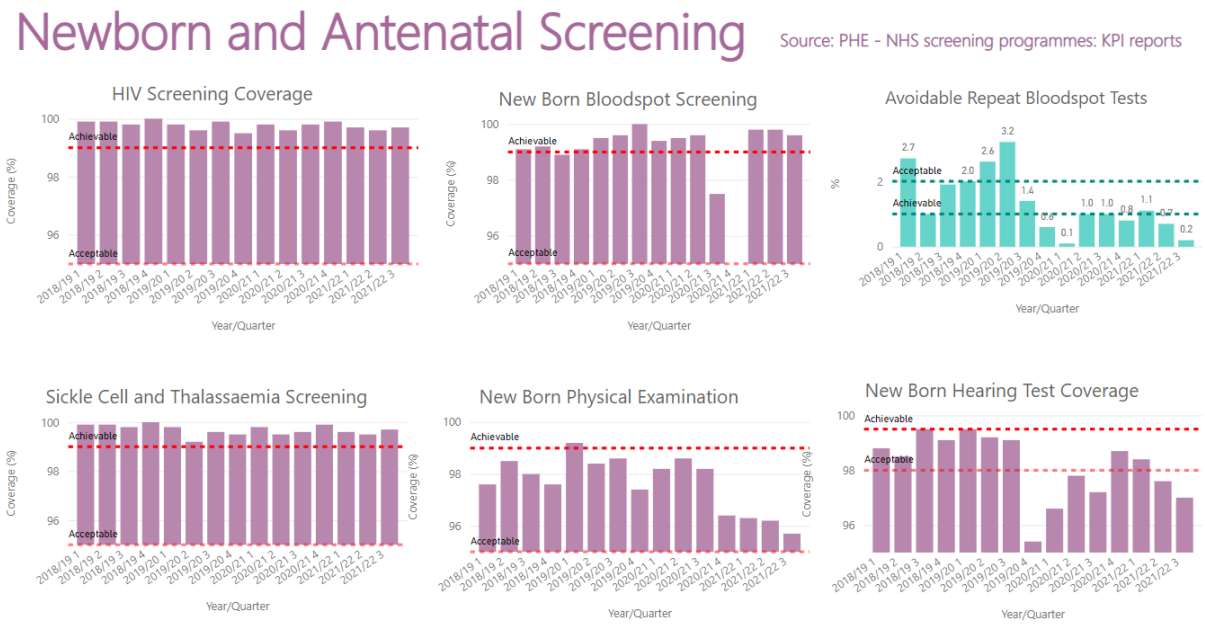
- Review and redesign sexual health services in Walsall to deliver
    - Improved access, particularly for young people and for communities experiencing sexual health inequalities through the setting up of outreach services and improving engagement with young people
- Implement a programme of regular infection control supportive visits, audits and training in sex establishments in Walsall

Population Screening Programmes

The UK National Screening Committee defines screening as “The process of identifying apparently healthy people who may be at increased risk of a disease or a condition so that they can be offered information, further tests and appropriate treatment to reduce their risk and/or complications arising from the disease or condition.”

