



Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 14 September 2023 at 6.00 P.M.

Meeting to be held: Conference room 2, Walsall Council House

Public access to meeting via: www.WalsallCouncilWebcasts.com

MEMBERSHIP:

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor P. Gill
Councillor I. Hussain
Councillor S.B. Hussain
Councillor R. Martin
Councillor R.K. Mehmi
Councillor A. Parkes
Councillor W. Rasab
Councillor L. Rattigan
Councillor P. Smith

PORTFOLIO HOLDERS:

Wellbeing, Leisure and Public Spaces Councillor G. Flint
Adult Social Care Councillor Pedley

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Democratic Services, Council House, Lichfield Street, Walsall, WS1 1TW

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AGENDA

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes of the previous meeting To approve and sign the minutes of the meeting that took place on 6 April 2023.	<u>Enclosed</u> <i>Page 1-5</i>
6.	Access to GP Services – Update on telephone system	<u>To follow</u>
7.	Social prescribing in Walsall - the opportunities To provide a current overview of social prescribing activity in Walsall.	<u>Enclosed</u> <i>Page 6-31</i>
8.	Recommendation Tracker To review progress with recommendations from previous meetings.	<u>Enclosed</u> <i>Page 32</i>
9.	Areas of focus for 2023/24 To review the Committee Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.	<u>Enclosed</u> <i>Page 33-42</i>
10.	Date of next meeting The date of the next meeting will take place on the 26 October 2023.	

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

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

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

Schedule 12A to the Local Government Act 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

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

Social Care and Health Overview and Scrutiny Committee

Thursday 13 July 2023 at. 6.00 p.m.

Conference room 2, Walsall Council.

Committee Members Present

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor P. Gill
Councillor I. Hussain
Councillor S.B. Hussain
Councillor R. Martin
Councillor R. K. Mehmi
Councillor A. Parkes
Councillor W. Rasab
Councillor L. Rattigan
Councillor P. Smith

Portfolio Holder – Adult Social Care

Councillor K. Pedley

Portfolio Holder – Wellbeing, Leisure and Public Spaces

Councillor G. Flint

Officers

Walsall Council

K. Allward	Executive Director for Adult Social Care
S. Gunther	Director of Public Health
J. Thompson	Democratic Services Officer

01 Apologies

There were no apologies received for this meeting.

02 Substitutions

There were no substitutions for this meeting.

03 Declarations of Interest and Party Whip

There were no declarations of interest or party whip for the duration of the meeting.

04 Local Government (Access to Information) Act 1985 (as amended)

There were no agenda items requiring the exclusion of the public.

05 Minutes

A copy of the minutes of the meeting held on the 6 April 2023 was submitted to the Committee for consideration. It was noted that Councillor W. Rasab was not included on listed apologies and that this would be amended.

Resolved:

That the minutes of the meeting held on the 6 April 2023, a copy previously having been circulated, be amended to correct the list of apologies, approved and signed by the Chair as a true and accurate record.

06 Areas of focus for 2023/24

At the invitation of Chair, the Executive Director for Adult Social Care went through a presentation on the directorate (see annexed)

At the end of the presentation the Chair invited Members of the Committee to ask questions on the presentation, some of the responses included:

- There had been increase the number of children moving into Adult Social Care;
- There had been an increase in the number of children moving into Adult Social Care with complex needs;
- The Council had vacancies within the Adult Social Care and 17 of these had recently been filled due to a large recruitment drive;
- The Adult Social Care Team at the Council was leaner than most other local authorities and produced good results;
- The vacancies with Adult Social Care had affected service delivery as only 67 percent of the annual reviews had been completed;
- There was currently a work force crisis within Adult Social Care;
- Information on Social Worker referrals for Adult Social Care would be shared with Members of the Committee;
- The Adult Social Care Team mostly worked from home, however, did attend the office when needed and for team meetings;
- The Fair of Cost of Care exercise from national Government was withdrawn, but due to the results of the Fair Cost of Care the Council had contributed an additional £5 million last year and planned to spend an additional £7 million next year;
- The Committee could be provided the cumulative impact of the Fair Cost of Care exercise;

- The Council did measure the amount of readmission to hospital from Adult Social Care using a national measure of 91 days;
- The Council was the best performer in relation to readmissions to hospital from Adult Social Care;
- The national benchmark at the 91-day measure was 74% of those in care since their discharge from hospital would be still at home and had not been readmitted into hospital. In the Borough the figure was 82%-84% for last year;
- The 91-day measure was flawed as it did not cover those who were not part of the Adult Social Care system and residents could have been admitted to the hospital within the 91-days but be at home at 91 days and thus their readmittance to hospital would not have been measured;
- There was an anticipated increase in nursing home and domiciliary care due to the Covid-19 Pandemic;
- Funding for Adult Social Care can come from client contributions, as this is a statutory requirement, and some can come from the NHS as part of joint funding arrangements;
- The Council was working to improve the speed of financial assessments of those who were required to contribute towards their care and was working to reduce the existing backlog;
- The Council was owed £9 million at the start of the year in client debt however this figure was flawed because many of the debtors would not have yet received a bill, there were changes to the amount being charged due to the changes in the cost of care and care needs and some would have their debt recalculated as their financial assessments were carried out;
- Only a small number of clients made up the debt that had yet to be paid;
- A report on debt in Adult Social Care would be presented to the Cabinet in the near future;
- The ongoing dispute with the ICB regarding outstanding Section 75 payments was complex and the Council was in conflict resolution with the ICB;
- The Council believed that to resolve the dispute they would have to enter into formal arbitration with the ICB;
- The Council had also put in a formal complaint to the ICB in relation to its proposed continuing care criteria and how it was being applied;
- The Council did use agency staff to fill vacancies, however, they were only used within the limits of the current staffing budget to avoid overspends;
- The overspend for the next year was predicted at £9 million and the council would be taking measures to mitigate this.

The Portfolio Holder for Adult Social Care, Councillor K. Pedley, then set out his vision for the Committee. Councillor K. Pedley began by expounding that he believed that not as much attention had been paid to the 75-year

anniversary of Adult Social Care as had been paid to the NHS's and that he made no apologies for not increasing the Adult Social Care precept on Council Tax at the last budget setting. The Council was dealing with more complex needs and the Council had shown care to improve Adult Social Care and make it more efficient. The Council would focus on Care Quality Commission (CQC) inspection readiness and ensure that care they Council provided was at least a rating of good. Councillor Pedley also stated that he would continue to pressure national government to for equivalent pay and funding as the NHS.

The Portfolio Holder for Wellbeing, Leisure and Public Spaces, Councillor G. Flint set out his vision for the Committee. The Council would be launching a new alcohol and drugs service and there would be a focus it during the municipal year. Moreover, the service would be moving into local family hubs, and these needed to be supported. Finally, the Council would be looking into social prescribing and how it can be standardised across the Borough.

In response to Members questions officers informed the Committee that it would be possible to provide the Committee with the percentage of council tax spent on Adult Social Care. Additionally, the Portfolio Holder for Adult Social Care and the Executive Director of Adult Social Care informed the Committee that they were both lobbying national government for additional funding and support for Adult Social Care.

The Director of Public Health informed the Committee that the ICB received funding for social prescribing and the Council also invested in it. The Council was looking at the wider offer it could provide on social prescribing.

As there were no further questions or comments, the Chair requested suggested items for the Committee work programme. The suggested items included:

- Primary Care Access – Update on GP telephone systems;
- Debt association within Adult Social Care;
- Adult Social Care Continuous Improvement Programme;
- Budget Scrutiny;
- CQC Inspection Readiness;
- Outside Social Prescribing and its impact;
- Update on the Walsall Manor Hospital's Urgent Care Centre;
- Update on the planned move of the Midwifery Led Unit to the Manor Hospital and an update on neonatal services;
- CQC inspection update on the Manor Hospital;
- Update on elective care and waiting times.

The Chair then informed the Committee that he would like to form a working group on primary care access and GP services. The Democratic Services

Officer informed the Committee that there were resources issues within Democratic Services constraining the number of working groups that could be set up in the municipal year and that it was for the Scrutiny Overview Committee to decide on the topic of the working groups. The Committee's recommendations would be passed onto the next meeting of the Scrutiny Overview Committee at its next meeting in September 2023.

Resolved

- 1. The following items be agreed as the Committees Areas of Focus for 2022/23:**
 - a. Primary Care Access – Update on GP telephone systems;**
 - b. Debt association within Adult Social Care;**
 - c. Adult Social Care Continuous Improvement Programme;**
 - d. Budget Scrutiny;**
 - e. CQC Inspection Readiness;**
 - f. Outside Social Prescribing and its impact;**
 - g. Update on the Walsall Manor Hospital's Urgent Care Centre;**
 - h. Update on the planned move of the Midwifery Led Unit to the Manor Hospital and an update on neonatal services;**
 - i. CQC inspection update on the Manor Hospital;**
 - j. Update on elective care and waiting times.**
- 2. That the suggested items be thematically grouped.**
- 3. A copy of the completed work programme for the year be circulated to Members.**
- 4. That a working group on Primary Care Access and GP Services be recommended to the Scrutiny Overview Committee.**

07 Date of next meeting

The next meeting of the Committee would take place on the 14 September 2023.

The meeting terminated at 7.32p.m.

Signed:

Date:

Social Care and Health Overview and Scrutiny Committee

September 2023

Social prescribing in Walsall - the opportunities

Ward(s): All

Portfolios: Cllr Flint – Wellbeing, Leisure and Public Spaces, Cllr Perry – Resilient Communities

1. Aim

To provide a current overview of social prescribing activity in Walsall.

Social prescribing link workers in the Borough are based in five different organisations. Their primary purpose is to link citizens to opportunities in their local community (often in the voluntary and community sector) to enhance the health and wellbeing of those citizens. These services often focus on those who experience the greatest inequalities.

2. Recommendations

That the Social Care and Health Overview and Scrutiny Committee:

Provide a collective voice to identify opportunities to enhance the work, profile and sustainability of social prescribing link workers and the wellbeing services they refer into.

