Wiltshire Council

AGENDA SUPPLEMENT (1)

Meeting: **Health and Wellbeing Board**

Place: **Online**

Date: **Thursday 8 July 2021**

Time: **9.30 am**

The Agenda for the above meeting was published on 30 June 2021. Additional documents are now available and are attached to this Agenda Supplement.

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Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

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6 **Covid and System Recovery** *(Pages 3 - 34)*

7 **Wiltshire Alliance** *(Pages 35 - 54)*

DATE OF PUBLICATION: 5 July 2021

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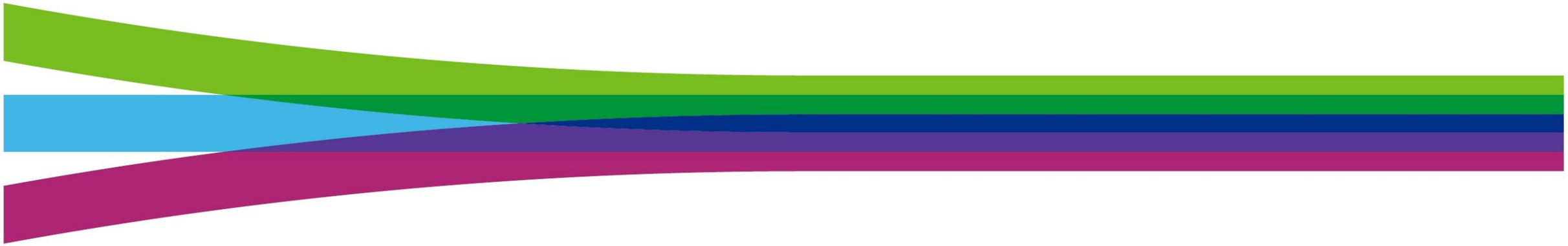
Covid and planning for the future

Primary Care
Elective Care
Adult Community Services
Children's Community Services
Hospital Discharge
All age mental health and wellbeing

Bath and North East Somerset,
Swindon and Wiltshire
Clinical Commissioning Group

Primary Care Work Plan and Priorities 2021-22 -



Recovery / restoration of primary care

- BSW Covid-19 Response Primary Care Offer approved by the CCG last summer – based on the principle that we trust primary care to do what it does best and the CCG is committed to providing practices with the flexibility and resources to enable them to deliver the most appropriate care to their patients.

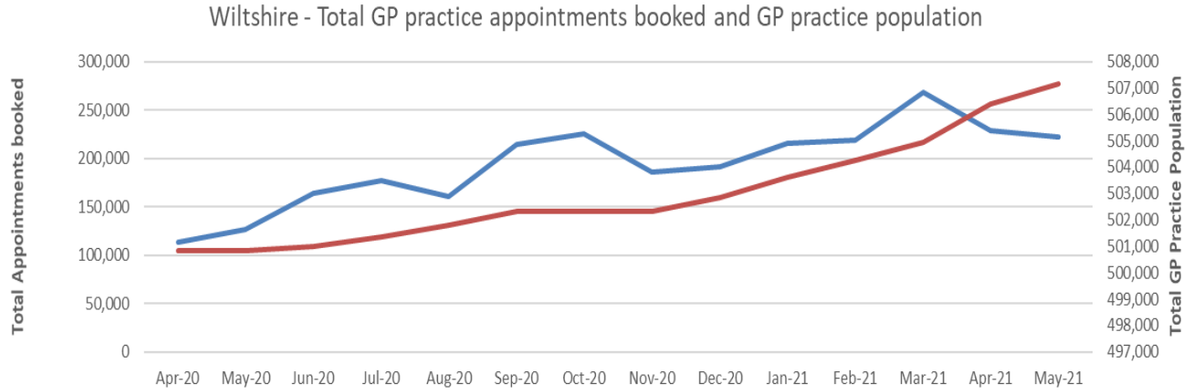
- National Standard Operating Procedures for General Practices has been updated (13.05.21) to support the restoration of GP services in line with roadmap out of lockdown ensuring practices are offering patients:

✓ *access to the practice via telephone/online and the reception is also open (adhering to social distancing and IPC guidance);*
✓ *face to face appointments based upon the assessment of clinical need following a discussion between the clinician and the patient;*
✓ *on-line access for a proportion of appointments;*
✓ *a discretionary e-consultation (or equivalent) platform, during core hours Monday-Friday 08:00-18:30:*
✓ *Treating patients consistently regardless of mode of access, and;*
✓ *Providing information about practice's services via the practice website,*

Recovery / restoration of primary care

BSW report of appointments in May 2021 shows the total appointments in **Wiltshire** was **222,400** compared to **126,536** in May 2020.

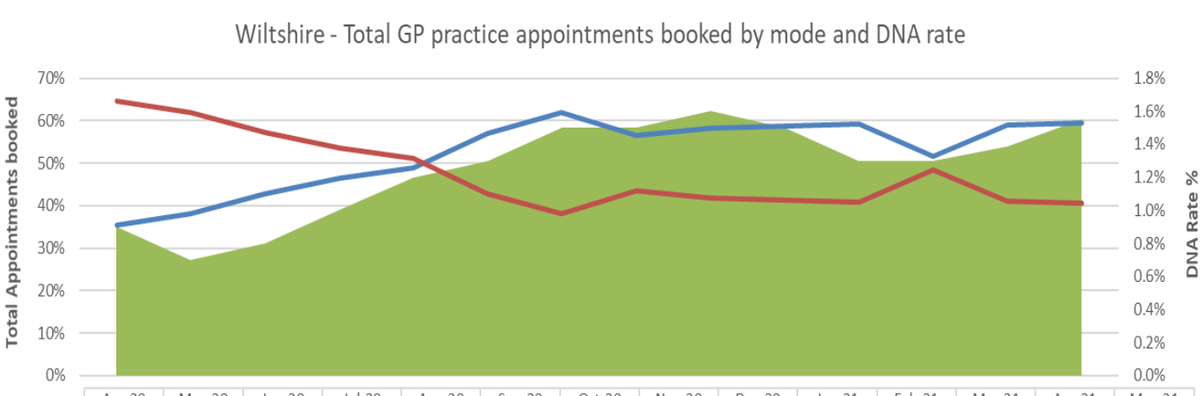
This is a 76% increase in appointments



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Appts. Booked	112,804	126,536	163,689	176,654	160,977	214,774	225,767	185,722	191,364	215,783	219,209	267,956	228,510	222,400
Population	500,851	500,815	501,007	501,341	501,815	502,328	502,310	502,329	502,848	503,611	504,252	504,947	506,374	507,159

BSW report of mode of appointments in **Wiltshire** in May 2021 shows face to face appointments are **59%** of the total appointments compared to **38%** in May 2020.

