

Health Select Committee

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 17 JULY 2024 AT COUNCIL CHAMBER - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Gordon King (Vice-Chairman), Cllr David Bowler, Cllr Clare Cape, Cllr Mary Champion, Cllr Nick Dye, Cllr Howard Greenman, Cllr Tony Pickernell, Cllr Horace Prickett, Cllr Pip Ridout, Cllr Tom Rounds, Cllr David Vigar, Diane Gooch and Irene Kohler

Also Present:

Councillor Jane Davies

42 Apologies and Substitutions

Apologies were received from Councillor Johnny Kidney, Councillor Dr Monica Devendran, Kate Blackburn, Alison Smith, Councillor Ashley O'Neill, Councillor Nick Holder, Emma Legg, Councillor Graham Wright, Councillor Clare Cape, Councillor Laura Mayes, Lucy Baker, Paula Weston-Burt, Terence Herbert, Caroline Finch and Fiona Slevin-Brown.

It was noted that Carole Shirley had substituted for Caroline Finch as the Committee's Wiltshire Centre for Independent Living (WCIL) representative.

43 Minutes of the Previous Meeting

Resolved:

To confirm and sign the minutes of the meeting held on 12 June 2024 as a true and correct record.

44 Declarations of Interest

There were no declarations of disclosable interest.

45 Chairman's Announcements

The Chairman made the following announcements:

- There would be an opportunity to clarify the appointment process for stakeholders and non-voting members for the Committee and that a report presenting options would come to the Committee in September. In the meantime, Members were encouraged to contact the Senior Scrutiny Officer with any questions or suggestions.

Cabinet reports

It was noted that two reports were considered by Cabinet earlier in the week that were of interest to the Health Select Committee:

- Wiltshire Community Advice and Support Services - a briefing for the Chairman and Vice-chairman took place before Cabinet. Option 2 was approved - the recommissioning, procurement and implementation of the Core and Carers elements of the Wiltshire Community Advice and Support Service for a minimum of five years with the option to extend for an additional two years with an uplift mechanism.
- ICB Community Health Service Procurement – it was approved to deliver the Home First service under a single provider – Reablement Wiltshire. And to give ‘in principle’ agreement to commit Better Care Funding of £9,235,123 to the ICB Community Health Contract from 2025-2032 (with a potential for a further 2 years to 2034). The Committee had briefings on the ICB procurement and emergency care contract in October 2023 and June 2024.

46 **Public Participation**

No questions or statements were received from the public in advance of the meeting.

47 **Unpaid Carers Strategy and Contract Update**

The Chairman noted that the report in the agenda provided an update on the All-age Unpaid Carers Strategy 2024-28 and implementation/mobilisation of the All-age Unpaid Carers contract following an earlier presentation to this Committee in July 2023.

The Chairman invited Councillor Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion), Alison Elliott (Director Commissioning) and Kai Muxlow (Interim Head of Families and Children Commissioning) to introduce the report. The report included but was not limited to that during the development of the strategy the Council had engaged with unpaid carers and young carers to focus on the word of carers as well as how they want care services to be provided in the future. It was outlined that on this basis the Council went out to tender and awarded a contract to a consortium of providers for adult services, with the new contract having went live on 1 April 2024.

It was outlined that the consortium was called “Carers Together”, and positive progress had been made with the consortium to fulfil the needs of the contract and that there was a Performance Outcomes Group in place to monitor performance monthly.

It was also stated that a memorandum of understanding of the unpaid carers Charter of the Council had been completed, which was an important statement for the Council regarding how unpaid carers are viewed.

The Committee asked the following questions, with clarity sought on the monthly reviews taking place, to which clarity was provided that Key Performance Indicators (KPIs) had been set within the contract and would review the timeliness of assessments, waiting lists and waiting times as well as the outcome of support plans. A question was asked regarding what would happen regarding training for Wiltshire unpaid carers, to which it was noted that the Council would support carers to attend the training sessions by putting in place support for them whilst they attended training. It was also noted that as part of the statutory carers assessment, individual needs would be considered to enable the Council to tailor such assistance.

A point was raised that recently letters had been sent out regarding the new emergency cards, however there had been issues in making contact to respond. The Director offered an apology as the letters had included the wrong phone number and that the Council was working with carers and putting in additional resource to respond to concerns.

An observation was made that the previous providers had poorly delivered and whether there would be penalties in place should the new provider not provide up to standard. It was outlined that the monitoring of the previous contract had not been adequate, and that learning had taken place following this and that dedicated staff resource had been allocated to monitor the new contract. Furthermore, the organisations would be challenged if they did not meet the KPIs in place and would be placed into remedial action to meet them if required. It was further outlined that the Performance Outcomes Group would feed into the Council's wider Performance and Outcomes Board, which would provide oversight within the Council and that there would be penalties which could be implemented should organisations not meet the KPIs.