3. Report detail – know

Context

- 3.1. There are high levels of deprivation and need in Walsall. The wake of COVID-19 and the cost-of-living crisis has exacerbated these. To help Walsall residents stay well for longer, prevent ill health and reduce inequalities will require collaboration. Social prescribing already forms an important part of this approach, linking people to a range of community assets and increasing the resilience of communities more broadly.

- 3.2. There have been roles for many years which link people with support services. These linking roles have been within statutory services (such as case managers and co-ordinators) and within the third sector (community development workers).
- 3.3. Public health developed and commissioned the “Making Connections Walsall” (MCW) programme in 2017, which consisted of 4 hubs, West Midlands Fire Service and a number of small community voluntary sector groups and organisation. MCW had an initial focus on addressing loneliness and social isolation in older people, with the aim to expand it to deliver on other priorities, i.e., reducing the age threshold to 50 years and the expansion of the befriending provision. In 2020 MCW mobilised as part of the council’s response to COVID-19, whilst also retaining its original purpose.
- 3.4. The programme commissioned by Walsall Council Resilient Communities team went out to tender for a new contract in March 2022 to continue the service with a focus on an all-age support and not just older people. The programme is currently recurrently funded, and will be tendered again for April 2025. There are currently 4 MCW locality hubs. There is one (FTE) social prescriber within each hub. There is a detailed breakdown of the evaluation of the service from April 2022 to March 2023 available in Appendix 1. Some of the main headlines are as follows:
- 427 Walsall residents were supported with 1823 contacts.
 - There were twice as many women accessing the service as men.
 - 71% were white (which reflects the levels of diversity of the Borough)
 - The majority of those helped were older people.
 - The main issue / need that was presented was that of anxiety or low mood.
 - 64% of people were referred on to a voluntary organisation or service.
- 3.5. Walsall Housing Group (whg) acquired some project funding for a small number of social prescribers (1 full time and 5 part time social prescribers) just prior to lockdown – the programme is currently funded by whg, but now has a waiting list. The value of whg’s approach was evidenced through an evaluation carried out by the Housing Associations Charitable Trust HACT (please see full report and evaluation in Appendix 2). A further young people’s social prescribing project, delivered in conjunction with MindKind is outlined in Appendix 3.

Activity summary

- A total of **277** customers engaged with the social prescribing service during the research reporting period (2021- 2022). Please note that to date 427 customers have benefitted from access to the service.
- The average length of engagement was **145** days, with service users taking part in an average of **5** individual sessions.
- Just over a third of service users (**81**) were referred to a further support service to ensure their longer-term needs were addressed.

Impact summary

- 91.7% of service users reported positive change in the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) mental wellbeing scores.
 - A large proportion of service users (**87%**) reported low levels of wellbeing prior to engaging with the service, compared to **28%** of service users who reported low wellbeing after receiving support.
 - 22 customers progressed into employment.
 - 36 customers took part in training to move them nearer to employment.
 - 28 customers attended accredited training courses.
 - 6 customers became regular volunteers within their own communities.
- 3.6. There is also a history of NHS specific social prescribing in Walsall commencing around 2017 initially funded by the Clinical Commissioning Group and delivered by One Walsall.
- 3.7. The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019. The purpose of ARRS was to provide roles which reduced demands on GPs. One of the roles included is that of social prescribing link workers. In Walsall, PCNs (funded by ARRS scheme) are currently the single biggest provider of social prescribing with 16 posts. Locally once the ARRS funded social prescribing roles commenced, the CCG-commissioned-service (One You) was decommissioned. The PCN funded social prescribing roles will be funded in the current form until 2024. There is an understanding that it will continue, but no further details are available at this stage.
- 3.8. PCNs have a larger population base to cover, currently just over 299,000 patients across Walsall PCNs. On average each PCN is receiving between 70 new referrals per month. As with other social prescribing services, they have significant unmet needs and demands.
- 3.9. Children's services and the wider partnership intend to recruit eight social prescribers for parents of those under two as part of the early development of Family hubs.
- 3.10. In terms of services for social prescribing teams to signpost and refer into, there are a wide range available in Walsall. For example, Public Health commission a range of mental health and wellbeing prevention and early intervention services across the life course (e.g., POP (Positive Outcomes Project – Young People's Health and Wellbeing Service), conservation volunteers, bereavement, and counselling support, as well as the Thrive wellbeing mobile unit (includes addressing barriers to mental wellbeing, e.g., debt, income, employment etc). Please note that the wellbeing unit does include an element of social prescribing, referring into local partners/services. The service had 5520 contacts with individuals between May 2022 and April 2023.

- 3.11. Public Health also invest (e.g., directly through small grants directly and also via Walsall's Crowdfunding platform) in a range of smaller local services and organisations. These community assets provide support for residents who access them directly or via a referral route for social prescribers and other relevant health professionals.
- 3.12. Public Health have also recently commissioned a Wellbeing Support Service. This will provide support (e.g., utilising a social prescribing approach) across the fundamentals of wellbeing (e.g., debt, unemployment) alongside tailored advice to promote healthy behaviours (e.g., physical activity, weight management, healthy eating, smoking cessation). Enabling residents to address these wider issues will have the benefit of increasing capacity to make improvements to their own health.
- 3.13. Most senior and strategic partners see real benefits for increased referral into and access to the widest range of existing community assets and further development of these. The resourcing of those community assets historically has been piecemeal and short term. A Community and Voluntary Sector strategy is to be developed by the council, with partnership input, which will aim to set out expectations around commissioning from Voluntary and Community Sector (VCS) partners.
- 3.14. Social prescribing is also very much at the forefront of calls for national research proposals. For example, with the Royal College of Art working with MindKind on green social prescribing in the borough and Wolverhampton University working with the ICB.

Social Prescribing Leads Group

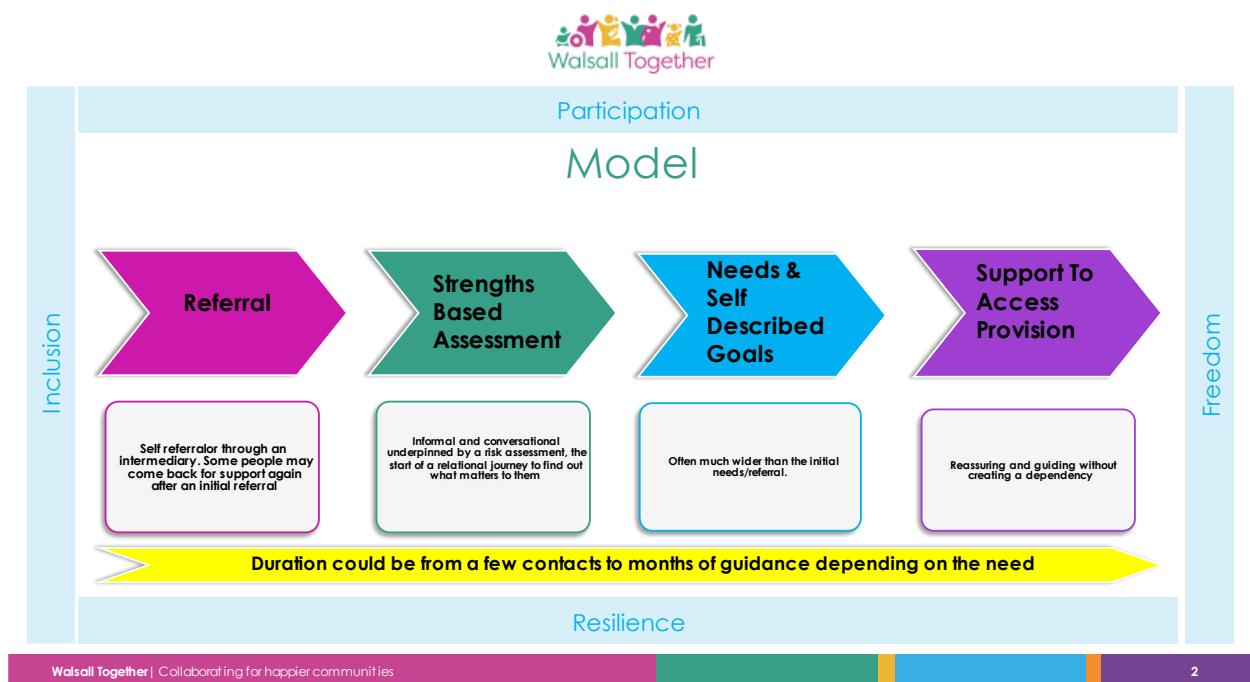
- 3.15. Lead social prescribing link workers and those in associated roles have been meeting using a "community of practice" approach since September 2022. A recent evaluation confirmed the usefulness, and it has become a routine well-attended group. It has additionally been a vehicle for wider place-based cohesion. The Black Country Healthcare NHS Trust has recently opened a Recovery College in Walsall and the social prescribers' group have supported links into communities.
- 3.16. The main impacts have been:
- A shared understanding of each other's roles and expertise
 - Collaborative problem solving around cohorts or individuals with particular needs.
 - Increased trust and openness about practices
 - Sharing good practice and new knowledge about community resources

- Identifying hot spots and areas of unmet need, which have then been acted upon (e.g., travel passes and access to training for social prescribers)
- Stimulating innovation and new provision (e.g., boxing gyms for disengaged young men)
- Advising on planned developments (e.g., bereavement hubs, homelessness strategy)
- This leads group committed to developing the areas in the sections of this report outlined below.