(note since September 2020 face to face appointments have not dipped below 50%)



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
DNA	0.9%	0.7%	0.8%	1.0%	1.2%	1.3%	1.5%	1.5%	1.6%	1.5%	1.3%	1.3%	1.4%	1.6%
FTF	35%	38%	43%	47%	49%	57%	62%	57%	58%	59%	59%	52%	59%	59%
Tel	65%	62%	57%	53%	51%	43%	38%	43%	42%	41%	41%	48%	41%	41%

National picture:

https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/march-2021

Some key messages from Primary Care

- Patients are wanting to be seen now – need supporting public comms messages to manage public expectations and support them to choose well
- Some anger and frustration about the perception that practices were not "open" during lockdown
- Mental health and anxiety has noticeably increased in all age groups
- The days are constant and busy and the increased accessibility due to the total triage model; no longer sustainable and unable to "do todays work today"
- Catching up on some backlogs e.g. coil implants
- Concern not to miss seeing the patients who really need to be seen within this - ie those with cancer or urgent problems as it is so busy and constant.
- Supporting patients waiting for surgery e.g. pain control for a patient awaiting a knee replacement
- Less availability of locums to help currently
- Difficult physically housing patients in the waiting rooms if they come in due to social distancing - they are generally set up to be fairly full and we can't go back to that.
- Managing queries about Covid vaccinations
- Additional time needed to supervising and mentoring other roles across the multi disciplinary team
- Request for more flexibility and help with recruitment – not just the specified exact roles which can be funded

BSW Vaccination: Summary

23rd June

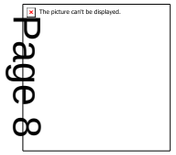
There remains some duplication within the data, where patients exist within multiple cohorts
As a result % uptake figures are estimates
**TPP and EMIS Practice data now included – last updated 22nd June 2021*

1,114,001 vaccines delivered in BSW*

820,581 Total Cohort*

638,703 Dose 1

475,298 Dose 2



3,993 first dose 7 day moving average

1,668 second dose 7 day moving average

1 - 9 **93%** at least one dose; **90%** two doses

1 - 12 **78%** at least one dose; **58%** two doses

80+ **97%** at least one dose; **97%** two doses

75-79 **97%** at least one dose; **97%** two doses

70-74 **96%** at least one dose; **96%** two doses

65-69 **95%** at least one dose; **93%** two doses

60-64 **92%** at least one dose; **90%** two doses

55-59 **92%** at least one dose; **88%** two doses

50-54 **91%** at least one dose; **83%** two doses

16-64 **90%** at least one dose; **84%** two doses
16-64 with underlying health conditions

40-49 **83%** at least one dose; **23%** two doses

30-39 **66%** at least one dose; **14%** two doses

18-29 **27%** at least one dose; **9%** two doses

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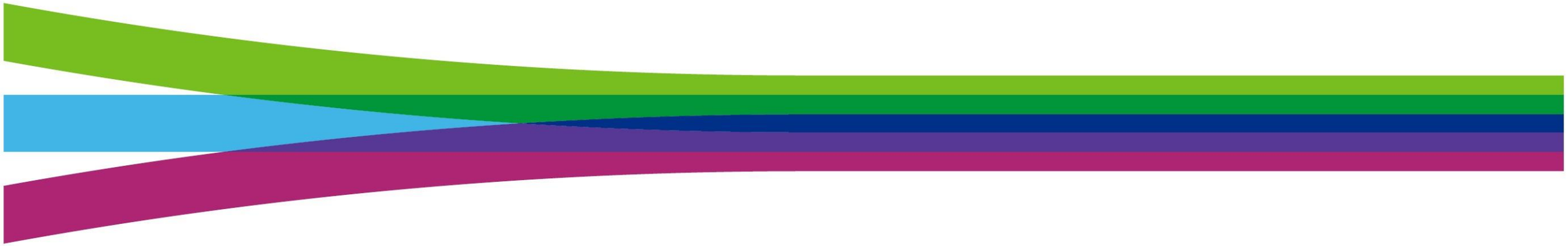
Swindon and Wiltshire
Clinical Commissioning Group

Elective Care

Mark Harris, Director of Commissioning



Current position versus 19/20 (normal capacity)

Activity Type	Capacity v 19/20
First Outpatients	101%
Follow Up Outpatients	90%
Day cases	95%
Inpatients	82%
MRI Scans	92%
CT Scans	115%
Endoscopy	153%

29% of outpatients are being delivered virtually.

GPs are making 1,700 advice and guidance calls a month avoiding admissions and the need for referral to hospital appointments.

Referrals are near normal levels in most areas, with evidence of the “backlog” of referrals now coming forward.

Waiting list size 17% higher than before Covid.

Patients waiting over 52 weeks had increased to 3,892 by March 2021, but has since fallen by 34% to 2,590.

Patients waiting over 52 weeks had increased to 3,892 by March 2021, but has since fallen by 34% to 2,590.

Cancer access times (2 weeks) are at 77% versus the 93% national target, however this is not impacting patients being treated within the 62 day standard.

Improvement actions taken and planned

- All patients are clinically prioritised and this prioritisation is clinically checked frequently for any deterioration of the patient.
- A system wide review of harm was undertaken by quality colleagues and themes will be reviewed at the Elective Care Board.
- Waiting list information is being analysed by age, sex, gender, ethnicity, deprivation and protected characteristics to identify any further action to reduce health inequalities. This information will also be used alongside clinical priority and length of time waiting to inform booking of lists.
- Joint clinical teams have commenced to target capacity gaps at one hospital by using the workforce and facilities of another.
- All independent sector hospitals are working in partnership with the NHS hospitals and taking long wait transfers as priorities for their capacity.
- Additional capacity has been commissioned from Horton, Circle Reading, New Medica to take transfers from NHS hospital lists.
- Additional capacity has been provided in the NHS hospitals using waiting list initiatives and insourcing of workforce from agencies.
- Royal United Hospital Bath has acquired the Circle Bath facility (now called Sulis Hospital) which provides opportunity to increase capacity undertaken on the site.
- An additional MRI scanner has been bid for from NHSE and is due to mobilise in 2021.

