Walsall Council

Health and Wellbeing Board

Tuesday 26 April at 4.00 p.m.

Digital meeting via Microsoft Teams.

Public access via this link:

Membership: Councillor S. Craddock (Chairman)
Councillor K. Pedley
Councillor T. Wilson
Councillor I. Robertson
Ms. K. Allward, Executive Director Adult Services
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie (Vice-Chair)] Clinical
Mr. G. Griffiths-Dale] Commissioning Group
Dr. H. Lodhi] representatives
Ms. M. Poonia, Healthwatch Walsall
Ms S. Samuels, Group Commander, West Midlands Fire Service
Chief Supt. P. Dolby, West Midlands Police
Ms S. Taylor, One Walsall
Mr D. Loughton, Chief Executive 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

Quorum: 6 members of the Board

Democratic Services, The Council House, Walsall, WS1 1TW
Contact name: Helen Owen, Telephone (01922) 654522 *helen.owen@walsall.gov.uk*
www.walsall.gov.uk.

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.

Part 1 – Public Session

1. Welcome

2. Apologies and Substitutions

3. Minutes: 25 January 2021
   - To approve as a correct record – copy **enclosed**

   Note: *There are no minutes of the Health and Wellbeing Board (Local Outbreak Engagement Board) Sub-Committee as the work has been covered through the Council's Scrutiny Overview Committee supported by the Health Protection Team. Given the current move towards living with Covid, it is suggested that the sub-committee is not re-established for the ensuing municipal year. It will however be open to the Board to establish at any time if this becomes necessary.*

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

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

Discussion/Decision Items

6. Joint Strategic Needs Assessment 2022-25
   - Report of Director of Public Health – **enclosed**

7. Joint Health and Wellbeing Strategy 2022-25
   - Report of Director of Public Health- withdrawn. To be submitted to July meeting.

8. Health and Wellbeing Board Priorities 2022-23
   - Report of Director of Public Health – withdrawn. To be submitted to July meeting

9. Pharmaceutical Needs Assessment 2022-25
   - Report of Director of Public Health – **enclosed**

10. Better Care Fund – Q4 report
    - Report of Better Care Fund Manager - **enclosed**

Assurance Items

11. Children's and Adolescent Mental Health Services (CAMHS)
    - Report of Chief Executive, BC Healthcare NHS Trust - **enclosed**

12. Healthwatch Walsall – progress on projects and public engagement
    - Report of Chief Executive, Healthwatch Walsall - **enclosed**

Information Items

13. Director of Public Health Annual Report 2021-22
    - Report of Director of Public Health – **enclosed**

14. Public Health Outcomes Framework 2022-23– Annual Report
    - Report of Director of Public Health - **enclosed**

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

Date of next meeting – **July 2022**
(Note: the timetable of council committee meetings will be submitted for approval to the Annual Council meeting on 25 May 2022. Dates and meeting invites will be sent to Board members immediately thereafter)

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The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

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

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	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.

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

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.

2. Information which is likely to reveal the identity of an individual.

3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6. Information which reveals that the authority proposes:

   (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or

   (b) to make an order or direction under any enactment.

7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:

   (a) Constitutes a trades secret;

   (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);

   (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Health and Wellbeing Board

Minutes of the meeting held on Tuesday 21 January 2021 in the Town Hall, Lichfield Street, Walsall at 4.00pm.

Present (in person)	Councillor S. Craddock (Chair) Councillor I. Robertson Councillor K. Pedley Mr. S. Gunther, Director of Public Health Chief Supt. P. Dolby, West Midlands Police Ms R. Davies, Walsall College
Present (Remote)	Mrs K. Allward, Executive Director, Adult Social Care Mr. G Griffiths-Dale, Managing Director, Clinical Commissioning Group Dr Hammad Lodhi, Clinical Commissioning Group Mrs S. Rowe, Executive Director, Children's Services Ms S. Samuels, West Midlands Fire Service Ms J. Haywood, Housing Sector (substitute) Ms. S. Taylor, One Walsall Ms. M. Poonia, Chair, Healthwatch Walsall Ms. M. Foster, Black Country Healthcare NHS Trust Prof D. Loughton, Interim Chief Executive, Walsall Healthcare NHS Trust
In Attendance: (In Person)	Mrs H. Owen, Democratic Services Officer
In Attendance: (Remote)	Mrs C. Williams, Specialist Project Manager, Public Health.

764 **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.

765 **Apologies and substitutions**

Apologies for absence were received from: Dr A. Rischie and Councillor Wilson.

Substitute members: Ms J. Haywood for Ms F. Shanahan.

766 **Minutes – 19 October and 15 December 2021**

At this point, Councillor Craddock mentioned there were no minutes of the Local Outbreak Engagement Board (LOEB) to note as its work had been dealt with at the relevant Council Scrutiny Committees. He said that the framework for the LOEB to meet was still in place and that a meeting would be called if necessary.

Resolved

That the minutes of the meeting held on 19 October 2021 and the special meeting on 15 December 2021, copies having been sent to each member of the Board be approved and signed as a correct record.

767 **Declarations of interest**

There were no declarations of interest

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

There were no items to be considered in private session.

769 **Walsall Adults and Children's Safeguarding Board Annual Reports**

In attendance: Mrs S. Hodges, Chair of the Safeguarding Partnership.

Ms Hodges presented a report which highlighted the work, priorities, assurances and developments being progressed by the Safeguarding Partnership.

(see annexed)

Members discussed and commended the reports as a good reflection of partnership working. It was noted that this partnership work had reflected well in the Ofsted Inspection, notwithstanding the challenges still faced and that those challenges remained a priority.

Resolved:

That the content of the Annual reports be noted

770 **Walsall Multi-Agency Mental Wellbeing Strategy**

In attendance: Mrs A. Aitken, Senior Programme Development and commissioning manager, Health and Wellbeing.

The Director of Public Health, Mr S. Gunther and Ms Aitken presented a report which sought approval of the strategy.

(see annexed)

Members discussed the report, comments in summary included:

- It was important to address any remaining stigma attached to mental health issues by increasing understanding and promoting wider societal change. There had been recent support campaigns, mental health first aid training and media engagement which will be built upon.

- It was easy to underestimate the impact of people being open to understanding mental health. People left it too late for support and life expectancy was shocking. Focussing on preventative measures was key and that measures to ensure a joined-up approach were being put in place across the Black Country health and care sector.

- Another key element was to promote understanding of mental health within organisations including making sure that mental health featured in all policy decisions across the partnership.

- A “no wrong door” policy had been introduced across the Council, NHS and other partner organisations.

- Pastoral help and support for people who have mental health issues has matured and improved over the years, however, access to early intervention and therapy for work related stress needed to improve.

Resolved:

1) That the Walsall Multi-Agency Mental Wellbeing Strategy be approved

2) That the Multi-agency partnership take ownership of the delivery of the strategy and report back to the Health and wellbeing Board on an annual basis

3) That all partner organisations who had contributed to the strategy be recognised within the strategy rather than the addition of logos as this could overwhelm the appearance of the document.

771 **Health Protection Strategy**

The Director of Public Health, Mr S. Gunther, presented a report which set out current challenges to health protection in Walsall, described the shared partnership approach to addressing these challenges; and presented the strategy for health protection in Walsall from 2022-2025

(see annexed)

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

- Consultation on the strategy had been through the Health Protection forum which was a forum made up of partner agencies and identified in the strategy. Whg should engaged in the delivery plan.
- Regarding Health Inequalities work with homelessness, whilst important, was a small population given the success of Housing First and this needed a focus.

- There was a concern that Walsall was not meeting targets for routine childhood vaccinations and half of all practices are not achieving take up of vaccines. Priority areas had been identified to focus on, using learning from the pandemic about vaccine hesitancy.

Resolved:

That the Walsall Health Protection Strategy for 2022-2025 be approved

772 **Public Health and Adult Social Care Commissioning Intentions 2021-2024**

In attendance: Mr T. Meadows, Interim Director of Commissioning.

Mr Meadows and the Executive Director Adult Social Care, Mrs Allward, presented a report which informed of the commissioning intentions for the Council's Public Health and Adult Social Care services**.**

(see annexed)

Mr Meadows and Mrs Allward responded to questions and points of clarification during which time it was noted that operational guidance was awaiting regarding the timescale for procurement of the autism and advocacy service however this was likely to be in around six months and in the meantime, officers would be working on its development. It was also noted that the lifestyle and mental health services work would build on existing resources, and the relationships with partners and the community as a result of the pandemic, to promote social prescribing.

Resolved

1) That the report be noted

2) That a report on the Adult Social Care Transformation Plan be included in the Board's work programme

3) That future reporting be focussed on a whole Council, all age approach that aims to demonstrate the intentions and impact of all services and interventions that support the health and wellbeing of the residents of Walsall.

773 **Black Country and West Birmingham Integrated Care System (ICS) – Operational Planning 2022/23.**

The Walsall Managing Director Black Country and West Birmingham Clinical Commissioning Group, Mr G. Griffiths-Dale, gave a presentation which set out the key ambitions locally for 2022/23.

(see annexed)

Mr Griffiths Dale explained the key ambitions locally and set out the national planning priorities. He expanded on the need to address vaccine hesitance in local staff and explained what virtual wards were. It was noted that this presentation had been received by the Social Care and Health Overview and Scrutiny Committee.

The presentation was noted.

774. **Special Educational Needs and Disabilities (SEND) Improvement Board**

In attendance: Mrs S. Kelly, Director, Access and Inclusion, Children's Services

Mrs Kelly presented a report which provided a latest update and assurance in relation to addressing the specific areas of concern identified by Ofsted and the Care Quality Commission in the SEND Local Area Inspection in February 2019.

(see annexed)

In presenting the report Ms Kelly highlighted the two key areas of focus being the timeliness of Education Health and Care Plans (EHCP); and the timeliness of advice and said that there had been great progress since the written statement of Action, including a new hybrid model of accessing locum education psychologists nationally which had been very effective.

Mrs Kelly responded to questions and points of clarification including addressing concerns about the backlog of EHCP reviews and how communications with parents could be improved to inform them more about the process and progress. It was noted that ways supporting and listening to both the parents voice and the child's voice were being developed, including a confidential portal for parents and that a survey being carried out after each EHCP. Mrs Kelly said that this support would recognise that not everyone was digitally able.

Members also noted that significant work was being done between children's and adult services to overlap the "transition to adulthood" pathway which would capture post 16 year olds.

Resolved

1) That the Health and Wellbeing Board consider the content of this report and acknowledge and comment on the progress made to date in the improvement of SEND services.

2) That the Health and Wellbeing Board note the concerns in relation to the re-organisation of health and the implementation of the ICS and seek assurances from partners that the impact of this on services for children, and in particular those with additional needs are being given appropriate consideration.

775 **Black Country Strategic Child Death Overview Panel**

The Director of Public Health, Mr S. Gunther, presented a report which updated on activity within the Panel, outlined some of the challenges issues and responses seen in Walsall; and provided a summary of data from2020/21

(see annexed)

Mr Gunther responded to questions and points of clarification during which time it was noted that whilst there was a drop in numbers there was a recognition that more could be done to address the challenges including more awareness raising. He acknowledged that using data last year as a trend rather than a baseline would be more realistic given the pandemic and said that the data would be looking at whether lockdown had had an impact on child deaths and that work was being

done with Walsall Together, the Housing partners and through the Resilient Communities model in this respect.

Resolved

1) To note the update and challenges
2) To accept future reports from the Strategic Child Death Overview Partnership and any accompanying recommendations for learning.
3) To relate relevant learning and suggested recommendations in point 13.1 and 13.2 to Health and Wellbeing Board member organisations and make changes accordingly
4) To report on organisational actions undertaken as a result of this report at future Health and Wellbeing Board meetings with particular reference to whole organisation actions around to reducing inequalities and promoting safe sleep

776 **Work programme**

The work programme was submitted and noted.
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Date of next meeting – 26 April 2022.

At this point, Councillor Craddock asked members to make space in their diaries to enable in-person attendance by each member of the Board at least once or twice a year.

The meeting terminated at 6.10.p.m.

Chair:

Date:

Health and Wellbeing Board
26 April 2022

Agenda item 6

Our Joint Strategic Needs Assessment (JSNA) – Final

1. Purpose

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

2. Recommendations

2.1 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).

2.2 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.

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

3. Report detail

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

3.2 A JSNA is:

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

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

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

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

3.5 A JSNA Working Group (and Teams set up) met fortnightly, drawing upon the support and expertise of the **Walsall Insight Group** (WIG - further details in Appendix 1). WIG were tasked with refreshing the JSNA to inform the 'Joint HWBS'. A 'JSNA 2021 Refresh Progress Log' was devised and appropriate officers / Partner officers allocated in assisting with the refresh.

3.6 Our JSNA continues with the **Marmot life course approach** and is structured into **six key chapters**, with an additional supplementary seventh chapter dedicated to Covid-19. These include:

1. Health and wellbeing
2. Healthy start
3. Adult wellbeing
4. Ageing well
5. Place
6. Economy

Supplementary Chapter 7 - Covid-19

The **key findings** from the refresh have been shared previously with key themes including:

1. Mental health (children, young people and adults)
2. Healthy weight (children 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 futniture / design, culture celebration, Covid-19 memorial
10. Impact of poor air quality – M6 motorway J10 redevelopment works and the impact this will have.

The **three priorities** of focus for the Joint Health and Welbeing Strategy 2022-25 are:

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

3.7 During the development of the JSNA, a number of **HWB Development sessions** took place i.e. on mental wellbeing and JSNA priority formation.

3.8 A **'JSNA on tour'** showcase commenced to:

1. raise awareness with colleagues / service areas and amongst Partners of the 'so what' elements coming out of the insight
2. prompted further discussions to ensure the suggested priorities were applicable and shaped appropriately

3. encouraged the self-serve elements and prompted colleagues to use the JSNA

This approach has proved successful, with Walsall's JSNA considered good practice, with learning sought from other areas as to the **successful approach of Walsall**.

3.9 The JSNA data / insight will continue to be iterative, with updates uploaded throughout the year to ensure it is timely and can be utilised for other purposes in addition to its original purpose of identifying priorities for the JHWBS.

All JSNA material is available on the Walsall Insight Website - Walsall JSNA

4. Implications for Joint Working arrangements

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

5. Health and Wellbeing Priorities

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

Background papers

All JSNA material is available on the Walsall Insight Website - Walsall JSNA

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Appendix 1 – Walsall Insight Group (WIG)

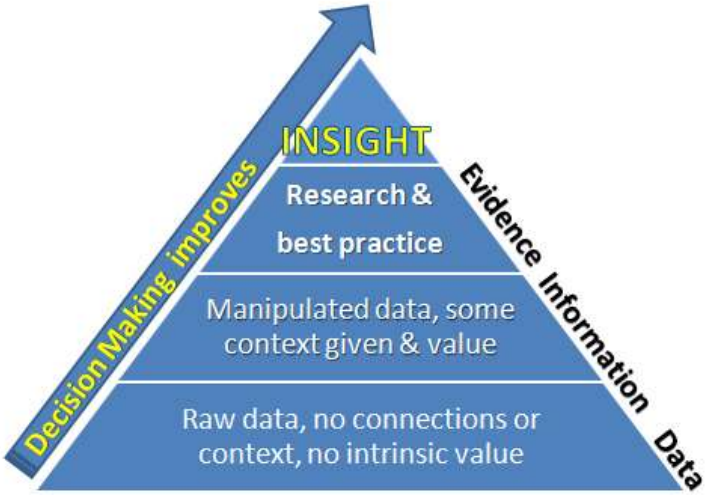
1. Purpose

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

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

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

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



2. Objectives of the Group

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

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

- Harness and add value to the boroughs information assets through analysis in order to understand the boroughs key priorities and to hence inform strategic decision-making processes aimed at delivering improved outcomes for the borough.
- Develop a performance framework and monitor delivery against The Walsall Plan.

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

3. Membership

Recognised Walsall Council colleagues who have an 'insight' responsibility within their job role.
It is recognised that membership will extend to Partners in due course as they too play a vital role in the delivery of insight and the success of Insight as a LA transformation programme is pivotal.

4. Role of the Nominated Representatives

The role of members is:

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

Health and Wellbeing Board – 26 April 2022

Walsall Pharmaceutical Needs Assessment (PNA)

1. **Summary**:

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, needs 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 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 and West Birmingham Clinical Commissioning Group (CCG) will use the PNA to inform their commissioning decisions.

1.5 The HWB should be aware that the PNA process is a significant and resource intensive piece of work which includes a mandatory consultation exercise involving a number of external organisations (refer to Appendix 2).

1.6 This paper will enable discussions at the Board with regard to actions that need to be taken to ensure that the Board are meeting their obligations under the regulations.

2. **Key requirements**

2.1 To produce an updated PNA by 1 October 2022.

2.2 To review, update as required, and produce a timely supplementary statement for the existing PNA.

2.3 To maintain an up to date (in so far as is practical) a map of pharmaceutical services for Walsall.

2.4 After the publication of a PNA, the HWB must publish a statement of its revised assessment within three years of its previous publication of a PNA.

3. Recommendations

3.1 An opportunity to review the 'draft work in progress report' to date.

3.2 Review the resident survey results, undertaken by Walsall Healthwatch.

3.3 To ensure input / comments / feedback is provided in line with the timeline (see section 10).

4. Introduction

4.1 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

4.2 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.

4.3 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.

4.4 The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies, such as children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs, as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). 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.

4.5 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.

5. Purpose of PNAs

5.1 The PNA will be used by NHS England 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 England and Clinical Commissioning Groups (CCGs).

6. Pharmaceutical services

6.1 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.

6.2 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.

6.3 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.

6.4 A local pharmaceutical services contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single 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. All local pharmaceutical services contracts must, however, include an element of dispensing.

7. Information to be contained in PNAs

7.1 The statutory minimum information requirements for PNAs are stated in **Appendix 1**.

7.2 When assessing local need for pharmaceutical services, HWBs may wish to note that general health need is not the same as the need for pharmaceutical services.

7.3 HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in the area of the HWB.

7.4 HWBs are required to keep the above map up to date, in so far as is practical (without the need to republish the whole of the assessment or publish a supplementary statement).

8. Publication and updating of PNAs

8.1 Timelines for publication of first and revised assessments:

- The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 commenced on 1 April 2013;
- HWBs are required to produce an updated final assessment by 1 October 2022;
- HWBs are required to publish a revised assessment within three years of publication of their previous assessment; and
- HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

9. Consultation

The Regulations set out that:

- HWBs must consult the bodies set out in **appendix 2** at least once during the process of making the assessment on a draft of the proposed PNA. Any neighbouring HWBs who are consulted should ensure any local representative committee in the area which is different from the local representative committee 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.

10. Review and development process

10.1 The key elements of the processes for reviewing and developing the PNA are outlined in the flow chart 1 below.

10.2 The inherited PNA should be made available on-line once revised.

10.3 The HWB is asked to consider and agree the following timeline:

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	May to July 2022
PNA revision post consultation	August 2022
Final PNA to HWB for approval	Virtual or 'special' meeting
Publication of PNA	1st October 2022

** Please note – these dates may possibly change due to amendments to the HWB date schedule for the forthcoming year.*

11. Risk management

11.1 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.

11.2 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.

12. Equalities implications

An equalities impact assessment will be undertaken on the revised PNA.

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Appendix 1

Information to be contained in PNA	Explanation
Necessary services: current provision A statement of the pharmaceutical services that the HWB has identified as services that are provided: (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).	In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers of such services needs to be mapped. This can be done, for example, by using NHS England's list of pharmaceutical services providers for the relevant area. This will need to include providers and premises within the HWB area, and also those that may lie outside in a neighbouring HWB area but who provide the services to the population within the HWB area. Examples of this type of service provider are pharmacies, distance-selling pharmacies (those who provide pharmaceutical services but not face to face on the premises, dispensing appliance contractors and dispensing doctors). Data from the Information Services Portal at the NHS Business Services Authority (NHS BSA) can be used to assess the use of distance-selling pharmacies and dispensing appliance contractors by people residing within the HWB's area.
Necessary services: gaps in provision A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Having assessed local needs and the current provision of services, the PNA needs to identify any gaps that need to be filled. Such needs might comprise a pharmacy providing a minimum of "essential services" in a deprived area, or pharmaceutical services of a specified type. The PNA may also identify a gap in provision that will need to be provided in future circumstances, for example, a new housing development is being planned in the HWB area. Gaps in provision are not just gaps in pharmaceutical health needs but also gaps by service type. For example, a locality may have adequate provision of essential services to meet the needs of the population, but have a need for more specialist services, such as the management of a long-term condition. Examples of gaps that HWB's may identify, include: • inadequate provision of essential services at certain times of day or week leading to patients attending the GP-led health centres being unable to have their prescription dispensed; • opening hours that do not reflect the needs of the local population;

	• areas with little or no access to pharmaceutical services; and • adequate provision of dispensing services (by those GPs who dispense), but patients unable to access the wider range of essential services.
Other relevant services: current provision A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area; (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.	This is related to the types of application that persons can make to be included on a pharmaceutical list or provide directed services. There are five types of market entry application (known as routine applications): • current need; • future need; • improvements or better access; • future improvements or better access; and • unforeseen benefits (where the applicant provides evidence of a need that was not foreseen when the PNA was published). The HWB will have identified those services that are necessary for the provision of adequate pharmaceutical services (See necessary services: current provision). There may, however, be pharmaceutical services that provide improvements to the provision or better access for the public whether at the current time or in the future.
Improvements and better access: gaps in provision A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area, (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.	It is important that PNAs identify services that are not currently being provided but which will be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign as set out in, for example, the Joint Health and Wellbeing Strategy, or re-provision. Provision may also change where significant economic downturn is expected, i.e. a large employer moves their operations to Europe or Asia. HWBs can also identify those services, which are currently not being commissioned by NHS England, local authorities or CCGs but may be services that could be commissioned in the future. It should be noted that if a HWB identifies a need or improvement and better access, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.

Other services A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its Information pack for HWBs – pharmaceutical needs assessments area; or (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.	There may be services provided or arranged by the HWB, NHS England, a CCG, an NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. For example, a large health centre providing a stop smoking service or immunisation service at a community hospital. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included. The PNA includes a statement outlining the services identified in the assessment which affect pharmaceutical needs.
How the assessment was carried out An explanation of how the assessment has been carried out, in particular (a) how it has determined what are the localities in its area; (b) how it has taken into account (where applicable) - (i) the different needs of different localities in its area, and (ii) the different needs of people in its area who share a protected characteristic; and (c) a report on the consultation that it has undertaken.	HWBs may wish to divide up their area to reflect different needs in different localities – for example, to identify needs for different segments of their populations. If so, HWBs may wish to designate any PNA localities to mirror JSNA localities. The PNA includes a statement setting out how the HWB has determined the localities; the different needs of different localities in its area including the needs of those people in the area sharing a protected characteristic, for example, a large travellers' site; and a report on the consultation undertaken on the PNA.

Appendix 2

Consultation on pharmaceutical needs assessments

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making;

1. 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);
2. 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);
3. any persons on the pharmaceutical lists and any dispensing doctors list for its area;
4. any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
5. 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
6. any NHS trust or NHS foundation trust in its area;
7. the NHSCB; and
8. any neighbouring HWB.

Walsall Health and Wellbeing Board

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:

AUR	Appliance Use Reviews
BCWB CCG	Black Country and West Birmingham Clinical Commissioning Group
CCG	Clinical Commissioning Group
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
FHSAU	Family Health Services Appeal Unit
GP	General Practitioner
HWB	Health and Wellbeing Board
IBA	Interventional Brief Advice
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	NHS England
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office for National Statistics
PCT	Primary Care Trust
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

TO UPDATE AT END

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 at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the NHS "market entry" system.

