

Health and Wellbeing Board

Tuesday 19 September 2023 at 4.30pm.

Conference Room 2, The Council House, Walsall.

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

Membership:

Councillor G. Flint (Chair)

Councillor K. Pedley

Councillor S. Elson

Councillor A. Nawaz

Dr N. Inglis Interim Director of Public Health

Ms. K. Allward Executive Director Adult Services and Hub

Ms Colleen Male Interim Executive Director Children's Services

Mr. R. Nicklin Healthwatch Walsall

Ms P. Mayo Interim Managing Director, NHS Black Country Integrated Care Board

Ms S. Cartwright Group Director, Place, Walsall Healthcare NHS Trust

Ms. M. Foster Black Country Healthcare NHS Foundation Trust

Chief Supt. Dolby West Midlands Police

Ms S. Samuels Group Commander, West Midlands Fire Service

Ms V. Hines One Walsall

Ms. F. Shanahan Walsall Housing Partnership/Housing Board

Ms. R. Davies Walsall College

Vacancy (Vice-chair – Lead GP Black Country Integrated Care Board)

Vacancy Black Country Integrated Care Board representative.

NHS England representative to invited to join the Board for the purpose of participating in the preparation of the Joint Strategic Needs Assessment and the Joint Local Health and Wellbeing Strategy at the appropriate time.

Quorum: 6 members of the Board

Memorandum of co-operation and principles of decision-making

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

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

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

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

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

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

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

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

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

AGENDA

1. **Welcome and Introductions**
2. **Apologies and Substitutions.**
3. **Minutes: 13 June 2023**
 - To approve as a correct record – copy **enclosed**
4. **Declarations of interest**

[Members attention is drawn to the Memorandum of co-operation and principles of decision making and the table of specified pecuniary interests set out on the earlier pages of this agenda]
5. **Local Government (Access to Information) Act, 1985 (as amended):**

There are no items for consideration in the private session of the agenda

Discussion/Decision Items

6. We are Walsall 2040 – final strategy
 - Presentation - Executive Director, Adult Social Care and Hub – **enclosed**
7. Better Care Fund Plan 2023-2025
 - Report of Executive Director, Adult Social Care and Hub – **enclosed**
8. Children’s Alliance – Strategy
 - Report of Interim Director, Children’s Services - **enclosed**
9. Family Hubs
 - Report of Interim Director, Children’s Services - **enclosed**

Assurance Items

10. Health Protection Forum – Annual report
 - Report of Interim Director of Public Health – **enclosed**
11. Healthwatch Walsall – Annual report
 - Report of Chair, Healthwatch Walsall - **enclosed**
12. Walsall Together – Annual Report
 - Report of Group Director, Place, Walsall Healthcare NHS Trust - **enclosed**
13. Mental Wellbeing
 - (a) Progress report on the Delivery of the Mental Wellbeing Strategy
 - Report of Chief Executive – Black Country Healthcare NHS Foundation Trust- **enclosed**

- (b) Black Country Mental Health and Emotional Wellbeing Strategy for Children and Young People
- Report of Chief Executive – Black Country Healthcare NHS Foundation Trust **enclosed**

Information Items

14. Work programme 2023/24
- Copy **enclosed**

Date of next meetings: 12 December 2023, 19 March 2024

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Cabinet/Corporate Management Team (CMT)

Wednesday 26 July 2023 at 5.00p.m.

Digital meeting

Present: Councillor Bird
Councillor Perry
Councillor Ali
Councillor Elson
Councillor Ferguson
Councillor Flint
Councillor Murphy
Councillor Pedley
Councillor Statham

Councillor Garcha – Cabinet Support Assistant
Councillor Lee – Cabinet Support Assistant

Deborah Hindson
Kerrie Allward
Dave Brown
Judith Greenhalgh
Sally Rowe
Paulette Myers (sub)
Shaun Darcey (S.151 Officer)

In attendance: Keith Beech, Director, Communications
Helen Owen, Democratic Services officer

1. **Apologies**

Councillor Andrew; Stephen Gunther

2. **Notes of 28 June 2023**

Agreed as a correct record.

3. **Adult Social Care (ASC) – Budget matters**

In attendance (observers)

Vicky Buckley, Head of finance, Strategic Planning and Assurance
David Cooke, Interim Head of Procurement
Jennie Pugh, Director Adult Care

(a) **Adult Social Care 2023/24 Budget Movements and Mitigation Plan**

Kerrie Allward gave a presentation which showed the budget position and projected overspend prior to any mitigation. She advised that this did not cover

the £3.3m Proud savings as these were the subject of other reports updating on Proud; and that the overspend was projected to be £7.7m after mitigation.

A lengthy discussion took place on the position during which Kerrie confirmed that the Housing 21 Contract was being reviewed, including TUPE arrangements, as it was not now considered to be good value for money.

Members recognised the difficulty and complexities involved in managing Adult Social Care and its budgets, particularly around younger adults with complex needs. They were concerned to ensure that any opportunities provided through the Resilient Communities approach via Team Walsall were not lost and therefore the “ask” needed to be clear.

Members also commented on the dispute with the Integrated Care Board regarding outstanding monies owed to the Council arising from a s.75 agreement and stressed the need to ensure due diligence.

Councillor Pedley thanked Kerrie and her team for the report and their work to manage the budget position.

(b) Financial assessment and charging

Kerrie Allward presented a briefing note which updated on the following:

- The operational restructure to improve business processes and efficiency in relation to ASC client contributions
- A review of the ASC financial assessment and charging processes
- The ASC customer debt position, associated with residential and community care contributions.

The Leader expressed his dissatisfaction with the current invoicing mechanism and asked that this was reviewed to require payment in advance. Kerrie responded by explaining the complexities around this course of action but gave assurances that clear communication with clients was now built into a new process supported by leaflets explaining the process in layman’s terms.

Regarding debt collection, Judith Greenhalgh advised that all options were being considered including the potential to employ someone to take on the retrieval of the old debts. The Leader asked for those debts showing as over one year old to be broken down further.

Councillor Pedley said that he was pleased to see that there was now an end-to-end process with more clear information being given to residents. He said that this information must be provided at the very outset of their care so that they were not unnecessarily worried.

4. Development of Walsall Housing Register

In attendance: Neil Hollyhead, Group Manager Customer Housing & Migration

Neil presented a briefing note which provided an update on the development of a new Walsall Council housing register, and Walsall Housing Group’s (whg) plans to temporarily close their own register. He said that the stock transfer enabled whg to manage the Council’s waiting list with an arrangement that the Council would pay for that service however, whg had never billed the Council and they had now

given notice that they no longer wished to manage the list given that they were not now just a Walsall body.

It was considered an appropriate time to take back control of the list to be in a better position to manage and provide support.

5. Administration Pledges 2023/24

In attendance: Vicky Buckley, Head of Finance, Strategic Planning and Assurance

Vicky presented a briefing which updated on progress to deliver the pledges for this year. The Leader asked for the possibility of temporary toilet facilities in Bloxwich to be looked at and reported to next Asset Strategy Group.

6. Planning Services Performance Quarterly Update

Dave Brown presented a briefing which provided progress so far on measures to improve performance with the teams including planning performance, backlog cases, enforcement, planning policy, s106 monitoring, service improvements and utilisation of additional authorised resource for fixed term recruitment in the service area.

In response to a question from the Leader, it was noted that a s.106 monitoring officer had been appointed and was currently reviewing all agreements. The Leader referred to the Park Hill Estate monies and asked that this be included in the review.

A brief discussion took place during which time, members mentioned a previous understanding that ward councillors would be engaged in spending of s.106 monies generated in their area.

Action: Dave Brown to circulate a full list of s.106 agreements to Cabinet members showing what monies were being spent and what was outstanding, by ward.

7. Organisational Development and Workforce Strategies and their Importance.

In attendance: Michele Leith, Director, HR.

Michele gave a presentation which provided the workforce profile as at 31/12/22, and the Organisational Development and Workforce strategies which help to change culture. She said that these were two distinct strategies but were intrinsically linked. In addition, she highlighted that the Council's workforce profile showed that almost half of the Council's workforce were 55yrs or over and she talked through some of the planned activities to address this.

The Leader commented that it would be interesting to see where the workforce profile was broken down into service level to enable a more informed focus on those areas where there was a shortage of young people. It was noted that work was already underway as part of the workforce strategy to understand this better in terms of the diversity of the work of the Council.

Sally Rowe commented that Children’s services was naturally an area where there were a lot of young people, and this did create issues around workforce stability, such as accommodating maternity leave, so it was imperative that the Council was creative and flexible in how people could be supported to work.

8. Brand Strategy

Keith Beech gave a short presentation which provided the brand audit findings and the vision and objectives of a new brand plan. He referenced the importance of Brand in encouraging people to work for the Council.

9. Update on actions from previous meetings not otherwise reported upon

The following completed actions were noted

CVS – progress implementation of next steps	Project being monitored by CMT. VCS commissioning strategy scheduled for Cabinet Dec 23/Feb 24.	Dave Brown
Freer Street Scaffolding – transfer of liabilities	Liabilities transferred	Shaun Darcy
Simplify Residents Parking Scheme	Reviewed. Changes can be incorporated into next Parking Review report to Cabinet.	Dave Brown
Commonwealth Games legacy – explore funding opportunities	Actions in place to explore bids	Dave Brown
Independent Remuneration Panel – leader to be briefed	Leader briefed by Craig Goodall	Tony Cox
Explore opportunities for Joint Venture Companies	Merged into waste to energy report	Shaun Darcy
Expedite options for a facility for Park Hall C.A.	Options identified at Asset Strategy Group. Actions in place to progress	Shaun Darcy
Expedite recruitment to post of Head of Community Buildings	Recruitment process continuing. Interviews took place on 21 July	Dave Brown
Update on Bloxwich High St toilets to ward councillors	Response provided	Shaun Darcy

10. Cabinet/CMT Strategic Work plan

The strategic work plan was noted. It was also noted that as usual, the September Cabinet/CMT meetings would focus on the Budget.

11. Hot issues

Children’s Home – Planning Committee: The Leader expressed his annoyance that neither he nor the portfolio holder had been made aware prior to the meeting that there could have been an issue regarding a covenant which could have precluded the use of the premises for the purpose; and that this had therefore caused him embarrassment. Sally Rowe gave assurance that the covenant did not preclude its use for a Children’s home and was therefore not an issue. She advised that the residents who had raised the issue had been formally responded to and that she had briefed ward councillors. Shaun Darcy apologised for this not being mentioned at Asset Strategy Group.

Termination: The meeting terminated at 7.00 p.m.

WE ARE WALSALL 2040

Health Wellbeing Board September 23

Strategy approved June Cabinet

Walsall in 2040 will be the most improved borough in the region, a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances.

We will:

- be a safe borough.
- be a healthy borough.
- be a green borough.



Next steps

Delivery
mapping

Governance
review

Communications
and promotion

Delivery mapping

- Mapping the current place strategies, programmes and plans against the outcomes across all 12 themes
- Gap analysis and workshops with colleagues/partners throughout winter to focus on gaps and need for new cross thematic programmes
- Early next year key deliverables/milestones and metrics
March 24



Governance

- Views from current Walsall Proud Partnership partners
- Understanding the governance mechanisms for other areas for 2040/2050 plans
- Identify and map current partnership arrangements
- Paper to partners in September outlining recommendations – WPP 20 September



Reflections from other LAs



NO UNANIMOUS
MODEL



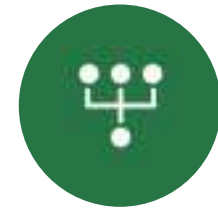
STRUCTURES DIFFER
DEPENDING ON
LOCAL CONTEXT



THERE WERE TWO
GENERAL FORMULAS
USED:

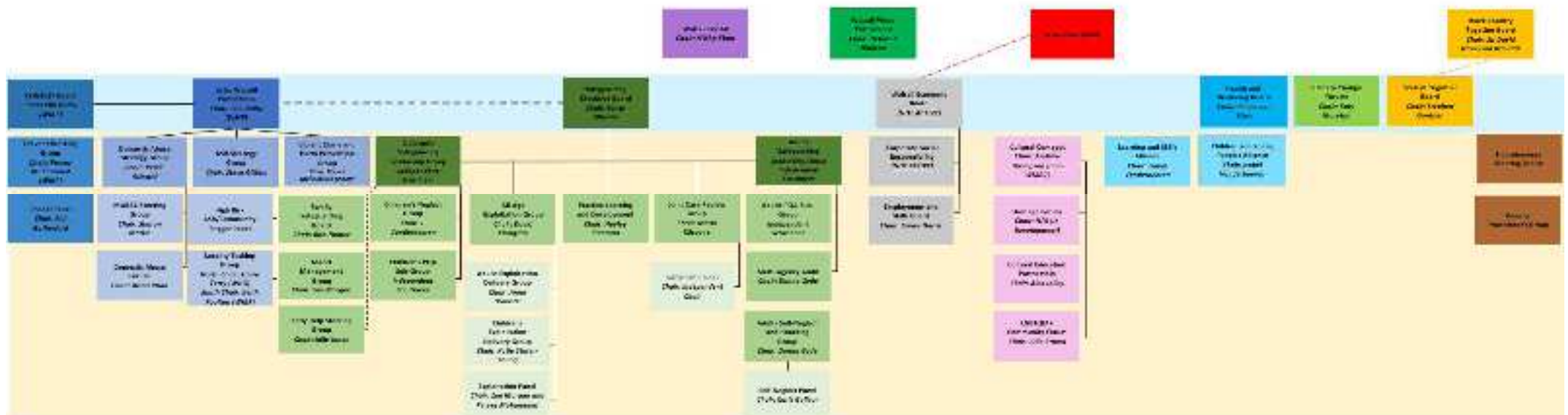


OVERARCHING
DELIVERY BOARD
FOR PLACE STRATEGY
WITH DIRECT
REPORTS
ON PRIORITIES
COMING FROM
CHAIRS OF THEME
PARTNERSHIPS
TASKED
WITH DELIVERY.

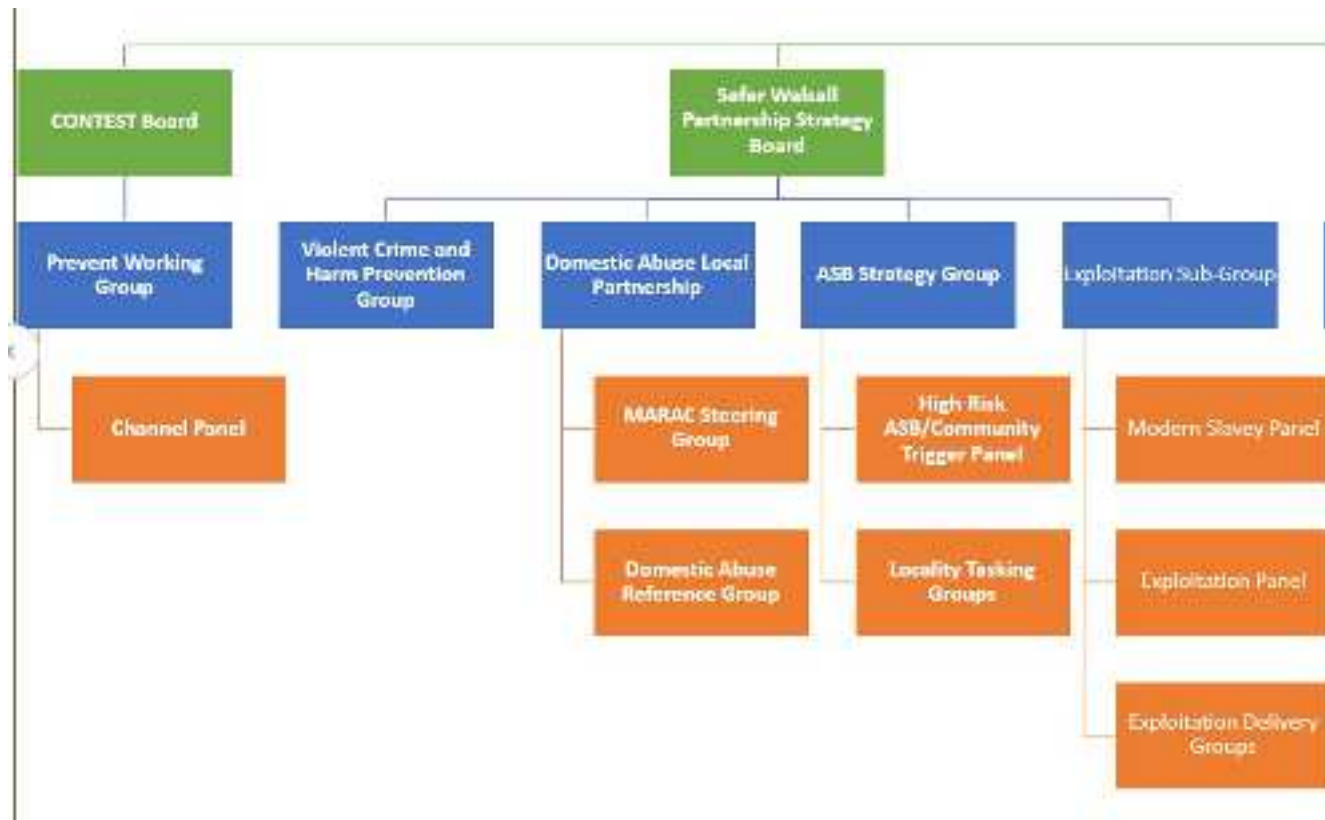


OVERARCHING
DELIVERY BOARD
WITH OPERATIONAL
ACTION
GROUPS DEDICATED
TO EACH AMBITION
CHAired BY THE
MEMBERS OF THE
OVERARCHING
DELIVERY BOARD.

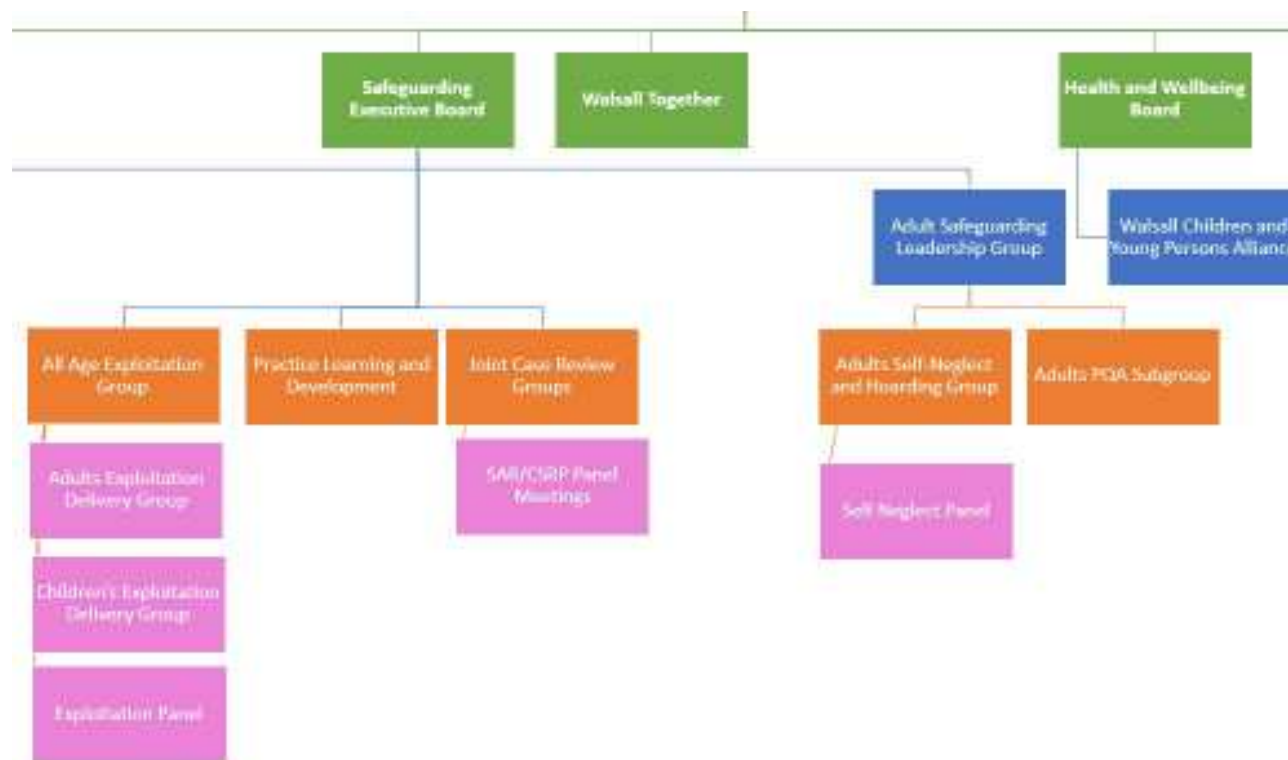
Walsall Current Theme Partnership Structure



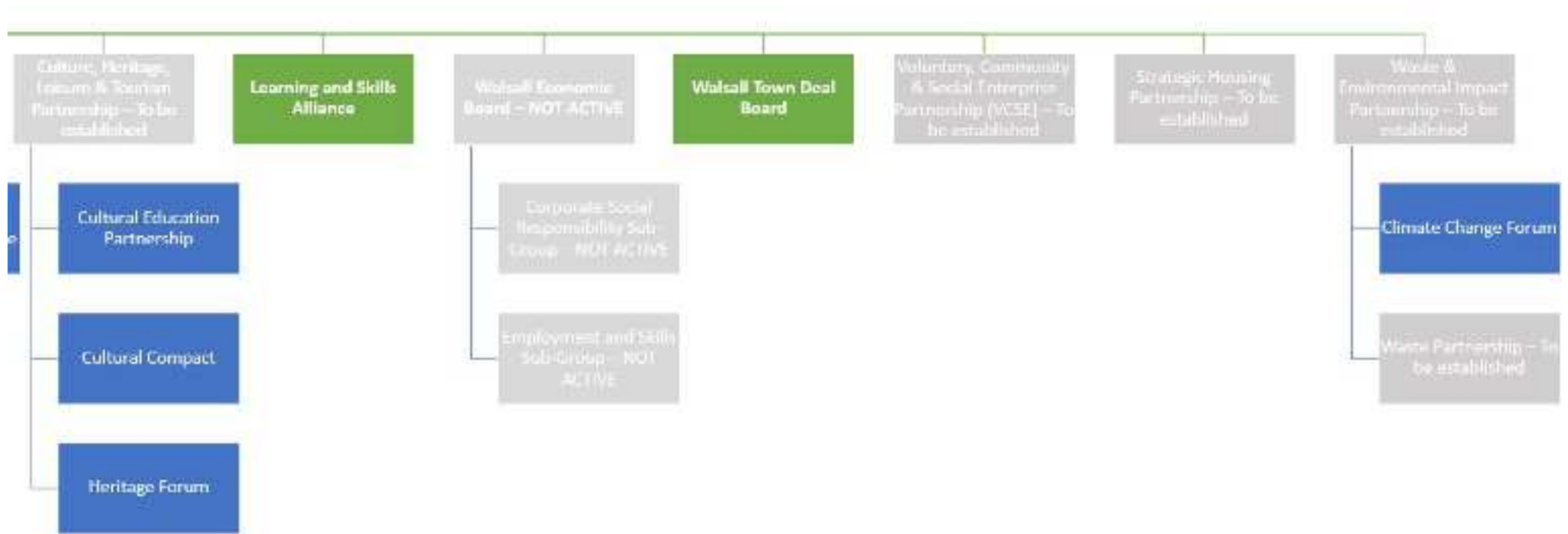
Partnership Structure...Community Safety



Partnership Structure....Safeguarding & Health



Partnership Structure...Environment, Economy & Communities



Theme partnerships

Current

Health & Wellbeing Board

Safer Walsall Partnership

Children's Alliance

Town Deal Board

Walsall Together

Safeguarding Executive

Learning & Skills Board

Cultural Compact Group

Climate Change forum

Gap

VCS partnership (Team Walsall)

Culture/Leisure/Heritage/Tourism
strategic Board

Strategic Housing

Waste & Environmental Impact

Walsall Economic Board

Scoping of new potential partnerships into winter with proposals back to CMT for implementation by April 24

Need to further review supporting groups such as Walsall Insight Group, Walsall Engagement forum

Findings-partner conversations

- WPP function- steer and accountable for 2040 delivery
- No clear read across the existing theme partnerships
 - Delivery and prioritisation
- Need consider partner organisation business cycles, challenges and priorities- more collaborative and sharing
- Need focus on red hot strategic and operational issues of concern
- VCS and Business voice need strengthening across WPP and other theme partnerships
- Need better horizon scanning and forward planning



Governance Proposals

- WPP to sit above the theme partnership architecture with a tightening of communication lines across and between thematic partnerships
- WPP to monitor delivery with regular updates on strategic deliverables from thematic partnerships
- Focus on horizon scanning function and consideration of cross cutting strategic issues of place across Walsall
- Focus on red hot place issues of strategic concern.
- Revise membership
- Scope/develop thematic partnerships over coming months for implementation
April 24

Next steps

Delivery
mapping

Governance
review

Communications
and promotion



Impactful events

A launch conference with an invited audience of 150+ local business leaders and representatives from our partner organisations is to be held 5 October

- We Are Walsall 2040 speakers
- Panel discussions
- Q&A
- Supported by video presentations

We are proposing to take a We Are Walsall 2040 roadshow to all parts of the Borough with a tour bus and/or promotional pop-ups



To further raise awareness we are proposing We Are Walsall 2040 branding is displayed on building site billboards, creating long lasting visual promotions of We Are Walsall 2040 close to where people live and work



Endorsement

Health and Wellbeing Board endorsed the strategy earlier this year and are asked:

- to note the formal ratification
- agree as a Board to work towards the 2040 vision and outcomes in delivery of Health and Wellbeing Strategy and associated activities
- Support work to improve wider partnership and communication lines to WPP



Health and Wellbeing Board

19 September 2023

Walsall Better Care Fund 2023-2025 Plan

Assurance

1. Purpose

This update will retrospectively inform members of details contained within the 2023-2025 Better Care Fund (BCF) Narrative Plan and planning template, as per national requirements. Agreed retrospective reporting is in place to support national submission dates, which fall outside Board meeting dates.

2. Recommendations

- 2.1 That the Health and Wellbeing Board retrospectively receives and agrees the 2023-2025 Walsall Better Care Fund Planning Template following national submission in June 2023 as per national assurance.
- 2.2. That the Health and Wellbeing Board retrospectively receives and agrees the Better Care Fund 2023-2025 Narrative Plan following national submission in June 2023 as per national assurance.

3. Report detail

Background

- 3.1 The Better Care Fund (BCF) 2023-2025 Policy Framework, reaffirms a clear direction for the fund to be one of the government's national vehicles for driving health and social care integration.
- 3.2 The BCF vision over 2023-2025 is to support people to live healthy, independent and dignified lives. National leads continue to prioritise integration as key driver, through joint approaches between health and social care, with a new emphasis on housing services to wrap seamlessly around the individual. To ensure alignment, the vision underpins two core BCF objectives:
 - Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time - making sure people are supported with a discharge to the right place, at the right time, and with the right support that maximises their independence
- 3.3 In way of assurance against meeting national conditions such as support to reduce hospital delays and supporting independence once discharged, the requirement to report ambitions and actuals against BCF metrics remains. The metrics are set out in the planning template as follows:

- Number of older people still at home 91 days after discharge from hospital
- Number of long-term admissions to care homes for older people
- Number of avoidable admissions to hospital Unplanned hospitalisation for chronic ambulatory care sensitive conditions (avoidable admissions to hospital)
- Number of older people discharged to their usual place of residence
- Number of emergency hospital admissions due to falls in people over 65

Overview of plan

- 3.3 As per national requirements, the 2023-2025 Walsall Better Care Fund plan is complete at local level, outlining ambitions with an overview of performance. Alongside the narrative plan, each local area is required to complete the planning template, outlining expenditure, income and metric stretch targets. Capacity and Demand reporting remains as per 2022-2023 planning, outlining agreed targets across discharge and community demand from April 2023 – March 2024.
- 3.4 Completion of the plan has taken an integrated approach as per previous years. Partners specifically Adult Social Care and Black Country ICB Walsall Place have contributed to both documents. Our main provider service for Intermediate Care supported the completion of data in relation to the Capacity and Demand template, and our acute provider Walsall Healthcare Trust in relation to NHS related metrics.

KEY MESSAGES TO NOTE	WALSALL PLACE BCF PROGRAMME – PLAN
UPDATE	FINANCIAL YEAR 2022/2023
Overview: Governance and assurance	<p>In line with agreed governance regarding Walsall BCF, the 2023-2025 plan has been subject to review from Commissioning leads across Adult Social Care (ASC) and Black Country ICB Walsall Place to seek agreement.</p> <p>In line with governance, The Place Integrated Commissioning Committee (PICC) received the completed plan and planning template during June 2023. PICC members approved both documents during June ahead of national submission on 28 June 2023.</p> <p>As per agreement, PICC is now an integrated strategic led committee with a broad membership replacing Local Commissioning Board and Joint Commissioning Committee. Health and Wellbeing Board (HWB) members received an update regarding PICC during the HWB development session in January 2023.</p> <p>In way of approval, Black Country ICB delegated authority in 2022 to Place Managing Directors to approve Place BCF plans. Overview of each Place plan is encouraged for transparency and a shared approach to meeting national conditions is in place through the Black Country BCF Manager group. The group currently meet monthly to share learning, discuss national developments and agree integrated approaches to manage the 4 programmes effectively.</p>
Income and expenditure	<p>The 2023-2025 planning template details line-by-line expenditure across the main programme (joint investment) and the Improved BCF (investment allocated directly to ASC with conditions regarding allocation of spend).</p> <p>Each scheme funded by the programme aligns to agreed national conditions and aims providing assurance. Partners have agreed to invest in key areas such as intermediate care to support hospital discharges. The introduction of a two-year programme provides an opportunity to review the programme to support its development.</p>

	<p>ASC have utilised the Improved BCF to provide additional staffing resources including locality social work teams and commissioning capacity to support key transformational areas.</p> <p>Hospital Discharge funding is aligned to the BCF to ensure a partnership approach to its management. To support discharge pathways, the allocation was utilised to support increased demand and complexity.</p> <p>As per year-end reporting, an overspend remains as a pressure for the programme. As part of risk management, monitoring of this pressure remains at Place Integrated Commissioning Committee level, with partners receiving monthly financial reporting.</p>
Metrics	<p>The five metrics within the planning template detail planned targets for 2023-2024. The NHS metrics namely discharge to place of residence and avoidable admissions have been determined based on ICB baselines for a consistent approach across the Black Country. Social Care ambitions have been set as per ASCOF measures.</p>
Capacity and Demand	<p>A task and finish group of colleagues from the provider arm, ASC commissioning, Black Country ICB Walsall Place commissioning and finance agreed discharge and capacity ambitions for April 2023 – March 2024 across discharge pathways. Further national monitoring through NHS England is in place to inform future reporting.</p>
Narrative highlights	<p>As per requirements to produce a two year plan, the 2023-2025 narrative plan sets out Walsall’s intentions, updates and support for the next two years across;</p> <ul style="list-style-type: none"> • Use of the Disabled Facilities Grant • Unpaid Carers • Our response to right care, right place, right time • Our approach to governance • Approach to Older People remaining at home • Health inequalities • Capacity and demand <p>The narrative plan sets out ambitions to develop the programme in line with objectives. One of the programmes key continued successes is the use of investment across Intermediate Care, specifically the Intermediate Care Service where investment is in place to fund staffing groups such as social workers and coordinators, and key provision to support timely discharges for Older People from our local Acute, Walsall Manor.</p> <p>The use of our Disabled Facilities Grant remains a success, by working with discharge teams to support our discharge pathways by ensuring a sufficient resource is part of agreed processes to mitigate discharge delays. The Team, which sits within Walsall Council, continue to work in an integrated way, providing minor adaptations and repair services to support planned discharges.</p>
Next steps	<p>The BCF programme in Walsall continues to be a key driver in relation to national priorities of promoting independence for Older People, ensuring timely discharges and reducing hospital delays. The programme continues to fund schemes in relation to Intermediate Care including staffing and provision. It is the intention of partners to continue investment across these areas to support national agendas and local ambitions.</p> <p>A two-year programme provides space to review the programme and consideration of investment across areas to support national conditions further.</p>

4. Implications for Joint Working arrangements:

Financial implications:

As a programme, BCF is a key enabler to integration. Despite this, local areas remain restricted, as the programme and its fund continue on a temporary basis

despite key investment across a number of areas. Risk to long term planning remains, with staff who are funded via the programme remaining on fixed term contracts; this poses a risk to the support the programme provides to statutory functions and partnership agreements in relation to staffing across essential services, investment to increase capacity and opportunities to shape and grow the provider market.

As part of the governance mechanisms, discussions regarding the risk to the programme sit at Place Integrated Commissioning Committee (PICC) level. PICC also continue to receive monthly updates to manage overspends across two main spend areas, the Integrated Equipment Store following increased capacity, demand and complexity.

5. Health and Wellbeing Priorities:

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

Appendices

1. 2023-2025 BCF Planning Template
2. 2023-2025 BCF Narrative Plan

Author

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Walsall Council and Black Country ICB, Walsall Place

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✉ Charlene.thompson@walsall.gov.uk

Overview

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).
3. The checklist helps identify the sheets that have not been completed. All fields that appear highlighted in red with the word 'no', should be completed before sending to the Better Care Fund Team.
4. The checker column, which can be found on each individual sheet, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.

5. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

6. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

7. Please ensure that all boxes on the checklist are green before submission.

8. Sign off - HWB sign off will be subject to your own governance arrangements which may include delegated authority.

4. Capacity and Demand

Please see the guidance on the Capacity&Demand tab for further information on how to complete this section.

5. Income

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2023-25. It will be pre-populated with the minimum NHS contributions to the BCF, iBCF grant allocations and allocations of ASC Discharge Fund grant to local authorities for 2023-24. The iBCF grant in 2024-25 is expected to remain at the same value nationally as in 2023-24, but local allocations are not published. You should enter the 2023-24 value into the income field for the iBCF in 2024-25 and agree provisional plans for its use as part of your BCF plan
2. The grant determination for the Disabled Facilities Grant (DFG) for 2023-24 will be issued in May. Allocations have not been published so are not pre populated in the template. You will need to manually enter these allocations. Further advice will be provided by the BCF Team.
3. Areas will need to input the amount of ASC Discharge Fund paid to ICBs that will be allocated to the HWB's BCF pool. These will be checked against a separate ICB return to ensure they reconcile. Allocations of the ASC discharge funding grant to local authority will need to be inputted manually for Year 2 as allocations at local level are not confirmed. Areas should input an expected allocation based on the published national allocation (£500m in 2024-25, increased from £300m in 2023-24) and agree provisional plans for 2024-25 based on this.
4. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.
5. Please use the comment boxes alongside to add any specific detail around this additional contribution.
6. If you are pooling any funding carried over from 2022-23 (i.e. **underspends from BCF mandatory contributions**) you should show these as additional contributions, but on a separate line to any other additional contributions. Use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.
7. Allocations of the NHS minimum contribution are shown as allocations from each ICB to the HWB area in question. Where more than one ICB contributes to the area's BCF plan, the minimum contribution from each ICB to the local BCF plan will be displayed.
8. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

6. Expenditure

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

The information in the sheet is also used to calculate total contributions under National Condition 4 and is used by assurers to ensure that these are met.

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

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 6b.

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.

- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Expected outputs

- You will need to set out the expected number of outputs you expect to be delivered in 2023-24 and 2024-25 for some scheme types. If you select a relevant scheme type, the 'expected outputs' column will unlock and the unit column will pre populate with the unit for that scheme type.

- You will not be able to change the unit and should use an estimate where necessary. The outputs field will only accept numeric characters.

- A table showing the scheme types that require an estimate of outputs and the units that will prepopulate can be found in tab 6b. Expenditure Guidance.

You do not need to fill out these columns for certain scheme types. Where this is the case, the cells will turn blue and the column will remain empty.

6. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards eligible expenditure on social care under National Condition 4.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

7. Commissioner:

- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.

- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend on NHS commissioned out of hospital services under National Condition 4. This will include expenditure that is ICB commissioned and classed as 'social care'.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

8. Provider:

- Please select the type of provider commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

9. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority

- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

10. Expenditure (£) 2023-24 & 2024-25:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

11. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

12. Percentage of overall spend. This new requirement asks for the percentage of overall spend in the HWB on that scheme type. This is a new collection for 2023-25. This information will help better identify and articulate the contribution of BCF funding to delivering capacity.

You should estimate the overall spend on the activity type in question across the system (both local authority and ICB commissioned where both organisations commission this type of service). Where the total spend in the system is not clear, you should include an estimate. The figure will not be subject to assurance. This estimate should be based on expected spend in that category in the BCF over both years of the programme divided by both years total spend in that same category in the system.

7. Metrics

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2023-25. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2023-24.

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

For each metric, areas should include narratives that describe:

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

1. Unplanned admissions for chronic ambulatory care sensitive conditions:

- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2023-24. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2021)
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Please use the ISR Tool published on the BCX where you can input your assumptions and simply copy the output ISR:
<https://future.nhs.uk/bettercareexchange/view?objectId=143133861>
- Technical definitions for the guidance can be found here:
<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions>

2. Falls

- This is a new metric for the BCF and areas should agree ambitions for reducing the rate of emergency admissions to hospital for people aged 65 or over following a fall.
 - This is a measure in the Public Health Outcome Framework.
 - This requires input for an Indicator value which is directly age standardised rate per 100,000. Emergency hospital admissions due to falls in people aged 65 and over.
 - Please enter provisional outturns for 2022-23 based on local data for admissions for falls from April 2022-March 2023.
 - For 2023-24 input planned levels of emergency admissions
 - In both cases this should consist of:
 - emergency admissions due to falls for the year for people aged 65 and over (count)
 - estimated local population (people aged 65 and over)
 - rate per 100,000 (indicator value) (Count/population x 100,000)
 - The latest available data is for 2021-22 which will be refreshed around Q4.
- Further information about this measure and methodology used can be found here:
<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/6/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015/iid/22401/age/27/sex/4>

3. Discharge to normal place of residence.

- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2022-23, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2023-24 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2022-23 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

4. Residential Admissions:

- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

5. Reablement:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2022-23. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

8. Planning Requirements

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Planning Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2023-2025 for further details.

The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.

The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

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

Better Care Fund 2023-25 Template

2. Cover

Version 1.1.3

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website and gov.uk. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Walsall
Completed by:	Charlene Thompson
E-mail:	charlene.thompson@walsall.gov.uk
Contact number:	1922653007
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no please indicate when the HWB is expected to sign off the plan:	Wed 06/09/2023

<< Please enter using the format, DD/MM/YYYY

Complete:

Yes
Yes
Yes
Yes
Yes
Yes
Yes

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr	Gary	Flint	cllr.gary.flint@walsall.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	N/A	Geraint	Griffiths	geraint.griffiths@nhs.net
	Additional ICB(s) contacts if relevant	N/A	Pip	Mayo	pip.mayo@nhs.net
	Local Authority Chief Executive	N/A	Deborah	Hindson	deborah.hindson@walsall.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	N/A	Kerrie	Allward	kerrie.allward@walsall.gov.uk
	Better Care Fund Lead Official	N/A	Stephen	Gunther	stephen.gunther@walsall.gov.uk
	LA Section 151 Officer	N/A	Shaun	Darcy	shaun.darcy@walsall.gov.uk

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->

Yes
Yes
Yes
Yes
Yes
Yes
Yes

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

Please see the Checklist below for further details on incomplete fields

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

[<< Link to the Guidance sheet](#)

^^ Link back to top

Better Care Fund 2023-25 Template

3. Summary

Selected Health and Wellbeing Board:

Walsall

Income & Expenditure

[Income >>](#)

Funding Sources	Income Yr 1	Income Yr 2	Expenditure Yr 1	Expenditure Yr 2	Difference
DFG	£4,202,771	£4,202,771	£4,202,771	£4,202,771	£0
Minimum NHS Contribution	£25,980,027	£27,450,496	£25,980,027	£27,450,496	£0
iBCF	£14,181,001	£14,181,001	£14,181,001	£14,181,001	£0
Additional LA Contribution	£764,907	£724,907	£764,907	£724,907	£0
Additional ICB Contribution	£0	£0	£0	£0	£0
Local Authority Discharge Funding	£1,988,154	£3,313,590	£1,988,154	£3,313,590	£0
ICB Discharge Funding	£1,357,323	£2,533,216	£1,357,323	£2,533,216	£0
Total	£48,474,184	£52,405,981	£48,474,183	£52,405,981	£1

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

	Yr 1	Yr 2
Minimum required spend	£7,382,787	£7,800,652
Planned spend	£13,814,014	£14,693,168

Adult Social Care services spend from the minimum ICB allocations

	Yr 1	Yr 2
Minimum required spend	£10,347,364	£10,933,025
Planned spend	£10,447,276	£11,038,591

[Metrics >>](#)

Avoidable admissions

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	336.5	340.9	345.3	349.6

Falls

	2022-23 estimated	2023-24 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,472.7
	Count	1274
	Population	49649

Discharge to normal place of residence

	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	92.9%	92.8%	92.6%	92.4%

Residential Admissions

	2021-22 Actual	2023-24 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate 571	583

Reablement

		2023-24 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	82.0%

[Planning Requirements >>](#)

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

Better Care Fund 2023-24 Capacity & Demand Template

3. Capacity & Demand

Selected Health and Wellbeing Board:

Walsall

Guidance on completing this sheet is set out below, but should be read in conjunction with the guidance in the BCF planning requirements

3.1 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template aligns to the pathways in the hospital discharge policy, but separates Pathway 1 (discharge home with new or additional support) into separate estimates of reablement, rehabilitation and short term domiciliary care)

If there are any trusts taking a small percentage of local residents who are admitted to hospital, then please consider aggregating these trusts under a single line using the 'Other' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2023-24
- Data from the NHSE Discharge Pathways Model.
- Management information from discharge hubs and local authority data on requests for care and assessment.

You should enter the estimated number of discharges requiring each type of support for each month.

3.2 Demand - Community

This section collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the Planning Requirements.

The units can simply be the number of referrals.

3.3 Capacity - Hospital Discharge

This section collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS)
- Reablement at Home
- Rehabilitation at home
- Short term domiciliary care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting
- Short-term residential/nursing care for someone likely to require a longer-term care home placement

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload* days in month* max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

3.4 Capacity - Community

This section collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 7 types of service:

- Social support (including VCS)
- Urgent Community Response

- Reablement at home
- Rehabilitation at home
- Other short-term social care
- Reablement in a bedded setting
- Rehabilitation in a bedded setting

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload* days in month* max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

At the end of each row, you should enter estimates for the percentage of the service in question that is commissioned by the local authority, the ICB and jointly.

Virtual wards should not form part of capacity and demand plans because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list. Further guidance on all sections is available in Appendix 2 of the BCF Planning Requirements.