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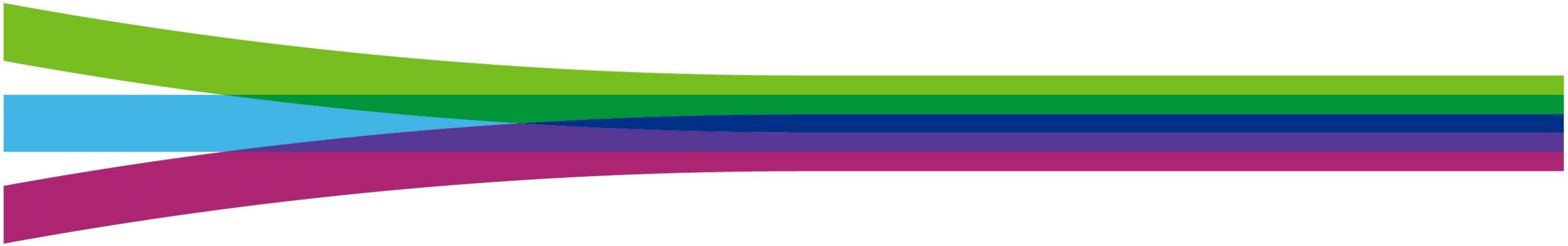
Adult Community Services

June 2021



Adult Community Services (1) Plans for recovery during 21/22

Wiltshire Health & Care recovery priorities;

- Supporting the NHS COVID vaccination programme
- Focus on Hospital Discharge:-
  - Additional Home First/reablement to meet increased demand (pathway 1)
  - Support the bed review (pathway 2)
  - End of life care pathways
- Supporting the health and wellbeing of staff
- Long Covid-19 Clinics (235 referrals for Wiltshire residents)

Adult Community Services (2) - Plans for Improvement

- Focus on the **Ageing well programme** -
  - 2 hour Rapid Response implementation
  - Expansion of Virtual MDT clinics in care homes
- Digital technology –
  - SPACE – Pulmonary Rehab Course
  - Oviva – digital diabetes education
  - Virtual appointments maintained
- Closer integration with Primary Care Networks in local integrated neighbourhood teams as part of the Wiltshire Alliance Programme

Adult Community Services (3) - Reopening of Minor Injury Units

- Chippenham and Trowbridge closed April 2020
- Reopened July and September with a new operating model ‘Think 111’
- The units accept booked appointments via a triage process with 111
- Patient feedback has been positive with a significant reduction in waiting time
- Provision of X-Ray is currently limited
- Opportunities for future development:-
    - Extended X-ray – *requires RUH support and work is in progress*
    - Blood analysis & On the day illness – *to be picked up in BSW Urgent Care Strategy development*

Adult Community Services (4) - Challenges/Risks

- System flow pressures –increased demand in the Home First Pathway impacting on adults health and social care
- Staffing – MSK therapists redeployed to boost Home First resources, impacts on waiting times, urgent cases being prioritised
- Acuity of patients on the community hospital wards – patients requiring high level of support
- Increased demand for community teams (March 2020-April 2021) –
  - 15.6% increase in referrals
  - 15.76 increase in contacts
  - 4.75% increase in patients supported

Adult Community Services (5) Social Care

- Continuing to support discharge pathways
  - Reablement response in addition to meeting social care Reablement needs
  - Consolidation of Discharge to Assess beds to reduce geographical spread
  - Focus on reduction of length of stay
  - Increasing numbers of people requiring Social Work support and completion of Care Act assessment in hospital
- Increased and sustained demand for adult care services with 11% average increase in contacts into Advice and Contact service
- Increasing complexity and acuity within the community

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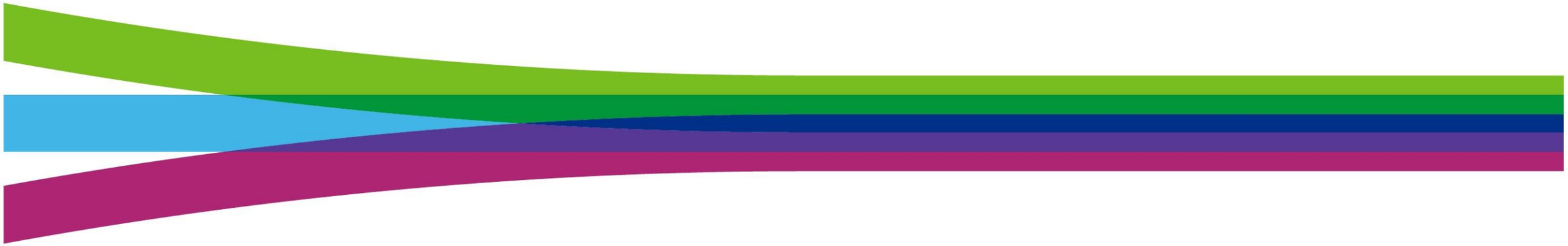
Children's Community Services

June 2021



Children's Community Services (1)

Wiltshire Virgin Care recovery priorities;

- The majority of children's community healthcare services are meeting their waiting time targets currently, with the exception of paediatric Audiology
  - Audiology impacted by the pandemic as unable to move to virtual consultation and the nature of assessments is that they must be carried out in rooms with no ventilation
  - A recovery plan is underway and the service is on trajectory to meet its diagnostic waiting times once more in Q2 of this year
- There continue to be long waiting times across BSW for autism assessments in Wiltshire
  - Virgin Care have taken on the BSW waiting list with additional funding to carry out waiting list initiative work in order to bring this down across the whole system. Progress will be closely monitored over the year
- Virgin Care are reporting a significant increase in referrals, as well as an increased level of contacts and queries into the service as a whole
  - The potential impact on waiting time performance for some services is being monitored in order to understand whether this is a short term increase as a result of children coming back into schools after lockdown, or a sustained increase