Under the 2013 regulations, to provide pharmaceutical services, a person must apply to NHS England and NHS Improvement 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, NHS England and NHS Improvement, 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 NHS England and NHS Improvement (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 NHS England and NHS Improvement.

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 12 (Advanced and Enhanced Services) (England) Directions 2013 which can be found in Part VIC of the Drug Tariff3.

As at October 2021, 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 (currently until 31 March 2022).
- 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 be 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 NHS England and NHS Improvement (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 NHS England and NHS Improvement 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 at 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. As of 30 June 2021, there were 379 distance selling premises in England, based in 115 health and wellbeing boards.

Enhanced services

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England and NHS Improvement. 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 months' 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 where requested to do so by NHS England and NHS Improvement.

(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.

Local pharmaceutical services

NHS England and NHS Improvement 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 NHS England and NHS Improvement 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 is 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 NHS England and NHS Improvement.

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 NHS England and NHS Improvement. 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 NHS England and NHS Improvement 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), NHS

England and NHS 19 Improvement, a clinical commissioning group, an NHS trust or an NHS foundation trust.

It is anticipated that from April 2022 clinical commissioning groups will be replaced by integrated care boards that will be able to take on delegated responsibility for pharmaceutical services, and from April 2023 NHS England and NHS Improvement expects all integrated care boards to have done so. Some services that are 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 NHS England and NHS Improvement to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

Pharmaceutical services is a collective term for a range of services commissioned by NHS England and NHS Improvement. 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.

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.
A high-level timeline can be found in appendix 1

1. Governance

The PNA was overseen by the PNA Steering group, consisting of primary care contracting (NHSE), Public Health, Medicines Management, Local Pharmaceutical Committee, community pharmacy contractors and Walsall Healthwatch. Full membership of the steering group is described in appendix X.

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

2. Gathering of health and demographic data

Updating of the data and the relevant mapping enables conclusions to be provided in relation to pharmacy service prvision 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.
- NHS England have been communicated with throughout the PNA development and have been 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 CCG 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

6. Review and sign-off

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 XXXXXXXXXX

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 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; and
- 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.

Feedback received was considered by the PNA working group and incorporated where appropriate. The health and wellbeing board must consult with certain organisations about the contents of the pharmaceutical needs assessment at least once, and that consultation must run for a minimum period of 60 days.

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, Local Authorities, CCGs, 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.

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 15 response (Royal Pharmaceutical Society, 2013). 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 CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

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Localities for the purpose of the PNA

Walsall Council, taking into account existing and proposed delivery boundaries across partners, has a model of four locality boundaries. As well as taking account of partner geographies, this model has a number of key features:

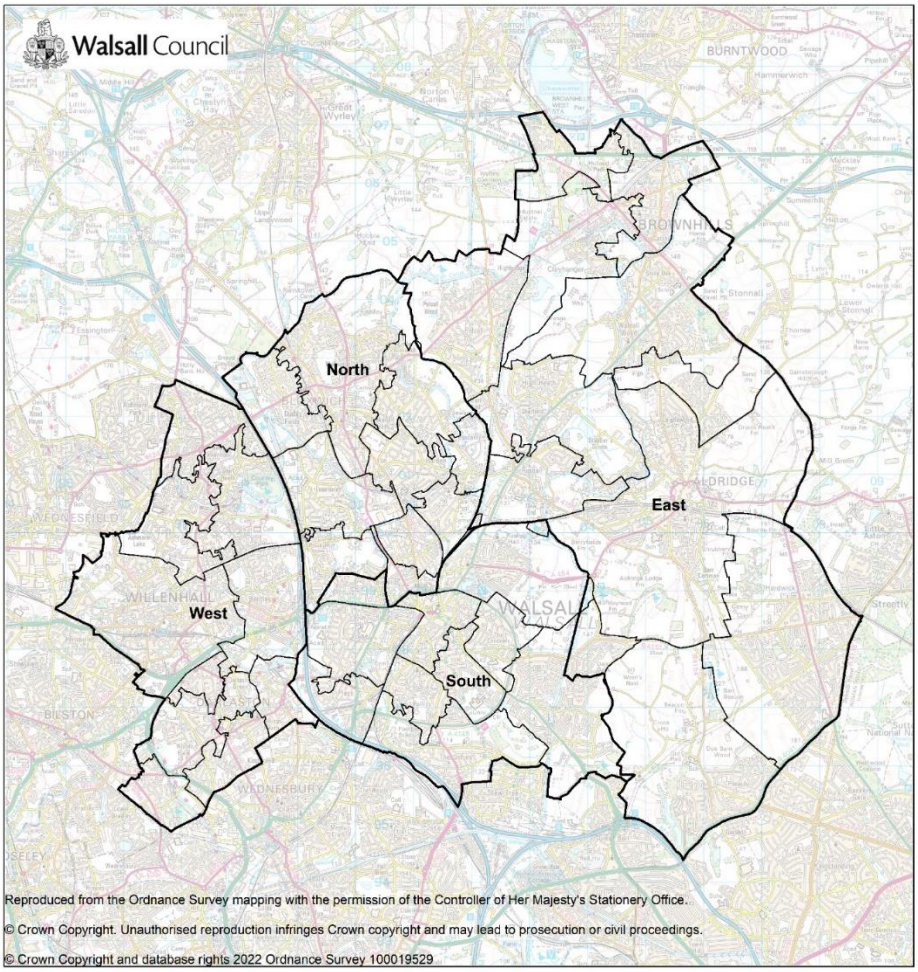
- Based on existing ward boundaries;
- Involves the merging of existing Area Partnerships, rather than a complete re-design (so wards currently in the same Area Partnership would remain together under the new geography). This would allow continuity of any successful initiatives already operating at Area Partnership level;
- Takes account of physical barriers where possible to define the localities' borders (e.g., M6 motorway, and areas of open space);
- The South locality contains Walsall town centre – with the remaining localities each containing one or two district centres.

Although the four localities comprise between four and seven wards, the distribution of the resident population across the Borough means that they are more equal in terms of population and potential demand for services than is indicated by their physical size.

The PNA written in 2011 considered at depth the options for defining localities. It was unanimously agreed on the option of "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 Community & Localilty boundaries



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 is 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 popualtion. This represents 1,814 stays per year. The rate for self-harm hospital admissions is 182 per 100,000 popualtion. 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 killed and seriously injured on the roads are better than 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

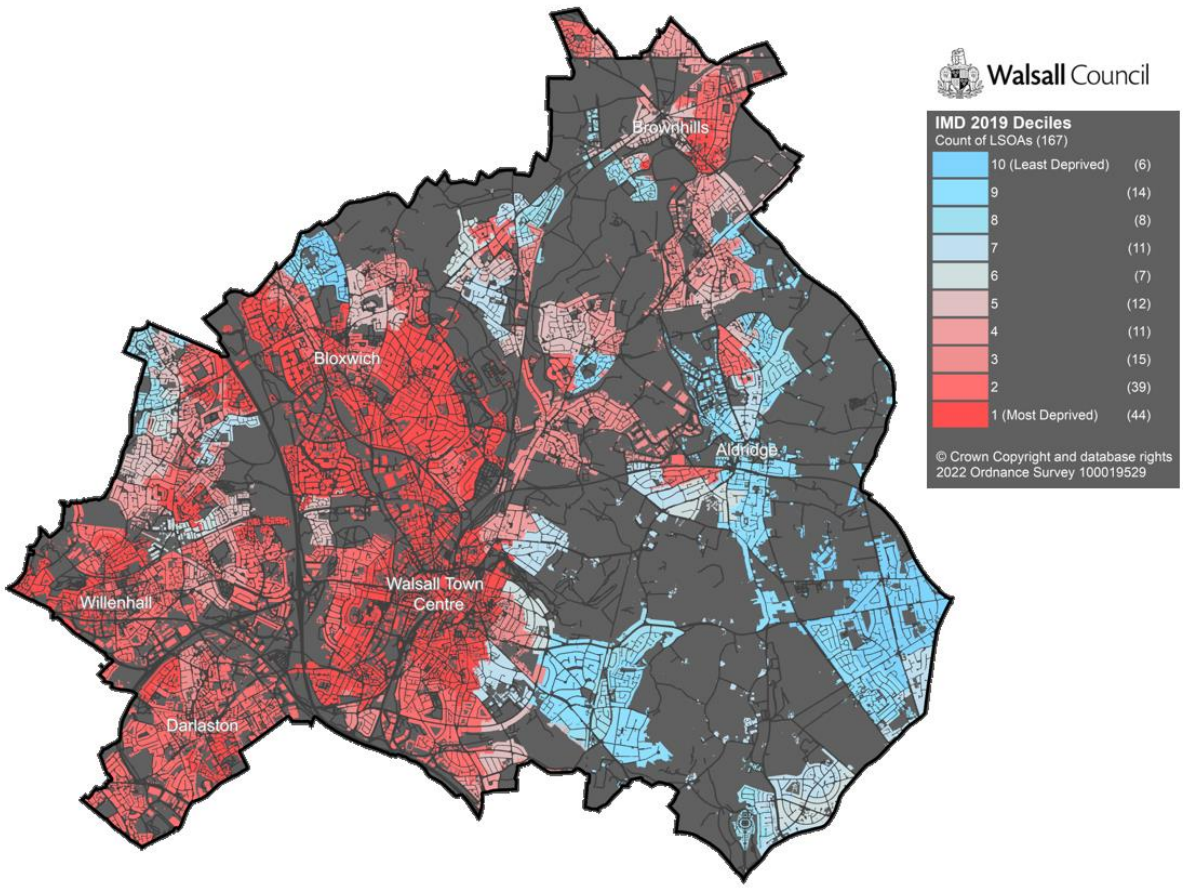
The English Indices of Deprivation 2019, produced by the Ministry of Housing, Communities and Local Government (MHCLG), identify small areas of England which are experiencing multiple aspects of deprivation. The Indices are based on seven aspects of deprivation:

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



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

Age Profile

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).

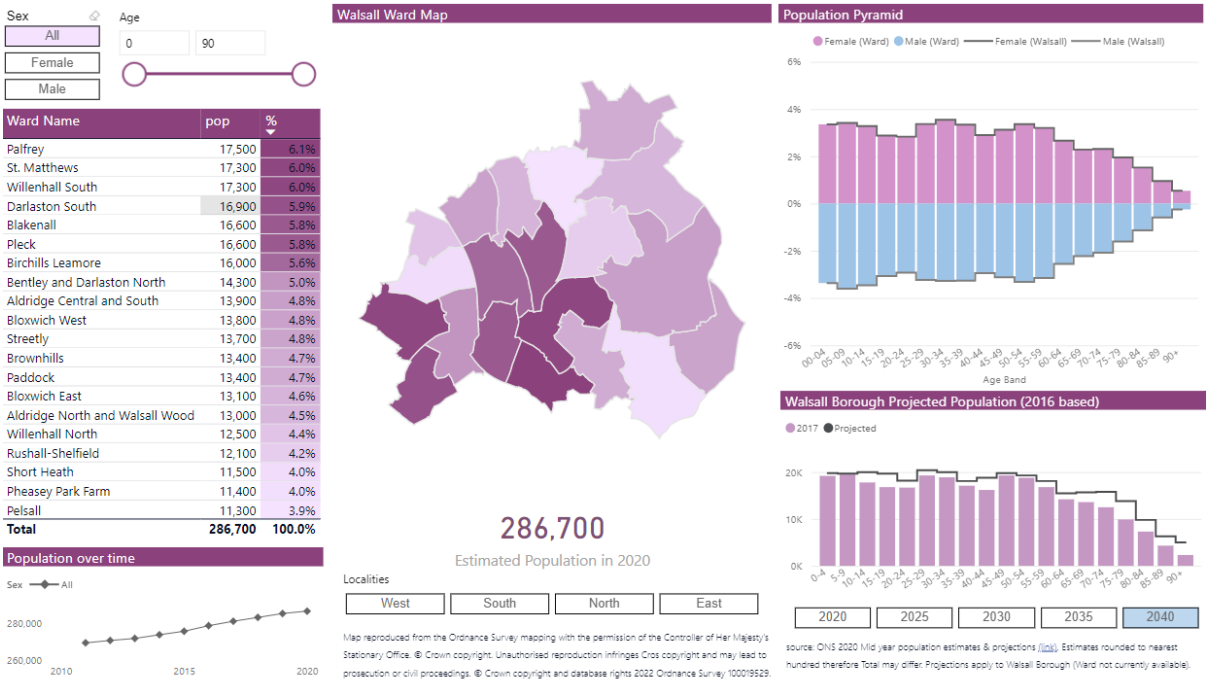
The mid-year 2020 estimates include the first wave of the COVID-19 pandemic, which saw population growth relatively decelerate due to COVID-19 mortality and reduced population movement via internal and external migration. As a consequence, it is estimated Walsall's population grew by 1200 (0.43%) from 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 & consistent population growth, projected to increase by 7% to an estimated 304,400 by 2030 & 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 & 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

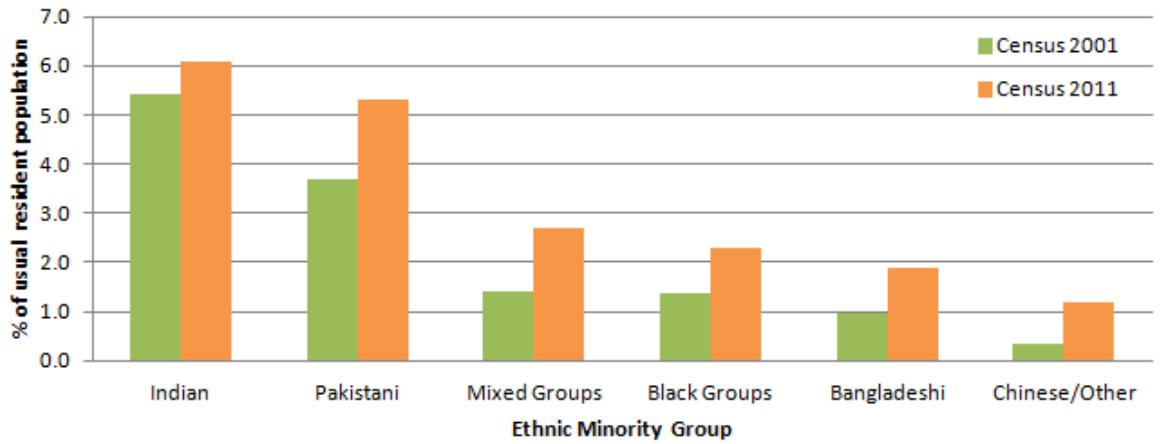


Further detail about Walsall's population can be accessed on the **Walsall Insight Website** - [Walsall 2020 Population]

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



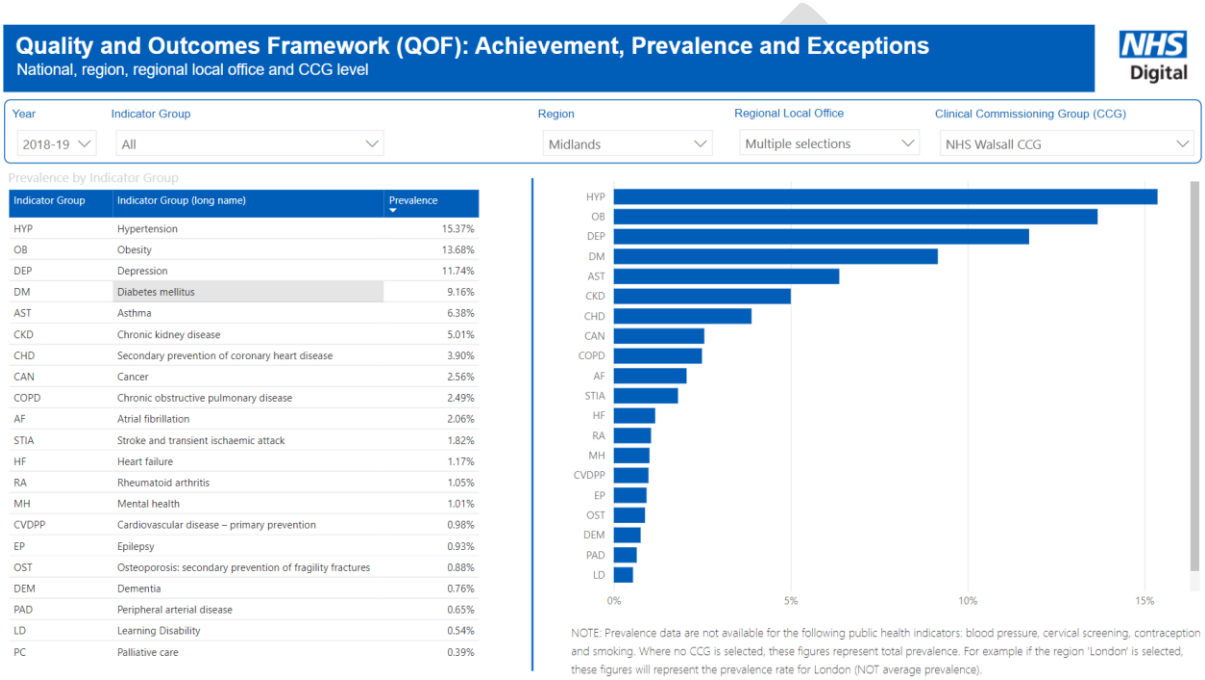
NB: White British population is not included in the chart.

The release of the Census 2021 results are not due to be released until Summer 2022 and will offer an update to the 2011 results shown above.

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 with planning permission, those allocated in the Unitary Development Plan (UDP) or Site Allocation Document (SAD) and those sites that are currently under construction.

As at April 2017, there are 456 sites for housing across Walsall. 72% of sites have either full or outline planning permission for the errection of just over 3,500 homes, with 17% currently under construction.

Furthermore, the Black Country Core Strategy will identify the need for more housing development across the Black Country over the next 20 years (c. 78,000 homes between 2014 to 2036).

Map 3 – Potential future housing development sites in Walsall and Community and 100 Hour Pharmacies
UPDATE MAP

Local Health Needs

The data included to identify the local health needs in Walsall was extracted utilising the market segmentation tool – Mosaic. This utilises 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 recently updated locality profiles using a 'best fit' approach for the community areas.

Health Need – Locality basis

The regulations guidance (The National Health Service (Pharmaceutical and Local Pharmaceutical Services), Regulations 2013) states that the PNA should distinguish between different 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.

INSERT MOSAIC COMMUNITY PROFILING HERE.

HWB & CCG 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. The emerging needs identified from the latest JSNA 2021 refresh include:

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.

Black Country West Birmingham Clinical Commissioning Group (BCWB CCG)

The vision for primary care in the BCWB CCG is for a healthier place with healthier people and healthier futures.

Eliminating Health inequalities and addressing the impact and legacy from COVID-19 on the population, CCG staff and CCG services are key outcomes.

To deliver this vision, the CCG will focus service design on the following principles:

- Digitising care: Focusing on digital and innovative solutions to health delivery to improve outcomes for patients and staff. Growing capacity and capability across communities, to reduce the digital inequality gap and support people to use new technology.
- Integrating health and care services: Removing organisational boundaries to bring care together around the needs of an individual. Commissioning services for outcomes rather than contacts and grouping providers round the mutual populations which they serve.
- Working in partnership: Working in partnership with other statutory bodies, community and voluntary sector organisations, people and communities to ensure local needs are met.
- Preventing ill health: Shifting from an ill health service to one which supports people to adopt improved healthy behaviours. This will both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care.
- Personalising care: Giving people choice and control over their own health outcomes.

In addition, the CCG have set the following areas for priority, based on population health data:

- Cancer: Increase screening rates and reduce the number of people presenting late with cancer diagnosis
- Circulatory disorders: Improve outcomes for people living with circulatory disorders
- Respiratory conditions: Improve outcomes, value and quality for people living with respiratory conditions
- Children and young people: Develop new care models to support early years development
- Mental Health: Address the inequality in life expectancy that exists for those living with a mental health condition
- Elective care: Restore elective care to pre- COVID-19 levels.

Pharmacy Providers can contribute to the above priorities-

Contractual - managed by NHSE:

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. Availability of palliative care drugs out of hours

12. COVID Urgent Eye Care services

Other services provided but not commissioned:

13. Distribution of Healthy Start Vitamins (not commissioned)

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

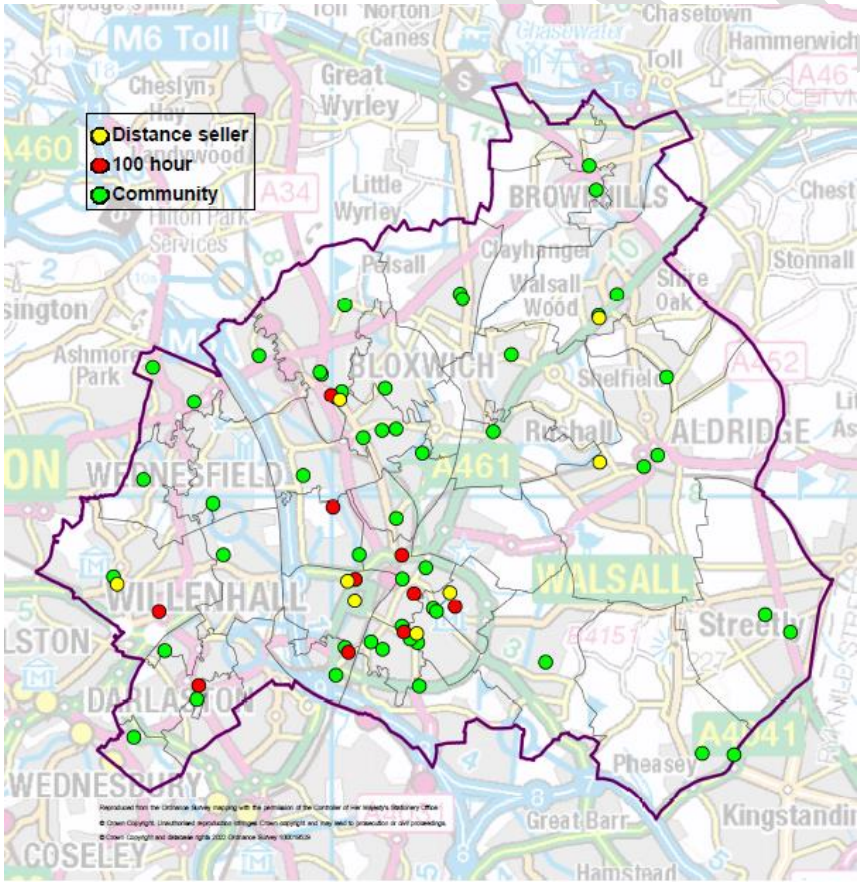
Benchmarking Provision of Pharmacy Services

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

Distribution

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



In total, Walsall has 73 pharmacies. Of these, 55 are community pharmacies, 8 are distance selling / internet pharmacies and 10 are 100-hour pharmacies. The 100-hour and distance selling / internet pharmacies are listed below:

100 hour Pharmacies	
Pharmacy	**Community**
A Karim's Chuckery Pharmacy	Chuckery
Al-Shafa Pharmacy	Walsall Central
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
I-Dispense Ltd	Leamore
The Online Pharmacy	Aldridge
Click 4 Pharmacy	Caldmore
118 Pharmacy Limited	Walsall Wood
PharmHub Pharmacy	Alumwell
The Prescription Centre	Caldmore
CO-OP PHARMACY	Alumwell

Data from Public Health England – Strategic Health Asset Planning and Evaluation

Data from Public Health England's 'Shape' tool enables us to compare provision of community pharmacy services per capita with other areas across the Area Team geography (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton).

