Wiltshire Integrated Care Alliance Reset – September 2022
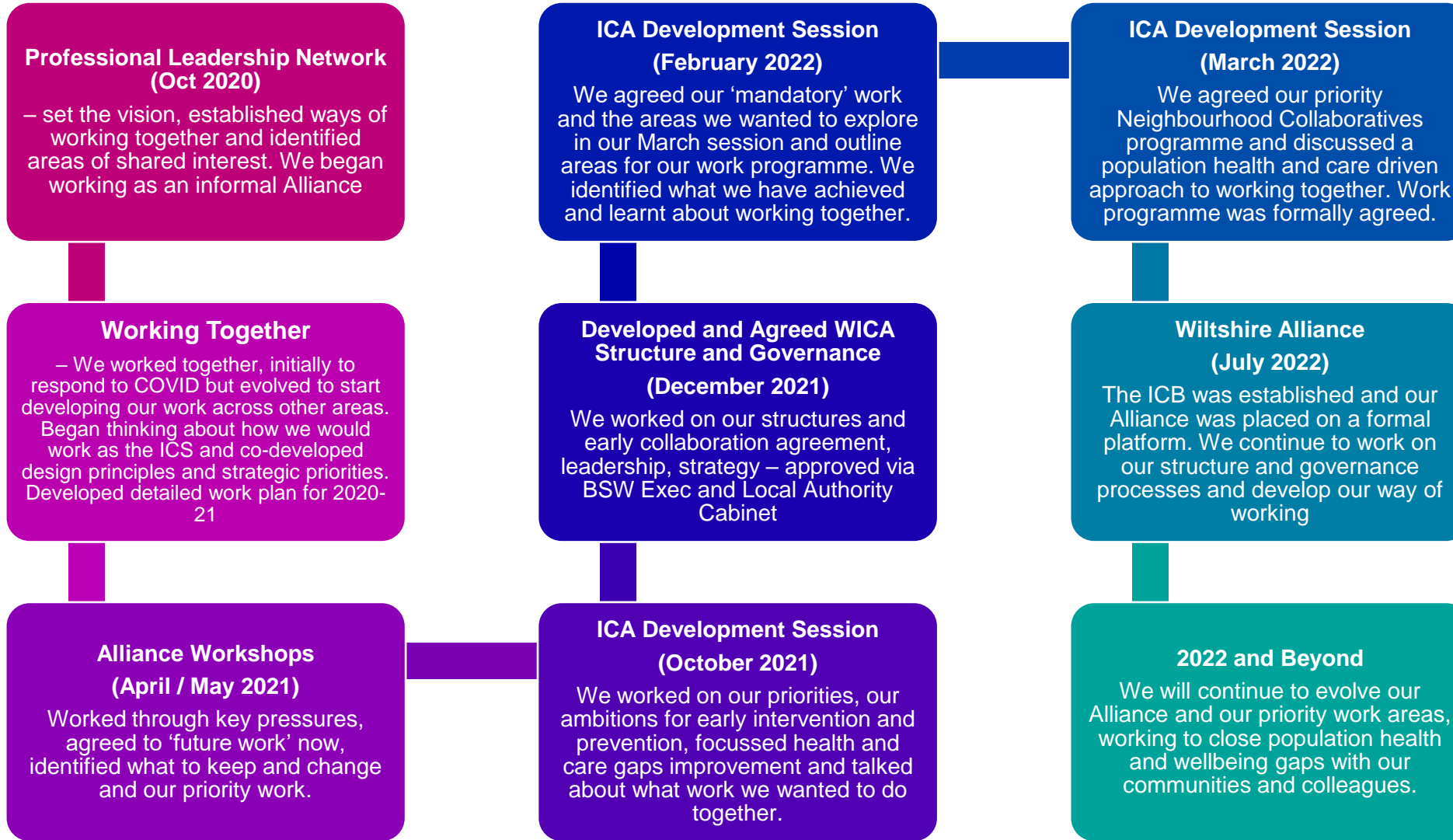
August 2022

V2 - DRAFT

Where it started and where we're going

Professional Leadership Network (Oct 2020)
– set the vision, established ways of working together and identified areas of shared interest. We began working as an informal Alliance

Working Together
– We worked together, initially to respond to COVID but evolved to start developing our work across other areas. Began thinking about how we would work as the ICS and co-developed design principles and strategic priorities. Developed detailed work plan for 2020-21

Alliance Workshops (April / May 2021)
Worked through key pressures, agreed to 'future work' now, identified what to keep and change and our priority work.

ICA Development Session (October 2021)
We worked on our priorities, our ambitions for early intervention and prevention, focussed health and care gaps improvement and talked about what work we wanted to do together.

Developed and Agreed WICA Structure and Governance (December 2021)
We worked on our structures and early collaboration agreement, leadership, strategy – approved via BSW Exec and Local Authority Cabinet

ICA Development Session (February 2022)
We agreed our 'mandatory' work and the areas we wanted to explore in our March session and outline areas for our work programme. We identified what we have achieved and learnt about working together.

ICA Development Session (March 2022)
We agreed our priority Neighbourhood Collaboratives programme and discussed a population health and care driven approach to working together. Work programme was formally agreed.

Wiltshire Alliance (July 2022)
The ICB was established and our Alliance was placed on a formal platform. We continue to work on our structure and governance processes and develop our way of working

2022 and Beyond
We will continue to evolve our Alliance and our priority work areas, working to close population health and wellbeing gaps with our communities and colleagues.

Development Days – Changing Outcomes

We have worked together in a number of development sessions to talk about how we want to work and what we want to do together. We used some examples of people living in our area to think about what would be different for them is we fully stepped into the changes we want to make.

More detail is available on our development days and their outputs

Derek – an 82 year old black man, living on his own in social isolation with multiple long term conditions and may have early stage dementia

Simon – a 25 year old man with a learning difficulty and autism and challenging behaviour. He needs a new placement but no provider will offer one.

Jill – a 10 year old living in our most deprived area, with complex needs and risky family background

Strategy and Vision
- Population health approach to close gaps
- Focus on investment in prevention and early intervention and shift resources towards this approach.
- No-one should be 'not ill enough' to 'meet service inclusion criteria'
- Making localism a key factor so people access help from within their own community which is enhanced through our integrated services
- Develop a shared vision for each population group and align planning and resources across all partners
- Removal of contractual barriers
- Work holistically to include environment, education, fire and police etc… into our planning and development

Other Factors
- Comparison to other areas – benchmarking
- Learning from excellence elsewhere and from within should be identified and acted on.
- Design from 'scratch' rather than try and adapt what is already there.
- Hard wire change - what does success look like?
- Recognise that change is longer term.
- Ensure we have information systems which work for us and join our workforce and services together.

Leadership and Decision-Making
- Strong and visible leadership that promotes the visions we've agreed together
- Investing in our staff is critical
- Need to take our people with us and ask them to lead too
- Agree what DOESN'T work and stop doing it
- Promote 'test and change' environment so we can try new things and then continuously improve.
- Develop joint teams and genuinely integrated working
- Enable use of resources in a joint way

Person-Focussed
- Personalisation and co-production are key – 'value what the person values'.
- Have the services located near people, don't bring the people to the service unless necessary – promotes easier access for all.
- Tell your story only ONCE; information is shared easily and accurately across all partners.
- Equity and parity are critical