Definition, quality and outcomes

3.17. The NHS defined social prescribing as *“a way for local agencies to refer people to a link worker. Link workers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.”*

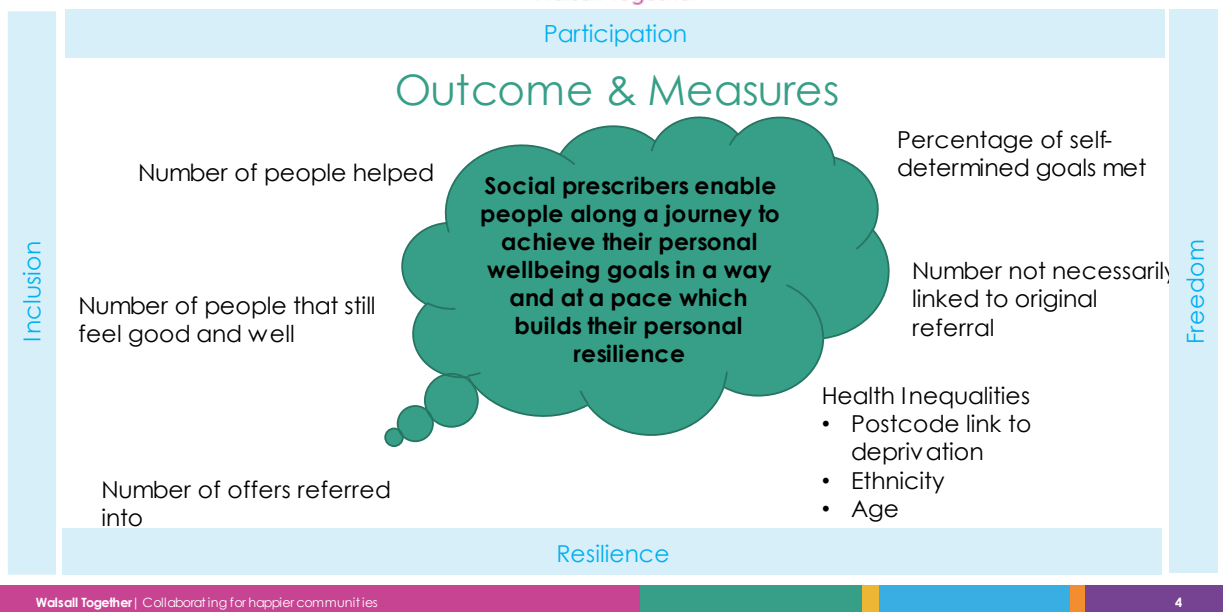
3.18. The social prescribing link worker leads group, as outlined above, agreed a summary model for the Borough. Each current approach has a different orientation and flavour and how activity/outcomes are captured, but the core process is similar.



3.19. The leads group also developed a shared perspective of the quality of social prescribing. These statements serve as a useful narrative summary of the nature of social prescribing which enhances the definition.



3.20. The overall outcome for all of the social prescribing services in the Borough was also agreed by the leads group (see below), and there is work to develop a shared dashboard by Walsall Together to enable a wider picture of social prescribing across the Borough. As part of the wider work in Walsall Together around a partnership outcome framework, there will be a mechanism for bringing together wellbeing measures to enable a Borough-wide view of changes to wellbeing which will link closely to this work.



Community assets

3.21. An associated piece of work to the development of social prescribing was a co-produced map of current community assets (that social prescribers link into). This mapping has concluded and will be uploaded to a portal, discussions are taking place with the council around the most suitable platform and mechanisms for upkeep. This will link closely to the work on the Walsall Wellbeing Outcomes Framework (WWOF).

Resourcing

3.22. The Additional Roles Reimbursement Scheme (ARRS) resources for social prescribing link workers comes directly from national government and is based on actual posts up to a maximum (on the basis of population). There is little discretion to spend the allocation differently. However, some PCNs nationally have used the allocation to commission other organisations to carry out the work on their behalf.

3.23. A number of the smaller social prescribing offers are on a fixed-term basis. This can make retention of staff and longer term planning difficult. It is certain that we will need increased resource both for social prescribing link workers and community assets to meet demand.

3.24. A brief review of regional adverts shows a typical salary of 25k for a social worker and 31k for a senior social prescriber with supervisory responsibilities. Some of our prescribing link local social prescribing services do not meet these levels for their salaries.

Training, Development and Governance

3.25. There are number of widely available sources of practitioner information. Nationally there is the “Future NHS Collaboration” which is an interactive platform which hosts a number of topics, one being social prescribing. It does include useful information such as sample documents and centrally generated proposals for a competency framework as well as webinars with useful topics. However, the volume of material produced is likely to be a barrier to social prescribers accessing it. Further, the branding and content is very NHS focused, though clearly some of the participants are not NHS based.

3.26. Whilst there are recommended courses and guidelines for social prescribers, there are no universal standards which are applicable to all types of social prescribing. This lack of unifying standards and a wider professional identity can limit the impact of the social prescribing workforce.

- 3.27. There is also the National Association for Link Workers which has a more community focus in style, branding and content. They frequently reference and quote senior leaders based within the NHS but balance this with themes around VCSE. It is much easier to navigate the information and access it quickly, it also offers a range of on-line training resources.
- 3.28. The Integrated Care System (ICS) has regular helpful network meetings to connect social prescribers. This includes sharing of information at place and presentations, primarily from ICS based agencies. The style and content tends to have an NHS bias, templates shared presuppose that all social prescribers work via PCNs.
- 3.25. The supervision and line management arrangements of social prescribers supplement these sources of information. Some practitioners would value additional clinical supervision. This is frequently cited in forums and literature as a positive addition to the quality of social prescribing. There is a proposal this can be provided via the ICB. However, possibly due the maturity of the social prescribing leads group, this request has not been made in the last 12 months.

Promotion and communication

- 3.26. There has not been any systematic promotion of the purpose and opportunities of social prescribing across Walsall. People can misunderstand the purpose or may not refer people who could benefit. People may not be aware of the whole range of current schemes for social prescribing and can mistakenly believe there is only one.
- 3.27. This needs to be considered alongside the current high levels of demand across all services and unmet need.
- 3.28. Even if people are aware of social prescribing there is a commonly stated need to better coordinate and market the potential community assets. This also links to the motivation of social prescribers in terms of the visibility and “professional pride”. As an example, Making Connections Walsall does have promotional material which is distributed within the community, and an online referral form has made it easier and quicker for referrals to be made.

Conclusions

- 3.29. We have a developing system of social prescribing across Walsall which is meeting a wide range of needs and working well with community provisions, delivered through a range of providers described within this paper.

- 3.30. All approaches to social prescribing experiences more demand than the services are able to deliver.
- 3.31. The Walsall wellbeing outcomes framework gives us an ideal opportunity to further enhance the approaches to quality and outcome measurement for social prescribing.
- 3.32. The mapping that has already been undertaken of community assets (which will be accessed through an online portal) will enable us to maximise opportunities in a sustainable manner and it will require resources to do so.

4. *Financial information*

The various models of social prescribing are commissioned differently. Given the reduction in demand on statutory services and clear alignment to improved wellbeing and prevention of ill health, there is a good case for “investing to save” in these services.

5. *Reducing Inequalities*

- *Give every child the best start in life.*

Social prescribing in family hubs will work with the most disadvantaged families to enable them to access the widest range of community assets, thereby improving their resilience.

- *Enable all children, young people and adults to maximise their capabilities and have control over their lives.*

Social prescribing is most relevant to those experiencing inequalities (such as poverty) and major life events (a cancer diagnosis). The model of social prescribing enables individuals to identify their personal goals and then achieve them.

- *Create fair employment and good work for all.*

Many people who attend social prescribing include meaningful activity as a goal. This can include caring for family members and volunteering as well as paid work.

- *Ensure a healthy standard of living for all.*

The PCN model of social prescribing is closely allied to specific physical and mental health goals. All approaches are crucial in delivering on those things which improve health indirectly, such as exercise and good housing (determinants of health).

- *Create and develop healthy and sustainable communities.*

Social prescribing as an intervention is based on individual interventions rather than communities. However, the social prescribers are interdependent with community assets. Also, some people accessing social prescribing have goals about being more connected to communities which in turn will enhance those communities.

- *Strengthen the role and impact of ill-health prevention.*

At the heart of social prescribing is the provision of holistic support and advice to individuals to help them thrive, connect them with appropriate with services and support them to connect with others, and/or to access training, employment etc. These all have a role in ill-health prevention.

6. Decide

There are a number of next steps which would develop the approach further:

- promote availability and impacts of social prescribing.
- understand pressures on services (activity, demands and unmet needs)
- consider sustainable funding opportunities for the schemes.
- consider sustainable funding for community assets.
- continue with leads network to add to quality of the offers.
- build the evidence base with the development of the partnership dashboard.

7. Respond

Feedback, offers of support and recommendations from Overview and Scrutiny Committee will be fed back into the Social Prescribing Leads group for consideration and action.

8. Review

Review and quality improvement activity linked to social prescribing happens through the Social Prescribing Leads group which meets every six weeks face to face.

Appendixes

Appendix 1 – Making Connections Walsall Evaluation

Appendix 2 – WHG Social Prescribing Project

Appendix 3 – WHG and MindKind young people's social prescribing project

Appendix 4 – Walsall Wellbeing Outcomes Framework

Background papers

None.

Author

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Introduction

Making Connections Walsall (MCW) was originally commissioned in 2017 by Public Health, as a social prescribing service for the lonely and isolated older residents of the borough. The service was extended through the pandemic, with the 4 hubs adapting very quickly to the new requirements and very high demand. Since then, the service has been re-procured (single point of contact & 4 hubs) in readiness for the new financial year in April 2022. This new service is available to all Walsall residents of all ages.

Report interpretation

Difference between client, assessment, goals

Client: In the original specification for MCW, each referral was entered onto the DCRS system as a new client, even if the resident was a repeat service user. However, as the service developed, the specification was modified, so that each resident had only one DCRS client record. This variation is important to note when interpreting the number of clients over time. Also note the client type filter, which can be either Covid or MCW. Most of the Covid clients were processed by creating an assessment and then performing a quick sign-off and signposting resident as appropriate. Therefore, there aren't many goals created for these assessments, due to the limited time available, the social connectors needed to process each referral as quickly as possible, from the data entry perspective, whilst maintaining a robust service.