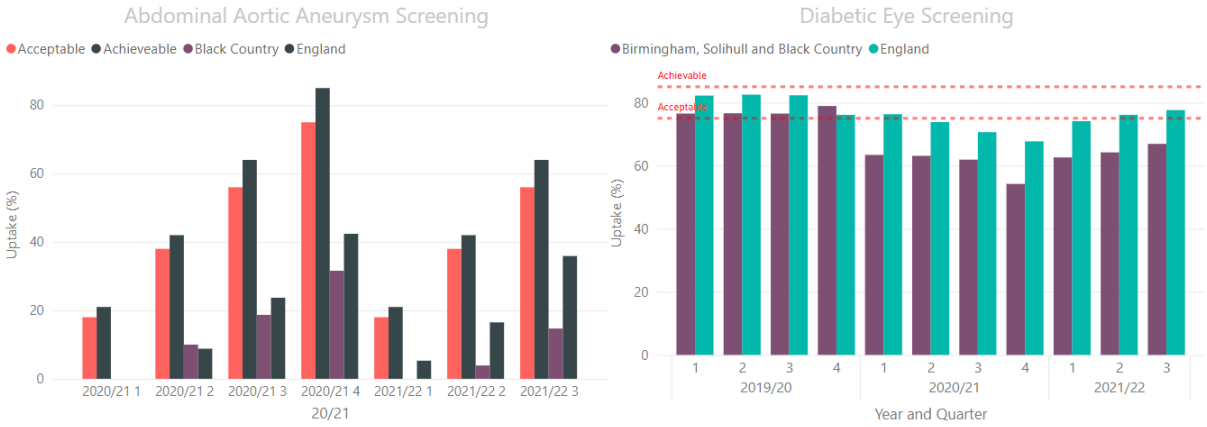
There are currently three national cancer screening programmes: breast, bowel and cervical; and eight non-cancer screening programmes: six antenatal and new-born (Foetal Anomaly, Infectious Diseases in Pregnancy, Sickle Cell and Thalassaemia, New-born and Infant Physical Examination, New-born Blood Spot and New-born Hearing) and two young person and adult (Abdominal Aortic Aneurysm and Diabetic Eye).

Uptake of population screening programmes in 2021/22



In 2021/22 YTD, all newborn pathological screens; HIV, Sickle cell and bloodspot screening, including the quality indicator of avoidable repeat screening, all exceeded both the “acceptable” and the more ambitious “achievable” targets.
The rate of physical examination of newborns has decreased each quarter in the last year, although it is still meeting the acceptable target of >95%.
For newborn hearing tests, there was a decrease in coverage to below the 98% “acceptable” target in the final quarter of 2019/20 – likely due to service changes during the Covid-19 pandemic. There was a recovery in early 2021/22 but this has failed to meet the acceptable target of 98% in the most recent quarters.

Non-Cancer Population Screening Programmes



Non-cancer population screening programmes for young people and adults are provided on a Black County footprint for AAA and on a Birmingham, Solihull and Black Country basis for DES, therefore it is not possible to assess the coverage data at more local place-based level. Both nationally and in the Black Country, AAA screening coverage has not achieved the prescribed targets, and the rate in the local cohort is lower than the national rate. Similarly, DES screening in the BS&BC cohort has not achieved targets and is lower than the national coverage rate for England. It has, however, increased each quarter over the last year, indicating recovery from significant operational disruptions during the Covid-19 pandemic. Thus, provider performance over this time period should be interpreted with caution. In addition to this some providers were justifiably not able to make timely data returns or validate their data in this period, which impacts on benchmarking.

Priorities for 2022/23

- To maintain/increase uptake in all screening programmes, with a focus on groups with low uptake, and service-related disparities in uptake. In particular, we would like to focus on
    - Breast and cervical cancer screening
    - Abdominal Aortic Aneurysm (AAA) screening
    - Age extension of the bowel cancer screening to 50 -59 year olds
- A strategic and joined up approach to address screening and immunisation inequalities and provide for vulnerable groups.
- Work with the Black Country ICS and primary care networks to address bowel cancer screening uptake and address inequalities in uptake
- COVID-19 recovery for AAA screening , Diabetic eye screening programme (DESP), bowel and breast cancer screening where the services need to be back on schedule with screening

Health Emergency Planning

COVID-19-19 Debrief

An internal structured debrief of the response to COVID-19-19 was undertaken which produced a lessons-learnt report that was presented to Gold in May 2021. In total 78 individual recommendations were recorded. These have been summarised and has resulted in 10 key recommendations which have been taken forward into an Action Plan.

Winter Planning Exercise

A Winter Planning exercise was held in November 2021. The exercise revolved around an outbreak of influenza like symptoms in a care home and educational setting based on our knowledge of both COVID-19-19 and Flu outbreaks in high-risk settings.

It helped to clarify the roles and responsibilities of organisations in their response to and management of outbreaks; identified organisational capacity and capability and highlighted areas for development.
As a result of the exercise a specific business continuity template has been created for care and residential settings and a business continuity training and exercising session will be delivered to care home managers.