Children’s Community Services (2)

Wiltshire recovery priorities;

- Children’s hospices have continued to provide end of life care as well as admissions for symptom management throughout the pandemic, however due to social distancing they have been unable to offer their usual levels of respite
  - Children’s hospices are now starting to increase respite provision but it is not at the level it was pre-pandemic, and they are working closely with families affected to understand the impact of this and to provide some emergency respite where it is required. This position will continue to be reviewed

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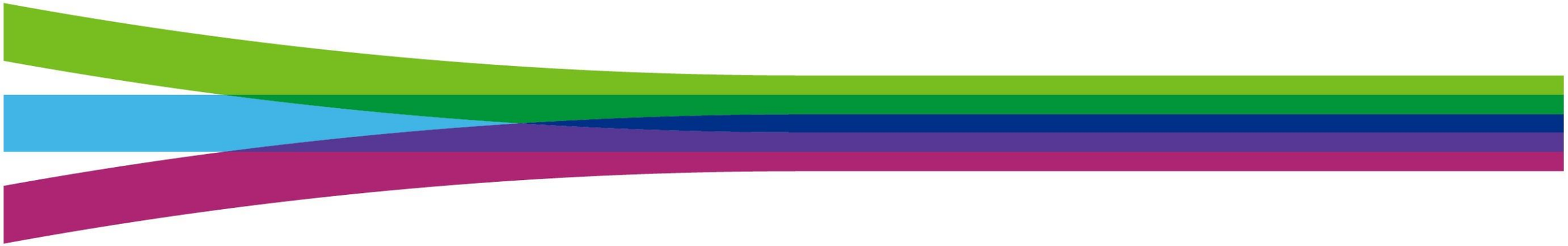
Hospital Discharge Policy (HDP) and use of National Funding in Wiltshire

June 2021



HDP Context (1)

- Hospital discharge policy (HDP) introduced March 2020 and subsequently updated in August 2020
- National funding made available to support the policy from March 2020 (up-dated in August 2020) and currently remains available until end of quarter 2 (September 2021)
- HDP provides a clear operating model for acute, community and social care partners to follow: a discharge to assess model (D2A) with four pathways
  - Pathway 0: simple discharge, no formal input from health or social care needed once home
  - Pathway 1: support to recover at home; able to return home with support from health and/or social care
  - Pathway 2: rehabilitation or short-term care in a 24-hour bed-based setting
  - Pathway 3: require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals

What HDP has funded in Wiltshire (2)

All plans have been jointly supported by the Wiltshire Alliance Delivery Group, with approval and monthly oversight provided by the joint LA and CCG Wiltshire Locality Commissioning Committee

- Additional community therapy, social work and nursing staff
- Additional Home First/reablement staff
- Additional Dom care hours (RETAIN)
- Live in care packages
- Additional (D2A/IR) block beds: 135 beds open across Wiltshire
- Spot beds: peaked at 40+ beds
- Spot packages of care (complex needs & end of Life)
- Designated beds in Care Homes in Q1 2019/20 and Q4 in 2021/22: maximum 25 Beds (now converted back to non-covid-19 capacity)
- 7-day brokerage support and flow hub and discharge coordination staff
- Early supported discharge (stroke)
- Virtual frailty wards in care homes (17 homes across Wiltshire)
- Additional community respiratory services

In 2021/22 HDP funding remains in-place in Q1 and Q2 at a value of £4.5 Million

HDP Strategic highlights (3)

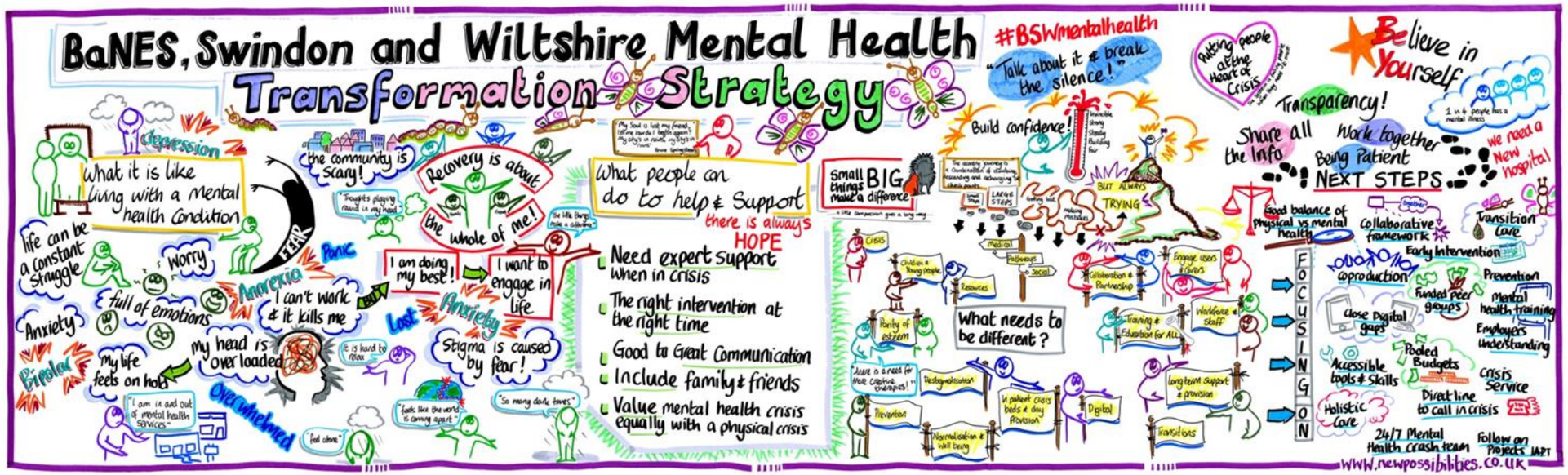
- System shift – more care is provided out of hospital with a focus on home
- Evidence of investment realising real change in outcomes and process – managing winter and COVID with closed acute beds and high staff absence across all providers
- Building relationships around effective change and improvement – enabling future innovation and a new platform for change

Future of HDP:

No clear national position on the continuation of HDP funding after September 2021. Wiltshire ICA have developed a joint 2021/22 funding plan accessing all funding sources to maintain discharge service standards

All Age Mental Health and Emotional Wellbeing Update

Wiltshire Health and Wellbeing Board



Where are we now ?

