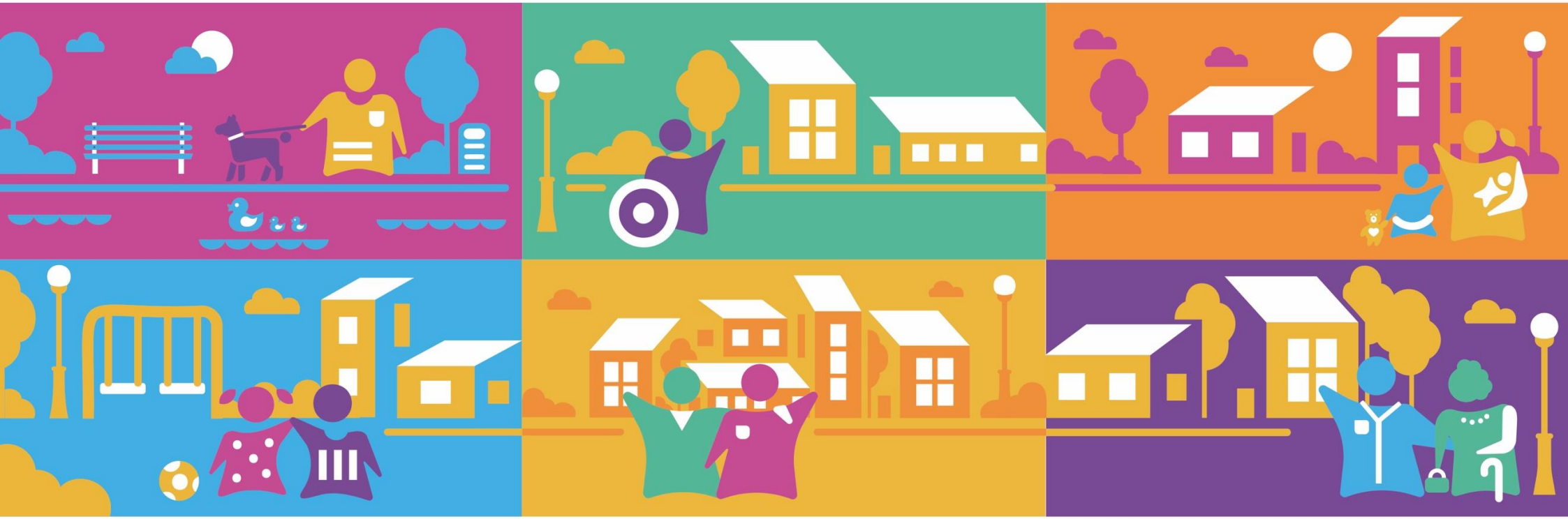
Walsall Together

Stakeholder Newsletter

November 2020



Collaborating for happier communities

Walsall Together

Stakeholder Briefing November 2020

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Introduction

In a recent review by the CQC Walsall Together was praised for its partnership working during COVID-19.

The review highlighted the excellent communication between the partnership as well as effective multi-disciplinary meetings which enabled decisions to be made quicker and health and social care services to be delivered more effectively.

Needless to say this is a huge boost and is testament to the excellent relationships that have been developed and the dedicated work of all of our staff, who have come together to help us achieve our ambitions.

During wave two it's so important that we continue with this momentum and embed the learning from the first wave as part of our winter planning and beyond to ensure we continue with a collaborative approach to delivering community services.

In the year that keeps on giving, the health and well-being of our staff is paramount and we are doing everything we can to ensure you are fully supported during this time.

So what does next year look like? You will no doubt have heard that a vaccine is imminent and whilst this is welcomed news we know that our recovery from the impact of COVID won't be a short journey.

What we do know is we don't want to lose the advantages that have been gained, for example remote working, an increase in the number of virtual consultations compared to before as well as the substantial improvements that have been made to intermediate care and the care co-ordination centre.

We are continuing to focus on the direction of travel for the formalisation of the Integrated Care Partnership by April 2021. We are working to ensure this aligns with our ambition to reduce health inequalities and drive improved outcomes through the integration of health and care services. Our focus now is to strengthen our governance and accountability and take a collaborative view on the delivery of services coming into scope for example outpatient services.

Our Communications and Engagement Strategy has been endorsed by the senior leadership team and was approved at the Walsall Together Partnership Board this month. This strategy outlines our commitment to working together with our citizens and communities to promote equality and reduce inequalities by focusing on the wider determinants health.

We hope you enjoy reading the newsletter and please share it with your wider networks.

Daren Fradgley

Executive Director of Integration

Walsall Together

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An overview of Walsall Together

Walsall Together is a partnership of health, social, housing, voluntary and community sector organisations that are working together to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across the borough.

Our partners

- Housing (whg)
- Voluntary, community and social enterprise (VCSE)
- Healthwatch Walsall
- Primary Care Networks
- Walsall Healthcare Trust
- Walsall Council
- Black Country Healthcare NHS Foundation Trust
- Walsall Clinical Commissioning Group

The bigger picture

The Walsall Together partnership is part of a wider system of health and social care called The Black Country and West Birmingham Sustainability and Transformation Partnership (STP).

