Walsall Together

Walsall Together Roadshows

Question and Answers

Collaborating for happier communities

Walsall Together

Roadshow Question and Answers

Please note these questions and answers are transcribed copy taken from the different roadshows.

Roadshow Monday 22 March 2021:

Are the outcome measures and performance going to be shared across the system? For instance on the info hub for WHT so staff can see progress and understand what we should be focussing on.

(Geraint Griffiths) It's not just about sharing our outcomes measures in organisations it about having the same outcome measures. Historically everyone has set their own performance indicators rather than outcomes.

I think we need one set of outcomes that everyone signs up for and each team understands how they contribute to the delivery of that and how they are measured over time. It is also about setting ambition for long term outcomes with some proxy indicators of how we move into them over time.

We know we will make a real difference to population health but some will take 5-10 years to achieve and some individuals cannot achieve alone.

The value of a partnership outcome is everyone is trying to improve the same thing at the same time working with their resources.

(Matthew Dodd) When would we expect to see some initial data around this? There is a lot of work going on to agree a set of outcomes and what would the outcomes be.

They are testing on a set of 6 outcomes and once they are ready they will be shared with partners.

I would like to understand how POST diagnostic dementia care has been thought about within this forum. As a lead in MH Walsall I know we are exploring the options within this and it feels like this forum would be great for our ideas to be realised

(Daren Fradgley) As a healthcare Trust we are looking at how we better integrate the older people's mental health team with the core 24 services and also with the Primary Care mental health services within the locality teams.

At the minute we are too focused on doing the right thing for individuals when they are in hospital pathways or acute pathways. Do we do the right thing for individuals when they are in community teams or looked after by the integrated teams?.

There is an offer from core 24 which Marsha will talk about but equally how do we get the value added offer of the community mental health teams working with the integrated health care teams.

(Marsha Foster)We have agreed that some areas are in scope and that mental health does not exist in a vacuum on its own.

Covid has shown that that isn't the case and Vicky who is one of our pioneers for older peoples mental health says that it is not just mental health in fact in dementia and once the diagnosis is made it is about more about other things like helping people participate, engaging with families and carers to make sure people are equipment to understand what is happening.

There is a whole range of things that are not directly to do with NHS based care.

Whilst we talk about the core 24 being in scope and that part of older people's services and we talk about IAPT and Primary Care being in scope, one of the key fundamental parts of Walsall Together is that we create local clinical professional and non-clinical relationships around people and that is at the heart of older peoples mental health care.

(Kerrie Allward) That's a really good question and is a priority for the partnership. We currently have a high level view of integrated measures but this should be visible for everyone in the integrated partnership

(Anne Baines) If you see people you understand them better and covid hasn't helped with this over the last 12 months.

What actions have we taken to try and get people from different organisations and back together to work as an integrated location and working together as a team?

(Kerrie Allward) Covid has showed us it's not about co-location sitting next to each other in an office and that we come together on this medium (teams meeting) and working together. It is about joint outcomes and that we are working together to ensure there is an integrated service and we talk to each other with the same single pathways, systems approaches and outcomes that we are trying to achieve together.

(Matthew Dodd) In terms of what that looks like on the ground. It is working in MDT's and having shared discussions with people in MDT's and reviewing their needs. It is looking at shared assessments of needs within a locality.

Talking about trusted assessment, why keep on having visits when we can trust what other are seeing when they go in. It's about having a call centre that you don't get passed around just one call and we'll get back to you. It's like little tangible changes like that and how we implement that practically.

(Kerrie Allward) If teams see each other as real team members then the people who we support will experience a single team

How are we planning to authentically engage citizens so that they are engaged/empowered and understand choices and expectations placed upon them?

(Daren Fradgley)The work we have been doing with Healthwatch are absolutely revolutionary in terms of the individual's voice but do we capture the 260000 citizens of Walsall? Absolutely not, there are 14 community associations that have 77000 members, does that feel like a bit more like catching the community voice and hearing a true representation in conjunction with the work that we do with Healthwatch, it absolutely does. Then when you take Walsall Housing Group and the voluntary sector that is how we start to connect the pieces together.

(Kerrie Allward) We recognise right at the outset that as individual organisation in Walsall Together there was already a pile of user groups so we already had we people we engaged with within out individual organisation. If we are meaningfully integrating our services why wouldn't we integrate our user groups? Healthwatch was commissioned early doors to help us bring our user groups

together so we can speak to them together. That only talk to the people we already talk to we need to meaningfully engage with our population and residents.