	Pharmacies	Population	Rate
Walsall	72	286,716	25.46
Dudley	68	322,363	21.09
Wolverhampton	61	264,407	23.07
Sandwell & West Birmingham	361	1,469,567	24.57

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

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. The map identifies four communities which do not have a pharmacy within them. These are explored in more detail below.

Map 5 – Walsall pharmacies per 100,000 population – UPDATE MAP

Community Area Analysis

The map below shows that there are xxxxx community areas without a pharmacy located within them, these are xxxxxxXXXXXX

Map 6 - Potential gap communities & pharmacies by type – UPDATE MAP

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

There are four communities where there is no pharmacy located within the area.
Brownhills West is largely an industrial area; Goscote and Fallings heath are both small communities and the community of Hatherton is largely non-residential with close links to North Walsall and Walsall Central which has the largest number of pharmacies.

The Office for Health Inequalities and Disparaties (OHID) SHAPE tool was utililsed 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:

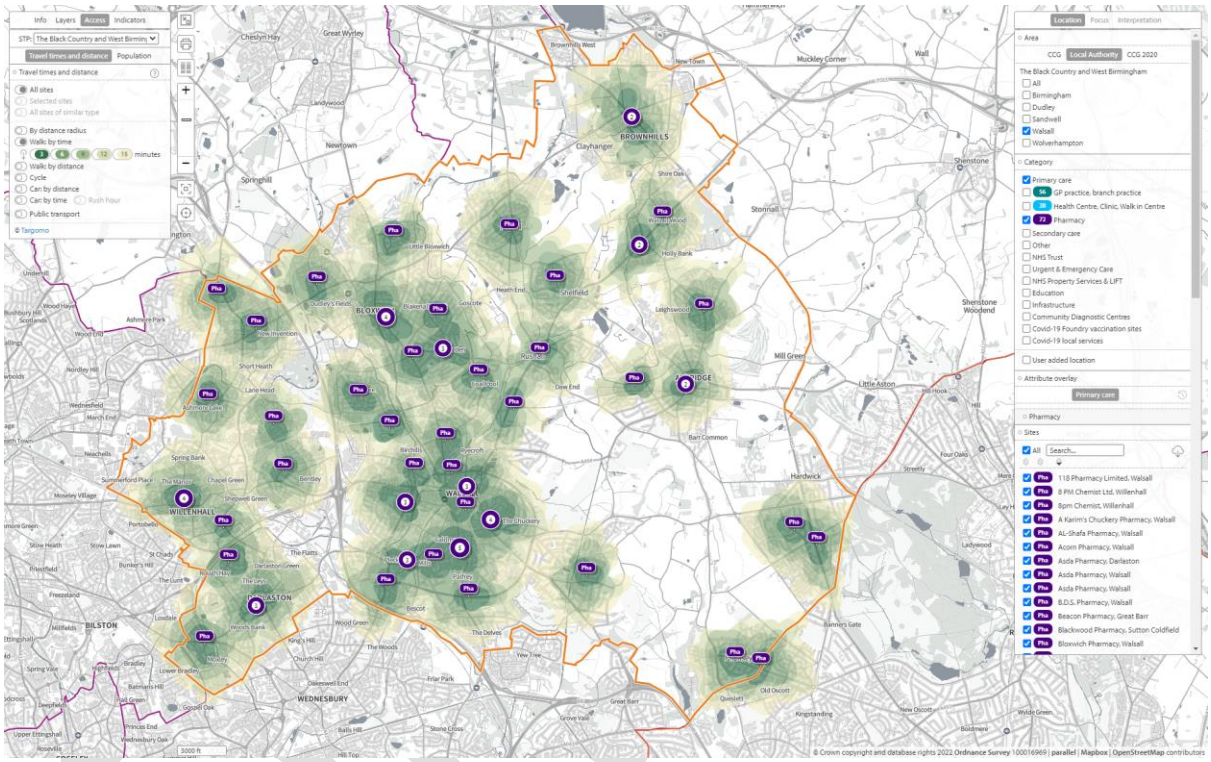
1. Walking
2. Driving
3. Public Transport (including walking where necessary)

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 mintues 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.

Map 7 - Access to a pharmacy – Walking



Source – PHE SHAPE tool

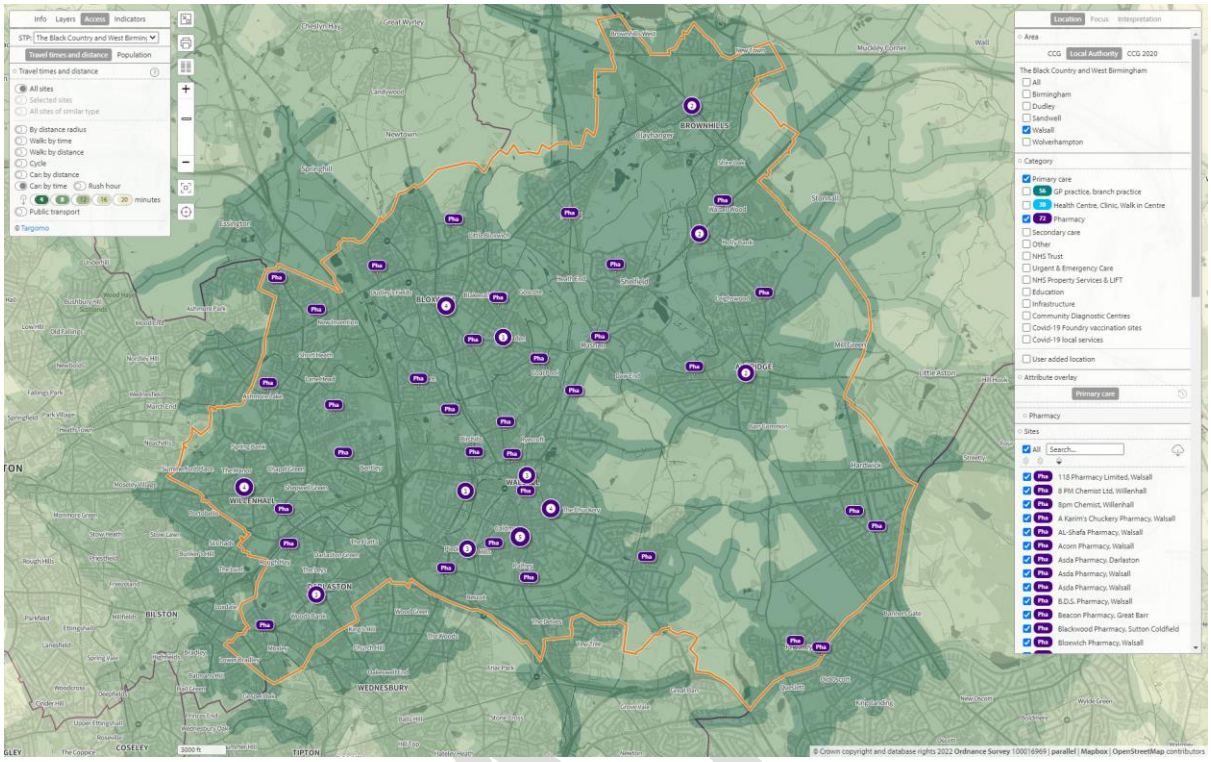
Access to pharmacies via walking does highlight some potential gaps to the East of the borough and parts of Brownhills. These areas however are not densely populated (Hatherton).

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.

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



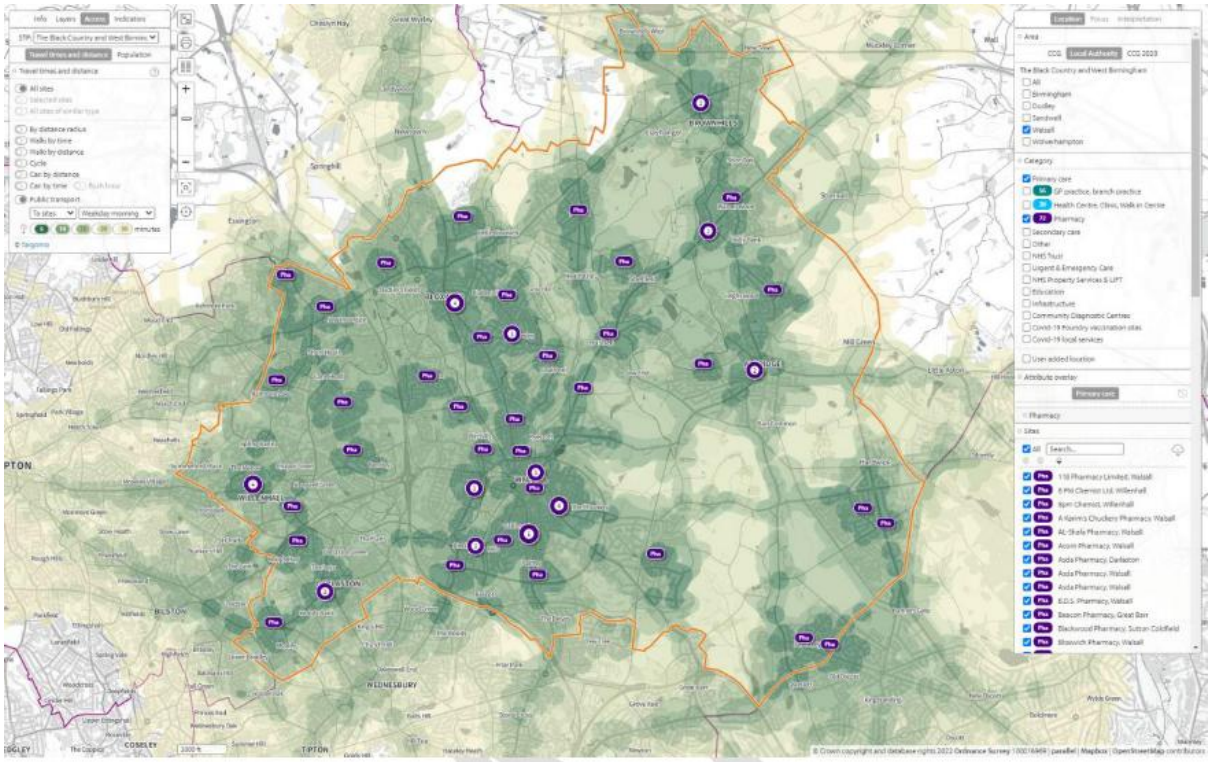
Access to pharmacies via car / van does not highlight any accessibility gaps. The majority of pharmacies are accessible within a 4 minute journey time and this was echoed from the survey results, with car being the most favourable mode of travel to pharmacies.
To the east of the borough, journey times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

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.

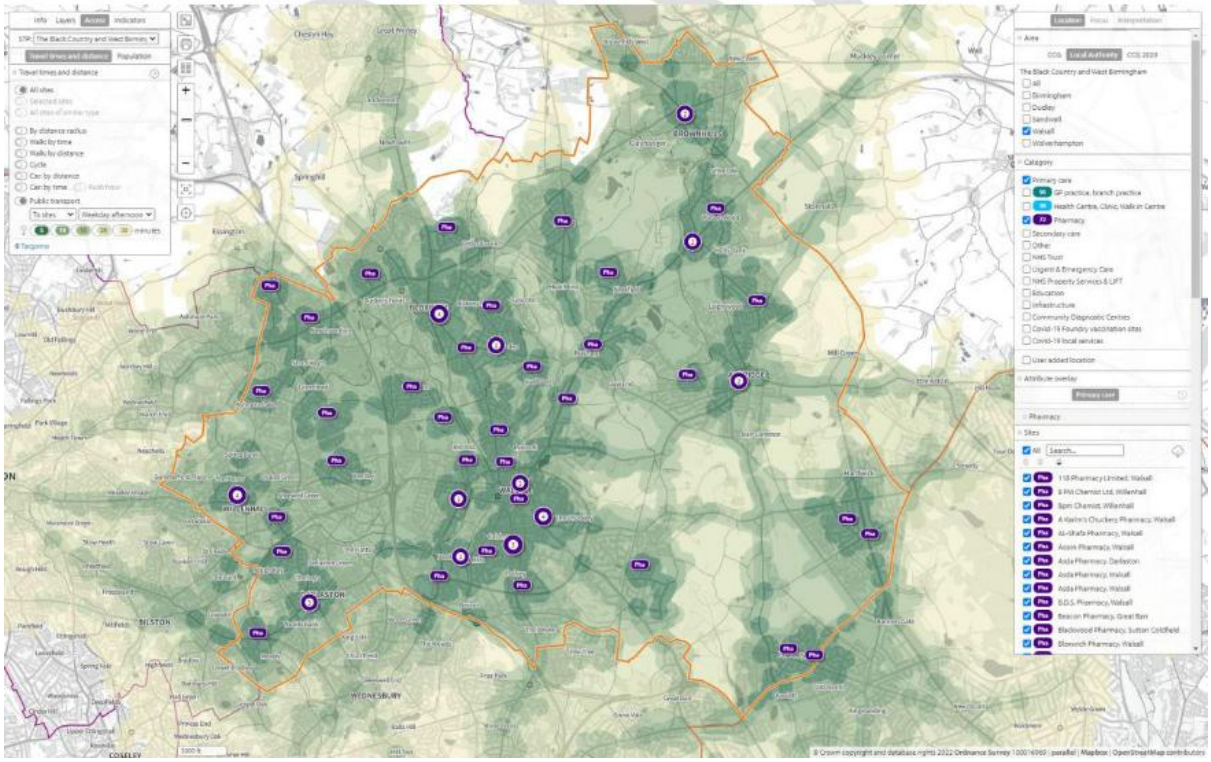
As the calculations are done using actual public transport timetables, it is necessary to specify a day and time at which to run the calculation (as frequency of buses varies according to days of the week and times of the day). This initial analysis is based on weekday morning, weekday afternoon and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

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

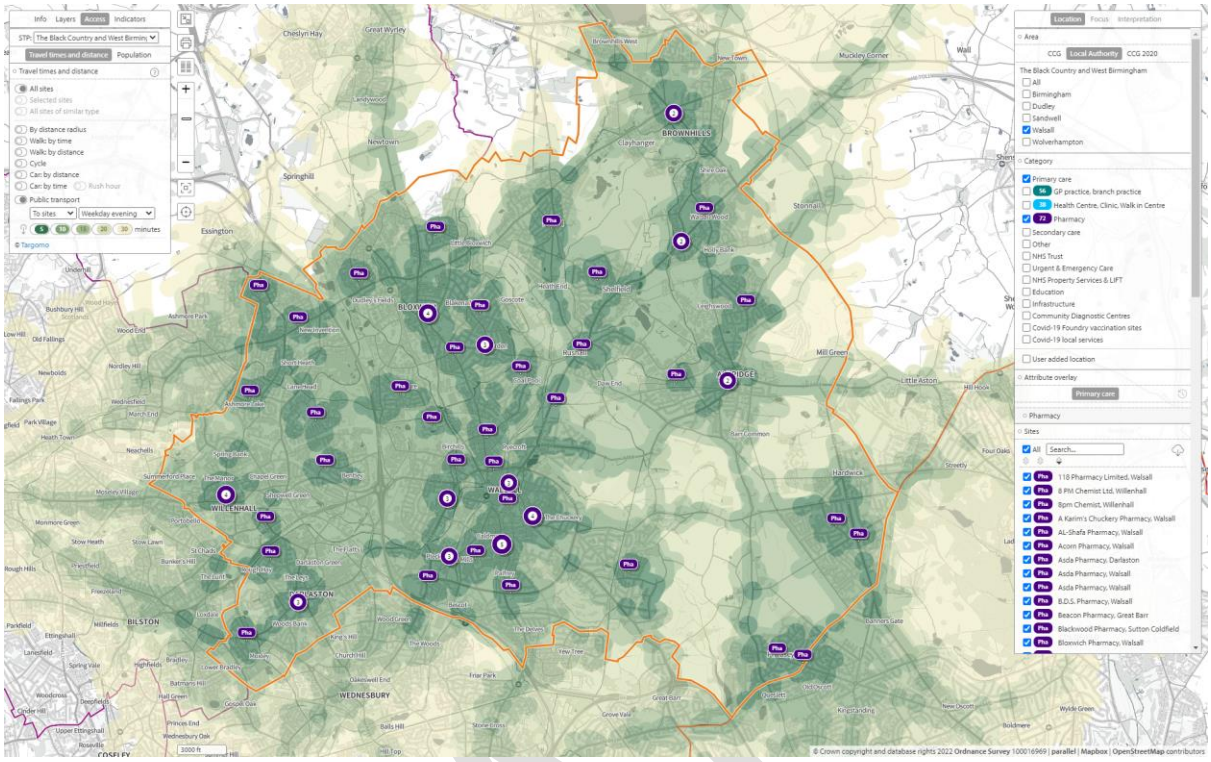
Map 9 - Access to a pharmacy – Public Transport Weekday morning



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



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



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

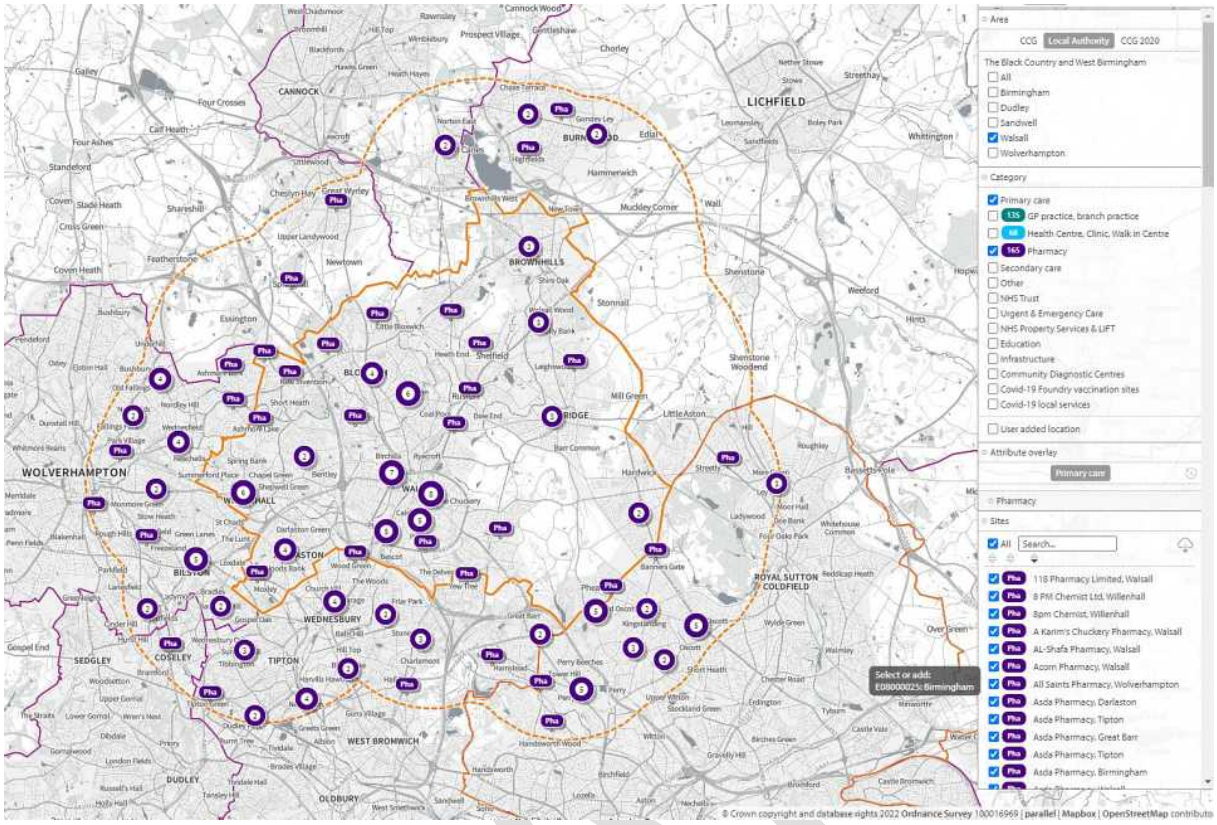
The survey results show that public transport was not a common form of accessing pharmacy services (<3%)

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 by type & cross border pharmacies with a 2 mile buffer



Pharmacies highlighted below show where patients have had prescriptions dispensed outside the Walsall area during May, June and July 2017.

Map 13 - Pharmacy dispensing by number of items – UPDATE MAP

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 NHS England).

Based on this information, we conclude:

The pharmacy service provision to patient ratio be sufficient within the Walsall boundary

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

The TRACC 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 NHS England, and during their supplementary hours as notified to NHS England.

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 (EHC) 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., NMS, 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 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.

Name	Mon	Tue	Wed	Thurs	Fri	sat	Sun
Manor Pharmacy	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	0900-2330	1100-2230
Lloyds Pharmacy, Reedswood	0700-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Asda Pharmacy, Bloxwich	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600

A Karim's Chuckery Pharmacy	0800-2000	0800-2000	0800-2000	0800-2000	0830-2359	0000-2359	0000-1200
Asda Pharmacy, Walsall Town Centre	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Pleck Pharmacy	0800-2100	0800-2359	0800-2100	0800-2100	0800-2100	0800-2100	0800-1900
Pharmacy Dept. at Tesco Willenhall	0800-2230	0630-2230	0630-2230	0630-2230	0630-2230	0630-2230	1000-1600
Asda Pharmacy, Darlaston	0800-2300	0700-2300	0700-2300	0700-2300	0700-2300	0700-2200	1000-1600
Al-Shafa Pharmacy, Caldmore	0800-2200	0800-2359	0800-2359	0800-2359	0800-2200	0900-2200	900-2000
Tesco Instore Pharmacy, Littleton Street West	0630-2230	0630-2230	0630-1600, 1630-2230	0630-1600, 1620-2230	0630-1200, 1220-2230	0630-1200, 1230-22.00	1100-1700

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 care centre).

Since April 2020, the Walsall 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 evening, 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.)

Malling Health also cover the Out of Hours across Walsall which is accesses 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 Care Centre

There are a number of pharmacies in close proximity to cover the pharmaceutical needs of any patients accessing the centres. Of these pharmacies, six are 100 hour pharmacies.

Map 14 - Urgent care centres & pharmacies by type – UPDATE MAP

***All Walsall pharmacies and their opening times are provided in appendix 4*.** Of the 72 pharmacies across the borough, 15 open on a Sunday (including wholly internet / distant selling pharmacies).

Map 15 - GP practices by list size and pharmacies by type – UPDATE MAP

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

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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 Care Centres 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 in February 2022, has been used to inform the following:

Consultation Rooms

Of the 47 pharmacy contractors who responded, 94% have a consultation area available on site. Of these, 40 contractors are able to accommodate wheelchair access. One pharmacy contractors stated no consultation area is available.

Eight of these pharmacies allow patients access to on site toilet facilities and 43 have on site hand washing facilities for consultations available.

24 of the 47 pharmacy contractors are willing to undertake consultations in the patient's home or other suitable location.

Essential Services

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

- Dispensing medicines / appliances
  The pharmacy survey indicated all 47 pharmacy contractors that responded provide a prescription collection service from GP practices.

  44 of these pharmacies also provide a free of charge delivery of dispensed medicines on request. Six pharmacies charge for delivery of dispensed medicines.
- Dispensing of repeat prescriptions i.e. prescriptions which contain more than one months' 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 NHS England and NHS Improvement's (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:

Walsall has pharmacies providing essential services. The HWB are not aware of any deficiencies in these services.

Pharmacy Quality Scheme

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 changes 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 (CPCS)
2. Flu Vaccination Service
3. Hepatitis C Testing Service
4. Hypertension Case Finding Service
5. New Medicine Service (NMS)
6. Smoking Cessation Service (SCS)
7. Appliance Use Review (AUR)
8. Stoma Customisation Service (SAC)

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 at 7th March 2022, 64 pharmacies in Walsall are registered to provide this service.