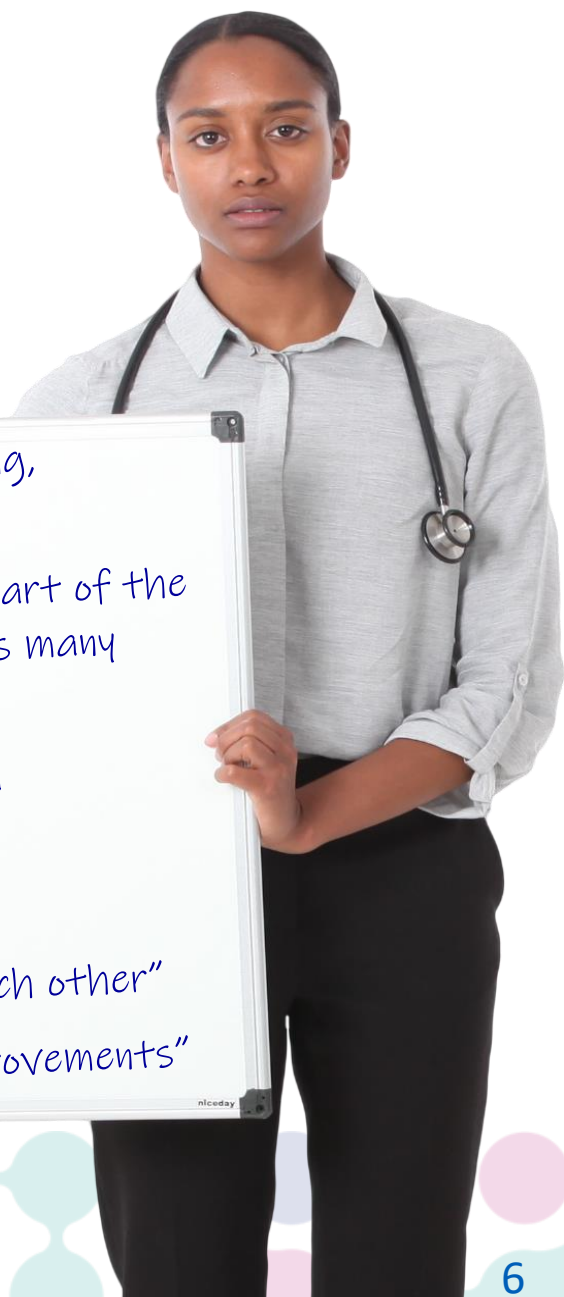# Alliance Vision and Contribution

We asked people what they thought of our Alliance

What have we done or are we doing that we're proud of?

- The strongest theme was the strong, trusting and open relationships that were forged during the initial pandemic response. These were the underpinning factor behind other achievements.

"Clear communication and relationship building, supporting each other has been vital"

"The Hospital Discharge Support at the start of the pandemic; we worked together as one across many organisations"

"Using our funding in a better way makes a difference"

"Support for our care home providers"

"Committed to supporting and trusting each other"

"The fast pace we been able to make improvements"

What have our communities, service users and colleagues told us made a difference to them?

- We know we need to do more to engage with our colleagues and communities. Our 'Connecting with Our Communities' group is leading this work with a workshop in August, and listening events planned in Studley and Bemerton

- Where we have been able to gather feedback, it's been overwhelmingly positive.

"Colleagues feel supported to work differently and make decisions on what they think is best"

"but some of our care providers and GP practices don't feel involved or included, we need to do more on this"

"90% positive satisfaction rating in hospital discharge services. Quality of life and experience feedback has improved and people are happy with the service."

"We have a gap here – we need to make the Alliance real for our communities and seek their views"

Why does the Alliance really matter?

"Moves decisions closer to individuals and communities, increasing the chance to make better decisions for people"

"It's focussed on Wiltshire with an entire purpose to serve, using shared resources to do what matters"

"It gives us a moral purpose – the value is in improving outcomes for people who live in Wiltshire"

"Without the ICA we might say we're focussed on our population, but the ICA is evidence that we are"

"We're stronger together, with a common purpose and priorities. Funding arrangements hold us back though"

- Through our Alliance we will work collaboratively for the benefit of local communities, bringing decision making closer to individuals and communities
- The Alliance enables us to define the possibilities of joint working at Place creating a shared vision

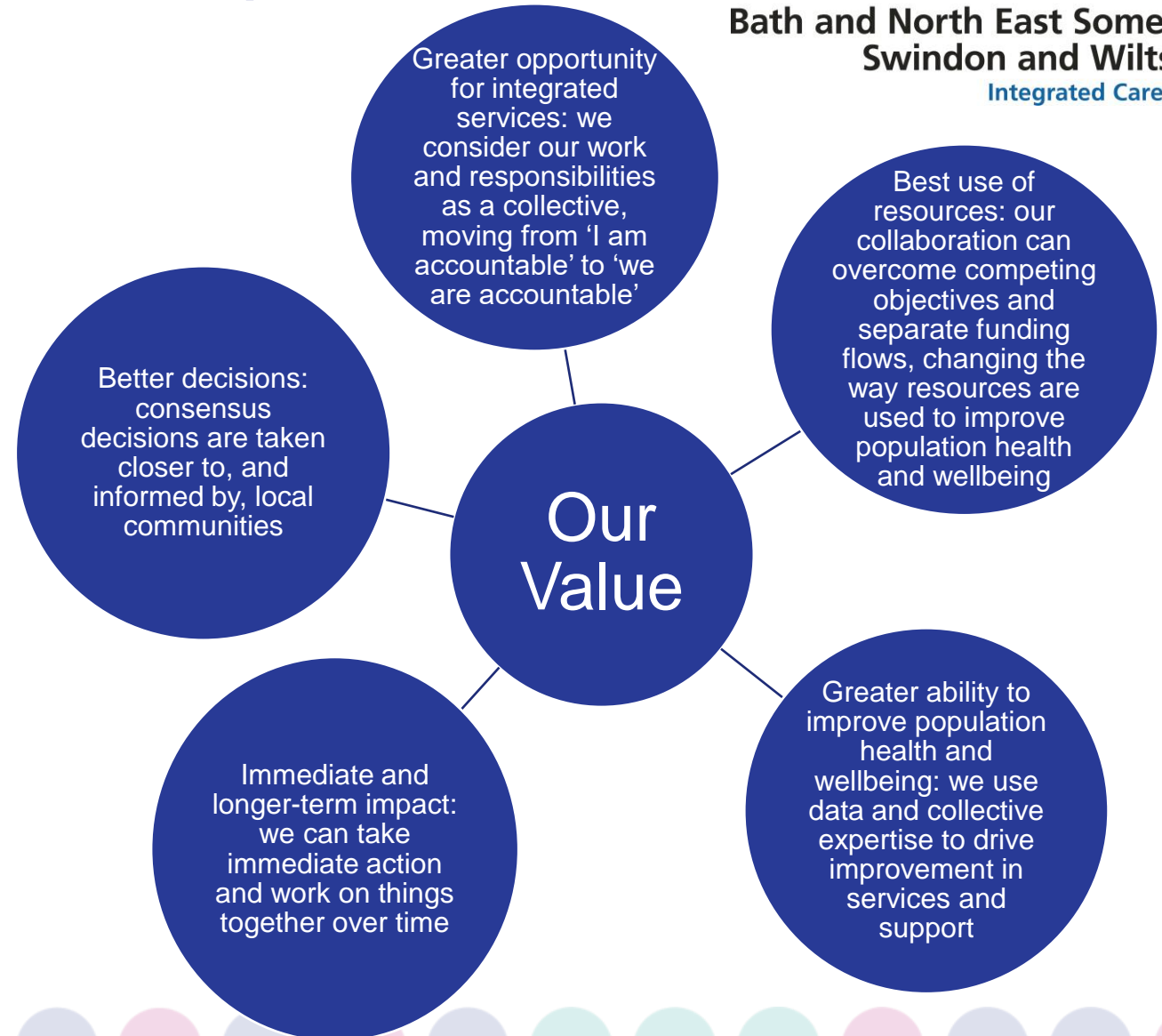# We have agreed together on important principles and ways of working
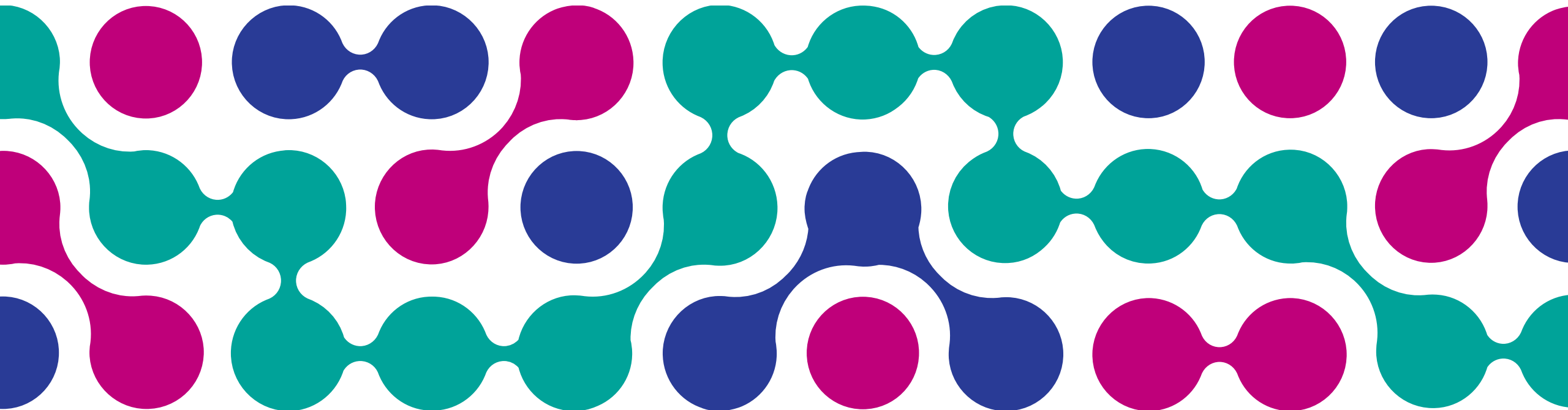
Why a place-based partnership for Wiltshire?