During November 2021, the Department for the Environment, Food and Rural Affairs (Defra) and the Animal and Plant Health Agency (APHA) confirmed there was avian influenza A (H5N1) in wild bird populations in Walsall. Initially identified at Stubbers Green pools, Aldridge and later cases were also found at Walsall's Arboretum.

Alongside the UK Health Security Agency (UKHSA), Public Health, Emergency Planning and the Clean & Green Team provided a front line response to the emergency, quickly establishing risk assessments, staff training and PPE provision. Walsall Public Health also worked with a private contractor to maintain public safety, provide communication to residents, remove and quarantine dead birds and arrange safe disposal by means of incineration.

Walsall Public health worked closely with the Royal Society for the Prevention of Cruelty to Animals (RSPCA) and UKHSA to manage the situation and protect public health and the risk to other birds, wildlife and pets.

Plans for 2022/23:

- Strengthen our response to major incidents and emergencies, including pandemic influenza
- Develop a comprehensive system wide pandemic flu plan
- Focus on continuous improvement in outbreak planning arrangements
- Improve support and advice to care homes and domiciliary services in relation to responding to and preparing for managing an infectious disease incident, responding to severe weather events.

Environmental Health

Key Achievements for 2021/232

- The inspection of 148 food businesses rated A, B, and C (non-compliant) and 198 unrated businesses.
- Responded to 314 food related complaints/enquiries.
- Registration of 273 new food businesses.
- The emergency closure of 2 food businesses.
- Responded to 97 notifications of food related infectious diseases received from UK-Health Security Agency
- Service of 20 Prohibition and 15 Improvement Notices under the Health and Safety at Work etc. Act 1974.
- 10 accident/incident investigation visits, 423 inspections, 32 complaint investigation visits and 415 other interventions (themed visits/mailshots) for the purposes of the Health and Safety at Work etc. Act 1974.
- Registration of 95 persons to carry on skin piercing activities (all new registrations are subject to a full inspection of Health and Safety and infection control)

Priorities for 2022/23

- The implementation of the Food Standards Agency's Recovery Plan for the inspection of rated and unrated food businesses in accordance with prescribed deadlines.
- Investigation of complaints concerning unsafe food practices and insanitary premises.
- Infection prevention control in emerging unregulated special treatments within the beauty industry.
- Working with "training" academies / schools setting up training practitioners. Including working with Walsall PH infection control team, regional partners, UK-HSA on best practice, running events such as train the trainer.
- Developing best practice in relation to dealing with the Public Health risk associated with these emerging and novel invasive treatments legally administered by non-medical practitioners working with new and existing businesses to give enhanced infection control advice and support
- Reduction of lost employee working days through work related ill health, accidents and incidents.
- Management of risk associated with Legionella in local authority controlled premises.

Key Actions for 2022/23

- Prioritised Inspection of food businesses rated A, B, C/D (non-compliant) and C (compliant) in accordance with requirements of the Recovery Plan.
- Prioritised inspection of unrated food business.
- Investigation of complaints/notifications about food related matters and infectious diseases.
- Health and Safety and Infection Control inspection of newly registered premises and premises of concern associated with to skin piercing activities associated with skin piercing activities.
- Responding to infectious disease notifications from UK-Health security Agency

- Investigation of notifiable incidents, dangerous occurrences and cases of work-related illness in accordance with national incident selection criteria.
- Investigation of complaints about health, safety and welfare in local authority enforced workplaces.
- Inspection of health and safety at high-risk premises in accordance with inspection programme.
- Initiation of a programme of targeted visits to high-risk premises where Legionella could be a problem to that duty holders are managing water systems and risk.
- Investigate notifications of Legionella from UK-Health Security Agency.