ADD CONCLUSION

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 NHS England, 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.

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

For year 2019-20 there were 55 pharmacies providing the service

For year 2018-19 there were 48 pharmacies providing the service

Map 16 - Pharmacies offering flu vaccination service – UPDATE MAP

There are 46 pharmacies across the borough, which offer the flu vaccination service. The map illustrates good coverage with GPs and pharmacies working jointly to ensure service delivery.

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.

There has been no service provision in Walsall.

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.

INSERT MAP

In Walsall there are 27 pharmacies have signed up to provide this service. Activity was only provided for the CCG footprint.

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 2021/22, first six months data,60, (83.3%) pharmacies provided 6022 interventions.

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.

Overall 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.

At the time of writing this PNA, there was no provider or activity data available.

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.

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.

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.

Locally Commissioned Services (LCS) – NHS England

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.

Rota Service

NHSE have recently 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 (OHH) 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

INSERT MAP

Local Authority Commissioned Public Health Services

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

CCG Commissioned Services

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

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 and activity data mapped on top of needs data, with the exception of Care Homes as this service only requires a definitive number of providers and provision is not restricted to location.

The maps relate to provision during the financial year 2021-2022 .The following maps show two different coloured dots.

- Yellow indicates that the pharmacy is fully accredited to provide the service
- Blue indicates a service is being provided by an alternative provider

1. 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, as well as activity mapped against the need for the service (under 18 conception rates).

Map 17 - Pharmacies offering Emergency Hormonal Contraception / Chlamydia screening service by under 18 conception rates per 1,000 females 15-17 year olds (2012-14) and chlamydia positive screening rates per 10,000 15-24 year olds (2016/17) respectively

UPDATE MAPS

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.

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 18 - Pharmacies offering Supervised Consumption of Prescribed Medicines Service and heroin drug users DSR, 2016/17 by ward UPDATE MAP

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 four pharmacies were willing and able to provide this service, seven were willing to provide following training and one willing to provide following facilities adjustment.

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 19 - Pharmacies offering Needle Exchange Service and heroin drug users DSR, 2016/17 by ward UPDATE MAP

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 seven pharmacies were willing and able to provide this service, 12 were willing to provide following training and two willing to provide following facilities adjustment

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4. Smoking Cessation

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 PGD to support the smoking cessation 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.

Map 20 - Pharmacies offering Smoking Cessation service and other smoking cessation support services with Deprivation 2015

UPDATE MAP

All Walsall residents (and those who work within the borough) can access smoking cessation services from the provider . It is therefore accepted that there are no current gaps in provision at this time.

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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 guidance on *Conditions for which over the counter items should not routinely be prescribed in primary care.*

Distribution of Service Providers

The map below show the pharmacy providers that are accredited to provide Pharmacy First as well as activity 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 21 - Pharmacies offering Pharmacy First service and Deprivation 2015 UPDATE MAP

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 Care 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. The service is also integral to the CCG's winter planning.

The majority of localities within the borough 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.

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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.

Distribution of Service Providers

The map below shows the sign up to palliative care service.

Map 22 - Pharmacies offering Palliative care service & palliative care patients by GP practice UPDATE MAP

Access to these specialist drugs has improved both 'in hours' and 'out of hours'. There have not been any incidents reported regarding patients unable to access these specialist drugs since the service was commissioned.

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.

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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 evenly distributed, except for the Short Heath / Willenhall South area.

Map 23 - Pharmacies offering Minor Eye Conditions Service (MECS), opticians and Deprivation 2015
UPDATE MAP

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

Enhanced/ Locally Commissioned Services – Not Currently Commissioned

Health Screening/Other Services

The pharmacy survey asked pharmacy contractors about provision of a number of screening services including alcohol, cholesterol and diabetes. 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 survey is available in Appendix 5.

Alcohol

Services within pharmacies aimed at reducing alcohol consumption could range from offering health promotion advice and signposting, screening to providing brief intervention one to one consultations. For all services described above, there is a funding requirement, except for the health promotional campaign, which is already funded as part of the Community Pharmacy Contractual Framework.
An alcohol awareness campaign was run during December 2013- January 2014 with the following figures:

Walsall CCG has commissioned 44 General Practices to provide a locally enhanced service. This requires General Practice to screen their patients, record alcohol intake and to use the FAST screening tool, carry our brief interventions with alcohol users that are identified as “Hazardous and Harmful drinkers” and referral to specialist alcohol services for “Dependent drinkers”.

Pharmacies have previously been commissioned to deliver screening and Interventional Brief Advice (IBA) in relation to alcohol use, as part of Public Health promotional activity. The current situation is that there is adequate coverage for IBA delivery from the Primary Care setting and as such, there are no plans to ask pharmacies to cover this area at present.

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 Walsall Healthwatch to conduct this survey for us (report available HERE).

Appendix X illustrates the survey, but 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 Walsall Healthwatch.
The survey was available to complete via the Walsall Council and Walsall Healthwatch websites as well as hard copies distibutied 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, bu 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). 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
Paul Nelson	Interim Consultant in Public Health	Walsall Council
Emma Thomas	Public Health Intelligence Manager	Walsall Council
Hema Patel	Community Pharmacy Facilitator	Walsall PH / CCG
Jayesh Patel	Chair	Walsall LPC
Jan Nicholls	Secretary	Walsall LPC
Tracy Harvey	Pharmacy commissioner / contracts	NHS England (BSBC AT)
Aileen Farrer	Manager	Healthwatch Walsall

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

Name	Title	Organisation

Appendix 2 – Map of Pharmacy Contractors by Type within Walsall Borough

INSERT NEW MAP ONCE UPDATED

Appendix 3 – Pharmacy Contact Details & Opening Times by Type – TO UPDATE

Community Pharmacies

Distance Selling / Internet Pharmacies

Pharmacy	Postcode	Community	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
118 Pharmacy Limited	WS9 9LR	Walsall Wood	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
8pm Chemist	WV13 2NF	South Willenhall	0830-2000	0830-2000	0830-2000	0830-2000	0830-2000	0830-1900	Closed
Boots Online Pharmacy (Internet)	WS1 1NG	Walsall Central	0830-1745	0830-1745	0830-1745	0830-1745	0830-1745	0800-1745	1030-1630
Click 4 Pharmacy	WS1 3BT	Caldmore	1000-1800	1000-1800	1000-1800	1000-1800	1000-1800	CLOSED	CLOSED
I-Dispense Ltd	WS3 3JS	Leamore	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
Pharmacare Pharmacy	WS2 7PH	Beechdale	0900-1700	0900-1700	0900-1700	0900-1700	0900-1700	Closed	Closed
Pharmahub Pharmacy	WS29ES	Alumwell	0900-1800	0900-1800	0900-1800	0900-1800	0900-1800	Closed	Closed
The Online Pharmacy	WS9 8DL	Aldridge	0930-1730	0930-1730	0930-1730	0930-1730	0930-1730	Closed	Closed

100 Hour Pharmacies

Appendix 4 – Pharmacies Service Provision by Type – TO CHECK AND UPDATE

Community Pharmacies

Distance Selling / Internet Pharmacies

100 Hour Pharmacies

Appendix 5 – Pharmacy Survey

Separate document

Appendix 6 – Resident Survey

Separate document

Appendix 7 – Mandatory 60 Day Consultation Feedback

INSERT EXCEL LOG LIKE LAST TIME SHOWING AMENDMENTS.

Health and Wellbeing Board

26 April 2022

Walsall Better Care Fund – delegated authority

Decision

1. Purpose

This paper will provide members with an update regarding 2021/22 Better Care Fund (BCF) year-end reporting responsibilities.

The intention is to set out current BCF governance to seek agreement from members to delegate authority to BCF leads from Walsall Council and Health to approve BCF reporting presented during 2022/23 to support processes and internal timescales to meet national submission deadlines.

2. Recommendations

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

2.2. That Health and Wellbeing Board members agree to delegate authority to the Executive Director of Adult Social Care, Public Health and the Hub, and 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.

3. Report detail

Background

3.1 During financial year 2021/22, the Better Care Fund programme in Walsall was a continuation from financial year 2020/21 to ensure consistency, hosting a number of schemes, which supported our partnership approaches towards

- Timely discharges from hospital
- Providing re-ablement support in the community
- Providing a number of beds to older people on discharge from hospital
- Staffing structures across our joint integrated Intermediate Care Service

3.2 Health and Wellbeing members were presented with a BCF plan and supporting narrative in December 2021. Following a number of regional and national assurance panels, Walsall received national approval of the plan, its content and approach to meeting key outcomes such as

- Maintaining and improving independence
- Promoting wellbeing
- Reducing hospital discharge delays.

To ensure BCF leads are aware of progress, sub groups of the Joint Commissioning Committee receive monthly updates from commissining leads to ensure management of risk and oversight of performance. This has supported our local approach to understanding our programme in readiness for the anticipated year-end reporting.

Year-end BCF reporting

3.3 To date, areas have been made aware of the requirement to complete year-end reporting. Publication of the year-end template and submission deadline are currently both outstanding, however as per previous years, it is expected there will be a requirement to report against the following areas:

- Income and expenditure
- Successes
- Updates against metrics and local targets

3.4 To support completion of the report, agreement from members to delegate authority to the Executive Director of Adult Social Care and the Managing Director of Black Country and West Birmingham CCG at place to approve the plan is being sought. In the absence of the template to date, officers would be unable to adhere to current timescales to meet BCF governance and reporting deadlines for Board. Agreement from Board members to delegate authority to BCF leads will mean removal of the need for an exceptional meeting to agree the plan before submission, and time to reset to understand future deadlines and requirements following changes to reporting over the last two years.

Governance

3.4 Management of the programme, including oversight of budget and compliance of national conditions are subject to local approved governance routes, namely the Commissioning Forum and Finance group, both sub groups of the Joint Commissioning Committee.

3.5 The Joint Commissioning Committee as a partnership Committee receives assurance from sub groups and approves BCF spend and plans. Whilst delegating authority will mean Board members will review BCF updates retrospectively, partners can offer assurance that all matters relating to the programme remain a priority for discussion, challenge and approval through agreed governance. The programme is also subject to audits from Walsall Council and Walsall CCG at place. Further to this, following place and system changes across health, the programme is now also subject to scrutiny at system level by NHS leads.

4. Implications for Joint Working arrangements

Legal implications:

National leads are aware of retrospective reporting to Health and Wellbeing Boards. Submissions are accepted on the condition that areas note a date to indicate when Board members will receive presentation of plans, with comments noted retrospectively.

National requirements state BCF programmes are the responsibility of Health and Wellbeing Boards. This remains the position as we move towards Integrated Care Board and Integrated Care System arrangements. To ensure compliance, the BCF Programme Manager for Walsall will present the year-end report to members in July, and will ensure all reports regarding BCF remain

under agreed governance to manage oversight and approval across the programme.

Financial and performance management of the programme will remain under Joint Commissioning Committee sub groups for compliance.

5. Health and Wellbeing Priorities:

5.1 The programme supports the local approach to a healthy population as per the Health and Wellbeing Board strategy, by aligning the outcome of independence to older people needing less help from health and social care services.

Author

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Walsall Council

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Agenda item

Health and Wellbeing Board

April Month 2022

Walsall Child and Adolescent Mental Health Service BCHCFT

1. Purpose

This brief report is presented to the Walsall Health and Wellbeing Board to provide an update and information around the transformation of Walsall Child and Adolescent Mental Health Services (CAMHS) BCHCFT.

2. Recommendations

2.1 The Walsall Health and Wellbeing Board receive the information within the report which supports their identification of the wider teams who have an impact on community wellbeing and mental health. That the Board supports the transformation work of Walsall CAMHS

2.2. 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. That the Board notes the progress of the transformation of Walsall CAMHS.

3. Report detail

3.1 **Context:** The current transformation programme works to government policies and guidelines and commenced in 2015 with the *Future in Mind* (March, 2015).

In 2015 to 2017 Government announced new funding for mental health, including specific investment for eating disorders services for teenagers and *The Five Year Forward View for Mental Health Services* (Feb, 2016) included specific objectives to improve treatment for children and young people by 2020/21. The Policing and Crime Act 2017 included provisions to end the practice of children and young people being kept in police cells as a “place of safety” whilst awaiting mental health assessment or treatment.
In Dec 2017 the Green Paper on *Children and Young People’s Mental Health* set the direction for more early intervention emotional wellbeing and mental health provisions particularly through schools and colleges.

The *NHS Long Term Plan* (Jan, 2019) restated the Government’s commitment to deliver the recommendations in the *Five Year Forward View for Mental*

Health and set out further measures to improve the provision of mental health services for children and young people. This policy particularly focused on improving access by 35% and building crisis and dedicated eating disorder provisions for children and young people.

3.2 **This requires us to: Build better mental health services** aligned and integrated with the 'whole system' of support.

In April 2020 Dudley and Walsall Mental Health Trust and Black Country Partnership NHS Trust merged to create Black Country Healthcare NHS Foundation Trust and as the Black Country Integrated Care System develops from a CAMHS perspective these changes have resulted in all Child and Adolescent Mental Health services within the Black Country being delivered by the one provider – BCHCFT with one Black Country commissioner commissioning these services. As we align and integrate our CAMHS for Walsall financial investment has focussed on:

- Increasing the capacity of the CAMHS core multi-disciplinary team to ensure they offer provisions up to the age of 18 years of age in line with national recommendations and other BC CAMHS provisions.
- Along with young people from across the Black Country Walsall young people aged 18 to 25yrs having contributed to the development of a dedicated 18yrs to 25yrs mental health provision that will see young people already engaged in mental health services having a care navigators to support them with the transition to adult mental health services and for those not yet engaged with services a community hub provision that works with other agencies to offer a community based emotional wellbeing/mental health service.
- People of Walsall being able to access a new all aged eating disorder provision which plans to have both community outpatient and outreach provisions.
- Increasing capacity in the CAMHS crisis provision to ensure 24/7 access to mental health crisis support for children and young people and to strengthen the model to provide increased home treatment, timely admission and discharge in CAMHS and acute inpatient when clinical risk indicates this and out of hours rota to ensure appropriate place of safety and mental health act assessment for children and young people placed on section 136 MHA.
- Children and young people with learning disabilities/and or autism will have access to a dedicated Black Country children and young people's intensive support team to offer community interventions for those presenting in crisis.
- BCHCFT has worked with agencies across the Black Country to develop an advocacy provision for young people up to the age of 25 years who have learning disabilities/and or autism to ensure the voice of these children, young people and their families/carers is heard and valued.

3.2 Improve the outcomes and experience of children and young people and their families/carers;

- As with all of all CAMHS within the Black Country Walsall CAMHS has a participation group. This group is made up of children and young people from Walsall who have either an interest in wellbeing or have accessed services. The Walsall participation group have contributed to all of the transformation developments within Walsall. This includes adopting the 5 principals of C&YP IAPT within our clinical delivery model; accessibility, awareness, evidence based practice, participation and accountability.
- Walsall CAMHS currently reports nationally into the Mental Health Minimum Data Set on all of our outcomes and these are nationally mandated and

licenced outcome measures. Further work is required to ensure that our new workforce are trained in capturing these.

3.3 **Increase access** to effective evidence-based treatment when required, including minimising inappropriate inpatient or secure care.

- Walsall CAMHS have been achieving the increase in access by 35% from the setting of this standard in 2019. Walsall CAMHS continue to increase access to emotional wellbeing/mental health provisions via the Mental Health in Schools project known in Walsall as Reflections. (Name chosen by our participation group) Teams of dedicated CAMHS and educational psychology workforce working in educational establishments across Walsall were introduced in wave 2 2019 and wave 6 2021 and further applications have been made for wave 8 and 10. These teams offer individual appointments for lower level mental health issues and work with educational establishments to adopt a whole school approach to emotional wellbeing and mental health.
- As previously stated increasing capacity in the crisis/home treatment element of the CAMHS crisis team supports inappropriate use of CAMHS and acute hospital inpatients. Increasing capacity will allow increased access to this provision with a clinical model that addresses; supporting acute hospitals and undertaking mental health assessments, gatekeeping for tier 4 inpatient admissions and ensuring timely discharge from tier 4 and acute hospitals, home treatment as an alternative to inpatient care, management of the 136 suite at Penn Hospital for C&YP placed on a section 136 MHA and offering 24/7 access to the CAMHS crisis team via the 24/7 mental health crisis line.
- The development of the two dedicated provisions for children and young people with learning disabilities and or autism increases access to mental health provisions
- Implementation of the iThrive model of delivering emotional wellbeing and mental health for C&YP in Walsall and as part of this will be reviewing the provision for getting help in Walsall with a view to assessing if the early intervention/prevention offer is adequate post the pandemic
- Changes to increasing capacity within specialist CAMHS consequently will increase access to services.
- All service provisions deliver evidence base practice.

3.4 **Reduce health inequalities** ensuring access for groups and individuals who have historically found it hard to find support

Walsall CAMHS are keen to develop a shared understanding of “what good looks like” for people from marginalised communities, and how best to ensure a culture of equity is built into services, supported by diverse leadership and engagement with communities. Below are some of the areas the service is working on to reduce health inequalities:

- There are numerous routes into CYP MH services and a wide array of services to choose from – this can be confusing for all attempting to use these services. Those able to persist in their attempts to access relevant services are likely to be more successful in accessing the support they need. To ensure that all have equal access to Walsall CAMHS part of the transformation of CAMHS is to work with partners to create a single point of entry for all emotional wellbeing and mental health referrals for all children and young people within Walsall. Once this is established parents and carers, as well as CYP themselves, can refer into their service.

- Kooth - a digital offer for all children and young people of Walsall is commissioned across Walsall and promoted by specialist CAMHS. This offer provides an online platform where CYP can access mental health support and resources anonymously. This includes information, messaging services, online forums, activity centres and live counselling. CYP do not have to be referred to Kooth and can access its services themselves 24/7. It is reported to be more accessible to ethnic minority children and young people and particularly those identified as Black.

- The BCWB ICS is a member of the Midlands Decision Support Unit network supported by the Decision Support Centre (organised by the Strategy Unit). One of our 2021/22 priorities was 'inequalities in access to mental health services for children and young people'. Walsall CAMHS along with the other CAMHS across the Black Country are working on the recommendations of this report which included:
    - Improving access by developing a single point of access
    - Exploring supply and demand and unmet need; BCHCFT is engaged with Grant Thornton to undertake work on demand and capacity across all services.
    - Improve the completion and quality of data recorded in mandatory data collections – Walsall CAMHS has migrated to an electronic healthcare record that has improved the recording of all appointments and follow ups. This information is sent regularly to MHSDS a national data base.
    - Utilising quantitative feedback to improve services; Walsall CAMHS collate feedback forms.

CAMHs Walsall are clear that the wider determinants of health play a critical role in creating avoidable and unfair differences in people's health and life expectancy – from the housing people live in, to the green spaces and physical activity they have access to, and the impact of educational and employment opportunities on their financial wellbeing. Further work in place-based partnerships needs to generate a greater understanding on the link between socio-economic inequality and population health of the Walsall community.

3.5 **Support prevention, early intervention and the reduction of stigma**

It is estimated that 10% of children and young people have mental health problems so significant that they impact not only on their day-to-day life but, if left untreated, they will continue into adulthood. Walsall CAMHS offers provisions for those with identified severe mental health issues that requires intervention but they are also engaging in developing provisions that support earlier intervention and reduces the stigma around accessing mental health services. These provisions include:

- Positive Steps – this provision offers early intervention psychological therapies for mild to moderate psychological difficulties, they also offer information, advice and psychoeducation to help prevent escalation of presentations.
- Mental Health Support Teams in Schools (MHST) this provision is available in some of the school and education establishments across Walsall from wave 2 investment and they are currently recruiting for wave 6. This service as set out in the government Green Paper on CYP MH, are teams who are

linked to groups of primary/secondary schools and to colleges. Locally the service is named by young people as Reflections and the teams comprise of both CAMHS and Educational Psychology workforce. The service provides interventions to support those with mild to moderate needs and support the promotion of good mental health and wellbeing through a whole school approach.

3.6 Invest in the **competence and capacity of the workforce**

The Black Country are now working as an Integrated Care System (ICS), as a result want to take a more systematic approach to workforce planning with system partners working together to make best use of resource to meet patient needs. The development of dedicated workforce department within the Trust supports Walsall CAMHS and other services to ensure that we continue to find new ways of working, utilise both local and national workforce initiatives and work with system partners to share training and development and the recruitment of new workforce. So far Walsall CAMHS has:

- Worked with partners in both the acute hospital and local authority to recruit a workforce to support young people when they are admitted to paediatric wards either due to mental health issue or social care issues. The additional workforce will work with the CAMHS Crisis team and be a conduit through to social care and offer individual support to C&YP when on paediatric wards.
- As previously discussed the workforce within Walsall CAMHS is increasing in both core specialist CAMHS, CAMHS Crisis team and the development of the all aged eating disorder provisions.
- Walsall CAMHs workforce are accessing training to ensure that all reasonable adjustments to psychological interventions can be made for patients with ASD and or Learning Disability.
- Within CAMHS the national kick start initiative is being utilised to support younger Walsall community workforce applicants to gain access to employment within the NHS. These roles commence as administrative positions but can progress to be more directly involved with patient care. New workforce members are supported via a mentoring scheme whilst with CAMHS.
- CAMHS Walsall continues to take on trainees and students as part of the NHS training schemes or other specific professional bodies. These schemes support both training requirements and future recruitment into services.

3.7 **Strategic Partnerships**: Walsall CAMHS continues to work across the locality with both strategic and operational partners building working relationships to support the delivery of mental health and wellbeing across Walsall. These include; SEND Board, Walsall Health SEND Steering Group, A&E Delivery Board, Walsall Improvement Meetings, Walsall C&YP Emotional Wellbeing Mental Health Board and submission to Social Care and Health Scrutiny Committee. The aim is to work with partners giving regular feedback on CAMHS Walsall and support mental health and emotional wellbeing initiatives giving expert advice and support.

4. Implications for Joint Working arrangements:

Walsall CAMHS as part of the Black Country CAMHS provisions has worked with Walsall/Black Country Healthwatch on hearing the views of young adults

accessing mental health services. Representatives from each Black Country locality met with Healthwatch who are undertaking a similar project to ensure efficient use of resources and no duplication for young adults. The Black Country Healthcare 18 to 25 years project has utilised Walsall young adults to shape the model of care for this new service provision. Peer support workers who have either experienced utilisation of mental health services or have an interest in mental health service development are being employed within this project alongside clinical workforce. Our findings from our surveys and meetings with young adults and the model of delivering they have developed is currently being shared across all partner organisations.

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5. Health and Wellbeing Priorities:

5.1 Updating the Health and Wellbeing Board on the transformation of Walsall CAMHS supports the understanding of how Walsall CAMHS is addressing the Boards priorities and those set out in the Walsall JSNA and Health strategies. The transformation of Walsall CAMHS supports the development of improved mental health provisions for children and young people within Walsall. It creates a place where people want to work providing the highest quality of healthcare where patients are at the centre of both the development and delivery of their care. The transformation is improving access to mental health provisions and supporting prevention and earlier intervention ensuring C&YP are seen in the right place, by the right person at the right time. Utilising other venues and service user participation in all of the developments supports the DE stigmatisation of mental health services. Services are working together, developing positive relationships through sharing resources, training and looking to share venues. Increasing the capacity of workforce within the services and working across agencies ensures that patients with mental health or learning disability needs are being cared for in the Walsall community; reducing the number of C&YP with mental health needs receiving unnecessary inpatient care. Changing our 'front door' into services and working with Walsall community via the community inclusion workforce health inequalities is starting to be addressed and continued partnership working will support further development of Marmot objectives and open the honest debates about the impact of these wider pressures, and cross-government action on the link between socio-economic inequalities and population health for Walsall is vital.