<p>Any assumptions made. Please include your considerations and assumptions for Length of Stay and average numbers of hours committed to a homecare package that have been used to derive the number of expected packages.</p>	<p>17 hours per person, per week (Pathway 1) - 28 days average LoS. Bedded LoS = 38 days. NB There is no ma</p>
---	---

Complete:

3.1	Yes
3.2	Yes
3.3	Yes
3.4	Yes

3.1 Demand - Hospital Discharge

!!Click on the filter box below to select Trust first!!
 (Select as many as you need)

Demand - Hospital Discharge		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Trust Referral Source	Pathway												
WALSALL HEALTHCARE NHS TRUST	Social support (including VCS) (pathway 0)												
WALSALL HEALTHCARE NHS TRUST	Reablement at home (pathway 1)	148	133	176	165	157	160	175	200	200	180	202	139
WALSALL HEALTHCARE NHS TRUST	Rehabilitation at home (pathway 1)	48	47	48	55	53	30	55	50	50	56	54	49
WALSALL HEALTHCARE NHS TRUST	Short term domiciliary care (pathway 1)												
WALSALL HEALTHCARE NHS TRUST	Reablement in a bedded setting (pathway 2)												
WALSALL HEALTHCARE NHS TRUST	Rehabilitation in a bedded setting (pathway 2)	8	10	8	10	10	12	14	14	17	17	8	14
WALSALL HEALTHCARE NHS TRUST	Short-term residential/nursing care for someone likely to require a longer-term care home placement	33	39	18	30	30	34	37	37	48	46	32	37

3.2 Demand - Community

Demand - Intermediate Care		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Type													
Social support (including VCS)													
Urgent Community Response													
Reablement at home		10	12	5	5	8	10	12	8	10	12	5	8
Rehabilitation at home		31	35	20	20	28	32	35	26	31	35	20	28
Reablement in a bedded setting													
Rehabilitation in a bedded setting		1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care		1	1	1	1	1	1	1	1	1	1	1	1

3.3 Capacity - Hospital Discharge

Capacity - Hospital Discharge		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Social support (including VCS)	Monthly capacity. Number of new clients.												
Reablement at Home	Monthly capacity. Number of new clients.	148	133	176	165	157	160	175	200	200	180	202	139
Rehabilitation at home	Monthly capacity. Number of new clients.	48	47	48	55	53	30	55	50	50	56	54	49
Short term domiciliary care	Monthly capacity. Number of new clients.												
Reablement in a bedded setting	Monthly capacity. Number of new clients.												
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	8	10	8	10	10	12	14	14	17	17	8	14
Short-term residential/nursing care for someone likely to require a longer-term care home placement	Monthly capacity. Number of new clients.	33	39	18	30	30	34	37	37	48	46	32	37

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
		100%
		100%
		100%
		100%

3.4 Capacity - Community

Capacity - Community		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Service Area	Metric												
Social support (including VCS)	Monthly capacity. Number of new clients.												
Urgent Community Response	Monthly capacity. Number of new clients.												
Reablement at Home	Monthly capacity. Number of new clients.	10	12	5	5	8	10	12	8	10	12	5	8
Rehabilitation at home	Monthly capacity. Number of new clients.	31	35	20	20	28	32	35	26	31	35	20	28
Reablement in a bedded setting	Monthly capacity. Number of new clients.												
Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	1	1
Other short-term social care	Monthly capacity. Number of new clients.	1	1	1	1	1	1	1	1	1	1	1	1

Commissioning responsibility (% of each service type commissioned by LA/ICB or jointly)		
ICB	LA	Joint
		100%
		100%
		100%
		100%

Better Care Fund 2023-25 Template

4. Income

Selected Health and Wellbeing Board:

Walsall

Local Authority Contribution		
	Gross Contribution Yr 1	Gross Contribution Yr 2
Disabled Facilities Grant (DFG)		
Walsall	£4,202,771	£4,202,771
DFG breakdown for two-tier areas only (where applicable)		
Total Minimum LA Contribution (exc iBCF)	£4,202,771	£4,202,771

Complete:

Yes

Local Authority Discharge Funding	Contribution Yr 1	Contribution Yr 2
Walsall	£1,988,154	£3,313,590

Yes

ICB Discharge Funding	Contribution Yr 1	Contribution Yr 2
NHS Black Country ICB	£1,357,323	£2,533,216
Total ICB Discharge Fund Contribution	£1,357,323	£2,533,216

Yes

iBCF Contribution	Contribution Yr 1	Contribution Yr 2
Walsall	£14,181,001	£14,181,001
Total iBCF Contribution	£14,181,001	£14,181,001

Yes

Are any additional LA Contributions being made in 2023-25? If yes, please detail below	Yes
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Yes

Local Authority Additional Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box to clarify any specific uses or sources of funding
Walsall	£724,907	£724,907	Provider uplifts in Intermediate Care services (LA Funded)
Walsall	£40,000	£0	BCF Carryforward - Quality Review offer
Total Additional Local Authority Contribution	£764,907	£724,907	

Yes

NHS Minimum Contribution	Contribution Yr 1	Contribution Yr 2
NHS Black Country ICB	£25,980,027	£27,450,496
Total NHS Minimum Contribution	£25,980,027	£27,450,496

Are any additional ICB Contributions being made in 2023-25? If yes, please detail below	No
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Yes

Additional ICB Contribution	Contribution Yr 1	Contribution Yr 2	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	£0	
Total NHS Contribution	£25,980,027	£27,450,496	

Yes

	2023-24	2024-25
Total BCF Pooled Budget	£48,474,184	£52,405,981

Funding Contributions Comments
Optional for any useful detail e.g. Carry over
£40k - Carry forward of Better Care funding to support with a Quality review offer. Please note the balance on expenditure is showing as £1. This is a result of a pre - populated data which could not be amended.

9	DFG	Disabled Facilities Grant - Integrated Equipment Store	DFG Related Schemes	Discretionary use of DFG		100	100	Number of adaptations funded/people	Social Care		LA			NHS Community Provider	DFG
10	Carers	Support to Carers	Carers Services	Carer advice and support related to Care Act duties		500	500	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution
11	Community Support	Short Term Care - Dom care placements	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Social Care		LA			Private Sector	Minimum NHS Contribution
12	Social Care	Protecting Adult Social Care	Care Act Implementation Related Duties	Other	Care Coordination				Social Care		LA			Local Authority	iBCF
13	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
14	Social Care	Protecting Adult Social Care	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
15	Intermediate Care	Intermediate Care Team - Staffing remodel	Enablers for Integration	Workforce development					Social Care		LA			Local Authority	iBCF
16	Workforce - support services	Employment Support Services	Enablers for Integration	Workforce development					Social Care		LA			Local Authority	iBCF
17	Workforce - Care Management	Additional Social Worker/Occupational Therapy posts within	Enablers for Integration	Workforce development					Other	Additional resource in Care Management	LA			Local Authority	iBCF
18	Workforce	All Age Disability/Transition Modelling	Integrated Care Planning and Navigation	Care navigation and planning					Social Care		LA			Local Authority	iBCF
19	Workforce - Commissioning	Additional Commissioning Support/Capacity	Enablers for Integration	Joint commissioning infrastructure					Social Care		LA			Local Authority	iBCF
20	Workforce - support services	Brokerage and Business Support	Enablers for Integration	Other	Support to broker packages of care on				Social Care		LA			Local Authority	iBCF
21	Programme Management	Better Care Fund Support	Enablers for Integration	Programme management					Other	BCF Support	LA			Local Authority	iBCF
22	Programme Management	Senior Alliance of Walsall Together	Enablers for Integration	Programme management					Social Care		LA			Local Authority	iBCF
23	Workforce - support services	Commissioned Payments Support Team	Personalised Budgeting and Commissioning						Social Care		LA			Local Authority	iBCF
24	Programme Management	Better Care Fund Integrated Support Officer	Enablers for Integration	New governance arrangements					Other	BCF Support	LA			Local Authority	iBCF
25	Quality offer	Care Quality Commissioning Support	Enablers for Integration	Research and evaluation					Social Care		LA			Local Authority	iBCF
26	Workforce - support services	Finance Support	Enablers for Integration	Programme management					Social Care		LA			Local Authority	iBCF
27	Provision - pathway support	Community Care packages/support	Home Care or Domiciliary Care	Domiciliary care packages		1200	1200	Hours of care	Social Care		LA			Local Authority	iBCF
28	Intermediate Care	Reablement at Home	Home-based intermediate care services	Reablement at home (to support discharge)		336	336	Packages	Social Care		LA			Private Sector	Local Authority Discharge
29	Intermediate Care	Bed Based Services	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with reablement (to support discharge)		336	336	Number of Placements	Social Care		LA			Private Sector	Local Authority Discharge

30	Locality working	Community Nursing In reach team	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
31	Single Point of access	Single point of access	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
32	Frail Elderly Pathway	Out of Hospital support based in A&E	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
33	Locality working	Enhanced case management approach in nursing and residential care	Enablers for Integration	Workforce development					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
34	Locality working	Evening and Night Service	Community Based Schemes	Multidisciplinary teams that are supporting independence, such as					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
35	Frail Elderly Pathway	Additional Community Investment	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
36	Equipment - Health element	Integrated Equipment Service	Assistive Technologies and Equipment	Community based equipment		185	185	Number of beneficiaries	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
37	Psychiatric care	Psychiatric Liaison Team (OP)	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Mental Health		NHS			NHS Community Provider	Minimum NHS Contribution
38	Stroke	Redesign of Stroke beds for Rehab/ Falls Service	Bed based intermediate Care Services (Reablement,)	Bed-based intermediate care with rehabilitation (to support discharge)		15	15	Number of Placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
39	Single Point of access	Single point of access (Community Investment)	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
40	Stroke	Stroke Non bed based Home Care	Personalised Care at Home	Physical health/wellbeing					Community Health		NHS			Private Sector	Minimum NHS Contribution
41	Intermediate Care	Rapid Response Team Intermediate Care Services and Community Health	Home-based intermediate care services	Reablement at home (accepting step up and step down users)		336	336	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
42	Intermediate Care	District Nursing wrap around Intermediate Care Services and Community Health	Urgent Community Response						Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
43	Intermediate Care	Clinical front door staffing - Intermediate Care Services and Community Health	Integrated Care Planning and Navigation	Support for implementation of anticipatory care					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
44	Intermediate Care	Clinical back door staffing - Intermediate Care Services and Community Health	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
45	Programme Management	Better Care Fund support	Enablers for Integration	Programme management					Other	BCF Support	NHS			Local Authority	Minimum NHS Contribution
46	Workforce	Quality in Care Team	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes					Community Health		LA			Local Authority	Minimum NHS Contribution
47	Intermediate Care	Home from Hospital Services required in the reablement pathway for people with	High Impact Change Model for Managing Transfer of Care	Early Discharge Planning					Community Health		NHS			Private Sector	Minimum NHS Contribution
48	Intermediate Care	Discharge to Assess beds	High Impact Change Model for Managing Transfer of Care	Home First/Discharge to Assess - process support/core costs					Other	Placements in Independent Sector nursing &	NHS			Private Sector	Minimum NHS Contribution
49	Intermediate Care	FEP WHC Consultant	Integrated Care Planning and Navigation	Care navigation and planning					Community Health		NHS			NHS Community Provider	Minimum NHS Contribution
50	Intermediate Care	Rapid Response Sitters	Personalised Care at Home	Other	Rapid/Crisis Response - step up (2 hr				Community Health		NHS			Private Sector	Minimum NHS Contribution

Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Independent Mental Health Advocacy 2. Safeguarding 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	<p>Supporting people to sustain their role as carers and reduce the likelihood of crisis.</p> <p>This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.</p>
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	<p>Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams)</p> <p>Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'</p>
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	<p>The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.</p> <p>The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate</p>

6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	<p>The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.</p>
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	<p>A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.</p>
9	Housing Related Schemes		<p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p>

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other 	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.</p>
12	Home-based intermediate care services	<ol style="list-style-type: none"> 1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other 	<p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p>
13	Urgent Community Response		<p>Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.</p>
14	Personalised Budgeting and Commissioning		<p>Various person centred approaches to commissioning and budgeting, including direct payments.</p>

15	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> 1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used to for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care and Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed Based Intermediate Care Services	Number of placements
Home Based Intermediate Care Services	Packages
Residential Placements	Number of beds/placements
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

Better Care Fund 2023-25 Template

6. Metrics for 2023-24

Selected Health and Wellbeing Board:

Walsall

8.1 Avoidable admissions

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2022-23 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	305.5	283.4	327.3	301.0	Projection based on 2-year monthly trend. Black Country level data utilised to inform values. The planned targets take into account growing demand seen therefore an increase from actuals but realistic as per population.	AA remains a priority and is in line with the development of Rapid Response teams, virtual wards and the Poractive Care Programme.
	Number of Admissions	913	847	978	-		
	Population	283,378	283,378	283,378	283,378		
	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan			
	Indicator value	336.534196	340.911082	345.272336	349.617959		

Complete:

Yes

Yes

[>> link to NHS Digital webpage \(for more detailed guidance\)](#)

8.2 Falls

		2021-22 Actual	2022-23 estimated	2023-24 Plan	Rationale for ambition	Local plan to meet ambition
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,098.4	2,472.7	2,869.6	These projections are as per the ICB average growth in falls admissions (as published 16th June 2023) between 2021/22 and 2022/23 has been applied and takes into consideration growth as per demand from 65 up to 90+. Whilst there is an increase, the ambition is considered a realistic aim based on aging population seen.	Interventions will be applied as per current work through our alliance model Walsall Together to prioritise a reduction in emergency admissions overall, but specifically here as a result of falls. The BCF plan will support interventions by ensuring leads work in a coordinated way.
	Count	1,085	1274	1478.53729		
	Population	49,649	49649	49649		

Yes

Yes

Yes

[Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

8.3 Discharge to usual place of residence

*Q4 Actual not available at time of publication

		2022-23 Q1 Actual	2022-23 Q2 Actual	2022-23 Q3 Actual	2021-22 Q4 Plan	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	96.1%	95.6%	94.8%	96.0%	Aiming to sustain planning performance of over 90%. Denominator figures sourced from SUS data at Black Country level using baselines. The slight decrease in planned relates to complexities shown across population which may impact on place of residence on discharge.	Established MDT approaches to remain place to review and sustain positions and will include capacity discussions. Ward level discharge planning remains in place as per clear intermediate care planning. IC pathways reviewed at by commissioning and operational leads, escalated through to Place Integrated Commissioning
	Numerator	5,905	5,863	5,888	5,910		
	Denominator	6,143	6,131	6,212	6,156		
	2023-24 Q1 Plan	2023-24 Q2 Plan	2023-24 Q3 Plan	2023-24 Q4 Plan			
	Quarter (%)	92.9%	92.8%	92.6%	92.4%		
Numerator	6,296	6,283	6,269	6,256			

Yes

Yes

	Denominator	6,774	6,772	6,770	6,768		Committee and Walsall Together Strategic command to manage overall performance
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Yes

8.4 Residential Admissions

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	571.4	588.3	592.3	583.4	Trajectory over recent years has seen a relative stability in the permanent admissions for the over 65 age bracket.	Planning for 2023-24 to be conducted once collation of final figures have been validated
	Numerator	286	300	302	300		
	Denominator	50,053	50,990	50,990	51,424		

Yes
Yes

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

8.5 Reablement

		2021-22 Actual	2022-23 Plan	2022-23 estimated	2023-24 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	79.5%	82.2%	84.6%	82.0%	As a system our integrated teams support the target of ensuring older people remain in their own home 91 days after being discharged from hospital. Our aim through the Council's Corporate Plan is to increase the number of older people who are in	Planning for 2023-24 to be conducted once collation of final figures have been validated
	Numerator	237	333	301	310		
	Denominator	298	405	356	378		

Yes
Yes
Yes

Please note that due to the demerging of Cumbria information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- Actuals and plans for Cumberland and Westmorland and Furness are using the Cumbria combined figure for all metrics since a split was not available; Please use comments box to advise.
- 2022-23 and 2023-24 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2021-22 estimates.

Selected Health and Wellbeing Board:

Walsall

	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA, been submitted? <i>Paragraph 11</i></p> <p>Has the HWB approved the plan/delegated approval? <i>Paragraph 11</i></p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan? <i>Paragraph 11</i></p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p> <p>Have all elements of the Planning template been completed? <i>Paragraph 12</i></p>	<p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Validation of submitted plans</p> <p>Expenditure plan, narrative plan</p>	Yes			
	PR2	A clear narrative for the integration of health, social care and housing	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> How the area will continue to implement a joined-up approach to integration of health, social care and housing services including DFG to support further improvement of outcomes for people with care and support needs <i>Paragraph 13</i> The approach to joint commissioning <i>Paragraph 13</i> How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> How equality impacts of the local BCF plan have been considered <i>Paragraph 14</i> Changes to local priorities related to health inequality and equality and how activities in the document will address these. <i>Paragraph 14</i> <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5. <i>Paragraph 15</i></p>	Narrative plan	Yes			
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities? <i>Paragraph 33</i></p> <ul style="list-style-type: none"> Does the narrative set out a strategic approach to using housing support, including DFG funding that supports independence at home? <i>Paragraph 33</i> In two tier areas, has: <ul style="list-style-type: none"> Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or The funding been passed in its entirety to district councils? <i>Paragraph 34</i> 	<p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan</p>	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4	A demonstration of how the services the area commissions will support people to remain independent for longer, and where possible support them to remain in their own home	<p>Does the plan include an approach to support improvement against BCF objective 1? <i>Paragraph 16</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports prevention and improvement against this objective? <i>Paragraph 19</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this objective? <i>Paragraph 19</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p>	Yes			
Additional discharge funding	PR5	An agreement between ICBs and relevant Local Authorities on how the additional funding to support discharge will be allocated for ASC and community-based reablement capacity to reduce delayed discharges and improve outcomes.	<p>Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges? <i>Paragraph 41</i></p> <p>Does the plan indicate how the area has used the discharge funding, particularly in the relation to National Condition 3 (see below), and in conjunction with wider funding to build additional social care and community-based reablement capacity, maximise the number of hospital beds freed up and deliver sustainable improvement for patients? <i>Paragraph 41</i></p> <p>Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the workforce capacity needed for additional services? <i>Paragraph 44</i></p> <p>Has the area been identified as an area of concern in relation to discharge performance, relating to the 'Delivery plan for recovering urgent and emergency services'? If so, have their plans adhered to the additional conditions placed on them relating to performance improvement? <i>Paragraph 51</i></p> <p>Is the plan for spending the additional discharge grant in line with grant conditions?</p>	<p>Expenditure plan</p> <p>Narrative and Expenditure plans</p> <p>Narrative plan</p> <p>Narrative and Expenditure plans</p>	Yes			

Complete:

Yes

Yes

Yes

Yes

Yes

NC3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	PR6	A demonstration of how the services the area commissions will support provision of the right care in the right place at the right time	<p>Does the plan include an approach to how services the area commissions will support people to receive the right care in the right place at the right time? <i>Paragraph 21</i></p> <p>Does the expenditure plan detail how expenditure from BCF sources supports improvement against this objective? <i>Paragraph 22</i></p> <p>Does the narrative plan provide an overview of how overall spend supports improvement against this metric and how estimates of capacity and demand have been taken on board (including gaps) and reflected in the wider BCF plans? <i>Paragraph 24</i></p> <p>Has the intermediate care capacity and demand planning section of the plan been used to ensure improved performance against this objective and has the narrative plan incorporated learnings from this exercise? <i>Paragraph 66</i></p> <p>Has the area reviewed their assessment of progress against the High Impact Change Model for Managing Transfers of care and summarised progress against areas for improvement identified in 2022-23? <i>Paragraph 23</i></p>	<p>Narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p> <p>Expenditure plan, narrative plan</p> <p>Expenditure plan</p> <p>Narrative plan</p>	Yes			
NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution? <i>Paragraphs 52-55</i>	Auto-validated on the expenditure plan	Yes			
Agreed expenditure plan for all elements of the BCF	PR8	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Do expenditure plans for each element of the BCF pool match the funding inputs? <i>Paragraph 12</i></p> <p>Has the area included estimated amounts of activity that will be delivered, funded through BCF funded schemes, and outlined the metrics that these schemes support? <i>Paragraph 12</i></p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend? <i>Paragraph 73</i></p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? <i>Paragraphs 25 – 51</i></p> <p>Has an agreed amount from the ICB allocation(s) of discharge funding been agreed and entered into the income sheet? <i>Paragraph 41</i></p> <p>Has the area included a description of how they will work with services and use BCF funding to support unpaid carers? <i>Paragraph 13</i></p> <p>Has funding for the following from the NHS contribution been identified for the area: - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? <i>Paragraph 12</i></p>	<p>Auto-validated in the expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Expenditure plan</p> <p>Narrative plans, expenditure plan</p> <p>Expenditure plan</p>	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Have stretching ambitions been agreed locally for all BCF metrics based on:</p> <ul style="list-style-type: none"> - current performance (from locally derived and published data) - local priorities, expected demand and capacity - planned (particularly BCF funded) services and changes to locally delivered services based on performance to date? <i>Paragraph 59</i> <p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> - supporting rationales for the ambition set, - plans for achieving these ambitions, and - how BCF funded services will support this? <i>Paragraph 57</i> 	<p>Expenditure plan</p> <p>Expenditure plan</p>	Yes			

Yes

Yes

Yes

Yes

**WALSALL
BETTER CARE
FUND**

**TWO-YEAR
NARRATIVE PLAN
2023 – 2025**

Author – Charlene Thompson

BCF Programme Manager – Walsall

Cover

In line with national requirements, Walsall Better Care Fund (BCF) has been in place as a joint programme since 2014. Whilst across the Black Country there are four programmes, through a partnership approach in Walsall, the Better Care Fund remains as a key driver at Place level in responding to key national priorities;

- the reduction of hospital delays
- timely hospital discharges into pathways from the Acute
- older people remaining in their own home
- development of ambitions in relation avoidance

Walsall BCF receives programme management by The BCF Manager as a dedicated sole resource, with BCF leads agreed from Walsall Council specifically Adult Social Care (ASC) and Black Country Integrated Care Board (BC ICB) at Place level.

At Black Country level, the BC ICB have oversight and receive assurance from Place Managing Directors. At Place level, the programme continues to align to integration agendas and joint commissioning priorities, with activity, spend, performance are subject to review. This agreed approach is part of clear governance for the programme, ensuring clear assurance and approval mechanisms. Governance developed in 2023 following innovation at commissioning committee level by implementing a new Place Integrated/Joint Committee the Place Integrated Commissioning Committee (PICC). The introduction of PICC ensures Walsall BCF continues to be an integrated programme, contributing significantly to key priorities for Older People. Overview of the programme is now broader as Children's Services and Public Health are key members of PICC, aligning further to structures at Health and Wellbeing Board level.

In line with developments at Committee level, PICC has received delegation from Walsall Health & Wellbeing Board and Black Country Integrated Care Board to discuss and approve in scope budgets, recommendations and develop agreed in scope services in line with Place strategy priorities. This will include Walsall Better Care Fund as a key programme of activity for Older People, therefore as per previous years, as the single Board, Walsall Health & Wellbeing Board will continue to receive the programme, where agreement is sought, ensuring the programme continues to work effectively to support agreed local agendas and national priorities. To support reporting, a Place approach to seek delegated authority from Walsall Health and Wellbeing Board to report BCF activity retrospectively for financial years 2023 – 2025 will be presented in June 2023. This will remove the need for exceptional reporting outside of agreed Health and Wellbeing Board dates to meet national submission deadlines.

As partners of the Better Care Fund, Adult Social Care (ASC) and Black Country Integrated Care Board (ICB), Walsall Place have contributed to the completion of the template and narrative plan. Both are partners of our local alliance agreement at Place

level, Walsall Together, including development of Health Inequalities and its alignment to the plan. Our Walsall Together Partnership Board are sighted on developments of the BCF programme, as many schemes funded by the programme remain part of discussions with partners, as well as being embedded across pathways as integrated services. Leads for the Disabled Facilities Grant and Carers in Walsall have been integral to the development of the plan. As a development, Housing and Mental Health leads will work with BCF leads from financial year 2023-2024 to consider a joint approach to key areas of need across the Borough. Through Health and Wellbeing Board the Voluntary Sector, namely One Walsall are aware of developments at BCF level. Whilst they have not contributed to the narrative, there is support for the approach.

A system approach to agree targets and expenditure is embedded by ensuring agreement from our local Acute Trust (Walsall Healthcare Trust) Medical Directorate, specifically our Chief Operating Officer and Finance partners across Walsall Council and Black Country ICB. As part of delegated authority, the Executive Director of Adult Social Care has authority to approve plans pertaining to Walsall BCF on behalf of the Chief Executive for Walsall Council.

Governance

National approach

The Health and Care Act requires providers to have regard of their decisions on the triple aim duty of ensuring:

1. Better health and wellbeing for everyone
2. Better quality of health services for all
3. Sustainable use of NHS resources

To achieve these aims, effective participation within systems, place-based partnerships, and the introduction of provider collaborative is necessary. Since 2022, the introduction of Integrated Care Boards (ICB) have supported integrated priorities established at Integrated Care System (ICS) and Integrated Care Partnership (ICP) level. The Black Country ICP is established and clear collaborative approaches to commissioning is necessary to meet needs effective across place-based systems. To underpin collaboration, governance mechanisms are required to support decision-making and agreement of priorities across ICB and at Place level specifically.

Local approach

The Black Country ICB brings together Walsall, Dudley, Wolverhampton and Sandwell at system level. Some key decisions such as the Operating Model require agreement to determine the direction of travel to support the Black Country population whilst taking account of specific demographic requirements across the four places, thus understanding arrangements at place level with Managing Directors leading this.

Walsall BCF takes a broader approach to meeting priorities at Place level, by identifying priorities from the NHS Black Country Joint Forward Plan, aligned to commissioning activity agreed through PICC and will form part of reporting. The forward plan outlines key priorities, including tackling Health Inequalities, as well as principles of integration and collaboration. Aligned to BCF conditions are the health challenges identified for the Black Country where the gap in life expectancy and healthy life expectancy between the Black Country and England is driven by wider determinants of health, our health behaviours and lifestyles, the places and communities we live in and with and our health services¹. There are also synergies to the priorities set out in the plan, specifically linked to BCF conditions and performance against metrics through 'community where possible, hospital when necessary'.

In line with national recommendations, Place committees will sit as part of ICB structures, reporting into Board committees to develop strategic commissioning arrangements. Despite outstanding elements at ICB level, leads across Walsall Council, Public Health and Black Country ICB Walsall place agreed a Place model

¹ NHS Black Country Joint Forward Plan 2023

was required to facilitate strategic discussions in line with national requirements, ensuring clear-delegated authority to support decision-making.

Place Integrated Commissioning Committee

In June 2022, leads in Walsall began key discussions at ICB and Place level to establish a commissioning committee with delegated authority.

Through agreement at Director Level and engagement with the place-based partnership, Walsall Together as the place alliance model, a commissioning place integrated/ joint commissioning model was developed. The model, known as the Place Integrated Commissioning Committee (PICC) is the first integrated commissioning committee hosting the ICB at Place level, Adult Social Care and Children Services to lead strategic decision-making and replaces the previous Joint Commissioning Committee.

As agreed, PICC has responsibility to deliver NHS Black Country ICB Commissioning functions and agreed Walsall Council health and wellbeing commissioning functions with oversight of pooled, in-scope budgets and joint arrangements and in-scope contracts. As a key programme of activity, Walsall BCF is an in scope budget with joint arrangements.

Diagram 1 - PICC governance structure

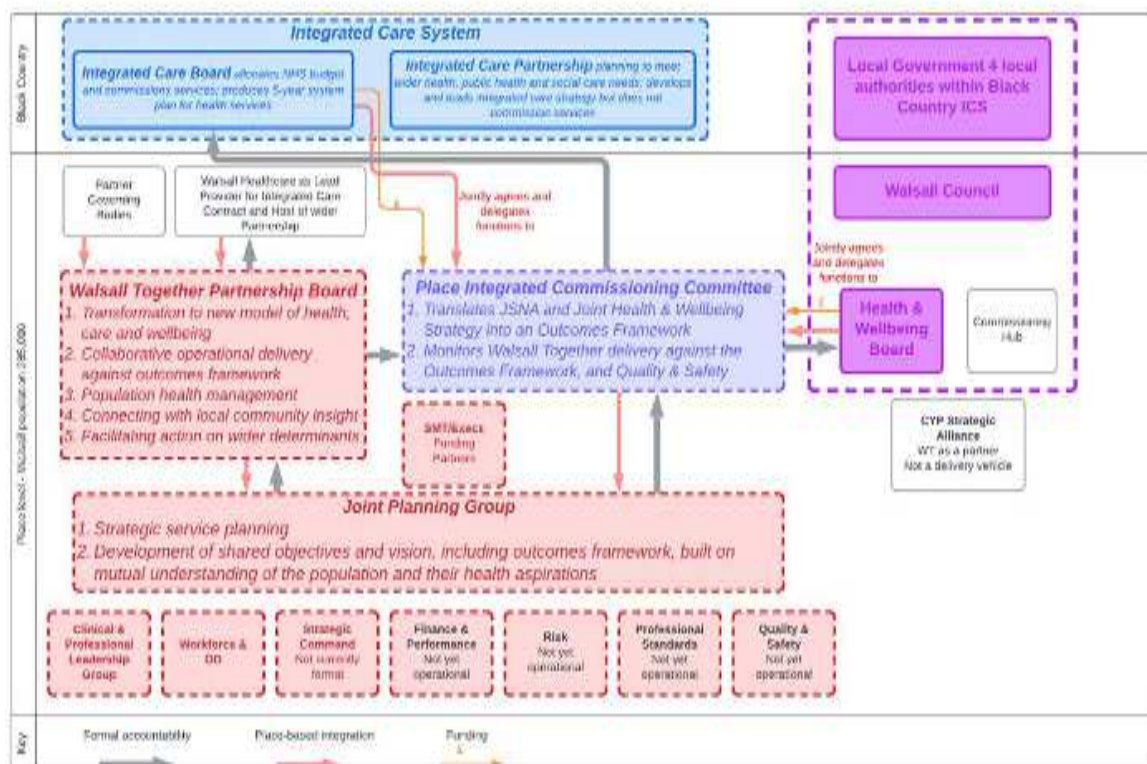


Diagram 1 demonstrates Place governance for strategic and operational commissioning activity. Agreement is in place from Walsall Together as the partnership, Health and Wellbeing Board to ensure delivery of the Health and Wellbeing strategy, and the Black Country ICB to ensure management of activity. Alignment to priorities set out in the Joint Strategic Needs Assessment is necessary, with delivery monitored through PICC. Walsall BCF will report to PICC, the Joint Planning Group for collaboration, development, and Health and Wellbeing Board for agreement.

In way of success, PICC is the first commissioning committee to consider involvement of the place based partnership as part of the membership to ensure provider collaboration. Through approval at ICB level, Walsall has led the way in securing a commissioning model now adopted by the rest of the Black Country.

During 2023, PICC will operate in shadow form to support the development of governance including an understanding of activity within scope of the partnership, and the development of appropriate sub groups to report into PICC at Place level. It is also necessary to review commissioning methods to understand where strategic and operational commissioning will sit in the structure, led through sub groups, which are yet to be established. The intention is for a Place Commissioning Group to receive detail regarding delivery of schemes funded by the BCF, providing effective challenge and accountability across our integrated Place approach by broadening the remit of groups to include Children's, Public Health, and Primary Care. To support collaboration, the BCF plan will be shared with members of the newly formed Joint Planning Group, a space where Housing, General Practice and Walsall Together leads will meet with commissioning leads across Social Care and Public Health to provide an integrated approach to delivery and further developments of the plan. This will embed the programme further across our system where BCF is considered a key programme of work and a key driver for integration.

The Black Country ICB has four Place BCF programmes. To understand spend across the four programmes, a BCF Manager group has been established, bringing together the four BCF Managers with the intention of discussing national BCF developments whilst identifying strategic approaches to meet requirements across the four programmes. The group supports the development of programmes, whilst ensuring the unique development of programmes is not lost as per Health and Wellbeing Board priorities.

In relation to BCF governance, at Place level, Walsall BCF remains an integrated programme reporting to PICC for escalation, approval and assurance. The agreed structure then ensures agreement and oversight of the programme at ICB and Health and Wellbeing Board level to support sign off requirements. This approach provides assurance at Health and Wellbeing Board level, management of the programme and an integrated approach to joint delivery of the plan from Social Care and Health, ensuring delivery across key areas of the plan including the use of Disabled Facilities Grant, the support to unpaid Carers, with oversight of projects to reduce Health Inequalities.

Executive summary

The Walsall BCF programme has been subject to continuation of budgets and schemes over the last few years in line with one-year programmes. The agreed approach ensured consistency and stability across the system, specifically for intermediate care funded schemes as the programme plays an integral role to the delivery of these services and resources.

Following the announcement of a two year programme, Place leads are keen to ensure a similar approach for financial year 2023-2024, with clear review and further innovation planning during financial year 2024-2025, to determine future investment as our pathways develop and commissioning activity considered to meet needs. The BCF Programme Manager will lead this, reporting to PICC with initial discussions commencing from September 2023. There will be a particular focus on Housing and Mental Wellbeing, and continued overview regarding health inequalities as a key priority, ensuring equality across funded services to meet needs of protected characteristic groups.

Through current changes to our Place commissioning governance structure, we are able to consider integrated commissioning principles in detail, with alignment to our Place BCF programme for greater emphasis as a key integration driver. This will also ensure the programme remains embedded at Health and Wellbeing Board level as per requirements, with overview from members to understand and challenge activity to be in line with key priorities set out in the Joint Local Health & Wellbeing strategy. At Black Country level, Walsall BCF as a Place programme will align where possible to the NHS Black Country Joint Forward Plan to ensure an integrated approach. As work streams at Black Country level are established, BCF leads will consider development of the programme in line with system outcomes of greater collaboration and integration, driving system leadership and system resilience at times of peak/pressure.

At operational level, we have reported increases in need as cases seen across our Intermediate Care pathways identified as more complex. This has had a direct impact on investment and budgets across BCF schemes for financial year 2022-2023, as the majority spend supports intermediate care, which includes provision across pathways. The announcement of the Discharge Fund for 2023 has enabled leads to consider alignment of BCF metrics to capacity and demand modelling to support clear reporting to manage budgets and activity.

Following the introduction of Integrated Care Board (ICB) in 2022, the Black Country ICB with four Places in total, has ensured assurance and oversight of the four place programmes to understand the utilisation of spend, identify comparisons, out layers, and overview of reporting. At Place level, the ambition of understanding the four programmes through BCF Place Managers is achieved through regular meetings to share good practice and agree integrated approaches. The success is evident specifically through the utilisation of the Discharge Fund across the Black Country.

Governance remains a priority for Walsall BCF. The programme continues to be a key programme of work to support priorities across social care and health, aligning agreed commissioning activity to meeting metrics aligned to KLOE's, specifically the 91 day indicator to support independence following a hospital discharge.

Whilst Walsall BCF has committed spend across a number of schemes and workforce resources, leads are keen to review the programme during financial year 2023 - 2024 to determine where spend should continue as per national conditions and priorities v opportunities for innovation to consider spend against new emerging priorities such as Mental Health and Wellbeing, Housing and Falls prevention. This may mean some decommissioning to secure investment across other areas, or simply ensuring leads are part of collaboration to support development and have oversight if investment is not possible.

Partners have agreed our priorities for the next two years will be to:

1. Ensure continued investment into intermediate care, including provision and workforce. This will also mean analysis of growth to meet complex needs identified
2. To work further with Primary Care to meet health inequalities further, understanding how BCF can support
3. To utilise new governance through PICC to engage the partnership further
4. Review of housing investment from the programme, working with leads on priorities and agendas aligned to national conditions
5. Review Mental Wellbeing agendas with Public Health leads in Walsall to understand how BCF can support to promote and prioritise

National Condition 2

Enabling people to stay well, safe and independent to remain at home longer

Agreed Place approach

During 2023-2025, Walsall BCF as a key programme embedded across governance and activity will ensure clear partnership working remains a priority to meet outcomes outlined at national level, namely reduction in hospital delays and timely discharges from hospital for Older People and independence. This approach through commissioned services and developed operational processes discussed and developed through BCF governance, will continue across key areas such as Disabled Facility Grants as a funded service supporting discharges and independence through home adaptations, as well as secured budgets to carers as enablers to support in the community on discharge and outlined in expenditure.

Integration

Supporting our Place integration across Social Care and Health, the fund has for many years invested in workforce as well as provision. Continuity is a priority, thus this approach will continue through investment into social care workforce and integrated teams such as the Intermediate Care Service to continue to embed integrated approaches across intermediate and community services. Expenditure demonstrates large investment into Intermediate Care to support improvement against national conditions and objectives. Through development and utilising the integrated approach as a driver, engagement with primary care and the provider market will have impact via new governance as highlighted through the Place Integrated Commissioning Committee model. This has begun by utilising BCF priorities and national conditions to ensure independence by triangulating outcomes through engagement with the provider market to invest in re-ablement delivered to maximise potential of independence on discharge from Intermediate Care services, and multi-disciplinary team working.

Success of Intermediate Care and investment through the BCF remains embedded and led by commissioning leads. Commissioning analysis across discharge pathways to determine recommendations for the next two years saw an increase in utilisation as well as an increase in complexity. Whilst this has affected both budgets and capacity, our agreed integrated approach to meeting demand and need is evident through the continuous improvements to the operational delivery from our BCF funded Intermediate Care Service. To support the Intermediate Care pathway in Walsall, BCF leads have agreed funding through the main programme for the Intermediate Care Service and provision. From point of medically stable to discharge from intermediate care, the team has been developed to work as an integrated service with Social Care and Health leads working together to drive discharges from the acute, with social care assessments taking place, providers in place for pathways 2 and 3, and therapists to complete joint assessments. To drive timely discharges and agree processes for

complex cases, service leads use Place Multidisciplinary Teams (MDTs) with therapy and operational re-ablement leads to deliver targeted interventions at the right time. Following successful innovation driven by partners since 2022, Allied Health Professionals are incorporated into the Intermediate Care Service to support discharges. As a result, Therapists now have access to the Local Authority's care management systems through data sharing agreements, driving improved outcomes and efficiency.

Investment into the service will remain a key priority for Walsall to ensure needs outlined such as supporting independence and remaining well continue as a focus by funding schemes and workforce across Intermediate Care. The approach aligns to our population health agenda in way of funding commissioning activity across step down provision which includes increased re-ablement capacity and innovation over 2024-2025 evidenced through commissioning recommendations presented through governance routes for an integrated approach to delivery, underpinned by learning from the NHSE Frontrunners programme.

Agreed partnership priorities to integration

Joint commissioning activity

Walsall BCF's clear governance will support joint commissioning during 2023-2024 where continued development across intermediate care, social care and community services will take place. As a priority to ensure continuous improvement to services as needs develop, commissioners will prioritise capacity across discharge pathways 1 and 2. Pilots for pathway 1 will commence to provide provision to support those with less complex levels of care/support needs, and/or rehabilitation needs with the aim of reducing the individual to no ongoing care and or support by the end of the intervention. There will be alignment to BCF metrics and KLOE's by supporting independence and staying well in the community on discharge, with continued investment in re-ablement provision to support Older People remaining at home, and bed based provision to support step down.

Oversight of social care practice and community priorities through lead meetings at operational level, leads to care management oversight where commissioners will continue for the next two years to work closely with social care leads around asset-based approaches by considering community recovery models for individuals who require rehabilitation prior to commencement of their re-ablement episode. Underpinning this is a strong ethos to equality, ensuring services commissioned support protected characteristics as part of the criteria as well as supporting diversity. This is a clear agreed agenda at Place to serve our diverse population and aligns to priorities set out in the Joint Health and Wellbeing Strategy for partners to be able to work to

- Promote equality and reduce inequalities by focusing on the wider determinants of health
- Provide high quality and accessible care for all who need it
- Improve the health and wellbeing outcomes for the population of Walsall



- Develop a skilled, motivated and happy workforce making the best use of partnership resources²

Partners have agreed to meet priorities using integrated approaches in Walsall. As such, the plan will form part of agreed agendas across the Partnership, ICB and Council to maximise support to meet needs. During 2024-2025, commissioners will consider re-ablement improvement models and its associated outcomes, bringing options around BCF agreed governance for consideration. These will include:

- Development of Admission Avoidance to meet outcomes in Walsall; therefore, commissioners will consider and develop admission avoidance models in the community as an opportunity for the current provider market.
- Technology Enabled Care (TEC) options developed by commissioners leads as a way of reducing the use of current wraparound support provided in the community and funded as provision by the BCF programme.
- As a new BCF metric relating to falls prevention (i.e. hospitalisation following a fall) the Place health and social system need to actively evaluate how it is preventing falls which will include individuals in the community on a re-ablement pathway and also individuals who access admission avoidance services.

Demand and Capacity for Intermediate Care to support people in the community

The introduction of the Hospital Discharge fund along with its reporting drove an evaluation to understand Place recording of demand v actuals. Electronic solutions in way of reporting from acute level across various dashboards has been considered, identifying key benefits such as efficient caseload management and enhanced reporting functionality to predict demand, track increases in acuity etc. Alignment of data to BCF metrics is essential to support the success of our planned targets set. To date we have reported on track for the four metrics, with an increase in some areas, which aligns to our capacity planning. Commissioning leads across Intermediate Care will continue to work closely with the Intermediate Care Service to understand demand and capacity at Place level.

As part of planning at Place, there is partnership agreement to apply the fund to provision across pathways to support timely discharges from our local Acute, Walsall Manor. Partners have concerns of a continued risk of insufficient funding to sustain the level of capacity against the expected increase level of demand seen across pathways. This is in despite continued planning, the use of inflation and any non-recurrent funding. Financial planning alongside demand and capacity reporting is now part of weekly reporting to provide BCF leads with clear and accurate updates through escalation, with robust operational planning in place with finance and commissioners driving this.

Agreed rationale

The Place rationale agreed as partners results in forecast capacity and demand reporting, completed using 2023-2024 demand based on analysis of previous financial

² Walsall Joint Health and Wellbeing Strategy 2022-25

years including identification of expected pinch points such as summer months and peaks during the winter period. There is an exception to this as some periods may be unpredicted due to factors elsewhere across the system particularly following the Covid period and impact on hospitalisations.

As a Borough and part of the Black Country footprint, Walsall has comparatively high deprivation and higher than average levels of obesity as demonstrated through standard Public Health indicators where 71% of the Walsall adult population is obese, higher than England and West Midlands averages. There is also recorded prevalence of diabetes as higher in Walsall compared to West Midlands, which results in a sixth area of need under the Core20Plus5 agenda, which is now the Core20Plus6 in Walsall. These factors impact hospital discharges as needs are more complex and require further management through tight investment, and is evident through planned metrics outlined in the planning template.

Pathway capacity

Across discharge pathways 1-3, the acuity of these individuals is increasingly evident by the demand v hours of direct care/support per person specifically across pathway 1. This increasing acuity also has implications in terms of contact time with professionals. To support the increase in demand, Adult Social Care has cabinet approval to increase the domiciliary care hourly rate for the provider market working in the Borough by 11.4% from £16.16 to £18.00. This approval has supported a decrease in the number of people waiting for re-ablement at any one time because of a positive provider response. This is currently in place and is supporting planning for the remainder of the financial year.

Locally, we have reported an increase in admissions across pathways 2 & 3, on average ranging from 12 per week to 15 so far this calendar year. This increase aligns to increased acuity due to numerous factors including the impact of Covid, the economic climate and more specifically an increasing proportion of pathway 3 suitable patients meeting the criteria for a CHC assessment. The complexity of this has influenced the demand for pathway 3 provision at high rates per bed. Whilst overall in Walsall our discharge team are able to ensure patients are returning home and maintaining independence in line with national conditions, the spend associated in pathway 3 provision remain significantly high. In line with commissioning intentions, over the next two years, commissioners will apply a joint approach to market management, with consideration of developing block contract arrangements for pathway 3. This not only will create market development for the sector, but also support financial and capacity planning. Use of the discharge fund this financial year is in line with the demand identified across the discharge pathways, by ensuring funding is applied to increase capacity.

National Condition 3

Provide the right care, in the right place at the right time

As a partnership programme, Walsall BCF continues as per previous years to prioritise integrated commissioning approaches to tackle issues, meet needs and push innovation by funding intermediate care. As a ministerial priority to tackle hospital pressures in particular discharges, BCF leads are committed to ensuring the programme continues to support the priority by utilising investment to fund services and activity, as per conditions and metrics. We continue to utilise the Walsall Together at strategic level, which consists of Trust, Social Care and ICB Place leads to discuss and review our system response to discharge planning.

Our performance against the BCF metrics outlines the success of our partnership working, as outputs are in line and reported as on track as per planned outputs. This is a continuation of previous years, linked to year-end reporting. BCF investment supports the KLOE and National Condition of Older People remaining independent on discharge by funding commissioned re-ablement services. At Place, with support from the BCF through investment to step down provision, data identifies residents are returning home and remaining after 91 days, as well as returning to their usual place of residence resulting in the number of residential and nursing long-term placements also meeting planned outputs. This aligns to clear strength based approaches adopted by the Council's Adult Social Care social work teams, strengthening our integrated approach to delivery and an understanding of complexities.

There is Improved BCF investment into social work teams for locality social workers, which supports our community focus of ensuring, met needs on discharge from Intermediate Care, moving to supporting a reduction in readmissions and promoting the Home First agenda. Our Intermediate Care Service as a BCF funded service supports our integrated approach to meeting needs and driving discharges from the local acute setting, ensuring intermediate care support is in place for Older People on discharge up to six weeks as per guidance.

Agreed governance to manage Walsall BCF, supports commissioning activity and integrated recommendations for continuous review of support across the pathways and beyond. Our approach to analysis of performance, capacity and investment monthly across intermediate care, as well as overview of community developments, supports developments, aligned to developments across Primary Care led by our alliance model, Walsall Together with Primary care leads.

As a development and per commissioning intentions, commissioners will consider further collaboration with the voluntary sector during 2023 to offer support across pathways and in the community to prevent admission and support discharge. Further commissioning opportunities as a priority will include Mental Health options, all under the BCF programme for clear transparency and alignment to national conditions and priorities. Integrated commissioning will be developed in Walsall, aligned to PICC to

ensure need is met across the borough. The BCF programme will support this approach by funding key services and agreeing future investment to support sustainability across our system for Older People.

To support the demand identified across discharge pathways, and to support KLOEs and BCF metrics, the use of the fund has focussed primarily on provision to meet needs on discharge for Older People. Partners have agreed this approach this financial year for continuity across our Intermediate Care pathways. Further decisions at Black Country level will take place to consider investment into specific Mental Health schemes to meet needs, with the four places adopting clear evaluation processes for transparency.

F E N A L

Supporting unpaid carers

Local approach

Walsall BCF leads agree investment into Carers is fundamental to support national priorities such as independence and as such, the local Walsall's Carers agenda continues to benefit from BCF investment. Investment into resources ensures the agenda remains a priority across Care Act responsibilities and reporting of success measures. Following a successful procurement exercise in July 2022, a specialist provider began to work in Walsall to deliver support to Carers across the borough.

The Walsall Carers Hub, delivered by Forward Carers in partnership with Midland Mencap, supports unpaid Carers through a number of agreed methods and offers a hybrid mix of Information & Guidance support via various communication channels and platforms, providing Carers with the opportunity to meet their needs in a flexible way in line with caring responsibilities. Other outreach services include:

- Community services
- Digital across multiple online platforms,
- 24/7 peer support
- SMS
- Web chat options
- Dedicated Walsall carers hub website which is accessible and translatable

Locally, development of Advice & Guidance (IAG) services has been successful, supporting robust, flexible and diverse carer-led support, with the aim of empowering Carers to build their resilience. This approach supports national condition 3 by ensuring access to the right support, right advice and information, at the right time to support a positive experience for carers. Continued investment from the BCF over the next two years will support the development of these services and approaches.