It was discussed that across the county out of the 18 Wiltshire Council Area Boards, there was only 3 Carers Champions, to which assurance was provided that work was being conducted with the Area Boards to increase the number of Carers Champions and that this could be reported back on.

A point was raised that in the report reference was made that a new post had been created to support young people in secondary education, however there had not been an indication of how children in primary education would be supported. Clarity was provided that work was being conducted to monitor attainment in primary and secondary schools as well as the impact that caring might have. It was outlined that the new post would be exclusively for secondary education, however additional posts had been placed into children's services to support carers from the age of 5. In addition, part of this process would be to go into schools to present an information piece about supporting young carers.

The notion of quality of life and social contact was discussed, with it noted that the contract included a requirement regarding the establishment and access to existing support groups and clubs for carers. It was stated that this would be monitored, and the consortium had been asked to conduct regular social care

surveys which would enable the Council to act faster to ensure greater access and support.

It was suggested that organisations such as surgeries and individuals had not been made aware of the new contract, to which it was agreed that communications would be sent out to ensure awareness was raised.

At the conclusion of the discussion, it was;

Resolved:

That the Health Select Committee would receive a briefing on the different providers and their role in delivering the Unpaid Carers contract to support report coming to committee on 12 March 2025:

- detailing implantation of the new contracts, and
- KPIs to be used to monitor effective delivery,
- delivery on the 8 priorities mentioned in paragraph 7 of the report, and
- delivery on the future actions listed in paragraph 7, with a particular interest in Carer Champions linked to Area Boards.

48 **Wiltshire Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy - Progress and Performance Reporting Update**

The Chairman noted that this report was an overview of progress towards the objectives set out in the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan.

The Chairman invited Cllr Jane Davies (Cabinet Member for Adult Social Care, SEND and Inclusion) and Emma Higgins (Swindon and Wiltshire Integrated Care Board) to introduce the report. The report included, but was not limited to, that the paper had been brought to the Health and Wellbeing Board and set out how joint work had taken place to produce the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan. It was noted that the two documents aligned with each other as well as having a shared set of priorities which would be taken forward across the delivery of work. Included within the agenda was a document which set out the schedule of work taking place, which would provide assurance.

Regarding assurance, it was noted that elements of the assurance process had changed with KPIs and data sets evolving to improve in line with the work being conducted each year. It was stated that progress and key highlights were included within the paper as well as the work to be conducted over the coming year.

The Committee asked the following questions, which included but was not limited to whether it would be possible in the future for a report to be presented in a more accessible format for lay readers. It was noted that there was the intention for narrative reports to be produced including assessments against the performance standards articulated within the spreadsheet.

Further detail was requested on the uptake of health checks for the population, particularly for those with autism, to which it was agreed that this would be taken away and investigated for an answer. It was stated that within the spreadsheet clear indicators had been included for the uptake of health checks for the population and though this had improved there was still work to be done and remained a high priority.

It was questioned how “Caring Steps Together” was developing, to which it was outlined that this had been a piece of work led by the Wiltshire part of the Integrated Care Board and was to be developed across the whole of the BSW. It was outlined that currently this was going through evaluation to understand where and how it could be used.

The need to understand the different operating parts of the NHS and care system was discussed, with a need to understand who was driving outcomes and who was auditing them. Clarity was provided that it is clear who has a commissioned responsibility for the delivery of each area, however it is incumbent on all partners to provide outcomes, for example increasing vaccination rates.

A brief overview of Neighbourhood Collaboratives was provided, with it noted that Neighbourhood Collaboratives are groups based on Primary Care Network footprints that aim to share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities. Examples of Neighbourhood Collaboratives taking place were cited, including work relating to falls in Melksham and a livestock pilot in Salisbury working with farming and rural communities. A set of slides was provided to be attached to the minutes to provide a greater overview of Neighbourhood Collaboratives.

Clarity was sought regarding carer breakdown, to which it was noted that this was where an individual had come into the system and required support as arrangements at home had broken down. It was stated that this was acknowledged as a key priority with work taking place across the system to prevent such situations.

At the conclusion of the discussion, it was;

Resolved:

- 1. The Health Select Committee noted the update,**
- 2. The Health Select Committee would receive brief updates on Collaboratives through the year, including:**
 - A) Chippenham, Corsham and Box Launch programme, starting with the roll out then measuring of impact/success.**
 - B) the Salisbury collaborative including roll out and measuring of impact/success.**

C) Progress on the target that each of the 13 areas would have an established collaborative by 2025.

- 3. That the Health Select Committee would receive an overall Progress and Performance Report in a year's time which would be in a more accessible format. This should include an update on the additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.**

49 **Better Care Fund**

The Chairman introduced an update on the progress being made in delivering the Better Care Fund (BCF) Plan.

