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| **MEETING OF THE PUBLIC TRUST BOARD – 5th November 2020** | | | | |
| **Walsall Together Partnership Board (WTPB) Highlight Report** | | | | **AGENDA ITEM: 21** |
| **Report Author and Job Title:** | Trish Mills Trust Secretary | **Responsible Director:** | | Mrs Anne Baines – Chair of WTPB (Non-Executive Director) |
| **Action Required** | Approve ☐ Discuss ☒ Inform ☒ Assure ☐ | | | |
| **Executive Summary** | The report provides the key messages from the Walsall Together Partnership Board meeting on 21st October 2020. The key points for the attention of the Trust Board are:   * Partners are developing an approach which links demand on services to the right groups in an integrated way to ensure both physical and mental health issues are addressed simultaneously. * Two new risks have been to, and are being managed through, the partnership risk register. The first was highlighted to the Trust Board in October and is the lack of access to timely swabbing for care home staff. The second is the lack of available resources to implement new models of care and associated benefits. * The partnership approach to health inequalities was debated at length. Further work to develop a baseline and to gain community input will take place. * The Care Quality Commission (CQC), in their review of best practice across system working during COVID-19, praised the work of Walsall Together and the approach and commitment of partners. | | | |
| **Recommendation** | Members of the Board are asked to note the report. | | | |
| **Risk in the BAF or Trust Risk Register** | This report aligns to the BAF risks for Care at Home (S02) and COVID-19 (S06) | | | |
| **Resource implications** | There are no new resource implications associated with this report. | | | |
| **Legal, Equality and Diversity implications** | There are no legal, or equality & diversity implications in this paper, however the developing approach to health inequalities is noted. | | | |
| **Strategic Objectives** | Safe, high quality care ☐ | | Care at home ☒ | |
| Partners ☐ | | Value colleagues ☐ | |
| Resources ☐ | |  | |

**WALSALL TOGETHER PARTNERSHIP BOARD**

**KEY AREAS FOR CONSIDERATION BY THE BOARD**

The Committee met on 21st October, with the meeting Chaired by Mrs Anne Baines, Committee Chair and Non-Executive Member of the Walsall Healthcare Trust Board. The meeting was quorate, with all partner organisations represented.

The Committee reports to all Partner Boards each month on key issues from the meeting.

1. **Patient Story**

Healthwatch presented the story of a patient that has been suffering with diabetes and pain due to fibromyalgia and detailed her referral to the Pain Therapy Team at Walsall Healthcare Trust and Improving Access to Psychological Therapies (IAPT) talking therapies. The Board heard of the impact of COVID-19 in restricting access to face to face therapies, and the effect that had on the patient’s mental and physical health.

Healthwatch has responded to this patient and others by holding Diabetes UK and diabetes team peer support group meetings to help to connect others, and provide a platform to discuss self-management and address isolation.

The Board heard of the desire of patients to better understand the services and specialities available to patients through the IAPT programme, and to ensure consistency of referrals and after care. The Board took an action to look into referrals to the Pain Therapy Team and to how partners are linking demands on services to the right groups in an integrated way to ensure both physical and mental health issues are addressed simultaneously.

1. **Operational Update**

Key performance indicators were reviewed for partners noting:

* Across the system there is a return to several command and control meetings in response to growing COVID-19 challenges. There is also a continued focus on staff health and wellbeing.
* Referrals to the care coordination service remain high. This work is being absorbed by the Rapid Response Team with increased support provided by the Locality Teams.
* The enhanced support team commenced weekly ward rounds in all older peoples care homes on 1st October. Further work is underway to strengthen this model with the patients’ GPs.
* The numbers of patients at Walsall Manor Hospital who are medically stable remain at a reduced level.
* The reactivation of Decision Support Tools is progressing well within the Intermediate Care Service and locality teams.
* There are concerns about the requirement for staff going into care homes to have weekly COVID-19 swabbing. Community Services are unable to access the swabs required to implement this. This has been added to the risk register.
* One Walsall is continuing to engage with the voluntary sector, promoting its development tool and training programme to support the sustainability and development of voluntary, community and social enterprise organisations.
* There continues to be significant pressure on Mental Health inpatient beds. Black Country Healthcare is in the early stages of developing a regional strategic approach for inpatient care.
* A review of Primary Care recovery and restoration has been undertaken as the system is seeing increased numbers of COVID-19 positive cases.

1. **Programme Update**

The overall status of the transformation programme is amber due to some milestones that are delayed or overdue, primarily due to partnership preparations for the second wave of COVID-19.

The board reviewed those milestones that were delayed but expected to recover, and those for which a re-profiling will be required. The next meeting will focus on this, as well as understanding the impact of any delays or re-profiling. The Board will consider additions to the programme including the new models of care pathways and Integrated Care Partnership roadmap, and their expected outcomes, as well as the respective contributions of partners to these.

1. **Health Inequalities**

The Board were provided with an overview of the current system thinking in respect of health inequalities and the various strands of work that are taking place. The Board will continue to draw out the substance of this work, developing a baseline which demonstrates what partners are currently doing to address health inequalities, and listening to what communities need, prior to developing a strategy to address this in an integrated way. The message was clear that health inequalities must be the strand that runs through all programmes delivered through Walsall Together.

1. **Walsall Housing Group Health and Wellbeing Approach**

The Walsall Housing Group health and wellbeing approach, which is being co-created in consultation with customers and Board members, was well received by the Board. Partners were invited to feedback on the approach, which has health inequalities as its focus.

1. **Walsall Together Effectiveness Review**

The Board approved its annual report for 2019/20, and made amendments to its terms of reference, which will be endorsed at the next meeting. The Board’s priorities for the 2020/21 year include:

* Continued integrated response to community needs arising from COVID-19 transmission
* Development of integrated approach to addressing health inequalities and wider determinants of health
* Continued delivery of Business Case through development of local services based on increased levels of engagement and co design with local communities
* Agreement of Partnership outcome measures to assess continuous health improvement
* Consideration of ICP status journey/options and agreed direction of travel