Our purpose:

To improve outcomes, tackling inequalities, enhancing productivity and value for money, helping the NHS support broader social and economic development.

The features of Place include:

- Joint decision making

- Coordinated interface and relationship with local communities

- Integration of community services across organisational boundaries

- Partnering with local assets within voluntary, faith and community sector

- Opportunities for reducing duplication, inefficiencies, and unwarranted variation

- Meaningful population health management footprints improving equity of access and reducing inequalities in health and care outcomes

Our Value

Greater opportunity for integrated services: we consider our work and responsibilities as a collective, moving from 'I am accountable' to 'we are accountable'

Best use of resources: our collaboration can overcome competing objectives and separate funding flows, changing the way resources are used to improve population health and wellbeing

Better decisions: consensus decisions are taken closer to, and informed by, local communities

Greater ability to improve population health and wellbeing: we use data and collective expertise to drive improvement in services and support

Immediate and longer-term impact: we can take immediate action and work on things together over time

Our Core Commitments

- **Transformation & service delivery;** develop a shared vision for health and care in partnership with communities using an in depth understanding of the population, strengths and needs in line with the Integrated Care System (ICS) Partnership Strategy and our Health and Wellbeing strategy.
- **Service Planning with key focus on integration and innovation**; Develop priorities in response to local needs. Considering and implementing approaches and care models that support integration of health and care services (including VCSE provision).
- **Population health management;** Optimise the use of system population health analytical capabilities to support planning, local care redesign, & population segmentation and targeted initiatives or actions
- **Make decisions about resources** within defined Place-based budget. Utilising joint commissioning arrangements (BCF/S75) and delegated budgets to make planning decisions. Mobilising local assets (physical, social community, personal) to improve population health and wellbeing
- **Give a voice to residents and communities;** Actively listening and engaging and designing with communities. Mobilising local communities and building community leadership capacity, developing new approaches to working in partnership with communities
- **Focus on prevention and health promotion,** identifying mutual opportunities to influence the wider determinants of health and wellbeing in supporting improvements for all and reduce inequalities
- **Engage with and influence the work of the ICS** – actively informing and delivering the strategy of the Integrated Care Partnership, and matrix working in transformation work being delivered at-scale
- **Be open to scrutiny;** tracking risks and evaluation of the impact of our decisions on outcomes, and responding to asks from the Health Select Committee and ICS

Development of our Alliance

Alongside the national direction for Thriving Places, the following rationale for governing services and budgets at Place have been locally determined:

1. Governing at place level ensures **alignment of resources** for best decision, with a focus on enabling neighbourhood level integration of health and care services
2. Governing at place level enables **simplification of current governance arrangements** with a focus on enabling place-based leadership to influence efficient and effective service delivery
3. Governing at place level ensures **engaged leadership** with the appropriate power and influence to shape place and neighbourhood level services

In light of the above, current alliance leaders have agreed an important principle: **the areas for the Wiltshire Alliance to govern from July 2022 should be no less, and where appropriate build on, current formal and informal arrangements at place level**

Core Scope and ICA Responsibilities

Delegated decision making

Developing and Approving local strategy for development and delivery of heath and care services, and associated commissioning strategies

Developing and Approving financial, business and operational plans including management of financial sustainability programme at place

Managing and Approving delegated budgets, and redirecting resources to agreed priorities

Delivery of Core Functions

Oversight and transformation of services and schemes linked to delegated budgets

Development clinical and professional leadership

Primary care development – support to Primary Care Networks

VCSE sector engagement and development

Membership of Health and Wellbeing Board and other local authority committees

Other statutory function oversight and strategic considerations e.g. from SEND service development or safeguarding reviews

Outcomes Framework and Performance and Quality assurance

Better Care Fund – new models of care and out of hospital transformation

Leading transformation at place

Bring together partners around the collective responsibilities related to the wider determinants of health and tackling inequalities

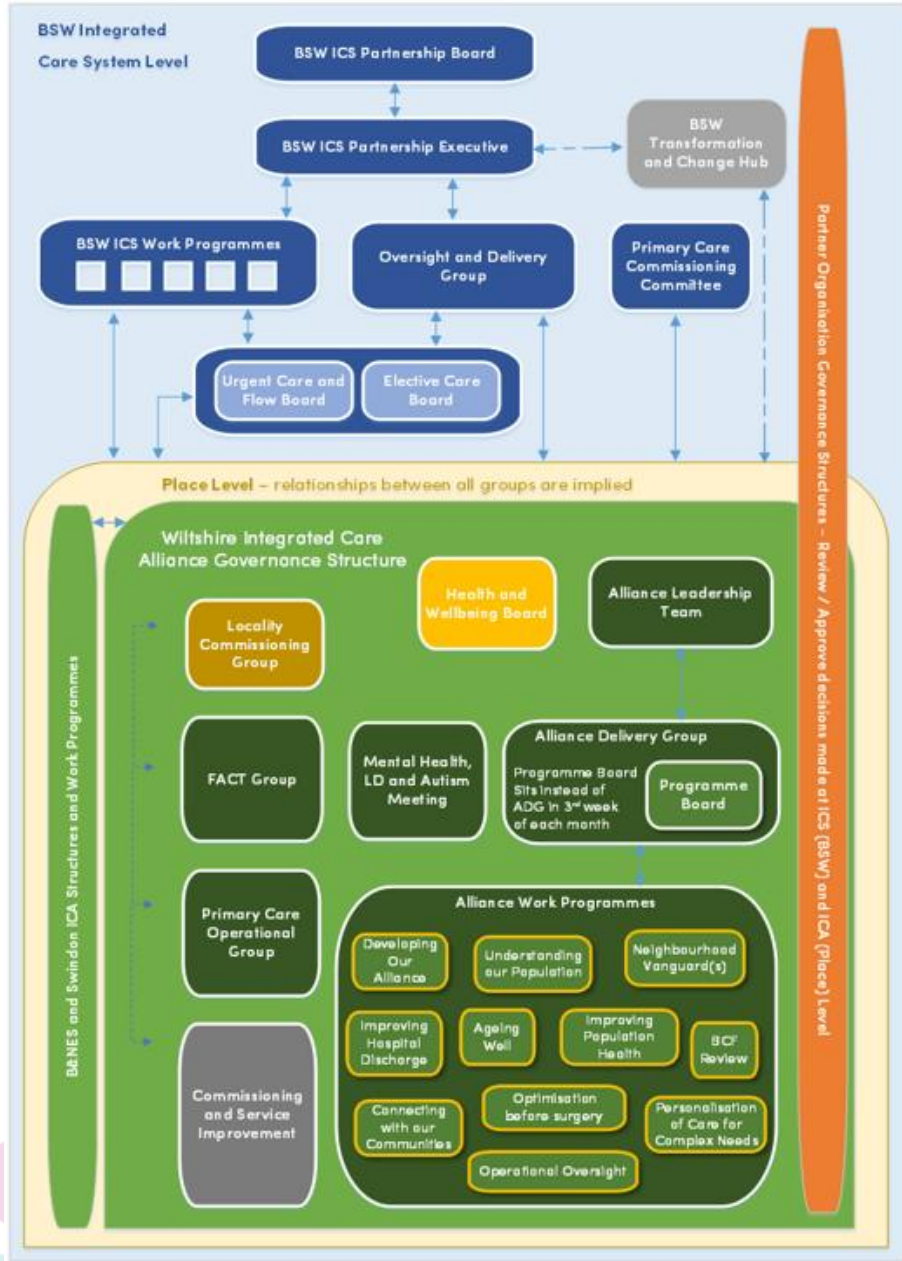**Strengths Based Approach** – building on our community assets

"Make it Work in Neighbourhoods" – agreed approach via Development sessions

Prioritise the work that can only be done if we do it together!