The Chairman invited Helen Mullinger (Commissioning Manager) and Karl Deeprise (Senior commissioner) to introduce the report, which included a presentation that had been attached to the agenda. The presentation provided an overview of the Better Care Fund and included, but was not limited to:

- It was detailed that the total budget for 2024/25 was £68.2m and that BCF plans must be agreed by the Integrated Care Board, with guidance provided from the national team as to how spending could be attributed.
- An overview of the national context for the Better Care Fund was provided.
- An overview of the key services and contracts provided by the Better Care Fund was provided as well as the costs incurred for the 2024/25 budget. It was noted that many of the schemes in place linked.
- The Fund is held to account by the national team who had set performance metrics and targets. Detail was provided on how the Fund measured against the 2023/24 performance metrics as well as the planned performance for 2024/25.
- The reporting of the Fund was outlined, with it noted that the Health and Wellbeing Board oversaw the delivery.
- Extensive work led by the Integrated Care Board relating to demand and capacity had taken place, which had enabled the Fund to plan on an operational level using a modelling tool.
- Additional discharge funding had been received with direction provided by the national team on how the funds would be used.
- An overview of the contract re-commissioning for the next 12-18 months was provided.

The Committee asked the following questions, which included but were not limited to why there was a significant drop in the planned admissions to residential care from 2023/24 to 2024/25. Clarity provided that the 2024/25 data would only include new admissions as the Fund was no longer required to use ASCOF data and was therefore able to collect local data using its own agreed methods. Further detail was provided on hospital discharges into care homes, with it stated that there was a practice within adult social care that where possible residents were not discharged from a hospital to a care home.

Clarity was provided that regarding the origins of the Better Care Fund, which was established by health providers and local authorities to provide the ability to work together to jointly commission services and improve integrated working across health and social care. It was stated that joint decisions were made on how to spend the funding, with a large proportion being spent on adult social care services. Clarity was provided that the performance metrics in place related only to the Better Care Fund and were set by the national team. Additionally, reablement was a Council service that was funded significantly by the Better Care Fund.

It was noted that “system wide support” accounted for the categorisation of some of the schemes in place that provided wider support for elements supporting capacity within adult social care teams. It was noted that the funding for the Better Care Fund was wholly held by Council and was kept separate to the Council budget.

At the conclusion of the discussion, it was;

Resolved:

- 1. That the Health Select Committee would receive an update in 12 months, or sooner if issues were raised by the Health and Wellbeing board, with a focus on community equipment and any adjustments to budget to meet demand.**

50 **Forward Work Programme**

The Committee noted that the Forward Work Programme (FWP) would be updated to reflect any changes made throughout the meeting.

It was suggested that it would be useful if the Committee was to receive a short report before the end of the Council cycle which would cover an overview of the Integrated Care Board, including the Board’s starting place and what actions were achieved. Ideally this would be received through the Chairman and Chief Executive of the Integrated Care Board.

It was agreed that the Chairman and the Vice-Chairman of the Committee would meet outside of the meeting to agree which items from the Forward Work Programme would be brought to the September meeting of the Committee.

Resolved:

- 1. The Committee approved the Forward Work Plan and delegated to the Chair and Vice-Chair to prioritise items for the September meeting.**

51 **Urgent Items**

There were no urgent items.

52 **Date of Next Meeting**

The date of the next meeting was confirmed as 10 September 2024.

(Duration of meeting: 10.30 - 11.52 am)

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Neighbourhood Collaboratives in Wiltshire

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Minute Item 48

How were Neighbourhood Collaboratives conceived?

Structure, systems, process and governance

1. Nailing the Structure – learn from other ‘saplings’ and spend time on getting this right for your neighbourhood.
2. Local decision making is key – close the gap between those affected and those making decisions.

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Partnership working and movement for change, including wider Alliance working (housing, education, environment, leisure etc...)

1. Identify what / who already exists in terms of data, needs, plans, organisations and stakeholders – create a ‘readiness framework / checklist’, use data and co-develop with the community – be honest, build trust and seek ‘ability “we will...”, “you will...”, “together we will...”’
2. Ensure that ‘partners’ are there to meet need, not represent organisations
3. Work including behaviours, values and accountability for the needs to ‘show up’
4. Hear about the story they tell, build resilience
5. Significant, and resources must be

Community voice, comms and engagement

1. Community-led vision and response to what the community needs (equality gaps)
 2. Identify and establish expectations of anchor organisations with training and supervision
 3. Your neighbourhood organisations support sustainable teams
 4. Leaders will enable and support innovation
 5. Value what matters to staff and communities and people living in the neighbourhood
1. Listen to communities and correct insights with the data and analysis
 2. Understand the strengths and assets of the voluntary community sector partners and communities and champion them
 3. Enable and invest in local change that makes a difference
 4. Support teams, organisations and services in ‘trying’. It is OK to fail.
 5. Make engagement and talking with colleagues and people working in the neighbourhood the first thing we do, not the last.

Wiltshire Alliance wanted to think through the opportunities of working in an ICS – how can we make a difference together? – Alliance in action in our neighbourhoods

Our Growing Neighbourhood Model

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 ‘Burgers’ to learn and share.

These are the strong foundation on which we will grow our model and expand it.



