

**WALSALL
BETTER CARE
FUND**

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

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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

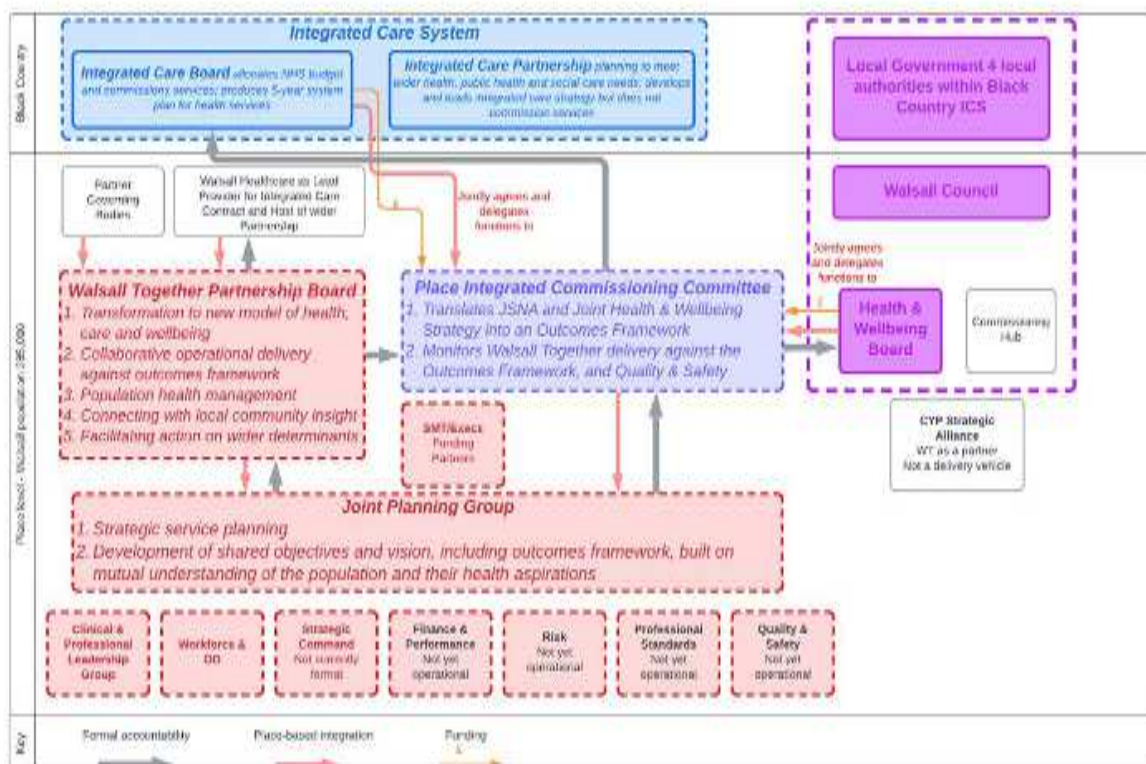


Diagram 1 demonstrates Place governance for strategic and operational commissioning activity. Agreement is in place from Walsall Together as the partnership, Health and Wellbeing Board to ensure delivery of the Health and Wellbeing strategy, and the Black Country ICB to ensure management of activity. 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 W 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

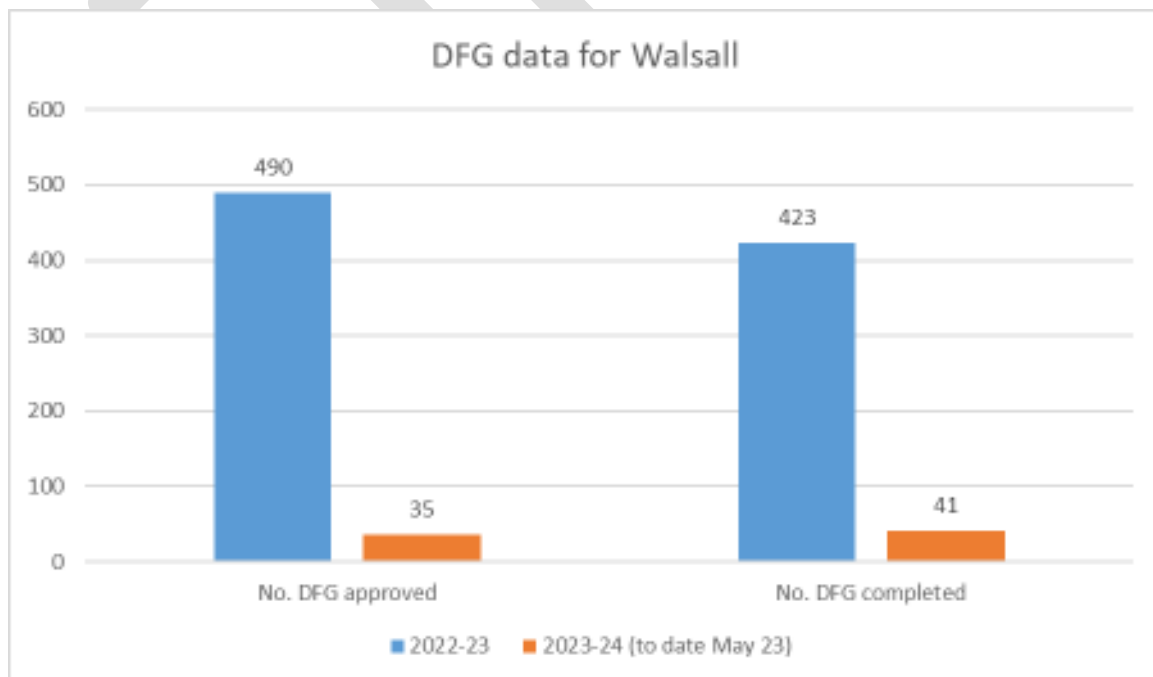
Disabled Facilities Grant and wider services

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