(Anne Baines) We are looking through the Resilient Communities work stream to build stronger links to the community organisations and those are people that provide services to their neighbourhoods etc. and building on that will be effective moving forwards.

Integration of children into WT - what is the vision for this community group?

(Daren Fradgely) For those of you that go all the way back and looked at the original Walsall Together business case we always said we would address this from the biggest challenges and the first horizon was to respond to older people's health, physical and mental health and care needs.

Then we would take a family centred approach to children's and we would do that in an inclusive way. We have started with Family safeguarding as this was the challenge at the time, there is more work to do and my appeal is to set up some spaces so we can start to talk with experts in this area about what this really means for adults MDT's to work with children's MDT's.

The Director of Children's Services Sally Rowe who is a member of the board and conversations with her around children's is as if not more important than the conversations around adults as you need to be more careful with children's services and co-design.

(Daren Fradgley) We need to work really hard to look view the perspective of the patient from each provider's point of view and that this is the biggest challenge in integrated care.

How will we join up highly specialised services that are mainly concentrated at the Childrens and UHB?

Referrals and pathways into specialised services will not be impacted by Walsall Together; access to these services will be unchanged. We are focused on making improvements to local services and pathways.

How can we harness the great Covid19 volunteering effort and build on this for the future?

Walsall has seen a huge surge in volunteering during the pandemic led by the Volunteer Centre in One Walsall, the Community and Voluntary Service for the borough. As a key member of the partnership, One Walsall intends to build on the volunteering effort during COVID and will be a key part of our Resilient Communities programme, supporting voluntary and community organisations and health and care organisations with volunteers moving beyond the pandemic.

Compliance is a key component in getting it right for all (our colleagues, patients, visitors, etc.) and we will want all individuals to have complete confidence in us collectively. So how are we looking to integrate our Risk Management processes to ensure Risks are captured accordingly, whilst also not duplicating efforts?

We have a process in place for shared management of risk, which will be formalised within our Alliance Agreement over the coming months. Accountability for risk management remains with each sovereign organisation according to their own governance frameworks and service

contracts. However, we regularly share information on risk and we hold a partnership risk register for any risks where a partnership response to mitigation will add value beyond what any individual organisation can achieve on its own.

Walsall Together Roadshow Tuesday 23rd March:

Will WHTs Older people's mental health cover mental health within OP care homes?

(Matthew Dodd) The older people's mental health team is at present a hospital based service and it focuses on people that have recently been admitted and dealing with them through A&E or the assessment units or people on the ward that require specialist support and it overlaps with the core 24 service. So at the moment is doesn't but what we are hoping is that within care homes we have an approach that is about working with the quality and care team and the enhanced care team and also links that have been built up through the Primary Mental Health teams and it is about trying to get a response together by using the resources we have and moving resources around.

(Kerrie Allward) It is important to note that the Walsall Together Model is not a finished product today and as and when more opportunities are discovered for closer working and bring teams together, opportunities will be maximised. Mental Health in care homes is not in scope at the moment but that does not mean it won't be in the future.

Can you expand on how we will be working with communities in particular and non statutory organisations?

(Matthew Dodd) I think we have a few streams of work that is going on at the moment. One is working with Healthwatch who are engaged by looking a user feedback and looking at specific conditions and groups. Work is going on looking at resilient communities, working with Walsall Housing Group, One Walsall and community associations and this is about using their resources and contacts to try and inform what work is done around resilient communities.

We are working with WHG to try and get a resource officer in who will start to look at hard to reach groups to try and get user views that way. There is a range of opportunities for people to contribute and if we build on through the resilient communities workstream that's where the focus can be.

What do Health inequalities mean for people on the ground in Walsall and how that has contributed to the outcomes that have been seen through covid and how that has illustrated the problem of health inequalities?

(Matthew Dodd) From the experience we have had through covid we look at it in the terms of what groups have been hard hit and if you ask the GP's, they are very clear they are working with specific groups such as the BAME communities.

Also there are groups that have been affected by the ability to accessing care, they probably had difficulty accessing care before covid and covid then clamped this down and reduced people's ability.