How our Place Alliance will work
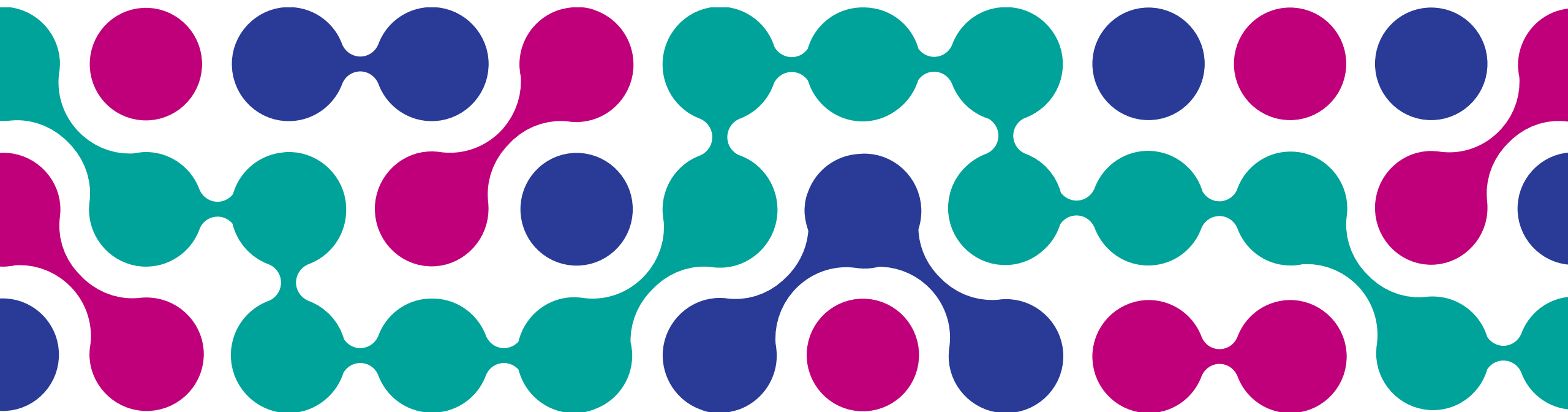
Moving towards new arrangements

The Wiltshire ICA Joint Committee will meet in shadow form from September.

Once the formal delegation from the ICB is agreed the TOR will be amended.

Place programmes will be overseen by the Alliance Delivery Group

Current mee 2022

The Alliance Leadership Team will move into the ICA Joint Committee and Alliance Delivery Group
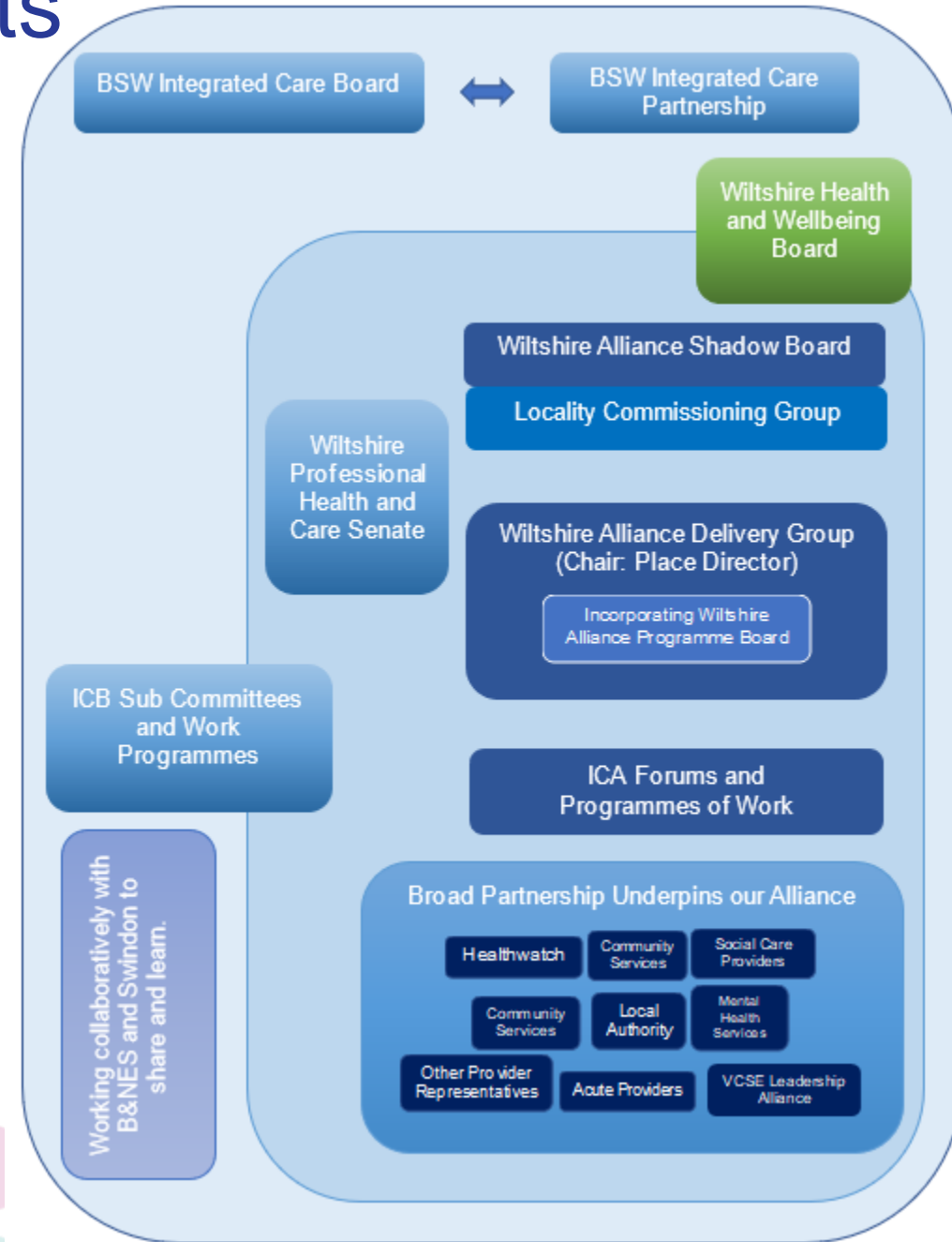
Alliance Leadership Team – Bi-weekly

BSW CCG	Place COO
BSW CCG	Locality Chair (GP)
Salisbury Hospital FT	Chief Exec
Great Western Hospital FT	Chief Exec
Royal United Hospital FT	Chief Exec
Wiltshire Council	Corporate Director
Public Health	Dir Public Health
Wiltshire Health and Care	Managing Director
HealthWatch	Chair
Voluntary Community Social Enterprise Alliance	Nominated representatives (2)

Locality Commissioning Group - Monthly

Wiltshire locality, BSW CCG	Chief Operating Officer, Associate Director Finance; Director of Locality Commissioning, Wiltshire Locality; A BSW Executive CCG Wiltshire locality chair
Wiltshire Council	Corporate Director for People Director of Ageing and Living Well/Director of LD & MH (alternated) Director of Procurement and Commissioning Head of Finance Head of Resources Commissioning – (BCF lead)

Alliance Delivery Group - weekly

BSW CCG	Wiltshire Locality Director of Commissioning Wiltshire Locality Clinical Chair, Wiltshire Locality Chief Operating Officer, Wiltshire Associate Director of Primary Care Associate Director Wiltshire ICA Programme and Delivery Lead. GP representative , North and East Locality GP representative, West Locality GP representative, Sarum Locality Associate Director of Quality Informatics Lead, Wiltshire Locality
Wiltshire Council	Director of Ageing and Living Well Director of Whole Life Pathways Director of Procurement and Commissioning
Public Health	Public Health Consultant
Wiltshire Health and Care	Managing Director
Salisbury NHS FT	Chief Operating Officer Director of Transformation
RUH FT (Bath)	Associate Director Strategy Deputy Chief Operating Officer