Assessments & Goals: Each client can have one or more assessments and each assessment can have zero or many goals (which are the targets or objectives).

Document information

Report created by: David Hughes
Data source: Data Collection & Reporting Service (DCRS)
Date created: 21 Feb 2022

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Making Connections Walsall - Client summary

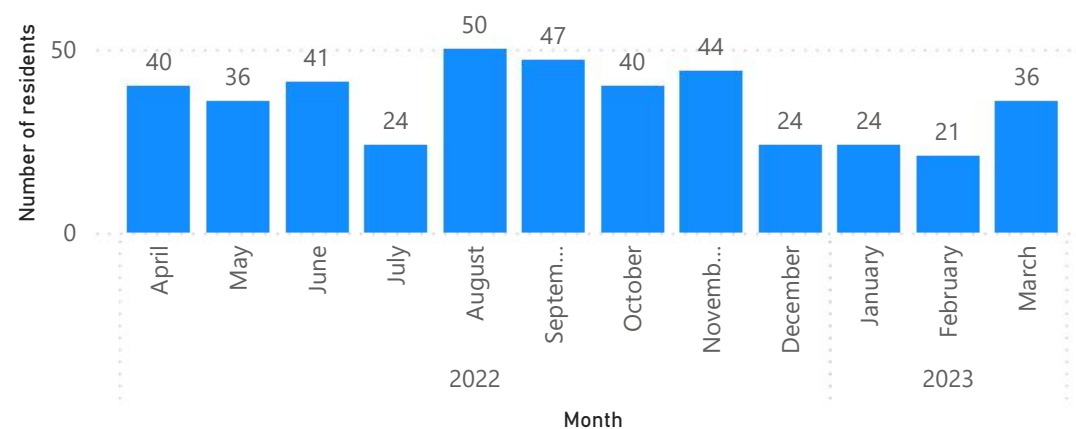
Source: DCRS (Data Collection & Reporting Service)

Referral date

01/04/2022 31/03/2023



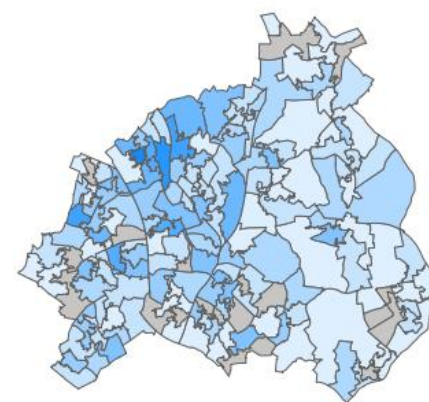
Total residents



Electoral ward

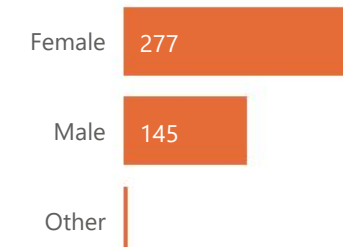


LSOA (Lower Super Output Area)

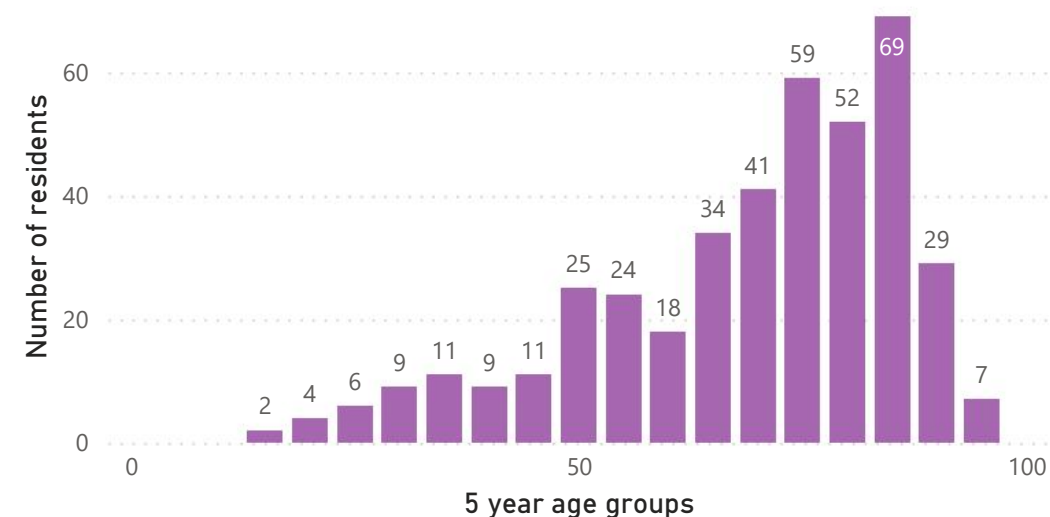


client_type	n	%
Making Connections	391	91.6%
COVID_19	36	8.4%
Total	427	100.0%

Locality	n	%
West	129	30.2%
North	125	29.3%
East	103	24.1%
South	70	16.4%
Total	427	100.0%



Residents age



ethnicity	n	%
A: White _ British	304	71.2%
99: Not Known	43	10.1%
Z: Not Stated	39	9.1%
H: Asian or Asian British _ Indian	17	4.0%
M: Black / Black British _ Caribbean	9	2.1%
I: Asian or Asian British _ Pakistani	5	1.2%
N: Black / Black British _ African	3	0.7%
L: Asian / Asian British _ Other background	2	0.5%
B: White _ Irish	1	0.2%
E: Mixed _ White and Black African	1	0.2%
G: Mixed _ Any Other Mixed Background	1	0.2%
J: Asian / Asian British _ Pakistani	1	0.2%
S: Any other ethnic group	1	0.2%
Total	427	100.0%

consider_themselves_disabled	n	%
Not disabled	189	44.3%
Disabled	122	28.6%
Not Known	116	27.2%
Total	427	100.0%

long_term_physical_health_condition	n	%
Yes	285	66.7%
Not stated	114	26.7%
No	17	4.0%
Unknown	11	2.6%
Total	427	100.0%

Total residents

427

Total contacts

1823

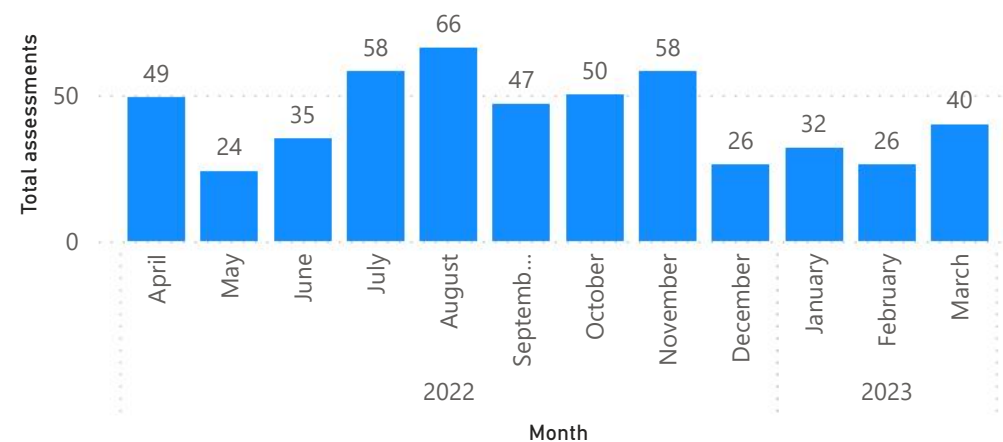
Making Connections Walsall - Assessment & Goals Summary

Source: DCRS (Data Collection & Reporting Service)

01/04/2022 31/03/2023

client_type
 ■ COVID_19
 ■ Making Connections

Assessments



Assessments 511

Locality_Name	n	%
East	108	21.1%
North	138	27.0%
South	122	23.9%
West	143	28.0%
Total	511	100.0%

local_issue	n	%
Not recorded	311	60.9%
Loneliness & isolation	154	30.1%
Emotional wellbeing	41	8.0%
Financial concerns	4	0.8%
Bereavement	1	0.2%
Total	511	100.0%

referral_source	n	%
GP or other primary care services	208	40.7%
Local authority Services	171	33.5%
Community / voluntary services	45	8.8%
Self	43	8.4%
Intermediate care team	20	3.9%
Emotional wellbeing services	12	2.3%
Community & District Nursing	8	1.6%
Hospital services	2	0.4%
Advice and Guidance	1	0.2%
Fire Service	1	0.2%
Total	511	100.0%

employment_status	n	%
Retired	341	66.7%
Unemployed	67	13.1%
Permanently Sick / Disabled	63	12.3%
Response declined	16	3.1%
Employed: routine / manual	9	1.8%
Full time carer	7	1.4%
Temporary sick	4	0.8%
Employed: intermediate occupations	2	0.4%
Looking after home or family full time	2	0.4%
Total	511	100.0%

sign_off_reason	n	%
Not signed off	128	25.0%
Only wanted some information	120	23.5%
Could not contact client	82	16.0%
Plan completed	74	14.5%
Not ready to make changes	33	6.5%
Other	21	4.1%
Signpost only	18	3.5%
Plan part completed	16	3.1%
Not eligible	7	1.4%
Chose an alternative service	5	1.0%
Inability to continue	3	0.6%
Client deceased	2	0.4%
Client DNAs (Did not attend)	1	0.2%
Mini Health MOT Only	1	0.2%
Total	511	100.0%

Goals 456

goal	n	%
Reduce anxiety/low mood	148	32.5%
Actions to enable goal achievement	106	23.3%
Connect more: Join a group	83	18.2%
Information required	44	9.7%
Be active: Find an enjoyable activity	38	8.3%
Build confidence/independence	18	3.9%
Learn something new: Take a course/Start new hobby	11	2.4%
Give/volunteer more: Volunteer/Help somebody	4	0.9%
Take more notice of the environment: Take time to enjoy the moment	4	0.8%
Total	456	100.0%

referral_to	n	%
Community / voluntary services	290	63.7%
Other (put details in 'Referral_other')	33	7.2%
Not recorded	22	4.8%
Local authority services	20	4.4%
Lifestyle change/support services	19	4.2%
Leisure activity	17	3.7%
Emotional Wellbeing Services	14	3.1%
Bereavement Support	9	2.0%
GP or other primary care services	9	2.0%
Citizens advice	7	1.5%
Advice and Guidance	5	1.1%
Dementia cafe	5	1.1%
Lunch Club	5	1.1%
Disability services	1	0.2%
Total	456	100.0%

Stronger Communities

Social Prescribing within whg

1. Executive Summary

1.1. Background

With a strong presence in Walsall and throughout the West Midlands, whg are committed to being a place-based housing association and anchor institution that builds homes and invests in communities where people can flourish and thrive. Great health and wellbeing are essential foundations for thriving and resilient communities and a successful economy, and whg are rightly proud to provide safe and secure homes, a key cornerstone for good health.

whg recognise the impact of other determinants of health for customers and communities, such as income and employment status, and the implications this has for tenancy sustainment and creating and sustaining resilient communities. As a member of the Walsall Together Board, and the local Integrated Care Partnership, whg contributes to the Resilient Communities workstream, which focuses on tackling health inequalities caused by the wider determinants of health.