We have noticed that there was a whole drop off of people presenting to primary care to be assessed and for example cancer referrals dropped off completely. GP's have said we did close down access for about a month or so and people have now had the opportunity to attend. GP's

have raised a concern that certain groups have not been presenting and there may be a significant build-up of late presenters.

I think if we have that as specifics that are linked to covid overplayed with that there are specific disease groups are exacerbated so what was pre-existing conditions became exacerbated because the ability to reach care meant we had difficulties.

There has also been a drop off with new diabetes diagnosis and referrals, is this because of the ability for people to self-care or is there a build-up of health needs.

(Kerrie Allward) Through this we show the added value of the partnership on addressing health inequalities. Some people may be reluctant to access health services but may be willing to access housing support or the local community support group. So working in partnership we can help address the holistic needs of individuals using different partner lenses and approaches and working within the partnership will help address these.

What is social prescribing and does this would mean in the future?

(Matthew Dodd) Think about key components of strength based practise and offering people to think about what they may need to improve their own well-being. If you think about traditionally services you would try and meet the person's needs and now it is about working with a person to identify what they want and offering them the skills to meet their own needs.

Social prescribing is a vital tool to giving people access to various resources within the community. The key thing is working with the different groups who have different approaches to social prescribing, but what they can do is tap into different resources that often statutory organisations know nothing about and they have fantastic local networks that can match what people need and is far more robust than anything that can be offered through the statutory organisations.

(Sally Rowe) We have a huge amount of data across the partnership around inequality and we know that children living in certain parts of the borough are far more disadvantaged than some that live in other parts in terms of poverty and educational outcomes and that leads to health outcomes later in life.

One of the key parts is to link the intelligence we have about the citizen in a more joined up way which will help use resources in a much better way.

The Family Safeguarding model that we have been fortunate to be funded to deliver by the department of education in Walsall is a very good example of how we can use the data that we have as we could demonstrate that a high level of referrals around child protection focused on domestic abuse, alcohol abuse and mental health issues with parents and this was used to form the bid for the resources to form the safeguarding model.

Maybe if we were further down the line with Walsall Together we could have done this ourselves and not gone to the Department of Education for the money and that will be the power of Walsall Together in the future. The work that has been done around family safeguarding is a good way to look at how the data and intelligence can be used to shape the work that needs to be done and the resource needed to do the work from both statutory and the also the third sector.

Another example through covid we have had to give a lot of support to families who are finding it difficult to find work, who are on furlough and are having to use the benefits system. One of the things we have been able to do is pin point these families through the benefit system and as the government have given us some money we have been able to develop the holiday activity fund we have been able to work with the third sector on the delivery of that but using the intelligence from the partnership. The more work we do like that it becomes more obvious of the powers of partnership working.

How may work change within the council and the people you work with?

(Sally Rowe) I don't want to talk about Family Safeguarding all of the time but it is a good example of how that is happening on the ground. The children's social workers are part of a team that has a multi-disciplinary approach with adult workers as part of that approach which has changed the way on how information about a family is recorded which gives us a full picture of the family via one way of recording and this is a different way of working for children's social workers. We are doing joint training so we are sharing ways of working across the partnership.

Previously in children's services in Walsall we were based in one part of the town and we are now going out to localities and working where the children are based to become more successful and working alongside the other professionals that support families and is coming together now with the Walsall Together approach.

That is a significant change for us and another thing to think about is the power of looking at the citizens of Walsall and the information sharing that we have to tailor our resources differently is going to be very important.

What does section 75 means for the people who work with us?

(Kerrie Allwood) In a nut shell not a lot. For someone who works in the Walsall Together system they should not experience anything different. The section 75 allows us to do is to integrate in the background.

It allows us to put a framework in place where we can share information across organisations for example; Walsall Healthcare Trust can see Adult Social Care performance, budget and staffing information so we can spot opportunities.

Through spotting the opportunities we can set the strategic direction. In essence we should see significant change as a result of the section 75, change will happen as a result of it being the right thing to do.

A result of the senior management team deciding to put teams to work together and in different ways, the section 75 allows us to do this legally.

(Ben Diamond asked Kerrie Allward) if the partnership had any impact on her team?

(Kerrie Allward) It is around trusted assessment and the experience of the user, the resident of Walsall. If you ask the public they think we all work together already and are all part of the same thing.