- Need to improve early access and referral process – make getting support easier for people
- MH referrals are increasing as lockdown has eased
- Increase in emotional wellbeing presentations. Increased anxiety in communities –including parental and family anxiety. Impact of wider determinants of MH such as housing, employment, family breakdown, bereavement
- Increase in acuity across all age and all services – hot spots include LD/ASD, CYP particularly eating disorder, psychosis presentations
- National shortage of PICU beds – BSW reduction due to urgent safety work. Additional beds commissioned by AWP to mitigate risk
- National shortage of CYP tier four beds – NHSE and national work to explore alternatives
- Workforce risks
- Requirement to transform at pace - new drivers for change including community MH framework, crisis alternatives and THINK FIRST 111
- **Understanding what people, families and staff have thought of the changes**

What have people told us ?

Listening event held to understand views of people, families, carers, supporters and our staff

Key Messages

- Current offer is inconsistent and one size does not fit all – some really great experiences and some not so good
- People miss face to face and human contact – if some cant get this they will present to hospital or police as they know they will be seen
- People feel its left to them to reach out for help
- People feel organisations are not talking to each other and feel that they can slip through the gaps
- People don't all know about what support is out there particularly around early intervention and prevention
- Staff feel they are being referred people that they cant treat 'I can't fix their finances, find them a job or bring their family back together'
- Better offer requested for people who feel digitally excluded needed
- Staff on journey – new ways of working, increased flexibility but having to adjust to working in different ways. Not all assessments can be carried out virtually

Working in partnership in Wiltshire

- **Herbert House Wellbeing Beds (formally crisis beds) provided by Rethink** – provides step up and step down (4 beds in total). Q 4 20/21 - 302 occupied bed days 95% occupancy over 7 day service. Working in partnership with AWP bed management and intensive teams

- **Riverside Sanctuary** (Place of Calm) Salisbury - Alabare. Initially opened a telephone/video line 7 days a week, 3.30-11pm. Now open 6 days per week and are recruiting to enable 7 day opening. Face to face support commencing and Alabare are working closely with Police, Ambulance and NHS111 services to obtain referrals

- **New Intensive Outreach support** – Provided by Rethink providing an enhanced crisis wrap around care model working in partnership with AWP & Alabare. Supporting step-up and step-down within people's own homes/supported living. Service operates 7 days per week, 9am-9pm

- **3rd Sector Mental Health Discharge allocation in Wiltshire -** used to support:

- Intensive Community Connector – 12 month pilot working with WCIL to support people identified as requiring additional intensive support who have underlying MH challenges/ providing short term daily support working alongside other MH professionals focusing on prevention to prevent escalation in to crisis
- Digital support (devices) for people to support post discharge period and promoting self-care and accessible links to professionals – Richmond Fellowship (moving to a Rethink provision)
- Environmental improvements at Herbert House – supporting creation of a garden room as additional quiet and therapeutic place for residents

Working in partnership continued

- **Additional community MH wellbeing beds**

- 2 additional beds to support system pressures from Jan'21- 31st March'21. Beds provided by Rethink to support flow from AWP inpatient wards. Capacity enabled for people of No Fixed Abode (NFA)

- **Crisis Alternatives funding – Rethink outreach in Wiltshire**

- non-clinical person centred intensive outreach for 60 individuals across B&NES, Swindon and Wiltshire in Year 1 (2021/22) and Year 2 (2022/23) increasing to 160 in Year 3 (2023/24).

- **Intensive Enablement Service (12 month proof of concept) provided by Wiltshire Council in-house services**

- Short term support for people with mental health challenges, a learning disability and/or autism. The aim of the service is to provide time limited support to enable people to remain living in their communities and not require inpatient admission, and to support decreasing inpatient length of stay by supporting discharge from hospital. The intention of the team is to also prevent people requiring restrictive packages of care and maximise independence resulting in fewer placement breakdowns. This proof of concept is funded through the Wiltshire BCF

- **Challenge map event in July** Bringing together children and young people mental health leads in Wiltshire

- **Demand and capacity mapping**

What are we doing together ?
Co-designing the future

- System response bringing partners and localities together to co-design our response to the national community MH services framework to meet needs of local people and supporting them in their local communities
- £10m new money for BSW over next three years. Vehicle for total redesign and transformation of community MH. Key elements include:

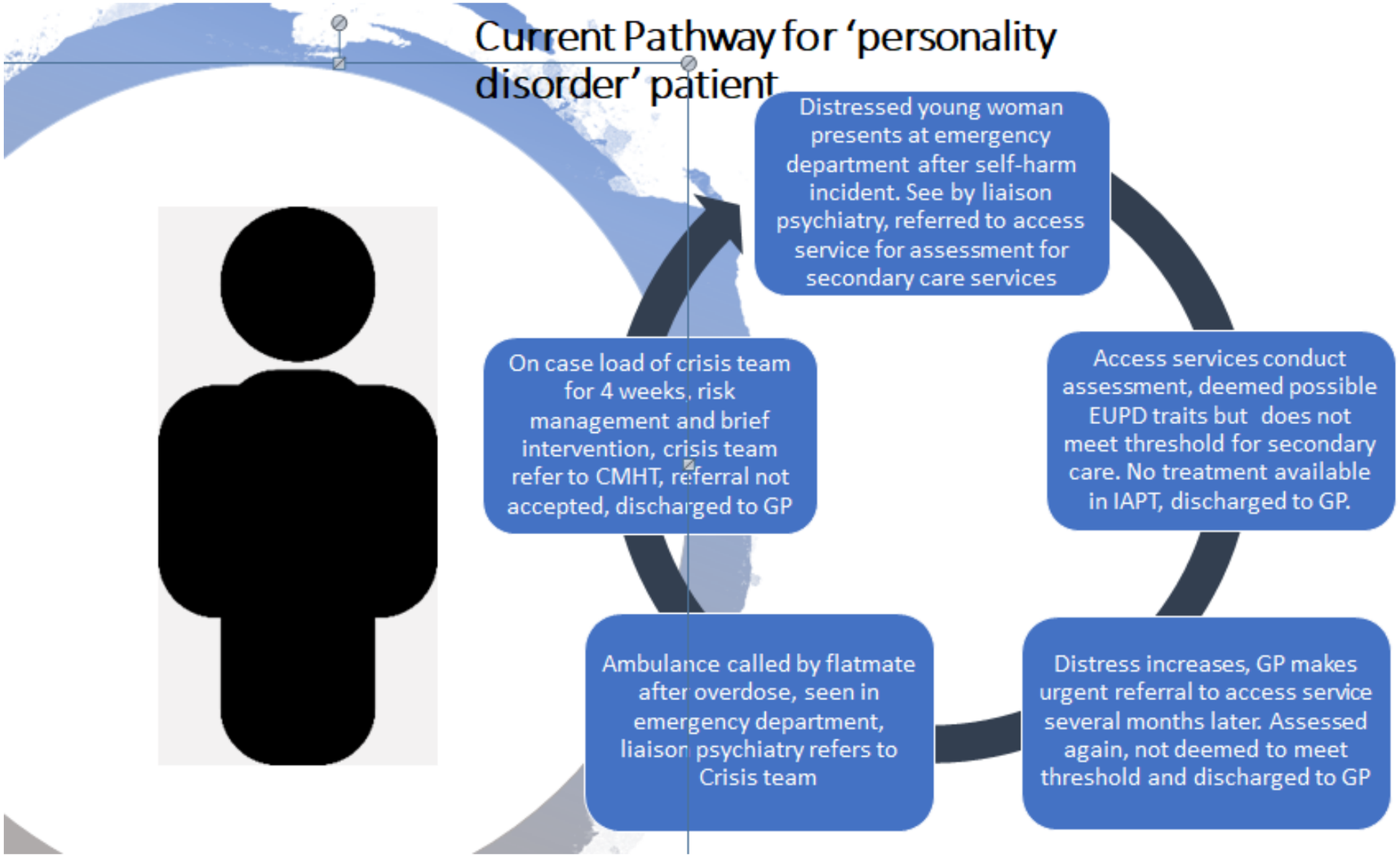
Implementing CSF in Wiltshire

- This is a transformation priority for Wiltshire

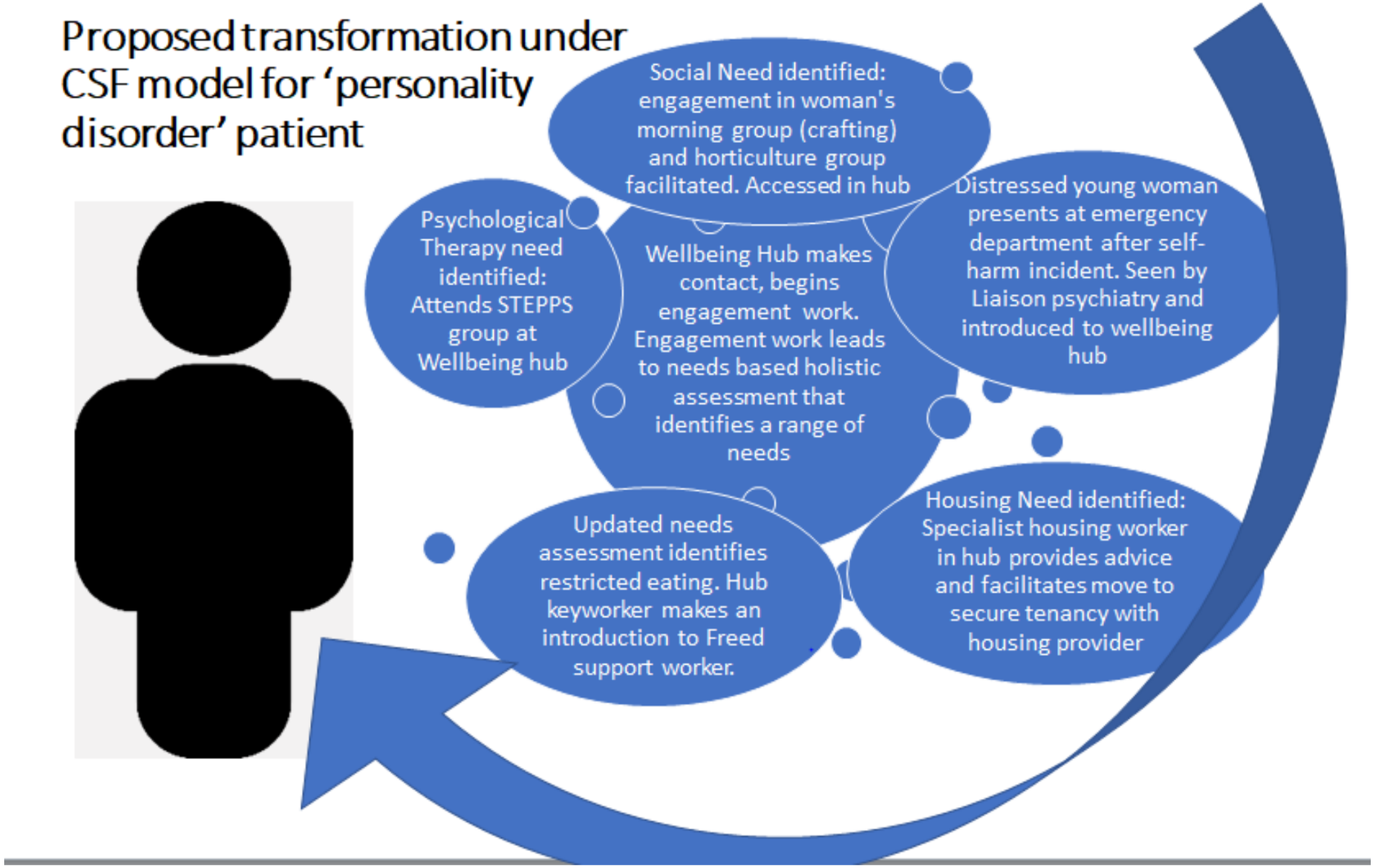
- Locality MH/LD/A meeting including partners from across the system co-chaired by Wiltshire Council and the CCG. This will progress the Community Services Framework implementation. Those with an interest in the improved wellbeing for people in Wiltshire are welcome to join. Will consider the role of social care, housing and wider partners to tackle determinants of poor mental health.