Background papers

Author

Sarah Hogan
Deputy Director CYP&F
BCHCFT

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Health and Wellbeing Board

April 2022

Healthwatch Walsall - Update April 2022
Work Plan 2021/2022

1. Purpose

The purpose of this report is to update the Health and Wellbeing Board on the progress of Healthwatch Walsall's work delivery plan 2021/2022.

2. Recommendations

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

2.2. That the Health and Wellbeing Board supports the work plan of Healthwatch Walsall.

3. Report Detail

This year we continue to strive to have even greater positive impact for the communities and the people we serve. We aim to continue to strengthen partnerships with providers and commissioners of services, further increase our public engagement, increase escalations / issues to decision makers to impact on change.

Healthwatch Walsall priorities are identified through public engagement, intelligence gathered and discussions with partners and from this the key areas of work for 2021/2022 were agreed as:

3.1 Black Country Healthwatch Young People's Experience of Mental Health Project

This is a collaborative project with Healthwatch Dudley, Sandwell and Wolverhampton and is looking at the experiences of young people in transition.

By undertaking a joint piece of work the impact for Healthwatch in Walsall and across the Black Country will be strengthened. Staff from each of the Healthwatch involved met with representatives from the Black Country Healthcare NHS Trust to ensure there would be no duplication of work and that the project will add value to the organisation.

Each of the Healthwatch were set targets to hold two focus groups with up to 10 attendees at each of the groups. Individual interviews were to be held and a survey would be provided and promoted to ensure that as much intelligence as possible was garnered.

It is pleasing to report that Healthwatch Walsall achieved all targets set and all responses have been submitted to Healthwatch Wolverhampton as lead Healthwatch for the project.

Healthwatch Walsall attended an online workshop and the Mental Health Awareness Day at Walsall College (October 2021), both these events gave young people the opportunity to share their experiences.

The data is being analysed and the report will be available early in the new financial year. As always, the report will be shared with key stakeholders and partners and published on the Healthwatch Walsall website.

3.2 Urgent Treatment Centre (UTC)

This work priority project scored second highest in the online poll early in 2021 when our work programme priorities were being agreed. There were 32 respondents who suggested this should be an area for Healthwatch Walsall to work on and this sat alongside information received that there had been a continued increase in patient presentations at the UTC.

Healthwatch Walsall met with the UTC Manager and linked in with the CCG regarding the issues being faced by service users. The aim of the project therefore was to look at waiting times, communication and quality of work. Alongside this however, Healthwatch Walsall also wanted to identify why people were presenting at UTC to see if this was linked to GP access issues, patients not wanting a telephone consultation and whether there were inappropriate referrals from NHS 111.

The methodology used was primarily via online and paper surveys, but since the easing of Covid-19 restrictions, face-to-face engagement has been undertaken at the Centre. A First Friday Focus session was held on this subject which allowed service users to share their experience and as a result of comments made about the cleanliness of the UTC, additional cleaning services have been commissioned.

The work was carried out until the end of February 2022 and the analysis is currently underway. The final report, findings and recommendations will be sent to the provider, commissioner and to our extensive network of contacts. The work will also be published on our website.

3.3 Diabetic Eye Screening Procurement

Following attendance at a Social Care and Health Overview and Scrutiny Committee early in 2021 where there was a presentation from NHSE/I on the diabetic eye screening procurement exercise, the Walsall HAB agreed that Healthwatch Walsall would support this by way of obtaining the views of service users.

The work was undertaken by an online and hard copy survey which ran during July 2021. The views of 50+ service users were obtained, the data was collated and sent to NHSE/I to support their procurement exercise.

The impact of undertaking this work was enabling service users to have their say and to help shape future service provision.

3.4 Walsall Together (WT)

Healthwatch Walsall was commissioned to deliver Walsall Together to support partner organisations in the commitment to ensuring patient engagement/voice is incorporated into the integrated care partnership.

We have continued to engage with patients and service users through online workshops whilst extending our reach through support from Walsall Together Partners. We have extended our messages around the importance of the patient voice. We have continued to make good progress in being able to engage with service users to look to widen our engagement during 2022.

Walsall Together Service User Group meetings take place, and we continue to widen the representation on the group. Key discussions have been around the case for change, progress to date, patient engagement and what Walsall Together means for the wider health and social care economy. We have also had a detailed presentation from the Walsall Together Programme Team on Walsall Together as a whole, communications. This is available on our website.

3.5 ICS

Healthwatch Walsall attend the ICS Quality & Oversight Committee and is represented at a number of other ICS sub-Board Committees.

3.6 Volunteer Recruitment

We continue to work with a group of passionate and active volunteers, a small cohort of whom supported our work although providing suitable volunteering opportunities during Covid-19 has been difficult. A number of our volunteers are regular attenders at the First Friday Focus sessions.

Engaging Communities Solutions holds the Investing in Volunteers accreditation which is valid until April 2023.

3.7 Enter & View

At the present time, since Covid-19 our Enter and View programme has been suspended.

Enter and View paperwork was previously revised in order to provide more information and includes Healthwatch asking residents how often they have contact with their families. This further amendment will be included in our Enter and View visit paperwork once we can resume the programme of visits.

Time will be included in our future work programme to ensure we follow up on all recommendations made with care providers to see if they have acted upon them and if not, we will seek a response as to why they have not been implemented.

3.8 Engage and Share

As noted in the previous section, a function of Healthwatch is to undertake Enter and View visits to health and social care premises to obtain the views of service users about the services they receive. That said, since the pandemic all face-to-face engagement was suspended to protect the safety of everyone. However, to fill this void, Healthwatch Walsall have come up with a virtual concept of Engage and Share. This is a much more concise set of questions that we ask service users, relatives, staff and home managers just to gauge the current situation and how service users are feeling during these very difficult times.

From intelligence received this form of engagement commenced late in 2021 with two of the care homes in the Borough and the reports have now been published.

In line with the Local Authority advice, face-to-face engagement is still not taking place and a further plan of Engage & Share visits is being compiled and will continue until such time as we receive permission to re-enter care homes.

3.9 First Friday Focus

In June 2020 Healthwatch Walsall commenced its First Friday Focus online digital coffee mornings to provide a means of providing updates to the public of Walsall on a range of topics and to listen to their experiences of health and social care services in the Borough.

These have been very well received and have continued on a monthly basis to date. We have reached different audiences on each session and have made many new connections and given the public the means to have their voice heard.

There have been positive impacts from these sessions, namely:

- Adult changing room included in the new A&E build at the Walsall Manor Hospital
- Additional cleaning services provided at the UTC.

3.10 Strategic Engagement

Healthwatch Walsall has built up a working relationship with a number of strategic level organisations and committees. These include the Health and Wellbeing Board, Walsall Together Board, Social Care and Health Scrutiny Committee, Safeguarding Partnership, CCG Governing Body, Primary Care Commissioning Committee in Common, A&E Delivery Board and CCG Quality & Oversight Committee. Our remit is to work with these partnerships to ensure the voice of the public and patients are heard, and to provide advice, guidance and assurance on how to achieve this, to work collaboratively to maximise resources and to avoid duplication.

Healthwatch continues to be a strong voice for patients and service users in strategic decision making.

4. Implications for Joint Working arrangements:

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

5. Health and Wellbeing Priorities:

- Commitment to supporting the HWBB priorities.
- Healthwatch Walsall support the promotion and delivery of initiatives to support the improvements in health identified in the JSNA.
- Enable those at risk of poor health to access appropriate health and care, with informed choices.
- Empowering and signposting people to appropriate services to support positive health and wellbeing.
- Remove unwarranted variation in health care and ensure access, with consistent quality.
- Enable those at risk of poor health to access appropriate health and care services, with informed choice.
- Marmot objectives: Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. enabling all children, young people and adults to maximise their capabilities and have control over their lives. (Healthwatch Walsall delivery around Care Assessments and Hearing Impairments – Access to Health and Social Care).

6. Safeguarding

- Healthwatch Walsall have a seat on the Walsall Safeguarding Partnership Performance Quality & Assurance Committee
- The Healthwatch Manager has links with the Safeguarding Partnership Business Manager and meet on a regular basis. Healthwatch Walsall and the WSP actively support and promote the work of both our organisations.
- Healthwatch Walsall, via intelligence escalate safeguarding / issues of concern to the relevant authorities.

Background papers

All reports are published on our website: www.healthwatchwalsall.co.uk

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Health and Wellbeing Board

26 April 2022

Director of Public Health Report 2021

For Information

1. Purpose

This report provides an overview of the Director of Public Health (DPH) Annual Report 2021 (Improving Mental Wellbeing in Walsall – "Together We Can")

2. Recommendations

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

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

3. Report detail

3.1 Directors of Public Health in England have a statutory duty to write an independent Annual Report to demonstrate the state of health within their communities. It is a major opportunity for advocacy on behalf of the health of the population and as such can be extremely powerful both in talking to the community and also to support fellow professionals in public health.

3.2 The focus of the DPH Annual Report 2021 is mental wellbeing. The aim of the report is to;

- Increase understanding of mental wellbeing amongst residents, communities and professionals.
- Demonstrate the key role that individuals, communities and organisations play in supporting positive mental wellbeing.
- Make recommendations for improving mental wellbeing in Walsall.

3.3 Mental wellbeing was already a priority for Walsall, however, COVID-19 has accentuated its importance. The virus and consequent social restrictions have had a considerable impact on health and mental wellbeing.

3.4 The Walsall residents' survey carried out towards the end of 2020 highlighted that over 1 in 4 (28%) residents had low mental wellbeing. This demonstrated that certain groups were more at risk, including residents who are unemployed (or furloughed) and those with caring responsibilities.

3.5 The University of Wolverhampton and Birmingham Voluntary Sector Council (Research Section) were commissioned to undertake research into how certain factors influence mental wellbeing in Walsall at both an individual and community level. This included one to one interviews with residents (who are unemployed or have caring responsibilities) and focus groups with community representatives (e.g. police, community centre managers, Rethink, social housing reps, community cohesion team, One Walsall).

3.6 This research contributes rich insight into the complexities that have led to inequalities in mental wellbeing of carers and those who are unemployed across Walsall. It complements and adds value to the extensive stakeholder engagement and consultation undertaken throughout the development of the Walsall Multi-Agency Mental Wellbeing Placed Based Strategy 2022- 2032 (and other relevant strategies as appropriate). Together these have informed the recommendations within the DPH annual report. Quotes from the research have also been used throughout the annual report to complement some of the key messages.

3.8 Chapters of DPH Annual Report are;

- Understanding Mental Wellbeing
- What is Walsall's Ambition and Where are We Now?
- Important Role of Individuals, Communities and Organisations
- Summary and Conclusion

3.9 A competition was held amongst students at Walsall College to come up with images for the front cover and throughout the report. The winning design was by Steven Goncalves and another entry created the tag line "Together We Can" which really captured a key message from the report.

3.10 The recommendations from the report are set out in three areas;
1. recommendations for every resident.
2. actions for communities to be stronger and promote positive mental wellbeing.
3. actions for Walsall Council and its partners to develop positive mental wellbeing across Walsall.

3.11 The DPH Annual Report 2021 is included in **appendix A** and the recommendations are as follows;

I (DPH) recommend that every resident;

- Make a commitment to putting yourself first, even just for a while.
- Make a (realistic) positive routine.
- Find out where you get support if you need it.

I recommend three actions to help communities be stronger and promote positive mental wellbeing;

- Connect to someone new in your community, even if it's just saying "hello".
- Let your friends know that it's ok not to be ok and you are available to speak to if and when they need you.
- Actively participate in your local community. This might be volunteering, attending a local group, helping a neighbour or sharing your views through a consultation on a local development.

I recommend six actions for Walsall Council and partners to develop positive mental wellbeing across Walsall;

- Develop and implement a set of co-production principles to enable greater voice and control to residents and communities and having relevant plans e.g. Corporate Plan more community centred.

- Implement a Mental Wellbeing Impact Assessment (MWIA) tool for use when undertaking any major plan, project, or proposal at strategic board levels.

- Increase the number of organisations signing up to the Mental Wellbeing Prevention Concordat. Mental Wellbeing Prevention Concordat is an agreed set of actions owned by local organisations to improve population mental wellbeing.

- Increase the number of organisations signing up to the No Wrong Door System and deliver wellbeing plans with service users.

- Develop targeted media campaigns to increase knowledge of our residents to maintain or improve mental wellbeing with specific focus on those more vulnerable to poor mental wellbeing.

- Provide easily accessible information on what support is available and when and how to access it as well as self-supported wellbeing plans. These will help identify and plan opportunities for maintaining or improving mental wellbeing.

3.12 A successful launch of the DPH Annual Report took place on 17th January at Manor Farm Community Association. January 17th is so called 'Blue Monday', described as the gloomiest day of the year, therefore an appropriate date to bring into focus the importance of good mental wellbeing.

3.13 Progress with the DPH Annual report recommendations is as follows;

- Recommendations in the DPH annual report were subsumed into the Walsall Multi-Agency Mental Wellbeing Placed Based Strategy 2022- 2032. This was approved by the Health and Wellbeing Board in January 2022.

- The No Wrong Door launched on 7th February and since its launch over 30 organisations have signed up as No Wrong Door Partners.

- Walsall Mental Health Information Hub has been developed and provides details of mental wellbeing support. The Thrive Let's Chat mobile unit provides awareness raising, early intervention and support in communities to address some of the things that negatively impact their mental wellbeing, such as housing, income, employment, debt, fuel poverty and supports people to access other services to help improve their mental wellbeing. The mobile unit is labelled with the Walsall Black Country 24hr emotional Wellbeing helpline. The mobile unit and other Better Mental Health funded/ commissioned projects encourage residents to undertake wellbeing plans.

4. Implications for Joint Working arrangements:

4.1 **Financial Implications:** Actions arising from the recommendations are accounted for within Directorate budgets.

4..2 **Legal Implications: N/A**

4.3 **Other Resource Implications: N/A**

5. Health and Wellbeing Priorities:

5.2 Improved mental wellbeing plays a key role across the JSNA priorities including Starting Well, Adult Wellbeing and Ageing Well. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning. Positive mental wellbeing also leads to a range of benefits including improved self- esteem and sense of belonging, increased levels of education and employment opportunities, reduced drug and alcohol misuse and more connected communities.

5.4 A robust strategy for improving mental wellbeing cross cuts all of the Marmot objectives empowering communities to be more resilient but also providing support to those that need it the most.

5.4 There are no adverse safeguarding implications for the most vulnerable sectors in the community.

- Appendix A – DPH Annual Report 2021

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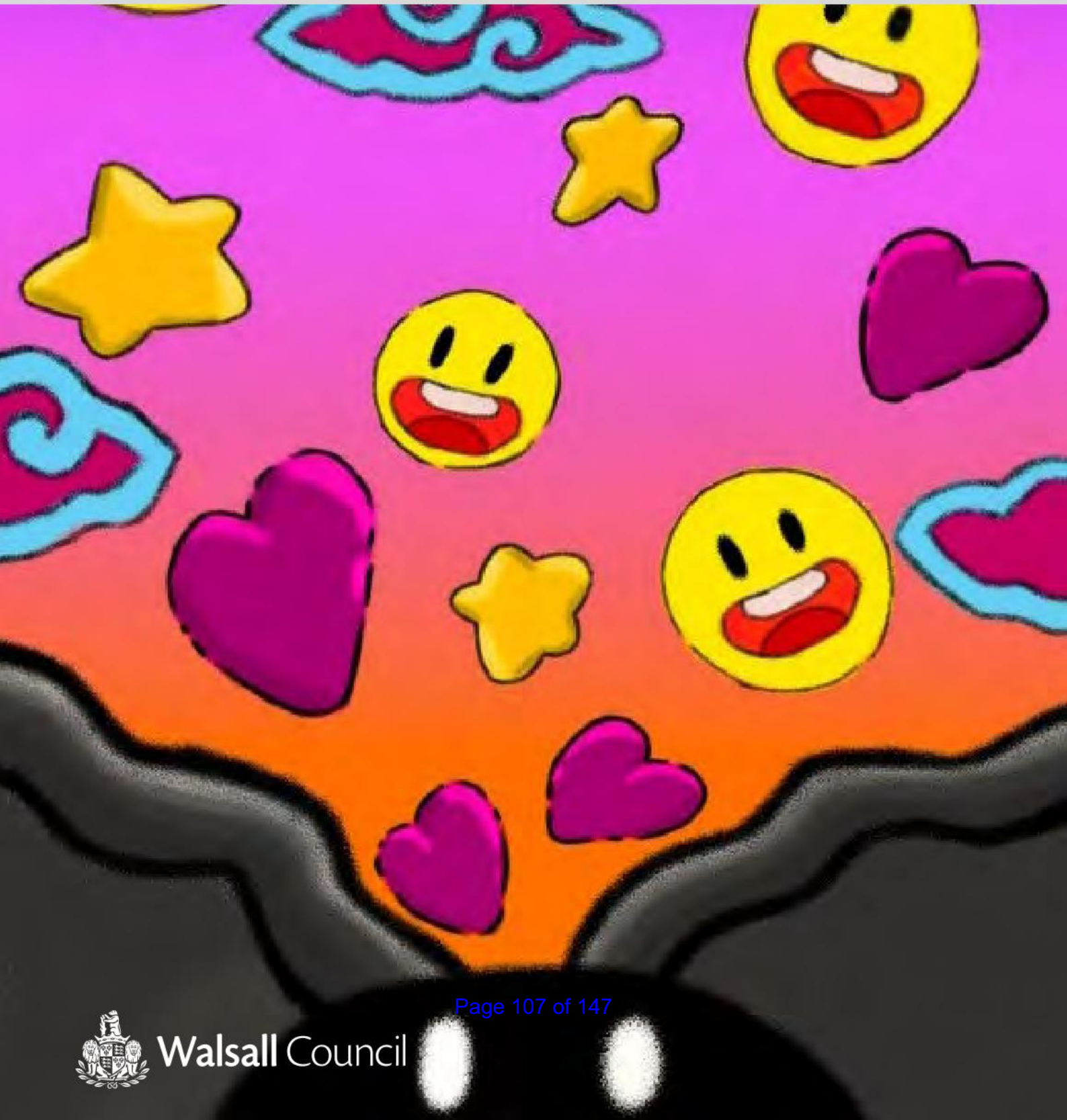
2021 Walsall Director of Public Health Annual Report

Improving Mental Wellbeing in Walsall
“Together We Can”



Walsall Council

Contents

Foreword by Stephen Gunther – Walsall Council Director of Public Health

Hello and welcome to this year's Walsall Director of Public Health Annual Report.

This report is an important measure of health and wellbeing in the borough. It helps us, along with our partners including social housing, the police and NHS Trusts, to showcase our good work, address potential issues and make recommendations for improvements here in Walsall.

In my report last year, we focused on how partners in Walsall can help children reach their full potential, by reducing inequalities (see progress to date in appendix 1 of this report).

Inequalities affect lives. They are the avoidable differences in important outcomes like education or health - and these are inequalities that will impact upon children, their future potential and in the longer term will affect the local populations, too.

Mental wellbeing was highlighted in the 2020 annual report and its theme is further explored in this year's 2021 report. It is a key priority and area of interest of mine, that I am determined to get behind, so we can all develop longer-term strategies for Walsall.

In my role as a Public Health leader, I have seen the consequences that poor mental wellbeing can have upon family and friends and none of us are immune to it.

This last year has brought into sharp focus the importance of good mental wellbeing, and tapping in to our own networks and communities, so we can better support each other. I have experienced my own stressful times and I want to thank my family, friends, colleagues, fellow Directors of Public Health, and most importantly my team. Their support, kind words and many acts of kindness helped me continue to be at my best to support the residents of Walsall.

Stephen Gunther
Director of Public Health

Introduction from Councillor Stephen Craddock – Portfolio Holder for Health and Wellbeing

This report focuses on the importance of positive mental wellbeing. It evidences how increased 'mental well-being' can be anticipated, assessed and managed within our own communities. Residents, communities and organisations play an essential role in helping to deliver and support collective mental wellbeing.

Mental wellbeing was already a priority for Walsall, however, COVID-19 has accentuated its importance. The virus and consequent social restrictions have had a considerable impact on health and mental wellbeing.

Strong and resilient communities in Walsall have played (and continue to play) a vital role in reducing this impact. During the pandemic, our communities were selfless and made sure essential support got to those who needed it most. We saw hundreds of local people volunteering to support vulnerable residents and community organisations giving timely advice as and when required.

Wider factors also contribute to positive mental wellbeing in which we all play a part as individuals, as strong local communities, as focused organisations. Feeling secure and safe is integral to all of us and it means having decent homes, safe neighbourhoods and good jobs.

Never underestimate the power of connectivity, be this with nature and our health, through exercising outdoors in our quality parks and green spaces, or by connecting with those friends we know that we can rely on.

Research has helped us shape the report. Shared voices and comments from our residents and community leaders evidence how the issues that have been raised really affected them.

Importantly, recommendations in this year's report complement wider national and local strategies on mental wellbeing. For example, the Government's COVID-19 mental health and wellbeing recovery action plan. This sets out the national approach to improving the mental health and wellbeing impacts of the pandemic. Locally, the Mental Wellbeing Strategy takes a long-term view highlighting priorities and ambitions for the next 10 years in Walsall.

Stephen Gunther, Walsall Director of Public Health, and his Public Health team have worked tirelessly over the last 22 months to guide support and drive our response to the pandemic in Walsall and the wider region. We owe them a huge debt of gratitude for their dedication and professionalism during this unprecedented time.

We want you to find our annual report interesting and thought provoking, but most of all we hope it inspires you to take part in making positive changes to improve mental wellbeing in Walsall.

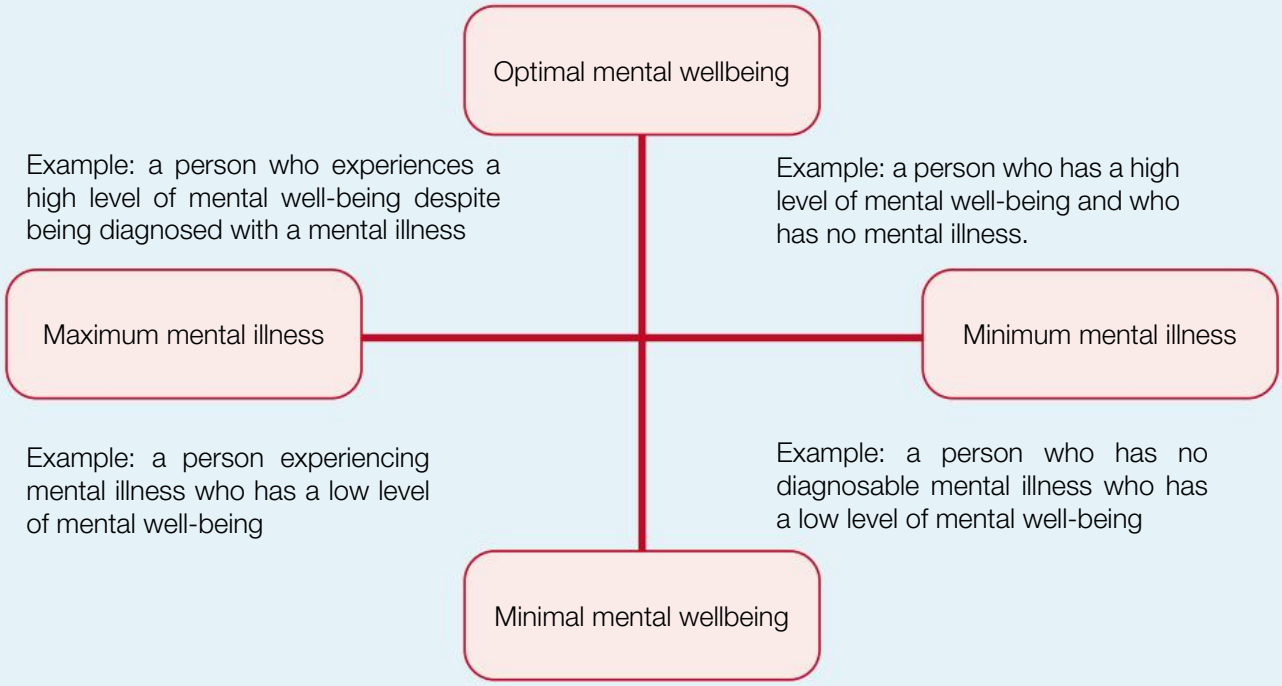
Stephen Craddock
Portfolio Holder for Health and Wellbeing

Chapter 1 – Understanding Mental Wellbeing

What's Mental Wellbeing?