They don't know why the social worker doesn't know what they said to the GP last week or why went they went to the hospital the district nurse hasn't got that information. They already think that

we work as one team and I think they get confused and frustrated when we disillusion them and they need to tell us the story again.

For me it is about having the experience of the user that lives up to their expectations and they are experiencing one team and service and that we trust each other's assessments and that information can be shared to save others going to visit the user.

(Matthew Dodd) What is the tangible change of an integrated team? It is one where you have a shared set of data that then stops asking the same questions again and again. It is then about joint meetings, joint understandings of what the needs are in the local area. Trusted assessment and little things then start to change how we work and then if you underpin this with MDT meetings where you formally bring people in for more complex things then that's another aspect to resolve a care plan.

How is Primary Care working with the WT as key partners?

(Matthew Dodd) Take the example of the MDTS. In each area we have a GP lead who is involved with the weekly and multi-disciplinary team meetings and the offer is bring complex cases that needs help with to the meeting. Within the primary care networks we have lead GP's there and part of that is to have good representation on the board and this allows shaping and influencing what happens.

(Kerrie Allward) I want to reiterate my earlier point that this isn't the end or the final model there are still huge opportunities to do things differently and better together. Focusing less on the more acute services and focusing on early intervention, resilient communities and keeping people well and independent in their own homes we will be far more effective.

(Sally Rowe) Walsall together is not just about the health system and the adult social care system, it is much broader than that. There is an opportunity if we get this right to have a joined up system that goes from birth onwards, it is not just about ill health it is about the future and opportunities for children's and young people and to link those up.

(Matthew Dodd) We are still at very early stages of the initiative, we have done a lot in comparison to other areas but there is so much that needs to be shaped and we need to work together to construct this.

Walsall Together Roadshow Wednesday 31st March

Will our Health and Social Care data bases be speaking to each other?

Are there plans to have one set of shared care records and how will these be accessed across the teams?

(Matthew Dodd) This is the digital side of this. There is a lot of work happening to get a shared care record. Everyone has separate records and we are required by law to do it this way. The shared care approach is saying everyone puts there data onto a system and this will give access to all of the data on the systems.

We have the technology available and we have the programmes that have been written, there has been a lot of work done in Walsall in partnership with Wolverhampton and some of the national provider. They talk about graph net a programme that will allow us to do that. We are

now at the stage that organisations are feeding into that system and we have agreement from a number of organisations to share data,

The Healthcare Trust, the council and we are working with the local medical committee to get access to GP's data we are in a transitional point and some groups want to see that it works before giving permissions. There will be the ability to gain access to data and data can be flagged up to other organisations. We are hoping by June to have a clearer picture in terms of where we go and pilot in smaller areas to begin with.

There is also the Making Connections Walsall project which is a social prescribing programme which has been running since 2017. Which has been delivered by the community and voluntary sector?

(Connie Jennings)

Social prescribing work sits within the resilient community's workstream, so Walsall Together works strategically alongside Walsall Councils resilient community's workstream.

Social prescribing is part of the national rollout of the NHS transformational plan and what that means at local levels is that GP's will receive some money to appoint someone to undertake social prescribing so people get a social instead of a medical prescriptions to deal with their difficulties.

6/10 GP appointments are usually social not medical problems as a way to support people properly they will have an appointment with a social prescribing link worker, they operate through GP surgery's via the council Making Connections hubs.

WHG also fund a social prescribing programme called the "H" factor, health, hope and happiness for our customers. Social prescribing isn't a magic wand it is a different way of working with people who have long term health problems and who are frequent flyers to GP's and often reaching out because they are lonely or isolated. Loneliness and isolation is as detrimental as smoking 15 cigarettes a day so it has huge health impacts.

Social prescriber's will work with individuals in an asset strengths based way, working on the strengths that the residents have and they enable people to self-help and that is more empowering for the residents and the changes are more sustainable and realistic when the person develops the confidence and skills to self-help.

Social prescribing tackles the wider determinates of health.

You say you want to involve voluntary and community organisations more - how are you planning to do this?

(Manjit Dehal) That is part of the resilient community's workstream that is being reset as we speak.

There will be opportunities to look at which organisations can support and where and this will link back into the model of care and support.

This is in the early stages and we are meeting with WHG in a couple of weeks just to see where links are happening and we will regularly consult with the community and voluntary sector through the memberships and networks to try and tie things in rather than duplicate.