* Programme Board meetings (monthly) included Healthwatch, Carer Support Wiltshire and Centre for Independent Living representatives. The BCF Manager and Project workstream leads were also invited.
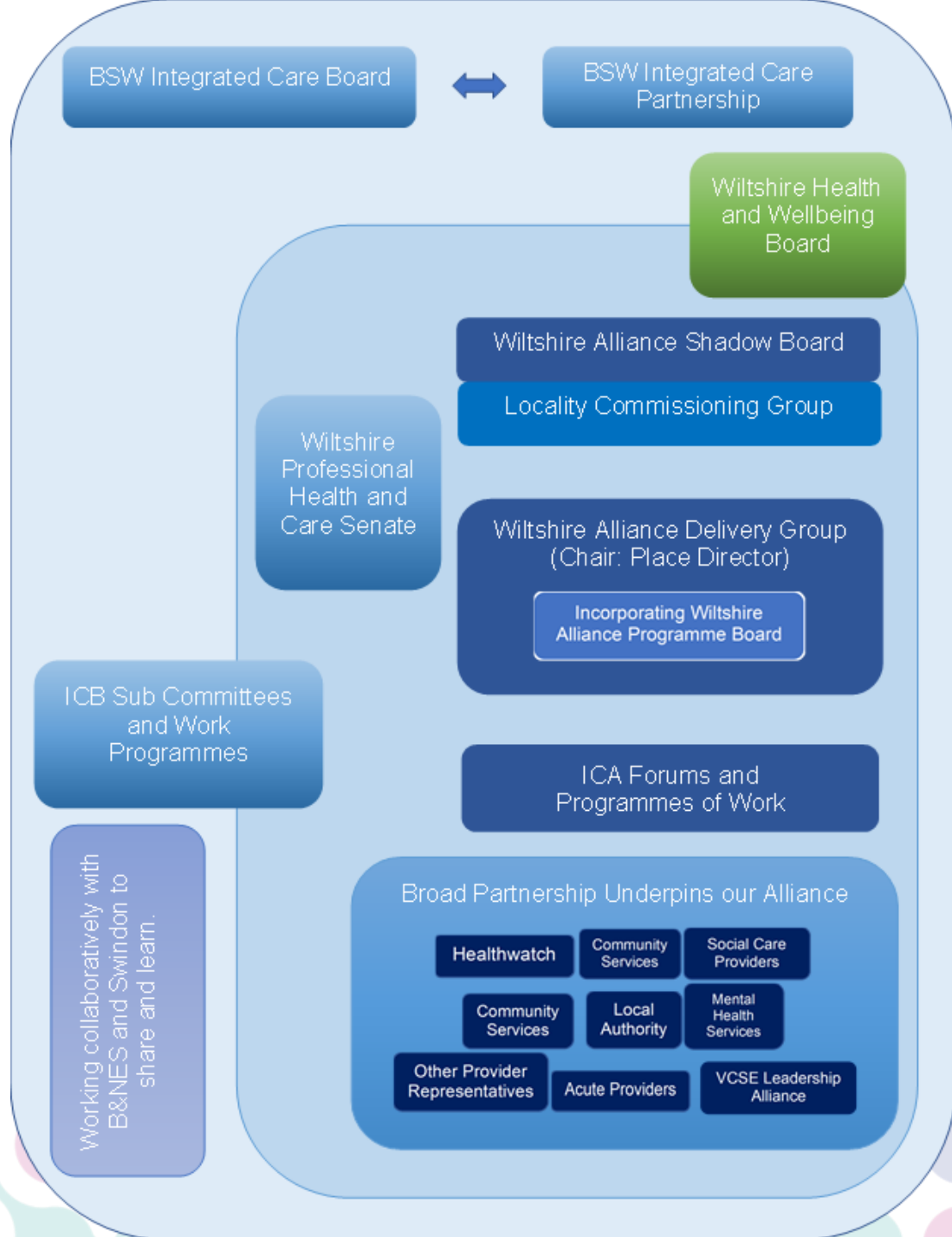
Our ICA will move to a combined meeting as soon as the delegation arrangements (including finance) between ICAs and the ICB are clearly understood and appropriate delegation is confirmed via Local Authority governance.

The aim is that the ICB delegates some of its functions (need to determine which) to the ICA as a joint committee. This would require formal delegation agreements between ICB and receiving organisation, and approval of those delegations from the ICB Board. The ICB remains accountable for the delegated functions, i.e. Place would have to implement necessary monitoring arrangements and hold recipients of delegations to account for delivery.

Until an ICA Joint Committee can be formed, the ICA will move towards running a **Shadow ICA Joint Committee.**

The Locality Commissioning Group will continue to meet until the formal delegation arrangements have been amended, This forum is a an existing Committee in Common between the ICB and Wiltshire Council responsible for decision making around the Better Care Fund and other joint or delegated funding arrangements between both statutory organisations.

ICA Shadow Joint Committee

Purpose *Locality Commissioning Group remains the delegated forum	Functions *Decisions must go through LCG or ICB Board/sub committees until Joint Committee delegation is confirmed	Min representation	Membership level
Key decision-making forum • *Allocating the delegated place-based budget • Setting priorities and approving the overall work programme • Oversight of performance outcomes **Managing relationships** • Direct relationships with the Health and Wellbeing Board and local authority health overview and scrutiny arrangements • Engaging council elected members and NHS non-executive directors in decision-making, and managing the relationship between the ICS Body and Partnership, and NHSEI **Engagement** • Visible leadership and sponsorship of place • Connecting with communities	**In shadow form - Decision Making Responsibilities for example:** • Approve locality strategies for development and delivery of heath and care services, commissioning strategies • *Approve financial, business and operational plans including management of financial sustainability programme at place • *Manage delegated budgets including pooled funds under section 75, redirecting resources to agreed priorities **In shadow form - Statutory Functions for example:** • Delivery of services and schemes linked to delegated budgets • Developing Clinical and professional leadership • Primary care development – support to Primary Care Networks • VCSE sector support and development • Membership of Health and Wellbeing Board, other local authority committees • Other statutory functions e.g. SEND, Safeguarding	Wiltshire Council	Corporate Director
		Acute trusts - RUH and SFT	Chief Executive Officer
		Community Services	Managing Director,
		Primary Care Networks (13) and out of hours	Clinical Leads
		VCSE Leadership Alliance	One nominated individual
		Healthwatch	Organisation rep
		Social Care Providers	Rep Wilts Care Partnership
		Mental Health providers	AWP and OHP – Director
		ICB	Executive Director
		Chair – drawn from the above membership .Alliance Programme lead will provide programme support to the ICA Joint Committee and Delivery Group	

Shadow ICA Joint Committee and LCG

Part A

Shadow ICA Board Meeting	
Wiltshire locality, BSW ICB	Executive Director for Place - Wiltshire Associate Director Finance (in attendance) AD Quality (in attendance) Health Care Professional Director A BSW Executive (tbc)
Wiltshire Council	Corporate Director for People Director of Public Health DASS/ Director of Whole Life Pathway/LD Head of Finance
Acute Trusts (RUH & SFT)	CEOs
Community Services	Managing Director – Adults Managing Director - Children's
VCSE Leadership Alliance	1 Nominated individual
Healthwatch	Organisation rep
Primary Care	Primary Care Representatives
Social Care Providers	Wilts Care Partnership rep
Mental Health Providers	Rep for Adults and Children
ICA Programme Lead	

Part B – to include the following additional members

Locality Commissioning Group - Monthly	
Wiltshire locality, BSW ICB	Director of Locality Commissioning, Wiltshire Locality; Associate Director, Locality Commissioning, Wiltshire
Wiltshire Council	Corporate Director for People Director of Ageing and Living Well Director of Procurement and Commissioning Head of Resources Commissioning

Both meetings are able to request attendance from other colleagues.