- Mental Wellbeing and mental illness are not the same thing.
- Mental Wellbeing is about what people think and feel, achieving potential, coping with pressure of life, working in a productive way and giving back to the community.
- Mental ill health is associated with many of the leading causes of disease and disability. Anyone can suffer a period of mental ill health. It can develop suddenly, as a result of an event, or gradually, where it worsens over time. It includes conditions such as depression and anxiety.
- A person living with a mental illness can achieve mental wellbeing, similar to someone who has neither mental nor physical illnesses could have a poor state of mental wellbeing.

Mental Health Continuum



SOURCE: Adapted from Keyes (2002)1

1 Faculty of Public Health (2021) Concepts of Social and Mental Wellbeing, Concepts of Mental and Social Wellbeing (fph.org.uk)

The meaning of mental wellbeing can differ from person to person and organisation to organisation. These are just some of thoughts of local people on what mental wellbeing means to them;

Being positive and confident are a significant part of [my] mental wellbeing. Seeing positivity as an overall state of character that plays a hugely important part in [my] life.

Good mental wellbeing is being able to understand and manage your feelings so that you can cope with the everyday stresses and bring a sense of productivity to your life

Having a positive attitude about life and not letting setbacks or negative feelings stop you in achieving your goals are key to mental wellbeing.

To be able to recognise how you are feeling and know it's ok to talk.

We can see that being positive is viewed by local people as a key part of mental wellbeing, being able to recognise how you are feeling and the ability to respond to challenges as they arise.

Since the World Health Organisation (WHO) first introduced the concept of mental wellbeing in 1948, many different definitions of mental wellbeing have been put forward. The concept is relevant to a wide range of disciplines, all of which have a slightly different take, in line with their underlying beliefs, attitudes and practices[2]. Here are some ways in which some organisations describe mental wellbeing

Mental wellbeing describes your mental state - how you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year." (Mind, 2016)

The state of being comfortable, healthy, or happy.

(Oxford Dictionary)

Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2001).

In the final description by WHO, positive mental health is seen as the foundations for mental wellbeing, providing residents and communities with what they need to work together effectively.

2 Faculty of Public Health (2021) Concepts of Social and Mental Wellbeing, Concepts of Mental and Social Wellbeing (fph.org.uk)

What Shapes Our Mental Wellbeing

Our behaviours such as keeping active, having a balanced diet, smoking, alcohol consumption contribute to our mental wellbeing as well as wider factors known as the “fundamentals of mental wellbeing” play an important role. The “fundamentals of mental wellbeing” are described below;

Education and Skills

Our education shapes our knowledge, our confidence and ability to solve problems. Being able to read and write, carry out basic maths, communicate with others and use computers are important skills that will support us in everyday activities. A good education increases the possibility of securing a ‘good’ job which increases our chances of positive mental wellbeing.

Having access to free ESOL [English to Speakers of Other Languages] provisions within walking distance of their homes/ neighbourhood allowed them to improve their language skills, build their confidence in speaking English with other people and learning in an environment where they felt safe and secure.

Money

Limited finances can take a toll on our mental wellbeing. Having money enables more choice in terms of food, clothes, housing, transport and leisure (some of “the fundamentals of wellbeing”). Being able to pay for everyday items but also having enough to cover bills, emergencies or even take a break with the family all add to our quality of life and mental wellbeing.

Being financially stable and being able to provide for family are key to mental wellbeing

I suffer with anxiety, and this is compounded by worries about money and a lack of food.

It creates strain when you have to find money for school trips that aren’t cheap, but you don’t want your children to miss out.

Healthy behaviours and Leisure

A balanced diet including enough vitamins and minerals helps promote mental wellbeing. Regular physical activity play an important role too, even 10 minutes bursts can help improve mood. Leisure time (e.g. time on the allotment, reading a book, attending a group) is an opportunity to develop interests, meet other people and take a break.

Community activities such as coffee mornings at the local senior school and a youth group at the church make the community feel connected and supportive of each other. COVID did impact on this but things are opening up again now.

Positive mental wellbeing means being able to go for a swim or a walk, occasionally meeting up with friends, going to the cinema with her daughter or on her own.

Work and Volunteering

Work and volunteering gives us a purpose, opportunity to learn new skills, promotes independence and helps us to meet people. 'Good' employment and volunteering supports positive mental wellbeing. Poor working conditions, such as less control of workload, lack of job security, limited support and inadequate health and safety has a negative impact on mental wellbeing. Helping young people to find work can also reduce crime and anti-social behaviour.

Having a job and not having to worry about bills are important

Over COVID I brought food to people and made sure everyone was coping and managing.

Environment

Living near and having access to good quality green spaces, such as a park, improves mental wellbeing. It provides an opportunity for relaxation, exercise and meeting families and friends. Clean streets and feeling safe are also important factors.

I enjoy using green areas such as Walsall Arboretum and Sutton Park.

Housing

Housing which is overcrowded, noisy, cold and feels unsafe will have a negative impact on mental wellbeing. Having poor mental wellbeing can also make it difficult to deal with housing problems.

Litter, people drinking in the street, but also internally in housing e.g. damp. These two environments can interact so that people can feel unhappy and anxious within their homes and when they leave their homes they can feel equally unsafe, threatened or unhappy. This can have a huge impact on wellbeing.

Being Connected

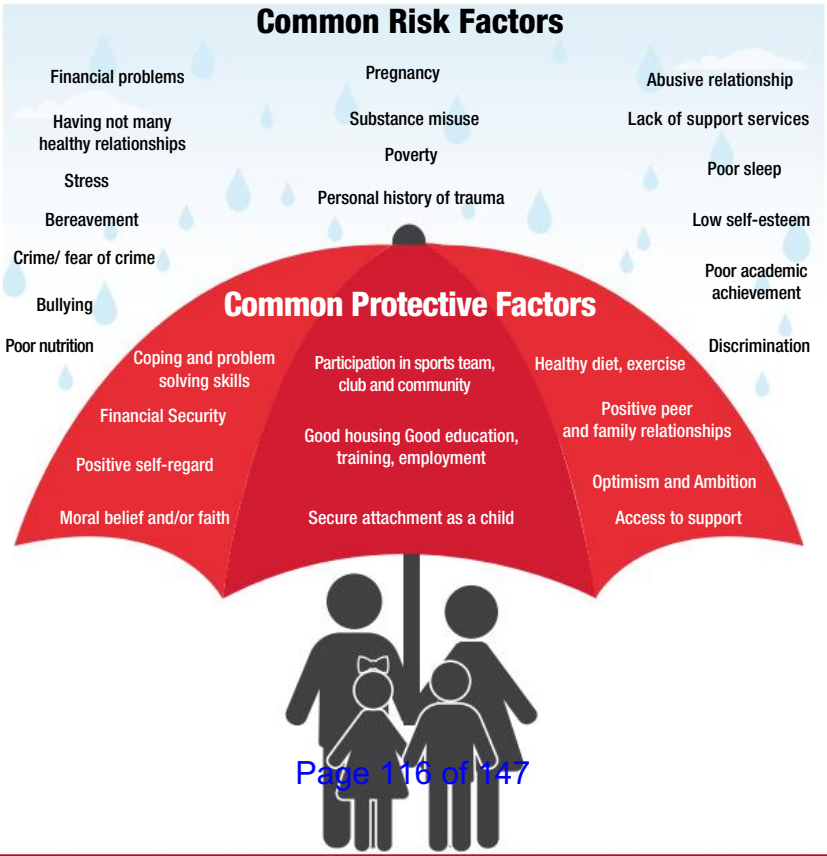
Knowing and caring for people including friends, families and communities makes most people happier. We often feel more secure knowing that support is available. Being connected can provide an increased quality of life.

Transport can help us feel connected, it allows us to visit places, experience cultures, take part in activities, widen employment options and access support. Active forms of travel, such as walking and cycling is even better because it's also good for physical health and the environment.

Connecting with people, building nice relationships with people, even if it is just walking by someone in the street and saying hello, or paying people compliments are all important

Feeling loved, being allowed to have friends, feeling wanted, being able to have a partner - this can all provide validation and feelings of security

Some other factors that impact on mental wellbeing



Why Mental Wellbeing?

PEOPLE WITH GOOD
MENTAL HEALTH WELLBEING ARE:

SATISFIED

OPTIMISTIC

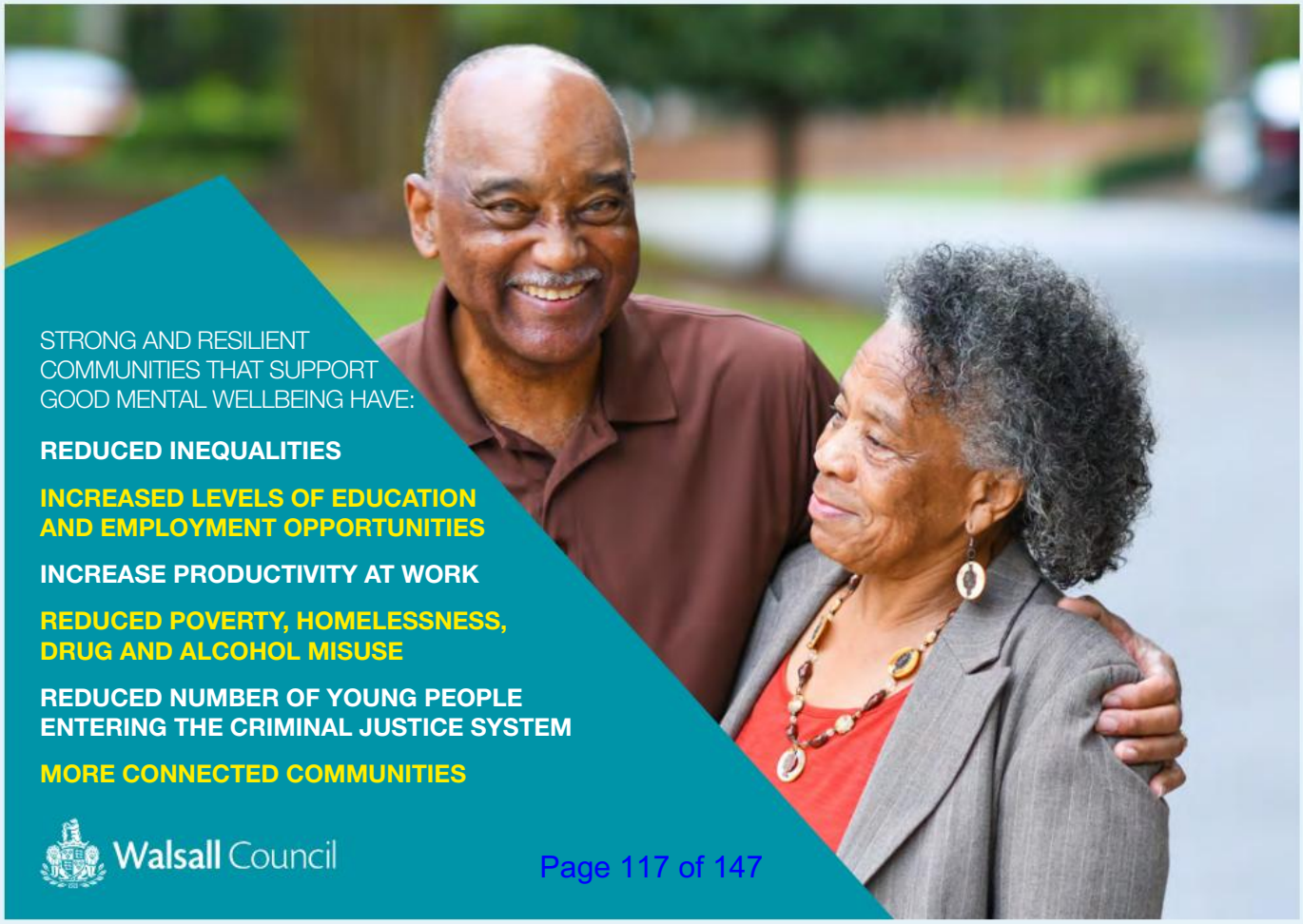
HAVE HIGH SELF-ESTEEM

RESILIENT

FEEL IN CONTROL

HAVE A SENSE OF BELONGING

Walsall Council



STRONG AND RESILIENT
COMMUNITIES THAT SUPPORT
GOOD MENTAL WELLBEING HAVE:

REDUCED INEQUALITIES

INCREASED LEVELS OF EDUCATION AND EMPLOYMENT OPPORTUNITIES

INCREASE PRODUCTIVITY AT WORK

REDUCED POVERTY, HOMELESSNESS, DRUG AND ALCOHOL MISUSE

REDUCED NUMBER OF YOUNG PEOPLE ENTERING THE CRIMINAL JUSTICE SYSTEM

MORE CONNECTED COMMUNITIES

Walsall Council

Chapter 2: What is Walsall's Ambition and Where are We Now?

Walsall's Mental Wellbeing Ambition

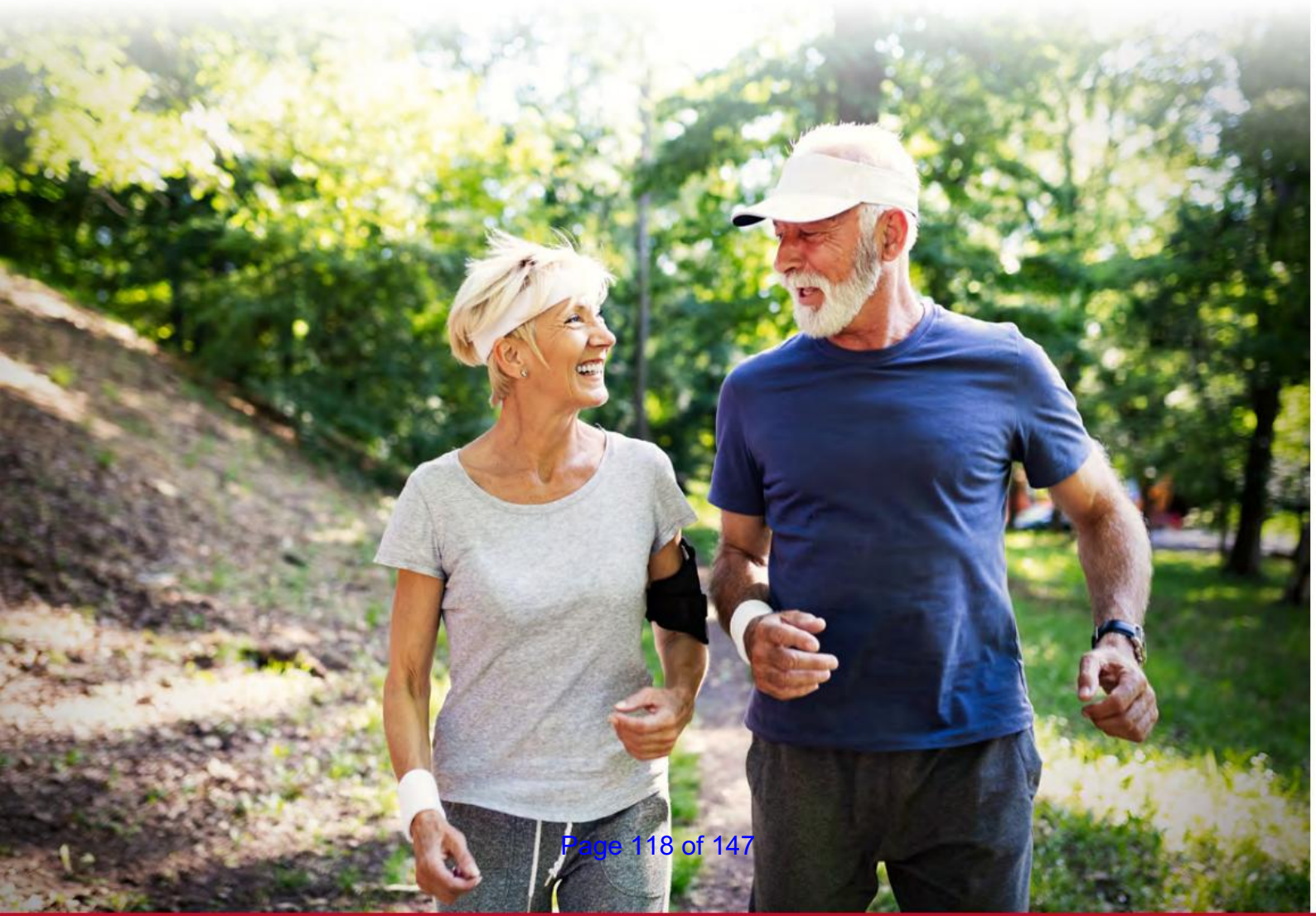
Our ambition is to achieve optimal wellbeing for all Walsall residents and reduce mental wellbeing inequality.

To achieve the ambition we have committed to a shared understanding of population mental wellbeing, working together to increase opportunities for better mental wellbeing and enhancing the population's opportunity to self-care. The strategy is not focused on mental ill health, it prioritises:

All of Walsall's Mental Wellbeing

Walsall is committed to a universal and a targeted approach to improve our residents' mental wellbeing and reduce mental wellbeing inequalities. The priorities are:

- Improving the populations understanding of mental wellbeing and reducing mental health stigma and increasing knowledge of how to access support.
- Working together to improve some of the economic and housing challenges impacting on our residents' mental wellbeing.
- Working in partnership to reduce unemployment and working with employers to support their employees.
- Enhancing community connections, peer support and networks to improve mental wellbeing.
- Making bereavement and counselling support more accessible by locating delivery within communities that need them most and making more culturally appropriate.
- Utilising prevention and early intervention, to enhance residents' wellbeing. For example, by increasing access to physical activity opportunities and supporting communities to improve their nutrition.



What Do We Know About Mental Wellbeing in Walsall?

There are many factors that contribute to good health and wellbeing, both physical and mental. The Thriving Places Index (TPI) identifies the local conditions required for good mental wellbeing and measures whether those conditions are being delivered fairly and sustainably. Walsall's scores in the TPI are shown in the figure below

Walsall's Thriving Places Index (TPI)

The TPI suggests that in Walsall, there are a number of factors that support good mental wellbeing that could be improved. These include diet, exercise, obesity and risky sexual behaviours.

The TPI suggests that improving the local environment and transport networks (part of "Being Connected") and employment (part of "Work and Volunteering") would increase mental wellbeing in our residents.

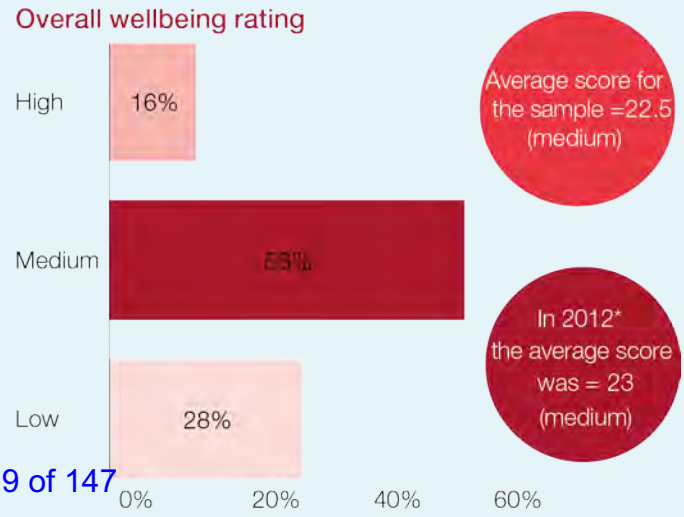
Walsall Residents' Life satisfaction

- In 2019/20, on average, people in Walsall reported "high" levels of happiness and life satisfaction, feeling that life is worthwhile with low levels of anxiety. However, anxiety has increased in the population overall over the course of the COVID-19 pandemic.
- In the UK, throughout the course of the COVID-19 pandemic, people of "other than white" ethnicity have experienced lower life satisfaction than the white population, whilst having higher loneliness scores.
- The survey of Walsall residents conducted in late 2020 revealed that the majority of our residents experienced a "medium" level of overall mental wellbeing, which is similar to the findings of the 2012 survey.

Mental Wellbeing of Walsall Residents (2020)

SWEMWBS scoring system

	Total points
Low mental wellbeing	7-19
Medium mental wellbeing	20-27
High mental wellbeing	28-35



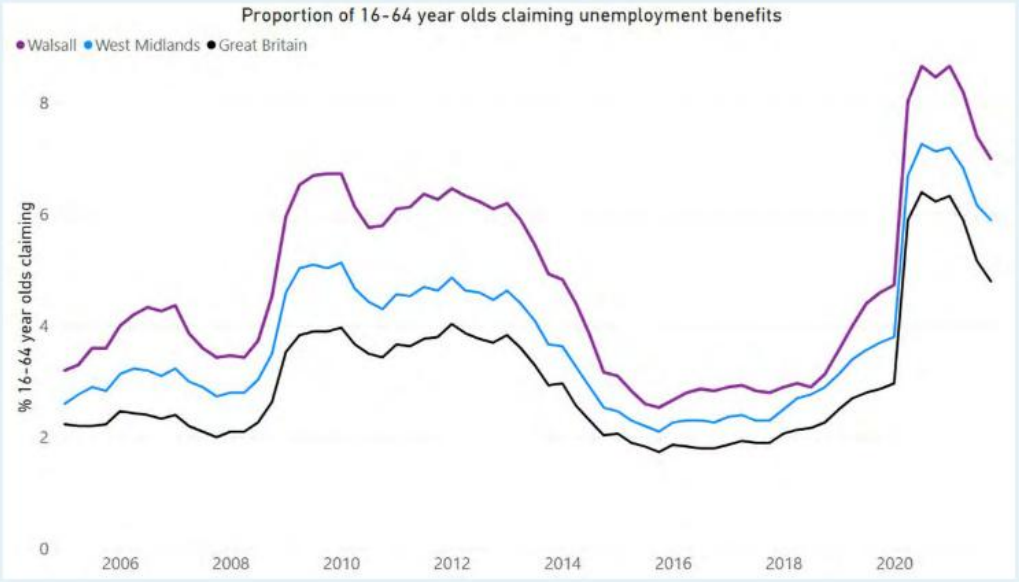
Note that the short version of the Warwick–Edinburgh Mental Wellbeing Scale (SWEMBS) is a questionnaire designed to measure mental wellbeing.

Local research (see next section for more detail – "what we don't know") has identified a number of specific factors that impact on mental wellbeing of Walsall residents. This includes work and money, housing and being connected. Local data for each of these is presented below;

Work and Money

- The proportion of people in Walsall who are involuntarily excluded (not from choice) from the labour market, due to unemployment, sickness or disability and caring responsibilities, is in the worst 40% of all local authorities in England.
- Unemployment levels remain above (worse than) pre-pandemic levels. Younger people are affected the most by unemployment and furloughing.