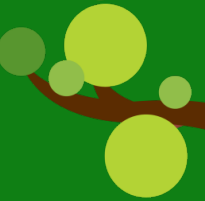
There are other things (branches) that we need to put in place for our model to grow green shoots and flourish:-

- 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 session.

The Neighbourhood Collaboratives model was formally launched in December 2022

What are Neighbourhood Collaboratives?



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Collaboration across Wiltshire

At fully maturity, will connect health, social care, VCSE, public services and community groups across Wiltshire in broad and inclusive partnership.

Single group to learn, share, support and drive progress – learning from national examples.

Collaboration in 'Neighbourhoods'

Based on PCN footprints, these Collaboratives will share intelligence, expertise and resources to enable local solutions to local need, tackle health inequalities.

Led by local approach

Community views and needs will drive the work done in each Collaborative – requires new ways of engagement



Prevention and Inequality Focused

Clear aim to 'left shift' and take a prevention approach across whole pathways, promoting health and wellbeing across wider determinants of health as well as addressing unwarranted variation.

Value existing strengths

Avoid duplication, promote existing strengths and connect work together. Each one is / will be structured differently according to what works for them.



Sustainable

Grown from the ground up, there is no 'new' funding – it's about working differently within the same budgets and resources.

Enabled by partners

Supported by a launch programme, tools and training, partners offer advice, support and guidance

Fuller & Integrated Neighbourhood Teams (Collaboratives)

The stocktake includes a compelling new vision for integration that centres on three essential offers:

- Streamlining access to care and advice for people who get ill but only use health services infrequently, providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs.
- Helping people to stay well for longer as part of a more ambitious and joined up approach to prevention.

Building fully integrated teams in each neighbourhood is critical to making these essential offers a reality. No single organisation or ICB can make this happen without radical cultural change in working arrangements in neighbourhoods.

The 'team of teams' approach, evolving from primary care networks, needs to be rooted in a shared ownership of local wellbeing across all local public servants, including primary care in its widest sense, community care, adult and children's social care, mental health, acute, housing, the police, public and environmental health and, importantly, local grassroots community and voluntary organisations.

A different kind of leadership that provides an environment of psychological safety where it is ok to try new things and for teams to innovate to find new ways to support individuals, their families and communities. Top-down hierarchical leadership of neighbourhood co-ordination risks alienating the frontline workforce.

A shift to a preventative wellbeing model with a clear focus on sharing data, having a joined-up action plan and focusing on inequalities.

<https://www.nhsconfed.org/articles/making-fuller-stocktake-real-communities>

Neighbourhood Collaboratives

BSW Programmes, Regional and National Forums

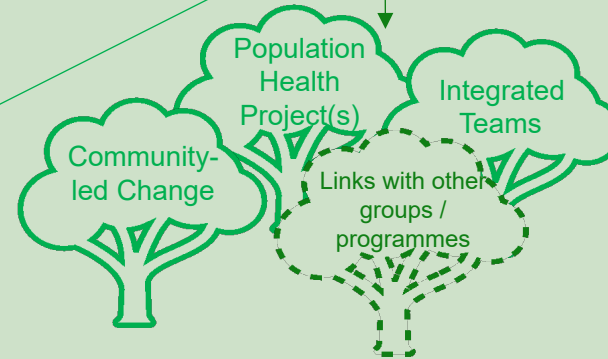


Wiltshire Neighbourhood Collaborative

Learning and Sharing across and beyond Wiltshire and between Collaboratives, Focussing on Population Health and Wellbeing Gaps through prevention and strengths-based approach. Links with Health and Wellbeing Board



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



“Neighbourhood Collaboratives are where our collective energy, capability and capacity is breaking new ground in improving population health and wellbeing.”

ENABLERS

Readiness Review

Helps grow a baseline understanding of what's working well and what areas would benefit from more support.

Launch Programme

Brings everyone together – puts the foundations in place for sustainable, successful relationships and outcomes.

Toolkit

Already available. Plans to develop further and integrate with other programmes. Will include different ways to access knowledge and training including videos and bite size learning. Supports launch programme.

Co-Production Training

Offered via Academy and Wessex Community Action

SIX CORE PRINCIPLES SUPPORT THE COLLABORATIVES

1. Partnership working – building relationships, agreeing vision and structure.
2. Co-production – community engagement and participation in telling us what to improve and how to improve it.
3. Whole community approach to addressing equality gaps in health and wellbeing - taking a population health and continuous improvement approach with a focus on prevention
4. Integration to create the community led vision - using data, insight and intelligence in new ways to identify focus areas, working through prevention lens.
5. Enabling volunteers and staff to thrive – what are they telling us, what's their experience and how can we work together in more integrated ways?
6. Creating a movement for change – establishing your collaboration for a sustainable future.

What have we done so far?