Terms of Reference are explicit of the roles and functions of each group until the meetings merge
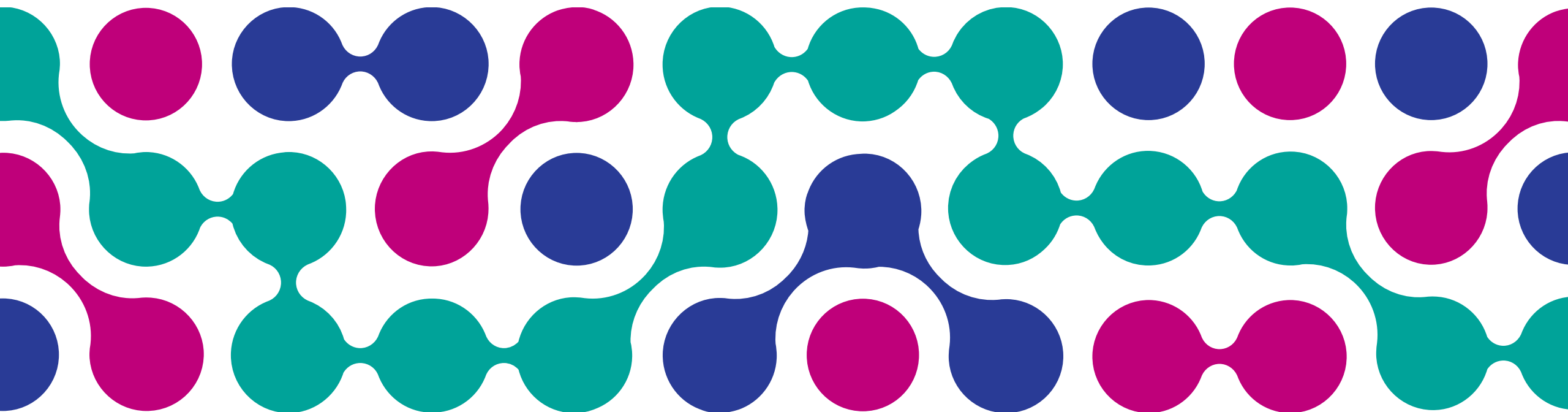
Alliance Delivery Group Scope and Membership

Functions	Organisations required	Membership level

• Implement decisions taken by the Joint Committee through:
   o Developing detailed integrated health and care transformation plans in response to Joint Committee decisions – delivering a programme of change
   o Collective planning, problem solving and delivery
   o Executive leadership back into organisations for implementation
• Operational and performance oversight for services at place level
• Development of combined local workforce plans
• Annual and national planning process
• Scrutiny: responding to requests on performance and progress from outside the Alliance
• Acting as the key link between the Alliance and respective organisation – taking organisational information into the Alliance and briefing on Alliance work within organisations
	Wiltshire Council	Directors/PH Consultants for service areas

	Acute trusts – RUH and SFT	Members of Exec team and supporting roles
	Community Services	COOs
	Primary Care Networks (13) and out of hours	Appointed leads, PCN CDs, practice managers, out of hours COOs
	VCSE Leadership Alliance	TBC
	Healthwatch	Wiltshire Manager
	Social Care Providers	Wiltshire Care Partnership
	Mental Health providers	AWP and OHP Locality leads
	Commissioning leads	Director of Locality Commissioning (NHS) and Director of Procurement & Commissioning (LA) Supporting roles from each organisation
	Chair – Executive Director for Place Alliance Programme Lead Other members e.g. Locality Finance Manager, Quality representative	

Our Work Programme

Key Priorities & Delivery Plan

Operating Plan /Mandated Priorities

1. **Financial sustainability –** including joint decision making around complex care funding and BCF funded schemes

2. **Urgent Care and Flow Delivery** – increased admission avoidance activity, improved flow and D2A and delivery of related schemes resulting in reduced NCTR and LOS, and robust winter planning.

3. **Ageing Well in Wiltshire –** including implementation of Virtual Wards, 2hr Urgent Response, Anticipatory care and long term conditions recovery

4. **Primary Care -** National Priorities. Delivered via new primary care DES including enhanced access for PCNs and health inequalities.

5. **Mental Health –** Implementation of community services framework continues, Annual Health check performance for SMI across Wiltshire

6. **LD&A –** LD Road Map priorities, LD health checks building on improvements delivered. Early Intervention Positive Behavioural Support (PBS) for Primary Pupils in Special Schools, supporting SEND agenda.

7. **CYP and SEND –** FACT delivery for Early Family help. Focus on CYP emotional wellbeing. SEND strategy and implement new SEND Health Advisors role.

8. **Joint Strategic Needs Assessment** refresh Oct 2022 to inform the HWB Strategy update and ICS strategy development

9. **Governance and processes –** establishing and embedding these for the ICA.
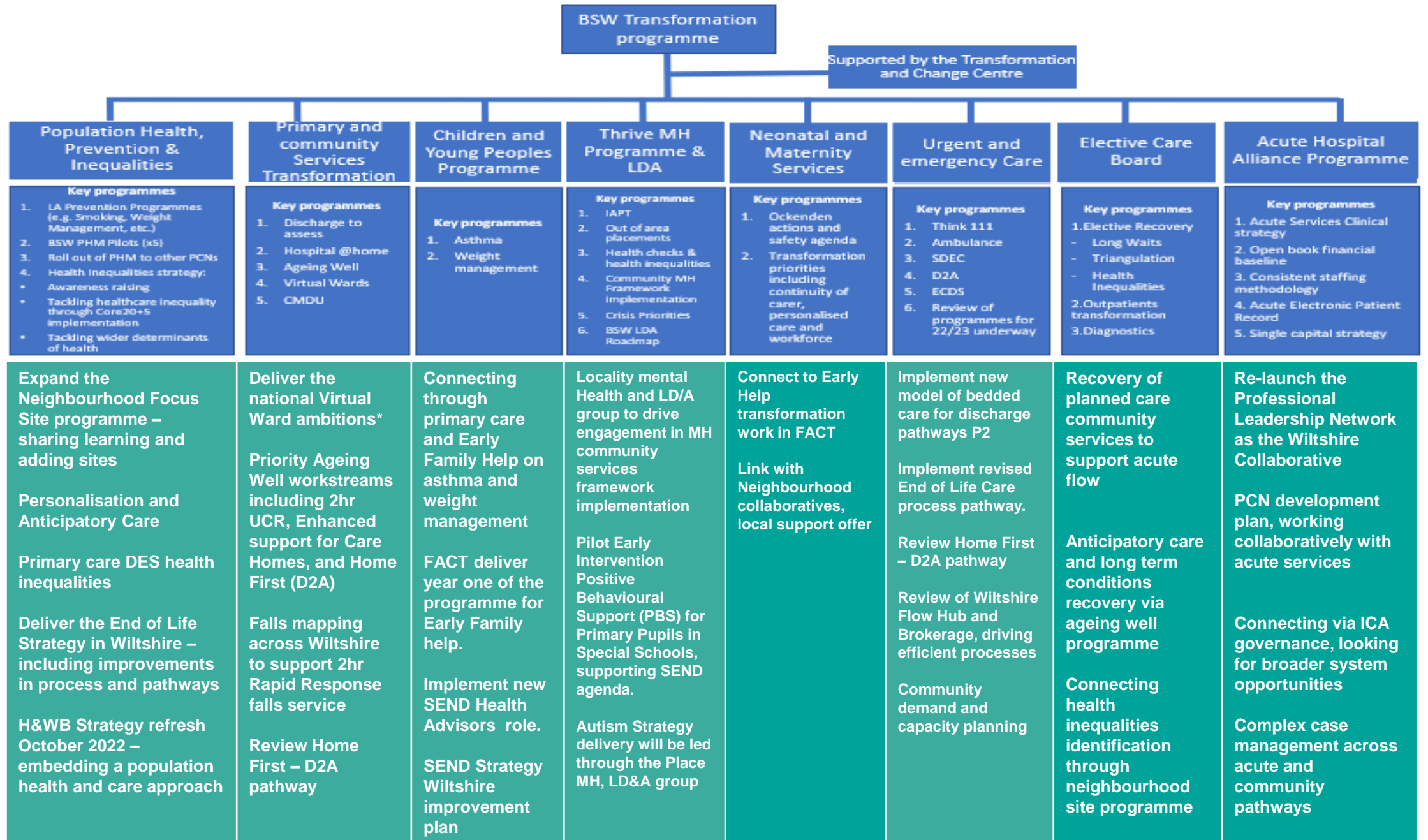
Transformation 2022-23
Work we are prioritising as ICA partners – may be linked to other identified priority areas

8. **Connecting with our Communities** - establish routes for genuine co-production and decision making for our ICA way of working to embed People and Communities strategy and guidance

9. **Neighbourhood Collaboratives –** establish more collaboratives (leading to 13 in total, with the Wiltshire learning forum fully embedded) and connecting support for High Intensity Users.

10. **Personalisation of Care for People at the end of their lives -** Revising non-clinical processes ensuring people's needs are met when and how they choose by re-defining decision and funding pathways and reconfiguring service provision – moving to a Lead Provider approach.

11. **Ageing Well; transformation of End of Life Care, Anticipatory Care –** reviewing and embedding good practice, supporting PCNs with new DES services, expand care home virtual MDTs and completion of Optum project.

12. **Urgent Care and Flow Improvement** – programme of work to improve ability to manage system flow for Wiltshire residents - , Care Coordination, Domiciliary care provision.