Percentage of 16-64 year olds claiming Unemployment Benefits in Walsall Compared to England, West Midlands and Black Country



The chart shows the local impact of the pandemic on residents claiming out of work benefits. There has been a sharp increase in claims at the start of the pandemic, despite support for employers, such as the furlough scheme. The number of claimants (just under 15,000) has remained steady since then.

Mental wellbeing and money are strongly connected, and debt can trigger or worsen stress, anxiety and depression. Unemployment and redundancy are the most common reasons for people falling into debt[3]. Nationally, over the course of the pandemic, it is estimated that:

7.3 million people are estimated to have fallen behind on household bills

1 in 3 household have lost income

36% of people who have lost their income have run down their savings

45% of people with children have lost household income

Housing

- The proportion of overcrowded households in Walsall is significantly higher than nationally, with about 5.2% of households in the borough affected.
- Decent quality housing is fundamental to health and wellbeing. In Walsall, 12-14% of homes are estimated to have some type of hazard e.g. fall hazards, excess cold, disrepair or overcrowding[4]. This is true in the private owned, private rented and socially rented sectors
- Fuel poverty, strongly linked to cold homes, contributes to poor mental wellbeing. Around 13.7% of households in Walsall experienced fuel poverty in 2017. This is likely to be made worse due to the recent rise in fuel and energy costs.

3 Debt and mental health, The Mental Health Foundation. https://www.mentalhealth.org.uk/a-to-z/d/debt-and-mental-health.

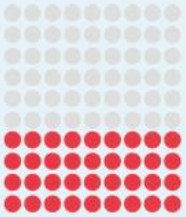
4 Integrated Dwelling Level Housing Stock Modelling and Database for Walsall Metropolitan Borough Council

Being Connected

Relationships are one of the most important aspects of our lives. People who are more socially connected to family, friends, or their community are happier, physically healthier and live longer, with fewer mental health problems than people who are less well connected[5].

2018/19

Social Isolation: percentage of adult social care users who have as much social contact as they would like

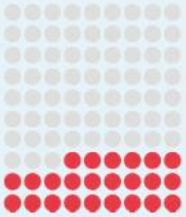


40%

England 44%

2018/19

Social Isolation: percentage of adult carers who have as much social contact as they would like



27%

England 35%

- Of adults who have social care needs in Walsall, only around 4 in 10 had as much social contact as they would like – which is lower than the national average for England of 44%.
- Of all adult carers in Walsall only 27% had as much social contact as they would like – again significantly lower than the national average of 35%.
- These groups are likely to experience social isolation, loneliness, lower mental wellbeing and have been highly affected by the pandemic.
- Nearly 22% of adults in Walsall feel lonely often, always or some of the time. This is slightly below (better) than West Midlands (23.67%) and England (22.26%).

5 The Mental Health Foundation - Mental health statistics: relationships and community.

What don't we know?

Unfortunately, there is much we don't know about mental wellbeing. We need to increase local knowledge of what is having the greatest impact (both good and bad) on our residents. Later on in the report we talk about more voice and control for residents. We have also committed to a programme of research which will help to reduce this gap in our knowledge. This includes the following;

- "Growing up in Walsall" – Research used to inform last year's annual report and the 'Walsall Best Start 4Life' (BS4L) strategy. It helped to understand what it is like to be a young person living and growing up in Walsall which included looking at factors that impact on mental wellbeing.
- Health Needs of Young Adults – First stage was research focused on mental wellbeing, substance abuse and sexual health and how this impacts on young adults' (in Walsall) overall health. The second stage is working alongside young adults to jointly design the support that is available in the future.
- Health Watch Walsall: Young People's Mental Health Survey - This is a Black Country wide look at Children and Adolescent Mental Health Services, particularly focussing on service access, delivery and the transition to adult mental health services.
- Understanding Mental Wellbeing of Adults – Research that looked at how the fundamentals of mental wellbeing (see Chapter 1) impact on mental wellbeing of adults. This was focused on Walsall residents who are unemployed and those with caring responsibilities because we know they have poorer mental wellbeing than Walsall's average. The research also explored what is helping or hindering communities to be stronger and promote positive mental wellbeing.

The research above will help to shape local policy and support to ensure it is based on the needs of Walsall residents.

Chapter 3: Important Role of Individuals, Communities and Organisations

My/Your Mental Wellbeing - Looking after our own mental wellbeing

- It is more important than ever to emphasise the need to look after your mental wellbeing.
- Improving knowledge and understanding of mental wellbeing will enable better self-care and help identify when more support might be needed. Walsall residents will be better equipped to make effective decisions about their mental wellbeing.
- Self-care is an important part of living a healthy and happy lifestyle. Looking after ourselves both mentally and physically is crucial to taking control of your health.
- The Self-Care Forum (a national charity that promote awareness of self-care) describe self-care as;

> The actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness

Why's It Important to look after our own mental wellbeing?

- We lead really busy lives and it can be easy to forget to put yourself first, especially if you have lots to do and other people to care for. Looking after yourself will make you feel better and help you to improve some of the fundamentals of mental wellbeing (e.g. work, money, and housing) discussed in Chapter 1. The thought of self-care sometimes might make you feel like you are being selfish, especially if you care for others (e.g. children, parents, vulnerable adults). However, unless you are equipped both mentally and physically, fulfilling all caring responsibilities will be very difficult. For those who have been on an aeroplane, you will have heard the pre-flight aeroplane analogy - "please put on your own oxygen mask before you help other people"[6]. This is the same for mental wellbeing.

> As a carer the person being cared for always has to come first so there is never a time when you are completely relaxed.

- Our mental wellbeing affects all areas of life, and looking after it can really improve the way that we feel every day. Looking after our mental wellbeing when we are feeling on good form is also key because it helps us to cope better when future challenges arise.

6 **Barth F.D (2019) Self-Care Is Important: Why Is It So Hard to Practice?** Self-Care Is Important: Why Is It So Hard to Practice? | Psychology Today United Kingdom

Find the time to look after our own mental wellbeing

- Self-care doesn't have to take too much time and it doesn't have to cost the earth. It could be taking a bath, relaxing with a good book, taking a walk outside or eating your favourite food. It's about making a commitment to putting yourself first, even just for a while.

Importance of routine in looking after our own mental wellbeing

- Routines are an almost automatic set of regular actions[7]. Once a problem has been solved or improved by doing something, it makes sense to repeat that process again as and when required. Positive routines help to save energy and increase our own mental capacity for dealing with more pressing parts of our daily lives[8].
- **"An apple a day keeps the doctor away".** Many of us have heard of this saying which is suggesting (correctly) that apples are good for our health. It suggests the importance of eating apples regularly and for some people it means eat more apples. However, perhaps a more valuable action in response to the saying would be to routinely eat more healthy foods. The term lifestyle change means that routines and habits are formed and changes are made that last a lifetime[9]. This also applies to our mental wellbeing. So it is really important that we identify lifestyle changes that help our mental wellbeing and make sure they are maintained (so we need to be realistic about what is achievable) as part of our routine.

Being busy and keeping to routine are the main thing that supports maintaining positive mental wellbeing

Having time to read and spend time in the garden are important

Some residents are more at risk of low mental wellbeing

- Research shows us that some residents are more at risk of low mental wellbeing. This includes people that are unemployed, carers, men and certain ethnic minorities. It is important for everyone, but particularly these groups, to know when they might need additional support with their mental wellbeing.

7 **Avni-Babad, D. (2011). Routine and feelings of safety, confidence, and well-being, cited in Heintzelman S and King L, Routines and Meaning in Life, Personality and Social Psychology Bulletin,** Routines and Meaning in Life - Samantha J. Heintzelman, Laura A. King, 2019 (sagepub.com)

8 **Dunn, W. W. (2000). Habit: What's the brain got to do with it? Cited in Heintzelman S and King L, Routines and Meaning in Life, Personality and Social Psychology Bulletin,** Routines and Meaning in Life - Samantha J. Heintzelman, Laura A. King, 2019 (sagepub.com)

9 **Arlinghaus K and Johnston C (2019) The Importance of Creating Habits and Routine, American Journal of Lifestyle Medicine, Mar-Apr; 13(2): 142–144,** The Importance of Creating Habits and Routine (nih.gov)

Case Study

Elizabeth is 54 years old and lives in Walsall.

Elizabeth was feeling low in mood due to recent weight gain and felt like she might need some support.

She received support through One You Walsall Lifestyle Services who talked her through the Eat Well plate to ensure Elizabeth was eating a healthy balanced diet. Elizabeth was also provided with details of a community based exercise session which she now attends twice a week.

Elizabeth has also identified some self-care resources which are really helping too. These include tips from the Every Mind Matters NHS website www.nhs.uk/every-mind-matters/ and routinely using the 5 Ways to Wellbeing. These are 5 simple steps to improve mental wellbeing. In a later section (see "Supporting the Fundamentals of Mental Wellbeing") of this annual report the 8 Steps to Wellbeing are introduced which builds on the 5 Ways to Wellbeing.

Elizabeth feels so much better in herself and really enjoys the class as it is an opportunity to socialise with other people. She has also lost over 1 stone and her WHO-5 Mental Wellbeing score has improved from 40 to 72

Walsall Director of Public Health Recommendations - What more could be done to look after our own mental wellbeing?

Based on what we have learnt above I recommend that every resident;

1. **Make a commitment to putting yourself first, even just for a while.**
2. **Find out where you get support if you need it.**
3. **Make a (realistic) positive routine.**

Our Mental Wellbeing - Stronger and more resilient communities will support better mental wellbeing

"Community" is a group of people with different characteristics who are linked socially, share common issues (sometimes goals, beliefs) and may take part in joint action within a location (e.g. a street or ward in Walsall) or setting (e.g. a community centre, school or mosque).

Where communities are passionate they can have an impact - for example community litter pickers, can give a sense of pride - which lifts aspirations - which lift wellbeing.

Our communities play a really important role in our mental wellbeing. These are some of the key elements that strong communities offer;

- Belonging - If you or your family feel that you don't fit in, it can be a lonely experience. Community provides a sense of belonging and a group you identify with. If you feel you or family members have to change to fit in, then that is not belonging. Belonging allows you to feel you are a part of the community and you are embraced and appreciated for being unique[10].

I love people and when I go to the supermarket they all know me down there, I love people and socialising.

A lack of community cohesion, high rental areas that are transient, it has a massive impact on the community because there is no stability in the neighbourhood.

- Support - Having people or local organisations you can turn to when you need to talk or require help. Some issues may seem impossible to solve by yourself. Having others in your community who can provide support can help you feel cared for, safe and feeling a lot more positive about the future.

Having that group of people has been great and if there are concerns you can have 121 phone calls afterwards but if that had stopped I don't know what I would have done. In reference to Autism West Midlands

It's having the right wellbeing services available to you, not just programmes but the right access to the right services, for example things like yoga, Tai Chi that improve wellbeing.

Community activities such as coffee mornings at the local senior school and a youth group at the church make the community feel connected and supportive of each other. COVID did impact on this but things are opening up again now.

People struggling to access services, particularly in the COVID context - things being on-line or telephone only, there was a real sense of frustration. Particularly impacting older people, people with caring responsibilities and disabled people.

- Purpose – People contribute to communities in different ways. Some people might help to move a heavy item, cook someone a meal, provide a listening ear or coach the local football team. As well as being thoughtful, these roles provide a sense of purpose through improving other people's lives. Having purpose and supporting others helps give meaning to life and promotes positive mental wellbeing[11].

Makes you feel like a nobody (in reference to being unemployed)

I feel like a lost cause, and I know I'm not but it isn't easy.

- The assets within communities are building blocks for good mental wellbeing. These building blocks are things like skills and knowledge of community members, friendships and neighbours looking out for each other, local groups (e.g. knitting group), voluntary/ charitable organisations (e.g. community centre, housing association), parks and green spaces, transport routes (e.g. road, a canal) and other assets provided by public (e.g. GP practice, employment support through Walsall Council) and private sector (e.g. local pub, gym).

All the gardens are kept nice, even where there is a bit of grass that doesn't really belong to anyone, that will get cut, just to keep the neighbourhood nice. It is a very neighbourly neighbourhood if you see what I mean.

If you were going to do this [interview] at my house, I would have told you not to come because the house next door has so much rubbish outside it is awful. It gets me down,

The Carers Association has been of great support, the centre that directs me to all the things I need.

It has happened that I have been taken to hospital at night and they have come in and stayed while my son is asleep, so he isn't on his own.

10 Gilbert S (2019) The Importance of Community Mental Health The Importance of Community and Mental Health | NAMI: National Alliance on Mental Illness

11 Gilbert S (2019) The Importance of Community Mental Health The Importance of Community and Mental Health | NAMI: National Alliance on Mental Illness

Need for Greater Voice and Control

We will help release the potential of these to building blocks to provide the foundations for more positive mental wellbeing. This will require a shift to a more people and community centred approach both in terms of developing Walsall's policies (what and how things will be done) and delivering programmes (the support provided). There is a need for greater voice and control and community participation.

Get advocates and champions together to find out what matters to those accessing services

Policy makers to walk in the shoes of service users and use this insight to inform service development

The World Health Organisation have stated that greater community participation will help to provide environments that encourage more positive mental wellbeing and provide greater support that can be maintained now and into the future. Increased community participation will help:

- Promote belonging by listening and including those groups that are excluded and/or have the worst mental wellbeing.
- People and communities to gain more control over their lives.
- Realise the potential of community resources.
- Develop more effective support to address lots of issues at once, rather than one at a time.
- Ensure greater community ownership.

We need to see more investment in local community groups and empower them to support their own communities rather than bringing in outside agencies to provide such support which disappears when the funding ends.

- The Chief Medical Officer for England has said that we need a new wave of public health based on 'the active participation of the population as a whole' and a renewed focus on working together.
- Residents having a greater say in their lives will help to achieve a reduction in avoidable differences in important outcomes (e.g. having access to 'good' jobs) and improve how connected residents are with each other.
- Forming positive relationships is also a key part of mental wellbeing and individuals should connect with those around them as one of the 'five ways to wellbeing'[12]. Research tells us communities with strong social relationships are likely to live longer than similar individuals with poor social relations[13].

Having strong family ties that allow an individual to feel strong, knowing they are there if needed

If I woke up one morning feeling a bit down, I'd just phone my mom. Not that I feel like that, but I know she is there if I needed her

Supportive and positive relationships with family and friends are important

- Connected communities help create environments where residents are supported to have positive mental wellbeing whilst actions that have a negative impact (such as crime and substance misuse) are discouraged.

We have meetings and have a cuppa and we welcome everyone. The pastoral work I do through that is great. Over COVID I brought food to people and made sure everyone was coping and managing

My area isn't that safe, there's drug dealing, stolen cars being dumped in the car park. That is stressful and has an impact on my mental health then its putting prices of car insurance up and that's putting stress due to limited money – it's a horrible circle.

12 New Economics Foundation (2008) Five Ways to Wellbeing, Microsoft Word - Five_ways_to_well-being the evidence.doc (neweconomics.org)

13 Holt-Lunstad et al (2010) Social relationships and mortality risk: a meta-analytic review. PLoS Med. 2010;7(7):e1000316. Published 2010 Jul 27. doi:10.1371/journal.pmed.1000316 Social Relationships and Mortality Risk: A Meta-analytic Review (nih.gov)

Making Connections Walsall Case Study – A community centred approach

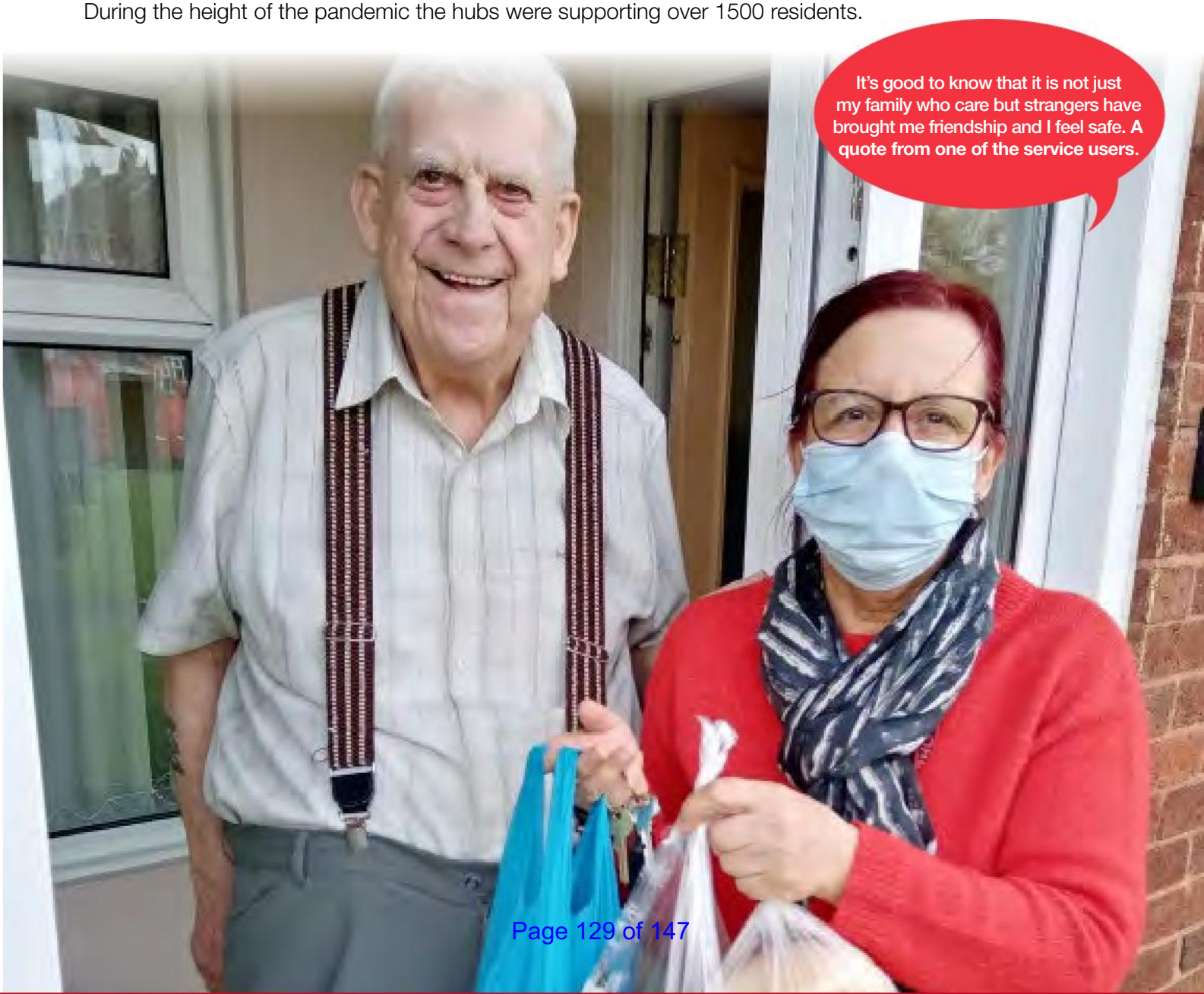
The Making Connections Walsall (MCW) programme began in October 2017 to tackle loneliness and social isolation, improve health and wellbeing and reduce preventable use of health services and social care among people aged 50+ in Walsall.

The service was co-produced by service users and community based organisations having input into the design, delivery and evaluation of the initiative. A set of workshops throughout the life of the project allowed it to be shaped based on local need. Community based organisations (such as Manor Farm Community Association) were also used to co-ordinate referral hubs based across Walsall who were responsible for supporting residents to access social activities. Social activities (such as gardening) were also provided by community based organisations (such as Goscote Green Acres).

83% of clients reported connecting with people and making new friends. The social return on investment showed that for every £1 invested in MCW, it has created £3.35 social return.

As a result of MCW being trusted by residents as well as its reach into communities, the service has been used in response to the COVID-19 pandemic. It has provided support including delivery of food packages and medication to some of the most vulnerable residents in Walsall. The hubs being embedded within communities (and support from key partners such as WHG and Walsall Fire Service) has ensured enough volunteers have come forward to support this work.

During the height of the pandemic the hubs were supporting over 1500 residents.



Walsall Director of Public Health Recommendations - What else could be done?

I recommend 3 actions to help communities be stronger and promote positive mental wellbeing:

1. **Connect to someone new in your community, even if it's just saying "hello".**
2. **Let your friends know that it's ok not to be ok and you are available to speak to if and when they need you.**
3. **Actively participate in your local community. This might be volunteering, attending a local group, helping a neighbour or sharing your views through a consultation on a local development.**

Supporting the Fundamentals of Mental Wellbeing – Local Organisations Working Together to Support Better Mental Wellbeing for our Residents

- Providing accessible, and good quality support when needed as well as helping shape the environment in which people live to support mental wellbeing should be a key focus.

What's Already Happening in Walsall?

Walsall has already taken some significant steps in developing mental wellbeing support available to its resident. This includes:

- A range of community and voluntary sector facilities supporting mental wellbeing including befriending services and support networks.
- A range of social prescribers (through WHG, Primary Care Networks and Making Connections Walsall) who help residents to access support based on their physical and mental wellbeing needs.
- Public Health working with partners to design a new community wellbeing service.
- A Community Mental Wellbeing Forum is in place to enable a more seamless transition through and between services for residents in greatest need.
- Developing mental wellbeing "No Wrong Door" where partners work together to enable residents to receive the right support at the right time.

> Really important that staff are able to respond appropriately so that service users get the most appropriate support and the situation isn't made worse, or service user isn't discouraged from disclosing or seeking support in the future.

- A range of on-line and face to face training on mental wellbeing including suicide prevention and mental health first aid. This means there are more people in Walsall who understand mental health and wellbeing and are able to provide support when required.
- Counselling and Talking therapy services.
- Walsall Community Mental Health Enablement Information Hub, which provides online information to services available in Walsall.
- Sanctuary Hub Crisis Café and a 24-hour single point of access where people in distress can access direct support.
- Emotional wellbeing tool kit developed to signpost to support for children.
- Walsall partners are working together to improve access to money advice and support.

> Hole of debt is getting deeper and deeper and the risk of returning to crime and doing something stupid just to make some money is always there. I fight it every day but sometimes it feels like there's no other way

- A range of employment services available to help people get back into training and work.
- Plenty of community volunteers and businesses offering staff time for support with local issues.
- Black Country Community Development Workers who provide community support to residents at greatest risk of poor mental wellbeing.

What else could be done?

To successfully improve mental wellbeing (and fundamentals of mental wellbeing) across Walsall, strategic partners must build on the joint work already taking place.

Walsall Director of Public Health Recommendations - What else could be done?

Based on the evidence presented above I recommend Walsall Council and its partners to;

- Develop and implement a set of co-production principles to enable greater voice and control to residents and communities and having relevant plans e.g. Corporate Plan more community centred.
- Implement a Mental Wellbeing Impact Assessment tool for use when undertaking any major plan, project or proposal at strategic board level.
- Increase the number of organisations signing up to the Mental Wellbeing Prevention Concordat. The Mental Wellbeing Prevention Concordat is an agreed set of actions owned by local organisations to improve population mental wellbeing.
- Increase the number of organisations signing up to the No Wrong Door System and delivering wellbeing plans with service users.
- Develop targeted media campaigns to increase knowledge of our residents to maintain or improve mental wellbeing with specific focus on those more vulnerable to poor mental wellbeing.
- Provide easily accessible information on the support available and when and how to access it as well as self-supported wellbeing plans. These will help identify and plan opportunities for maintaining or improving mental wellbeing.