Glossary

AAA	Abdominal aortic aneurysm
AMR	Anti-microbial resistance
APHA	Animal and Plant Health Agency
COVID-19	Coronavirus infection
DEFRA	Department for the Environment, Food and Rural Affairs
DESP	Diabetic eye screening programme
DNA	Did not attend
GP	General Practice
HCAI	Healthcare acquired infections
HIV	Human immunodeficiency virus
ICS	Integrated care system
IPC	Infection prevention and control
LOMP	Local Outbreak Management Plan
MMR	Measles, mumps and rubella
MSM	Men who have sex with men
PCN	Primary care network
PPE	Personal protective equipment
RSPCA	Royal Society for the Prevention of Cruelty to Animals
STI	Sexually transmitted infections
TB	tuberculosis
UKHSA	UK Health Security Agency
WHT	Walsall Healthcare Trust

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.

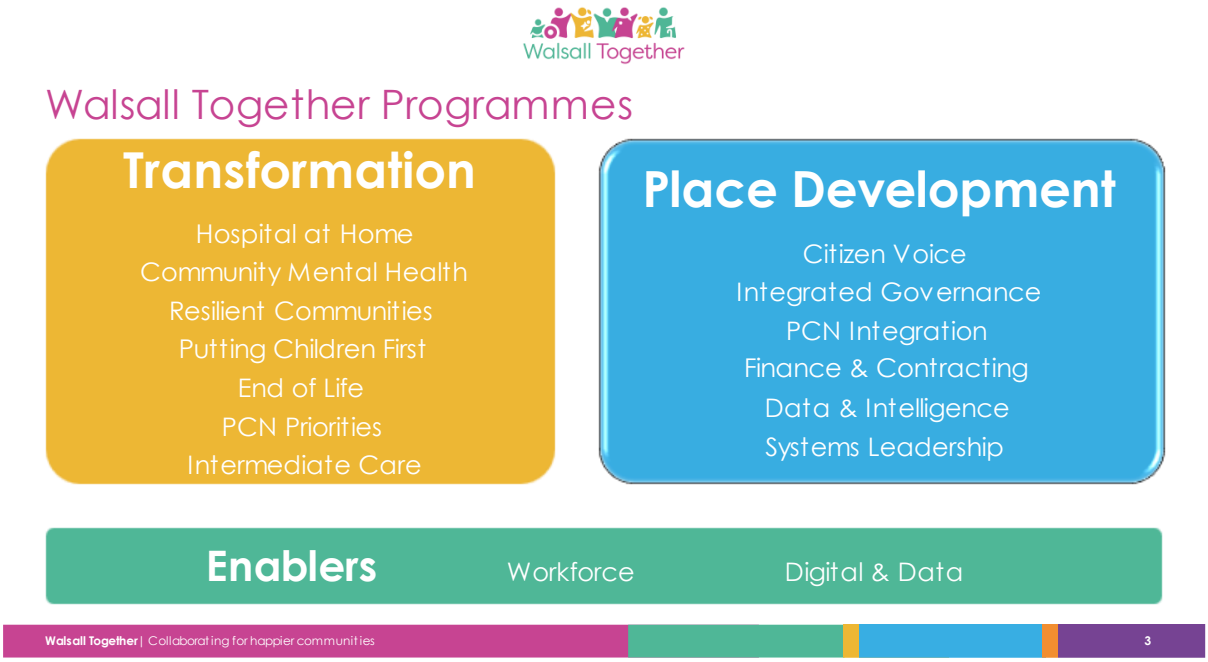
- Safe @ Home, a service established to support acute Covid patients in the community, now includes Acute Respiratory Infection (ARI), Heart Failure and Frailty
- A multidisciplinary service model for the community management of long-Covid now receives referrals from GPs as well as hospital clinicians
- 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