During 2023, agreed focus for the Hub is to improve agreed outcomes for carers in line with national priorities:

1. Carers maintain their health, wellbeing and independence with a life outside of their caring
2. Carers will receive tailored and personalised information and advice
3. Financial support: Specialist welfare/benefits advice
4. Carers Breaks and Replacement Care: Carers can take regular breaks; Carers maintain personal interests/wellbeing
5. Employment support: Carers can undertake training and development
6. Technologies/Digital support: Carers make the most of digital support opportunities; Carers have choice about how they access support, services and activities; Carers feel digitally included, with access to and can access support and activities online



7. Mental and physical health: Carers address their mental and physical health; Carers access carer specific emotional and mental health support; Carers resilience and maintain wellbeing; Carers report improved emotional and mental wellbeing
8. Peer Support: Carers know about opportunities to shape and improve services
9. Carers Support Planning: Carers have a good understanding of their rights as a Carer
10. Planning Ahead: Carers feel confident in the arrangements made for the person being cared for should they not be able to care for them; Carers know what they can do in the case of an emergency
11. Experts by experience; Carers feel listened to; Carers know about opportunities and feel able to be as involved
12. Accessibility and equity: Carers self-identify as having caring responsibilities and find it easy to engage in advice and support in a manner which suits them; Carers can access support via support networks/community groups

Hub Performance

Since July 2022, the Hub has achieved targets of increasing the number of registered carers in Walsall by 24% to 1471 carers in Q4 22/23. Through the work of Forward Cares, demographic data is now available, providing an insight into the age, gender, ethnicity profile of our Carers, as well as the age, gender and condition of the cared for which will further inform and shape our support to Carers as we look at service developments for 2023/24.

Alongside the Walsall Hub, the Local Authority make available an offer of replacement care where needed to support Carers to take time for themselves. Working in partnership with our commissioned provider, local Community and Voluntary Sector Carers can access well-being activities, educational courses and leisure breaks with replacement care funded via a direct payment ranging from a few hours to overnight planned stays for the cared for.

Future developments

Walsall are currently working to develop a local joint Carer's strategy. The aim is to connect priorities across Social Care and Health so the support Carers receive is integrated and in line with commissioning intentions of meeting needs in the community as well as the exploration of an all age approach. In line with the partnership model in Walsall, consultation with wider stakeholders across Children's Services, Health and Housing is required to support a clear integrated approach to meeting needs across our system. In line with collaboration, Walsall are seeking to coproduce a shared strategy with Carers across the borough, with the aim of working with the partnership through Walsall Together to support collaboration. The development of our co-production approach will be central to the delivery of the strategy and development of local services.

In strengthening the offer to Carers, exploration of digital and technological will take place by Social Care. As a part of the Digitising Social Care (DISC) programme led

by the ICB, through Walsall Together as our lead partner, the LA are actively involved in exploring tech and additional funding opportunities available via NHS England across Social Care.

Since 2020, leads have seen an increase in the need for Mental Health services. Carers services are not exempt from this and through assessments, needs are identified, therefore the Local Authority are exploring synergies with the DISC programme to Mental Health and well-being and the practicalities of day to day caring across the Borough. This development complements BCF priorities to maximum effectiveness and identify efficiencies across Walsall Place.

FINAL

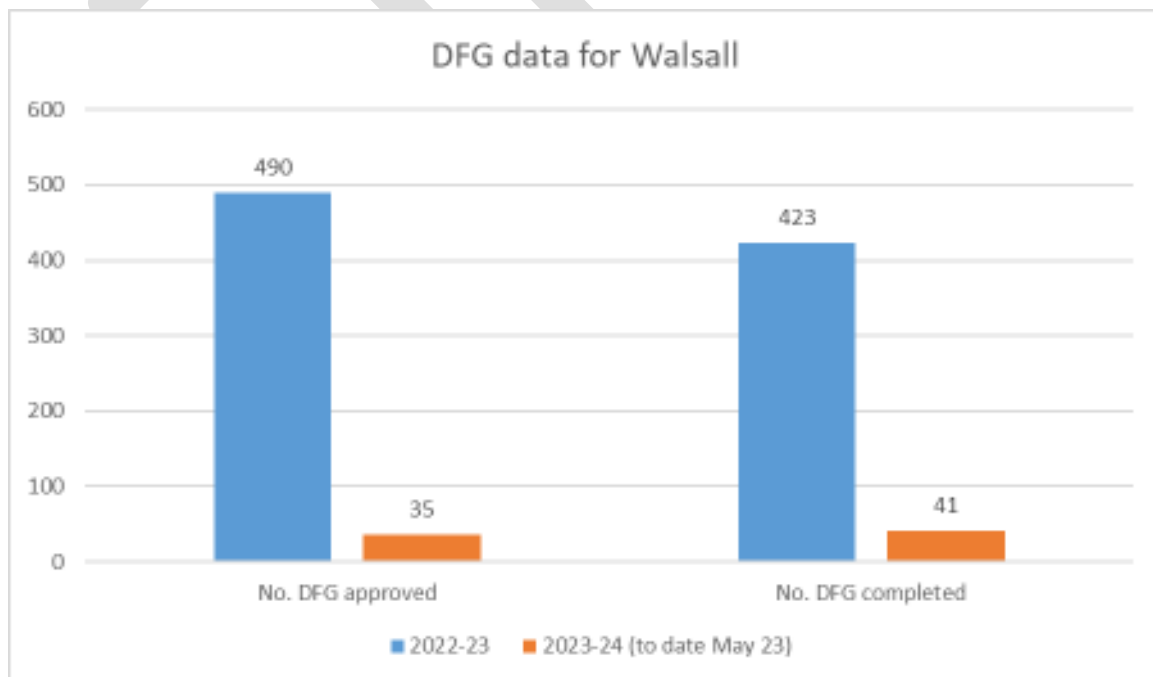
Disabled Facilities Grant and wider services

As per previous years, the Disabled Facilities Grant (DFG) in Walsall is managed directly by Walsall Council, delivered in line with the Council’s adopted Housing Renewal Assistance Policy (June 2022) and relevant legislation relating to DFG. The service and the grant element of the fund continues to sit within the Place programme, and is subject to joint governance through obligations at Council level through Cabinet and agreed governance as a funded BCF scheme. The council supports the BCF contribution by providing its own capital funding towards the programme. This approach enables leads to ensure alignment to BCF priorities, namely independence on discharge and returning home.

To support a broader approach to meeting needs, and aligning to national agendas, the Council uses both the DFG and other related financial assistance and advice services to support disabled residents and their carers to stay safe and well in their homes for as long as they would like. The service aligns with colleagues in the broader team who assist residents in tackling fuel poverty by securing additional funding over a two-year period to help vulnerable and often disabled residents secure improved heating, insulation and/or micro-generation.

This financial year, further approaches are agreed by utilising approval lists for applications over 80 known as owner-occupiers and those with a disabled child to offer a free gas safety check to ensure that their gas central heating is safe and operational prior to winter. At Place level, this aligns to additional funds available to ensure repairs and necessary boiler replacements provided to applicants.

The level of work carried out in relation to DFG approvals are as follows:



To ensure an integrated approach to meeting priorities, continued alignment with the Council's team of Occupational Therapy service remains in place, with an Occupational Therapist assigned to support with complex cases, a common theme now across not only Intermediate Care but also our social care services too.

This key integrated approach has supported a balance of detail and knowledge regarding how adaptations can support our local residents, as well as joint decision-making in relation to managing needs, prioritised appropriately. This approach has also ensure a reduction in the average cost of adaptations, where between back 2009-2013 a total of 8% of DFGs were over £12,000 in value, however since the introduction of a joint approach to support, Walsall has been a reduction from 2017-2021 to 5%.

As a strategic overview, it is now clear further work is required to understand the increase in complex needs identified from residents to then ensure needs are met appropriately and the growth mitigated. This combines construction costs, which as a risk could increase the value of an average DFG. This aligns to continued growth in demand for DFG support. Work will continue in way of continued re-cycling of land charge funds, recovered on sale of DFG grant properties continues to be a valuable additional source of funding to help with new adaptations.

For the next two years, the agreed priority is delivery of statutory DFG work within timescales, in line with national conditions and ambitions, specifically supporting discharge from the acute for DFG assistance supporting discharges where adaptations are identified, aligning and working alongside key services such as the Integrated Equipment Store where appropriate. This aligns to expenditure where DFG investment is applied to our community Equipment Store. To improve the service received, innovation is in the form of developing a 'self-serve DFG applicant portal' to reduce delays for applicants and provide some independence where progress of all applications are subject to review through a log in.

Walsall has referred to the Regulatory Reform Order 2002 in relation to DFG funding for discretionary services to align this legislation by having an approved Housing Renewal Assistance Policy. Operational leads reviewed and updated the approach further in 2022 through the Housing Renewal Assistance Policy 2022-2025.

The Policy has a range of supportive and complementary elements that expand and supplement the delivery of statutory DFGs within the borough. These include:

- Minor works assistance – this has a ceiling of £3,000 per household – one of the largest known to be in place in UK. This provision is non-means tested.
- Handyperson service – continues to be free of charge for residents
- Non-means testing for specific categories of DFG - Palliative Cases, those covered by the Walsall Armed Forces Covenant, applications received via Walsall Society for the Blind or with a diagnosis of Motor Neurone Disease (MND).

The council will use its discretion, whilst resources permit, to waive the Test of Resources (Means Test) for adaptation applications for the above categories where



the proposed adaptation works will not exceed £8,000. All other DFG provisions remain in place.

In addition, the Policy has introduced and expanded the following:

- Inflationary top-up assistance: discretionary funding to top up statutory DFG by a further £5,000 per case
- Exceptional Top-up Assistance: discretionary funding in addition to the above of up to a further £10,000 per case.

There is also provision to support through design, a device and funding joint funded adaptation schemes with social housing providers. This includes increasing the supply of new build adapted units as well as block or property type improvements to existing stock.

F E M A L E

Equality and Health inequalities

National aims

As per previous years, the reduction in Health inequalities remains a priority and focus for populations across England. Collaboration with place-based partnerships to deliver this agenda is recommended, ensuring providers be integrated in decision-making and delivery.

Local approach

In Walsall, a clear partnership approach is defined to tackle Health Inequalities; therefore, the agenda and agendas to tackle it sit as part of a key work stream within Walsall Together, the place-based partnership to ensure collaboration. To support the development of work, a population health and inequalities group meets to discuss priorities, which include citizen engagement, partnership working and equality, inclusion and diversity. To support governance and oversight, the group reports in the Clinical and Professional Leadership Group. There are agreed principles to take the work forward, sitting part of high-level priorities.

Diagram 1³



To ensure alignment to national principles, the approach agreed at Place level aligns to the national ambition of The Core20Plus5 agenda, highlighting the key inequalities for the 20% deprived across the Country are now a priority. As a system, Black Country ICB agreed six areas, rebranding to The Core20Plus6 from the most deprived 20% of the national population with health outcomes inequalities identification. The

³ Health Inequalities Walsall Together Partnership Annual Summary May 2023

partnership broadly adopted the Core20Plus6 as the framework for health inequalities to set funding criteria and shape activity to take forward⁴.

At ICB level, a sixth priority Diabetes was agreed, following evidence reported in 2022-2023 regarding a large number of people with a late diagnosis of type two diabetes and many missing the wider advice and management during the pandemic period.

Funding for financial year 2023-2024 totals 450k (£), allocated against a number of proposed schemes to support delivery following robust analysis and transparent processes. The allocation of funding to schemes was part of a co – produced agreed process to ensure transparency, a similar approach taken for the BCF with partners leading decision-making and management of risk. Progress against the funded health inequalities schemes will sit within the partnership to support agreed approaches.

Whilst the BCF programme has not agreed investment to date, there is clear alignment to KLOE's and more locally BCF metric targets as per Older People following discharge from the acute to remain in the community independently. There is also consistent alignment to strategies at Place level.

With PICC operating at Place level, there are opportunities during financial year 2024-2025 for more alignment to the programme. During 2023-2024 as PICC operates in shadow form and developments regarding sub groups continue, BCF leads will be aware of developments and influences to understand the impact.

⁴ Health Inequalities Walsall Together Partnership Annual Summary May 2023

Health and Wellbeing Board

September 2023

Children and Young People Alliance

For discussion

1. Purpose

- 1.1 To provide members of the Health and Wellbeing Board with an overview of the work of the Children and Young People Alliance.
- 1.2 To provide members with an update on the development of a 2040 Children and Young People Strategy aligned to We Are Walsall 2040.

2. Recommendations

- 2.1 That members support the work we are doing with partners through the development of a Walsall Children and Young People Strategic Alliance to secure better outcomes for children growing up in Walsall.
- 2.2 That members are assured the Alliance are making good progress in the development of a meaningful 2040 Children and Young people Strategy that will respond effectively to issues identified for children and young people growing up in Walsall.

3. Report detail

What is Walsall's Children and Young People Strategic Alliance?

Vision and Purpose

- 3.1 The Children and Young People Strategic Alliance was launched in March 2023. Recognising that **"today's children are upstream adults"**, it is driven through a **"Children First"** vision to create a collaborative space critical to developing new ways of thinking and new ways of working informed by the voice of children, young people and their families.
- 3.2 Partners as part of the Alliance have signed up to working to one moral purpose: ***"to regularly consider how the lived experience of children and young people in Walsall can be improved."***
- 3.3 The Alliance provides an opportunity to develop a good understanding of the needs of children and young people in Walsall and system wide change which needs to take place to enable improved outcomes. As well as using this information to enable partners own organisation change it enables them to influence change for children and young people in other strategic spaces.

Membership

- 3.4 Current members of the Alliance include: NHS Walsall, Black Country Integrated Care Board – CYP and Maternity; Primary care and Place development , Walsall Council – resilient Communities, Walsall Council Children's Services; Public

Health, Police, Walsall Together (ICB), Education, WHG, Safeguarding Board, Black Country Healthcare NHS Foundation Trust; Wolverhampton University.

The Alliance is supported by The Staff College as a critical friend bringing in in best practice, research evidence and healthy challenge.

- 3.5 There have been key pieces of engagement work undertaken with children and young people growing up in Walsall which have provided the Alliance with valuable and rich qualitative information to understand children's lived experience and the things Walsall Alliance need to consider in ensuring all children in Walsall can be happy, healthy, safe and learning well.

The key pieces of work were:

- An ethnographic Study on 'growing up in Walsall' – commissioned by Public Health - November 2020
- Big Conversation – Summer Daily Conversations programme – undertaking by Children's Services during Summer 2021.
- The Big Ask/ The Big Answer undertaken by the children commissioner for England – September 2021
- We are Walsall 2040 consultation – 2022
- Youth Justice work with Black and Mixed heritage boys around disproportionality.

The Children and Young People Strategic Alliance Focus Areas

- 3.6 Listening to the voices of children and young people the Alliance considered what the issues were that only this group could resolve in the best interest of children and young people living in Walsall? As a result, the Alliance selected two key areas of focus they want to influence system change on as:

- **First 1001 days** – recognising that investing in system wide change which supports children to have the best start in life will lay the foundations to
 - Improve the mental and physical health of the next generation.
 - Reduce risky and anti-social behaviour and the cost they bring.
 - Build skilled workforce to support a thriving community and create a compassionate society
- **Exclusions** – in selecting this priority the Alliance recognised that:
 - It's not OK to fail Children
 - Exclusions is a system failing a child – collective responsibility
 - Therefore we need to find system solutionsThe Alliance defined exclusions as the act of leaving someone out or the act of being left out and have an ambition of influencing a system change that focus' on increased sense of 'belonging'.

The development of a 2040 Children and Young people Strategy

- 3.7 After a comprehensive public consultation, Walsall has set itself an ambitious vision for where it wants to be by 2040. The We are Walsall 2040 Strategy seeks to make Walsall the most improved borough in the region, a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances. The key ambitions underpinning this strategy are that we want to be Healthy and Well, Thriving and Happy, Prosperous and Innovative, and Proud of Our Borough. The We are Walsall 2040 Strategy seeks to make Walsall a child-friendly borough and sets out six key outcomes to make this a reality:



- 3.8 The Children and Young People Alliance has taken on the responsibility of developing a 2040 Children and Young People Strategy to achieve the above outcomes.
- 3.9 On the 23rd of June the Alliance held its first 'Children First' Summit, bringing together 55 leaders from across Walsall is to start a collaborative approach in developing a meaningful Children and Young Persons Strategy 2040 for Walsall that will create a compassionate, healthy, economically strong, and successful place that has children and young people at its heart.
- 3.10 The Summit used scenario planning as a strategic planning tool to ensure that the Strategy is setting our flexible long-term plans to achieve our set out goals. Scenario thinking is a group activity which encourages knowledge exchange and development of mutual deeper understanding of central issues important to the future of the way in which we deliver services and specifically in our case, the develop our collective Children and Young People 2040 strategy (see appendix1)
- 3.11 The next step is to take the product of the Summit and develop this in a workshop to engage a wide range of children and young people in the development of the Strategy. The Alliance is collaborating with several voluntary and community organisation to develop these workshops which are going to take place between October half term and end of November 2023.
- 3.12 The information from the Summit and the workshops with children and young people will be incorporated into the Strategy. The aim is to have a draft strategy in place by January 2024 – this will then be 'socialised' through the various partnership boards to inform a final strategy and implementation plan by March 2024.

4. Implications for Joint Working arrangements:

- 4.1 As a partnership we agreed to focus on making the right connections and maximising opportunities rather than focus on formal governance

arrangements. In order to do this the alliance are joining the dots to ensure they maximise opportunities to advocate and influence the right issues/topics in the right place in relation to children:



4.2 The Alliance recognises that our schools and education settings are an important part of this collective model. The Alliance have therefore secured connectivity with the Walsall Learning Alliance ensuring that wider system issues affecting children’s learning is consistently considered and improved.

5. Health and Wellbeing Priorities:

5.1 Although the Alliance is focussing on improving outcomes for children and young people long term it is also delivering on mental health and wellbeing and digital priority as they are key issues impacting on children growing up in the borough and will be a key feature as part of the 2040 Strategy.

Author

Isabel Vanderheeren – Director Early Help and Partnership
Local Authority - Children Services



✉ Isabel.vanderheeren@walsall.gov.uk

Children First Summit

Friday 23 June 2023

Delegate Information Pack



Walsall Council

Thank you for registering to attend the Children First Summit. Your knowledge, skill, and experience as a leader in Walsall is essential in shaping the world for future generations of children and young people and your contributions to the day will be invaluable in developing future strategy for the Children and Young People of Walsall.

This information pack is developed as a guide to prepare and support you in getting the most out of the Summit. If you have any questions about the information in this pack prior to the Summit, please email policyandstrategy@walsall.gov.uk

Why are we here?

The Children and Young People Strategic Alliance recognises that “**today’s children are upstream adults**” and is driven through a “**Children First**” vision to create a collaborative space critical to developing new ways of thinking and new ways of working driven by the voice of children, young people and their families.

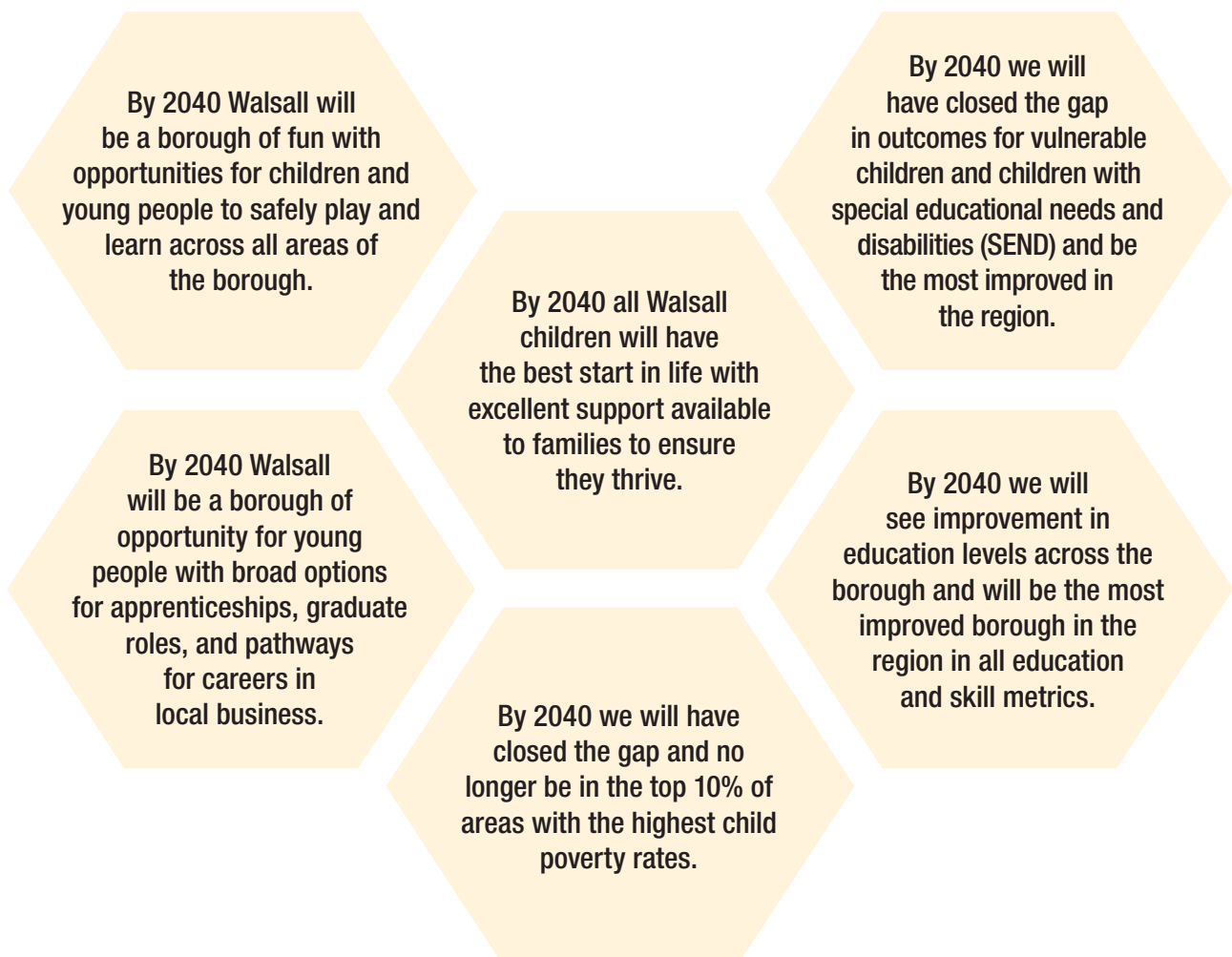
Partners, as part of the alliance, have signed up to working to one moral purpose:

“To regularly consider how the lived experience of children and young people in Walsall can be improved.”

The Alliance provides an opportunity to develop a good understanding of the needs of children and young people in Walsall and system wide change which needs to take place to enable improved outcomes. As well as using this information to enable partners’ own organisational change it enables them to influence change for children and young people in other strategic spaces.

After a comprehensive public consultation, Walsall has set itself an ambitious vision for where it wants to be by 2040. **The We are Walsall 2040 Strategy** seeks to make Walsall the most improved borough in the region, a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances. The key ambitions underpinning this strategy are that we want to be Healthy and Well, Thriving and Happy, Prosperous and Innovative, and Proud of Our Borough.

The We are Walsall 2040 Strategy seeks to make Walsall a child-friendly borough and sets out six key outcomes to make this a reality.



The children and young people of today will be the adults of 2040, as such it is essential that all those whose work impacts children and young people make a connected effort to create resilient children and thriving families so that they can achieve their potential become successful adults from 2040 and beyond.

The purpose of the Children First Summit is to start a collaborative approach in developing an effective Children and Young Persons Strategy 2040 for Walsall that will create a compassionate, healthy, economically strong, and successful place that has children and young people at its heart.

Agenda

Time	Item
08:30 – 09:00	Arrival, Registration and Refreshments
09:00 – 09:30	Welcome and Introductions from Ch. Supt. Dolby and Sally Rowe
09:30 – 10:45	Session One – Creating Our Scenarios
10:45 – 11:00	Break
11:00 – 12:30	Session Two – Living in Our Created World
12:30 – 13:15	Lunch
13:15 – 15:00	Session Three – Creating Our Strategic Plan
15:00 – 15:30	Feedback, Commitments, and Next Steps

Scenario Planning

Scenario thinking has been a key feature of the leadership development programmes for senior leaders in children's services for a number of years and we have recently begun using this tool to work with wider groups of leaders within local authorities. Scenario thinking is a group activity which encourages knowledge exchange and development of mutual deeper understanding of central issues important to the future of the way in which we deliver services and specifically in our case, the develop our collective Children and Young People 2040 strategy.

We will be guided by experienced facilitators from the Staff College, the goal is to produce scenarios that are not only different from 'business as usual' and, therefore, thought-provoking, but highly relevant to our strategic thinking.

What is Scenario Planning?

Scenarios provide alternative views of the future. They identify some significant events, main actors and their motivations, and they convey how the world functions. Building and using scenarios can help us explore what the future might look like and the likely changes of living in it.

Scenario planning or scenario thinking is a strategic planning tool used to make flexible long-term plans. It is a method for learning about the future by understanding the nature and impact of the most uncertain and important driving forces affecting our world.

Many of the regular methods for strategy development assume that the world in three to ten years' time will not significantly differ from that of today and that an organisation will have a large impact on its environment: they assume we can mould the future. Scenario planning however assumes that the future can differ greatly from what we know today.

The method is based on creating a series of 'different futures' generated from a combination of known factors with a goal to craft diverging worlds by extrapolating these heavily-influencing driving forces. The technique can also include anticipatory thinking elements that are difficult to formalise, such as subjective interpretations of facts, shifts in values, new regulations or inventions.

It is a group process, which encourages knowledge exchange and development of mutual deeper understanding of central issues important to the future of your organisation. Although the method is most widely used as a strategic management tool, it can also be used for enabling other types of group discussion about a common future.

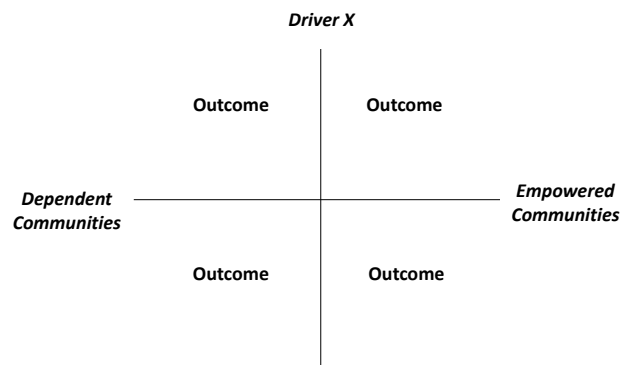
The thought processes involved in getting to the scenarios have the dual purpose of increasing knowledge of the environment in which you operate and widening the participant's perception of possible future events – encouraging them to 'think the unthinkable'. For each of these worlds, appropriate action plans can be considered. Asking the key question, 'what do we need to do (now) to be ready for all scenarios?', can then inform the formulation of strategies to cope with these differing pictures of the future (or at least to address the maximum number of possibilities).

Reference: <http://www.jiscinfonet.ac.uk/infokits/scenario-planning/>

How does it work ?

Attendees will be divided into groups and tasked with considering a future scenario that has the potential to become a reality which could impact on the lives of the children and young people of Walsall.

Groups will be aided by a facilitator to discuss the driving forces behind these scenarios, critical uncertainties, and the implications of these scenarios and what they mean for Walsall. These discussions will focus on known STEEPLE factors and how they will change the landscape of Walsall.



S ocial	T echnological	E conomic	E nvironmental
P olitical	L egislative	E thical	

The discussions will then feed into a scatter diagram (see example). Ordinarily, all axes on a diagram will be informed by the discussions, however, because of time limitations we have already predetermined for the Childrens Summit that this will be empowered communities vs. dependent communities. The rationale for choosing this AXE was that this was a strong theme that has come out of the consultation and is already embedded in the overall Walsall 2040 strategy. The other Axe will be decided based upon the discussion us groups around the STEEPLE factors.

Throughout the exercise, groups will identify **cues**, **clusters**, and **drivers** for the future, all of which will contribute to the outcomes on the diagram.

Cues

Current or recent Instances or occurrences which might serve as possible pointers to future conditions. For example, a widening gap in educational attainment may signify increasing marginalisation.

Clusters

Groups of related cues that may act together to cause change in the environment.

Drivers

More fundamental trends that together change society. After the scenario planning session, the group will reconvene to discuss each scenario, how we can move towards our desired scenario, how we safeguard against the scenario that we wish to avoid, and what the key markers of success/ concern are.

Factoids – that will help our thinking throughout the day

Over the next few pages we have outlined some facts around what we know of children and young people who are growing up in Walsall. This is designed to aid our thinking in developing our scenarios throughout the day. You may want to think what facts your organisation holds about growing up in Walsall now and in the future that you may want to contribute as part of the discussions on the day.

Recovery from COVID-19 in Education

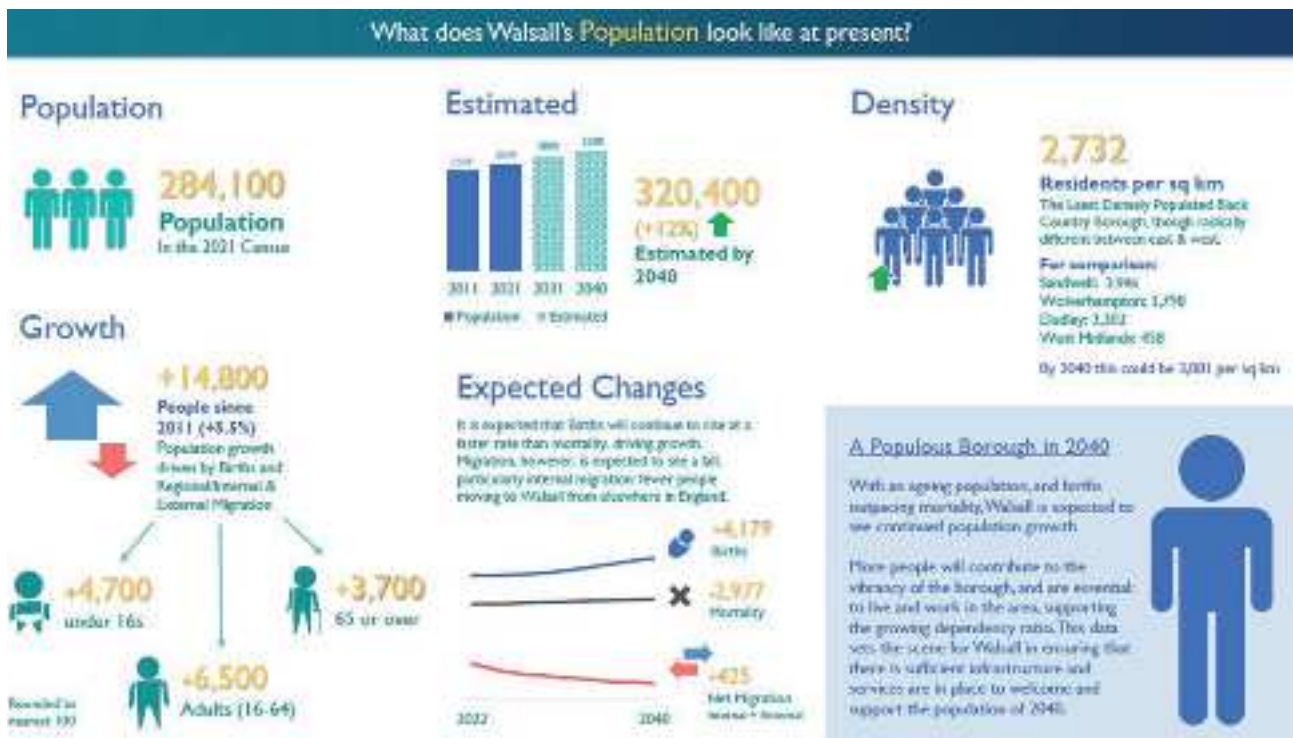
Statistics

- Disadvantaged pupils have, on average, lower attainment than other pupils, and results from the Key Stage 1, 2 and 4 tests taken in 2022 showed that this disadvantage gap had grown. The Department for Education had been successfully closing the disadvantage gap before the COVID-19 pandemic, and that the subsequent widening of the gap had been one of the worst and most dispiriting effects of the pandemic. The Department for Education hopes to see the disadvantage gap narrowing again from summer 2023.
- The disadvantage gap index (a measure of the difference in attainment) at the end of primary school was 3.23 in 2022, compared with 2.90 in 2018, reversing the progress that had been made to narrow the gap since 2012.
- The Department for Education expects it may take 10 years to return the disadvantage gap to the level it was before the pandemic.
- Nationally, rates of pupil absence from school are, however, higher than they were before the COVID-19 pandemic. In the autumn and spring terms of 2021/22, the average absence rate for all pupils was 7.4%, compared with 4.5% for the same terms before the pandemic in 2018/19. For disadvantaged pupils, the rate was 10.4% in 2021/22, compared with 7.2% in 2018/19.

Recommendations made by House of Commons Committee of Public Accounts for Educational Recovery post-COVID:

- The Department should publish a plan setting out how, building on good practice, it will reduce the disadvantage gap as quickly as possible, and the expected trajectory.
- The Department should develop a better understanding of why disadvantaged pupils have higher rates of absence than others and, in addition to its ongoing work on attendance, take targeted action to reduce absence rates among disadvantaged pupils.
- The Department needs to do more to understand why some schools are not taking part in the National Tutoring Programme and take more effective action to increase participation, informed by evaluation of the first two years of the scheme.
- The Department should monitor how much tutoring is being provided, in 2022/23 and 2023/24 when it is providing a subsidy, and in subsequent years, and intervene if tutoring levels drop significantly.
- The Department should set out measures of progress for the 2030 attainment targets (starting with the measures for primary pupils which it should publish by the 2023 summer parliamentary recess) and report progress against the measures to Parliament each year.

2022 vs. 2040 – Projections for Walsall



If there were 100 Children in Walsall in 2040

Health



Education



Child Poverty



A Walsall Child in 2040

Even if Walsall continues to improve, Walsall still could face poorer health, financial, ability and underactivity, with potential consequences moving into adulthood. Child educational development throughout childhood could stagnate, not seeing indeed the average national child. A child in 2040 needs to know not only how to work will be able to live well, and if nothing changes, Walsall children may remain at a disadvantage.

Cost of Living Repercussions



Economic Strain on Low Income Households

While housing costs and care are not a problem unique to Walsall, as a relatively low income area, there is less flexibility in disposable incomes. Additionally fuel poverty is substantially higher in Walsall than nationally and expected to increase. Poverty, inflation is outpacing wage growth and multiple indicators point to the same scenario: increased pressure on lower income households, and subsequently increased demands on local authority safety net budgets. 2040 could see this as a more expected and relied upon duty, with consequential funding implications.



Source: 'We are Walsall 2040 – Insights So Far'

First 1001 Days of a Child's Life in Walsall



The Infant Mortality Rate in Walsall is the highest in the country, with **7** in every **1000** live births dying before their 1st birthday.



The uptake of routine childhood vaccinations in Walsall is **decreasing** in trend, and is below the national ambition.



Blakenall and Darlaston South have the **highest number** of families with children aged 2 and under that are claiming Council Tax Reduction and Housing Benefit. These wards also have the highest number of these families that are in Council Tax Arrears.



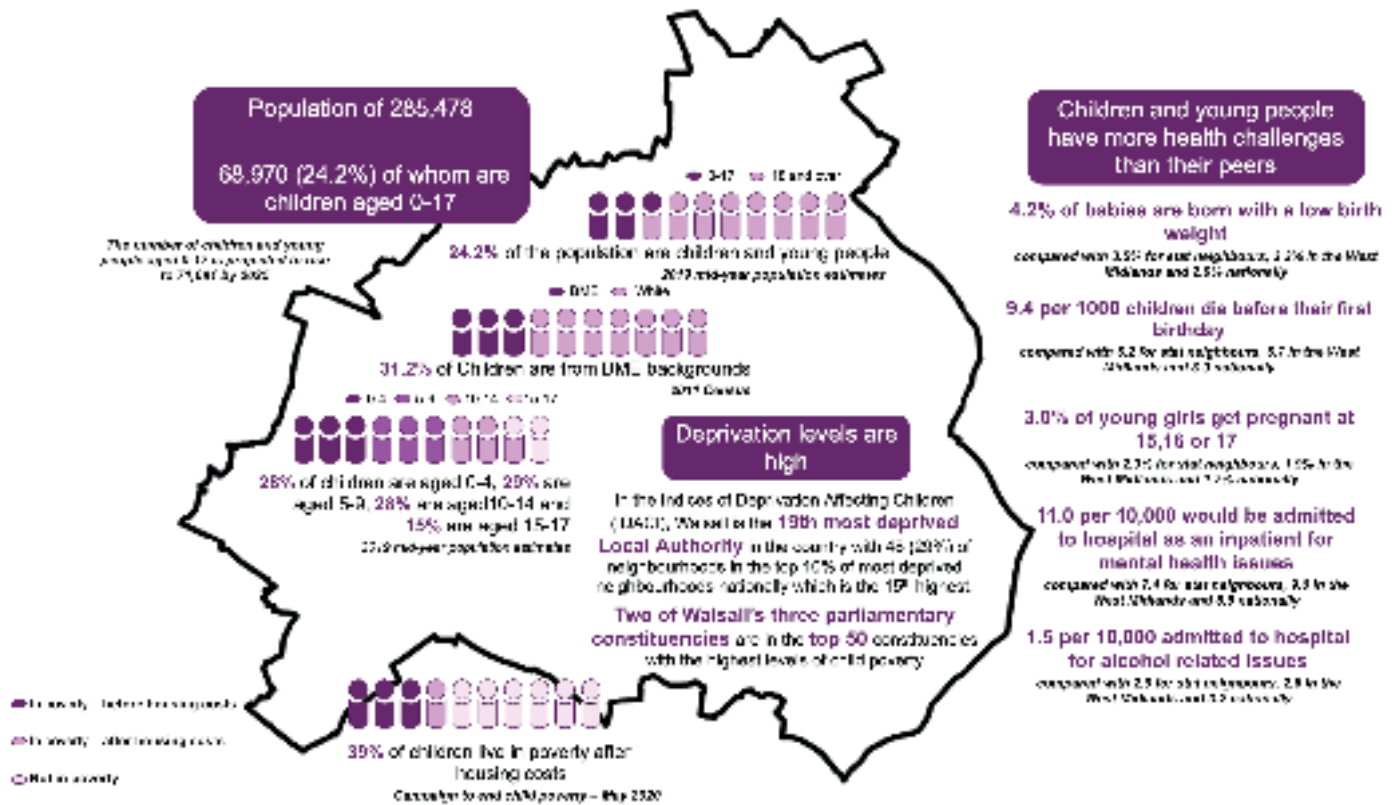
The percentage of 2-2.5 year olds reaching the expected level of development at the Healthy Child Programme review is **decreasing** in trend and is significantly lower than the national rate.



The number of children aged 2 and under who are subject to Child Protection Plans and Early Help has **decreased** significantly since 2019.

Population, Deprivation, and Health of Children, Young People and Families in Walsall

Children Living in Walsall



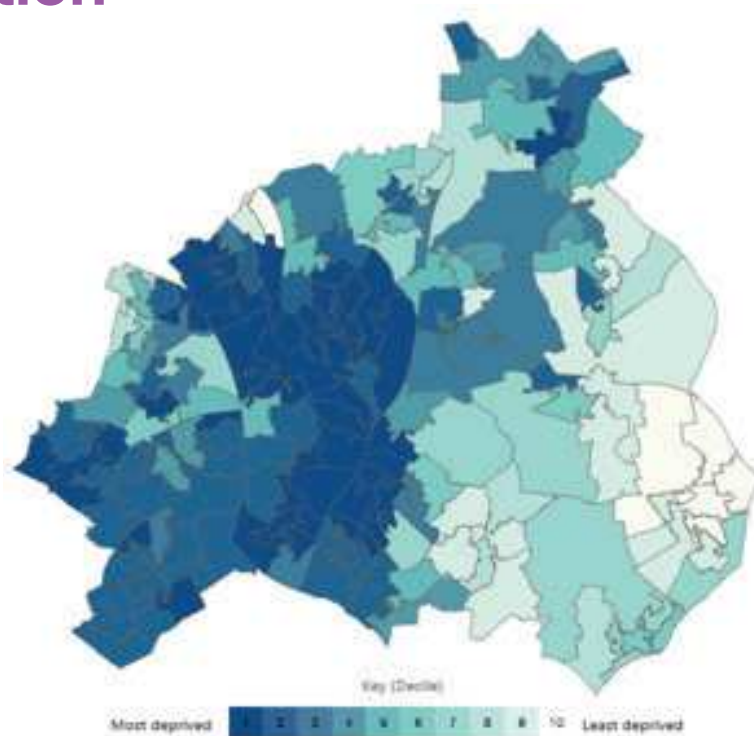
Source: Walsall Locality Statistical Analysis

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Deprivation



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Source: *Walsall Locality Statistical Analysis*

Deprivation in Walsall is significant and increasing

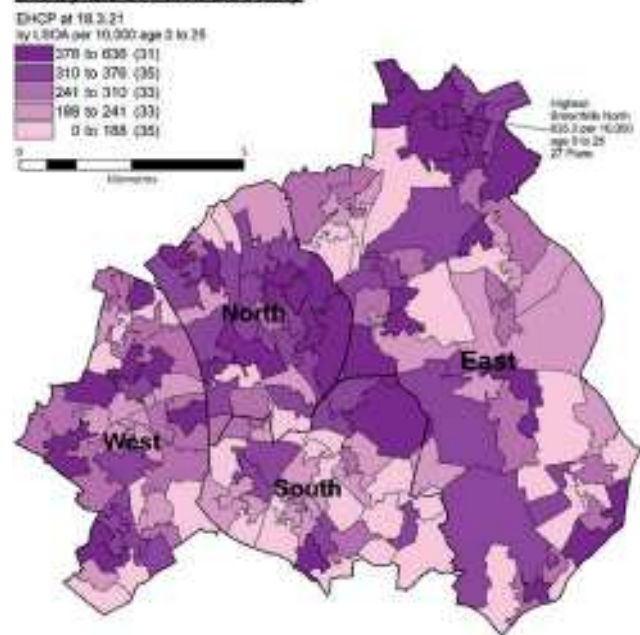
- There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent parts of the borough.
- 44 out of 167 neighborhoods (LSOAs) are now amongst the most deprived 10% in England compared to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

Special Educational Need EHCP

Locality	EHCP	Pop 0-25	Rate per 1,000 0-25 pop
North	734	22,234	33.0
East	687	23,608	29.1
South & Central	528	22,121	23.9
West	677	23,667	28.3
OOB	38		n/a
Total	2,667	81,848	29.0

	Autism	SLD	EMH	SL	Other
North	181 (25.1%)	35 (4.8%)	136 (18.7%)	31 (4.2%)	149 (20.5%)
East	127 (18.3%)	30 (4.2%)	100 (13.9%)	23 (3.2%)	40 (5.6%)
South & Central	66 (9.7%)	11 (1.5%)	30 (4.2%)	6 (0.8%)	24 (3.3%)
West	51 (7.4%)	11 (1.5%)	31 (4.2%)	11 (1.5%)	20 (2.7%)
OOB	12 (16.8%)	1 (1.3%)	10 (13.5%)	1 (1.3%)	4 (5.3%)

EHCP (Maintained by SEND Team) at 18.3.21, age 0 to 25, by LSOA and Locality



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Source: *Walsall Locality Statistical Analysis*

- The North has the highest number of children on an EHC plan at 734 or 33 per 1,000 of the 0-25 population. The East has the second highest number at 687 or 29.1 per 1,000.
- Autism is the highest primary need for children and young people with an EHC plan across all areas.
- SEMH is more prevalent in the North than any other area and is the second highest primary need. The second highest primary need in all other areas is speech, language or communication difficulties.
- **To consider:** The relatively high levels of SEMH in the North may be linked to the higher levels of need and deprivation.
- The high proportion of SEND in East locality is out of kilter with other indicators and needs. Receiving appropriate diagnosis for SEND can depend on parents' ability to advocate, understand and navigate an often-complex system, something which is more likely of highly educated parents, in more affluent areas which likely explains the higher levels of diagnosed SEND in the East.
- The low numbers in the South, which has a higher proportion of families from Asian backgrounds is in line with the recent SEND analysis which was undertaken which showed that children from Asian backgrounds were significantly under-represented.

Criminality and Violence among Children and Young People in Walsall

First time entrants into the criminal justice system (0-17 years)

Walsall has a higher rate of first-time entrants into the criminal justice system (0-17 years), with a rate of 194.6 per 1,000 compared with a national rate of 146.9 per 1,000 and a West midlands rate of 134.8 per 1,000, although the rates are not statistically different.