Developed the Readiness Review, Launch Programme and toolkit



Established the Steering Group – meeting quarterly and taking a conference approach



Learned from a Focus Site and Pathfinder group – added to learning throughout the work



Successfully built a broad partnership who continue to participate



Bid for and won £100k to develop and test engagement model



Added a 'connecting with our communities' element to the work, bringing together insights



Integrated the Collaboratives into the Joint Local Health and Wellbeing Strategy and ICS Strategy Implementation plan



Established the Steering Group – meeting quarterly and taking a conference approach



Established a collaboration platform and comms approach to share information



Leading the development of a BSW-wide Blueprint, supporting new ICBC provider to build on success

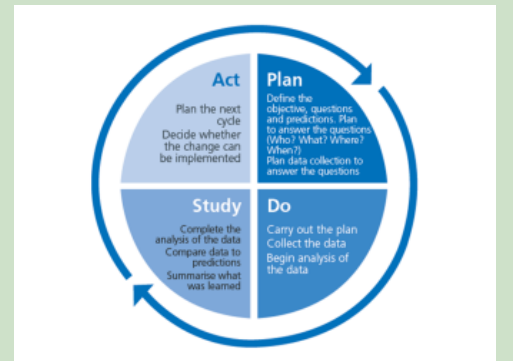
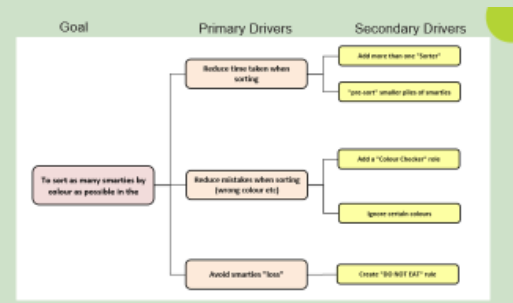
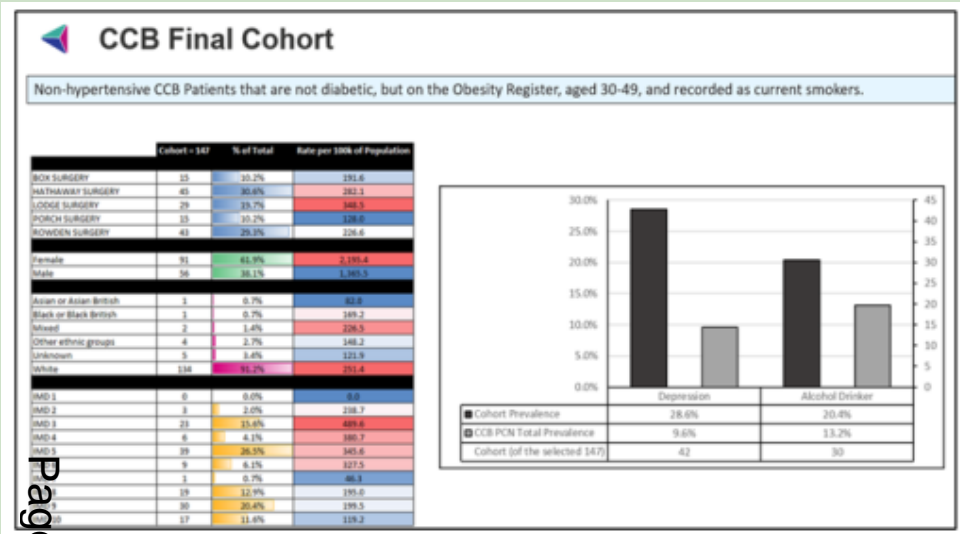


Sharing learning across the BSW system, connected with local and national programmes



Plans for all but PCN areas – challenges with distributive leadership and support.

What progress are we making?



Structural Dynamics

Structural Dynamics enables individuals, teams and systems to shed light on **patterns of interactions**. Identifies **unhelpful patterns** as a starting point for change. Helps us to **avoid causing harm**, so long as dysfunctional patterns remain unnoticed, they can destabilise our best intentions when we communicate together. The model helps people to talk, think and problem-solve together more effectively.



1. Action Propensities: the vocal act you take most commonly interacting with others.

2. Communication Domains: the focus of our attention and kinds of topics, issues and content to which you naturally gravitate.



3. Operating Systems: The rules you implicitly follow in engaging with others.



Population Health Management



Demonstrating partnership, equality and activity impact

What progress are we making?



Chippenham, Corsham, Box – launched. Prevention of Hypertension.



Devizes – led by VCSE. Readiness Reviewed. Prevention of self harm in young people



Melksham and BoA – launched and engaged. Prevention of first fall



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Trowbridge – restarting. New staff in post. Focus - Prevention of Housebound



Warminster – pre-readiness (July). **Westbury**- initial stages of dialogue to explore readiness



Salisbury Trinity -. Connected to Livestock market. Possible 'Super Collab' approach.



Calne - no dialogue since first discussions. Aiming to re-start.



East Kennet – no current dialogue



Sarum West – pre-readiness review (Sept). PCN well engaged.