13. **Mental Health Community Services –** Including Mental Health Community Framework

14. **LD and Autism –** Pilot Neighbourhood Sites will focus on increasing strong rate of annual health checks and develop and roll-out of Access Model across Wiltshire

15. **Families and Children's Transformation work programme -** Establish a clear family help offer and single brand multi-agency approach to include ICB/Wiltshire Police/ Wiltshire Council/FACT.

Towards 2023-2024
Work taking us into the coming year and towards our ambitions in how we work together

14. **Development of response to Long Term Plan refresh –** ETA October publish date. December is current required submission.

15. **Building our Capability for Population Health and Care** – embedding a population health and care led approach.

16. **Refreshed approach to Transformation planning –** including taking a population heath and care-led direction.

17. **Alliance Development** – continue developing our ways of working and undertaking OD work.

18. **Establish the Alliance Identity** – developing and establishing the ways we communicate and engage with people working across our place, sharing our work programme and encouraging participation.

19. **Re-launch the Professional Leadership Network as the Wiltshire Collaborative** – bringing together learning from the Neighbourhood Collaboratives and offering expert advice and connection. Links with the Health and Care Senate.

20. **Community services transformation** – guided by our core Alliance principles and Place objectives, working with partners at Place and across the System to transform care models, improve outcomes and optimise use of resources

BSW Transformation Work Programme

BSW Transformation programme

Supported by the Transformation and Change Centre

Population Health, Prevention & Inequalities	Primary and community Services Transformation	Children and Young Peoples Programme	Thrive MH Programme & LDA	Neonatal and Maternity Services	Urgent and emergency Care	Elective Care Board	Acute Hospital Alliance Programme
Key programmes 1. LA Prevention Programmes (e.g. Smoking, Weight Management, etc.) 2. BSW PHM Pilots (x5) 3. Roll out of PHM to other PCNs 4. Health Inequalities strategy: • Awareness raising • Tackling healthcare inequality through Core20+5 implementation. • Tackling wider determinants of health	**Key programmes** 1. Discharge to assess 2. Hospital @home 3. Ageing Well 4. Virtual Wards 5. CMDU	**Key programmes** 1. Asthma 2. Weight management	**Key programmes** 1. IAPT 2. Out of area placements 3. Health checks & health inequalities 4. Community MH Framework implementation 5. Crisis Priorities 6. BSW LDA Roadmap	**Key programmes** 1. Ockenden actions and safety agenda 2. Transformation priorities including continuity of carer, personalised care and workforce	**Key programmes** 1. Think 111 2. Ambulance 3. SDEC 4. D2A 5. ECDS 6. Review of programmes for 22/23 underway	**Key programmes** 1.Elective Recovery - Long Waits - Triangulation - Health Inequalities 2.Outpatients transformation 3.Diagnostics	**Key programmes** 1. Acute Services Clinical strategy 2. Open book financial baseline 3. Consistent staffing methodology 4. Acute Electronic Patient Record 5. Single capital strategy

Wiltshire Alliance Work Programme

Population Health, Prevention & Inequalities	Primary and community Services Transformation	Children and Young Peoples Programme	Thrive MH Programme & LDA	Neonatal and Maternity Services	Urgent and emergency Care	Elective Care Board	Acute Hospital Alliance Programme
Expand the Neighbourhood Focus Site programme – sharing learning and adding sites **Personalisation and Anticipatory Care** **Primary care DES health inequalities** **Deliver the End of Life Strategy in Wiltshire** – including improvements in process and pathways **H&WB Strategy refresh October 2022** – embedding a population health and care approach	**Deliver the national Virtual Ward ambitions*** **Priority Ageing Well workstreams** including 2hr UCR, Enhanced support for Care Homes, and Home First (D2A) **Falls mapping across Wiltshire** to support 2hr Rapid Response falls service **Review Home First – D2A pathway**	**Connecting through primary care and Early Family Help** on asthma and weight management **FACT deliver year one of the programme for Early Family help.** **Implement new SEND Health Advisors role.** **SEND Strategy Wiltshire improvement plan**	**Locality mental Health and LD/A group to drive engagement in MH community services framework implementation** **Pilot Early Intervention Positive Behavioural Support (PBS) for Primary Pupils in Special Schools, supporting SEND agenda.** **Autism Strategy delivery will be led through the Place MH, LD&A group**	**Connect to Early Help transformation work in FACT** **Link with Neighbourhood collaboratives, local support offer**	**Implement new model of bedded care for discharge pathways P2** **Implement revised End of Life Care process pathway.** **Review Home First – D2A pathway** **Review of Wiltshire Flow Hub and Brokerage, driving efficient processes** **Community demand and capacity planning**	**Recovery of planned care community services to support acute flow** **Anticipatory care and long term conditions recovery via ageing well programme** **Connecting health inequalities identification through neighbourhood site programme**	**Re-launch the Professional Leadership Network as the Wiltshire Collaborative** **PCN development plan, working collaboratively with acute services** **Connecting via ICA governance, looking for broader system opportunities** **Complex case management across acute and community pathways**

Appendices

Our Alliance Delivery Work Programme

Programme Area and Work	Why	Outcome	Reporting and oversight
Children and Families BSW Programme to improve outcomes in key priority areas. Focus on prevention and early intervention. Developing a single brand/ integrated services working at a community level offering Early Help/support for 0-19yrs. Pilot Neighbourhood Focus Sites in Warminster and Westbury will work together to deliver this programme and establish a single brand multi-agency approach to include ICB/Wiltshire Police/ Wiltshire Council/FACT.	• Alliance members have identified this as a key priority area. • BSW priority • Improved outcomes for our population	To develop a strong community of practice around community health for CYP and their families so that they are able to access support more easily and rapidly within their own neighbourhood.	• BSW Children and Young People's Programme – directly linked into Place • Wiltshire FACT • Links to Alliance Delivery Group • LCB – we will review these a bit further once we have agreed format/membership.
Learning Disabilities and Autism Focus on increasing strong rate of annual health checks with people with LD needs. Autism Strategy and Independent Living, and SEND Strategy delivery	• National 'must do' and key BSW priority. • Fits with BSW Care Model • Improved outcomes for our population • Continue support, linked to Neighbourhood work.	People with LD will be offered an annual health check in a personalised and accessible way, meaning their health is maintained and emerging concerns are identified at an early stage.	• Links to LD&A/MH locality Group • BSW LD&A Programme Board • Links to Alliance Delivery Group
Mental Health Community Services Framework Long Term Plan's vision for a place-based community mental health model, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with PCN approach. Development and roll-out of Access Model across Wiltshire. Development of PCNs, and the MH ARRS roles	• National 'must do' and key BSW priority. • Fits with BSW Care Model • Improved outcomes for our population • Continue support, linked to Neighbourhood work.	Wiltshire residents can expect seamless access to mental health support and assurance that they will be directed to the appropriate services from the outset.	• BSW Thrive Board • Locality MH, LD&A Group • Wiltshire CSF board • Links to Alliance Delivery Group
Ageing Well in Wiltshire • Ensure implementation of the Long-Term Plan ambitions in Wiltshire • Co-develop Virtual Ward model and ensure achievement of national target for Wiltshire by Dec 2023 (40beds per 100k) • Pathway 2 Bed Model Implementation – revised framework and model for commissioning care home beds. • Ensure 2hr Crisis Response fully functional across Wiltshire, maximising effectiveness. • Progress Anticipatory Care roll-out across identified conditions – both Virtual Wards and Care Home MDTs	• National 'must do' requirements • Key to supporting system flow • Fits with BSW Care Model • Improved outcomes for our population • Some schemes have moved to 'BAU / Service Development' but this is recognised as a high priority area.	Residents in Wiltshire will be supported to stay at home or in place or usual residence when that is the best place for them to be – unnecessary admissions will be avoided. People requiring bedded care either following an inpatient stay or because they require care but not hospital admission will be able to access this rapidly and in line with best practice care standards. Patient flow will be supported by a flexible and responsive community offering.	• BSW Ageing Well Board • Ageing Well in Wiltshire Programme Board (WHC-led) • Locality Commissioning Group • Urgent Care and Flow Board