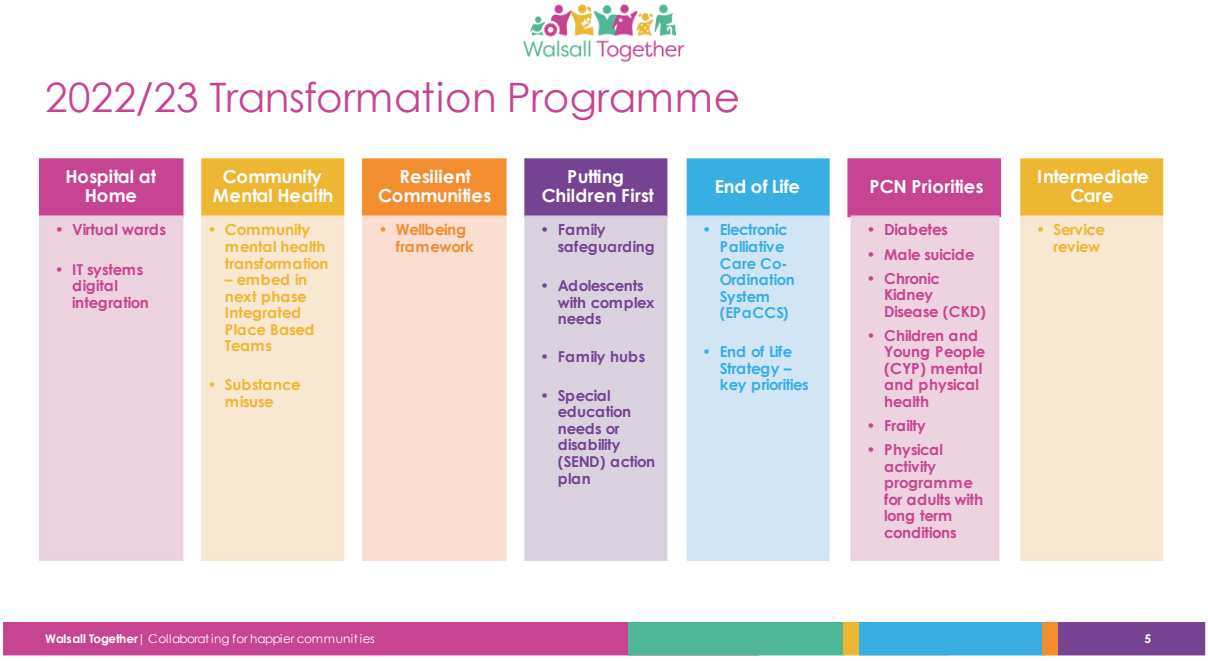
4.4 Saddler's vaccination centre has now closed following a rationalisation of sites across the Black Country and a change in the national funding model. Vaccinations for Walsall residents will be undertaken by GP surgeries and through a Black Country hub based in Sandwell. Walsall Manor has been commissioned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





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)
- solving-the-puzzle-sept-21.pdf (ippr.org)
- 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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Health and Wellbeing Board

20 September 2022

Walsall Multi-Agency Mental Wellbeing Strategy

1. Purpose

1.1 The purpose of this report is to provide the Health and Wellbeing Board (HWBB) with an interim update of the Walsall Multi-agency Mental Wellbeing Draft Strategy.

2. Recommendations

2.1 That the HWBB **NOTE** the direction of travel of the delivery of the Walsall Multi-Agency Mental Wellbeing Strategy.

3. Report detail

3.1 Promoting and supporting mental wellbeing in Walsall is a key issue for the Health and Wellbeing Board (HWBB), which supports the findings of the Joint Strategic Needs Assessment.

3.2 The approach for delivering the Walsall Multi-Agency Mental Wellbeing Strategy is set out in the Mental Wellbeing Thematic Wheel. The strategic ambition is to achieve optimal mental well-being for all Walsall residents and reduce mental health and wellbeing inequality.

3.3 To achieve the ambition, multi-agency stakeholders must work together to increase opportunities for better mental wellbeing. This includes raising awareness of mental wellbeing, tackling mental health stigma, providing training and self-care, and tackling common causes of poor mental wellbeing in Walsall.

3.4 The HWBB supported the Walsall Mental Wellbeing Multi-Agency Partnership group to work closely with key strategic partnerships to deliver this strategy. The strategy is now published on the Walsall Intelligence website and is promoted to multi-agency stakeholders.

3.5 A mental well-being multi-agency group was initially set up during the Covid-19 pandemic, to identify and coordinate action to address the mental well-being needs of the population. Since the approval of the strategy, this group has been re-established as the Walsall Mental Wellbeing Multi-Agency Partnership group.