Sarum North - initial stages of dialogue to explore readiness



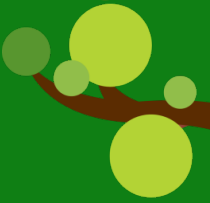
Salisbury Cathedral – Connected to Livestock market. Possible 'Super Collab' approach.



Salisbury Plain – participating in the Livestock Pilot. Prevention of Farmer (manual worker) inequality

Demonstrating partnership, equality and activity impact

Case Study; Well Farmers for Wiltshire – Salisbury Pilot



Why are we working with Farmers?



Farmers and rural communities can't / don't access traditional services.



Significant increase in mental health needs and suicide. Isolation and financial issues.



Farmers can't leave livestock to attend appointments, culture of mistrust



Culture of resilience, meaning people 'leave it far too late' to seek help.



Sepsis, cancer, dental care, diabetes, hypertension, high cholesterol, skin issues, bereavement, carer support, eye sight, joint pain, injuries etc... substance misuse and safeguarding concerns are common.



Core20Plus5 group (manual workers and some in Core20 group) – we know outcomes are poorer

What have we done as a Collaborative?



Led by local voices from within the community – Chaplaincy Service at the market was key.



Visited the market to understand things for ourselves – build the case for collaboration.



Built broad-based partnership Collaborative; stronger as a group



Reached out to other VCSE organisations and national schemes to learn from them



Listened, listened, listened to people at the market. They're telling us what they want and need and making space available – Auctioneers are key partners. Health Inequalities Funding is essential to this work!



Developed an offer to test and pilot over the next 3 months using Vaccine Accelerator funding.



Well Farmers for Wiltshire – Salisbury Pilot



Pilot includes:-

- Fully funded bank farming support
- Fully funded counselling
- Mental health advice – in market
- Physiotherapy advice and guidance
- Vaccines – advice and vaccines
- Nursing
- Community pharmacy
- Dental health
- Cancer – early signs and screening
- Financial and other advice and support
- Health screen and checks (high blood pressure etc..)
- Optometry
- Skin care advice and support
- Managing infections and signs of Sepsis

Any more!!

Well Farmers for Wiltshire – Salisbury Pilot

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WELL FARMERS FOR WILTSHIRE Salisbury Pilot

A Wiltshire Collaborative

Hi,

Exciting News!

In July we are launching the **Well Farmers for Wiltshire** pilot at your market. Every Tuesday until the end of September, you will find various health and wellbeing services available for you. **Look for us in the café or by the main entrance.**

This is your chance to:

- Speak to someone about keeping your back and joints strong
- Have your blood pressure checked
- Learn about the vaccinations you may need
- Recognise the signs of infection and SEPSIS

We also have services such as Citizens Advice, the RAB, and many more for you.

**Don't miss out! Those from other counties are welcome too.
Come say hello or invite us for a chat.**

See you soon,
The Well Farmers for Wiltshire Team.

- Plan to test and try things July to end Sept
- Agile – adapt and change
- Listen and evaluate
- Understand future needs
- Share insights
- Build sustainable Collaborative network for Salisbury

“What do you know about feet? because I can't feel mine, or a couple of my fingers”

Do you have any questions?

Who is part of the pilot? – We're working together as a Collaborative group of NHS, Council and Charity sector organisations.

How often will people be here? – Every Tuesday! You'll see some of the same faces, but there might be new ones along the way. We know this is your space and we'll try hard not to get in the way. Please say hello.

How long are you here for? – Each week from about 9am to 12.30pm, but we want to find out if that's the right time, so we might change it if you tell us we need to.

We only have a small amount of money to support this pilot (test), but we'll be here throughout the summer into September. At the end of that time, hopefully you will have told us whether what we've tried was useful and what you want so we can plan out what might work after that.

Can I give you feedback? – Absolutely! We welcome your views and thoughts; we NEED you to tell us how to make this work for you. There have been lots of people visiting the market and speaking to some of you so we can plan the pilot, now we need you to tell us how to make it better and more useful as we do it. There will be more people working alongside us talking to you about all this, but please do speak to any of the team, they will take your feedback and make sure we use it.

Why are you here? – We know that people working on and around farms are super resilient, but we also know it's a struggle to juggle everything and look after your health and wellbeing. So, following an invite, we're coming along to see if we can make that easier.