Source: Your indicator lists - OHID (phe.org.uk)

Number (%) of offenders in Youth Justice Service, Walsall, 10–17-year-olds, 2020-2022

Ethnicity	10–17-year-old population		Offences 10–17-year-olds		Offenders 10–17-year-olds	
	Number	%	Number	%	Number	%
White	20,253	72	284	58	81	55
Asian or Asian British	5,473	19	24	5	10	7
Black or Black British	723	3	79	16	17	12
Chinese or Other Ethnic Group or Mixed*	1,819	6	103	21	39	26

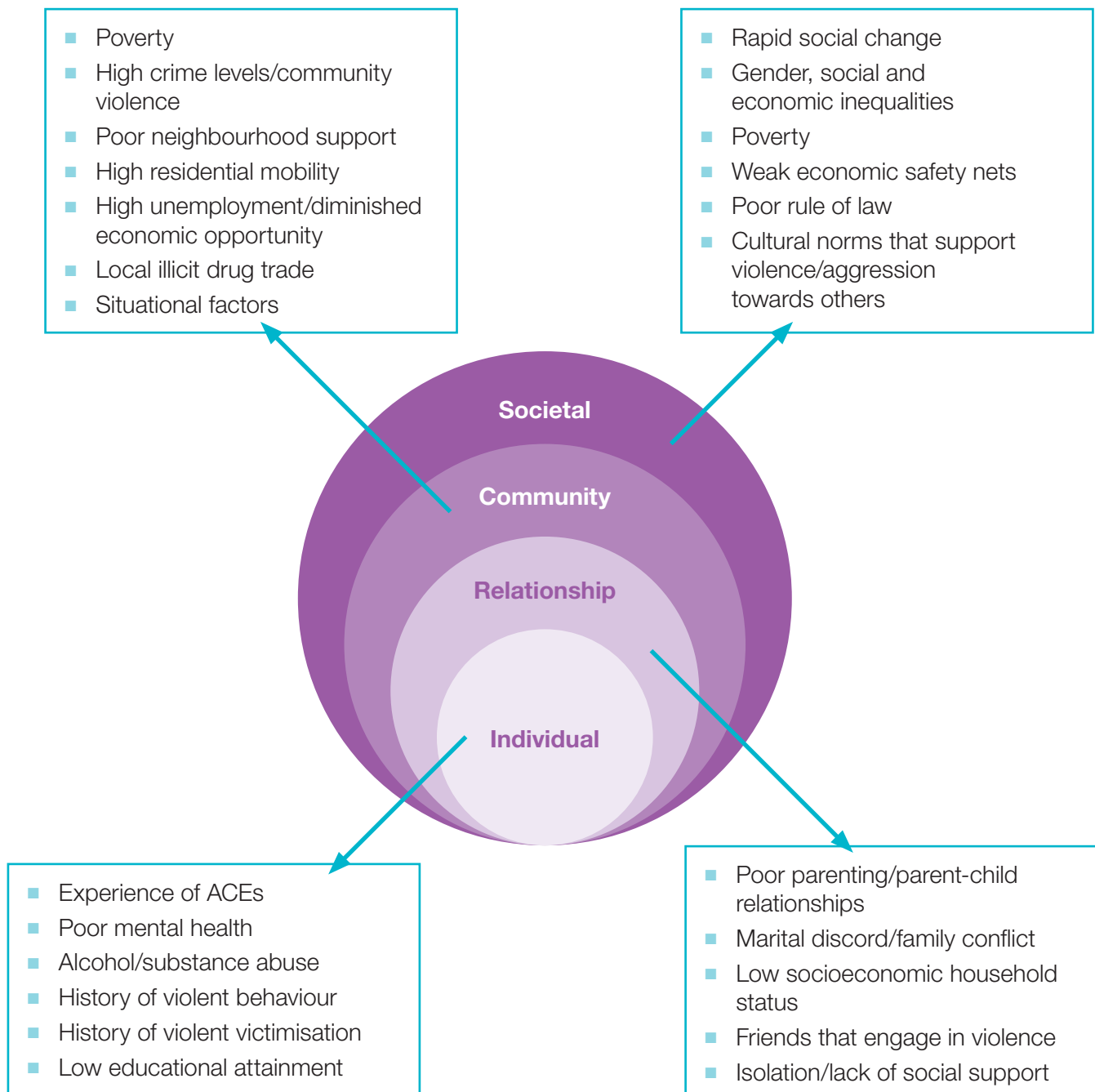
* Chinese or Other Ethnic Group and Mixed have been combined due to very low numbers

Source: Walsall Serious Violence Duty Strategic Needs Assessment.

Violent offences were the greatest percentage of overall offences for all ethnic population groups, ranging from 57% in White to 77% in Mixed and Chinese or Other Ethnic population groups. Drug offences were the second largest of offences for Asian or Asian British (30%), Black or Black British (19%) and Mixed groups (14%). However, for the White population group, the second largest offence was Acquisitive Crime, being 35% for this population group, followed by Drug Offences (5%). There is clear disproportionality with Black and Asian Minority Ethnic population groups compared with White whereas there is disproportionality of White for acquisitive crime.

Direct and Indirect outcomes of Youth Violence

Beyond the immediate causes and outcomes of Youth Violence there lies both direct and indirect outcomes of engaging in Youth Violence which are identified in this diagram.



Policy and Strategy Unit

Walsall Council
Civic Centre
Darwall Street
Walsall
WS1 1TP

Web: www.walsall.gov.uk

Health and Wellbeing Board

19 September 2023

Programme Report of Family Hubs and Start for Life programme in Walsall

For Information

1. Purpose

- 1.1 To provide members of the Health and Wellbeing Board with an update of the implementation of the Family Hub and Start for Life programme in Walsall.
- 1.2 Provide assurance to the HWBB in the delivery of the programme and its alignment to the Local Health and Wellbeing Strategy and its priorities.

2. Recommendations

- 2.1 That the HWBB accepts the report and continues to support the delivery of the Family Hub and Start for Life programme in Walsall.
- 2.2 That the HWBB notes the difficulties and the risk around the implementation Parent & Infant Relationship and Perinatal Mental Health strand due to capacity issues across Black Country mental health trust and is assured of the work that is being done to resolve this.
- 2.3 That the HWBB requests to receive periodic assurances on delivery of this programme as part of the reporting on progress on the Local health and Wellbeing Strategic priorities.

3. Report detail Context

- 3.1 In February 2023 the DfE confirmed that Walsall was successful in their application as one of the 75 Local Authorities who would receive the Family Hubs Start for Life funding of £3,869m from 2022-2025
- 3.2 Following confirmation of the funding a Programme Steering Group, chaired by the Director of Walsall Right for Children Early Help & Partnerships was established to take forward and develop the six action areas listed below.
 - 1. Seamless support for families: a coherent joined-up Start for Life offer available to all families.
 - 2. A welcoming hub for families: family hubs as a place for families to access Start for Life services.
 - 3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family.
 - 4. An empowered Start for Life workforce: developing a modern, skilled workforce to meet the changing needs of families.
 - 5. Continually improving the Start for Life offer: improving data, evaluation, outcomes and proportionate inspection.

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6. Leadership for change: ensuring local and national accountability and building the economic case.
- 3.3 A comprehensive needs assessment has been developed to inform our implementation plan and ensure we can target additional resources in the areas of poorest outcomes.

Implementation of Family Hubs Programme in Walsall

- 3.4 A Programme Implementation plan has been developed and approved by the DfE. Quarterly assurance meetings are held with the regional DfE team to review the implementation plan and escalate any risks.
- 3.5 In line with the funding allocation the programme has been structured around the five core activities / services which are required to be developed and five enablers to support with the delivery of the programme (Appendix 1 – Family Hub Governance Structure)

Service Areas

1. Parenting Support
2. Parent – Infant Relationships and Perinatal Mental Health Support
3. Early Language and the Home Learning Environment
4. Infant feeding Support
5. Parent and Carer Panels

Enablers

1. Publishing the Start for Life Offer
2. Data & Performance
3. Digital
4. Workforce & OD
5. Comms & Branding

- 3.6 Each of the workstreams is lead by a key stakeholder:

Workstream	Workstream Lead	Organisation
Parenting Support	Georgina Atkins	Walsall Council
Parent & Infant Relationship and Perinatal Mental Health	Laura Parsons	Walsall Healthcare
Infant Feeding Support	Esther Higdon	Public Health
Early Years & Home Learning Environment Support	Julie Jones	Walsall Council
Parent Carer Panels / Publishing Start for Life	Julie Jones	Walsall Council

There is currently one risk that has been escalated to Regional DfE. The risk concerns the availability of Perinatal Mental Health capacity to drive forward this workstream. This is a consistent issue across the Black Country and is

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trying to be resolved through a Black Country LA coordinated approach and has been escalated locally to Walsall Together.

The quarterly review with the DfE has agreed a carryover amount for funding to help manage this issue.

See full progress overview against each Workstreams in appendix 2

3.7 A dedicated Transformation Team has been established to support the delivery of the programme.

3.8 A summary of the key milestones that have been delivered to date is set out within the table below:

Milestone	Date Delivered
Mobilise Project Team and deliver workshops to engage with key Stakeholders	31/12/2022
Submit delivery plan to the DfE	31/12/2022
Establish Programme Steering Group and Governance arrangements	31/01/2023
Formal Launch of Family Hubs (website)	01/04/2023
Develop Strategic Needs Assessment	30/04/2023
Co Production of Family Hub Branding	31/05/2023
Official Launch of Family Hubs at Localities	31/07/2023

Overview of Family Hubs programme delivery to date

3.9 Walsall's 4 Locality Family Hubs provide a welcoming space where children, young people aged 0-19 and up to 25 for those young people with additional needs and their families can go to get advice and support when they need it. Our Family Hubs are in the heart of local communities where services have come together providing one 'front door' access to get help and to talk to someone in a safe space about sensitive things that maybe worrying them.

3.10 Following organisations deliver services from our 4 locality Hubs: Midwives, Health Visitors, School Nurses, Speech & Language Early Help, Children's Social Care, DWP Housing and Police.

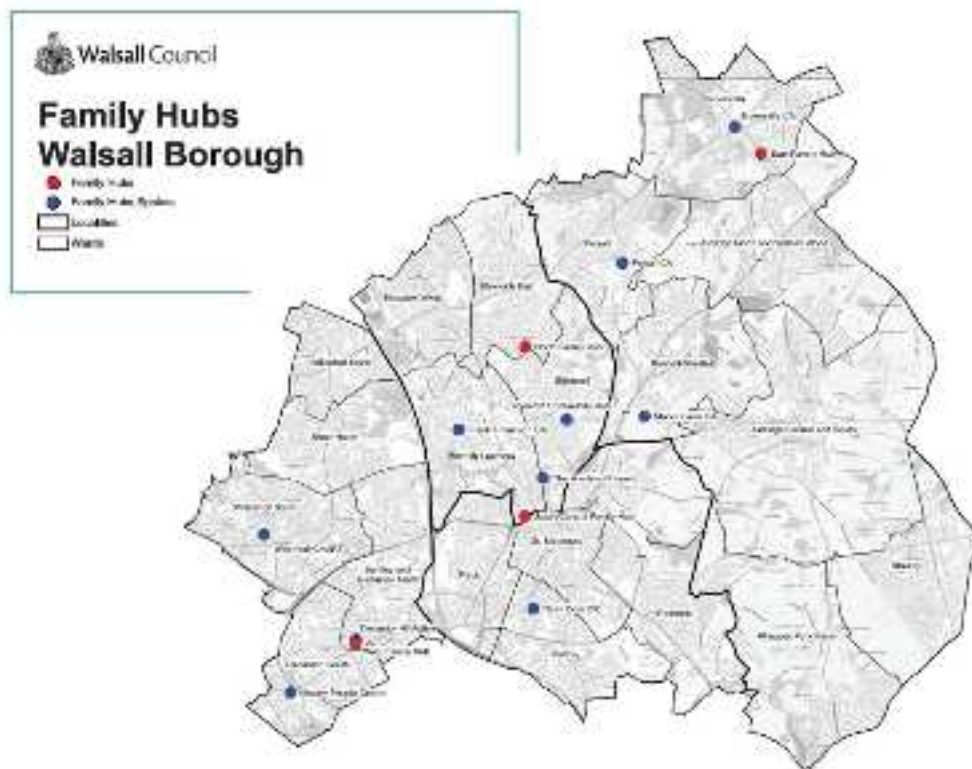
3.11 In addition to our 4 Locality family Hubs we deliver wider community-based support and services through 10 'Community Spokes' provided through our voluntary and community sector partners. Our 10 spokes will offer advice on a range of local community activities for families, children and young people, provide a space for local families to come together, for services to deliver group work or meet on a 121 basis with families, to provide sessions such as play and stay, baby weighing clinics, digital support services as well as providing foodbanks.

3.12 Services available within the Locality Family Hub from September 2023

- Speech and Language assessments and clinics
- Health visitor assessments and clinics
- Infant feeding support
- Immunisation drop in sessions
- School nursing assessments and support

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- Talking therapies
- Perinatal support
- Health in Pregnancy
- Asthma nurses
- Targeted stay and plays
- Saturday groups and sessions
- Fathers support



3.13 We have also integrated Family hub sign-posting as part of the 28 Walsall Connected sights. Ensuring consistent information and advice is provided. The family Hub team have also a regular presence at the Walsall Manor Hospital team to maximise opportunities to link parents with the Family hub programme.

3.14 In additional to physical spaces significant work has been done to develop our digital offer. We have launched our Walsall Family Hub website www.walsallfamilyhubs.co.uk which will provide one front door for advice and information including a service directory of all services available to parents who have children aged 0-19.

3.15 We have also commissioned a number of apps to help families to get the right support around giving their children the best start in life:

- Easy Peasy App (EasyPeasy is a smartphone app for parents of preschool aged children. It is designed to improve early child development through increasing positive parent-child interactions and learning at home. The app sends regular game ideas to parents that they can play with their children, combined with information on child development. The design of the app applies behavioural insights to help seed positive habits of play and interaction at home by sending tailored prompts, encouragement, and reminders to parents)

[Type here]

- Baby Buddy App (Best Beginnings' free, advert free multi-award-winning, interactive pregnancy and parenting app, Baby Buddy, has been created to support parents, co-parents and caregivers, and to augment and enrich the work of frontline practitioners. Baby Buddy provides trusted, evidence-based information and self-care tools, based on the latest research and is endorsed by eight royal colleges, including the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists. Baby Buddy is the first parenting app to provide daily content for fathers and other non-birthing parents)
- DadPad (Dadpad is commissioned by Walsall Public Health Services and produced as an app and also written information aimed at engaging and supporting new fathers as they make the transition to parenthood. Through a supply of guides (DadPad) and digital application (DadPad app) new and prospective dads will understand how to access local support as well as be provided with national information specifically aimed at fathers eg safe sleep, how to cope if their baby cries, building a relationship with their baby. This supports perinatal services in engaging and upskilling new fathers in readiness for the postnatal period, and build familial relationships to help new babies thrive and co-parental relationships develop with their babies needs in mind. In Walsall it will be taken forward mainly through the Health in Pregnancy Service who aim to reach 15,000 men over 4 years)

Next steps

The progress report in appendix 2 sets out the key priorities for the next quarter.

4. Implications for Joint Working arrangements:

- 4.1 Government confirmed a funding package for Walsall between £3.774M and £3.937M over the next three financial years (till 24/25) to deliver the programme. The guidance sets out clearly the expected allocation of funding per programme strands. There has been a modest revision of the percentage allocations that have previously been demonstrated.
- 4.2 The Local Authority is the key accountable body for the grant, but there is a clear expectation the programme is developed and delivered in collaboration with partners with Health, Voluntary Sector and Education system. In Walsall we have secured a strong engagement in the development and delivery of Family Hubs from organisations across the Borough including Walsall Council Childrens Services, Public Health, Walsall Together, Community mental health, 0-19 Healthy Child programme (health visiting and school health), paediatric Service, LA Early Years team, Resilient Communities, Walsall Health Care Trust, Housing, Black Country Mental Health; Police and ICS This commitment demonstrates the future success that we all anticipate as being a part of this National work.

5. Health and Wellbeing Priorities:

- 5.1 The Family Hub and best start in Life will be delivering on all priorities as set out by Walsall Joint Local Health and Wellbeing Strategy 22-25:
 - **Children and young people:** Ensuring all children have the best possible start in life and support them in growing up safe from harm, happy and learning well is at the heart of the programmes vision

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- **Mental health and wellbeing:** supporting both the parents and children health and wellbeing is a core delivery expectation of the programme.
- **Digital:** the development of a digital inclusive offer will be key part of the programme to ensure that the information and services are easy to access by all.

5.2 Safeguarding: The Family Hubs approach will ensure that professionals work together, through co-location, data-sharing and a common approach to their work. Families will only have to tell their story once, the service is more efficient, with safeguarding at its core, and families get more effective support.

Appendices:

Appendix 1 – Family Hub Governance structure



governance.pptx

Appendix 2 – Progress report against each of the key workstreams



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Appendix 3 – Family Hub Launch Report



Enc 1 - Walsall
Family Hub Launch B

Authors



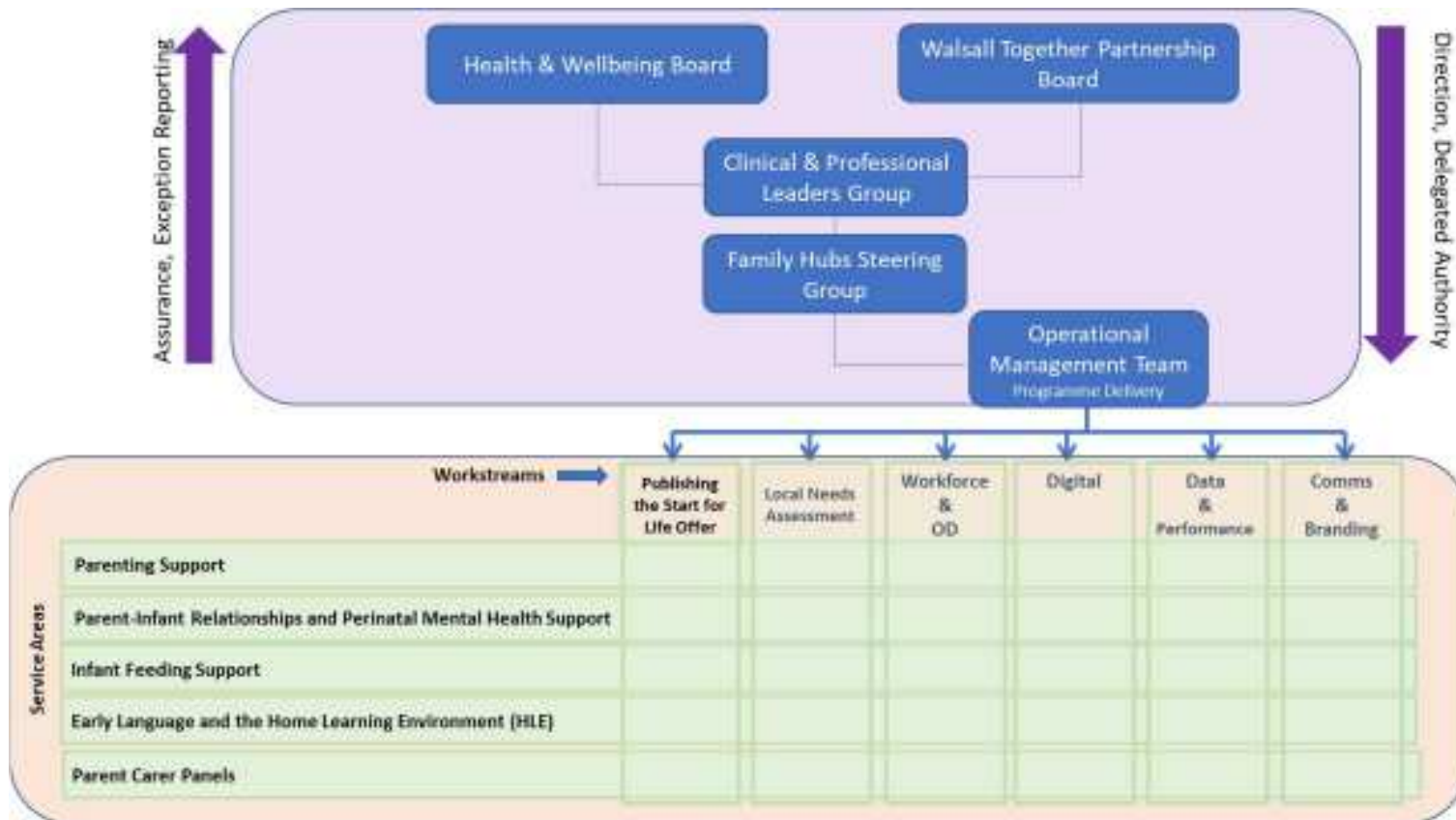
Malcolm Moore - Family Hub Programme lead
Isabel Vanderheeren – Director early help and Partnership
Local Authority - Children Services



Isabel.vanderheeren@walsall.gov.uk



Governance Structure – Family Hubs and Start for Life Programme





Walsall
Family Hubs

Supporting families to live happier lives

Response to Formal Questions

Programme Update August-23



 Funded by
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Contents



1 Family Hub Transformation

2 Perinatal Mental Health

3 Infant Feeding

4 Parenting

5 Home Learning Environment, Publishing Your Start for Life Offer & Establishing a Parent Carer Panel

1. Family Hub Transformation



Progress To date		Priorities for Oct – Dec 23
Access Key criteria 1	<ul style="list-style-type: none"> ✓ Family Hubs launched ✓ Family Hub Branding complete - co-produced with families ✓ New signage has been installed in all Hub and Spoke sites ✓ Website available providing high level information ✓ Recruited a Volunteer Coordinator and 14 volunteers ✓ Training plan developed through Empowering People Empowering Communities (EPEC) programme which supports volunteers to become Peer Group Leaders (PGL) ✓ Equipment purchased to enable birth registrations at Hubs 	<ul style="list-style-type: none"> ➤ Development of Website ➤ Explore and develop digital solutions to improve access to services ➤ Pilot birth registrations at the west Locality Hub ➤ Work with Parent Carer Forum and families accessing hubs to continually improve the buildings and facilities
Connection Key Criteria 2,3 &4	<ul style="list-style-type: none"> ✓ Strategic Needs Assessment completed ✓ Integrated data sharing system purchased - Sentinel ✓ 28 Walsall Connected sites supporting delivery of Family Hubs ✓ Walsall Connected Hub based on the hospital site ✓ Free Wi-Fi available for visitors at all Hub sites ✓ Dedicated family room with resources & equipment purchased and installed at each Locality Hub to ensure they are welcoming and provide a family friendly environment 	<ul style="list-style-type: none"> ➤ Develop outcomes framework ➤ Align Sentinel and Mosaic to allow data to be recorded and shared amongst partners ➤ Identify services where an integrated pathway would be suitable ➤ Review Wi-Fi availability at Spoke sites - update where required to enable access to visitors ➤ Purchase resources & equipment for spoke sites to ensure they are welcoming and provide a family friendly environment
Relationships Key Criteria 5	<ul style="list-style-type: none"> ✓ Trauma Informed Attachment & Parent Conflict training is available ✓ Restorative practice training plan in place 	<ul style="list-style-type: none"> ➤ Hold workshops to develop a shared understanding and approach of how everyone will work together. ➤ Implement connected working proposal across localities ➤ Develop Commissioning framework
Family Hub Wider Services (inc 0-2 range)	<ul style="list-style-type: none"> ✓ Alignment of Holiday Activities and Food (HAF) Programme to Family Hubs ✓ Development of a Youth Strategy within the Local Authority ✓ Local Offer aligned to Family Hubs via 'In Our Hands' forum ✓ DWP officers aligned to Hubs (targeted support) ✓ Recruitment of Transformation Team 	<ul style="list-style-type: none"> ➤ Develop Youth Strategy across the wider partnership ➤ Implement drop-in sessions for families needing financial advice and support ➤ Recruit dedicated data lead and commissioning manager

Reasons for Change	Risk	Mitigation
No changes to delivery plan.	None	

2. Perinatal Mental Health



Progress To date	Priorities for Oct – Dec 23
<ul style="list-style-type: none"> ✓ Purchase of DadPad ✓ Delivery of 'Attachment and Trauma' training in Family Hubs ✓ Development of a ' Fathers Strategy' ✓ Commissioned Mindkind to facilitate peer to peer support for new fathers 	<ul style="list-style-type: none"> ➤ Scope alternative national / local training and education programmes e.g Tripple P & Mellow Bump ➤ Develop a Train the Trainer approach to support the delivery of training ➤ Recruit Social Prescribers to provide additional support to locality teams ➤ Increase creche provision to allow parents to attend Mellow training ➤ Launch Father's Strategy ➤ Develop screening tools for fathers and non-birthing parents ➤ Development of toolkits with Mindkind

Reasons for Change	Risks	Mitigation
<p>Remove the Place to Be programme and replace with Tripple P Babies, Mellow Bump and Mindkind</p> <ul style="list-style-type: none"> • Following a review of the Place to Be programme it became apparent that it was not fit for purpose. The project team felt that alignment to the Black County Mental Health pathway would be more appropriate. It was agreed that Triple P Babies and the Mellow Bump Programmes would work at a local level in conjunction with Mindkind who can provide peer support to parents. • The delivery plan has been updated to reflect the above. The new initiatives are currently being developed, once approved the detail and revised costings will be added to the plan. 	<p>Insufficient levels of engagement with Mental health colleagues is causing delays to the programme</p> <p>Financial risk as funding could be retracted.</p>	<p>Mitigation has not been identified, escalated to the regional DfE team, Black Country Parent Infant Foundation Implementation Support Group and internal governance boards for support/advice in how we can resolve the risk. Dedicated commissioning and project resources have been assigned to get traction in year 2&3</p> <p>Alternative programmes are being explored to ensure that funding will be retained. This is a priority area agreed by place based joint commissioning committee</p>

3. Infant Feeding



Progress To date	Priorities for Oct – Dec 23	
<ul style="list-style-type: none"> ✓ Active group meeting to increase breastfeeding in the Hospital, the NHS Community sector and in the Walsall wider community inc Family Hubs ✓ Baby Friendly coordinator appointed to take work forward ✓ Multiagency Strategy drafted, consulted on and almost finalised ✓ Multiagency actions identified to promote infant feeding across the Borough ✓ Baby Buddy app inn development and family consultation undertaken. Steering group meeting regularly ✓ Taking forward Unicef Baby Friendly level 2 in Hospital, ✓ Taking forward Unicef Baby Friendly level 3 in NHS Community, ✓ Taking forward Unicef Baby Friendly Community in Family Hubs ✓ Recruitment of a Behavioural Scientist ✓ Team working using social marketing/behaviour change approach to understand infant feeding in the Borough ✓ World Breastfeeding Week promoted ✓ Infant feeding promoted through a yearlong Public Health Communications campaign ✓ Fridge magnets noting storage time of expressed breastmilk produced and circulated amongst midwives, health visitors and in Family Hubs ✓ Importance of breastfeeding and how fathers can support promoted through Dadpad 	<ul style="list-style-type: none"> ➤ Continue to understand family perceptions of infant feeding within Social Marketing consultation and act on learning to further promote breastfeeding ➤ Take forward action plan ➤ Publicise Infant feeding strategy across the partnership ➤ Baby Buddy launched ➤ Further work to take forward Unicef Baby Friendly across the partnership ➤ Resources produced to promote breastfeeding for Walsall residents and staff ➤ Designing and resourcing breastfeeding rooms in Council, Family Hubs and in NHS facilities ➤ Establishing Breast feeding Champions programme to provide targeted support to parents to ensure breastfeeding continues following discharge. This will include help with issues around tongue tie 	
Reasons for Change	Risk	Mitigation
<p>No changes to the delivery plan</p>	<p>Lack of engagement in work with local businesses, community and education settings to develop breastfeeding friendly environments and culture. Spaces to privately breastfeed in NHS settings and funding to procure suitable furniture are limited</p>	<p>Ensure benefits are highlighted and through teams who already have a relationship with businesses eg Chamber of Commerce or environmental health</p>

4. Parenting Support



Progress To date	Priorities for Oct – Dec 23	
<ul style="list-style-type: none"> ✓ Recruited a Fathers Parenting Officer & 0-2 Parenting Officer ✓ Mindkind agreed to be a key partner in the delivery of Empowering Parents Empowering Communities programme (EPEC) ✓ EPEC training completed by staff ✓ DADS support groups available – to date 121 dads have attended ✓ Fathers support Group co- facilitated with Mindkind ✓ 24 Volunteers recruited to become Peer Group Leaders (PGL) as part of the parenting support (EPEC), school ready and new parents support ✓ Procurement of 128 places on the HENRY CORE training programme ✓ Cygnet pathway developed with School Health ✓ Purchasing of EasyPeasy licences 	<ul style="list-style-type: none"> ➤ Launch EasyPeasy with VCS briefings ➤ EasyPeasy Champion training ➤ EPEC training for volunteers ➤ Delivery of 'Father's Saturday Workshops' ➤ Emotion and Anxiety sessions for parents of children 0-5 years ➤ Develop complementary 'special educational need' (SEN) offer to parents 	
Reasons for Change	Risk	Mitigation
No changes to delivery plan	None	

5. Home Learning Environment, Publishing the Start For Life Offer & Establishing a Parent Carer Panel

	Home Learning Environment	Publishing the Start For Life Offer	Establishing a Parent Carer Panel
Progress to date	<ul style="list-style-type: none"> ✓ Speech and Language Specialist support available in each locality ✓ Workshop to staff across localities around the importance of speech and language and promoting what the developing offer will look like ✓ SLA agreed with SALT will be used as model format moving forward for family hub activity ✓ Targeted Programmes 'First Words Together & Look, Say, Sing, Play are available in all Localities 	<ul style="list-style-type: none"> ✓ Start for Life Coordinator in post ✓ Published Family Hub Launch booklet ✓ Launch events included the promotion of the current offer 	<ul style="list-style-type: none"> ✓ 'In Your Hands' events being held termly ✓ Recruited coordinator for 'In Your Hands' events ✓ Recruited Parent Carer Panel Lead
Priorities for Oct – Dec 23	<ul style="list-style-type: none"> ➢ Launch EasyPeasy with VCS briefings ➢ EasyPeasy Champion training 	<ul style="list-style-type: none"> ➢ Develop physical resources and promotional material ➢ Purchase & Implement service portal 	<ul style="list-style-type: none"> ➢ Continue to develop 'In Your Hands' events ➢ Develop opportunities for parents and carers to be part of locality quality assurance reviews ➢ Develop digital solutions to allow parents to provide feedback / engage with services online
Reasons for Change	No change to delivery plan	No change to delivery plan	No change to delivery plan
Risk	None	None	None
Mitigation			



Walsall Family Hubs

Supporting families to live happier lives



Walsall Family Hub Launch July 2023

Website: [Walsall Family Hubs](#)

Email: Familyhubs@walsall.gov.uk

 [Walsall Families in the Know](#)



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Walsall Council



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Welcome to Walsall Family Hubs

Walsall's 4 Locality Family Hubs provide a welcoming space where children, young people aged 0-19 and up to 25 for those young people with additional needs and their families can go to get advice and support when they need it. Our Family Hubs are in the heart of local communities where services have come together providing one 'front door' access to get help and to talk to someone in a safe space about sensitive things that maybe worrying them.

Services who have come together include: Midwives, Infant Feeding, Health Visitors, School Nurses, Speech & Language Early Help, Children's Social Care, DWP Housing and Police.

Examples of advice and services available:

- For expectant or new parents or those with young babies and infants you can get advice and support on a range of topics including; feeding, sleeping, parenting advice and managing your own wellbeing. There is also advice on a range of family health activities including; baby wellbeing clinics, ideas on things to do and how to positively interact with your children. There will be opportunities to join groups with other parents and carers to look at supporting each other, there will also be activity groups such as Look, Say, Sing, Play and First Word together.
- For all families you can get advice on parenting, child development, support for children who have additional needs or advice for yourself on employment, further education, work experience or volunteering opportunities as well as housing or finances.
- For young people you can get advice on 'what's on in your area', advice if you are worried about home life, school life, want advice about staying safe or worried about a member of your family or a friend.

For the wider community-based Family Hubs known as the 'Community Spokes'

We are working with the voluntary and community sector to be our Community Spokes to Family Hubs, our 11 spokes will offer advice on a range of local community activities for families, children and young people, provide a space for local families to come together, for services to deliver group work or meet on a 121 basis with families, to provide sessions such as play and stay, baby weighing clinics, digital support services as well as providing foodbanks etc.



Where are our Family Hubs and Community Spokes?

Family Hubs	
North Locality Family Hub	Address: 275 Blakenall Lane, Blakenall, Walsall WS3 1HJ Telephone: 01922 476698 Website: www.walsallfamilyhubs.co.uk Opening times: 9.00am – 5.00pm
South and Central Locality Family Hub	Address: Birchills Street, Walsall, WS2 8NF Telephone: 01922 646574 Website: www.walsallfamilyhubs.co.uk Opening times: 9.00am – 5.00pm
West Locality Family Hub	Address: Ilmington House, Crescent Road, Wednesbury, WS10 8AE Telephone: 01922 652959 Website: www.walsallfamilyhubs.co.uk Opening times: 9.00am – 5.00pm
East Locality Family Hub	Address: Silver Court, Walsall, WS8 6HA Telephone: 01922 658300 Website: www.walsallfamilyhubs.co.uk Opening times: 9.00am – 5.00pm

Our Community Spokes:	
Frank F Harrison CA	Address: Beechdale Centre, Stephenson Square, Bloxwich, Walsall WS2 7DY Telephone: 01922 746967 Website: ffhca.org.uk
Moxley People Centre	Address: 3 Queen St, Moxley, Wednesbury WS10 8TA Telephone: 01902 496378 Website: moxleypeoplescentre.org.uk
Manor Farm Community Association	Address: King George Crescent, Walsall WS4 1EU Telephone: 01922 614316 Website: manorfarmca.com
Ryecroft Community Hub	Address: 28 New Forest Rd, Walsall WS3 1TR Telephone: 01922 626693 Website: sites.google.com/a/ryecroftnrc.org/hub3
Willenhall CHART	Address: 19 Gomer St, Willenhall WV13 2NS Telephone: 01922 368199 Website: willenhallchart.co.uk
Pelsall Community Association	Address: Station Road, Pelsall, Walsall WS3 4BQ Telephone: 01922 682156 Website: www.pelsallcommunitycentre.co.uk
Darlaston All Active	Address: Darlaston Town Hall, Victoria Road, Darlaston, WS10 8AA Telephone: 0121 5686 144 Website: darlastonallactive.co.uk/contact-us
Brownhills Community Association	Address: Chester Road North, Brownhills, WS8 7JS Telephone: 01543 452119 Website: www.brownhillscsa.org.uk
Nash Dom CIC	Address: Sun Street, Palfrey, Walsall WS1 4AL Telephone: 01922 616444 Website: nashdomcic.org
The Mindkind Project	Address: 10 Proffitt Street, Walsall, WS2 8AZ Telephone: 07709 709403 Website: themindkindprojects.com

Walsall Family Hub Launch events

In July 2023, 199 families joined us across the 4 Family Hubs to celebrate the official opening's and where we shared with families what the hubs were able to offer and how they could help share the future:

- A welcoming, safe, local space where you can go for advice and support
- Access to a range of services including;
 - Walsall Early Help Team
 - Early Help Volunteers
 - Parenting Team
 - Young Carers Team
 - Walsall Housing Group
 - Infant Feeding Team
 - Health in pregnancy team
 - Speech Therapy
 - Speech and Language
 - Walsall Works
 - Health Visiting
 - School Nurse
 - Police
 - Maternity Services
 - Public Health
 - 234 Funding / Childcare
 - Holiday activity and Food Programme
 - POP (Positive Outcomes Project)
 - Walsall SENDIASS
 - Manor Farm
 - Walsall Connected
 - SEND
 - Short break
 - HIPS team
 - Asthma nurses



- There was time to have fun with a range of activities for children and young people, including:
 - Story sessions
 - Messy play
 - Creative activities
 - Outside play
 - Face painting
 - Bouncy castle / soft play
 - A bag to take away for all under 5's

All structured activities were based around the LSSP (look, say sing, play) evidenced based programme from the NSPCC which supports baby/child bonding with their parent and brain development using the 5 senses. Each family were also given a free goodie bag for all under 5s which included key information and tip sheets on development, useful local services, free early learning, feeding set, dental pack, books, and bookmarks (donated by Black Country Reads).



North Locality Family Hub

We launched our North Hub on Saturday 1st July. The session ran from 10am – 2pm.

Over the day we engaged with;



12 Services



156 Children



10 Fathers



80 Families



84 were aged 5 and under

West Locality Hub

We launched our West Hub on Saturday 8th July. The session ran from 10am – 2pm.

Over the day we engaged with;



11 Partners



52 Children



5 Fathers



29 Families



25 were aged 5 and under

East Walsall family Hub

We launched our East Hub on Saturday 15th July. The session ran from 10am – 2pm. East building at silver court will be due to open August 2023. Over the day we engaged with;



11 Services



63 Children



9 Fathers



36 Families



29 were aged 5 and under

South and Central Walsall family Hub

We launched our South and Central Hub on Saturday 15th July. The session ran from 10am – 2pm.

Over the day we engaged with;



12 Services



89 Children



5 Fathers



54 Families



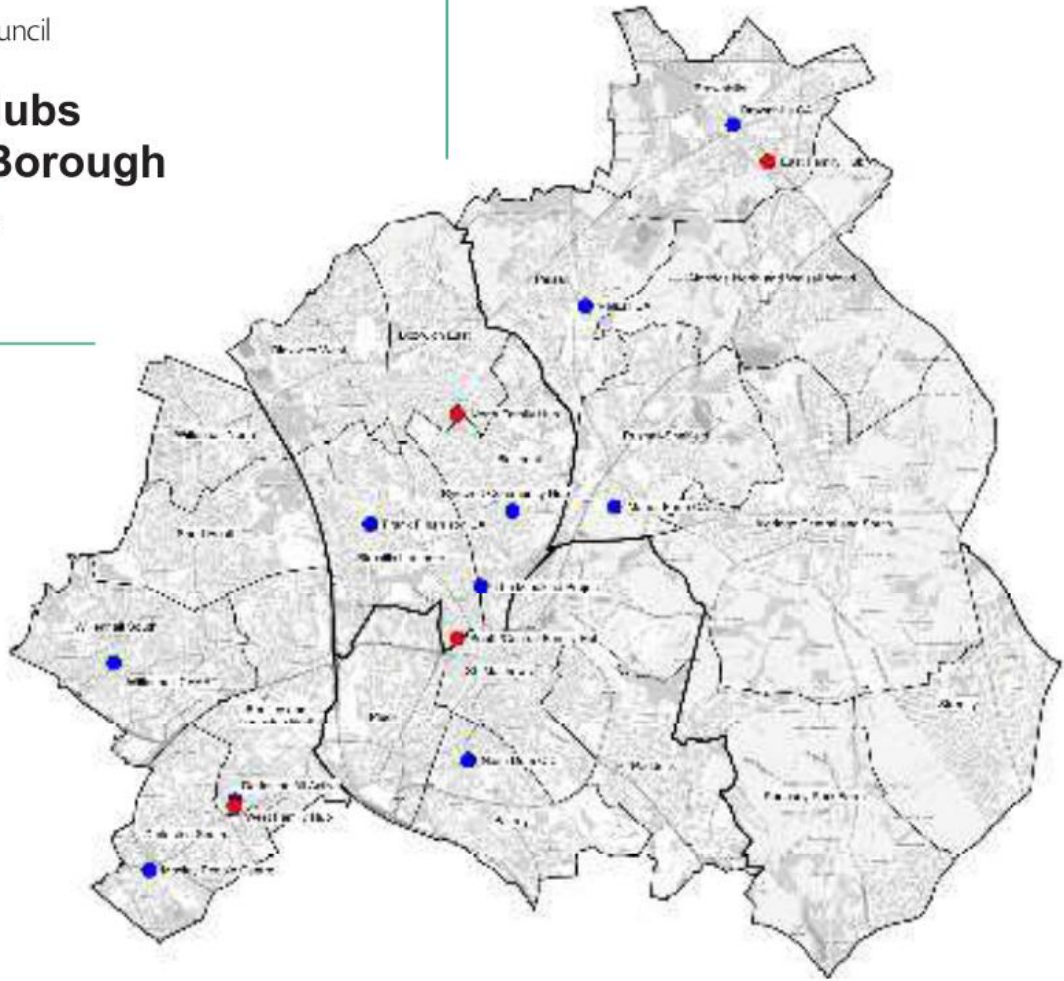
29 were aged 5 and under



Walsall Council

Family Hubs Walsall Borough

- Family Hubs
- Family Hubs Spokes
- Localities
- Wards



Walsall Council

Family Hubs North Locality

- Family Hubs
- Family Hubs Spokes
- Localities
- Wards



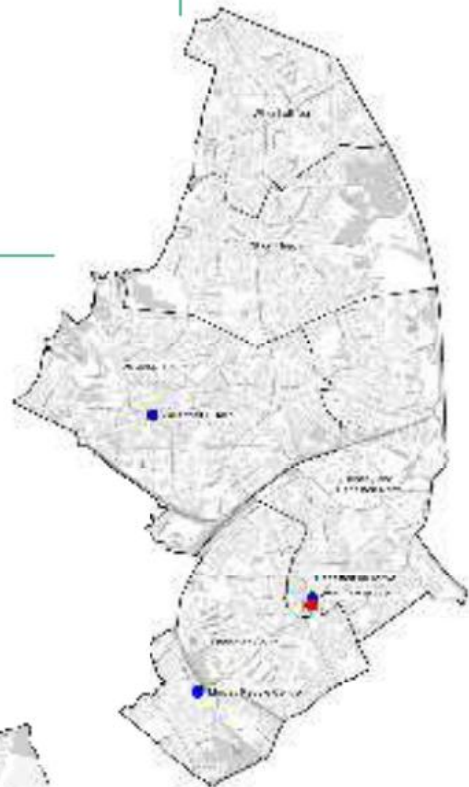
Map data provided by Ordnance Survey. All rights reserved. The National Grid Reference is TQ 30 10. The map is for information only and does not constitute a contract. The map is not to be used for navigation. The map is not to be used for any other purpose. The map is not to be used for any other purpose. The map is not to be used for any other purpose.



Walsall Council

Family Hubs West Locality

- Family Hubs
- Family Hubs Spokes
- ▭ Localities
- ▭ Wards



Walsall Council

Family Hubs South Locality

- Family Hubs
- Family Hubs Spokes
- ▭ Localities
- ▭ Wards



Walsall Council

Family Hubs East Locality

- Family Hubs
- Family Hubs Spokes
- ▭ Localities
- ▭ Wards



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What's Next?

Walsall Directory

Walsall Family hubs are building a directory, a central place for families to access information on Walsall services and activities available to parents and children from the age of 0 – 19 through a form. We currently have over 60 entries and will continue to promote to the community.

In the meantime, we are promoting services through Facebook: Walsall Families in the Know

Apps

In Walsall we have commissioned the below apps;

Easy Peasy App (EasyPeasy is a smartphone app for parents of preschool aged children. It is designed to improve early child development through increasing positive parent-child interactions and learning at home. The app sends regular game ideas to parents that they can play with their children, combined with information on child development. The design of the app applies behavioural insights to help seed positive habits of play and interaction at home by sending tailored prompts, encouragement, and reminders to parents)

Baby Buddy App (Best Beginnings' free, advert free multi-award-winning, interactive pregnancy and parenting app, Baby Buddy, has been created to support parents, co-parents and caregivers, and to augment and enrich the work of frontline practitioners. Baby Buddy provides trusted, evidence-based information and self-care tools, based on the latest research and is endorsed by eight royal colleges, including the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists. Baby Buddy is the first parenting app to provide daily content for fathers and other non-birthing parents)

DadPad (Dadpad is commissioned by Walsall Public Health Services and produced as an app and also written information aimed at engaging and supporting new fathers as they make the transition to parenthood. Through a supply of guides (DadPad) and digital application (DadPad app) new and prospective dads will understand how to access local support as well as be provided with national information specifically aimed at fathers eg safe sleep, how to cope if their baby cries, building a relationship with their baby. This supports perinatal services in engaging and upskilling new fathers in readiness for the postnatal period, and build familial relationships to help new babies thrive and co-parental relationships develop with their babies needs in mind. In Walsall it will be taken forward mainly through the Health in Pregnancy Service who aim to reach 15,000 men over 4 years)

Infant Feeding

In August, as part of the world breastfeeding week, we held the first of many infant feeding support groups held, where the Walsall Infant Feeding team are available to offer feeding support.

Tuesday 1 August, South and Central Locality Hub, Birchills St, WS2 8NG

Wednesday 2 August, West Locality Hub, Ilmington House, Crescent Rd, WS10 8AE

Thursday 3 August, North Locality Hub, Blakenall Heath, WS3 1HJ

Monday 7 August, East Locality Hub, 13 Silver Court, Brownhills, WS8 6HA

In addition, Family Hubs will be working towards becoming UNICEF Baby Friendly and will continue to work with the Walsall Infant Feeding Team to support families with their feeding journey in Walsall and provide regular support groups.

It was great to welcome 7 new mother's to the support groups, feedback received was really positive with all asking to be included in future communications, One of the mothers who attended our sessions have now signed up to be a parent champion.

“I am really grateful for the support I have received today, I feel more confident in feeding my baby now”



Immunisations

The NHS Black Country Integrated Care Board pop up clinic held one of the first clinics at our South and Central Family Hub on the 1st August 2023, with the next planned for the 14th October 2023 and 25th November 2023 between 9am and 1pm. www.blackcountry.icb.nhs.uk/vaccinations

The clinics will be held across all Family Hubs and Community Spokes.

Services available within the Family Hub from September 2023

- Speech and Language assessments and clinics
- Health visitor assessments and clinics
- School nursing assessments and support
- Talking therapies
- Perinatal
- Health in Pregnancy
- Asthma nurses
- Targeted stay and plays
- Saturday groups and sessions
- Fathers support

Planned support that will be available for families:

- Infant feeding - in order to support all parents our Family Support Practitioners are being trained
- Special Education Needs & Disabilities (SEND) and Shortbreaks will be joining the Family Hubs shortly
- Teen bowel and bladder support, our School Nurses are pulling together a programme of support groups following parents/carers requests



Community links:

- Partnership developing with local mosque (joining in with their fun day 13th August),
- Local Pride event 26.08.23
- Buggy Walks delivered by Healthy Spaces

As a result of the Family Hub launches and parent consultation we have identified a need for universal sessions within the community from September we will be offering:

- Universal Stay and Plays based around activities at home on a budget & sensory play
- Universal Fathers groups
- Universal Parenting groups
- Breast Feeding groups
- Weaning and Feeding support groups



Scan here

Health and Wellbeing Board

September 2023

Health Protection Annual Report

For Assurance

1. Purpose

To provide the Health and Wellbeing Board with oversight of the work to protect the health of the population from infectious diseases, screening for cancers, monitoring vaccination programmes, and responding to health emergencies.