- Locality MH/LD/A meeting reports in to Wiltshire ICA
- Our main locality responsibilities are:
  - Coordination of third sector elements
  - Asset mapping
  - Co-production and engagement (first co-production event 17/6/21
  - Any localisation needed (e.g. military population)
  - Locality communications

People at the heart of transformation



People at the heart of transformation



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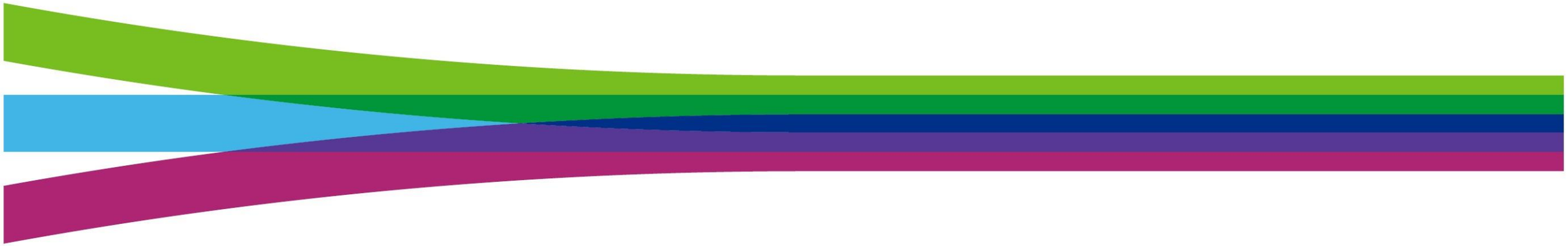
Recommendation

that the Health and Wellbeing Board endorses the outline approach and considers further written reports at a future meeting on how the approach is delivering the aims of the Joint Health and Wellbeing Strategy.

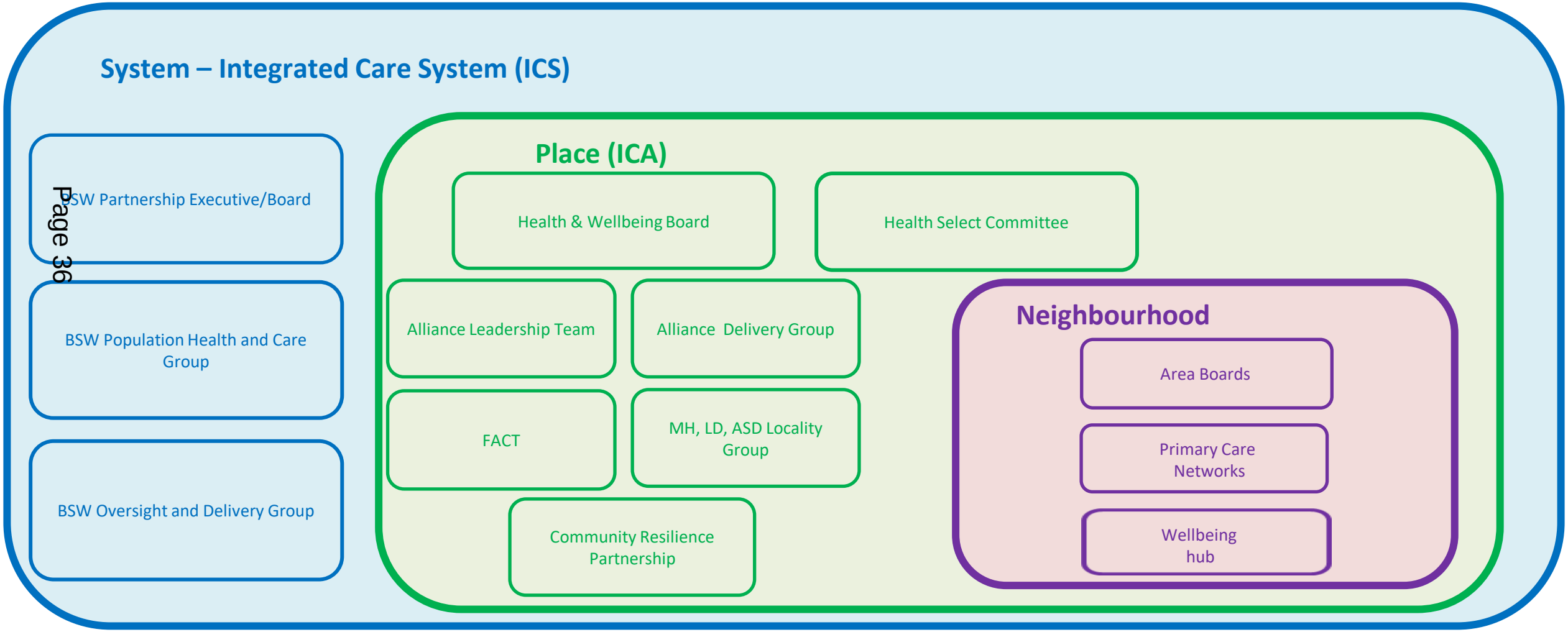


Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

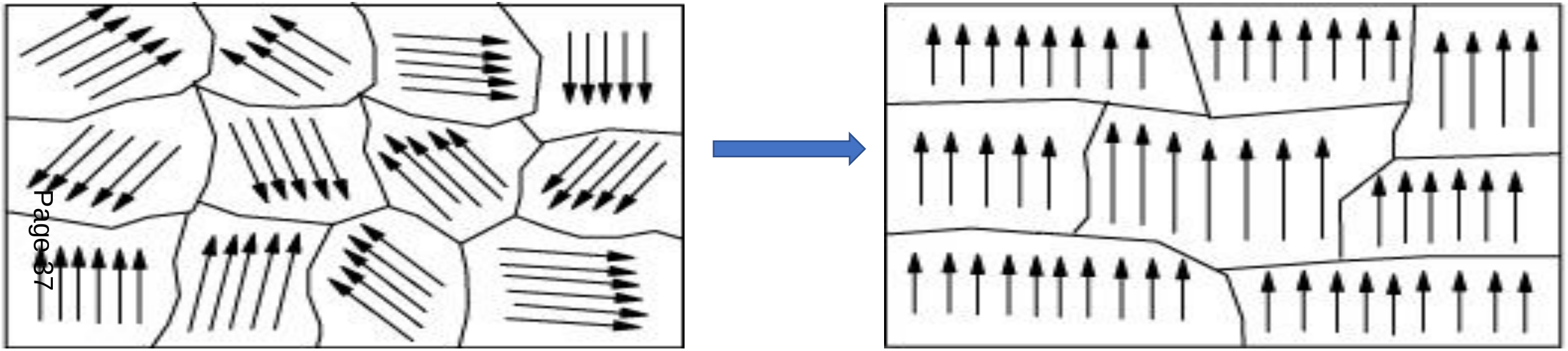
Development of the Wiltshire Alliance (ICA) within the BSW Integrated Care System (ICS)