There is a strong commitment from the whg Board and Group Executive Team to place health, wellbeing, and prosperity at the heart of the organisation and this is reflected in the whg Corporate Plan Successful People Successful Places

To support the delivery of the Corporate Plan, the whg Board approved a new health and wellbeing strategy, *The H Factor; Health, Hope and Happiness 2021 -24*, which has a specific focus on:

- Reducing Loneliness and Isolation
- Social Prescribing for those with the worst health and the least access to services
- Reducing the impact of poverty on children and families
- Enabling customers to age well and live their best life possible

whg know that they cannot achieve their ambitions alone and are therefore committed to working in partnership with others to make a positive lasting difference to the diverse range of people and communities they serve.

1.2. Context

whg has a long history of investing in health and wellbeing interventions, running a programme of initiatives since 2008 including: Walking Football Clubs, Breakfast Clubs in local schools, Community Gardens, Waste Away (weight loss programme) and Nifty over Fifty (encouraging movement in older life). However, a review in 2019 identified the limitations of these small-scale and isolated programmes and the potential impact that could be achieved by a joined-up programme of support. This led to the development of the social prescribing service, which whg launched in early 2020.

Within whg social prescribing is designed as intervention that formally links individuals with non-medical sources of support in order to improve their long-term health and wellbeing .

The service is intended to engage a broad user base, address local challenges and needs, support positive health and wellbeing outcomes, sustain tenancies and build stronger and more resilient communities.

Identified individuals can be referred into a social prescribing service by a whg link worker via a range of referral routes (e.g., primary care, secondary care, allied health, social care or statutory services)¹. The link worker is a non-clinical person who excels at developing relationships so that people feel able to explain what is happening in their life. As you can see from the table below the majority of the referrals received were due to mental health and associated concerns such as anxiety and depression

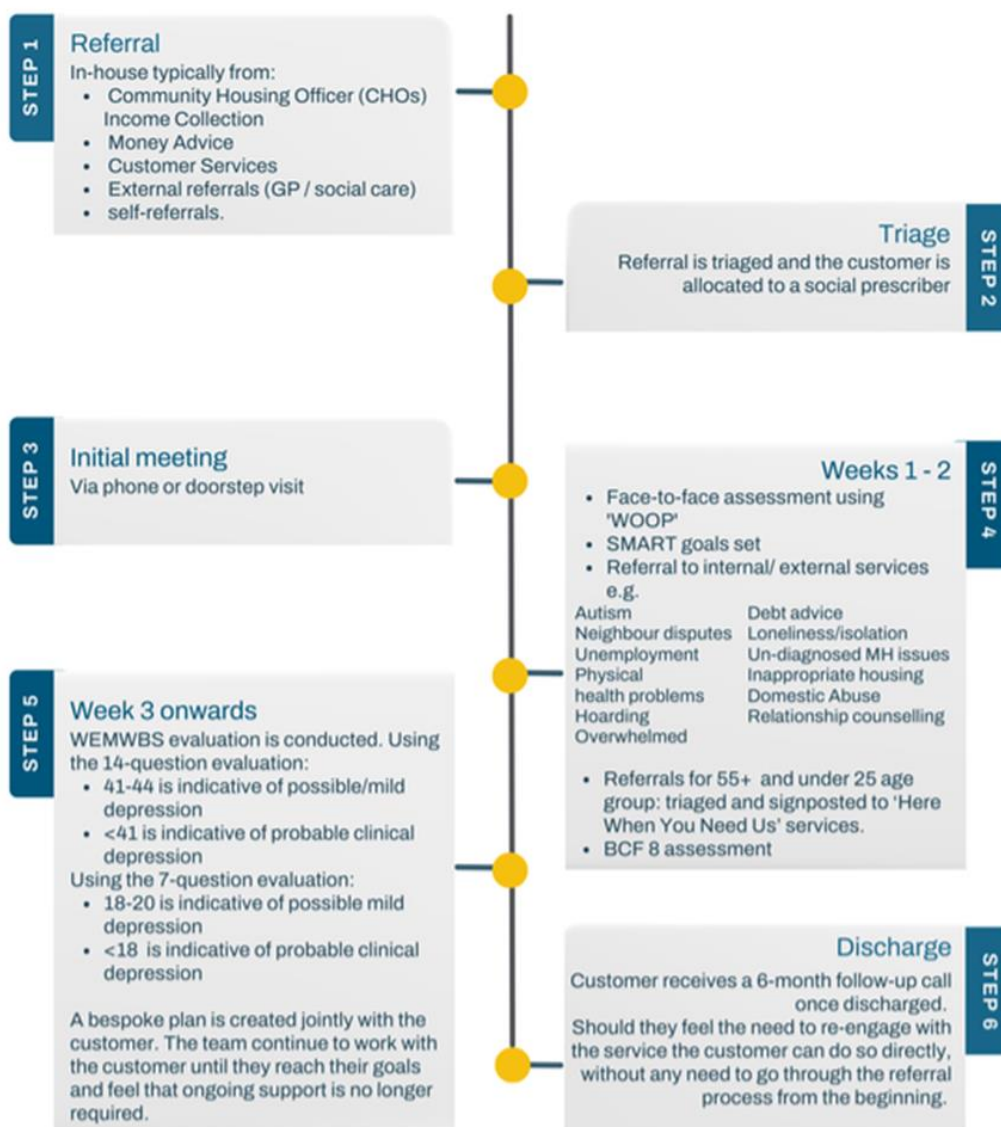
Reason for referral	% of total customers engaged
Loneliness/Isolation	27.80%
Mental health	24.19%
Low confidence & self-esteem	20.94%
Anxiety	19.49%
Poor life skills	9.03%
Depression	6.86%
Poor physical health	3.61%
Physical disabilities	3.61%
Low skills	2.89%
Domestic violence concerns	2.89%
Substance misuse	2.53%
Housing & homelessness	2.17%
Stress	1.81%
Debt	1.08%
General support	0.72%
Hoarding	0.72%
Ex-offender support	0.72%

An initial meeting with a link worker aims to uncover a person’s preferences and unmet needs. The individual is then supported to access appropriate support, either internally via whg or by providing people with a **human bridge** to reach services that they may not be aware of or have previously struggled to access .

The majority of individuals have had several consultations with the social prescribing link worker before being ready to move onto a next step which can be taking part in a new experience or activity , volunteering, taking up new routines and behaviours and benefitting from services such as counselling or coaching .

The time spent building trust with the link worker is seen as a key part of the social prescribing intervention. Recognising that people’s health and wellbeing are determined mostly by a range of social, economic, and environmental factors, social prescribing seeks to address people’s needs holistically. It also aims to support individuals to take greater control of their health.

It has drawn on existing infrastructure and positioned community development and an asset-based approach as a core component of the work. In line with the objectives for whg's health and wellbeing strategy, *The H Factor*, the social prescribing service has focused on communities with significant levels of financial deprivation and health inequalities.



The table above describes a typical pathway of participants

Recognising the need to evidence and evaluate the impact of the service in order to support service development and growth, in 2021 whg commissioned HACT (Housing associations' charitable trust) to work collaboratively to:

- Independently evaluate and quantify the impact achieved by whg's social prescribing service for service users and the organisation.
- Collate learning that can be used to shape service design, help embed a durable culture of continuous improvement going forward and make a case to local health partners for collaborative investment and partnership working.

Summary of findings

- A total of **277** customers engaged with the social prescribing service during the research reporting period (2021- 2022)
- The majority of service users identified as **female (70%)** and **White British, (88%)** and were aged between **26-35** and **36-45**.
- The average length of engagement was **145** days, with service users taking part in an average of **5** individual sessions.
- Just over a third of service users (**81**) were referred to a further support service to ensure their longer-term needs were addressed.
- The 'Family and Friends' test scored **100%** and service partners were happy with the service and their collaborative working with whg.