This annual report details the situation with respect to key health protection issues, and the work being done to address them. This report covers the period from 1st April 2022 to 31st March 2023.

2. Recommendations

- 2.1 That the Health and Wellbeing Board note the annual report for health protection for 2022/23.
- 2.2 That the Board take any opportunities for collaboration on joint issues.

3. Report detail

- 3.1 The health protection work programme aims to ensure that every person, irrespective of their circumstances, is protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health.
- 3.2 This is done by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.
- 3.3 The annual health protection assurance report April 22 – March 23 provides an overview of the status of health protection priorities. It presents key achievements of 2022/23 in the following areas:
 - Infection prevention and control
 - Immunisation
 - Tuberculosis
 - Emergency planning and response
 - Sexually transmitted infections
 - Population screening programmes
 - Environmental health
 - Antimicrobial resistance

- 3.4 The management of the transition to living with COVID-19 and implementing the 'Living safely with respiratory infections, including COVID-19' national policy was a key priority area in 2022/23. The changes in national guidance made available more capacity to focus on health protection priority areas that were deprioritised during the pandemic.
- 3.5 Some of the key health protection challenges during 202/23 are as follows:
- Childhood immunisation uptake rates have not recovered over 2022/23, following the pandemic.
 - Sexually transmitted infections: the rate of new sexually transmitted infections (STIs) diagnosed among residents of Walsall in 2021 was 442 per 100,000 residents, lower than the rate of 551 per 100,000 in England, and similar to the average of 446 per 100,000 among regional local authorities. We know that testing rates have reduced which may account for this, but also unfortunately we are seeing syphilis rates rise.
 - Tuberculosis (TB): There was a slight increase in the 3-year incidence rate in the latest period (2019-21) (new cases per 100,000 population). Walsall has higher rates of TB than the national average but lower than the regional average.
- 3.6 These are the health protection priorities that will be addressed in the coming year in our work plan:
- Redesign of Integrated Sexual Health services, implementation of the findings of the independent review of service provision. Undertaking work to reduce sexually transmitted infections.
 - Immunisations – improve the uptake of all immunisations, particularly MMR, and reduce inequalities in the uptake of immunisations
 - Tackling Tuberculosis (TB) by improving awareness to increase screening and treatment, specifically to reduce inequalities in under-served populations.
 - Emergency preparedness response and resilience by developing and testing plans for public health emergencies and incidents and ensuring these are in line with local NHS and partner plans.
 - Air pollution and health – develop an Air Quality Strategy and Alliance.
- 3.7 Other areas of work will also be taken forward in 2023/24:
- Ensure a cohesive, proactive, and responsive infection prevention and control system that can respond to incidents and outbreaks in the borough.
 - Tackling Antibiotic Resistance by leading partnership action to improve the appropriate use of antibiotics.
 - Addressing inequalities in the uptake of cancer screening in Walsall, and work to catch-up with the programme delayed by the pandemic
 - Realign inspections with the Food Law Code of Practice (the Code) and to 'catch up' on backlogs of lower risk premises created by the pandemic

4. Implications for Joint Working arrangements:

- 4.1 To address health protection challenges across Walsall, it is vital to work as part of a wider strategic system, which considers the social and other determinants of health and wellbeing.
- 4.2 The Health Protection Forum provides strategic leadership and is accountable to the HWBB for delivering the Health Protection Strategy and work plan.
- 4.3 The key partner organisations responsible for delivering health protection are the UKHSA, NHS England, the Black Country ICS, Walsall Healthcare Trust, and Walsall Council Public Health.
- 4.4 A Memorandum of Understanding is being developed to define roles and responsibilities of these key organisations in the event of a health protection incident or outbreak.

5. Health and Wellbeing Priorities:

- 5.1 The work programme for Health Protection supports the following Council priority “people are supported to maintain and improve their health, wellbeing and quality of life”.
- 5.2 The work programme for Health Protection supports the priorities of the Health and Wellbeing Strategy, specifically in relation to children and young people and contributes to the reduction of health inequalities, particularly in the uptake of immunisation and screening. In addition, tuberculosis and sexually transmitted infections are more likely to impact vulnerable communities more severely.
- 5.3 Safeguarding: There are no adverse implications on safeguarding but will rather improve the safeguarding of vulnerable residents of care settings through infection prevention and control audits.

Background papers

The overview detailed above relates to the Health Protection Annual Report for 2022/23 which is attached.

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Walsall Health Protection Annual Report

2022-23



Walsall Council



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Acknowledgements

A huge thank you to all members of the Walsall Health Protection Forum and programme leads, all of whom have continued to support both essential health protection delivery as well as supporting the Walsall community through COVID-19 response.

Foreword

The Walsall Health Protection Forum brings together partners from across the Borough to report on health protection planning and outcomes. The Forum continues to monitor emerging issues so that they can be addressed; ensuring the health of Walsall residents continues to be protected.

This annual report details the functions and activities of Walsall's Health Protection Forum and wider support system. It aims to display the splendid work that is ongoing in the borough, and to provide assurance to the Health and Wellbeing Board that the health of Walsall residents is being protected. The report presents the current situation and analysis of health protection issues in Walsall during 2022/23 and identifies future actions.

The report provides an overview of the Health Protection priorities focusing on protecting the residents of Walsall including infectious diseases, environmental hazards, and other threats to health.

I am incredibly proud of the collaboration of the health protection system and local communities in protecting the health and wellbeing of the citizens of Walsall.

Highlights of 2022 – 2023

- Continuing to support the management of health protection risks in Walsall, including Streptococcal Infections, mpox, flu, COVID etc.
- Improvement in the management of complex cases of TB in Walsall
- Review of sexual health services and Pre-Exposure Prophylaxis (PrEP) provision in Walsall
- Work undertaken to improve immunisation uptake in children, particularly MMR
- Refresh of outbreak management plans for Walsall.

Walsall Council Public Health: Health Protection Team

Overview

The Public Health, The Health Protection Team are part of the Adult Social Care Directorate within Walsall Council.

Their role contributes to the delivery of the outcomes within the health protection strategy. The service is led by Public Health Consultant (Health Protection) and their role is to ensure strong and robust Health Protection system leadership with effective outbreak management processes to monitor disease, prevent harm and protect the health of the population of Walsall.

The team works in close partnership with a range of key partners such as the UK Health Security Agency, Environmental Health, Emergency Planning, NHS screening, vaccination and immunisation teams and the NHS England public health commissioning team.

Key Achievements

- Provided Health Protection assurance and leadership to the wider system.
- Developed new surveillance and reporting systems and processes to review trends in data, and monitor outbreaks.
- Immunisations – improved the uptake of all immunisations, particularly MMR, and reduced inequalities in the uptake of immunisations.
- TB – reduce delays in the presentation and diagnosis of TB and improve the management of complex cases of TB.
- Infection Prevention and Control (IPC) strategic development to bring the many streams of work together as a system (HCAI/ AMR / primary, community and secondary care).
- Worked as a local system to reduce Sexually Transmitted Infections, and delays in the diagnosis of HIV.

Key Priorities for 2023/2024

- Ensure a **cohesive, proactive and responsive infection prevention and control system** that is able to respond to incidents and outbreaks in the borough.
- **Tackling Antibiotic Resistance** by leading partnership action to improve the appropriate use of antibiotics.
- **Tackling Tuberculosis (TB)** by improving awareness to increase screening and treatment, and specifically to reduce inequalities in under-served populations.
- **Ensure robust emergency preparedness, response and resilience** by developing and testing plans for public health emergencies and incidents and ensuring these are in line **with local NHS and partner plans**.
- **Air pollution and health** to develop an Air Quality Strategy and Alliance.

Case summary

The health protection team routinely respond to outbreaks and incidents. Below are two case summaries of the work the team have been involved with.

Case 1

Scabies outbreak in hotel

Background

In January 2023, Walsall Council health protection team (HPT) received notification from the ICB that there was a Scabies outbreak in a Walsall hotel. The investigation by the HPT revealed over two hundred individuals were infected, who could infect others they come into close contact with.

This was an important public health issue as the hotel residents (asylum seekers who had recently entered England) required mass treatment. Many of the residents were particularly vulnerable to complications of scabies, including other bacterial infections or the impact on their wellbeing.

The approach

Walsall HPT visited the site in collaboration with BCICB to conduct a detailed infection control risk assessment. Following this visit, HPT took responsibility for outbreak management and coordinating the outbreak response, including developing a multi-agency action plan. This included: a step-by-step deep cleaning guide and a day-by-day guide to environmental cleaning and laundry throughout the treatment process organised by BCICB.

Collaboration

A multi stakeholder approach ensured activities within the borough were joined up. Through the Incident Management Team (IMT), Scabies treatment, Diphtheria vaccination and prophylaxis, TB treatment for symptomatic individuals were delivered. The IMT also facilitated GP access for all residents of the migrant hotel.

The challenges

Challenges included a multi-language barrier as there were over four native languages of those residents who required treatment. The Refugee and Migrant Centre (RMC) were contacted to complete teaching sessions for residents on how to apply the medication and cleaning their surroundings. To overcome the challenge of migrants not being registered with a GP, the ICB pharmacy team secured mass treatment.

The outcome/feedback & impact

All residents received treatment and staff were able to follow the guides provided to ensure a complete mass environmental cleaning. The hotel has had a second outbreak which has been managed efficiently due to previous guides/ resources for outbreak management.

The incident highlighted the complex healthcare needs of this population, the lack of GP registration limited access to health care services and the need for collaborative working amongst various agencies and organisations.

Case 2

Streptococcal Infections

Introduction:

Streptococcus pyogenes, commonly referred to as Strep A, is a bacterium responsible for a range of infections, from mild throat infections to severe invasive diseases. In this case study, we will explore the role of the Walsall Health Protection Team in managing a Strep A outbreak and mitigating its potential impact on the community. We saw a surge in Strep A cases during winter (Dec 2022) in various schools, day-care centres, and nurseries.

The approach: Collaboration and Communication

The Walsall HPT have an on-call phone and email for head teachers, managers etc. They would call to inform us of cases and call in regard to infection prevention and control measures. The duty officer would answer these calls with Infection Prevention and Control (IPC) advice.

In addition, to curb the spread of Strep A, the health protection team launched extensive educational campaigns. They disseminated information to schools, parents, and the wider community about Strep A transmission, symptoms, preventive measures, and the importance of prompt treatment. This effort empowered individuals to recognise the signs of infection and take necessary precautions.

The Walsall Health Protection Team worked closely with local healthcare providers, schools, and relevant stakeholders to facilitate open lines of communication, ensure timely reporting of cases, exchange vital information, and ensure effective implementation of control measures.

Outcome/feedback

Head teachers were grateful for IPC advice and for the Strep A letter provided as it was able to put parents at ease.

Lessons learned

Proactive communication with head teachers and parents about winter illnesses provides reassurance, allays anxiety, and supports effective management.

Ongoing impact and legacy of COVID -19

COVID-19 response in 2022/2023

Over the past year, the Walsall Health protection team (HPT) has continued to provide bespoke COVID-19 IPC guidance and has responded to 1650 enquiries through our public health on call service. We have continued to support schools, the care sector, and communities at large.

The COVID-19 on-call team responded to outbreak management from the omicron variant in spring 2022 and updated care home providers and the education sector in changes of national guidance. The on-call system remains available for any inquiries regarding COVID-19 concerns and infection control advice.

The HPT facilitated the identification of seldom-heard communities during the COVID-19 immunisation programme and worked closely with the ICB in rolling out roving clinics and pop-up vaccination clinics. These clinics are currently ongoing and covering eligible cohorts for spring boosters.

Contribution to COVID-19 Vaccination Programme

Saddlers Centre

With almost 246,000 COVID-19 vaccinations delivered, Walsall's Saddlers Vaccination Centre closed on 30 August 2022. Read more on the **Vaccination centre's final day** on the Walsall Healthcare NHS Trusts website.

Outreach engagement



Different outreach models have been used to ensure communities have good access to the COVID-19 vaccine. The ICB and Walsall HPT set up the Vaccination bus in collaboration, delivering over 1263 vaccines between December 2022 – May 2023.

Central Health, Public Health and NHS colleagues worked collaboratively to deliver vaccines in accessible local settings such as local Mosques, community centres and supermarkets to offer the vaccine to target communities including homeless people, refugees and asylum seekers.

Infection prevention and control (IPC) in the community

Achievements in 2022/2023

Nursing and Residential Care Homes

In the previous year, 2021/2022, due to the COVID-19 pandemic, care homes had undergone self-audits. In the year 2022/2023, we have undertaken in-person IPC annual verification audit, service improvement and assurance visits to all sixty-one care homes on the database.

Audits

- The Walsall care home audit tool has been updated to reflect the newest Infection Prevention Society IPC standards and cleaning guidelines. This tool has been shared with our Black Country LA colleagues, so we have a systemwide IPC audit tool.
- The HPT have a risk rating system in place and share reports and RAG ratings with relevant multi-disciplinary teams such as the quality in care team, The ICB and Walsall Healthcare Trust.
- Supportive unannounced IPC visits are being conducted in the care homes with prolonged outbreaks or referred IPC concerns reported by trusted stakeholders.
- The Care Home App is currently being developed for use for care homes to carry out self-audits and view results and reports of verified IPC audits in real time.

Training and development

- Care home workbooks and resources have been delivered to all Nursing and Residential homes as part of their ongoing IPC training. This includes quarterly IPC Link worker study sessions which have been delivered quarterly including: standard precautions, outbreak management, winter illnesses, heatwave and hydration management, catheter acquired urinary tract infections (CAUTI)/urinary tract infections (UTI's), implementation of cleaning standards.

Outbreaks and Incident response

- The HPT continue to support Nursing and Residential homes with outbreak management through the on-call system.
- The team responded to nineteen outbreaks of seasonal flu in residential care settings over the winter season.

Care homes (Oct 2022 to May 2023)

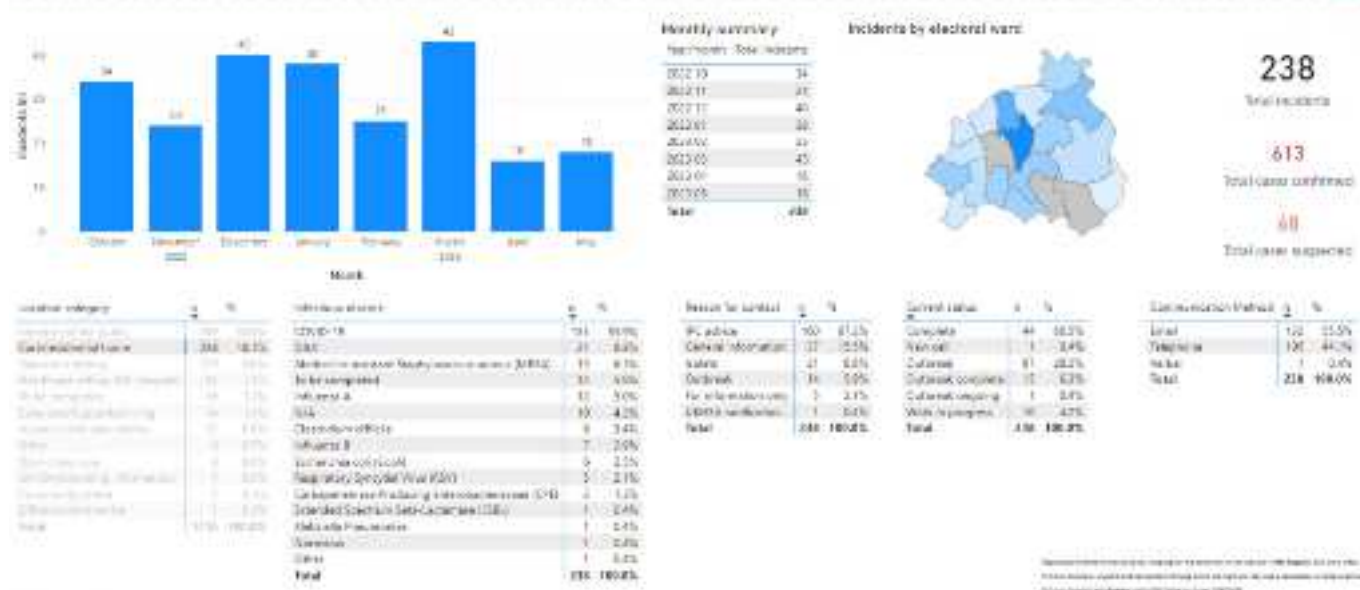


Figure 1. Incidents of infectious diseases in Care Homes

Domiciliary Care

- The IPC team continue to provide the domiciliary sector with IPC guidance through the provider meetings. Here we answer questions around COVID-19 guidance as well as any IPC questions and concerns.
- Domiciliary care providers are included in the IPC link worker training sessions delivered by the health protection teams.
- Bespoke IPC training materials are provided for the domiciliary care sector.

Education settings

The health protection team has built relationships with our education sector colleagues, head teachers and parents.

Bespoke infection control guidance and outbreak management measures have been offered to the schools through the on-call service.



Link worker training

Improving infection control practices in care homes through IPC link worker training

Background

Walsall council health protection team (HPT) provides technical support to sixty-two care homes across the Borough. The Walsall HPT aims to empower IPC link workers to increase their knowledge and awareness of standards of infection prevention and control, improve practice, share knowledge and skills gained, conduct risk assessment and prevent/manage outbreaks of infectious diseases in their respective care homes. Variation in infection prevention and control practices suggested that consideration be given to ensure that the settings are continuously supported to provide safe care.

The Approach

The team provides quarterly training sessions which cover a wide range of topics. Training needs are assessed frequently by the team, through concerns raised by our partners and other topics identified during the annual audits conducted by the team. Each setting is mandated to have at least one IPC link worker who attends the training sessions organised by the Walsall HPT.

During the pandemic, training sessions were held virtually in-person training resumed in the autumn of 2022.

Collaboration

The training sessions are jointly delivered with the Commissioning team, Quality in Care Team (QICT), and the ICB.

The Challenges

Only a third of the care home link workers attend the training sessions. This has been addressed with managers and it is emphasised as a part of the care home contract.

The Outcome/Feedback & Impact

- Improved confidence and greater understanding of standards of infection prevention and control and being able to challenge practice
- Useful sessions for link workers to network and share experience of IPC practice
- An improved care experience for residents (via feedback)
- Improved Infection prevention and control practice seen through audits
- Significant increase in the level of engagement and communication with link workers & care home managers
- Improved awareness and management of outbreaks

Lessons Learned/Tips For Future Plans

Link workers evaluate the training sessions, and we take on feedback to further improve the service.

Priorities for 2023/2024

- IPC quality improvement and assurance visits for 2023/2024 began on 10.03.2023 with intention to visit all care homes. Prioritisation has been based on the past year's RAG rating and priority is given to new care homes as well.
- Special schools to be visited this year as this was not completed in the previous year.
- To roll out the IPC audit app which will ensure efficiency of work for the team as well as the providers. Pilot is expected by September 2023.
- Continue the quarterly face-to-face link worker training sessions, there has been positive feedback and engagement.
- Domiciliary care audits will be rolled out this year.
- Following up on the AMR catheter work and survey conducted, to action the recommendations and get it embedded in practise by the care homes.
- HPT leads are assigned to particular localities and will have oversight of IPC practices in those localities.

Antimicrobial Resistance and Stewardship AMR / AMS

Overview

Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses, and fungi. The government has an Antimicrobial Resistance Strategy and Antimicrobial Resistance is on the Department of Health and Social Care's risk register.

AMS within secondary care is addressed in the 2022/23 IPC annual report for Walsall Health Trust.

Walsall Place Medicines Optimisation team(within the Black Country ICB), are supporting all GP practices to reduce inappropriate prescribing of antibiotics, promote self-care and safety netting using TARGET resources with the aim of a reduction in the total volume of antibacterial items towards or below the NHSE target. Practices have identified an Antimicrobial Stewardship (AMS) Lead who is be responsible for driving change within the practice.

An AMS event was held to better understand the consequences of antimicrobial resistance, the role everyone has in contributing to and addressing AMR, how to use the TARGET toolkit to support prescribing, shorter duration of antibiotic treatment, and the use of delayed prescriptions.

Key Achievements in 2022/23

Anti-microbial stewardship: Improving Catheter Management in Residential and Nursing Homes in Walsall

Aim:

Reducing the need for antibiotics is crucial in addressing the global threat of antimicrobial resistance (AMR). Catheter-associated urinary tract infections (CAUTIs) are one of the most frequent device-related infections that, importantly, could be prevented and reduce the need for antibiotic use.

Urinary catheters are used extensively in care homes for a range of acute and chronic conditions. NHS guidelines clearly specify valid reasons for catheterisation, when other less invasive interventions have been exhausted.

To inform the development of Walsall's AMR and stewardship strategy, Public Health surveyed care homes to determine the understanding and implementation of these guidelines in care settings.

Methods:

Walsall Public Health designed a survey based on recommendations from the NHS and infection prevention society (IPS) pertaining to urinary catheter indications and care, and infection prevention and control guidelines, and to understand the quality of catheter care practices in care homes in Walsall. The survey was sent electronically to the managers of all 61 Care Quality Commission (CQC) care homes in Walsall between March and June 2022.

Results:

Our study found significant variation amongst care settings in the understanding of the valid reasons for catheterisation, training on catheter insertion, completion of appropriate documentation and access to equipment such as bladder scanners, which are essential to effective catheter insertion. The findings of this study have been used to formulate key priorities for local action including contract management, increasing access to resources, and training. We have also escalated the findings of the review to regional and national bodies.

Conclusion:

The recommendations of this audit have engendered contractual and operational changes locally, aimed at improving catheter management in care homes. This will reduce the incidence of infections requiring antibiotic treatment, and therefore is a key contribution to the local anti-microbial resistance and stewardship strategy.

Walsall Healthcare Trust - Infection Prevention and control

Overview

Infection prevention and control is a top priority for Walsall Healthcare NHS Trust. Keeping our patients safe from avoidable harm is everyone's responsibility. In this summary, we document we set out our programme for the year to keep our patients, staff and the public informed of our planned activity at Walsall Healthcare.

Each year the Infection Prevention & Control Team undertakes a review of the Trust's compliance with the Health & Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (2022). The team's aim is to provide an infection prevention & control service that supports our clinical teams to deliver safe care.

Health Care Acquired Infections (HCAIs)

The table below details Walsall Healthcare Trusts' total number of reportable HCAIs, to UKHSA. The threshold for MRSA is always set at zero and at present MSSA does not have a threshold set by NHSE (2022-2023).

Key:

HOHA Hospital Onset Hospital Acquired

COHA Community Onset Hospital Acquired

COCA Community Onset Community Acquired

Table 1. Walsall Healthcare Trusts' total number of reportable HCAIs

Organism	HOHA	COHA	COCA
C. difficile	41	16	23
MRSA	1	0	1
E. coli	31	28	101
Pseudomonas aeruginosa	2	4	10
Klebsiella	9	8	
MSSA			34

Key Achievements

The Trust has achieved the planned infection prevention and control activities outlined in the annual programme 2022/23 including planned audits, education sessions and undertook additional duties to support the Trust in response to the COVID-19 pandemic and other outbreaks.

- The Trust experienced one case of MRSA bacteraemia during 2022-23 against a target of zero.
- Mandatory surgical site surveillance was completed in elective orthopaedic hip and knee replacements for one quarter; no infections were identified.
- During 2022/23 the COVID-19 pandemic continued to challenge the IPC team and Trust wide services, posing additional demand in the prevention and control of infection within healthcare premises.
- Compared to 2021/22 endemic organism rates increased such as Norovirus, Influenza A and B, outbreaks and closures due to these impacted Trust wide services.
- The Trust is currently rated Green by NHS England and Improvement for Infection Prevention and Control. The Trust received very positive feedback for progress in standards of IPC which granted the green score from previous amber in 2021/2022.

Key Priorities for 2023/2024



Figure 2. Key priorities for WHT IPC

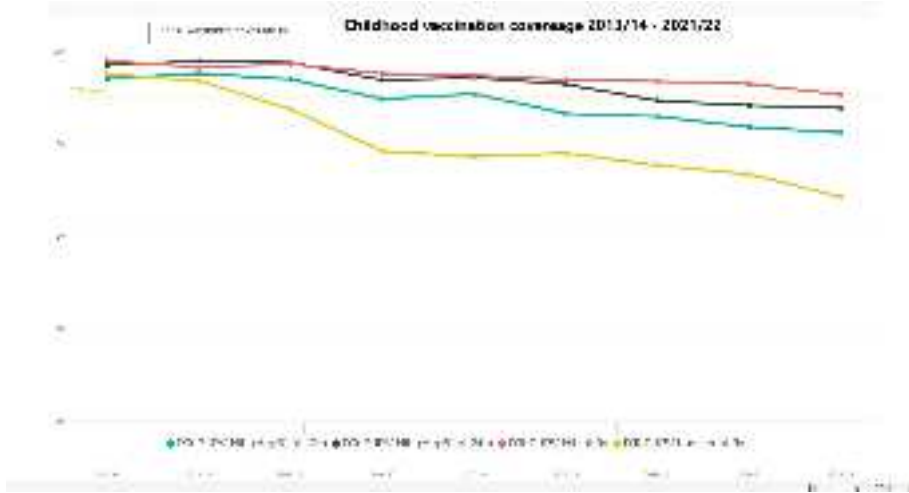
Immunisation

Overview

Childhood Immunisations

Vaccines are the most effective way to prevent infectious diseases and protect children and adults against ill health. Fig.1 shows a general decline in uptake of Diphtheria, Tetanus, Pertussis Vaccine (Dtap), Inactivated poliovirus vaccine (IPV), and Haemophilus influenzae type b (Hib) over the past decade.

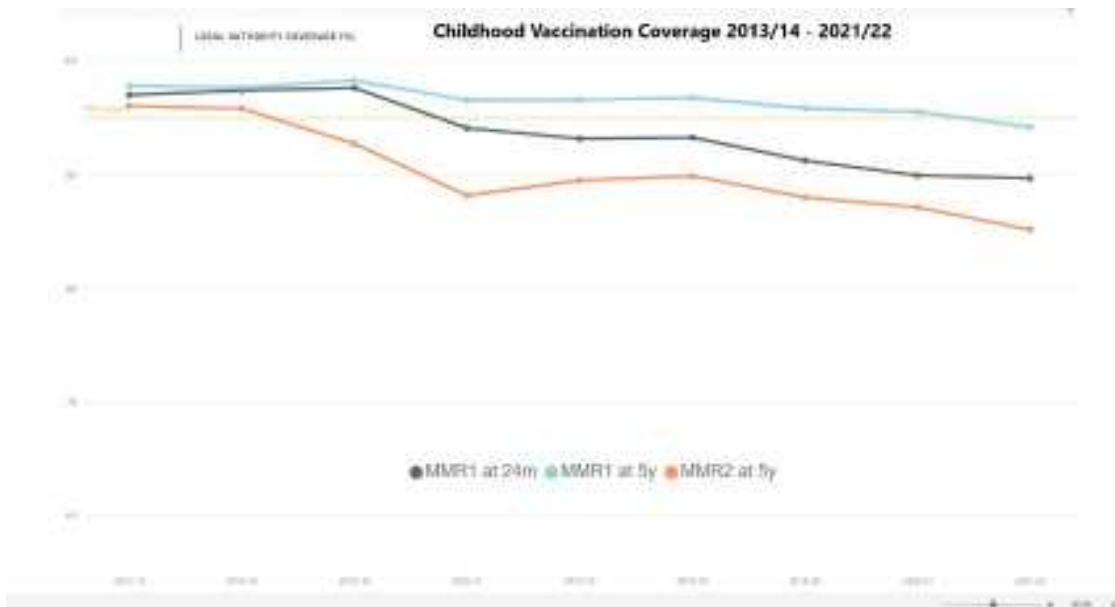
Figure 3. Trend in Dtap/IPV/Hib Vaccinations in Children in Walsall.



MMR

A similar trend of decline observed in the uptake of MMR vaccines that predates the pandemic and has not recovered post pandemic.

Figure 4. Trend in MMR Vaccination Uptake in Children in Walsall



Seasonal Influenza

During the influenza season, there was good uptake of the flu vaccine in the over sixty-fives and low uptake in pregnant women and under threes.

Figure 5. Summary of Flu vaccination in Target Groups in Walsall

%Vaccine Uptake (2022/23 Season)					
	Over 65s	Under 65 at clinical risk	All Pregnant Women	All 2 year olds	All 3 year olds
Walsall	75.6	43.2	28.6	33.5	38.5
England	79.4	48.6	34.7	41.7	44.5

School based Immunisations

Flu

The chart below shows reduced uptake of the flu vaccine in years 7 through 9 when compared with earlier years.

Figure 6. School Age Flu Vaccine Uptake

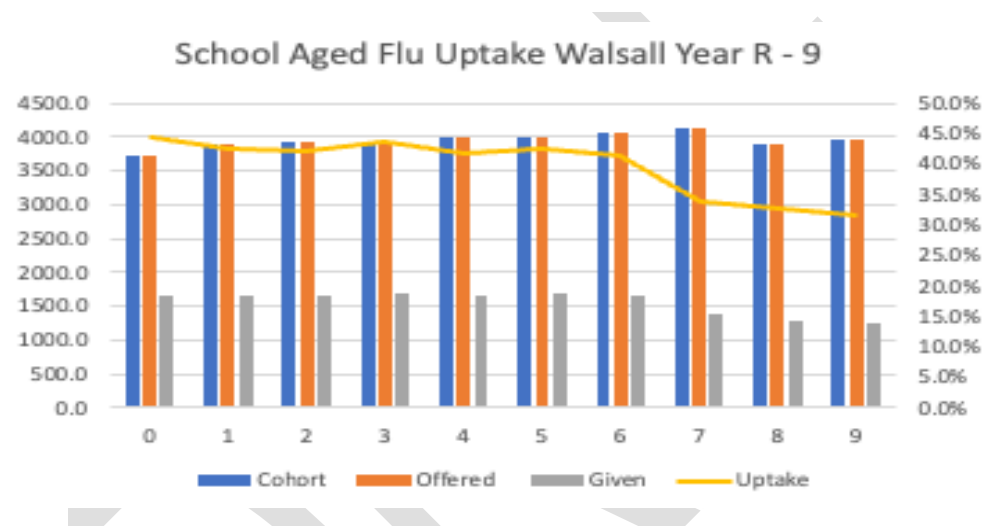
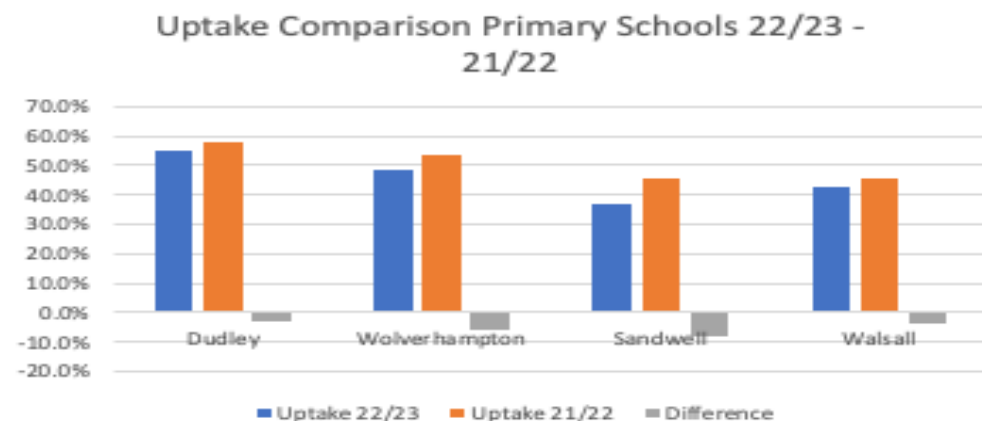
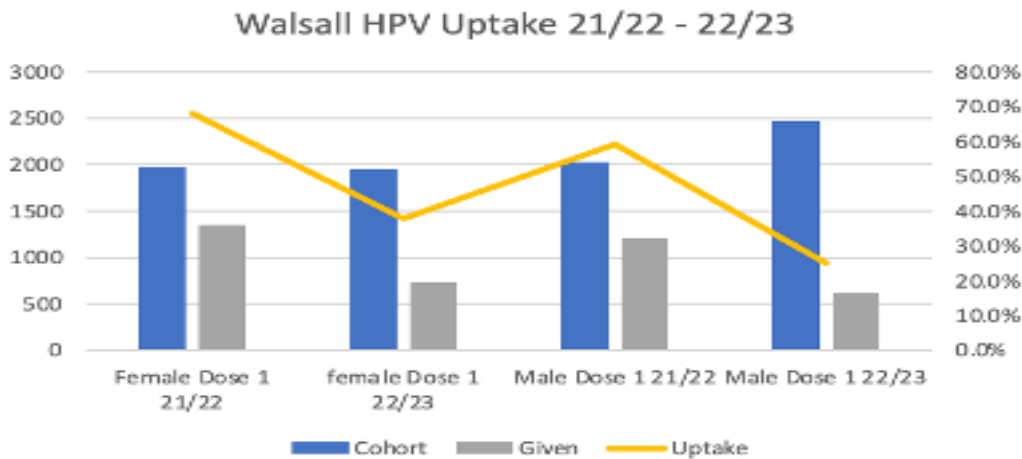


Figure 7. Comparison 21-22 and 22-23 Primary School Flu Vaccine Uptake.



HPV

Figure 8. HPV Vaccine Uptake.



Key Achievements

- The Walsall HPT is working with the Black Country ICB to develop an Immunisations framework and strategy to address health inequalities in immunisation uptake and improve overall immunisation uptake rates across the region.

Key Priorities for 2023/2024

- Increase seasonal influenza and COVID-19 booster vaccine uptake in clinical risk groups and those who support them, including health and social care workers and carers.
- Increase vaccine uptake in pregnant women and clinical risk groups, as well as school-based immunisation uptake.
- Optimise uptake of MMR vaccination in areas of deprivation and under-represented groups including the traveller community and looked after children.
- Work with NHS partners and Primary Care Networks (PCNs) to identify good practice and opportunities to improve patient access. Support individual practices to focus on increasing year-on-year uptake and recognise this achievement.

Tuberculosis and latent Tuberculosis screening

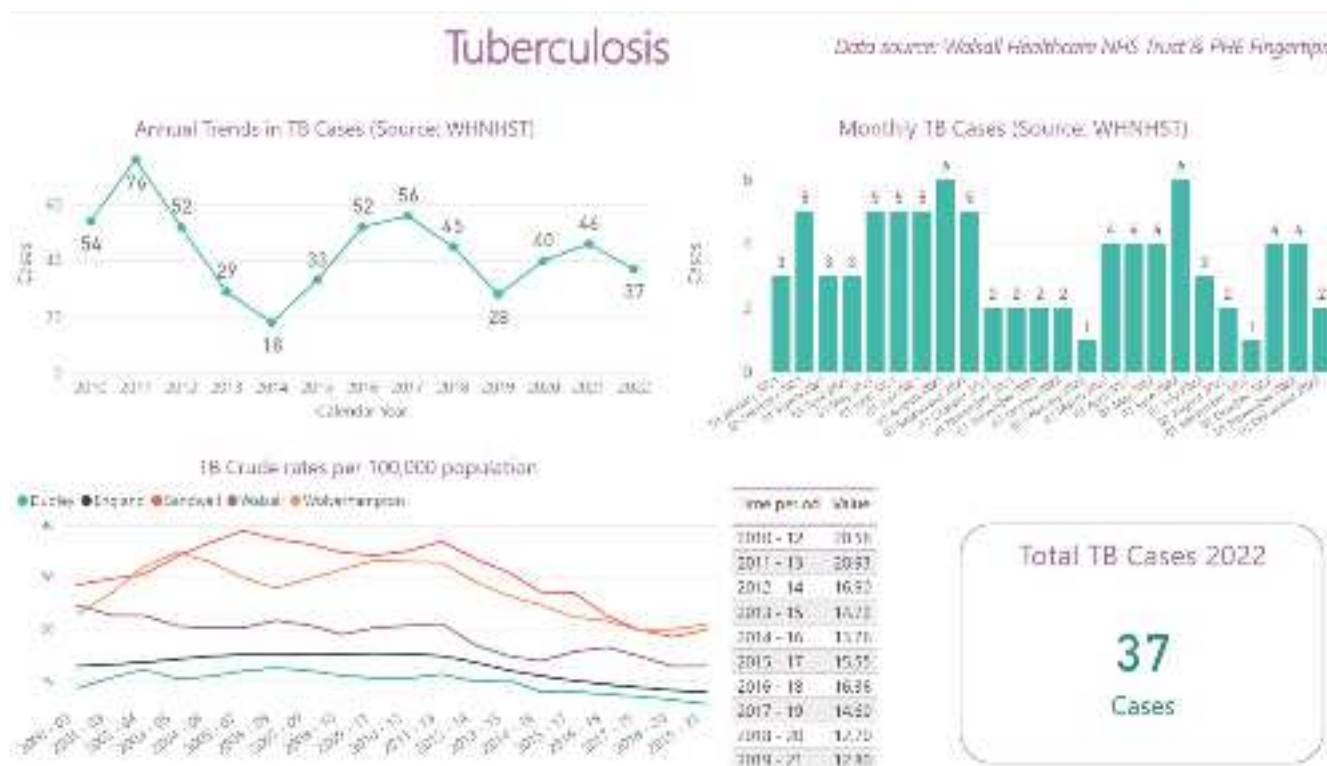
Overview

Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the sneezes or coughs of an infected person. It mainly affects the lungs, but it can affect other parts of the body. For most people, the body’s immune system kills the bacteria and there are no symptoms.

In some cases, the immune system cannot kill the bacteria but manages to prevent it spreading. The bacteria will remain; this is known as latent TB infection (LTBI). People with latent TB are not infectious to others. Treatment of latent TB is important to prevent it becoming an active infection that can spread to other people. If latent TB does become active, it can be treated with a course of antibiotics.

Latent TB screening is currently not taking place due to a lack of staff capacity in the NHS, which poses a significant risk to TB control efforts.

Figure 9. The incidence of Tuberculosis in Walsall



- In 2022 there were a total of thirty-seven active cases of TB in Walsall, ranging from 1-6 cases per month.
- There was a slight increase in the 3-year incidence rate in the latest period (2019-21), and the rate in Walsall is significantly higher than the national rate for England, but lower than our Black Country neighbours in Wolverhampton and Sandwell.

Key Achievements

- We have set up a Multidisciplinary Team (MDT) for complex cases of TB in Walsall
- We have developed a pathway for the management of people with dual diagnoses of substance misuse and TB

Key Priorities for 2023/2024

- Work to increase Latent TB screening rates. Latent TB screening has not been completed in Walsall since 2019 due to the limited capacity of the TB Team.
- Joint screening and treatment awareness raising alongside the Walsall Healthcare NHS Trust (WHT) TB team to coincide with World TB Day (24th March 2024).

Emergency planning and response

Overview

Walsall Council, through the Director of Public Health, has a statutory responsibility for the protection of the health of its population as outlined within the Health and Social Care Act 2012¹. This includes a duty to undertake emergency planning duties which include assessment, planning and advising in relation to emergencies or risks of emergencies outlined within Health Protection guidance:

“Unitary and upper tier local authorities have a new statutory duty to carry out certain aspects of the Secretary of State’s duty to take steps to protect the health of the people from England from all hazards, ranging from relatively minor outbreaks and contaminations to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.”

The Health Protection Team within the Local Authority are Category 1 Responders and therefore are expected to have plans to manage outbreaks and incidents.

It is expected that all key health organisations work in partnership to ensure that there is an appropriate response to the swift identification, management and control of outbreaks and incidents. This is achieved through a Memorandum of Understanding between partner organisations.

Key Achievements

- A Winter Preparedness Exercise was carried out to test winter preparedness across the Walsall health economy. The scenario revolved around an outbreak of influenza-like symptoms in care homes and was based on our knowledge of both COVID-19 and Flu outbreaks in high-risk settings. The exercise report and action log were taken to the Health Protection Forum to provide assurance and governance around the completion of actions.
- Production of the Health Protection and Outbreak Management Plan which provides a co-ordinated framework to enable a Health Economy-wide response to ensure swift and efficient management of an incident or outbreak. The plan provides a set of guidelines and action cards which will ensure that outbreaks of communicable disease, or chemical incidents are effectively investigated, brought under control and legal evidence gathered. The plan also ensures that, where possible, measures are taken to prevent similar incidents in the future.

Key Priorities for 2023/2024

- Production of the Adverse Weather and Health Plan which will replace the existing Heatwave and Cold Weather plans. The plan is moving from incident response and moving to an ongoing programme of work that looks at long-term adaptation actions. The new impact-based alerts will provide information on the expected impact of weather conditions with the aim of protecting individuals and communities from the health effects of adverse weather and to build community resilience.
- Develop a comprehensive system-wide pandemic plan and work with partners within the health economy to ensure that we protect the public with an integrated local response plan that is resilient, proportionate, flexible and maintainable in responding to a pandemic incident. This will involve conducting a risk assessment to identify past and potential emergency scenarios and testing the plan with internal staff / external partners to ensure they are familiar with their role and can carry out assigned responsibilities.
- Conduct multi-agency stress-test / winter preparedness exercises to identify good practice, share new ideas and identify potential gaps or issues within the planned response.

¹ *Health and Social Care Act 2012 (legislation.gov.uk)*

Sexually Transmitted Infections, STIs

Overview

As a response to the COVID-19 pandemic, the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 onwards should consider these factors, especially when comparing with data from pre-pandemic years.

- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Walsall in 2021 was 1,266. The rate was 442 per 100,000 residents, lower than the rate of 551 per 100,000 in England, and similar to the average of 446 per 100,000 among its nearest neighbours.
- Walsall ranked 61st highest out of 150 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia in those aged under 25 in 2021, with a rate of 326 per 100,000 residents, better than the rate of 394 per 100,000 for England. However, testing rates do also affect this figure, and Walsall's testing rates are significantly lower than the national average.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Walsall was 978 in 2021, worse than the rate of 1,334 for England.
- The rank for gonorrhoea diagnoses (which can be used as an indicator of local burden of STIs in general) in Walsall was 55th highest (out of 150 UTLAs/UAs) in 2021. The rate per 100,000 was 75.0, better than the rate of 90.3 in England.
- Among specialist sexual health service (SHS) patients from Walsall who were eligible to be tested for HIV, the percentage tested in 2021 was 67.3%, better than the 45.8% in England.
- The number of new HIV diagnoses in Walsall was 8 in 2021. The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2021 was 2.4, similar to the rate of 2.3 in England. The rank for HIV prevalence in Walsall was 50th highest (out of 150 UTLAs/UAs).
- In Walsall, in the three-year period between 2019 - 21, the percentage of HIV diagnoses made at a late stage of infection amongst those first diagnosed in the UK (all individuals with CD4 count \leq 350 cells/mm³ within 3 months of diagnosis) was 35.3%, similar to 43.4% in England.

Figure 10. Key sexual and reproductive health indicators in Walsall compared to the rest of England

The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average, the diamond shows the average for the West Midlands UKHSA Region.