Look at what is provided and by whom, how do we signpost and what are the referral pathways like to connect everyone together.

This will not be one solution and will be respondent to community needs that responds and changes. Not one organisation will be able to provide full holistic support but where can they be signposted and connect to.

(Connie Jennings) Walsall Together is very committed to the local resident's engagement to determine services planning now and in the future. Walsall Together recognises that for services to work for local people, local people need to determine what they are. Through some small emerging works we are talking to some local representative residents that have some lived experience of services and they are using their experiences to help the CCG to determine the health plan for the broader population. This takes longer but should be more effective.

(Manjit Dehal) It is about thinking broader than finance and money. It comes from resources which come in the way of staffing, building and knowledge and making the best use of the resources and adding value for money in that way.

Will the partnership support increased investment in resilient communities and reducing health inequalities?

(Matthew Dodd) Thinking about this in the broader sense and what is the investment we have.

We will go through national settlements and a budget will be allocated, as usual there will be a minimal amount for new developments and services.

We are traditionally used to bidding for money to try and do something new.

The way that things work now is you have a pot of money and you become more efficient by making things better in other areas.

We have the ability to draw strands from partners to say if we start to do things in a certain way that will free up some money to do something else.

So let's try and find a way of brokering that and then doing investment to start the work to begin with. What has stopped this previously is you will find organisation A that needs to spend the money and its organisation B where the savings are made so no one wants to spend on future savings or on other organisations.

We need to think about it in a more holistic way, this is not easy and you are still tied to staying in budget and being realistic but being flexible within these boundaries. We have showed this in a small scale with some work within the community services, we have put some money into more nurses in the community, creating a rapid response team and a call centre and now we can say to the organisation if you can stop 7 people a day coming through the ward a day that is a wards worth of beds that has stopped the hospital needing to provide, so you can look at providing that resource elsewhere and you can then look at this within other organisations and this is the aim of what we are trying to achieve.

(Connie Jennings) whg are working with Walsall Healthcare Trust and one of the main ways to keep someone well is for them to get a job, a home and money to live on. Poverty drives poor health.

Working together we have offered local residents the opportunity to secure work within the Trust which will give them security of an income which will improve their health and wellbeing. That partnership work wouldn't have happened without Walsall Together and this is an innovative way of working because if local people have local jobs that is your local pound and staff retention is much higher.

whg are also doing some work called kindness counts and in recognition with the impact of covid and also using previous knowledge that being lonely and isolated you are more likely to draw on health services.

We are going to have a number of kindness champions that are local people who will be trained so they can get on to the health and social care career pathway and they will be working on engaging with people we have identified as vulnerable and as a result are dependent on calling GP's.

Through the NHS charities we have received some money to employ 4 kindness champions who will be working in the areas most impacted on covid and that will lead to these 4 people having employment and security and it will have an impact on the people they will be working with to introduce them to befriending schemes etc.

Is there a component for Early Years? Intervening in those first few years?

(Matthew Dodd) There has been a programme of investment about targeted interventions and focused work with particular groups and this links into the family safeguarding aspect. That has been going for a while and now we are at a point of where the funding is and what the things we can maintain and continue are. The focus is now how we embed this and make this last.

How do we keep up with the great work everyone is doing in the future e.g newsletter/website updates etc and how can we spread the word with our customers - e.g. social media etc

We have a communications and Engagement plan in place which includes all the ways we aim to keep people up to date and involved in what we are doing as a partnership. This includes through a regular Walsall Together stakeholder newsletter as well as ad-hoc updates which are shared across partner organisations and included within their communications. We have a @walsalltogether twitter account where we hare updates and will soon have our own website which will be our main platform for sharing good news stories and updates.

Local Walsall providers such as pharmacies on the high street also provide services such as minor ailment schemes, opticians provide minor eye services too, will there be a possibility to provide access to the shared care access in the future? This will support the self-care agenda.

Core primary care services for pharmacy, optometry and dentistry are out of scope. Additional services provided by these providers and others, such as minor ailments, eye services are not currently in scope but are being considered by the partnership and a decision will be made on this in the next 6 months.

Will the seemless service work 24 hours, as an out of hours worker we often work in isolation how will it work?

We are currently working on getting an answer to this question and will update a.s.a.p

Tissue viability team asked how we could support with Walsall together but haven't heard anything.

We are currently working on getting an answer to this question and will update a.s.a.p