Service impact

- **Over 90% of services users reported positive change in WEMWBS scores (91.7%)** with **90.8%** reported a statistically meaningful positive change in their wellbeing. These scores are captured using WEMWBS survey questions.
 - Average WEMWBS score before engaging with the service was **33.4** and **49** after receiving support through the social prescribing service.
 - A large proportion of service users (**87%**) reported low levels of wellbeing prior to engaging with the service, compared to **28%** of service users who reported low wellbeing after receiving support.
This highlights the need for the service and scope for further improvement in community and individual wellbeing within this population.
- A survey of a random sample of service users showed a significant self-reported impact of the Social Prescribing Service on **reducing pressures on primary care**, with **93%** reporting **a reduction** in the number of times they have needed to contact their GP. HACT has assessed the social impact of the social prescribing service and found the **total direct social value created by the projects was £1,923,146**.
- This is a result of: *187 customers improving their WEMWBS scores between the pre and post survey.*
- Although not the focus of the programme as people progressed and built mental and social capital, increased confidence and skills, people progressed into regular volunteering, employment, and accredited courses:
 - ✓ 22 customers progressed into employment
 - ✓ 36 customers took part in training to move them nearer to employment
 - ✓ 28 customers attended accredited training courses
 - ✓ 6 customers became regular volunteers within their own communities

Key headlines

Through this research, we have identified numerous strengths of the current approach:

Holistic support - the service is filling a gap in wellbeing support provision using innovative and holistic approaches to working with customers, contributing towards keeping people in their home

which has a huge benefit to their physical and mental health as well as engaging them in new opportunities such as training or work, which can lead to: lower likelihood of being in debt; reducing loneliness or isolation; being more effective parents; sustaining tenancies; and less need for more costly interventions within the health and social care system. The whg social prescribing service has had a life-changing impact, not only on those that engage with the service but importantly, on the wider family unit, the wider community and, as evidenced by self-report in the evaluation, the health and social care system by reducing the need for clinical services to intervene.

Effective service – feedback from both delivery partners and customers has been overwhelmingly positive highlighting the value of the service and how works extremely well to achieve desired outcomes. The impact of the service is evidenced through both quantitative and qualitative data and the Appendix has a case study to illustrate the holistic positive impact of the social prescribing service. One 60-year-old widower who was living alone and struggling to cope with the loss of his wife, is an excellent example of the holistic impact of the service. This individual went from feeling the despair of feeling that life no longer had any meaning and was in a state of contemplating suicide, to engaging with the social prescribing service and seeing his life turn around to such an extent that he had decided to become a volunteer with the team: “I can’t wait to give back to the community that has supported me so much.”

Person-centred & flexible service – the service provides targeted support and has excelled in creating trusting relationships with customers that forms the basis of the support. Social Prescribers are trained to empower service users to see themselves as active participants in their support leading to self-care.

Effective partnership working – the excellent relationship with partners is very clear to see, with one external stakeholder commenting that the service has “connected SO MANY dots” and enabled them to enhance how they work.

Convenience - the accessibility to an array of service offerings through the team as a single point of contact was highlighted as being a key feature of the success of the service as customers can receive something positive and constructive at the immediate point of engagement. People in need of support often feel that they are constantly moved from one service provider to another and are reluctant to trust new services or officers. The social prescribing service stops customers going through “revolving doors” and saves time for both the customer and whg colleagues. Customers who have never previously engaged with support services may trust their landlord with an initial referral as a customer already has a relationship with them. Referrals are effective partly because they are made by whg colleagues who already know residents. This also improves the relationship residents have with their landlord that may prevent future support needs or address them early.

1.3. Conclusions

HACT has been impressed by the hard work and dedication of the team successfully delivering services in what was, and remains, a challenging operating environment. The research shows that whg occupies a clear and a much-needed role in the local community as a support provider.

Overwhelming majority of comments in the interviews and survey were positive, with many customers referring to the positive atmosphere created by those providing the support.

During the evaluation reporting period, the service has **generated £1,923,146 in social value for the wider health economy in Walsall.**

The service has clearly improved the health and wellbeing of the people engaging within the service with many examples of service users developing the behavioural changes and resilience needed to cope with issues such as bereavement, debt, loneliness and isolation and domestic abuse all of which could possibly have ended up within primary care to manage. This is significant in an area such as Walsall, where health inequalities are persistent and unfair, sometimes leading to early death or a younger healthy life expectancy.

The research shows that whg occupies a clear and a much-needed role in the local community as a support provider. Social housing residents and other vulnerable individuals are still living in the aftermath of the pandemic and have an increased level of financial, employment, mental health and tenancy management needs. This situation is exacerbated by the depleted resources in other community services, including support provided by large national charities. whg, therefore, fills a gap in support services, providing impactful, consistent, and highly professional service that ranges from low-level support to more intensive 'hand-holding' support that aims to develop sufficient levels of confidence and independence.

HACT has identified one key opportunity and recommendation for the service – **expansion**. The Social Prescribing service at whg is oversubscribed and now has a waiting list. Given the impact this service has for service users, our main recommendation is therefore that whg explores funding opportunities with partners for this service to be expanded

The service is currently funded by whg and is over subscribed. These achievements have been delivered by a small team of **5 part time Social Prescribers and 1 full time Social Prescribing Manager**. We urgently require funding in order to sustain the service and upscale it so that we can reach an increased number of people. At present a small team of 4 part time social prescribers and 1 programme manager will engage with approximately 400 residents of which 350 will fully complete the programme . The cost of the programme for 12 months is approximately £200k . At present we have over 100 people on the waiting list for support .

Individuals low WEMWBS scores prior to intervention demonstrates that we are reaching the Core20 population and are therefore reducing health inequalities.

The most up to date performance of the service is detailed below:

whg SOCIAL PRESCRIBING Programme 2022.23

- **427 whg** customers' have received Social Prescribing support
- **247** Social Prescribing referrals received in 2022/23
- **127** current live cases
- **276** Customers to date have completed WOOP coaching plan.(Wish Outcome Obstacle Plan)
- **35** gained qualifications
- **20** long term unemployed people have moved into employment
- **9** people are now volunteering within their local community

The programme has been featured in a number of publications and was part of a submission to the HSJ awards in 2022 where the programme was shortlisted:

<https://www.insidehousing.co.uk/insight/a-week-in-the-life-of-a-part-time-social-prescribing-link-worker-80604>

To bring the programme to life please see below a recent case study.

Connie Jennings
Director Stronger Communities
Connie.jennings@whgrp.co.uk

"I had always been just a mum; it was time I did something for me. It means everything to get up each day and put a smile on someone else's face like someone did for me"

Initial WEMWBS 42

Final WEMWBS 66

Economically inactive 16 years

The power of Social Prescribing From whg customer to whg colleague

Background In 2003 I became a whg customer. Over the course of the next 16 years I became a mom to 4 children. I never worked because I was in a difficult relationship and was told what to do and where I could go. All I did was take the children to and from school. I was very lonely. In 2019 things became so bad that I had to move away.

Support Offered Once I moved in whg asked me if I wanted a social prescriber to support me. My confidence was really low I felt I had nothing to offer and I knew I needed help. This is where the lovely Emily began to meet with me. At this stage I was just getting through each day looking after the kids and getting by. It wasn't really a life I was just going through the motions. I now know I was dealing with the damage caused by my relationship.

Approach WOOP Coaching Emily started off by meeting me and chatting and getting to know me. She wasn't scary and I felt comfortable with her. Emily asked me some questions about my health and wellbeing, and I know my score was quite low (She had a wellbeing score of 42 and has a low score of 2 for confidence). The national score for wellbeing is 51 WEMWBS. Through weekly visits I worked with Emily to agree things I would try to do (WOOP Coaching model Wish Obstacle Outcome Plan). As the children were at school all day, I could have gone to work but I was scared to come off benefits. Although benefits are low you know you are going to get the money each month. If I got a job I didn't like or couldn't do it would mess up my money and I couldn't do that with my kids to look after. Emily asked me to think about volunteering.

Confidence building, I completed whg's Be A Better You course, this helps you to think about what you are good at and how to cope with difficult things. I loved it and now felt confident enough to become a volunteer and was trained as a befriender.

Giving Back I called people who felt lonely, often living on their own they loved a weekly chat with me. This could be a general chat that would last anything from 5 minutes to half an hour. I really enjoyed making calls to people each week. I began to think differently about myself and really enjoyed helping people. People would share things with me and I had to get them help from different places. As part of the role I had training to improve my computer skills. I completed training in safeguarding helping me to understand when people are not safe and might need some help.

Knock Back I then applied for the Kindness Champion role with whg but was not successful. Emily encouraged me to learn from the interview and reminded me it was the first time I had applied for a job. The knock back made me more determined to go to work. I wanted my kids to be proud of me.

WEMWBS Wellbeing Score Emily did a second assessment and my score had increased to 66 which showed me how much I have changed.

Education I then began to volunteer at a local school and started college to improve my English and Maths.

Opportunities During this time Emily kept in touch with me and told me about the whg Health Champion jobs. whg organised a two-week pre-work course which I completed.

Success I applied for the job and I cannot believe it, but I am now a whg Community Health Champion helping people in my own area. I cannot believe how my life has changed I look forward to everyday helping other people smile like Emily helped me. **Time spent on the programme 7 months ; contact continued 12 months**

The Context

The Office for National Statistics research suggests young adults are more likely to feel lonely than older age groups with almost 10% of people aged 16 to 24 "always or often" lonely - the highest proportion of any age group. This was more than three times higher than people aged 65 and over.

Young people in the lowest income brackets are 4.5% more likely to experience severe mental health problems. one third of 16-24 year olds have reported feelings of anxiety and depression.

Participants

7 male whg customers between the ages of 18 and 24 were asked to participate. All participants had experienced events across the life course linked to health inequalities and poor holistic life outcomes. All had experiences ACES and a number were Young Offenders. 85% of participants have been in care with 70% being direct care leavers. 85% of participants disclosed mental health including depression, anxiety and Complex PTSD.

Outcomes

WebWem Scores -

	Week 1 - Oct 2022	Week 19 - Feb 2023
XX	35	34
XX	52	66
XX	33	54
XX	34	47
XX	54	68
XX	25	41
XX	16	51

85% of participants experienced increases in wellbeing scores across the proof of concept with the average WEBWEMS average increase of 16 points.

85% of participants have been onboarded into follow on MindKind Groups and taken part in MindKind PERMA activities - including our Positive Psychology and Confidence Building course, MindKind Men's Wellbeing Group, Father's Peer Support Group. All of these participants have reported that this has helped them feel less isolated. Utilising healthy coping strategies and positive psychology techniques has resulted in positive feedback.

XX, 22 accessed the Men's Online Peer Support Group to discuss the recent bereavement of his grandfather - "Talking has helped. I didn't talk to anyone before this about how I was feeling. Speaking to the group made me feel that what I was feeling was normal"

85% of participants have reported an increase in exercise and healthier food choices. 3 participants go to the gym on a semi regular basis with 1 participant going 5 days a week. 85% report doing some kind of exercise at least once a week - an increase from 28% from the beginning of the proof of concept.