The STP, which is currently working towards becoming an Integrated Care System (ICS) by April 2021, is responsible for five places covering large population sizes.

Within each of these areas there are partnerships like Walsall Together who are responsible for designing and delivering health and social care services that meet the needs of its population.

New ways of working

As a partnership our aim is to work more closely to together to tackle the widening gaps in health inequalities by focusing on the wider determinants of health such as housing, education and employment and the vital role that people and communities play in health and well-being. In doing this we hope to transform the way services are delivered, reduce inequalities, improve health and well-being outcomes for the people of Walsall, develop a skilled, motivated and happy workforce and make the best use of partnership resources in the process.

We will be working closely with local voluntary organisations, charities, community groups, patients and local residents in the planning and delivery of services.

By doing this we'll be able to understand the local population better (including the wider determinants of health), help people understand and manage their own health and well-being needs and provide the right care in the right place at the right time for everyone.

To find out more about Walsall Together and its future plans visit:

www.walsallhealthcare.nhs.uk/walsalltogether

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Update from the Board

The Walsall Together Partnership Board met on 21 October 2020. Highlights from the Board were:

In response to the second wave of COVID-19 additional system wide command and control meetings have been reinstated

The enhanced care home support team have commenced weekly ward rounds in all older peoples care homes

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 the progress of the Walsall Together transformation programme including milestones that are delayed or overdue due to COVID-19. It was agreed the next meeting will focus on understanding the impact of delays or re-profiling as well as additions to the programme including new models of care pathways and Integrated Care Partnership roadmap

An overview of the current system thinking in respect of health inequalities and the various strands of work that are taking place across the partnership to address these. A bassline will be developed and engagement with communities will take place to understand what is needed before developing a strategy to address this in an integrated way.

whg presented their health and wellbeing approach to creating resilient communities which focuses on reducing health inequalities and the wider detriments of health through various programmes of work

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

To read the full highlight report visit:
www.walsallhealthcare.nhs.uk/walsalltogether

Walsall Together praised for its collaborative working during COVID 19

Walsall Together has been praised by the Care Quality Commission (CQC) for its partnership working during COVID-19.

The review, which took place at the end of July, highlighted the excellent communication between the partnership as well as effective multi-disciplinary meetings which enabled decisions to be made quicker and health and social care services to be delivered more effectively.

Daren Fradgley, Director of Integration for Walsall Together, said:

"I am delighted with the outcome of the CQC review. Locally health, social, housing and voluntary providers have been working together for just over two years now to bring together services and improve the health and well-being outcomes for the people of Walsall. COVID-19 has really tested the strength of this partnership and I am so proud that all of the work we have done to date, to build relationships and bring together our workforces, has meant that we were able to respond quickly and efficiently to the needs of the people of Walsall, especially those who were more vulnerable, during this pandemic."

Councillor Rose Martin, Portfolio Holder for Adult Social care, Walsall Council said, "I am pleased that the CQC have recognised the positive collaborative work taking place in Walsall of the provision of health and social care as a response to the COVID-19 pandemic."

"The CQC noted the positive collaboration of providers in the borough, making sure that people moving through health and care services have been seen safely in the right place, at the right time, by the right person. We hope to embed the good practice and learning moving forward and ensure people continue to receive the health and care services they need during the COVID19 pandemic and beyond."

One aspect of the review that was particularly noted was the use of a specialised 'rag rating' system which helped to identify patients over 65 and those who were most vulnerable, enabling care to be directed and prioritised accordingly.

The review also highlighted the collaborative response between pharmacist leads in the hospital, community and care homes to ensure timely access to medication as well as the excellent response to ensuring the safety of staff and maintaining sufficient health and care skills across the health and care sector in the borough.

The findings from the review can be found in the news section here:

www.walsallhealthcare.nhs.uk/wp-content/uploads/2020/11/CQC-Provider-Collaboration-Review-Walsall.pdf

Care Co-Ordination Centre now open longer

The phone lines at the Care Co-Ordination Centre are now open even longer, with referrals being taken from 8am-6pm, seven days a week. This is set to be extended even further to 10pm and the midnight over the coming months following a recruitment process to support the additional hours.

It currently receives over 700 direct referrals a month from GPs and West Midlands Ambulance Service who have identified someone who is well enough to remain at home, but requires some additional support.

Through the Care Co-Ordination Centre, which is supported by a multidisciplinary team including nurses, therapists, social workers and mental health professionals, access to the most appropriate care is then arranged for that individual.

This enables them to be cared for in their own home or within the community and reduces unnecessary hospital admissions.

A special welcome our new staff within the Care Co-Ordination Centre team – Natalie Harvey, Sarah Gumbley and Bethan Tudor.

First Contact Practitioner Physiotherapy Service to be rolled out

A pilot scheme which enables patients with musculoskeletal (MSK) conditions to see a specialist physiotherapist within a GP practice is set to be rolled out across identified Primary Care Networks in the borough.

This is one of the latest initiatives being put into place by the partnership which will allow patients quicker access to assessments and treatment, improve recovery times and reduce the workload on GPs who would usually be the first point of contact for a patient with an MSK condition and referrals to other services such as x-ray and scans.