Compared to England:

● Better ● Similar ● Worse or ● Lower ● Similar ● Higher or ○ Not compared

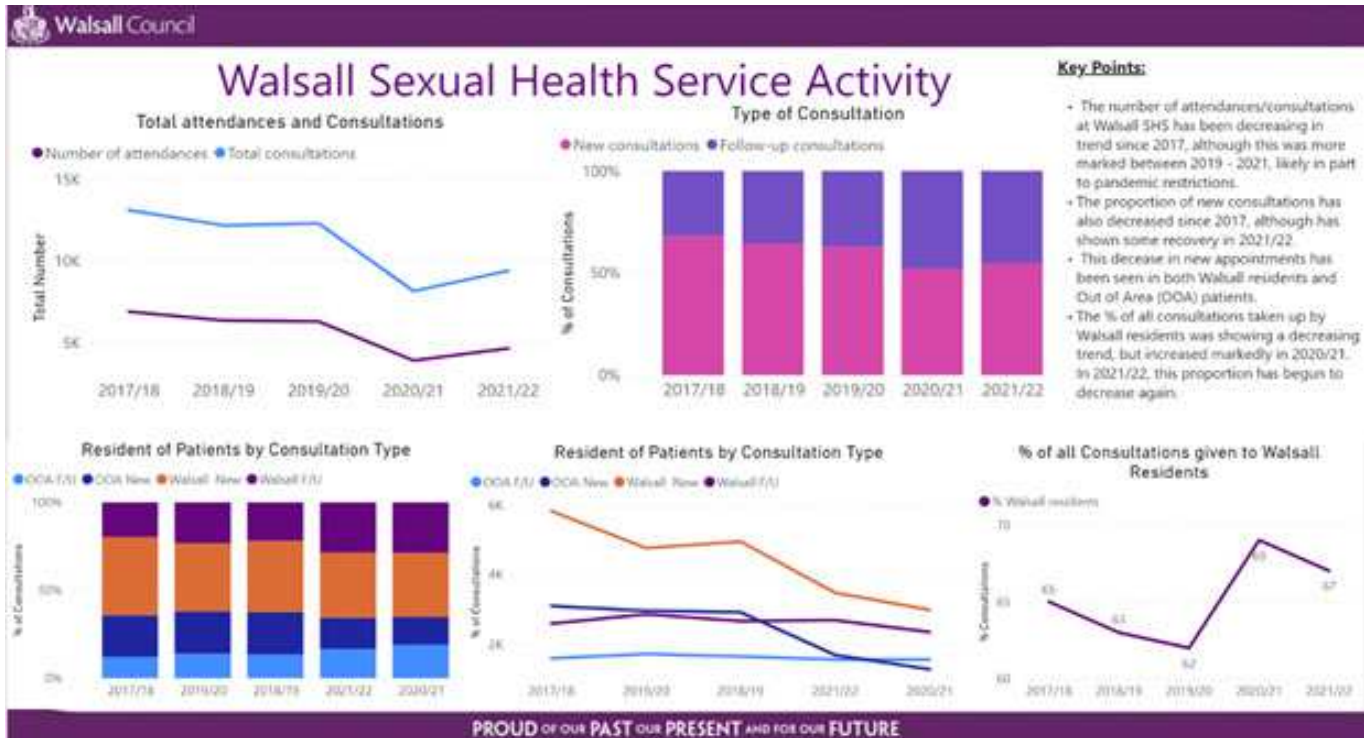
Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
New STI diagnoses (excluding chlamydia aged under 25) per 100,000	2021	936	326.5	394.5	2,634.1	102.6
Syphilis diagnostic rate per 100,000	2021	26	9.1	13.3	145.7	0.0
Gonorrhoea diagnostic rate per 100,000	2021	215	75.0	90.3	1,006.2	11.2
Chlamydia detection rate per 100,000 aged 15 to 24	2021	328	977.8	1,334.2	381.5	3,063.2
Chlamydia proportion aged 15 to 24 screened	2021	1,859	5.5	14.8	5.5	40.6
STI testing rate (exclude chlamydia aged under 25) per 100,000	2021	3,636	1,268.2	3,422.4	494.8	17,622.7
New HIV diagnosis rate per 100,000	2021	8	2.8	4.8	22.2	0.0
HIV late diagnosis in people first diagnosed with HIV in the UK	2019 - 21	12	35.3	43.4	100.0	0.0
HIV diagnosed prevalence rate per 1,000 aged 15 to 59	2021	396	2.4	2.3	12.7	0.6
HIV testing coverage, total	2021	2,302	67.3	45.8	17.0	82.9
Total abortion rate / 1,000	2021	1,362	25.2	19.2	32.2	11.3
Abortions under 10 weeks (%)	2021	1,218	89.9	88.6	79.9	92.2
Under 18s conception rate / 1,000	2020	92	17.7	13.0	30.4	2.7
Total prescribed LARC excluding injections rate / 1,000	2020	1,170	21.6	34.6	5.3	60.9
Violent crime - sexual offences per 1,000 population	2021/22	887	3.1	3.0	1.4	6.3

STI testing in sexual health services (SHS)

In 2021 the rate of STI testing (excluding chlamydia in under 25-year individuals) in SHS in Walsall was 1,268 per 100,000, a 15% increase compared to 2020. This is lower than the rate of 3,422 per 100,000 in England in 2021. The positivity rate in Walsall was 11.3% in 2021, higher than 6.1% in England. Positivity rates depend both on the number of diagnoses and the offer of testing: higher positivity rates compared with previous years can represent increased burden of infection, decreases in the number of tests, or both.

The methodology to calculate the STI positivity changed in September 2021 to better reflect testing within the population accessing SHS by area.

Figure 11. Walsall Sexual Health Service Activity



Burden and trend of new STIs

A total of 1,266 new STIs were diagnosed in residents of Walsall in 2021. It should be noted that if high rates of gonorrhoea and syphilis are observed in a population, this reflects high levels of risky sexual behaviour.

When interpreting trends, please note:

- The decrease in STI testing and diagnoses in 2020 due to the reconfiguration of sexual health services during the COVID-19 pandemic response, with testing rates largely recovering during 2021, but diagnoses overall remaining lower.
- Recent decreases in genital warts diagnoses are due to the protective effect of HPV vaccination, and are particularly evident in the younger age groups (25 and younger) who have been offered the vaccine since the national programme began

PrEP (pre-exposure prophylaxis)

- Between January 2021 to June 2022: a total of 174 individuals accessed Walsall Integrated Sexual Health services for the provision of PrEP. Of the total seventy-three were residents of Walsall and 101 out of area residents.

Mpox (monkeypox)

- There were 3,698 confirmed and highly probable cases in England, in the West Midlands there were 127 cases in total, of which less than 5 were residents of Walsall.

Key Achievements

- Audit of LARC services in primary care services. The findings of the audit underpin the development of a nurse practitioner workforce to increase access to LARC methods in primary care.
- An independent review into Walsall Public Health's current sexual and reproductive health commissioned services. The key finding - access to services is limited for Walsall residents, as there is only one Sexual and Reproductive Health (SRH) clinic, opposite the Manor hospital and not easily accessible to all residents of Walsall.
- Identification of sites to increase accessibility and reduce inequalities in SRH within the borough of Walsall.
- The development of an SRH Alliance - stakeholder group of representatives from all sectors within the borough. This group of associates will facilitate partnership working and develop integrated care pathways within services to reduce inequalities in sexual health/wellbeing in the population.
- Partnership work between Public Health and Walsall Integrated Sexual Health Service on the mpox vaccination roll-out for the eligible Walsall population. This included developing the process, governance and operational models and contributing to the operational framework and programme requirements.
- Systemwide work between Local Authority, NHS and UKHSA to implement and agree policies for engagement with communities and venues in the borough where the risk of STI transmission is higher, including on-sex premises.
- Audit of PrEP roll out in local integrated Sexual Health services.
- Two out of the four known sexual establishments were visited and audited last year, the other two are a priority this year.

Key Priorities for 2023/2024

- Identify reasons for increase in STIs in Walsall and implement a plan to address this increase
- Redesign of LARC delivery in primary care services
- Development of SRH sites within Walsall to address inequitable access to SRH services.
- PrEP audit implementation of recommendations
- Redesign of Integrated Sexual Health services, implementation of the findings of the independent review of the service provision.
- Continue to monitor mpox numbers, retaining the ability to stand up the vaccination programme if the risk of infection starts to rise significantly in the UK.

Population Screening Programmes

Overview

Figure 13 below shows the newborn and antenatal screening services are achieving national targets.

Figure 12. Newborn and Antenatal Screening Programmes

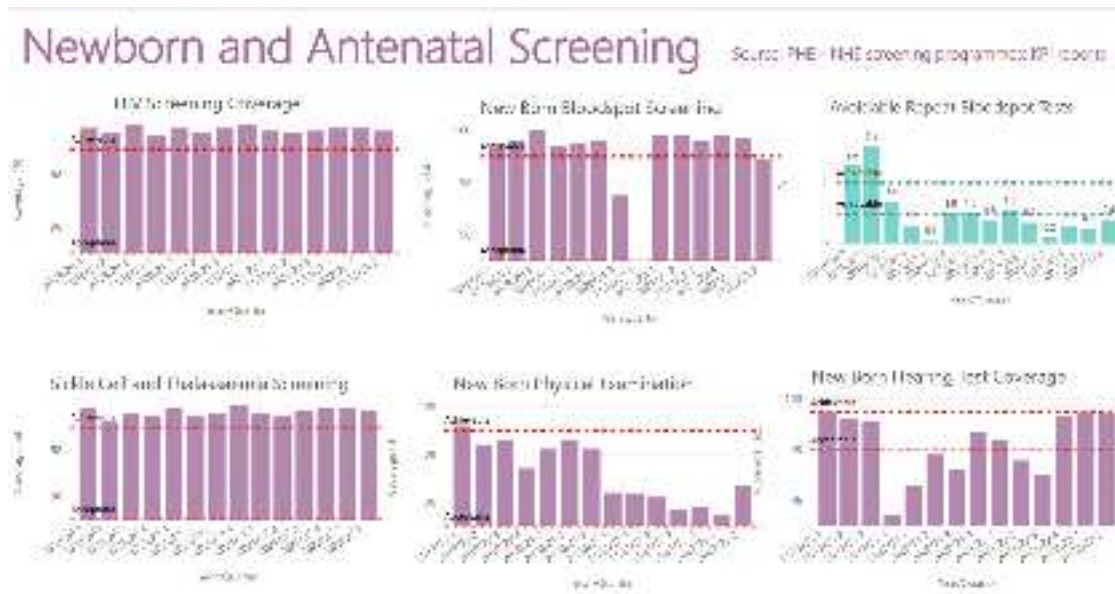


Figure 13. Performance of Adult Screening Programmes.



Walsall specific data is currently not available for adult non-cancer screening programs.

- Across the Black country, Abdominal Aortic Aneurysm screening is below national targets and the England average for 2022-23.
- Diabetic Eye screening for Birmingham, Solihull and the Black country has declined during the pandemic and has not recovered to pre-pandemic levels. It remains well below national targets and the England average.

Figure 14. Prevalence of all cancers in Walsall by PCN.

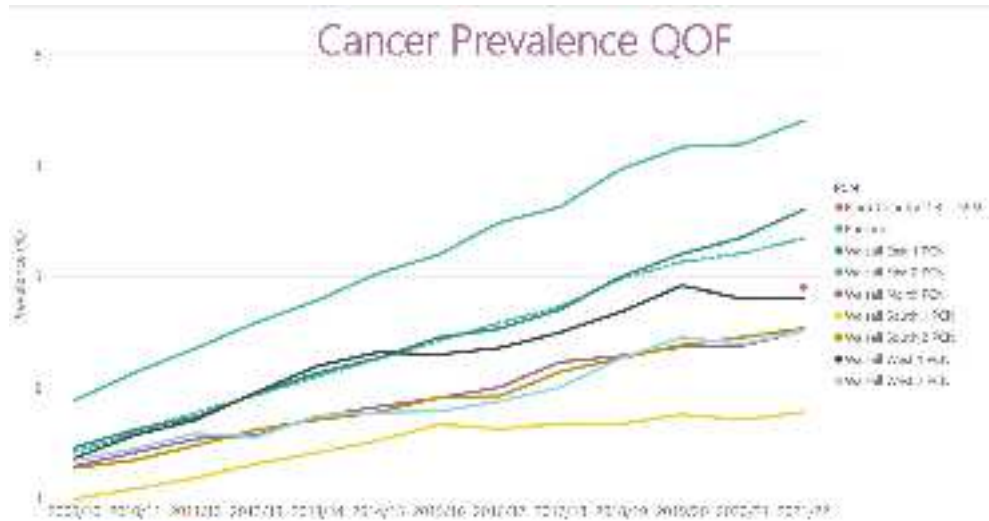


Figure 15. Uptake and Coverage of Breast Cancer Screening in Walsall PCNs.

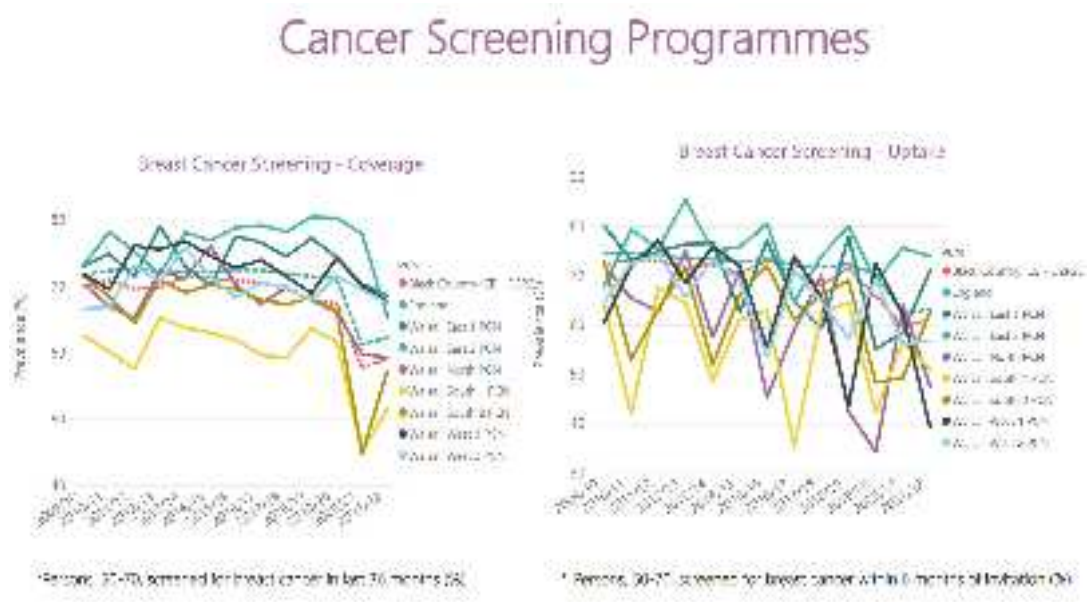


Figure 16. Uptake and Coverage of Cervical Cancer Screening in Walsall PCNs.

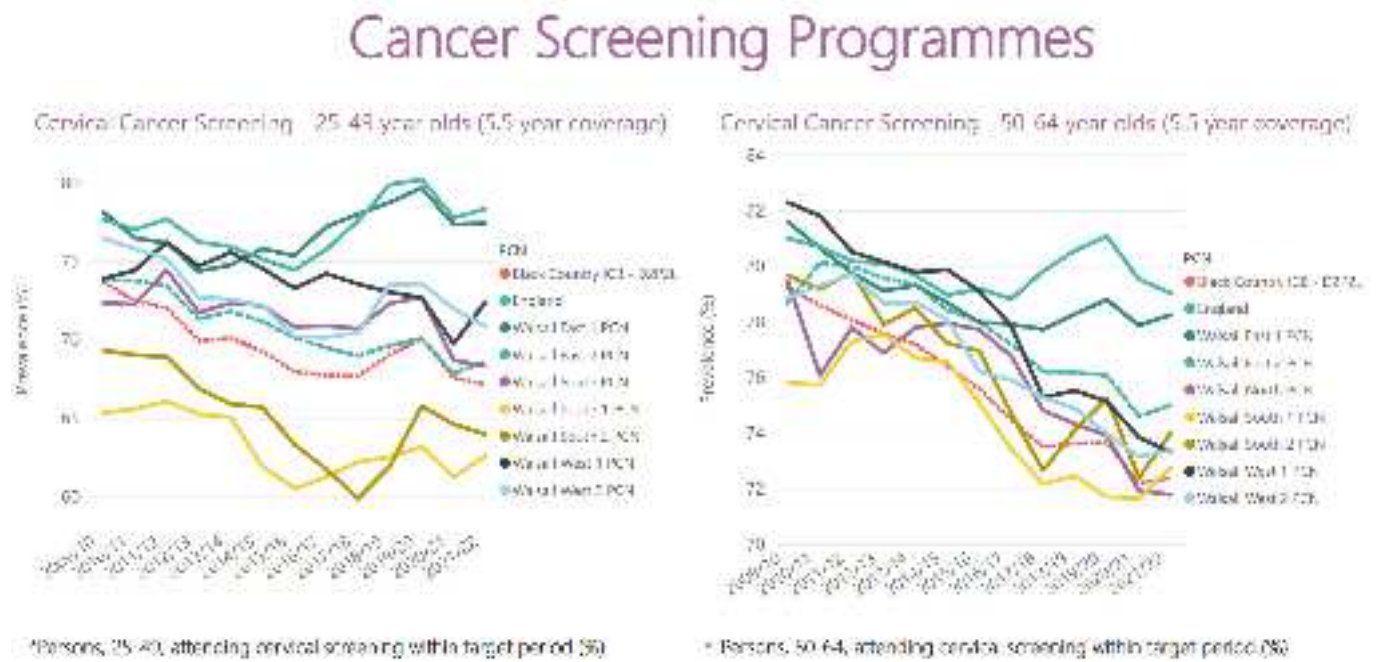
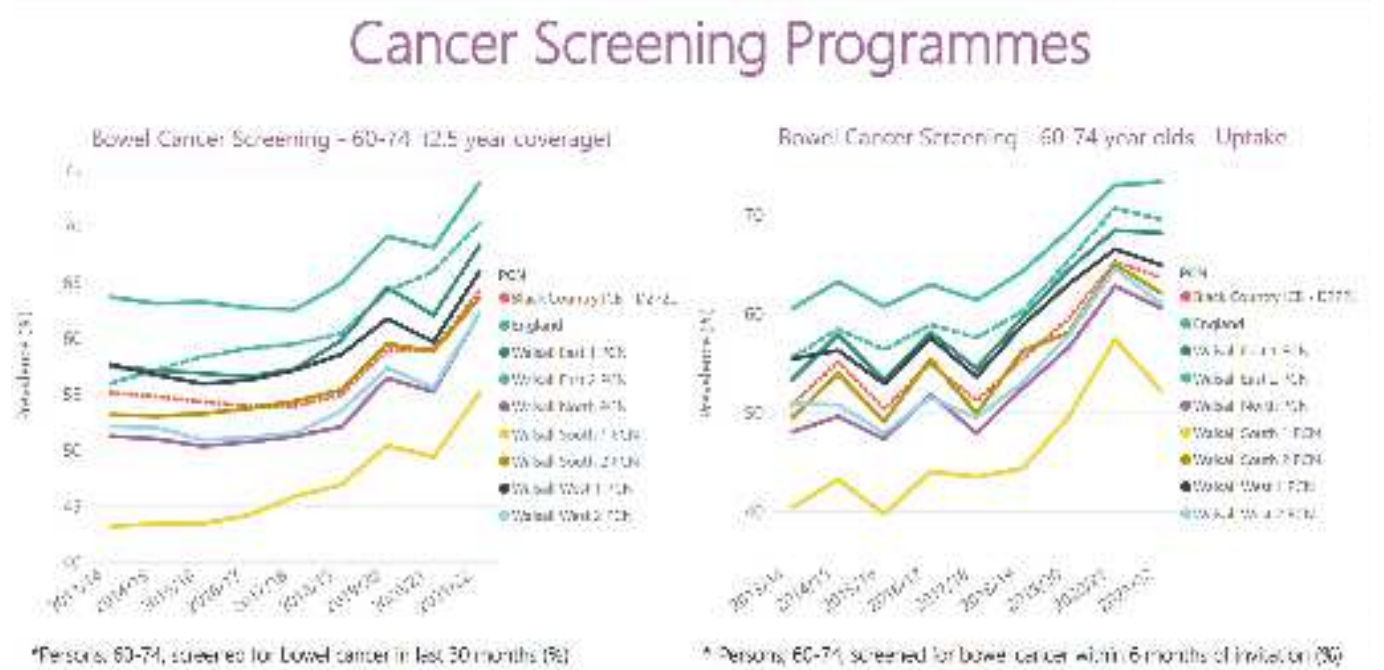


Figure 17. Uptake and Coverage of Bowel Cancer Screening in Walsall PCNs.



Key Priorities for 2023/2024

- Addressing inequalities in the uptake of cancer screening in Walsall

Environmental Health

Key Achievements

- Responded to 159 complaints about unfit food.
- Responded to ninety-four complaints about the hygiene of food premises.
- Registered 301 new food businesses.
- Inspected 405 food businesses including rated and unrated businesses.
- Responded to 179 Infectious Disease notifications (Notifiable diseases; these are statutorily notified to the EH team by UK-Health Security Agency so that we can investigate the source and take action to prevent further spread).
- Targeted health and safety interventions undertaken at 229 businesses using national intelligence.
- Targeted health and safety interventions undertaken at 23 businesses using local intelligence.
- Responded to 127 notifications of accidents in the workplace (Accidents that result in >7-day absence from work is statutorily notified to the EH team for investigation).
- Registration of sixty-four businesses and persons carrying out specialist treatments (tattooing, ear and cosmetic piercing, semi-permanent skin colouring, electrolysis and acupuncture). In course of the registration process visits made for purposes of enhanced infection control, safe working practices, procedures and the suitability of the premises.

Figure 18. Health and Safety Activities of the Environmental Health Team

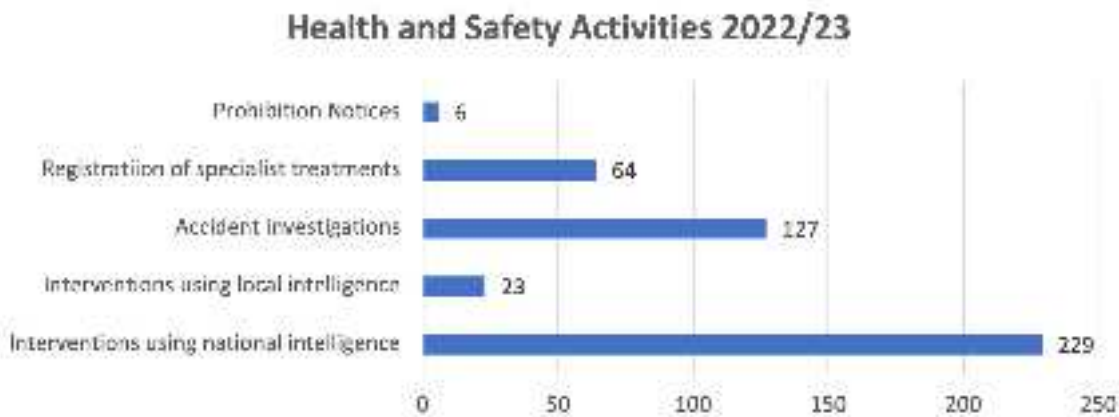
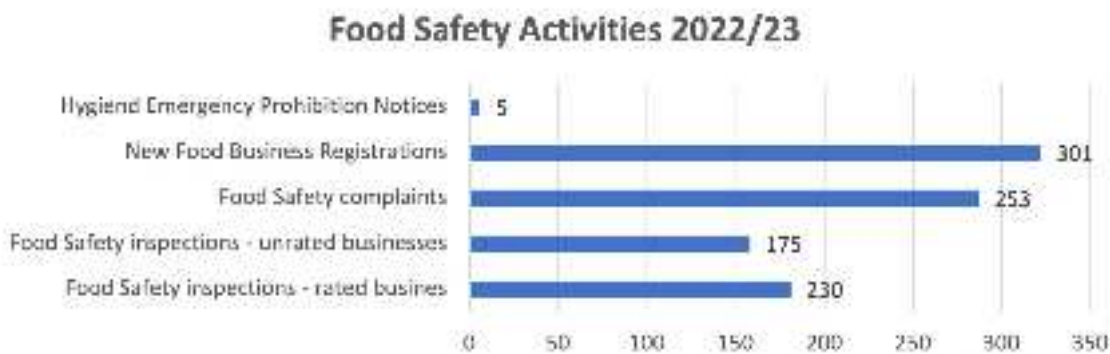


Figure 19. Food Safety Activities of the Environmental Health Team



Enforcement Actions

Action	Number	Description
Food Improvement Notices	3	Enforcement Notice
Emergency Prohibition Notices	5	Closure of food premises
Emergency Prohibition Orders	5	Court Order confirming closure of food premises
Simple Cautions	2	Formal caution as alternative to prosecution
Prosecutions	2	Conviction secured in Court
Health and Safety Prohibition Notice	6	Issued where serious risk to health and safety

In July 2022, the health and safety team were notified of a major lead exposure (poisoning), associated with an indoor firing range, involving over sixty persons, several of whom were hospitalised. Consequently, the team instigated a complex criminal investigation, which is still ongoing. Resources were also dedicated to securing the safe reopening of the site following the incident.

During 2022/23, the team worked towards meeting the Food Standard Agency's Recovery Plan, which prescribed a post-Covid inspection and intervention regime. The service met Recovery Plan deadlines regarding the inspection of all businesses rated A, B, C (less than broadly compliant), D (less than broadly compliant) and delivered a prioritised programme for the inspection of unrated businesses. The Recovery Plan also required the implementation of a programme to inspection of businesses rated C (broadly compliant) by the end of March 2023, which was not achieved.

The Team visited all sandwich manufacturers in the borough in 2022/23. Sandwiches are a high-risk foodstuff and have been associated with Listeria food poisoning outbreaks. Officers carried out inspections and focussed heavily on temperature control, stock rotation and 'use-by' dates. The team linked with the UK Health Security Agency to conduct microbiological testing of a range of sandwiches from each manufacturer. This was a useful awareness raising exercise and, fortunately, test results were satisfactory.

Walsall Council implemented the Food Hygiene Rating Scheme in 2011. The proportion of businesses ranked Broadly Compliant (scoring 3, 4 or 5) has generally increased year upon year. At the beginning of April 2023, 2130 businesses were recorded on the FHRS, 1655 were rated with the other 475 being classified as either exempt, excluded, sensitive or awaiting an inspection. Currently, 95.4% of rated Walsall Businesses are Broadly Compliant with 4.6% requiring varying levels of improvement. In 2013, only 75.2% of rated businesses were ranked Broadly Compliant.

Working jointly with the Police and a Vietnamese interpreter, Officers visited nail bars in Walsall. During the visits, Officers conducted health and safety inspections and provided guidance. The Police focused on the themes of modern slavery and human trafficking within the beauty industry. Environmental Health and the Police both identified matters which required further action.

In advance of the Commonwealth Games, Officers participated in a project involving Walsall hotels to raise awareness of significant risks that should be controlled including water management, window restrictors, asbestos management and fire safety.

Officers contacted licenced premises and sport venues in Walsall to advise them and provided guidance about health and safety arrangements required to hold bonfire and fireworks events.

Key priorities 2023/24

- Realign inspections with the Food Law Code of Practice (the Code) and to 'catch up' on backlogs of lower risk premises created by the pandemic
- Respond to complaints relating to hygiene or condition of food premises.
- Respond to requests for advice/enquiries.
- Maintain Food Hygiene Rating system
- Carry out a reactive microbiological food-sampling programme focusing on high-risk premises and manufacturers where failures or issues identified.
- Respond to all disease notifications using timescales developed by UK-Health Security Agency
- Identify and carry out appropriate interventions at high-risk premises in relation to health and safety.
- Respond to accident notifications.
- Raise awareness within commercial catering premises (enforcement where necessary) in relation to gas safety.
- Raise awareness within the hospitality sector (enforcement where necessary) in relation to electrical safety.

Drugs and alcohol

Overview

Figure 20. Walsall Drugs and Alcohol Service Activity.

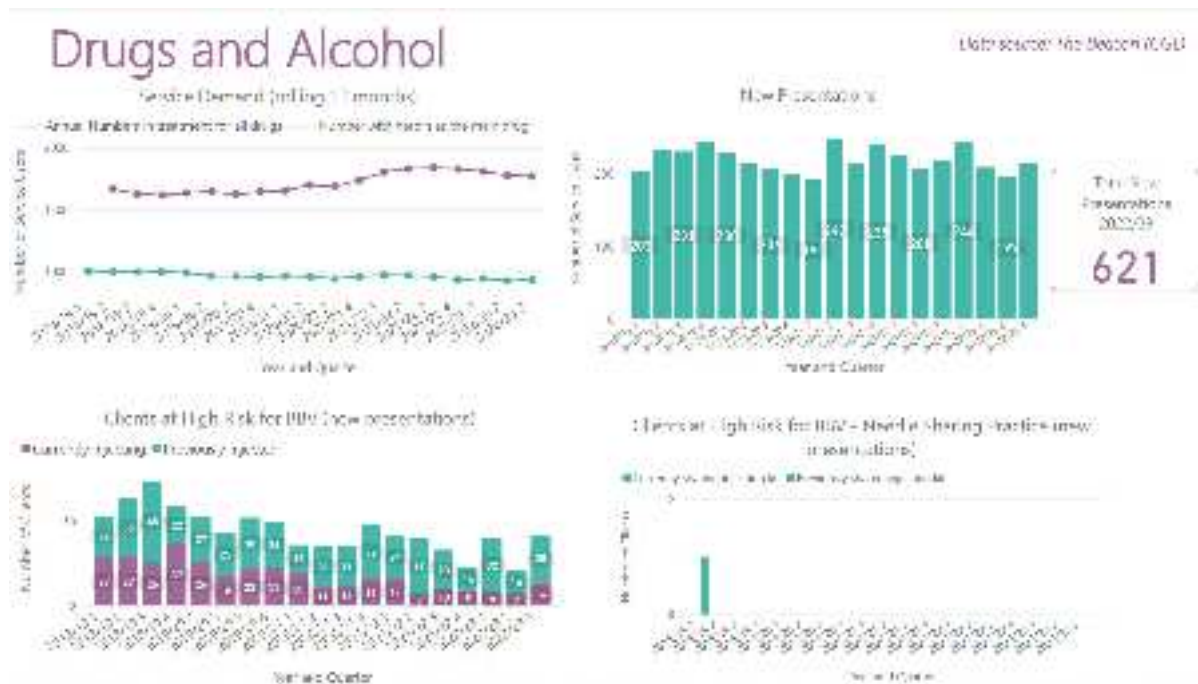
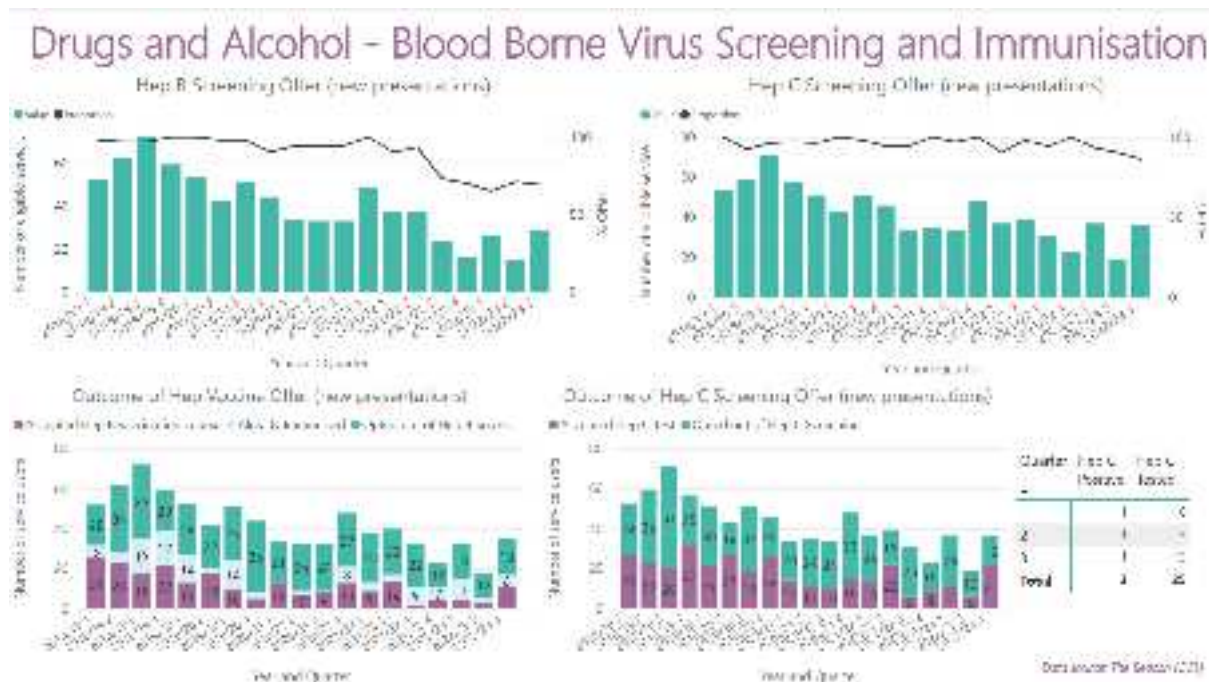


Figure 21. Blood Borne Virus Screening and Vaccination Offer and Uptake in Walsall Drug and Alcohol Service.



Key Achievements

The alcohol and drug treatment service provided by Change Grow Live have expanded their service over the course of 2022/23 through additional national OHID grant funding, with a target of increasing numbers of adults and young people in treatment by 20% over 3 years (2022/3 to 2024/5). Whilst numbers in treatment have been reducing for adults, this is on a background of the COVID-19 pandemic and fewer discharges from service during that period. There are a number of plans in place to meet these targets, which we expect to start delivering over the course of 2023/24. In terms of achievements, Walsall has one of the best “continuity of care” (i.e., engagement with treatment post prison release) proportions (over 50%) in the West Midlands, has significantly lower deaths in treatment rates than the national average and is close to meeting targets for numbers of young people in service.

Improving the blood-borne virus (BBV) testing, vaccination and treatment offer will be a key priority for 2023/24, as proportion of service users being offered screening and vaccination has reduced significantly over time. However, in May 2023 over 98% of CGL service users were offered a Hep C test, over 80% had a Hep C test date and nearly 40% (up from 27%) had a test date in the last 12 months, with nearly 80% of those who were Hep C positive being on treatment. Hepatitis B vaccination uptake figures, however, remain low. These figures may differ from those presented here due to the timing of the testing offer (i.e., may not be at presentation). However, CGL are changing their new presentation pathways to include support from apprentices to ensure a comprehensive BBV offer is made at presentation.

Key Priorities for 2023/2024

- Increase numbers of adults and young people in treatment services
- Increase Hep B and Hep C screening and vaccination (ongoing).
- Establish drug related deaths panel to review both in service and out of service deaths.
- Increase access to sexual health services for alcohol and drug treatment service clients.
- Support wider community safety agenda with reference to problematic drinking
- Agree a local dual diagnosis pathway.

Recommendations

CGL will focus this year on their BBV offer, particularly for new presentations, and are remodelling their service to achieve this.

Meeting treatment targets will also be a focus of activity – particularly establishing firm referral routes to CGL from partners and having a focus on outreach/community-based work.

Avian Influenza

Overview

Avian Influenza, also known as bird flu, is a type of influenza that spreads among birds. The UK has recently been affected by outbreaks and incidents of the H5N1 strain of avian influenza in birds across the country.

As a result, the Animal and Plant Health Agency (APHA) and the UK's Chief Veterinary Officer issued alerts to bird owners across the country to keep birds indoors and away from wild birds to limit the spread.

The risk to the wider public from avian flu continues to be very low; some strains of bird flu can pass from birds to people but this is extremely rare. In cases where it is spread to humans it is by close contact with an infected bird including touching infected birds/droppings or killing/preparing infected poultry for cooking.

Plans are in place to manage any suspected cases of bird flu in the UK. Walsall has an established multi agency plan for managing incidents of bird flu approved by the Health Protection Board in the form of a Standard Operating Procedure (SOP).

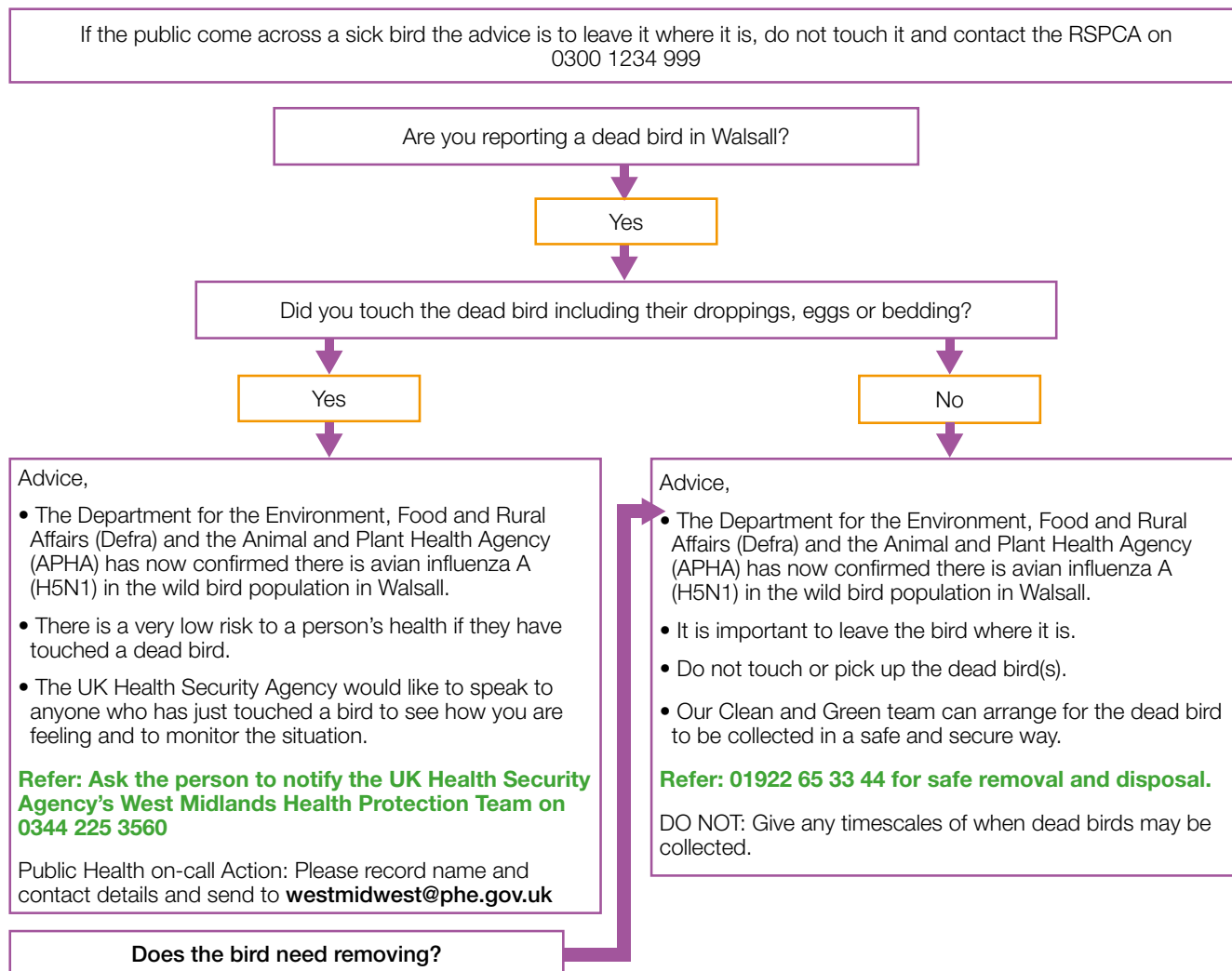
Walsall situation

In October 2022 Walsall Health Protection Team (HPT) responded to two incidents regarding deceased birds at a popular sailing club in Walsall, and a lake in the Aldridge area. The incidents were managed collaboratively with internal and external partners including DEFRA, UKHSA, Walsall Clean and Green, and the RSPCA. Four members of the public were given prophylactic antivirals for handling deceased birds without appropriate PPE. A pathway was developed for responding to reports of dead birds in the borough.

Figure 22. Avian Influenza response process

Frontline call handlers: Reports of a dead bid in the borough

KEY POINT: Overall message of calm reassurance – low risk to people, we're taking care to protect you and wildlife etc



Air Quality

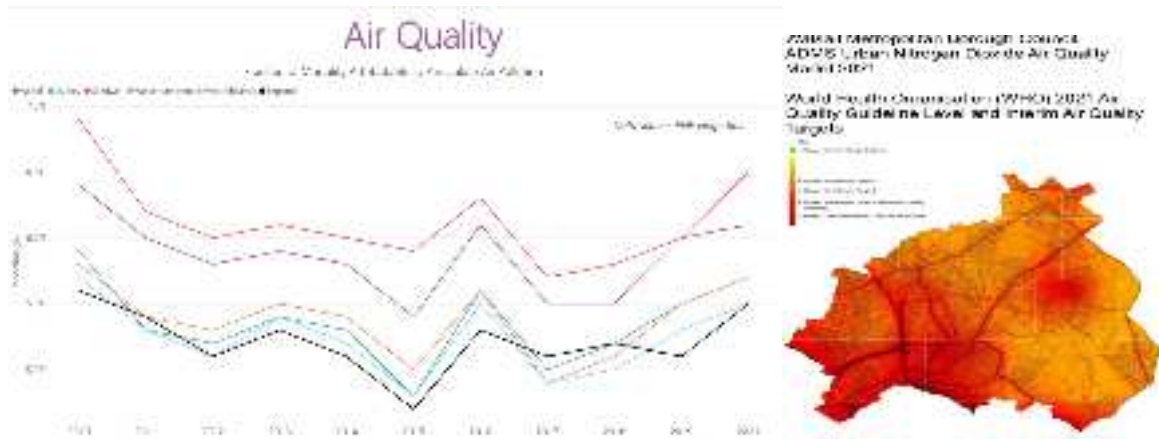
Overview

Poor air quality is a significant public health issue. There are notable short-term effects associated with poor air quality, for example on the respiratory system, and more serious impacts due to long-term exposure including permanent reductions in lung function. Air pollution has been linked to asthma, chronic bronchitis, heart and circulatory disease, and cancer.

There is a close, quantitative relationship between exposure to high concentrations of small particulates (PM10 and PM2.5) and increased mortality or morbidity, both daily and over time. Conversely, when concentrations of small and fine particulates are reduced, related mortality will also go down – presuming other factors remain the same. This allows policymakers to project the population health improvements that could be expected if particulate air pollution is reduced.

There is good evidence that nitrogen dioxide and particles in air are harmful to health. Nitrogen dioxide inflames the lining of the lung and reduces immunity to lung infections such as bronchitis. Studies also suggest that the health effects are more pronounced in people with asthma compared to healthy individuals and epidemiological studies have shown that symptoms of bronchitis in asthmatic children increase in association with long-term exposure to NO2.

Figure 23. Particulate Air Pollution Attributable Mortality and Walsall MBC ADMS Urban Nitrogen Dioxide Air Quality Model 2021



Mortality attributable to Air pollution is significantly worse in Walsall when compared to the England and West Midlands average. It has increased from 5.5% in 2018 to about 6.1% in 2021.

Key Priorities for 2023/2024

- Development of an Air Quality Strategy for Walsall
- Development of an Air Quality Alliance

Oral Health and Fluoridation

Overview

Evidence supports water fluoridation as an effective public health measure that can benefit both adult and children's oral health, reduce oral health inequalities and offer a significant return on investment¹. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure.

In Walsall, along with the rest of the West Midlands, fluoride is added to public drinking water, in line with safe limits, to improve oral health. Water fluoridation is one of a range of interventions available to improve oral health, and the only one that does not require behaviour change by individuals.

On 28 April 2022, The Health and Care Bill: Water fluoridation received Royal Assent², allowing central government to directly take responsibility for fluoridation schemes.

Key Achievements

- Joint working with NHSE for improvement of Oral Health within the borough.

Key Priorities for 2023/2024

- As part of the agreed governance arrangements, public health officers will continue to review performance data on the dosing plants and target levels of fluoride for the borough. Concerns will be escalated to the Office for Health Improvement and Disparities (OHID) and the regional Consultant in Dental Public Health.
- Public Health will continue to attend meetings hosted by OHID and water companies operating fluoridation schemes in the borough to review the performance of individual fluoridation plants and the scheme.

¹ *Water fluoridation health monitoring report 2022 (publishing.service.gov.uk)*

² *Health and Care Act 2022 - Parliamentary Bills - UK Parliament*

Communications and Engagement

Overview



Communications and engagement have played a key role in communicating health protection messages to residents, staff, partner organisations and communities throughout 2022/23.

Public health data and insight, including segmentation of the audience by age and demographic continues to be used to inform the development of campaigns and to target communication and engagement effectively.

Immunisation was identified as a priority campaign for the Council in 2022/23, focusing on seasonal vaccinations (flu and COVID-19 boosters), the staff flu vaccination programme, as well as general awareness on other immunisation programmes including MenACWY and MMR.

Communications also reflected emerging issues such as Group A Strep, mpox and staying well during adverse weather. Proactive messaging was in place to communicate safety messages to residents, including how to prevent or reduce the spread of disease, and guide towards services and treatment if required.

Providing communications and engagement advice to colleagues in Health Protection and working with partner organisations through a 'One Walsall' approach has also helped develop and support messages for social media, the press, toolkits and internal communications.

Key Achievements

- Between April 2022 and March 2023, 15 press releases on health protection matters were published. Releases focused on topics such as staying well during the summer, COVID-19 and flu vaccinations and Group A Strep. Where we have published press releases, information was also shared with Council staff.
- Gaining extra traction with a wider audience as many of the press releases have featured in local media outlets including the Express and Star (online and print), Birmingham Live, regional radio and other media outlets.
- Using Mosaic and audience insights, paid advertising was also implemented in December 2022 on Facebook to target residents where uptake of the COVID-19 vaccination was low.
- Walsall Council and Healthy Walsall's social media channels have been used to share awareness messages, using both local and national assets from UKHSA and NHS organisations.
- Localised campaign assets have been created to better resonate messaging with our audiences and use trusted figures such as the Director of Public Health and the Portfolio Holder for Wellbeing, Leisure and Public Spaces to share Public Health messages.

Table 2. Social media analytics for immunisations and health protection messaging across Council channels (between 1 April 2022 and 31 March 2023):

219.5k	11.6k	9.49k
Impressions	Engagements	Clicks

Definitions

- Impressions – the number of times a post has appeared on a feed.
- Engagements – the number of times the post has been engaged with through likes, comments and shares.
- Clicks – the number of times a link has been clicked on any post.

Between October 2022 and March 2023, we saw increased communications activity across several health protection topics, including autumn and winter vaccinations.

Engagement

We also engaged proactively with communications leads working in partner organisations to collaborate on content and agree messaging. For example, this was evident through the autumn and winter vaccination programmes to ensure messaging was aligned.

We also engaged with community groups and schools by tailoring content to include in toolkits and encouraging their support with sharing messaging.

Key priorities for 2023/24

- Continue raising awareness of health protection matters with the public, communities and stakeholders and to tailor messaging to their needs.
- Continue working closely with colleagues across Public Health and the NHS to promote key vaccination programmes (COVID-19, flu, MMR etc.).
- Plan and deliver the children and young people's health campaign, which will include a focus on childhood immunisations.

Recommendations

Based on our communications and engagement activity over 2022/23, including the immunisations campaign priority, it is recommended to:

- Consider different ways of communication and tailor messaging to reach and engage with target audiences.
- Build on partnerships with communication colleagues to plan and deliver Walsall-wide campaigns.
- Strengthen links between communications and business insights to ensure data and insight continues to inform public health communications and other campaigns.