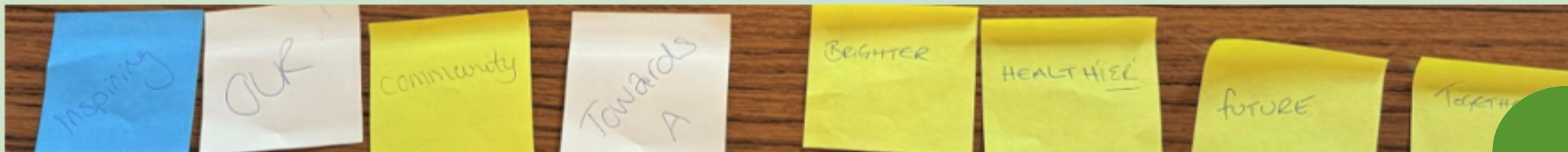
What are you doing? – Over the summer, we are trialing some differing things to find out from you what you want, need and like. We're hoping to make things available to you like:

- help for joint and back pain
- dentistry
- foot care
- Vaccinations for things like flu, shingles and others
- checks for high blood pressure which can lead to heart attacks and strokes
- help and advice on looking after your skin
- how to spot early signs on cancer
- people you can talk to if you or someone you know might be struggling a bit emotionally
- Advice from groups who can give you practical support at the farm, because we know wellbeing is much more than just being healthy

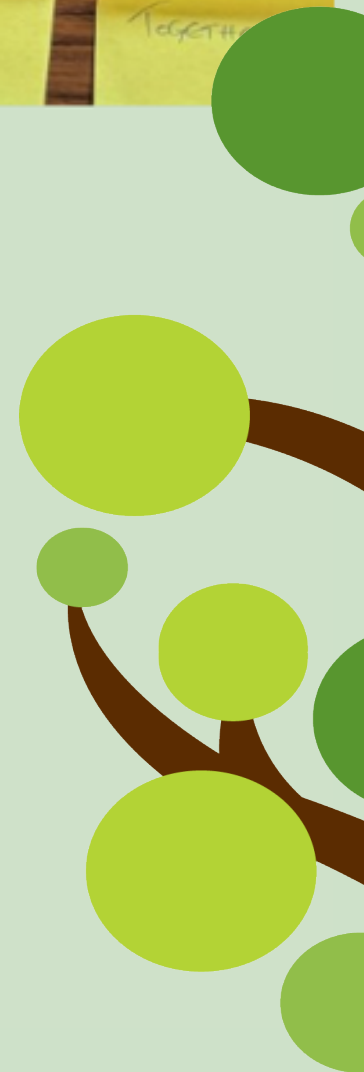
How will I know what's where? – We're aiming each week to give you a schedule of what's coming and where it will be, it might change if your feedback tells us we need to do something differently.



Chippenham, Corsham and Box



Inspiring Our
Community
Towards a
Brighter
Healthier
Future
Together



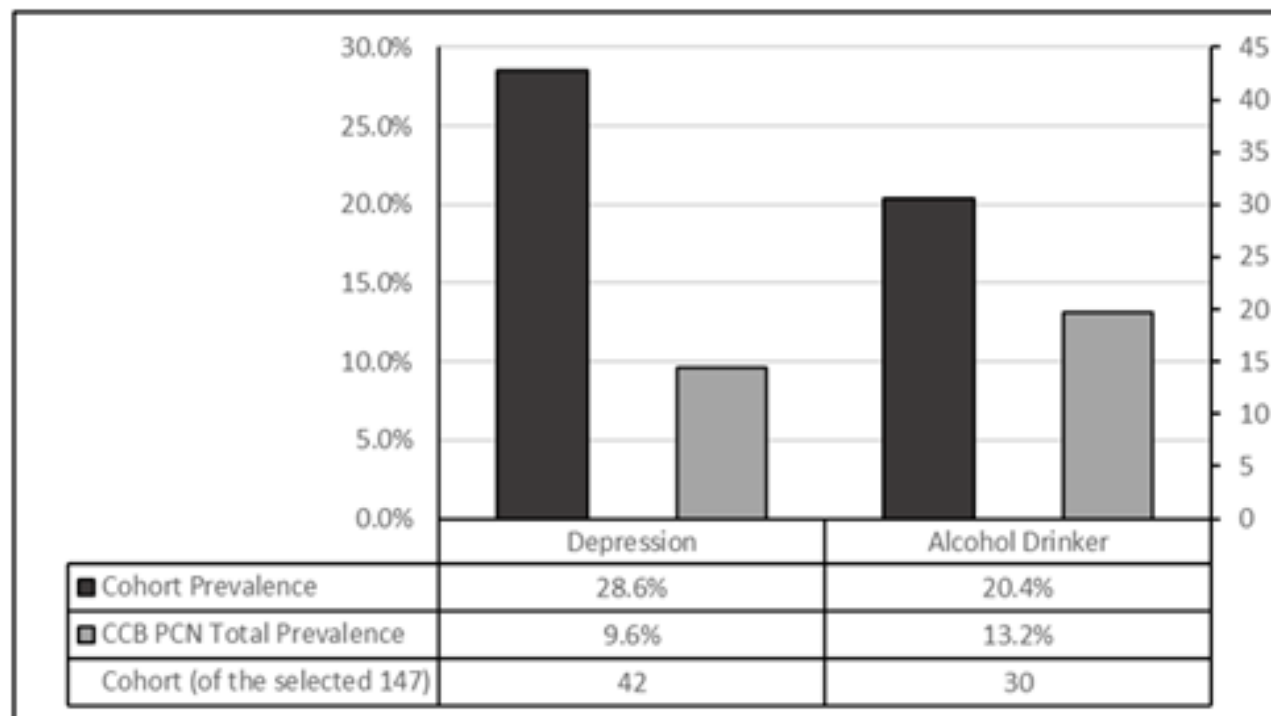


CCB Final Cohort

Non-hypertensive CCB Patients that are not diabetic, but on the Obesity Register, aged 30-49, and recorded as current smokers.