3.6 The group is Chaired by the Black Country Healthcare NHS Foundation Trust. The meeting takes place bi-monthly and delivery of the Mental Wellbeing Strategy is the responsibility of the group and its partners. The first meeting was

a stakeholder scoping event, which took place in April 2022, and the second more general meeting took place in June 2022.

3.7 **Governance structure -** The Walsall Multi-Agency Mental Wellbeing Partnership is accountable to the Health and Wellbeing Board. The board will receive annual reports from the Chair of the Multi-Agency Steering Group. A Terms of Reference and a draft action plan is currently being developed. This will be monitored by the partnership.

3.8 The Partnership will also receive reports from the Walsall Multi-Agency Suicide Prevention Steering Group, the Ethnic Minority Committee, and the Community Mental Health Partnership. This links to the Resilient Communities steering group and will continue to interlink with other committees as appropriate.

3.9 **Socialisation of Strategy -** A range of interventions to improve mental wellbeing awareness are being developed and implemented. Examples include gardening and mindfulness sessions; interventions for carers; crafts; peer-to-peer support; mental health training; bereavement support and counselling. A No Wrong Door network has been developed in addition to a Wellbeing Mobile Unit, which operates in the hotspot areas, to address some of the greatest needs identified across Walsall's most economically challenged wards.

4 Implications for Joint Working arrangements

4.1 To ensure delivery of the strategy, will require leadership, multiagency partnership and resources to improve mental well-being across Walsall, as part of the system wide consideration of the social and wider determinants that impact mental wellbeing.

5. Health and Wellbeing Priorities

5.1 Mental wellbeing is a key priority for the HWBB and is identified in the JSNA, which will be underpinned by the new Health and Wellbeing Strategy. The new Mental Health Strategy aims to reduce mental health inequalities and empowers stakeholders to support individuals across the life course, to maximise their capabilities and take control over their lives. This is in addition to facilitating a healthy standard of living for all, creating and developing healthy and sustainable communities, and strengthening the impact of ill-health prevention.

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Health and Wellbeing Board Work Programme 2022/23

Note: HWBB priorities are (1) Children and Young People (2) Mental Health (3) Digital Development (Access to all). To be timetabled into the focus workshop and Board meetings.

Item	Lead	July Board	Focus Workshop Early Sept	September Board	Focus Workshop November	December Board	Focus Workshop January	March Board
Board Priorities		End of year outcomes & new priorities for this year	Date and focus to be confirmed	Priority update	Date and focus to be confirmed	Priority update	Date and focus to be confirmed	Priority update
Review scope and remit of HWBB	DPH							
Review of Council Commissioning Intentions	DPH/ED ASC							
DPH Annual Report	DPH							For information
PH Outcomes Framework	DPH							Annual Report for Information
Child Death Overview Panel	DPH					Annual Report		
Joint Health and Wellbeing Strategy	DPH	Final 2022-25						
Pharmaceutical Needs Assessment	DPH			Final				
Mental Wellbeing Strategy	DPH	Progress report				Annual Report		
Health Protection Forum	DPH	Annual Report						

Neglect Learning	DPH							
We are Walsall 2040	DPH (policy & Strategy)							
Item	**Lead**	**July Board**	**Focus Workshop Early Sept**	**September Board**	**Focus Workshop November**	**December Board**	**Focus Workshop January**	**March Board**
SEND report	ED Children's							
Children's Safeguarding Board	ED Children's					Annual Report		
Better Care fund	ED ASC	Year-end report						
Adults Safeguarding Board	ED ASC							Annual Report
Walsall Together	Chief Officer WHT			Annual Report				
CCG Commissioning Spending plans	Chief Officer CCG							
Children and Adolescent Mental Health Services	Chief Officer BCHT							Progress report for assurance
Healthwatch Walsall	Chair HWW			Annual Report				Progress on projects/public engagement for assurance

ASC	Adult Social Care	**DPH**	Director of Public Health	**BCHT**	Black Country Healthcare Trust
WHT	Walsall Healthcare Trust	**HWBB**	Health and Wellbeing Board		
CCG	Clinical Commissioning Group	**ED**	Executive Director		