Support with budgeting, healthy food prep and time allocation, healthy food knowledge dissemination, utilisation of a slow cooker, supported food shopping with our Mental Health Social Worker, peer support and positive psychology has seen many anecdotal stories around healthier food choices, people eating a healthy breakfast, cutting down on unhealthy food choices.

"I now eat a decent breakfast most days, I eat healthier and I have cut down on fizzy drinks." - XX, 21

"I used to drink at least 50 cups of tea a day and at least 3 big bottles of fizzy pop or energy drinks. I now drink about 10 cups of tea and 1 bottle of fizzy drink every few days. I have also bought a healthy cookbook and have started bulk cooking like the trainer spoke about...I even eat fruit now...I have cut down from 200 rolls a week to about 50 now" XX - 22

XX, father of 2 young children and care leaver has sole custody of his children. His young children have been subject to a Children in Need plan. Through the MindKind Father's Peer Support Group LJ's experiences and thoughts are being captured and will directly impact the Family Safeguarding Strategy For Working With Fathers.

"It's good they will have to listen to me. I've been banging my head against a brick wall."

We have had to work intensely with 3 participants to ensure they have not returned to criminality for income. This has been possible through our intensive trust building efforts.

"I've called XXXX a few times when I've got frustrated and thought about dealing again. Everytime I come away feeling much better and more determined not to go back" - XX, 20
Challenges

Challenges

Pre Contemplation and Trust Building

Many of our participants were at the precontemplation stage of change. This has resulted in intensive work building trust that has involved a lot of resource. The program has ran from November to April and for the first 3 months of this building trust and engagement has been understandably challenging , although attainable.

Cost of Living

The difficulty in eliciting change has been compounded by the cost of living crisis. As such we have had to support with food vouchers (including taking participants shopping to support with health spending) and intensive work around budgeting as well as forward referrals to whg money matters.

Complex Issues

Participants have been supported to manage social issues, illicit and legal debts, a lack of life skills through being brought up in care and challenging familial environments, mental health including depression, anxiety and complex PTSD, illiteracy, a complex number of professionals and bereavement.

Walsall Wellbeing Outcomes Framework

“Thriving individually and together”

What is Walsall Together?

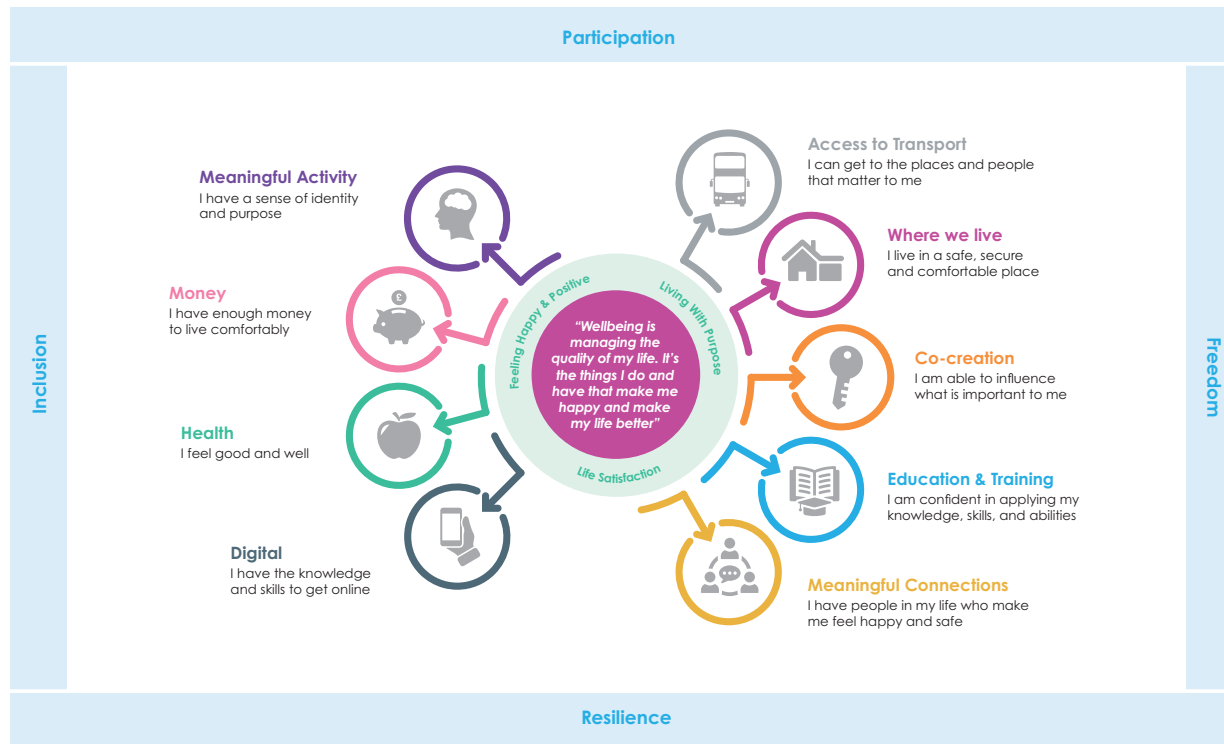
Walsall Together (WT) is a partnership of health, social, local authority, housing, voluntary and community organisations working together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough. The Walsall Wellbeing Outcomes Framework (WEOF) is owned by Walsall Together and its partners.

What is the WEOF?

The WEOF is strengths based and positively framed. It defines wellbeing and identifies that personal (individual) wellbeing (the green circle) is bespoke to each individual but is influenced by nine fundamentals that impact on the way we think, act, feel and behave. It presents corresponding aspirational outcomes that can be monitored at a population level via strategic indicators. The model is surrounded by four core factors. There is clear interconnectedness between the factors, the fundamentals and developing, maintaining, or increasing wellbeing.

Why develop a WEOF?

We are seeing a growing population, changing/more complex and long-term needs, there is a cost-of-living crisis, and more demand on services. All this is at a time when resources are scarce and whilst we are dealing with the aftermath of a pandemic. In Walsall there is added complexity, with 56% of the population being in the most deprived 20% in the UK. We know that wellbeing is negatively affected by deprivation, and this holds true even after allowing for personal attributes and situations. The WEOF is a significant milestone in our journey towards a comprehensive and inclusive approach to equity.



How do we use the WEOF to measure wellbeing?

From the research we were able to identify what 'drives' wellbeing. This was crucial for framing our approach to identifying the eighty plus strategic indicators that sit under the WEOF. We selected one or more indicators relevant to each driver. We looked for them at the lowest level of geographic granularity. The indicators were already available in the public domain and were recently and frequently updated. In some cases, data wasn't sufficiently relevant to the driver of wellbeing to justify inclusion, so local indicators will be developed to longitudinally monitor progress, but without the capability of out-of-area benchmarking.

How will the WEOF be implemented?

The WEOF can be used to explore how we achieve equity, whilst also analysing the impact existing assets have on quality of life. It will shift attention from mapping an area's vulnerability to understanding the capacity and capability of people helping themselves. It will foster dialogue, encourage the exchange of knowledge, and facilitate the co-creation of solutions as well as reducing duplication of effort, resources, and funding. It will require ongoing collaboration, but by committing to this WT will be taking a more inclusive approach to leadership, evidencing success, commissioning and their approach to strengthening communities.

How was the WEOF developed?

Drawing upon extensive research, strategies, policies, data, stakeholder insights, and the wisdom of Walsall's residents, the WEOF was co-produced, by a partnership team of circa 25 stakeholders, over a period of 10 months. The consensus was that using multiple angles, to check and challenge, was positive in putting people at the heart of the design. Preference was given to Walsall residents responses when shaping the definition and identifying the fundamentals of wellbeing that matter to them the most.

What will the WEOF do and not do?

The WEOF proposes an infrastructure for delivering priorities, it does not articulate how or what should be done. It is clearly based on human needs and rights. 'I statements' are aligned to pertinent quantitative existing indicators at the lowest level available. Subjective (qualitative) strategic indicators and operational/service user measures will be established in the future. The WEOF applies to primary, secondary, and tertiary prevention so it is less applicable to responding to short-term crisis. It is aimed at what we can influence at 'place' and not regional, national or global triggers of poor wellbeing.

Who is the WEOF for?

The WEOF will be applied and implemented by leaders across all sectors, for the benefit of residents. It does not have a specific focus on children and young people (CYP) due to their age specific requirements and social standing, which inevitably will lead to a set of bespoke outcomes. However, by improving quality of life of their significant others and strengthening the community, CYP will experience new opportunities and the freedom to grow.



Health Being healthy in body and mind	Meaningful connections Having mutual & fulfilling bonds/relationships	Access to transport Getting to the people we want to see and the places we want to go	Money Being able to pay for our basic needs and fund the lifestyle we want	Meaningful activity Engaging in activity we find stimulating and enjoyable	Co-creation Having the freedom to shape our locality, so it positively influences our lives	Education & training Developing the knowledge, skills and abilities we need and want	Where we live Being satisfied with the building and/or the area we live in	Digital Being able to use technological devices & access the internet
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Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2023/24

Committee Meeting Date	Agenda Item	Action/Recommendation	Officer responsible	Status	Target Completion Date	Notes
13 July 2023	Areas of Focus	A work programme for the municipal year be produced containing agreed areas of focus.	Jack Thompson	Complete	6 September 2023	Sent with agenda papers.
		Information on Social Worker referrals for Adult Social Care be shared with Members of the Committee.	Jack Thompson			
		The Committee be provided with the cumulative impact of the Fair Cost of Care exercise.	Jack Thompson			
		That the Committee be provided with the amount and percentage of the Council's Council Tax spent on Adult Social Care.	Jack Thompson			

Social Care and Health Overview and Scrutiny Committee: Work programme 2022/23¹

Main agenda items	14/09/23	26/10/23	28/11/23	18/01/24	19/02/24	04/04/24
Theme: Primary Care Access						
Access to GP Services - Update on telephone system						
Social Prescribing (Walsall Healthcare Trust – Walsall Together)						
Theme: Emergency and Hospital Care						
Update on the new Urgent Care Centre						
Update midwifery led unit & maternity services (neonatal birthweights) ICB/Walsall Healthcare Trust						
Manor Hospital CQC report feedback						
Theme: Waiting times						
Elective care waiting times (inc. Surgery)						
Adult Social Care						
Adult Social Care Continues Improvement Programme & CQC ratings of service providers						
Adult Social Care – CQC Inspection Readiness						
Adult Social Care Debt Association						
Budget Scrutiny						
Quarter 2 Financial Monitoring						
Budget Setting 2022/23						

¹ Please note that the work plan can be edited, and items can be added and removed at the discretion of the chair.