Dr Bollinger, East Two PCN Clinical Director, said: "This is great news for patients with musculoskeletal (MSK) complaints, for example back pain, who would normally wait a number of weeks to be referred to see a physiotherapist and then potentially another few weeks to actually be seen. This often means the patient is in pain for longer, potentially taking time off work and often experiencing a poorer quality of life which can lead to mental and emotional well-being problems.

Dr Hobson, South Two PCN Clinical Director, said: "By enabling direct access to a skilled physiotherapist who can offer an assessment, advice on self-management and treatment in a much timelier manner we should be able to reduce recovery time for patients and give them a much better experience of care."

The pilot scheme which was run at Anchor Meadow GP Practice saw 93 patients within two days of referral. Of these three were referred for x-ray, one for a MRI scan, one for blood test and the remaining 88 were given self-care treatment advice and exercises. None of the patients to date have returned to the GP practice with the same problem.

Daren Fradgley, Director of Integration, said: "The results of this pilot scheme speak for themselves and we are really excited to be able to work with our primary care colleagues to implement this across the different localities. This collaborative working has allowed us to build on our relationship with primary care, use and share our skilled workforce in a more effective way within the community to provide more streamlined and effective care for our patients."

Following the success of the pilot scheme the partnership is now working with each Primary Care Network to implement a First Contact Physiotherapy Service within each locality within the next 18 months.

*Image by jcomp - www.freepik.com

Family Safeguarding launch success

The official launch of the new Walsall Family Safeguarding model took place on Monday 16 October and was attended by over 250 professionals from across the borough.

For anyone who was unable to attend a recording of the event can be found by clicking here.

Some of the initial feedback received included:

"It was a positive overview and flowed really well"

"Seeing the case discussion was really powerful"

"The partnership working was well represented"

If you attended the event and haven't yet left any feedback the survey is still open and available to access by clicking here.

Social prescribing services to align

A group has been set up and discussions have started between PCN Clinical Directors and whg to look at how we can align their social prescribing services.

Social Prescribing is a way for local organisations to refer people to a link worker. Link workers then spend time with an individual to focus on what really matters to them when it comes to their health and wellbeing. They then connect people to community groups and statutory services for practical and emotional support that meets their needs.

Initially the group is looking at how referral forms can be updated to ask individuals whether they are already receiving support through another social prescribing service.

This will help to ensure that resources are used most effectively and we are not duplicating efforts with one individual. This is really important when recognising that demand for these services is going to increase.

Beyond this initial work, the group wants to look at how we support the sector to develop. This will be firmly grounded in our Resilient Communities workstream and overall approach.

We want to continue to increase the number of social prescribers or community link workers and to increase recognition of the value of volunteering.

Integrated Assessment Hub coming soon

A new Integrated Assessment Hub will be opening soon at the 'front door' of the hospital to support in providing an alternative to A&E for patients who arrive but can be cared for within the community.

Within the hub will be a multi-disciplinary team working side by side to keep people most at risk well and out of hospital. They include community nurses and pharmacists, urgent care, ambulance and other community-based services.

Once in the hub, people will be assessed and referred to the most appropriate person, depending on their condition. As well as health and social care services this could also include signposting them to housing, community or voluntary services.

People who need urgent care that can be delivered in the community or at their home, preventing them from being admitted to hospital, will be referred to the Rapid Response Team for support within two hours.

The team also support the discharge teams within the hospital to help get patients home as quickly as possibly by identifying patients suitable to return home with the help of community based services and providing support to put these into action.

The new hub is the latest initiative being implemented by the Walsall Together partnership. Through providing integrated care the hubs are proven to ensure patients get the care they need in the quickest time, relieve pressure on A&E departments, reduce unnecessary hospital admissions and help people to be discharged from hospital as soon as they are well enough.

*Image by pch.vector - www.freepik.com

Get involved

HealthWatch Walsall has teamed up with Diabetes UK to host a **Diabetes Peer Support Group**. The next event is at **11am on Tuesday 22 December**. It is a great opportunity for people to learn more about how they can manage their condition, ask questions, share their own experience of living with and managing their condition or caring for someone with diabetes and give feedback on accessing services locally.

Cardiology Virtual Workshop: 11am on Wednesday 16 December 2020 and Wednesday 13 January 2021. An opportunity for people living with or caring for someone with a heart condition to ask questions, share their experiences of living with and managing their condition, give feedback on accessing services locally as well as suggestions for improvement.

If you would like to take part in either of these events place contact Paul Higgitt on 07732683463 or email: **paul.higgitt@healthwatchwalsall.co.uk**

healthwatch Walsall

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Follow us, re-tweet our news and get involved in commenting on our posts.

Don't forget to tag us in examples of partnership working and use the #WalsallTogether so we can give a real insight into all the work that is going on across Walsall

Visit us

www.walsallhealthcare.nhs.uk/walsalltogether

Get in touch

If you have anything you would like to include in the newsletter, or any feedback, we would love to hear from you **Walsall.Together@walsallhealthcare.nhs.uk**