Glossary

AAA	Abdominal aortic aneurysm
AMR	Anti-microbial resistance
APHA	Animal and Plant Health Agency
COVID-19	Coronavirus infection
DEFRA	Department for the Environment, Food and Rural Affairs
DESP	Diabetic eye screening programme
DNA	Did not attend
GP	General Practice
HCAI	Healthcare acquired infections
HIV	Human immunodeficiency virus
ICS	Integrated care system
IPC	Infection prevention and control
LOMP	Local Outbreak Management Plan
MDT	Multi-Disciplinary Team
MMR	Measles, mumps and rubella
MSM	Men who have sex with men
PCN	Primary care network
PPE	Personal protective equipment
RSPCA	Royal Society for the Prevention of Cruelty to Animals
STI	Sexually transmitted infections
TB	Tuberculosis
UKHSA	UK Health Security Agency
WHT	Walsall Healthcare Trust

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Walsall Health Protection
Public Health
Zone 2F, Civic Centre
Darwall Street
Walsall
WS1 1DG

Health and Wellbeing Board

19 September 2023

Healthwatch Walsall Annual Report 2022/2023

For Assurance

1. Purpose

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

The purpose of this report is to present to the Health and Wellbeing Board the Healthwatch Walsall Annual Report for 2022/2023.

2. Recommendations

- 2.1 That the Health and Wellbeing Board note the key messages from the Annual Report.
- 2.2. That the Health and Wellbeing Board notes the contribution made by Healthwatch Walsall volunteers.
- 2.3 That the Health and Wellbeing Board note the work priorities for 2023/2024.

3. Report detail

- 3.1 The Healthwatch Walsall Annual Report 2022/2023 highlights the range of activities undertaken during the year.
- 3.2 Healthwatch Walsall year in numbers:
 - **5,688 people** were engaged with face to face across our communities or virtually on our themed online public meetings.
 - **27,765 people** were engaged with via surveys, Enter and View visits, Newsletters, social media posts and more over the year.
 - **1,199 people** shared their experiences of health and social care services with us, helping to raise awareness of issues.
 - **1,844 people** were given advice, information and were signposted to support or services to help meet their health or social care needs.
 - Published **27 Reports**
 - Made 87 recommendations
 - Supported by 25 volunteers
 - Staff team of 6

3.3 Healthwatch celebrated 10 years of being in 2023 and the Annual Report contains details of work undertaken during that period, which include:

- Discharge from Walsall Manor Hospital
- Deaf Awareness Cards
- Diabetes Peer Support Group
- Disability Groups input into the new A&E Department at Walsall Manor Hospital.
- Working differently during the Covid-19 Pandemic
- Raising awareness of male suicide in the Borough
- Signposting citizens to alternative GP pathways

3.4 Healthwatch Walsall recommended the Enter & View programme visiting health and social care premises to understand the views of residents. Visits to primary care services were also undertaken and from all the activity we made 38 recommendations.

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

- Providing up-to-date information on a wide range of issues.
- Signposted people to reliable information.
- Sharing information on local issues.
- Helping people to access services needed.

3.6 Healthwatch Walsall top three priorities for 2023/2024 are:

- Experience of maternity services and post-natal care for Black and Asian women
- Accessible Information Standard for sensory loss
- Teenage Pregnancy

4. Implications for Joint Working arrangements:

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

5. Health and Wellbeing Priorities:

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

- Enable those at risk of poor health to access appropriate health and care, with informed choice.
- Marmot objectives: Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community. enabling all children, young people and adults to maximize their capabilities and have control over their lives.

Appendix A

The Healthwatch Walsall Annual Report for 2022/2023 is attached as Appendix A.

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Together

we're making health
and social care better

healthwatch
Walsall

Annual Report 2022–2023

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"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

Louise Ansari, Healthwatch National Director

Message from our Chair



**Ross Nicklin – Chair
Healthwatch Walsall Advisory Board**

Undoubtedly, this past year has been challenging for people when using health and social care services. The care system has faced unprecedented demands, whilst having to cope with insufficient resources.

Over the year, Healthwatch Walsall has continued to listen intently and inclusively to as many people, patients and service users as possible.

We have carried out our engagement work, both face to face through community outreach across the Borough and also by utilising as many mediums as possible in order to gather individual and collective experiences of when people use health and social care services.

Sometimes, things go wrong for people in their care process and we have to bring those individual stories to the attention of the provider or commissioner, in order that better practice can be learnt for the future. Equally, it's important that where possible, we share examples of good feedback so those stories can be built upon in practice.

The health and social care system is changing. Hospital Trusts, the Local Authority, GP services, social care providers, community services and the third sector, (which includes Healthwatch), are now mandated to work together collaboratively in shaping health and social care services for their citizens. The Integrated Care System, (ICS), brings all of these organisations together with the intention of providing joined-up care for everyone.

In order to better inform this process, Healthwatch Walsall has provided feedback to service commissioners via a number of key projects. For example; male suicide, hospital discharge and young people's experiences of accessing health and social care services.

Message from our Chair

In this new year, we will be seeking to widen our reach across the community, ensuring that we make every effort to listen to those who are seldom heard or excluded.

In addition, we want to ensure that our work focuses even more sharply on inequalities.

Over the next twelve months our projects will include a range of issues such as;

- Inequalities faced by Black and Asian women when accessing maternity services.
- Finding out if people with a disability, impairment or sensory loss are receiving information regarding their care in a format that is accessible to them.
- Gathering ongoing user feedback about NHS 111.

At the same time, we also need to consider those things that are important to people and are often in the headlines, such as GP appointments and communication around hospital waiting lists.

However, it's also vital that we don't lose sight of those minority service users with individual and specific needs.

We are fully aware that gathering feedback against such a broad spectrum of health and social care issues is challenging for us as an organisation. Notwithstanding this, a handful of your told experiences can often speak volumes about the care you are receiving.

Our Healthwatch Walsall team and small cohort of volunteers will continue to work tirelessly this year on behalf of Walsall citizens. Nevertheless, we are reliant on service user feedback and experiences. The more we gather, the greater the influence we can have on local health and social care services.

Finally, I would like to thank my predecessor Mandy Poonia, whose tenure as Chairperson came to an end in December 2022. She worked hard through a difficult period, which included the pandemic.

About us

Healthwatch Walsall is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information, advice and support.



Our vision

A world where we can all get the health and social care we need.



Our mission

To make sure people's experiences help make health and social care better.

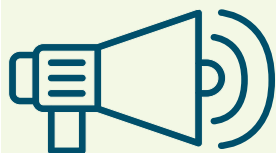
Our values are:



- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, commissioners and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



5,688 people

were engaged with face to face across our communities or virtually on our themed online public meetings.

27,765 people

were engaged with via surveys, Enter and View visits, Newsletters, social media posts and more over the year.

1,199 people

shared their experiences of health and social care services with us, helping to raise awareness of issues.

1,844 people

were given advice, information and were signposted to support or services to help meet their health or social care needs.

Making a difference to care

We published

27 reports

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



Health and care that works for you



We are lucky to have been supported by

25

outstanding volunteers who have given their valuable time to make care better for our community.

We are funded by our Local Authority. In 2022-2023 we received









£190,450

which is the same as the previous year.

We currently employ

6 staff

How we've made a difference this year

Spring	 <p>We increased our public presence to offer more information, signposting and advice opportunities to the public.</p>	 <p>We continued with our Engage & Share initiative around virtual visits to Care/Nursing Homes.</p>
Summer	 <p>With online appointments becoming the norm we assisted people to access appointments via different ways.</p>	 <p>We supported the #BecauseWeAllCare campaign which saw 54,000 people come forward to tell Healthwatch about issues they faced with services.</p>
Autumn	 <p>We recommenced our face to face Enter and View visits to Care/Nursing Homes and Learning Disabilities Homes.</p>	 <p>We contacted a number of Walsall dentists to find out if they were taking on new NHS patients. We also wanted to find out if existing NHS patients were being retained.</p>
Winter	 <p>We worked with a local training provider to support young people to gain skills for life, by raising awareness of health and social care issues and how to access services.</p>	 <p>We expanded our public information and issued a regular round up bulletin providing readers with useful information and advice.</p>

How we've reached out to people this year

Out and about and Online



We attended 219 face to face events throughout Walsall and hosted 20 online events such as our 'First Friday Focus' and 'Chat & Share' meetings.



We engaged with 5,688 people, face to face and across our online platforms.



We had 22,314 visitors to our website and 40,658 page views. Our new 'Have Your Say' patient experience platform went live.



We have 3,077 social media followers across the most popular platforms. We gathered patient experiences via a number of surveys over the year.

Reports plus



We have produced 27 reports around the current work programme, Enter and View visits and Monthly E-Bulletins.



We produced 4 seasonal newsletters and issued regular online public updates.

Meetings



We attended 95 meetings with commissioners, stakeholders, various boards and groups.



We held 4 Healthwatch Advisory Board Public meetings throughout the year and held our Annual Public Meeting (APM).

10 years of improving care

This year marks a special milestone for Healthwatch Walsall. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to everyone who have contacted and supported Healthwatch Walsall. You have stepped up and inspired change. Here are a few of our highlights from the last 10 years.

How have we made care better, together?

Discharge from our Hospital



We have looked at our hospital discharge process 3 times since 2015. The latest work was during 2022/2023.

We captured patients, relatives and carers experiences and views .

A number of recommendations were made and some have been accepted by the Trust (2019).

Link: <https://tinyurl.com/5n7mw2s7>

In 2017 we looked at discharge for patients with dementia. We recommended the development of a 'Blue Ribbon' that signified a patient had dementia and needed additional support and a process around their discharge was put in place.

Diabetes peer support group



When delivering a project for Walsall Together we set up a peer support group that brought diabetic service users together to share and support each other and gain insight on how to manage their condition. This was very well received by service users.

Deaf awareness cards

Following our Inequalities work in 2019 we liaised with the deaf and hard of hearing community to learn about issues they faced when accessing health and social care services. From this we produced a business size card that could be used to identify their communication needs.



Disability groups input into new Emergency Department (A&E)

We enabled service users from disability groups to have direct input with the architects prior to the building of the new Emergency Department (A&E) at Walsall Manor Hospital.

They were able to share their previous experiences and put forward ideas to make accessing the service less stressful and more accessible to meet their specific needs.

They later attended a pre-opening tour of the new facility and were given information about how the new unit would work.

10 years of improving care

COVID19 and the lockdowns affected many people being able to access health and care services. Although it prevented many face to face engagement opportunities we still kept in touch with Walsall people. We had to work differently to meet peoples' needs and point them in the right direction to get support.

How have we made care better, together?

We worked differently during COVID19 to reach Walsall people



COVID19 led to lockdowns and stopped our outreach face to face programme for many months.

During this time we developed ways to still keep in touch with the public in Walsall. We developed an opportunity for the public to attend online service information and presentations through our 'First Friday Focus Meetings'. These were themed around services and support that people needed. All sessions were very well attended reaching different audiences depending on the topic.

We could not visit health or care venues under our 'Enter and View' programme, so we developed 'Engage and Share' which was a telephone/online review of services. This allowed service users to continue to share their experiences and have their views heard.

We also offered a telephone befriending service to the socially isolated and lonely. This continues today, keeping in touch with those who want to hear from Healthwatch Walsall.



We raised awareness of male suicides

We visited local employers and shared information around the problem of male suicide.

We researched available support and where to access it and published a poster that was displayed by employers in the workplace.

To see more about this visit page 14 of this Annual Report.



Signposting people to alternative GP access pathways

People struggled to see GPs but were not aware that there were other ways to access services. Healthwatch Walsall were able to signpost people to alternative options such as 'Extra GP Appointments'.

Other alternatives that they may have not considered or used were the local 'Walk In' option at the Hospital or by calling NHS111 to get the care navigation/support they needed. Information about these options were also given to the public.



Listening to your experiences

Service providers can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to service providers and commissioners to help them make improvements.

Engagement with young people during the year

At the beginning of 2022 we recruited 10 young listeners to help us obtain the views and opinions of young people from all around Walsall. We wanted to get a good idea of what young people were saying about services and to identify gaps. Our survey asked them to share their views on what worked and what didn't.

They told us they were unaware of what services were available to them, particularly around mental health. When they did access mental health services waiting times were too long causing more anxiety. They also told us that lack of communication can create barriers.

Because there was a strong focus on mental health, we decided to hold a focus group on World Mental Health Day where young people came to meet with Healthwatch Walsall to share their experiences of mental health services. This was a safe space for young people to come together to talk in confidence, share ideas, support each other, gain knowledge of other services available and share how they think things could be improved.

"I turned up to access a service, and it was a group setting, my anxiety was too bad for that, I didn't know it was a group, I wasn't told. I sat in a room and other people started walking in. I waited 6 months for the service."



"I was given an anxiety leaflet when I didn't have anxiety."

"Felt super uncomfortable and overwhelmed, it was a weird environment, like CAMHS talked to me like a child, they then spoke to my mum about me in front of me, I never felt like I could open up then."

What difference will this make?

Young people were given a safe space to engage with each other, to reflect on their shared experiences, to give encouragement and support to each other. They were also able to find out about services available to them. It was a very positive session where they felt comfortable to offer peer support and gave us valuable feedback.

Healthwatch Walsall were able to use the information the young people shared with us. It highlighted how important being listened to is for young people. So to take this forward and to find out if young people faced challenges because of communication issues, we chose this as a work priority for 2022/2023.

Young Person's Engagement Report

Link to report: <https://tinyurl.com/2hpw9akm>

Engagement with young people during the year (Continued)

In November 2022 Healthwatch Walsall along with our young volunteers created a communication survey. The purpose of this was to gain insight into the experiences and challenges young people face when accessing health and social care services. We also wanted to find out if young people are aware of alternative options for their wellbeing and how young people want to be communicated with by health and other professionals.

We also visited workshops and held one-to-one sessions with young people to gain a better knowledge and understanding of what is important to them.

As young people had told us that because they didn't feel confident accessing health and wellbeing services and often would be inclined to "wait to get better", then we wanted to do something to change this.

In March 2023 Healthwatch Walsall were invited to host an employability workshop at a local training provider, Juniper Walsall. Over 2 days we and the group worked on a small GP access project. This involved the students making telephone calls and researching available services. They also went out into the community to undertake the survey and to raise awareness of Healthwatch Walsall.

"In the past a Teacher and Doctor have disregarded my mental health as not an issue"



"Make a judgement without knowing me and don't learn to communicate how I need them to"

"School doesn't know what the hospital tell them to do"

Quotes from Young People, Walsall

What difference will this make?

The work we undertook gave the young people the confidence to call a GP practice and confidently talk on the telephone. They researched other services that would be available and gained a knowledge of these and how they could be accessed.

This also resulted in young people having a greater awareness of their rights as patients and a good understanding about Healthwatch Walsall and how we can support local people.

Young Person Communication Project around Health and Social Care Services
Report Link: <https://tinyurl.com/2p8ecm6h>

Male Suicide

National lockdown during Covid 19 had a significant effect on the levels of male suicide. Healthwatch Walsall working with Walsall Together were asked to carry out a project on male suicide. The work was in the form of a local campaign to raise awareness about male suicide for men aged 35-55.

We targeted local businesses and industry workplaces to display up to date information as this would give us the most direct reach to our target audience. Over 80 local businesses were happy to display the poster and many larger companies made copies to display in various locations across their networks.

What difference will this make?

We received a very positive reaction to the campaign suggesting there is a real interest in practical information being made available in the workplace and other public areas about all aspects of health and social care.

We estimate that the information was made directly available to several hundred males working in one Primary Care Network area of the Borough, but alongside this the information will have reached thousands of males in the area.

This had a positive effect on awareness of male suicide and more importantly, the range of support options that are available.

Link to read or download the report visit our website using the link: <https://tinyurl.com/mru27ndu>



“It’s good to know someone is thinking about us blokes”



“We have nearly 200 employees, so we will make several copies to go in various locations throughout the premises”

Link to read or download the help poster visit our website using the link: <https://tinyurl.com/ymky5dnw>

Discharge Process from Walsall Manor Hospital

Healthwatch Walsall received a great deal of feedback regarding this subject over the year and it was agreed that we would take another look at the discharge process from Walsall Manor Hospital.

This project aimed to understand the experiences and views from the service users being discharged from hospital including the planning of discharge and the involvement of patients and relatives in those plans.

Participants were able to share specific experiences and to give feedback on any social care support that may have been required for when they were discharged into different pathways.

The work was undertaken over several months to see if there were any seasonal variations.

Some of our recommendations:

1. A discussion with services users around discharge should commence on admission.
2. Ensure that any communication from staff is clearly understood by patients, relatives and carers.
3. Patients, relatives and carers should feel they are able to ask questions and receive answers.
4. Ensure discharge destinations are identified and communicated to all parties.
5. A discharge letter should be issued at the point of discharge for all patients.
6. Patient records are kept up to date and valid at the point of discharge.

We made a total of 18 recommendations to improve patient experience.

What difference will this make?

On one particular visit to the Discharge Lounge a patient medication issue arose that required immediate escalation by Healthwatch Walsall to the Walsall Hospital NHS Trust. Following the escalation, the matter was investigated and a change to the pharmacy medication handling was made. This was as a direct impact to the escalation.

Our findings in the report, along with our recommendations will be presented to the Hospital Trust and we will seek a response. We hope that at least some of our recommendations are incorporated to make the discharge process as seamless as possible involving the patients, relatives and carers in the process.

To read or download the report visit our website using the link:

<https://tinyurl.com/2yt3zpyw>

Ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences are not often heard.



As part of our volunteer programme, we supported a local training provider with student work placements.

This gave young people an opportunity to gain valuable experience within a work environment and a chance to work together as part of a team. At the same time, they were able to gather experience and knowledge around health awareness and issues and how they could deal with these moving forward.

“Our students at Juniper really appreciated the work that Loretta, the Youth Engagement Officer did with them. The students covered a variety of activities over the two days from completing surveys with the public, calling GP services and role play to outline the importance of Healthwatch Walsall and what they do for the public. They developed teamwork, communication and people skills.”



The Adult Social Care User Survey is an annual survey carried out by Local Authorities across England on behalf of NHS Digital in order to determine whether services are supporting people to live safely and as independently as possible.

The aim of the survey is to capture the experiences of people who reside in residential and nursing establishments or receive community-based support in their own home.

Healthwatch Walsall is pleased to have been undertaking the work on the Adult Social Care User Survey since 2018/2019. We contact the individuals with cognitive impairment to capture their views and make sure they have their voice heard.

In 2022/2023 Healthwatch Walsall contacted 214 people living in 41 different care homes, both within and outside of the Borough. The views and experiences of 103 people were subsequently collected allowing them to have their voice heard. Without our input the views of these service users would have been excluded.

Furthermore, Healthwatch Walsall acted independently whilst contacting and visiting individuals about the survey. We raised any adult safeguarding concerns and liaised with the Adult Social Care Quality in Care Team as and when quality and safety issues were observed.



Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Listening to diverse communities across Walsall in the forms of arranged visits and engagement opportunities to the homeless centre, local Mosques, Afro Caribbean centres and more...
- Asking people how the 'Cost Of Living Crisis' is affecting them?
- Presenting past accessibility problems when visiting Emergency Treatment at our Hospital to architects of the new build Emergency Treatment Centre.

Core Connector 20+

Healthwatch Walsall were successful in its bid to run the Core Connector 20+ work, in conjunction with Walsall Together. The project is designed to support the NHS in its goal to tackle healthcare inequalities.

The CORE20PLUS project in Walsall supports the process of removing barriers, accessing health services and creating opportunities with support from Community Connectors.

The communities that the project focuses on are:

- LGBT+
- Travellers
- Victims of Domestic Abuse
- Refugees
- Homeless

The work is around hearing from the above communities and finding out issues that they are facing. The aim is to help shape future service provision to better meet the needs of vulnerable communities who may experience barriers in accessing services.

CORE20PLUS have used different approaches, rather than targeting specific health issues we listen to service user stories relating to health 'outside to inside'. Initially, promoting and making the work of Community Connectors visible by building trust in communities and developing community participation.

CORE20PLUS continues to recruit volunteers. The best learning we've had is that 'we cannot do alone what we can do together', therefore recruiting people with lived experiences represents the best way to engage, build trust and help the communities further.





Advice and information

If you feel lost and don't know where to turn, Healthwatch Walsall is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one you can count on us.

This year we've helped people by:

- Providing up to date information from people they can trust.
- Helping people to access GP services they need.
- Helping people to access NHS dentistry services.

Help to find NHS dental care in Walsall

Healthwatch Walsall were contacted by Walsall people who had learned they were no longer a NHS patient at their dental practice.

Healthwatch Walsall, supported by young volunteers contacted all dental practices in Walsall to see which dental practices were still taking NHS patients. This information was then shared with service users enabling them, where possible, to re-register as an NHS patient. For 2023/2024 we will be looking at NHS dentistry in more depth.

The impact of the cost of living crisis in Walsall Borough

The 'Cost Of Living Crisis' has hit everyone, but especially low income families, single people, the unemployed and those who are most vulnerable.

Healthwatch Walsall wanted to know if people were making adjustments to their healthcare such as cancelling medical appointments, putting back check ups or reducing their medication purchase because they could no longer afford to pay for them. We put together a short survey available online and via a paper copy which ran over a few months. The results of the survey have been shared with our partners to see what support or information could be given the Walsall public to cope with their needs.

Link to read or download the report: <https://tinyurl.com/5n75ba2c>

Patients still not able to see their own GP and unaware of alternative options

Many patients were telling us that they could not get a timely GP appointment or an appointment at all.

After asking if patients knew how to access alternative GP appointments it became clear there was a lack of awareness of what was available and how to access the alternative services. Healthwatch Walsall shared the various options available to them such as Extra GP Appointments, NHS111, use of E-Consult/Accurx or the Walk In Centre at Walsall Manor Hospital .

Raising awareness and sharing information

Continuing raising awareness and sharing information with the public, we maintained our 'First Friday Focus' meetings

Guest speakers/presenters talked about themed subjects providing the public with insight and information around conditions such as Bowel Cancer, Bereavement Services and much more.

Access to services and updates were shared and members of the public could ask questions directly which gave them the opportunity to be fully informed and to feel more involved.



Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. We extend our thanks to them all for their efforts in the community in helping us understand what is working and what needs improving.

This year our volunteers supported us by:

- Collecting experiences and supporting their communities by listening to the views of the public and to pass this back to Healthwatch Walsall.
- Being actively involved in our Enter and View programme.
- Reviewing GP and dentist websites to find out about patient accessibility.
- Collecting the most up-to-date information on changes to services.
- Supporting the creation of surveys, projects, marketing materials, inputting of data, proof reading, community outreach and raising awareness of Healthwatch in the communities of Walsall.

As stated before, we thank them all for their valuable contribution and for supporting us throughout the year.

Tegan Higgins

"I really enjoy volunteering with Healthwatch Walsall because we help to make Health and Social Care services better for the people in Walsall. I enjoy doing this because it gives me a better understanding of how to access services and it definitely encourages young people to speak up about their negative experiences. I think it's a great opportunity to meet new people through the events we go to and our social media campaigns. I have also gained a great deal of office experience, project administration experience and communication skills."



Abi Lewis

"Volunteering for Healthwatch has been great. As someone who regularly uses health services in Walsall it's been lovely to see the efforts the Healthwatch team go through to improve services for all. I have enjoyed working with the team on projects and looking towards improving services for those who use them. It's great to feel as though you are making a difference in your local community, and I look forward to further projects as we continue to work towards a better future for Health and Social Care services in Walsall."



New Healthwatch Advisory Board member Marie Clare Kofi

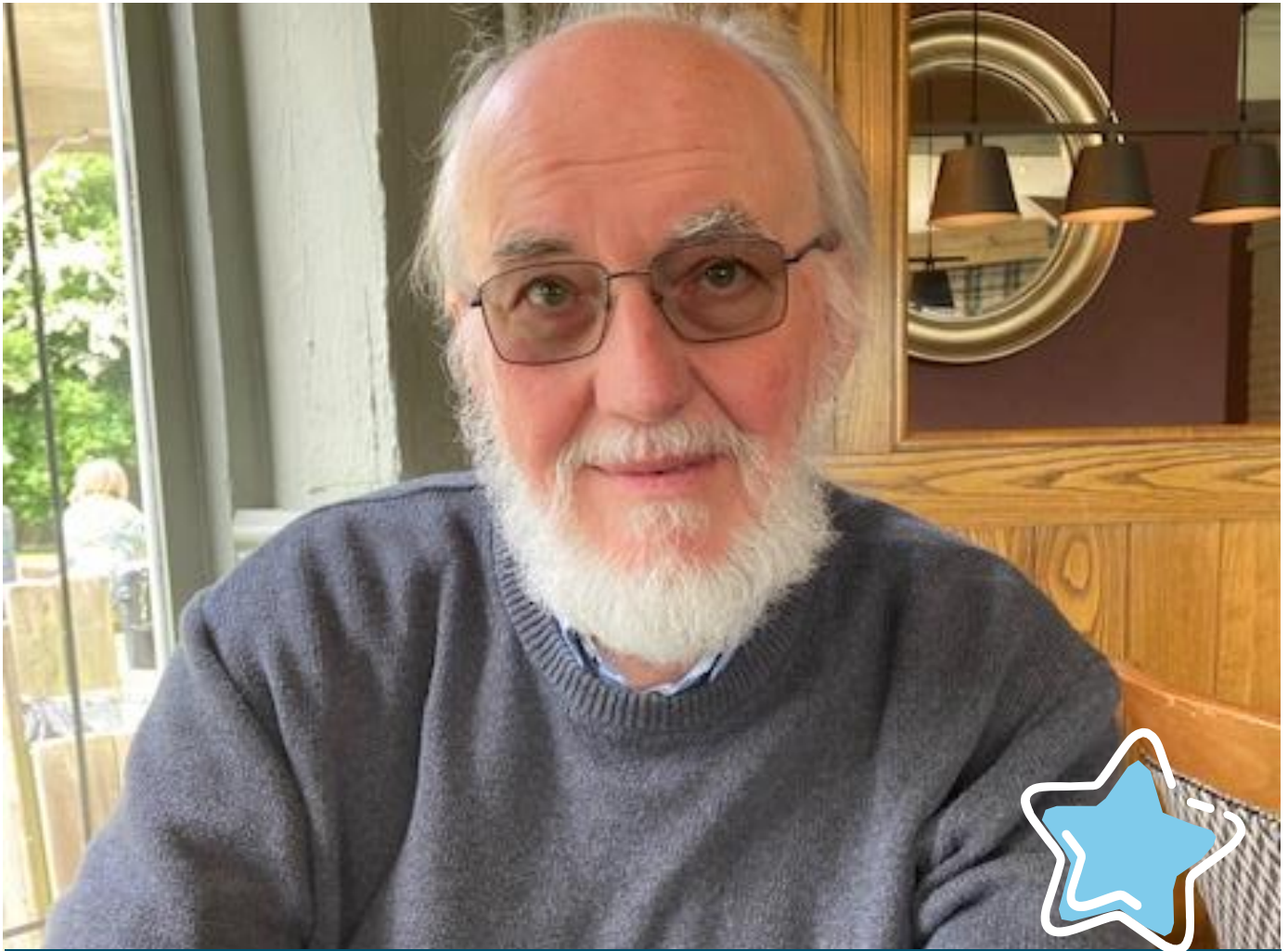
"I recently joined the Board and have enjoyed working together with the local team to ensure local services are meeting people's needs. The experiences that Healthwatch Walsall collect are invaluable to shaping conversations with system leaders and to ensure we have a good understanding of the needs of the community in our local area. I will encourage everyone that access local services to get into the habit of providing feedback as this is the only way we can promote good practice, learn from mistakes, and make improvements."



Connie Lee

"Having moved to a new environment, I have recently joined Healthwatch as a volunteer. The activities organised by Healthwatch have a strong focus on engaging communities and utilise the feedback gathered to improve overall service delivery. I am glad to have the opportunity to participate and contribute to the community. The recent tour at the new Urgent and Emergency Care Centre at WMH was a memorable experience and I look forward to my volunteering journey with Healthwatch."





Healthwatch Walsall Hero – Roger

Roger is a valued volunteer and our 'Healthwatch Walsall Hero' and we are very pleased that Roger has been supporting us over many years. Roger regularly attends and supports many of the public events we organise, as well as actively supporting past work projects by interviewing patients and relatives. He is now taking part in our Enter and View programme as an "Authorised Representative" and will attend visits to various health and social care settings.

Roger is also a Warden at Saint James Church in Brownhills and works at the local foodbank, The Lamp helping those in need during these difficult times.

“Volunteering with Healthwatch Walsall has four ongoing benefits for me. First it provides me with an opportunity to support the excellent work which Healthwatch Walsall undertakes. Secondly through the gatherings I have attended both live and online I have learned a lot about the way in which health and social care operates in and around Walsall. Thirdly, I have been provided with advice and guidance on my own health; I have two underlying health issues. Finally, it has provided me with information about the availability of advice and services in and around Walsall which I have been able to pass on to people with whom I have contact in my work with the Church and the Food Bank.”

Roger

Finance and future priorities

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

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£190,450	Expenditure on pay	£180,804
Additional income	£25,292	Non-pay expenditure	£19,289
Balance brought forward	£22,705	Office and management fee	£21,253
Total income	£238,447	Total expenditure	£221,346
Balance carried forward	£17,101		

Next steps

In the ten years since Healthwatch Walsall was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work in tackling inequalities that exist and work to reduce barriers when accessing care, regardless whether that is because of where you live, income or ethnic background.

Top three priorities for 2023/2024

1. Experience of maternity services and post-natal care for Black and Asian women
2. Accessible Information Standard
3. Teenage Pregnancy



Statutory statements

Engaging Communities Solutions CIC holds the contract to deliver Healthwatch Walsall and is based at Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall WS3 1LZ. Healthwatch Walsall uses the Healthwatch Trademark when undertaking statutory activities as covered by the licence agreement.



Engaging
Communities
Solutions

www.weareecs.co.uk

The way we work

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

Our Healthwatch Board consists of 6 members who work on a voluntary basis to provide direction, oversight and scrutiny of our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities. Throughout 2022/2023 the Board met 3 times and made decisions on matters such as agreeing our forthcoming year work projects and signing off any finalised reports to be shared with commissioners, stakeholders and members of the public.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/2023 we have been available by phone, email, a webform on our website and through a range of social media platforms, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and present it at an Annual Public Meeting as well as providing hard copy reports as requested.

Responses to recommendations

We made 87 recommendations to providers in the reports we issued over the year. There were no issues or recommendations escalated by us to Healthwatch England Committee, so therefore no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our Local Authority area for example we take information to the Health and Wellbeing Board, Integrated Care Board, System Quality & Oversight Committee, Quality in Care Committee, Walsall Safeguarding Partnership, Information Sharing Meetings and the Walsall Place Information Assurance Operational Group.

We also take insight and experiences to decision makers in Walsall Together and we also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we made seven Enter and View visits. We made thirty eight recommendations as a result of this activity.

Location	Reason for visit	What we did as a result
Drake Court Care Home	CQC rated Requires Improvement	Online Engage & Share. Report published
Anson Court	CQC rated Inadequate	Enter & View visit undertaken and report published.
Whitehorse Road Care Home	CQC rated Inadequate	Enter & View visit undertaken and report published
Delves Court Nursing/Care Home	Inspected but not rated by CQC	Enter & View visit undertaken and report published
Willow Rose Care Home	CQC rated Good. Visit undertaken to identify what "Good" looks like.	Enter & View visit undertaken and report published
Blakenall Family Practice	Much service user intelligence about inability to access services.	Enter & View visit undertaken and report published
Touchwood Pharmacy	First use of newly designed Enter & View paperwork.	Enter & View visit undertaken and report published

Healthwatch Representatives

Healthwatch Walsall is represented on the Walsall Health and Wellbeing Board and the Walsall Safeguarding Board by Ross Nicklin, Chair Healthwatch Walsall Advisory Board.

Healthwatch Walsall is represented on the Walsall Together Integrated Care Partnership Board by Aileen Farrer, Manager Healthwatch Walsall who is also the representative on the Black Country Integrated Care Board. This representation is on behalf of the 4 Black Country Healthwatch.

2022–2023 Outcomes

Project/ activity	Outcomes
Walsall Manor Hospital Discharge	Change in Pharmacy practice at the Hospital
Young Persons Communication	Presented to partners and published
Cost of Living Crisis Report	Presented to partners and published



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@HealthwatchWSL



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YouTube

Healthwatch Walsall 2020

Health and Wellbeing Board

September 2023

Walsall Together Update

For Assurance

1. Purpose

This report provides an update on the development of Walsall Together (WT). It provides an overview of the progress of the partnership since the previous report was presented in September 2022.

2. Recommendations

2.1 The Board is asked to note the contents of the report.

3. Background

3.1 Walsall Together is a place-based partnership between Walsall Healthcare NHS Trust (WHT), Black Country Healthcare NHS Trust (BCH), Walsall Council (Adult Social Care, Children's Services and Public Health), Black Country Integrated Care Board (ICB), Walsall Community Network, One Walsall, Primary Care Networks, Healthwatch, and whg (representing the housing sector).

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

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

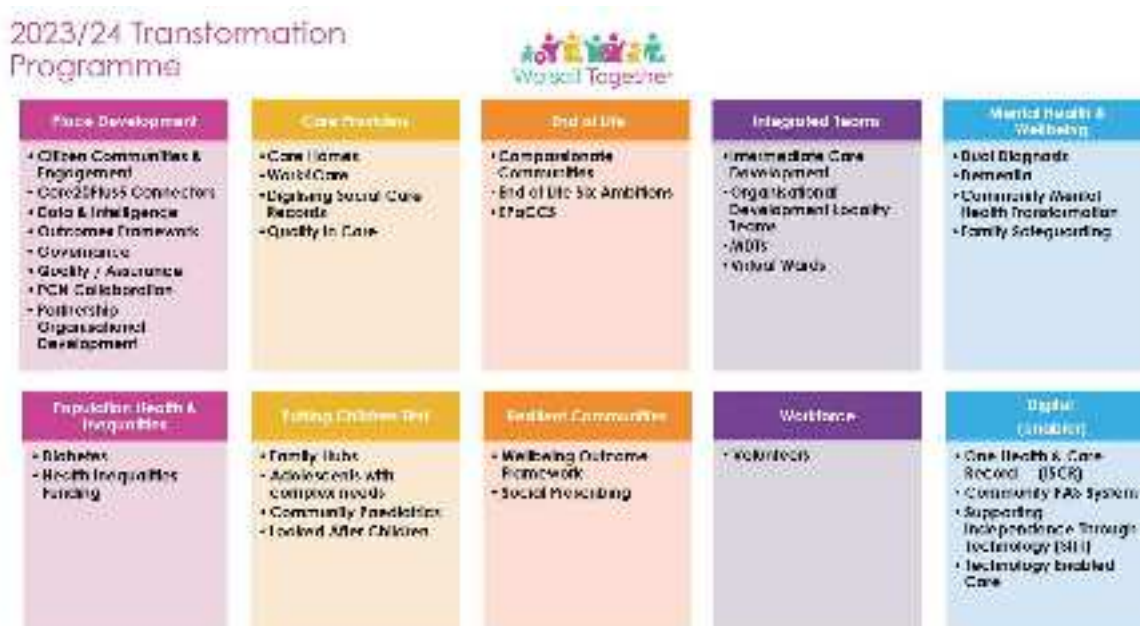
3.3 In December 2022 the partnership refreshed its strategic aims:



4 Transformation and Place Development Overview

4.1 The next stage of our ambitions and plans for delivering services in a more integrated way are in development. They remain aligned to the original business case, updated to reflect the Health & Care Act (2022), lessons learned through partnership working to date (including the Covid-19 pandemic), and other national policy documentation pertinent to health and wellbeing across our partner organisations.

Our ambition is to deliver integrated services in the community that focus on a data driven, proactive and preventative approach, by putting people at the centre and giving them more control over their own health and more personalised care when they need it. The following programme of change was approved in April 2023, to support delivery of this ambition during 2023/24:



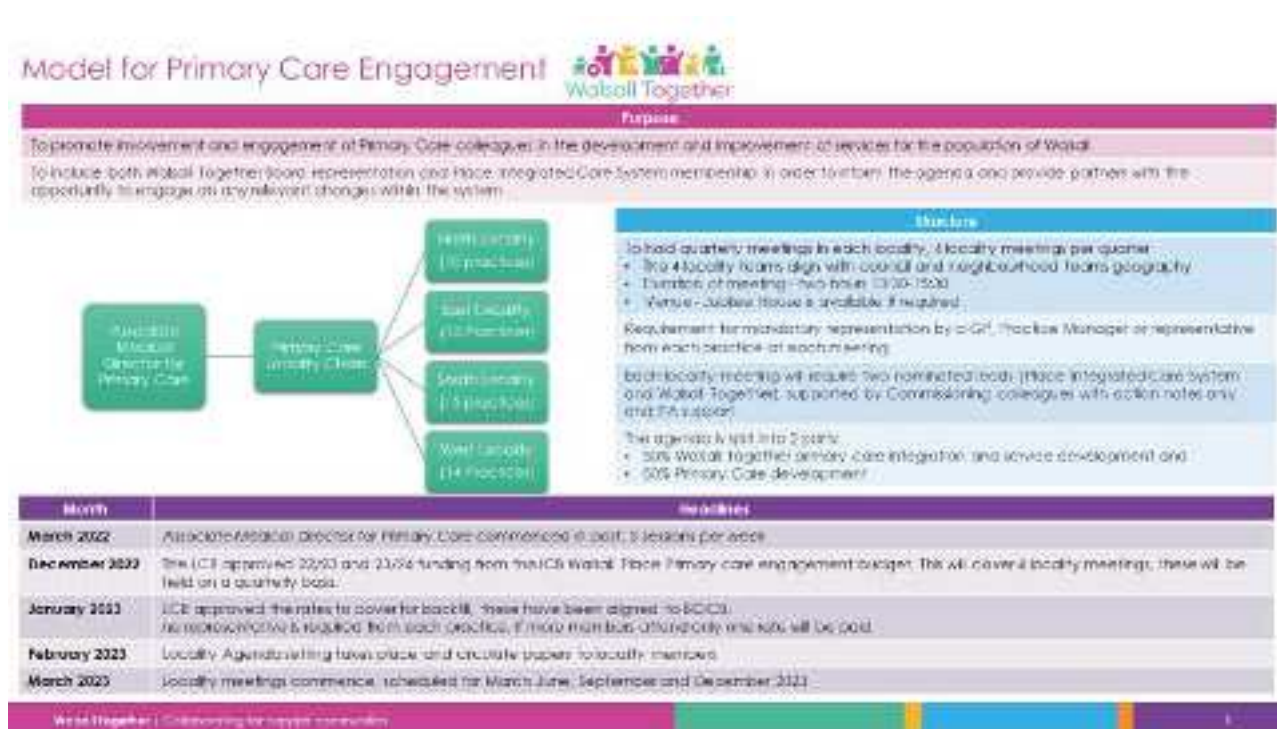
5 Transformation Highlights

- 5.1 Virtual wards (hospital-level care delivered safely at home) have been further expanded to include patients with heart failure, frailty diagnosis and palliative care, in addition to the already established services for patients with respiratory conditions and Chronic Obstructive Pulmonary Disease (COPD). Feedback from patients has been positive and the teams are now working on building closer relationships with referring teams across the community and hospital.

Virtual wards are coordinated by the Care Navigation Centre. There was a total of 1,138 patients treated up to July 2023 (see table).

Virtual Wards	Go-Live Date	Total Patients
Acute Respiratory Infections	Jul-22	437
Heart Failure	Sep-22	182
Palliative Care	Nov-22	216
Hospital & Home	Dec-22	200
Frailty	Jan-23	103

- 5.2 In November 2022 we hosted a WT led Primary Care event to look at how we can better support Primary Care Networks and improve population health by strengthening working relationships and working more collaboratively. The event was well attended, by over 100 primary care colleagues. Their recommendations and contribution during the session informed the future model for primary care engagement, illustrated below:



- 5.3 The governance for the Family Hubs programme sits within the partnership. The Clinical & Professional Leadership Group, chaired by the Director of Public Health, has oversight of implementation, with clear escalation routes through the partnership and into the Council. A network of family hubs offers help and support for a range of children's services including infant feeding, mental health support, health visiting and parenting classes. The hubs launched in July 2023 and will integrate services and support for children aged 0-19 (0 to 24 for children with special educational needs and disabilities), their parents and carers. This will include physical places, a virtual offer and outreach services.
- 5.4 In November 2022 the partnership approved a new strength-based approach in the way we communicate and engage with our citizens, using their stories alongside the data we collect, to influence decision-making around services. This includes working with individuals and groups to understand what our community are best placed to do, what they need our help with and what they need us to do. A refresh of the communications and engagement strategy is currently underway to reflect this new approach.

6. Population Health and Inequalities

- 6.1 To ensure our work to reduce health and social inequalities is coordinated, and embedded within our approach to population health management, we have a well-established Population Health and Inequalities Steering Group, Chaired by a Consultant in Public Health. The Group has drafted a partnership Population Health & Inequalities Strategy aligned to the Joint Health and Wellbeing Strategy and ICB Health Inequalities and Prevention objectives. The strategy describes the partnership approach to reducing inequalities and local Population Health Management delivery model.
- 6.2 Several partner organisations are anchor institutions and by definition have responsibilities to consider their influence on the wider determinants of health. The partnership is currently compiling a collaborative response to the national cost of living crisis, recognising the growing evidence base linking such circumstances as fuel poverty on health outcomes, particularly excess winter deaths. The partnership has identified several initiatives that can be rapidly implemented without additional investment, working with our housing and third sector partners. The partnership will also consider how a more strategic response could support coordination of the limited resources available across our partnership, particularly in advance of Winter.
- 6.3 whg was announced winner of the Resident Employment and Training award in the UK Housing Awards 2022 for its Work4Health programme, which has helped more than 145 local people to secure jobs in healthcare. The scheme was created in partnership with Walsall Healthcare NHS Trust, Walsall College and the DWP. Judges praised the "unique and innovative programme" stating, "its outcomes are impressive, especially in terms of the diversity of residents recruited to NHS jobs from the most deprived communities". We are now

working across the partnership to expand this approach to support people into roles within the care provider sector.

- 6.4 The following slide gives an overview of several other areas of work between whg and health partners.

Kindness Counts

- ❖ **Power of 6 : 3,000 = 18,000**
- ❖ **6** Kindness events held
- ❖ **3** Kindness Pop Up Shops–
Circular Economy
- ❖ Connected **605** people via the Kindness Rocks Initiative
90,000 reached via social media
- ❖ **1500** Kindness Bags
- ❖ **12 Days of Kindness**
December **350** families
- ❖ **Kindness Counts** cited in Walsall's Mental Wellbeing Strategy as an example of **good practice**
- ❖ **Kindness in action**



- 6.5 In February 2023, sixteen projects were granted a share of almost £455k in the second wave of funding from NHS England's Health Inequalities Programme. The funding aims to support the work being done by the Walsall Together Partnership, to build resilient communities and tackle health inequalities across the area, through delivering grassroots help to those people most at risk or experiencing poor health outcomes and reduced life expectancy. It builds on the success of existing projects that have a positive impact on health outcomes for the people of Walsall.

- 6.6 A senior midwife has been spending time with families building relationships and breaking down myths as part of work to improve the experiences and outcomes of maternity services for Black, Asian and minority ethnic women. Using the feedback she receives, as well as data collected through audits, she holds 'did you know?' sessions to raise awareness with staff on some of the issues women are facing and makes recommendations for change based on this. Some of these recommendations include the development of educational animation videos in different languages.

- 6.7 As part of building on this work, a team of outreach workers have been recruited using health inequalities funding from the partnership, and a Maternity Outreach Project at the Nash Dom Community Hub in Sun Street, Walsall, has been set up to support mums and dads-to-be. The team works alongside the senior midwife to provide advice and/or support with infant feeding, mental health, transition to fatherhood, parenting, birth and beyond, gestational diabetes, health (including child health) and social.

- 6.8 An experienced community engagement facilitator, with lived experience and an active part within local communities, was recruited as the lead on our Core20Plus5 Connectors approach to reducing health inequalities. Their role is to advise, challenge and support us in reaching some of our more vulnerable communities, in particular homeless individuals, refugees and asylum seekers, victims of domestic abuse, LGBT+ communities and Roma, Gypsy Travellers.
- 6.9 A primary focus of this work has been to develop trust with communities and community activists and through the lead develop a team of up to 20 community connectors all with lived experience to work with our most vulnerable communities to help co-produce health and well-being services based on what matters most to them and their community. Some early successes include:
- Improved cervical screening for homeless women.
 - Improved sexual health for gay men.
 - Increased activity through football for asylum seekers.
 - Engagement with Roma communities to improve access to GP services.
 - Establishment of a working group which links the End-of-Life steering group and Walsall's housing forum to support homeless people whose tenancies were under threat with landlords unwilling or unable to support adaptations or hospital beds in a property.