My Wellbeing Plan

Self-Supported Wellbeing Plans (based around 8 Steps to Wellbeing)

- Be Active
- Learn Something New
- Take Notice
- Hydration and Nutrition
- Connect
- Sleep for Wellbeing
- Give Something to others
- Hope for the Future

Chapter 4 – Conclusion

The key message to take away from this year's Director of Public Health Annual Report is that no individual or organisation by themselves can improve mental wellbeing across Walsall. However…..

"Together We Can"

Individuals, communities and organisations all play a role. We need to understand mental wellbeing including how we can help ourselves and each other. Communities need to be more empowered to make decisions and shape support based on their own needs. Organisations (both national and local) and staff need to be more willing to enable this to happen on a more consistent basis. This may require a change in the way some organisations operate and in the longer term a change in the culture so community centred and co-designed approaches become standard practice (as and when they are appropriate).

It is clear that there is some excellent work already happening to support mental wellbeing (such as the range of employment support services). Using some of the lessons we have learnt from the pandemic (such as knowing who is at greatest risk of poor mental wellbeing and the principles behind successful initiatives such as Making Connections) we can build on this and ensure we are offering support to those who need it the most.

Summary of Recommendations

I recommend that every resident;

1. Make a commitment to putting yourself first, even just for a while.
2. Make a (realistic) positive routine.
3. Find out where you get support if you need it.

I recommend 3 actions to help communities be stronger and promote positive mental wellbeing;

1. Connect to someone new in your community, even if it's just saying "hello".
2. Let your friends know that it's ok not to be ok and you are available to speak to if and when they need you.
3. Actively participate in your local community. This might be volunteering, attending a local group, helping a neighbour or sharing your views through a consultation on a local development.

I recommend 6 actions for Walsall Council and partners to develop positive mental wellbeing across Walsall;

1. Develop and implement a set of co-production principles to enable greater voice and control to residents and communities and having relevant plans e.g. Corporate Plan more community centred.
2. Implement a mental wellbeing impact assessment tool for use when undertaking any major plan, project or proposal at strategic board level.
3. Increase the number of organisations signing up to the Mental Wellbeing Prevention Concordat. The Mental Wellbeing Prevention Concordat is an agreed set of actions owned by local organisations to improve population mental wellbeing.
4. Increase the number of organisations signing up to the No Wrong Door System and delivering wellbeing plans with service users.
5. Develop targeted media campaigns to increase knowledge of our residents to maintain or improve mental wellbeing with specific focus on those more vulnerable to poor mental wellbeing.
6. Provide easily accessible information on the support available and when and how to access it as well as self-supported wellbeing plans. These will help identify and plan opportunities for maintaining or improving mental wellbeing.

Acknowledgements

I would like to thank the following for their contribution to this year's Director of Public Health Annual Report.

- Young people at the college who submitted entries to the image competition for use within this report. Particular congratulations to **Steven Goncalves** whose picture was chosen for the front cover of this year's report.
- Public Health Working Group - Joe Holding, Angela Aitken, Claire Heath and Hazel Malcolm.
- Colleagues, partners and residents across Walsall for supporting the research that has informed this report and other related strategies.

Appendix 1 - Progress on Last Year's Director of Public Health (DPH) Annual report

Actions Achieved October 2021 against DPH annual Report recommendations

DPH Annual Report Recommendations	Actions Achieved October 2021 against DPH annual Report recommendations
Immediate	
Advocate for Walsall's Health and Wellbeing Board members to prioritise mental wellbeing in young people and wider community.	Mental health and wellbeing for the whole population is part of HWB strategy and agreed August 2021. CYP Mental Wellbeing will sit within proposed Young Adult Hub as well as within Children's Partnership developments
To work with young people, the Youth Justice service, Street Teams and the police to understand the real life impact of crime on our young people and identify actions which can reduce the impact	to be taken forward
Complete a self-assessment based on the National Youth Agency Hear by Right framework and work with partners including young people to develop an action plan to increase youth engagement.	Youth Engagement and Voice of the Child is key in all work with young people and a priority for all partners Engagement work prioritised in all WBC, Walsall Healthcare trust and Black Country Healthcare trust work with young people Engagement based on Hear by Right Framework to be taken forward as part of Children's Partnership work
Work with internal partners to develop an action plan based on Hear by Right self-assessment to further develop youth engagement that will support young people participation in the recommendations listed in this Annual Report	Youth Engagement and Voice of the Child is key in all work with young people and a priority for all partners Engagement based on Hear by Right Framework to be taken forward as part of Children's Partnership work
Children's Services to evaluate how effective the services targeted at families with specific needs are and whether the groups we most want to reach access these.	National evidence continues to support the provision of evidence based parenting programmes to families in need. A plan to fully understand this and to analyse further is in place.
The parenting team and those delivering parenting courses to understand the barriers to accessing parenting courses;	Impact and feedback from parents/carers attending courses has been positive showing similar patterns and results to national data of impact and evidence. During lockdown virtual courses were offered which increased retention Since May 2020 a total of 456 parents are recorded to have accessed and completed on line and/or virtual parenting programmes. Retention has significantly increased compared to the face to face delivery in previous years, virtual offers in the peak of 'lock down' showed on average 13 parents attending per virtual group with all completing the course. Work with parents has identified reasons for non-engagement and these are being addressed.

DPH Annual Report Recommendations	Actions Achieved October 2021 against DPH annual Report recommendations
Immediate	
Identify the wider teams who have an impact on community wellbeing; support them to understand their contribution and set the measures in place that will promote the wellbeing of children and young people ensuring that young people are part of the planning process.	Work is in place with PVI, statutory and voluntary agencies who are taking forward work promoting the health and wellbeing of children and young people and their families
Ensure the benefits of the Town Deal Fund are extended to other parts of the Borough in order to create vibrant, colourful gateways into district centres, working to improve play areas and create biodiversity programmes.	Developing business cases for and then deliver Green Bloxwich and Active Public Spaces programmes as part of Town Deal - complimented by WMBC Public Realm strategy and delivery plan
Design and implement a Walsall Food Plan and a Walsall Physical Activity Plan as part of Walsall's young person's strategy informed by young people's views	Support in primary schools and Early Years Settings for healthy eating, growing and increasing dining experience through Food for Life. 50 primary schools engaged with 14 achieving their bronze award and 9 of these working towards silver. 35 Early Years settings enrolled with 16 achieving their Early Years award. Voice of child embedded. Oral health included in programme developed specifically for Walsall. National Child Measurement Programme restarting October 2121 Physical Activity Framework has been drafted with an emerging governance structure and development of a food plan for the borough will be built into the PH work plan for 2022/23.
Ensure that all Walsall schools are signed up to the Walsall Healthy Schools programme and mental health is prioritised.	Walsall Healthy Schools Programme to be refreshed as COVID pressures decrease. Within Walsall PHSE is prioritised as part of the curriculum and schools and their school nurses supporting the promotion of health in the school. 50 primary schools and 35 Early Years settings are signed up to the Public Health commissioned Food for Life programme to support settings increase healthy eating and growing opportunities. Emotional Health and Wellbeing is also a major focus in 2021 in schools. Mental Health Support Team provision will be available in a total of 25 Walsall schools providing lower level support for mental health concerns. The Children and Young People Emotional Health and Wellbeing strategy is being taken forward by multiagency group led by the Black Country CCG. Walsall Education team is leading on a national programme supporting Borough wide mental health school support. School Nurses providing extensive child and parent wellbeing workshops and available for 1:1 or online support. PCN West 1 focus in 2021 is on mental health in years 5 and 6 in local schools

DPH Annual Report Recommendations	Actions Achieved October 2021 against DPH annual Report recommendations
Immediate	
Use the political process to lobby central government for additional resources to support children with special educational needs including those with Social Emotional and Mental Health (SEMH) Needs based on their needs.	Opportunities monitored and to be taken forward as the opportunity arises
Foster a culture of participation with young people, using their views to help shape the decisions made by organisations both within and outside of the Council whose actions affect their health and wellbeing	Voice of young person gathered through wider Council, Walsall Children's Service, Walsall Healthcare Trust and Black Country Healthcare Trust activity with young people Engagement taken forward through Holiday and Food activity. As the Children's Partnership develops, this will be facilitated strategically
Develop and implement a borough/ council-wide family poverty strategy, linking with the Walsall Strategic Economic Plan.	Strategy in process of being commissioned in line with Walsall Economic Strategy
Build in the promotion of good mental wellbeing into the work of all organisations that influence the lives of young people	Increased Mental Health Support Team provision available in 15 further Walsall Schools providing lower level support for mental health concerns. Children and Young People Emotional Health and Wellbeing strategy being taken forward by multiagency group led by Black Country CCG. Walsall Education team leading on a national strategic programme supporting Borough wide mental health school support. School Nurses providing extensive child and parent wellbeing workshops and available for 1:1 or online support. PCN West 1 focus on year 5s and 6 in local schools and as part of this, Active Black Country providing physical literacy support in primary schools with aim of increasing awareness of how to maintain mental wellbeing Part of the development mental wellbeing plan for the borough will includes a focus on children's mental wellbeing.
All those working with young children to actively promote access to early years education settings	Take up of free early years education continues to be promoted through the work of the health visiting service and child Social Care and Early Help services. School and private settings also promote early education to families that already have contact with children.
Education partners to continue to prioritise good educational outcomes for all Walsall's children; pledging to not leave behind those with the least access to resources and those adversely impacted by the Covid-19 lockdowns.	Working with Challenging Education to deliver the RADY programme to schools to raise the attainment of those disadvantaged young people who were disproportionately affected by the lockdown.
Support the children's services team to reduce all types of school absence, with particular attention to absences caused by poor mental health using understanding gained from young people who are missing school	EEF Learning Behaviours programme in place in schools. This is helping schools to understand the learning needs of the children and helping reduce any anxiety in the student cohort caused by the pandemic.

DPH Annual Report Recommendations	Actions Achieved October 2021 against DPH annual Report recommendations
Immediate	
Partners supporting children to continue to ensure that Educational Health and Care Plans are not unduly delayed	A recently agreed recruitment plan is in place to strengthen the capacity of the SEND team to meet current and future demands upon its capacity.
Maximise the uptake of the Department of Work & Pensions (DWP) Kick-start scheme which is developing a number of high quality 6-month work placements for young people aged 16 to 24 claiming Universal Credit benefit and at risk of long term unemployment	Registered Kick-start gateway bringing forward a minimum of 150 placements, with at least 12 of these being internal work placements. Focus recruitment on local young unemployed people.
To work with Education providers and young people to ensure that life lessons are offered in schools and that these meet the needs of young people	School Nurses and Teenage Pregnancy team supporting PHSE curriculum and teachers in its delivery. A school improvement offer in place that ensures the national curriculum is followed and this includes the topic of PSHE
To work with young people, employers and providers of further education to ensure that young people are given relevant and appropriate work experience with particular priority on children in and leaving care	In conjunction with Children's Services, work being taken forward through Care Leaver support and within IMPACT team. 2 Employment Advisors assigned to support care leavers who are identified as NEET, in order to move them in education and apprenticeships.
Ensure that the protective factors which impact on a healthy weight and mental wellbeing are set in place incorporating the contributions of the community, young people, the police, education and teams supporting parenting with choices maximised in the areas where there is greater need.	in review

Health and Wellbeing Board

26 April 2022

Agenda item 14

Public Health Outcomes Framework (PHOF) – 3x3 matrix

1. Purpose

To inform the HWBB of public health outcomes and to provide context and focus for future opportunities to improve. The 3x3 PHOF matrix offers a 'converstation starter' introductory approach, that can easily be transferbale to other things e.g. commissioned services.

2. Recommendations

2.1 Members note the detail of this report.

2.2 Utilise the 3x3 matrix outside of this Board, to open up discussions and subsequent action both within and outside the Council, on how to improve public health outcomes.

2.3 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.

2.4 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.

3. Report detail

3.1 The Public Health Outcomes Framework (PHOF) sets out a high-level overview ofpublic health outcomes, at a national and local level. An interactive web tool makes the PHOF data available publicly. This allows local authorities to assess progress in comparison to national averages and their peers, and develop their work plans accordingly.

3.2 Our health and thus public health outcomes are influenced directly and indirectly byour social and community networks and the physical, social and economic contexts in which we live (figure 1).

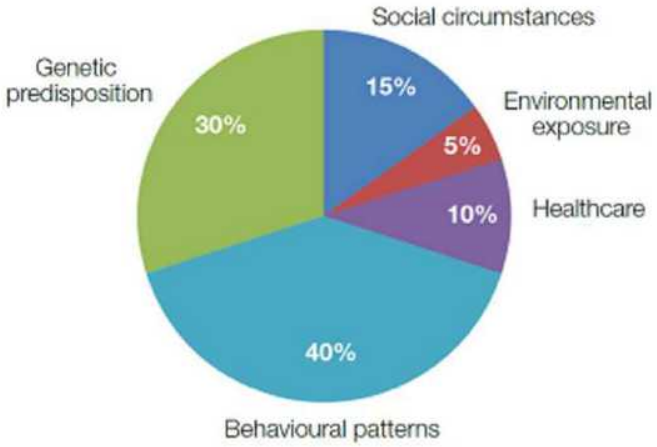


Figure 1. The proportional contribution to premature death. PHE

3.3 The socio-economic and environmental determinants of health taken together are the prime drivers of our health and wellbeing, followed by our health behaviours (for example, whether and how much we smoke and/or drink alcohol, what we eat and howphysically active we are), health care, and finally genetic and physiological factors. To improve population health, we have to focus as much on those factors that lie outside the health and care system as those within it.

3.4 Local Authorities, with their partners e.g. through the Health and Wellbeing Board, are well placed to take a collaborative approach to improving the wellbeing of all peoplein Walsall. This can be achieved by incorporating health considerations into decision-making across sectors and policy areas based on the recognition that our greatest health and wellbeing challenges are highly complex and often linked through the socialand economic determinants of health and wellbeing (fundamental of health).

3.5 To provide a quick overview of over 200 indicators within the PHOF, a simple 'PHOF 3x3 Matrix' has been developed (Figure 2). The indicators are categorised whether their trend is **improving**, **similar** or **deteriorating** and how Walsall compares to statistical* neighbours – statistically better, similar or worse (3x3). The PHOF matrix can be interactively accessed here

(* 15 areas with similar characteristics to Walsall e.g. Bolton, Derby, Wolverhampton)

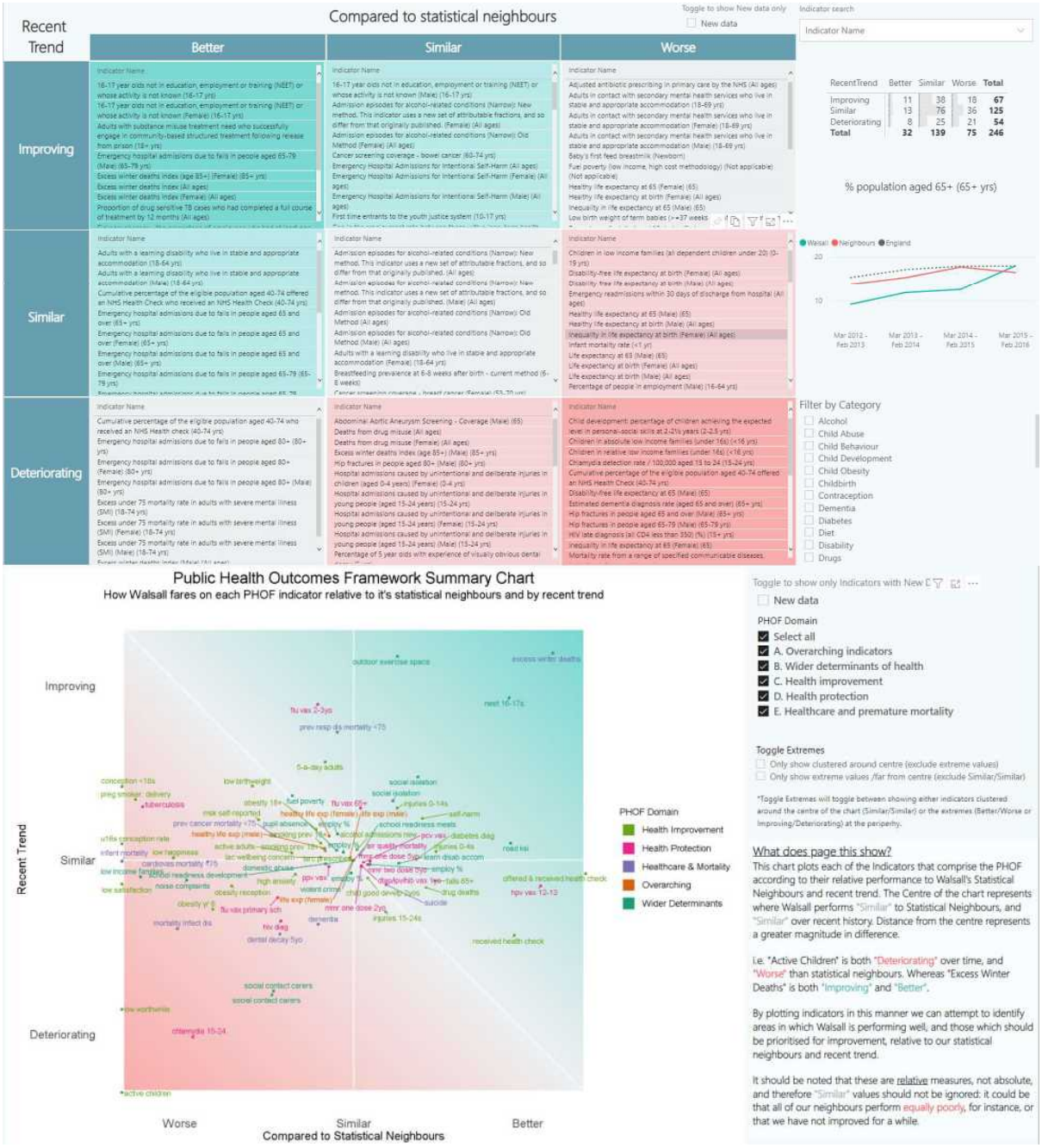


Figure 2 – PHOF 3x3 matrix for Walsall

3.6 The matrix aims to be a '**conversation starter'** on action that could be taken to improve outcomes. The underlying principles of a public health approach to improve outcomes is:

- focused on a defined population, often with a health risk in common
- with and for communities
- not constrained by organisational or professional boundaries
- focused on generating long term as well as short term solutions
- based on data and intelligence to identify the burden on the population, includingany inequalities and
- rooted in evidence of effectiveness to tackle the problem.

These principles are being applied to the PHOF 3x3 matrix to review our current approach to improve outcomes.

3.7 Note there are caveats to the matrix, for example, data is updated annually and provides a picture in time. To enrich local action, local data (where available) as well as local knowledge and expertise will help shape future action.

3.8 A **key positive finding** to report is there are currently **11** indicators in the matrix which are ***improving*** over time and show that outcomes for Walsall residents are significantly ***better than our peers***. A full list is available here, but examples include:

- 16-17 year olds not in education, employment or training (NEET) or whose activity is not known (16-17 yrs)

This was highlighted within the findings of the JSNA, with encouraging improvements to those who are in some form of eduction, employment or training.

- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison (18+ yrs)
- Social isolation: percentage of adult social care users who have as much spcial contact as they would like (65+)

3.9 The matrix also demonstrates there are **21** indicators which are ***deteriorating*** overtime and where outcomes for Walsall residents are ***worse compared to our peers***. This offers a focus for further discussion on shared problem solving and action across the Walsall Proud Partnership. A full list is available here, but examples include:

- Child development: percentage of children achieving the expected level in personal-social skills at 2-2 ½ yrs
- Reception and Year 6 prevalence of overweight (including obese)

These were also highlighted within the findings of the JSNA, with school readiness impacted amongst younger age children and the increasing numbers of children in Reception and Year 6 who were overweight and / or obese – both linked to the covid-19 impact of home schooling and possibly less opportunity for structured, routine physical exercise.

3.10 It is also important to note those indicators which show our Walsall residents have *similar outcomes to our peers ,* as it could be argued they are 'on the cusp' of both *improving* and getting *better* or *deteriorating* and getting *worse.* Examples include breastfeeding prevalence at 6-8 weeks after birth; under 75 mortality rate from causes considered preventable (males) and certain vaccination coverage.

3.11 The matrix will update automatically when data is available and monitoring of indicators will continue. This matrix has proved a useful starting point to assess performance on public health outcomes and is assisting with generating further discussions and action around financial planning, meeting needs of the populationand generating efficiencies.

3.12 Colleagues are encouraged to utilise and engage with the matrix and use the public health principles in meetings they attend to further enhance

and probe conversations which aim to take positive action to maximise health and wellbeingfor Walsall residents.

3.13 To conclude, the '3x3 matrix' and approach is an enabler, allowing for a quick and effective sense check of performance in relation to indicators included within the PHOF. This can facilitate further action across the council and its partners to provide assurance on next steps and challenge in areas where outcomes could be further improved.

4. Implications for Joint Working arrangements

Improving the measures in PHOF and ultimately reducing health inequalities is a keyoutcome within the PHOF. Understanding the key causes and drivers of inequalities and taking proportionate action to reduce health inequalities is the ultimate aim for the DPH.

5. Health and Wellbeing Priorities

HWBs have a statutory duty to ensure they have a JSNA and HWBS in place. Utilising the 3x3 grid, and comparing Walsall with statistical neighbours, allows focused action and an ability to work collaboratively to make a difference which will then assist to identify local priorities and develop local plans to improve the health and wellbeing of our population and reduce health inequalities.

Background papers

The Office for Health Improvement and Disparaties (OHID) Public Health Outcomes Framework, is available - Public Health Outcomes Framework (PHOF)

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Health and Wellbeing Board – Work Programme 2022/23

Note: HWBB priorities to be included when available which will also inform the workshop focus.

REPORT ITEM	LEAD	June Workshop	July Board	Mid Sept Workshop	Oct Board	November Workshop	December Workshop	Jan Board	February Workshop	March Workshop	April Board
Priorities for Health and Wellbeing Board		Areas of focus for 2022/23		Focus to be confirmed		Focus to be confirmed	Focus to be confirmed		Focus to be confirmed	Focus to be confirmed	
Review of Council Commissioning Intentions	DPH/ED ASC										
Director of Public Health Annual Report	DPH										For information
Public Health Outcomes Framework	DPH										Annual Report for information
Joint Health and Wellbeing Strategy	DPH										
Mental Wellbeing Strategy annual Report	DPH										
Health Protection Annual Report	DPH										
Our Walsall Plan	DPH (Policy hub lead)		July 2022 Karen Griffiths								
SEND Report	ED Children's										
Annual Report of Children's Safeguarding	ED Children's										

Health and Wellbeing Board – Work Programme 2022/23

Note: HWBB priorities to be included when available which will also inform the workshop focus.

REPORT ITEM	LEAD	June Workshop	July Board	Mid Sept Workshop	October Board	November Workshop	December Workshop	January Board	February Workshop	March Workshop	April Board
Better Care Fund (dates subject to National BCF Directives)	ED ASC		Q1		Q2			Q3			Q4 and finance reporting for approval
Annual Report of Adults Safeguarding	ED ASC										
Walsall Together	WHT Board Member				Progress Report						
CCG Commissioning/ Spending Plans	Chief Officer CCG										
Children and Adolescent Mental Health Services CAMHS	Chief Officer BC Healthcare Trust										Progress report for assurance
Healthwatch Walsall	Chair Health watch				Annual Report						Progress on Projects /Public Engagement for assurance

NOTES:

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

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