	Cohort = 147	% of Total	Rate per 100k of Population
BOX SURGERY	15	10.2%	191.6
HATHAWAY SURGERY	45	30.6%	282.1
LODGE SURGERY	29	19.7%	348.5
PORCH SURGERY	15	10.2%	128.0
ROWDEN SURGERY	43	29.3%	226.6
Female	91	61.9%	2,195.4
Male	56	38.1%	1,365.5
Asian or Asian British	1	0.7%	82.0
Black or Black British	1	0.7%	169.2
Mixed	2	1.4%	226.5
Other ethnic groups	4	2.7%	148.2
Unknown	5	3.4%	121.9
White	134	91.2%	251.4
IMD 1	0	0.0%	0.0
IMD 2	3	2.0%	238.7
IMD 3	23	15.6%	489.6
IMD 4	6	4.1%	380.7
IMD 5	39	26.5%	345.6
IMD 6	9	6.1%	327.5
IMD 7	1	0.7%	46.3
IMD 8	19	12.9%	195.0
IMD 9	30	20.4%	199.5
IMD 10	17	11.6%	119.2

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What do partners think?



"It's powerful to have shared understanding across organisations of the needs of our population and aligning together to work on priorities. We have more impact together"



"Making time to build relationships is essential to success – and is also delivering other benefits outside of the Collaboratives themselves and having wider impact"



"This is breaking new ground; it's sometimes hard and frustrating but important and should be supported longer term, it can't be a short term approach to change"



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"Communities often have better answers to the challenges, 'services' don't need to solve everything, but they do need to share and engage"



"It must take effort to keep convening people and bringing us together but please don't stop!"



"Impact may be both immediate but also longer term – may not see results for years in some ways and we need to be OK with that"



"Doing all of this without funding is making things more challenging but will also lead to built-in sustainability".



"Energising and positive – participants feel connected, supported and thankful to be working in a future, prevention focussed and 'holistic' way but..."



"...it's hard to spend time in this space during exceptional demand pressures (though this way of working will be part of the future solution)"

What are the challenges?

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Shifting the Culture

- A need for immediate delivery – today's targets
- Tolerance for things not addressing 'system priorities'
- Having faith in local solutions to local problems
- Resisting the urge to 'system' everything
- Individual strategies unaligned
- Permission to try and to fail
- Investing today for years time

Money, Money, Money'

- Perception that this is 'new' and therefore needs new money
- Partners unwilling to share!
- Anchors not letting go

Engagement

Difficult to keep everyone informed and feeling they add / receive value

Patient engagement takes 'too long' – need to deliver

Capacity and Ability to Participate

- Operational pressures win
- Skills gap variable
- Huge range of partners and experiences
- Servicing groups across all of Wiltshire
- Funding limitations

Commissioning Decisions

New provider making all the decisions and developments? – paralysis and changing roles.

Partnership is the superpower!

What are the next steps?



Continue to develop Collaboratives in all PCN areas



Deliver the Livestock Market Pilot and evaluation



Deliver the HIF-funded work, aligned to CORE20Plus5 – testing models of engagement



Support development of a BSW-wide INT Blueprint



Establish evaluation approach and demonstrate impact



Consider approached to broadening partner leadership to expand capacity



Transfer to NHS Futures platform – publicly available without MFA requirements



Further develop Comms strategy to ensure continued awareness and participation



Identify strategies for 'left shifting' funding



Consider role of anchor organisations and their commitment to this model



Refine mechanisms to enable 'fluid partnership' during times of operational pressure or changing priorities



Continue to identify learning and push the boundaries of possibility via the conferences

Thank you - Questions?

WELCOME TO YOUR NEIGHBOURHOOD COLLABORATIVE

Communities Together
Working with those living and working in our local communities to identify needs and deliver change

Working As One
Our tree represents people, services, charities and community groups growing in partnership and understanding

Inclusive
Ensuring everyone has a voice in our community to help find answers to health challenges

Improving Health and Wellbeing
Focusing on reducing health and wellbeing inequalities and preventing future health problems

Tools to help in all parts of our work
Using new tools and techniques to identify problems and resolve them having built shared competencies

Finding Solutions
Using our combined resources, information, improvement skills and capabilities in new ways to understand need and make changes

To find out more about a Neighbourhood Collaborative in your area, please contact:
bswicb.neighbourhoodcollabs@nhs.net

Inspiring our community towards

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Well Farmers for Wiltshire

Salisbury Pilot

A Wiltshire Collaborative



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