7. Outcomes Framework

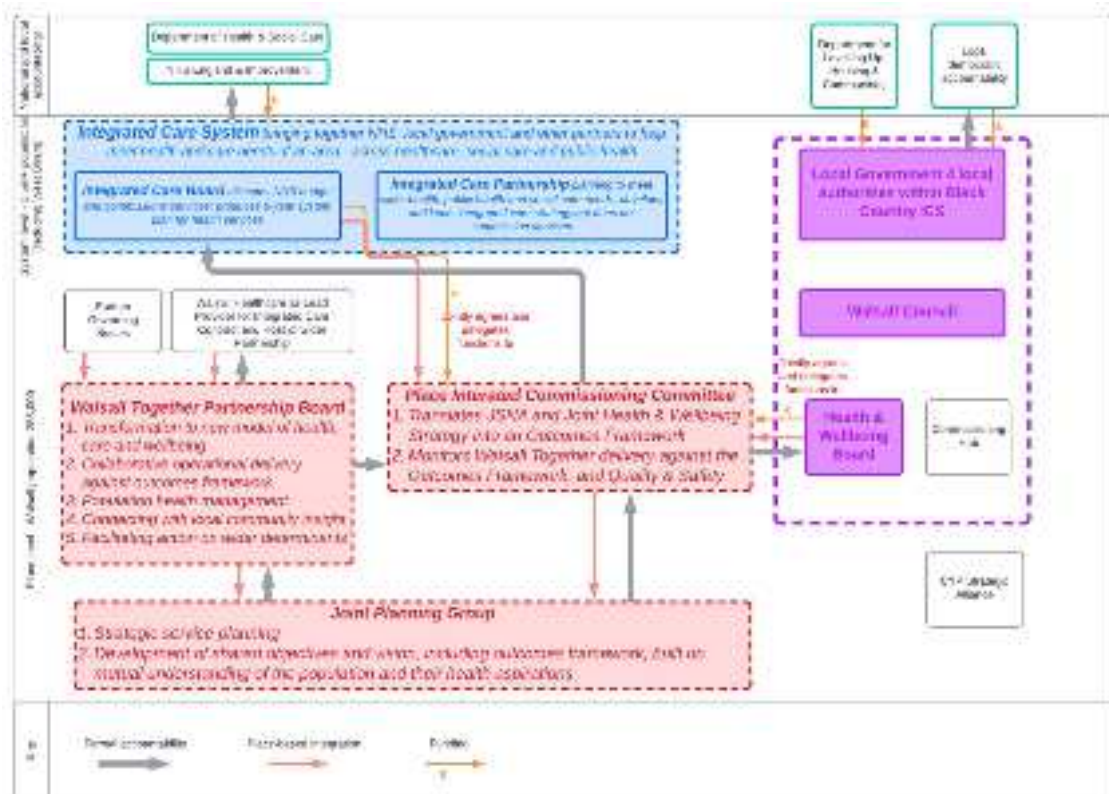
- 7.1 To help residents to stay well for longer the partnership has developed a Walsall-wide Wellbeing Outcomes Framework (WWOF). The framework will enable services to be commissioned, designed and delivered based on the needs of the population. It will support the strengthening of communities and provide a framework against which success can be measured. The WWOF was recently awarded 2nd runner up in the West Midlands Community Inspiration award, in the health and wellbeing category.
- 7.2 As part of this work, an online wellbeing directory of services – the 'Walsall Wellbeing Offer' is also being developed. This will allow citizens and professionals to find out about wellbeing support opportunities available across Walsall, and how they can access these to help manage, and support their own needs.
- 7.3 The WWOF is part of a broader partnership Outcomes Framework; a set of tools that have been specifically designed to enable several key things:
- Assist strategic decisions in a far simpler but more powerful way.
 - Deliver freedom for the partnership to deliver local solutions but commissioners (Health and Well Being Board and ICB) to assure the process.
 - Deliver and report against the Core20Plus5 agenda.
 - Carry out risk stratification in population health and provider landscapes.
 - Support the WWOF and clearly map and demonstrate the value of the VCSE sector.
 - Evaluate impact of services and initiatives.

- Support a transition to outcomes-based commissioning.

7.4 Having established the foundations of the framework, with a focus on diabetes, end of life and wellbeing initially, this will be further developed in partnership with colleagues across the Black Country. We are establishing wellbeing assets through the framework, making providers clear of their contribution to improving health inequalities and well-being, and looking to demonstrate how operational performance targets align to citizen outcomes.

8. Place Based Partnership Governance

8.1 The Health & Care Act 2022 and associated policy guidance is designed to increase collaboration and integration across all health and care organisations in order that people can live healthy, independent and dignified lives, and improve outcomes for the population as a whole. It involves the integration of planning, commissioning and delivery, facilitated by the aligning and pooling of resources, digital transformation and changes to regulation. In response to this, the following model has been coproduced by partners in Walsall and across the Black Country. Development sessions and formal papers have been presented to the Health & Wellbeing Board, providing more detail and assurances to members about the implications of this model.



8.2 The intention is to build on existing joint commissioning arrangements by establishing a Place Integrated Commissioning Committee (PICC), for services agreed to be in scope for 'control' ('control' defined as shaping service models, managing delivery, and redistributing system-allocated resource) at place.

PICC was established in April 2023, replacing the Joint Commissioning Committee and adopting its responsibilities. Additional areas of responsibility are operational in shadow form for 2023/24.

- 8.3 Decision-making pertinent to the statutory responsibilities of the ICB and Council will be retained by the PICC, which will report jointly into the ICB for NHS expenditure and the HWB/Cabinet for the Council elements. However, greater collaboration on several processes traditionally associated with and undertaken solely by commissioning will be transferred to the Walsall Together partnership, to increase the level of collaboration across all partners including providers. For example, service planning and redesign. Membership of the Joint Planning Group will include representatives from all Walsall Together partners and will undertake the processes identified within the commissioning cycle as suitable for collaboration.
- 8.4 Walsall is considered to be comparatively advanced in respect of establishing the relationships and structures that comprise a place-based partnership. Several discussions have taken place to influence the current Black Country ICB operating model, and to secure delegation of ICB responsibilities (and associated resource) in advance of April 2024. Walsall Together is also gaining recognition on a national scale and is supporting other places and systems through the sharing our learning and experience:
- Director of Place Development & Transformation is part of an advisory group to the NHS Confederation Place Leads Forum.
 - Working with Chamber UK to present an overview of our partnership to Local Authority, NHS and national policy leads in Autumn 2023.
 - Finalists in HSJ Awards 2023, Place Based Partnership & Integrated Care category.

9. Future Priorities

- 9.1 The Walsall Together business case was for 3 years from April 2019 up to March 2023, so it is now timely to refresh the model and describe the next phase of the ambition for the partnership. The following diagram proposes a high-level strategic direction for the core components of the Walsall Together model of health, care and wellbeing. This is being developed into a strategic discussion paper for the November Partnership Board building on the original business case, utilising local, regional and national learning around integration, place-based working, asset-based working at scale, and collaborative commissioning. The intention is to be fully aligned to the We Are Walsall 2040 borough plan.

How do we stand out from the crowd? Asset-based health and care at scale



9.2 2023-25 transformation priorities:

- Evaluate the effectiveness of the existing GP-led MDT arrangements and support better health and care outcomes for people with complex long-term conditions. The outcomes report will incorporate recommendations for future MDT model, that considers the needs of Walsall patients, best practice from elsewhere, and established models across national and international landscape.
- The development of a borough wide model to deliver an integrated offer to residents in a care provider setting. Specifically to deliver a proactive model of care that promotes interventions for preventative care; better support patient needs in a timely manner, proactively reviewing indicators that could lead to deterioration, and establish interventions to avoid decline in health; better support care providers through engagement and relationship building, and establishing a delivery model that is reflective of their needs.
- Following the local needs assessment against the 6 national priorities for end of life care, implementation of an improvement plan for Walsall.
- Black Country wide Dementia Strategy, with local needs analysis and delivery plan for Walsall.
- Integrated commissioner and provider review of intermediate care to secure the future sustainability of the service and continued delivery of improved outcomes for citizens through timely discharge from hospital.
- Continued focus on improving the experience and outcomes for children and families in Walsall, though delivery of Family Hubs, supporting the sustainability of family safeguarding, delivering improvements for adolescents with complex needs, and implementation of our Winter RSV ((Respiratory Syncytial Virus) hub.
- Delivering end to end pathway development for people with diabetes, incorporating weight management and prevention as well as high quality

treatment and management across Primary Care and community services.

- Secure implementation of the WWOFF and connect to wider borough work on anchor networks.

Appendices

None

Authors

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19 September 2023

Delivery of the Mental Wellbeing Strategy through the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership

For Assurance

1. Purpose

The report is to update the Health & Wellbeing Board on progress made by the Walsall Multi-agency Mental Wellbeing Stakeholder Partnership in delivery of the [Walsall Mental Wellbeing Strategy](#) (2022 – 2032) - "Together We Can".

2. Recommendation

To note the content of this bi-annual progress report.

3. Report detail

- 3.1 This report is a biannual progress report on activities undertaken to date in delivery of the Walsall Mental Wellbeing Strategy. A report to Health and Wellbeing Board in March 2023 outlined new governance arrangements for the Mental Wellbeing Stakeholder Partnership.
- 3.2 The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership is committed to taking forward:
- a. A universal partnership approach to promote good mental health and emotional resilience and prevent mental ill health for all age groups and populations.
 - b. A focused and partnership approach to community-based early help and support for emerging mental illness.
 - c. A proportionately targeted approach to reduce inequalities in mental wellbeing and health, to consider the clear mental health inequalities, both in terms of who experiences the greatest risk of poor mental health and in terms of unequal access to intervention.
 - d. To lobby and link mental health and wellbeing into wider population health activity across Walsall.
- 3.3 The Partnership has been meeting monthly and is co-chaired by The Head of Mental Health Transformation & Integration from Black Country Healthcare Foundation Trust (BCHFT) and Consultant in Public Health responsible for Mental Wellbeing at Walsal Council. It includes wide ranging membership across the partnership from the Council, the third sector (including One Walsall and community associations), social housing (whg) and Walsall Together (health and care place-based partnership).

3.4 Current priorities identified for the Walsall Multi-agency Mental Wellbeing Partnership, and allied partnerships, are highlighted in the below diagram:

Mental Wellbeing Priorities for 6-12 months – May 2023	
1	Improving knowledge and understanding of mental wellbeing through engagement and communication
2	Improving some of the economic and housing challenges that impact residents' mental wellbeing
3	Improving social connections
4	Talking therapies
Mental Health Partnership Priorities for 6-12 months – May 2023	
6	Improving physical wellbeing, and improving physical health of people with mental illness
7	Primary Care / Mental Health Interface
8	Dual Diagnosis
9	Improving Partnership working linked with Mental Health

Walsall Together | Collaborating for healthier communities

4. Implications for Joint Working arrangements:

The Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership reports to both Walsall Place (accountable to Health and Wellbeing Board with regular updates also being fed into Walsall Together Partnership Structures) and BCHFT Lead Provider governance. The Community Mental Health Partnership (of provider and voluntary sector organisations) is accountable to the Stakeholder Partnership, and there is appropriate information sharing with a number of other allied groups, including the Children and Young People’s Emotional Wellbeing Strategy group.

5. Health and Wellbeing Priorities:

5.1 Mental Wellbeing is one of the three current priorities outlined in the Health and Wellbeing Strategy. Below is a summary of activities undertaken over the last 6 months, linked to the deliver of the Walsall Mental Wellbeing Strategy, and the above identified priorities.

Mental Wellbeing Priorities

5.2 Birmingham Mind has been commissioned for 3 years to deliver community suicide prevention and mental wellbeing training.

5.3 An 8 Steps to Wellbeing awareness raising campaign has been delivered, and several well-attended Mental Health awareness-raising events were held across Walsall to improve the population's mental health and wellbeing and tackle stigma. See appendix 1 for campaign assets and evaluation.

- 5.4 A Plan on a page mental wellbeing strategy document has been produced. See Appendix 2.
- 5.5 8 Small mental wellbeing grants awarded to community providers are mobilising, and Crowdfund Walsall is launching the men's wellbeing grants.
- 5.6 The Thrive Mental Wellbeing Mobile unit continues to successfully deliver across Walsall, supporting people with challenges impacting on their mental health and wellbeing. This partnership between Bloxwich Community Partnership, Manor Farm, Citizens Advice Sandwell and Walsall and Walsall Community Transport has delivered 6720 interventions between May 2022 and July 2023.
- 5.7 Community Bereavement and counselling support services commissioned through Public Health are delivering in community locations across Walsall.

Mental Health partnership priorities

- 5.1 Co-production has taken place for the wider determinant aspects of the Community Mental Health Transformation programme. 10 VCSE organisations from across Walsall attended: Reach for a star, Aspire4u, Walsall FC, Manor Farm, Rethink, MindKind, Aaina, Glebe Centre, Brownhills, Citizens Advice Bureau.
- 5.2 There is £200, 000 available, via BCHFT, to organisations in Walsall to deliver holistic interventions for wider determinants with a focus on ESOL, employment, training, activities, mentoring, health awareness, befriending, support with benefits, access to food banks etc.
- 5.3 Collaborative proposals will be submitted and taken through the Walsall Multi-Agency Mental Wellbeing Stakeholder Partnership to agree allocation.
- 5.4 Following a coproduction process two organisations from Walsall have been commissioned to provide additional Recovery College courses: Aaina to deliver an introduction to lifestyle, recovery and nature course at Aaina Community Centre and Tumende will be providing a literacy skills course at The Recovery College base in Walsall YMCA.
- 5.5 Ablewell have been commissioned by BCHFT to provide Welfare Rights support for Severe Mental Illness.
- 5.6 The next coproduction process will be for the new Talking Therapies Plus model (previously IAPT) and there are 7 VCSE organisations from Walsall attending, with potential for them to become provider partners.

Background papers

None

Author

Name – Laura Brookes - Head of Mental Health Transformation & Integration

Organisation – Black Country Healthcare Foundation Trust



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Wellbeing Campaign Evaluation

Charlotte Gough



Walsall Council



IMPROVE
outcomes and
customer experience



IMPROVE
employee satisfaction
and engagement



IMPROVE
service efficiency
and performance

Background

Aim: to raise awareness of the different resources and support available that will enable residents and communities to independently manage their wellbeing. This will lead to opportunities to increase quality of life.

The campaign built on the Walsall 8 Steps to Wellbeing framework:

- Improve confidence in communicating sensitive information, increase early recognition of poor mental wellbeing behaviours in diverse communities and access to services.
- Enhance the ability to tackle stigma and identify early signs.

Target audience:

- Whole population with a focus on men living in the below geographical areas: Blakenall, Birchills-Leamore, Pleck, Palfrey, St. Matthews, Bloxwich East, Bloxwich West, Darlaston, Willenhall South

Key elements of the plan included:

- Using the DPH Annual Report 2021 as a foundation to develop messages on mental wellbeing and the 8 Steps to Wellbeing.
- Incorporating the Mental Health First Aiders programme into internal communications aimed at staff.
- An 8-week focus on the 8 Steps to Wellbeing between March to May 2023.
- Offering communications support for the mental wellbeing events in February and May 2023.

Summary of activity

Social media

- 171 posts were published across five topics related to mental wellbeing between December 2022 and May 2023, achieving 142k impressions, 3.82k engagements and 2.41k clicks.

Video

- Internal: Produced nine videos on Mental Health First Aiders totalling 569 views.
- External: Produced a short 30-second animation [introducing the 8 Steps to Wellbeing](#) along with eight portrait videos for each wellbeing step. These were incorporated into a partners' toolkit.

Press releases and media coverage

- Issued three press releases relating to mental wellbeing.
 - [Events supporting mental wellbeing in the community | Walsall Council](#)
 - [Get support for your wellbeing this Mental Health Awareness Week | Walsall Council](#)
 - [Community event supports residents as part of wellbeing campaign | Walsall Council](#)

Website

- Signposting to the council's existing [wellbeing support webpage](#). This included details of the Let's Chat bus, 8 Steps to Wellbeing and who to contact for urgent support.
- Created a customised link to the Wellbeing Plan which has achieved 528 clicks.

Inside Walsall

- Published 15 articles relating to mental wellbeing (including the Mental Health First Aiders) between January and May 2023 totalling 4589 views. Our most popular article was on the [8 Steps to Wellbeing](#).

Marketing

- Social media assets, posters and leaflets to advertise Community Wellbeing Events.
- Printed booklets of the 8 Steps to Wellbeing along with wellbeing bottles, notepads, hand sanitisers and tote bags which were given out at community wellbeing events.

Internal communications

Between January and February 2023, we incorporated the Eight Steps to Wellbeing into an internal video series about Mental Health First Aiders (MHFAs). Each MHFA spoke about their experiences of supporting others with mental health and highlighted one of the eight steps and what it means to them. We signposted to the Wellbeing Plans on the Council website and access to wellbeing support for staff.

For Mental Health Awareness Week in May 2023, we published a 9th video about another Mental Health First Aider.

Inside Walsall posts about the MHFA series totalled 1687 views. Video views in total was 569.

The videos are now hosted on the [Mental Health First Aiders page](#) on Inside Walsall.



Inspiration all Mental Health First Aider colleagues. Keep it up

very powerful thank you!

I love this

Fantastic video, mental health has always been a taboo subject, and it is about time there is opportunities for all of us too come forward, be honest, and seek the help when it is needed.

Feedback from staff relating to the MHFA video series.

Mental wellbeing awareness

From December 2022, we introduced mental wellbeing through a series of posts that were published during the Christmas and New Year. Content signposted to national charities like Mind and the Black Country 24/7 Urgent Helpline service, as well as advice on looking after mental wellbeing.

Following this, in January 2023, we started to promote the Let's Chat bus timetable, Every Mind Matters national campaign and introduce the 8 Steps to Wellbeing.

We also supported the national campaign 'Lift Someone Out of Loneliness', utilising the resources from DCMS over a six-week period between February and March 2023.



Print marketing for events



Material produced by Print and Design:

- 8 Steps to Wellbeing merchandise
 - Water bottles
 - Wellbeing Plans
 - Notepads
 - Sanitisers
 - Tote bags
 - Community Wellbeing Event posters and leaflets (A4/A5) in digital and print with social media specific assets created.

We supported public health colleagues to produce the above materials for distribution relating to the Community Wellbeing Events.

8 Steps to Wellbeing

Between Monday 27 March and Sunday 21 May, we did a social media campaign on the 8 Steps to Wellbeing Plan over an 8-week period (with each week focusing on a different theme). This led into Mental Health Awareness Week.

We developed a consistent and extensive social media plan. This included a mixture of polls and localised images and videos to visualise each step. We also signposted to the Let's Chat bus service and the [Get support for your wellbeing | Walsall Council](#) page.

We asked partner organisations to support the campaign in the following ways:

- Utilise the suggested copy and assets and share from @WalsallCouncil and @HealthyWalsall socials.
- Use our hashtag #8StepsToWellbeing and tag in @WalsallCouncil / @HealthyWalsall if there were any activities that tie in with

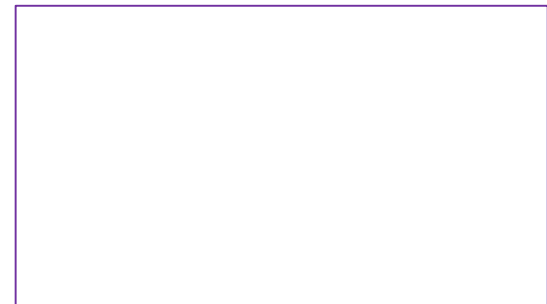
one or more of the 8 Steps.

- Encourage people to download and complete their free Wellbeing Plan: <https://bit.ly/walsallwellbeingplan>

Some of the organisations who supported include:

- NHS Black Country ICB and ICS
- Walsall for All
- One You Walsall
- Walsall Libraries
- whg
- Walsall College
- Umbrella Medical Group:
 - Holland Park Surgery
 - Lichfield St Surgery
 - Mossley Fields Surgery
 - The Limes Medical Centre
 - Sycamore House Medical Centre

I'm a video animation.
Click to play me.



Examples of posts published

The below screenshots are of posts published by Walsall Council and Healthy Walsall.



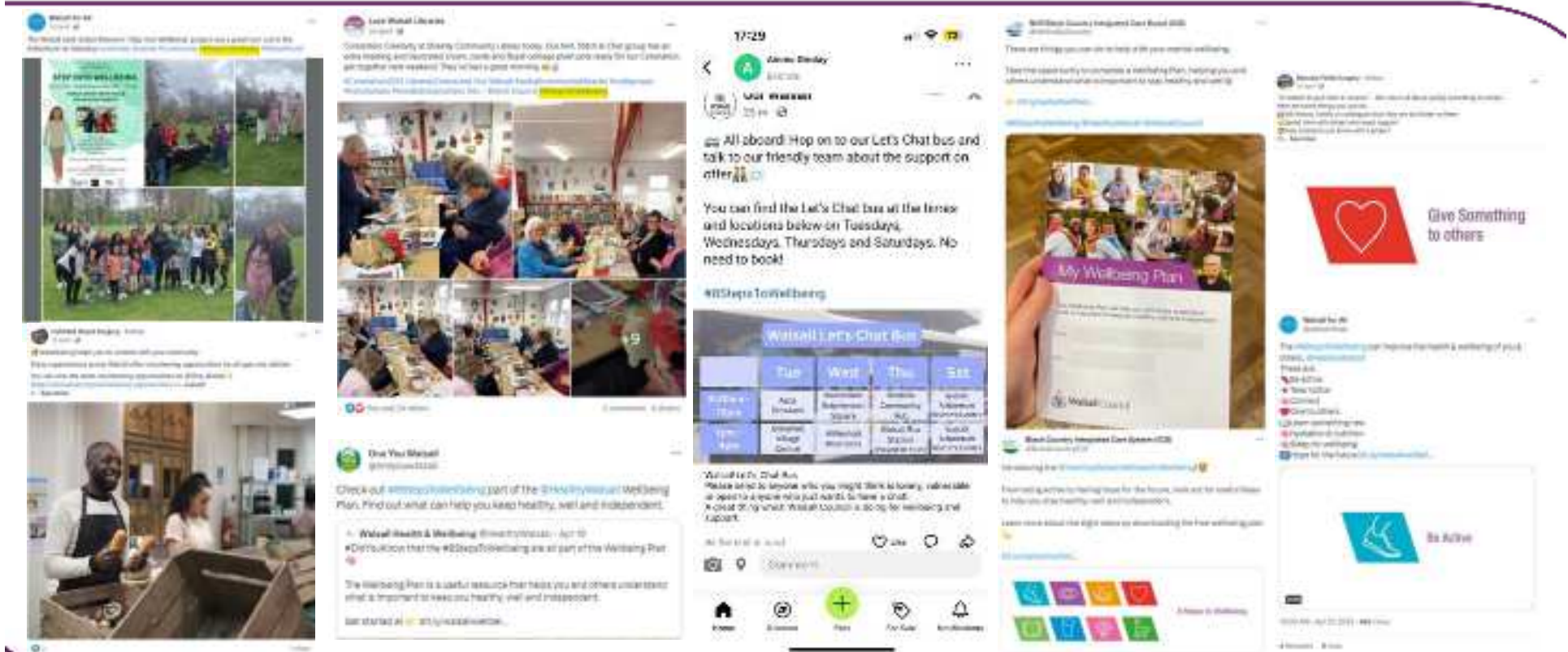
Mental Health Awareness Week

- Mental Health Awareness Week (15-21 May 2023) was the culmination of the 8 Steps to Wellbeing campaign.
- Throughout the week, we published 24 social media posts, which gained 13k impressions and 266 engagements. Post topics included the Let's Chat Bus, wellbeing plans and signposting to local services such as Talking Therapies.
- We issued a [press release](#) on 15 May 2023, which highlighted the different ways residents can access support for mental wellbeing. This was subsequently featured in the [Express and Star online](#).
- On Inside Walsall, we published five articles achieving 2,218 views in total:
 - [Mental Health Awareness Week is from 15-21 May \(walsall.gov.uk\)](#)
 - [Mental Health Awareness Week - 8 Steps to Wellbeing \(walsall.gov.uk\)](#)
 - [Focus on Mental Health and Wellbeing and Health & Safety \(walsall.gov.uk\)](#)
 - [Mental Health Awareness Week – Claire's story \(walsall.gov.uk\)](#)
 - [Mental Health Awareness Week – round up \(walsall.gov.uk\)](#)
- During the awareness week, the Public Health team hosted their final Community Wellbeing in the south locality at Nash Dom CIC. It brought together 23 providers to offer tailored advice, and information about activities and wellbeing support in the borough to over 70 attendees. We celebrated the success of this event on social media and in a [press release](#) at the end of July.



Examples of posts published

The below screenshots are of posts published by partner organisations supporting the campaign.



Engagement and impact

- The 8 Steps to Wellbeing focus drove high levels of engagement through participation in polls, quote RTs and comments. The following slide demonstrates some of the comments we received in response to our posts.
- The Let's Chat Bus engaged with the following numbers. However, it is not possible to prove impact of communications on the initiative:
 - 1st Dec to 31st March 1,769
 - 1st Feb to 21st May 1,534
- It is possible that the communications campaign on wellbeing has been a contributing factor in more providers and services using the wellbeing plans.
- When promoting the Let's Chat bus on a weekly basis during the 8-week campaign, we received feedback from the public about possible, future locations. We took on board the suggestions from the public about where the bus should go and it is now travelling to other locations between 13 June and 20 August 2023: Ford St in Pleck, Paddock, Brownhills and Lower Farm.
- On one post we shared about hydration and nutrition, we received a reply from the Mental Health Foundation thanking us for signposting to their website.



Social media comments

Fabulous gyms 🏋️‍♀️ 🧘‍♀️

Comment about the leisure centre post linked to the 'Be Active' step.

Well done! Such initiatives are very welcome to the residents. Congratulations to all those involved and present!

Feedback on the Community Wellbeing event in May 2023.

#8stepstowellbeing is a great way to improve how you think and how you feel in your day to day life. Little changes make a big difference. 10months ago yesterday I drank my last coca cola which is a whopping 9030 spoons of sugar I haven't drank! (I could never drink sugar free)

Quote RT from a local employee about the 8 Steps to Wellbeing

Getting in my car and going for a drive. Good for your mental health having time to yourself

Reply from a member of the public about how they look after their wellbeing.

How about a Bentley bus?

Could we get this bus to Palfrey, Caldmore, Delves and Pleck to get this side of Walsall chatting too

Like Reply Hide 15 m

Aldridge or pheasey would be good please x

Darlaston would be good!

Feedback from the public suggesting future locations for the Let's Chat Wellbeing Bus



As long as they can point anyone wanting to volunteer... in the right direction... it seems to me that the volunteer group takes the lead... organises and supports through their own network... proven in most cases... as we know the council budget rarely stretches to any financial or physical input support.

Extract from a Facebook group conversation where a post on volunteering (linked to the 8 Steps) was shared.

Social media analytics

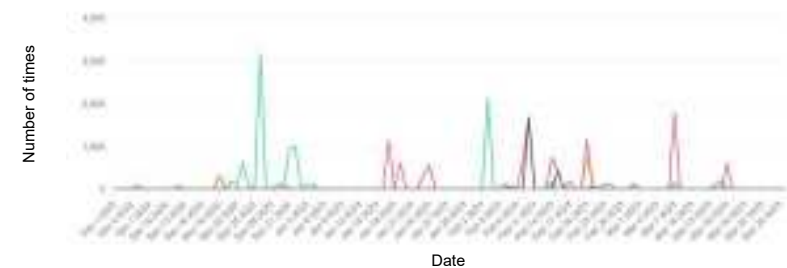
	Impressions	Engagements	Clicks	Video views
Pre-campaign (1 Dec 22-26 Mar 23)	19.9k	472	127	129
During campaign until end (27 Mar-31 May 23)	122k	3.35k	2.28k	2.1k

The above table gives the impressions, engagements and clicks for the wellbeing campaign. We have included video views in the analytics as videos were part of the content produced. As you can see in the graphs on the right, prior to the 8-week campaign between December and late March, we achieved almost 20k impressions but smaller numbers of engagement. During the campaign until the end, analytics increased as a result of the 8 Steps to Wellbeing campaign.

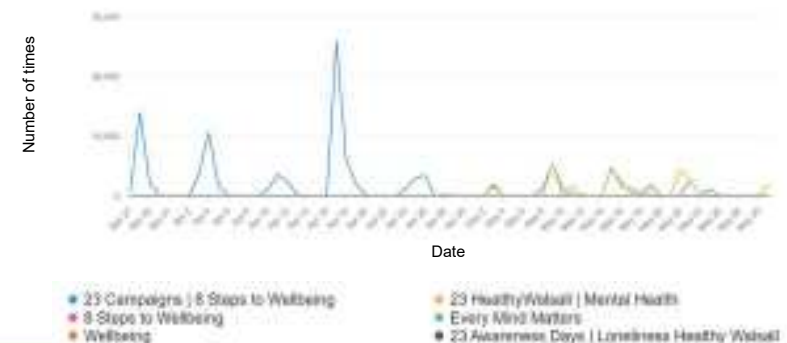
Notes and definitions:

- Analytics for posts published via Meltwater.
- Impressions: The number of times it appears on feeds.
- Engagement: The number of times someone has engaged with the content through a like/reaction, comment or share.
- Clicks: The number of times someone has clicked within a post (e.g. links).

Pre campaign



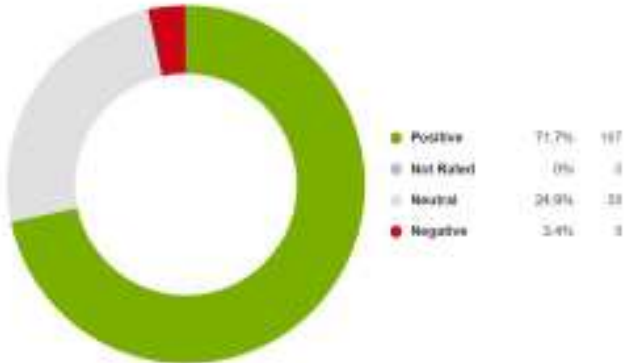
During campaign until end



Meltwater search - 8 Steps to Wellbeing focus



Mention trend



Sentiment



Top keywords

A search on '#8StepsToWellbeing' via Meltwater had 233 mentions between 27 March 2023 and 21 May 2023.

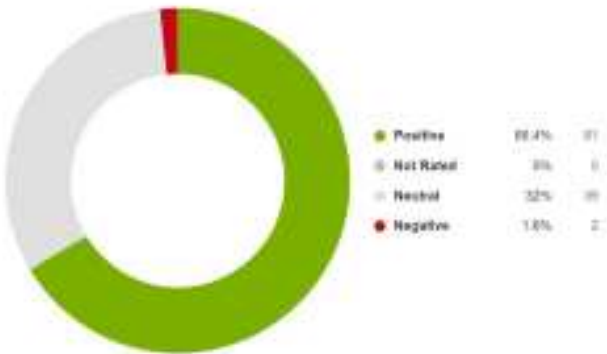
Popular keywords included 'others', 'chat bus' and 'mental wellbeing'.

A search on this hashtag generated a 71.7% positive sentiment.

Meltwater search – wellbeing in Walsall



Mention trend



Sentiment



Top keywords

A search on wellbeing in Walsall as a topic on Meltwater had 122 mentions between December 2022 and May 2023.

Mentions generated a 66.4% positive sentiment.

Popular keywords were ‘wellbeing’, ‘community wellbeing’ and ‘work’ amongst others.

Benchmarking analysis

- Overall, our analytics are impressive, especially compared to previous public health campaigns:
 - Benchmarking against the Heart Health campaign, we received 502% more impressions, 241% more engagements and 271% more clicks. This shows the impact the 8 Steps to Wellbeing content had. One of the points that made the Heart Health campaign weaker was the identity, making it disjointed (i.e. lots of different branded messages from different organisations going out). We improved this with the 8 Steps to Wellbeing campaign as our comms were consistent and the messages were clear. This shows the impact this can have.
 - Running the campaign over eight weeks was also a positive. It gave us more time to break down the comms into smaller, more consumable pieces of information. Sometimes, when we run public health awareness weeks, we often fit in a lot of information over a short period of time. However, the 8 weeks helped space the campaign out.
 - Compared to the 'HIV Awareness Week', we only gained 1.87k impressions, 26 engagements and no clicks. It shows that these short bursts of activity are not having as much of an impact. For our public health messaging to be lasting, we need to take a similar approach to what we have done with the 8 Steps to Wellbeing.

Observations

- Comparing between pre-campaign (before 27 March) and during the eight-week 8 Steps to Wellbeing social campaign, we saw an 983% increase in impressions, 897% increase in engagements and 1972% increase in clicks. These results were achieved organically. There are several factors that may have contributed to this success:
 - The 8 Steps to Wellbeing was specific to Walsall, therefore our content was localised and focused on local opportunities and services that could help the mental wellbeing of Walsall residents.
 - The use of polls and relatable topics created engagement and participation.
 - Certain posts published on social media gained higher numbers of impressions and engagements, such as the Let's Chat bus timetable and volunteering in Walsall.
- The portrait videos for Instagram were an opportunity to try out animated reels.

Lessons learnt

- This campaign demonstrated the need to create engaging, consistent content across a variety of platforms that is local and relatable to target audiences. We signposted to local services and opportunities that would enable residents to improve their wellbeing and we had clear calls to action (such as downloading the wellbeing plan and registering for the events).
- The comments and feedback we received were positive. Often, we struggle to generate engagements and a 'back and forth' conversation around public health content. The way the content was positioned (polls, open questions etc.) helped to create a conversation around the campaign. We are really pleased with this approach, and we feel this has been one of our stronger public health campaigns.
- The development of a social media toolkit distributed to partner organisations enabled greater awareness and participation around the 8 Steps to Wellbeing. Therefore, development of toolkits have benefits in widening out key messages to audiences.
- We brought different elements into the campaign, such as the Mental Health First Aider videos and Community Wellbeing events and linked this with the 8 Steps to Wellbeing messages. Activities like events and videos that reinforce key messages have benefits in strengthening campaigns.
- This campaign generated impressive results. The use of polls, reels and running campaigns over a longer period have proven to benefit with engagement.

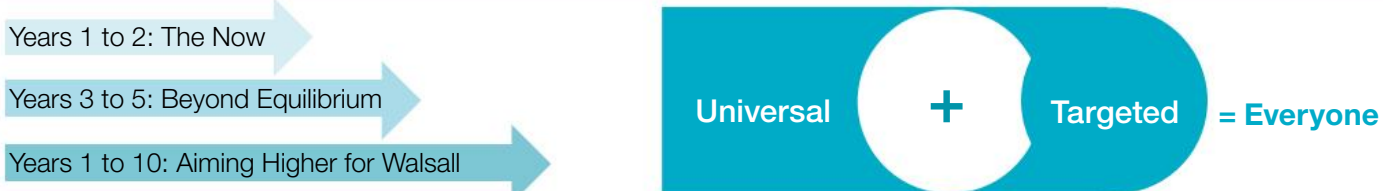


Walsall Multi-Agency Mental Wellbeing Place Based Strategy – Together We Can



Making it Happen:

- Deliver the Walsall Mental Wellbeing Strategy and Concordat through the Walsall Mental Wellbeing Strategic Partnership
- Launch the Walsall Wellbeing Outcomes Framework and service directory
- Develop the Children and Young People’s Emotional Wellbeing Strategy and support work of family hubs
- Progress the Walsall Health in all Policies approach
- Work to understand the impact of racism on mental wellbeing, and explore ways to improve outcomes





Walsall Multi-Agency Mental Wellbeing Place Based Strategy – Together We Can

Mental Wellbeing Need In Walsall

 <p>1 IN 4 ADULTS experiences a mental health condition in any given year</p>	 <p>Carers are more likely to suffer mental health problems than non-carers.</p>	 <p>21% bereaved people nationally said that they had not spoken to a support service about their bereavement but would have liked to</p>	 <p>19.4% of Walsall residents experience anxiety or depression</p>	 <p>People living in the most deprived areas of England were 2x as likely to be referred to IAPT</p>	 <p>On average people with serious mental health illness die 15-20 years earlier</p>	 <p>On average people with serious mental health illness die 15-20 years earlier</p>
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Common Risk Factors

- Financial problems
- Having not many healthy relationships
- Stress
- Bereavement
- Crime/ fear of crime
- Bullying
- Poor nutrition
- Pregnancy
- Substance misuse
- Poverty
- Personal history of trauma
- Abusive relationship
- Lack of support services
- Poor sleep
- Low self-esteem
- Poor academic achievement
- Discrimination

Common Protective Factors

- Coping and problem solving skills
- Financial Security
- Positive self-regard
- Moral belief and/or faith
- Participation in sports team, club and community
- Good housing Good education, training, employment
- Secure attachment as a child
- Healthy diet, exercise
- Positive peer and family relationships
- Optimism and Ambition
- Access to support



8 Steps to Wellbeing

 <p>Be Active</p>	 <p>Learn Something New</p>	 <p>Connect</p>	 <p>Give Something to Others</p>
 <p>Take Notice</p>	 <p>Hydration and Nutrition</p>	 <p>Sleep for Wellbeing</p>	 <p>Hope for the Future</p>



Walsall Health and Wellbeing Board 19th September 2023

Reference:	Agenda item no:		Action ref (if any):		Enclosure no:	
Title of report:	Update of the Black Country Mental Health and Emotional Wellbeing Strategy for Children and Young People					
Author:	Mags Courts (Head of CAMHS Commissioning) Sarah Hogan (Deputy Director of Children, Young People and Families) Black Country Healthcare NHS Foundation Trust					
Presenter:	Sarah Hogan					

Purpose of the paper:	This paper is presented to: (tick one) <input type="checkbox"/> Approve: To formally receive and discuss the report and approve its recommendations or decide on a particular course of action. <input checked="" type="checkbox"/> Receive: To receive and discuss, in depth, noting the implications without formally approving it. <input type="checkbox"/> For information: To note the report for the intelligence without in-depth discussion.
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Summary of key issues:	<ol style="list-style-type: none">1. Ensuring the right people are available to input into the strategy discussions as well as the Walsall CYP Emotional Mental Health and Wellbeing Partnership Board to engage and represent their services in terms of young people's emotional mental health and wellbeing to develop a clear system and understand where services are available for young people.
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Identified key risks (summary risk only)	<ol style="list-style-type: none">1. Embedding the Thrive model across the system will ensure that the right support is available for young people at the right place as they need it.
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Introduction:

Black Country Healthcare NHS Trust is the Lead Provider for Mental Health (MH), Learning Disability and Autism (LDA) Services in the Black Country as of 1st of July 2022. One of the anticipated benefits of having a Lead Provider approach for MH/LDA was the ability to bring together a clear system wide strategy for the mental health and emotional wellbeing of Children and Young People across the Black Country.

A draft Black Country wide Mental Health and Emotional Wellbeing Strategy for Children and Young People has now been developed to articulate our vision for the Black Country to be a place where children and young people thrive and have the capacity to develop both physical and emotional resilience. The Trust is committed to ensuring that the final strategy supports joint working and drives change to improve outcomes across the system, in partnership with our local authorities, childrens trust, voluntary sector partners and communities. Our ambition is that we have one system, working together to provide equitable and responsive emotional mental health and well-being services across the Black Country, accommodating the individualised needs of children, young people and families across the area.

Our vision for young people is that they will:

- Enjoy a happy and fulfilling childhood.
- Be resilient and manage their emotional health and wellbeing in their family, school, and community.
- Ensure access to the most appropriate range of services for our most vulnerable children and young people.

To enable us to achieve our vision, evidence-based services will be commissioned, which are evidence-based and will be designed to:

- Promote resilience, prevention, and early intervention.
- Improve access to effective support.
- Improve specialist early help and Intervention for the most vulnerable

Background:

Discussion has taken place with many stakeholders, including children and young people themselves, as part of specific groups eg. LGBTQ+ groups, children in care and care leaver groups as well as local authority colleagues and education partners to discuss what is required in



services and from a strategy. We have also run a Black Country wide 'co-lab' engagement event during the summer months to consider what is required from the strategy, how we can develop this effectively across the system, and what good looks like. Further engagement is planned on 19th September at the Black Country Children and Young People Partnership Event which will add to the formulation of the strategy including the governance of it.

What were the key achievements for the first year of the Lead Provider:

- Managing all contracts for emotional mental health and wellbeing services across the Black Country
- Initial Co-Lab engagement event has occurred which was focused on CYP MH which supported excellent discussion about strategy and thrive model.
- Developing relationships with the local professional football to support the Mental Health Support Teams in Schools to have access to venues during the summer holidays when schools are closed. We have also supported the workforce of the Football Club Foundation to have Mental Health First Aid for Youth Training.
- Working with Barnardos to provide keyworker roles within the 4 Acute trusts to support C&YP who present at acute hospitals following an incident of self-harm or due to concerns around their mental health or being physically compromised due to an eating disorder.
- Funding secured from NHSE for training opportunities to upskill staff in our voluntary sector organisations who support young people with emotional mental health and wellbeing needs.
- Admission avoidance / Early Discharge project being undertaken with Flame Lily for CYP who are a part of the Eating Disorders Team to provide wrap-around care in the community utilising both MDT and care provider to offer intensive home treatment.
- Funding acquired from NHSE to support working with Wysa to develop a new digital offer.
- Working with all Local Authorities to support Children and Young People in Care who require specialist therapeutic interventions, to identify needs, provide funding and ensure that the placement is providing evidence based interventions.
- Working with Midland Young Advisors to develop a Black Country wide participation strategy and understand what our young people think is appropriate to incentivize to participate.

Looking Ahead:

- Continuing the development of the connectivity between the MH services and local community asset bases
- Development of Single Point of Access in Walsall which will support our understanding of children and young people's needs in these areas.
- Supporting the Needs Led Assessments that are taking place across the Black Country in each place.

- Using the work undertaken by Cordis Bright for the system analysis to support further development of services for our underserved communities.
- Providing training opportunities through a range of providers for all of our commissioned and non-commissioned services across the Black Country to upskill to support young people with emotional mental health and wellbeing needs.
- Training needs analysis to be undertaken for all services across the Black Country to identify what training needs are required to meet the needs of our young people
- Development of digital offer from Wysa as a pilot.
- Embedding the I Thrive model across the patch with clear understanding of offers across the Black Country and gaps that exist to get to a place of common language.
- Development of a vision and strategy for CYP in the Black Country for emotional mental health and wellbeing needs which is co-produced with young people and their families and stakeholders.
- Identifying which projects are improving health inequalities and allowing services to reach more of our underserved communities which we should continue funding based on impact.
- Considering/developing joint commissioning opportunities with Local Authorities around emotional mental health and wellbeing needs.
- Using the information from the Project undertaken by Midlands Young Advisors to support our co-production of all work with children and young people.
- Coordinating a programme of work across agencies to review current CYP ASC diagnostic pathways across the Black Country and work collaboratively with all stakeholders, to make proposals for improvement.
- Working with parents and carers as part of the diagnostic pathway for ASC work to understand their experiences of navigating the pathway.
- Stakeholder sessions to be booked with social care team to ensure that we are co-producing the offer for children in care from specialist mental health services.
- Developing clear terms of references for the Walsall CYP Emotional Mental Health and Wellbeing Partnership Group to inform who attends and their roles as part of their involvement.

Actions:

1. Continue to meet with a range of stakeholders to finalise the development of the CYP mental health and emotional wellbeing strategy for the Black Country.
2. Understand the outputs from the Walsall Needs Led Assessment for Emotional Mental Health and Wellbeing for CYP to understand what the needs of the young people in Walsall are and what support is required to meet these needs.
3. Stakeholder sessions to be put in place to look at the Needs Led Assessment and understand what the Emotional Mental Health and Wellbeing Strategy for Walsall should contain.



Note: Health and Wellbeing Board priorities are as set out in the Joint Local Health and Wellbeing Strategy 2022-25

(1) Children and Young People (2) Mental Health (3) Digital Development (Access to all).

		Board 13 June	Workshop July	Board 19 Sept	Workshop October	Board 12 Dec	Workshop February	Board 19 March
Item	Lead		Focus: PICC & Police Right Care Right Person		Date tbc. Focus: Pledges.		Date and focus to be confirmed	
Board Priorities					Progress report			End of year report
Council Commissioning Intentions outside PICC	DPH/ED ASC/ED Children's							Annual report decision/discussion
DPH Annual Report	DPH							For information
PH Outcomes Framework	DPH							for Information
Child Death Overview Panel	DPH					Annual Report for information		
Health Protection Forum	DPH			Annual Report for information				
We are Walsall 2040	DPH (policy & Strategy)			Final strategy				6 month progress report
Teenage Pregnancy Strategy	DPH							
Serious Violence Needs Assessment	DPH					For information		
Alcohol and Drugs Strategy	DPH					Final strategy for noting		
SEND update	ED Children's & Customer	6 month update				Annual update for assurance		
Children's Alliance	ED Children's & Customer			Strategy				
Family Hubs	ED Children's & Customer			Progress report				
Homelessness Strategy	ED Children's & Customer							
Better Care fund	ED ASC/BCF manager	Year-end report for assurance & 2 year plan						
Adults and Children's Safeguarding Boards	Chair, Safeguarding Partnership					Annual Reports for information		
Walsall Together	Chief Officer WHT			Annual Report for assurance				
ICB Forward Plan	Chief Officer BC ICB	ICB FP to note Final version						End of year report for discussion/assurance
Place Integrated Commissioning Committee								Update on how new committee is working and progress on Commissioning and spending plans
Children and Adolescent Mental Health Services	Chief Officer BCHT			Progress report for assurance				
Mental Wellbeing Strategy	Chief Officer BCHT			Progress report for assurance				Annual Report for assurance
Healthwatch Walsall	Chair HWW			Annual Report for Assurance				Progress on projects/public engagement for assurance

To be scheduled: HWW Hospital Discharges.

Note for future work programme:

- Pharmaceutical Needs Assessment expires in 2025. Drafts will be prepared for HWBB in 2024.
- Joint local Strategic Needs Assessment update will commence in 2024/5 for a draft in 2025 and approval in 2026
- Joint Local health and Wellbeing Strategy expires in 2025 – will be informed by JSNA (timing may mean an extension of a year)

ASC	Adult Social Care	DPH	Director of Public Health	BCHT	Black Country Healthcare Trust
WHT	Walsall Healthcare Trust	HWBB	Health and Wellbeing Board	SEND	Special Educational Needs and Disabilities
ICB	Integrated Care Board	ED	Executive Director	PICC	Place Integrated Commissioning Committee