Programme Area and Work	Why	Outcome	Reporting and oversight
Urgent Care and Flow Improvement Full participation in BSW-led work streams: - Front door services, in-reach to acute pathway, Referral processes, Data and information sharing, BSW principles and Escalation process Development and delivery of Locality Improvement Programme as a result of the learning from the SAFER / MADE weeks in May & June 2022.	• Key to ensuring improved discharge and flow capability and capacity. • Better outcomes for service users in line with BSW care model vision.	Wiltshire residents will benefit from effective, responsive and integrated services which are able to support maximising capacity within our acute trust partners. Ambulances will not wait at ED front doors.	BSW Discharge to Assess Programme, monitored via the Urgent Care and Flow Board Wiltshire UEC Discharge and Flow group
Note – locality driven work focuses on actions from Super MADE / SAFER weeks – this includes development and implementation of discharge communications, engagement and resources, review of pathway efficiencies and Pathway 2 New Model implementation.			
End of Life Care Process Improvement Revising non-clinical process pathways to ensure that people are able to have their needs met when and how they choose by re-defining decision and funding pathways and reconfiguring service provision.	• Improved experience of individuals and their families • Better use of resources both colleagues and funding. • Aligned with BSW strategy and care model	• People will have rapid access to appropriate and safe care at the end of their lives, reducing waiting time for discharge and enabling them to die in the place of their choosing.	BSW End of Life Care Group & Population Health, Prevention and Inequalities programme. Wiltshire Ageing Well programme (Wiltshire End of Life Working Group)
Alliance Neighbourhood Collaboratives Born from the Neighbourhood Focus Site project and the Optum work, this model supports neighbourhoods (PCN footprints) to establish collaborative groups, working in a population-health management focussed way to make changes aimed at closing population health gaps. Fully established, 13 collaboratives would be working across Wiltshire will a fully formed model of support, leadership and networking to learn and share. Proposal is to bring 2 more 'test and learn' sites on in the next 12 months.	• Priority identified by Wiltshire Alliance membership. • BSW care model alignment • National priority • Significant opportunity to improve experience and outcomes at neighbourhood level • Links with national requirements of primary care • Significant alignment with Council focus on areas of deprivation and associated improvement plans (Community Visits).	Wiltshire residents will be able to inform and affect local change to improve services that matter to them. Neighbourhoods are able to work together to identify and reduce health and care gaps by working together without boundaries. Professionals and communities have a way of working together to design and implement solutions to inequality gaps and to work through delivery of key required changes.	Alliance Delivery Group Links to BSW Population Health, Prevention and Inequalities programme.

Programme Area and Work	Why	Outcome	Reporting and oversight
Connecting With Our Communities Enabling workstream to underpin our Alliance way of working. This group will work to establish multi-way links and conversations with our communities and colleagues, supporting the other work streams and way of working across our partnership. Will develop and implement the Wiltshire delivery of the People and Communities Strategy/ Directly links and supports the Neighbourhood Collaborative Work as an enabler and supports the Council's focus on improving outcomes in areas of highest deprivation.	• To enable us to co-produce our work and decisions and understand what is important to people living and working in our area. • To put in places relationships and structures to support information sharing. • Support the implementation of the BSW People and Communities Engagement Strategy • Supports care model and BSW vision	• Decisions taken by the ICA will be made following engagement and discussion with our communities of staff and residents. • Our residents will know where and how to 'get involved' to work with us on solving the things they tell us are important to them and in resolving our identified gaps. • Individuals and communities will be able to directly shape and engage with the work in their area to improve health and wellbeing gaps that matter to them.	Alliance Delivery Group Links to BSW engagement strategy group
Alliance Development Broad work stream supporting the ongoing development of the Alliance. This includes developing supporting resources and activities:- - Ongoing programme of ICA development and face to face meetings - Revising the Programme approach - Developing a communication and engagement plan with defined pathways for sharing information and engagement - Ongoing relationship development across partners. - Continuing work with VCSE partners - Establishing the revised Alliance Delivery Group and Joint Committee - Re-launching the Professional Leadership Network meetings	Underpinning work to support the effective performance of our Alliance and our work programme.	We will work together in our Alliance according to the principles we have agreed in a line with a continuous improvement focus.	ICA Joint Committee

Tackling Inequalities

We are committed to reducing Health and Wellbeing inequalities. This is embedded in our principles and ways of working.

We are developing a key transformation programme to enable and support neighbourhoods in working together on what matters to them – Our Neighbourhood Collaborative programme is taking a sustainable approach to driving long term change at local level.

Our Growing Neighbourhood Collaboratives

There are some things that are core to the support of our neighbourhood model:-

- Data and information – BSW population health tool and local intelligence and systems
- Working in a population health focussed way
- Integrated working between teams and organisations
- Neighbourhood (PCN) level
- Community involvement
- Longer term view – months *and* years
- Inclusive partnership
- Structured, with a process and allocated time and resource
- Connected to other 'trees and gardens' to learn and share.

These are the strong foundations on which we will grow our model and expand it.
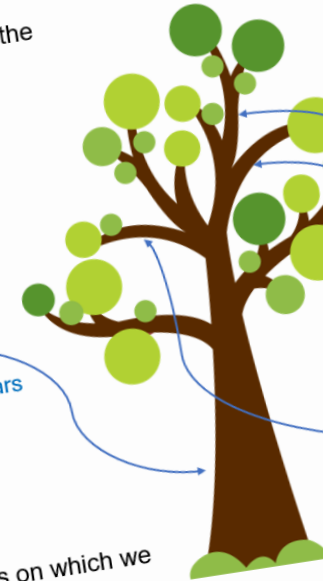
There are other things (branches) that we need to put in place for our model to grow green shoots and flourish:-

- Staff and Resources, integration and behaviour
- Community voice, comms and engagement
- Partnership working and movement for change, including wider Alliance working (housing, education, environment, leisure etc...)
- Structure, systems, process, governance

These are the things we spent some time talking about in our development session.

Collaboratives Pathway

Initial Stage
- Co-Develop collaborative model
- Identify possible next collaborative areas

3 Months

Preparation
- Develop and share toolkit, including readiness checklist
- Launch Collaboratives – co-design event

6 Months

Launch

Establish collaborative neighbourhoods (further 2 in 22/23)
Test, Learn and Share – restables
Professional Leadership Network

12 Months

Expand
Expand the collaboratives across Wiltshire to include all areas.
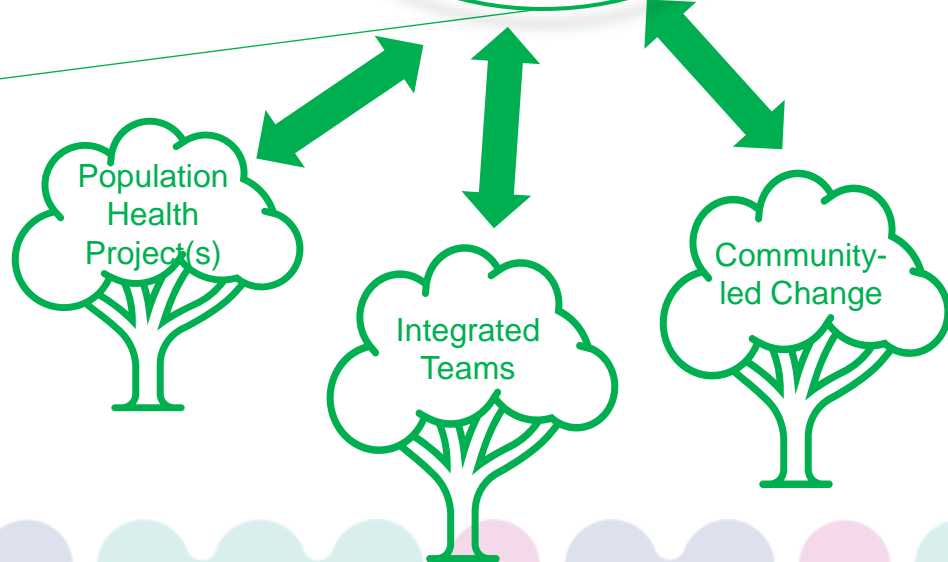
24 Months

Neighbourhood Collaborative Model

BSW Programmes and Regional Forums
Links with Health and Care Senate, Wiltshire Programme Board etc…
Learning and Sharing beyond Wiltshire borders

Wiltshire Neighbourhood Collaborative
Learning and Sharing across Wiltshire and between Collaboratives, Focussing on Population Health and Wellbeing Gaps across Wiltshire. Links with Health and Wellbeing Board

Community voices / Social Care / ICB / Community Services / Education / DWP / VCSE / Mental Health / Children's Services / Fire / Police

Most work will be community driven – some change Wiltshire -wide

Neighbourhood Collaborative

Population Health Project(s)

Integrated Teams

Community-led Change

Learning and Sharing Between Collaboratives