Walsall Council

FORWARD PLAN OF KEY DECISIONS

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

4 September 2023

FORWARD PLAN

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

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

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

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

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

- (1) A key decision is:
 - (i) any decision in relation to an executive function which results in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council’s budget for the service or function to which the decision relates or
 - (ii) any decision that is likely to have significant impact on two or more wards within the borough.
- (2) The threshold for “significant” expenditure/savings is £500,000.
- (3) A decision taker may only make a key decision in accordance with the requirements of the Executive Procedure Rules set out in Part 4 of this Constitution.

**FORWARD PLAN OF KEY DECISIONS
OCTOBER 2023 TO JANUARY 2024 (04.09.2023)**

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
31/23 (3.7.23)	Deeper Devolution Deal Approval of the West Midlands Combined Authority West Midlands Trailblazer Deeper Devolution Deal and Action Plan.	Cabinet Key Decision	Caroline Harper, Regeneration Officer Caroline.Harper@walsall.gov.uk	Internal Services	Cllr Bird	20 September 2023
26/23 (5.6.23)	Draft Revenue Budget and Draft Capital Programme 2024/25 to 2027/28 To provide an updated medium term financial outlook, draft revenue budget and capital programme for 2024/25 to 2027/28, including savings proposals, and to set out the process and timescales for setting a legally balanced budget for 2024/25.	Cabinet Non-key Decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Rate payers, voluntary and community organisations, Internal Services	Cllr Bird	18 October 2023
32/23 (3.7.23)	Council Plan 2022/25 – Q1 23/24 To note the Quarter 1 2023/24 (outturn) performance against the Markers of Success in the Council Plan 2022/25	Cabinet Non-key Decision	Elizabeth Connolly Elizabeth.Connolly@walsall.gov.uk	Internal Services	Cllr Bird	18 October 2023
27/23 (5.6.23)	Corporate Financial Performance 2023/24	Cabinet	Vicky Buckley	Internal Services	Cllr Bird	18 October 2023

	To report the financial position based on 6 months to September 2023.	Non-key Decision	Vicky.Buckley@walsall.gov.uk			
40/23 (4.9.23)	Biodiversity Net Gain (BNG) To seek approval for the adoption and publication of guidance on BNG, the publication of the Black Country Local Nature Recovery Map and Strategy, and its use as a working document	Cabinet Key Decision	The Black Country Local Nature Recovery Map and Strategy Sammy Pritchard Sammy.Pritchard@walsall.gov.uk David Holloway David.Holloway@walsall.gov.uk	Internal Services	Cllr Andrew	18 October 2023
41/23 (4.9.23)	Willenhall Framework Plan: Phase 1 Developer Partner Procurement Outcome and Award To provide an update on the outcome of the developer partner procurement <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Kauser Agha Kauser.Agha@walsall.gov.uk	Internal services, Legal (external)	Cllr Andrew	18 October 2023
42/23 (4.9.23)	Sale of the Former Allens Centre, Hilton Road, Willenhall To seek approval for the sale of the former Allens Centre in Willenhall. <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Nick Ford Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	18 October 2023

36/23 (7.8.23)	<p>Healthy Eating for Children and Young People Programme</p> <p>To seek approval to procure a new healthy eating and weight management programme for children and young people in Walsall.</p>	Cabinet Key Decision	Esther Higdon Esther.Higdon@walsall.gov.uk	Internal Services Walsall Healthcare Trust	Cllr Flint	18 October 2023
43/23 (4.9.23)	<p>Integrated sexual and reproductive health services and the Healthy Child Programme 0-19 Section 75 Agreement Extensions</p> <p>To seek approval for the extension of the Section 75 agreement for the delivery of integrated sexual and reproductive health services and the Healthy Child Programme 0-19.</p>	Cabinet Key Decision	Esther Higdon Esther.Higdon@walsall.gov.uk	Internal Services Walsall Healthcare Trust	Cllr Flint	18 October 2023
33/23 (3.7.23)	<p>Winter Service Operational Plan 2023- 2028</p> <p>To approve the winter service operational plan.</p>	Cabinet Key Decision	Paul Leighton Paul.Leighton@walsall.gov.uk Graham Wallis Graham.Wallis@walsall.gov.uk	Internal Services	Cllr Murphy	18 October 2023
44/23 (4.9.23)	<p>Street Lighting Post-PFI Arrangements</p> <p>To approve the service delivery model for the street lighting service from April 2028.</p>	Cabinet Key Decision	Katie Moreton Kathryn.Moreton@walsall.gov.uk	Internal Services	Cllr Murphy	18 October 2023

45/23 (4.9.23)	<p>Food Law Enforcement Service Plan 2023/24</p> <p>The Food Standards Agency (FSA) requires all local authorities to prepare an annual service delivery plan to reflect the work required of food authorities by the FSA, under the requirements of the Food Standards Act 1999 and the framework agreement on local authority enforcement. In accordance with this requirement a Food Law Enforcement Service Plan 2023/24 has been prepared and a decision is required from members to obtain authority to approve this plan.</p>	Cabinet Council Non-key Decision	Paul Rooney Paul.Rooney@walsall.gov.uk	Internal Services	Cllr Perry	Cabinet 18 October 2023 Council 6 November 2023
34/23 (3.7.23)	<p>Early Years Funding Formula 2023/24:</p> <p>That Cabinet approves changes to the Early Years Funding Formula for 2023/24 following notification of an increase in the hourly funding rates.</p>	Cabinet Key Decision	ESFA – Early Years funding operational guide Richard Walley Richard.Walley@walsall.gov.uk	Schools Forum Internal Services	Cllr Statham	18 October 2023
35/23 (3.7.23)	<p>Schools Mainstream Local Funding Formula 2024/25:</p> <p>That Cabinet approves the Mainstream Local Funding Formula, to be used for the allocation of mainstream funding to schools in Walsall.</p>	Cabinet Key Decision	ESFA – Schools revenue funding operation guide Richard Walley Richard.walley@walsall.gov.uk	Schools Forum Internal Services	Cllr Statham	18 October 2023
46/23 (4.9.23)	<p>SEN Place Requirement</p> <p>To approve finance for additional special educational needs school places.</p>	Cabinet Key Decision	Alex Groom Alex.Groom@walsall.gov.uk	Internal services	Cllr Statham	18 October 2023

37/23 (7.8.23)	<p>Autumn Budget and Spending Review, and feedback from Overview and Scrutiny Committees on draft revenue and capital budget proposals 2024/25 to 2027/28</p> <p>To provide an update on the impact of the Autumn Budget and Spending Review on the medium-term financial outlook, and to consider feedback from Overview and Scrutiny Committees on the draft revenue and capital budget.</p>	<p>Cabinet Non-key Decision</p>	<p>Vicky Buckley Vicky.Buckley@walsall.gov.uk</p>	<p>Council tax payers, business rate payers, voluntary and community organisations. Internal services</p>	<p>Cllr Bird</p>	<p>13 December 2023</p>
38/23 (7.8.23)	<p>Treasury Management Mid Year Position Statement 2023/24</p> <p>To note and forward to Council, for consideration and noting (and in line with the requirements of the Treasury Management Code of Practice (2017), the mid year report for treasury management activities 2023/24 including prudential and local indicators.</p>	<p>Council Non-key Decision</p>	<p>Treasury Management Code of Practice. Richard Walley Richard.Walley@walsall.gov.uk</p>	<p>Internal services</p>	<p>Cllr Ferguson</p>	<p>13 December 2023</p>
39/23 (7.8.23)	<p>Strategic Leisure Review</p> <p>To update on the performance and impact of the four leisure facilities. To approve recommendations around the current and future facility stock.</p>	<p>Cabinet Key Decision</p>	<p>Stuart Webb Stuart.Webb@walsall.gov.uk</p>	<p>Internal services</p>	<p>Cllr Flint</p>	<p>13 December 2023</p>
14/23 (6.2.23)	<p>Growth Funding for Schools:</p> <p>To enable the Local Authority to fulfil its duty to secure sufficient primary and secondary school places, through the</p>	<p>Cabinet Key Decision</p>	<p>Alex Groom Alex.Groom@walsall.gov.uk</p>	<p>Internal services, Schools Forum</p>	<p>Cllr Statham</p>	<p>13 December 2023</p>

	adoption of a policy for the application of revenue funding for school growth.					
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Black Country Executive Joint Committee
Forward Plan of Key Decisions

Published up to January 2024

Date Created	Key Decision	Contact Officer	Main consultee	Date of meeting
	Black Country Executive Joint Committee Governance			
04/09/2023	<p>Change Control and Delegated Authority</p> <p>Approval of BCJC Delegated Authority to the Single Accountable Body Section 151 Officer and approval of the revised Black Country Local Enterprise Partnership (BCLEP) Assurance Framework Change Control and Delegated Authority delegations, as detailed in the attachment of the report (BCLEP Assurance Framework Appendix 23).</p>	<p>David Moore david.moore@walsall.gov.uk</p> <p>Mark Lavender mark.lavender@walsall.gov.uk</p>	Walsall Council	01/11/2023