July 2021

A nested model: system, place, neighbourhood



The critical difference and opportunity



Summary: ICS development

- ICS made up of:
  - ICS NHS Body governed by ICS NHS Board and Sub-committees
  - ICS Partnership Forum
  - Provider Collaboratives
  - Place-based Partnerships (ICAs)
- Ongoing but changing role for NHS England
- ICS purpose:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Help the NHS to support broader social and economic development

Latest guidance: *ICS Design Framework* NHS England » Integrated Care Systems: Design framework

What we know so far: NHS England

- Will be the regulator of ICS NHS Body and the NHS organisations within an ICS
- Will approve ICS NHS Board constitutions
- Will appoint the ICS NHS Chair (subject to SoS veto)
- Will appoint the first ICS NHS Board CE
- Will subsequently approve future ICS NHS Board appointments

What we know so far: ICS NHS Body – a statutory organisation

- ICS NHS body will be responsible for:
  - Developing a plan to meet the needs of the population wirh regard to the Partnership Strategy
  - Allocating resources to deliver the plan across the system
  - Establishing joint working arrangements with partners
  - Establishing governance arrangements
  - Arranging for the provision of health services
  - Leading system implementation of the People Plan, action on data and digital, joint work on estates, procurement and supply chain
  - Understanding local priorities and investing in local community organisations and infrastructure
  - Preparation and execution of emergency response
  - Delegated current functions from NHS England and Improvement
- All CCG functions and duties will transfer to NHS ICS Body, including statutory duties regarding safeguarding, children in care and SEND (awaiting guidance)

What we know so far: ICS NHS Board and sub-committees

- Unitary Board of the ICS NHS Body
- Responsible for ensuring the ICS NHS Body achieves the four purposes of the wider ICS, withn shared corporate accountability for delivery of the functions and duties of the ICS
- Can establish further Boards and working groups as needed and in line with developing ICS NHS Body Constitution
- The ICS NHS Board membership will be confirmed in legislation but minimum expectations are:
  - Independent non-executives – Chair plus two others for Audit and Remuneration Committees
  - Executives – CEO (accountable officer for funding allocated to ICS NHS Body), Director of Finance, Director of Nursing, Medical Director made up of:
  - Partner members – minimum of three: NHS Trust and Foundation Trust, primary medical services, Local Authority
- Seek to achieve consensus on decisions with agreed process for resolving differences. Voting should be considered a last resort

What we know so far: ICS Partnership Forum

- Specific responsibility for an integrated care strategy based on local assessment of need and focussed on improving health and care outcomes, reducing inequalities and recovering from the pandemic
- High level legislative framework to enable systems to develop best arrangements
- Established locally and jointly by the relevant local authorities and the ICS NHS body, evolving from existing arrangements and with mutual agreement on its terms of reference, membership, ways of operating and administration
- Members must include local authorities that provide social care services in the ICS area, as well as the local NHS (represented at least by the ICS NHS body)
- Can be the same as the Health and Well Being Board where there is only one (or agreed joint arrangements)
- The Chair of the ICS partnership will be selected jointly by the ICS NHS body and relevant local authorities and will be jointly accountable to those bodies
- Will meet in public

What we know so far: Place-based partnerships (ICAs)

- Key to the coordination and improvement of service planning and delivery
- A forum to collectively address the wider determinants of health
- Established to reflect meaningful communities and geographies that local people recognise
- Joint working enables joined up decision making and flexible response to local need
- ICS NHS Body to agree with local partners the membership and form, building on or complementing existing arrangements and functions such as the Health and Wellbeing Board
- Several options for governance, leadership and financial authority frameworks
- ICS NHS Body will remain accountable for NHS resources deployed at place level
- ICS NHS Body will clearly set out the role of place-based leaders as convenors of the partnership, representing the partnership in wider structures and governance of the ICS, with the potential to take on executive responsibility for delegated functions from the ICS NHS Body or relevant Local Authority

What we know so far: Provider Collaboratives

- Two or more NHS Trusts
- From April 2022 trusts providing acute and/or mental health services are expected to be a member of one or more provider collaborative
- Community trusts, ambulance trusts and non-NHS providers should participate in provider collaboratives where this is beneficial and makes sense
- Purpose is to better enable members to work together – continuous improvement and collaborative transformation
- Will agree specific objectives with one or more ICS
- Contracting between the ICS NHS Body can be direct to providers where providers agree how resources are used or can be with a lead provider acting on behalf of a provider collaborative

Creating robust place form with a proven ability to integrate care

A – Population-focused vision and strategy

Collectively agree outcomes and ambitions based around needs of local population groups and the priorities of partners

B – Place function, form and ability to act

Collectively agree the responsibilities and functions place will take from the ICS and capabilities required to deliver

Design place level governance structures and forums to enable population-based decision making

Agree organisational ownership of capabilities and how to share resources to discharge functions

C – Developing integrated transformation capability

Population Health Management and community assets-based approach to supporting place partners, including VCSE partners, in driving data and digitally enabled out of hospital care models to support inclusive and prioritised recovery, test decision making structures and agree future capabilities for spread

D – Managing collective resources

Agree mechanisms for collectively managing place level finances. Immediate short-term agreement and development of strategy for transformation

E – Leadership and Organisational Development

Build relationships and collaborative leadership skills across organisational boundaries that promotes effective decision making and action, underpinned by collective values, jointly owned priorities and appropriate challenge

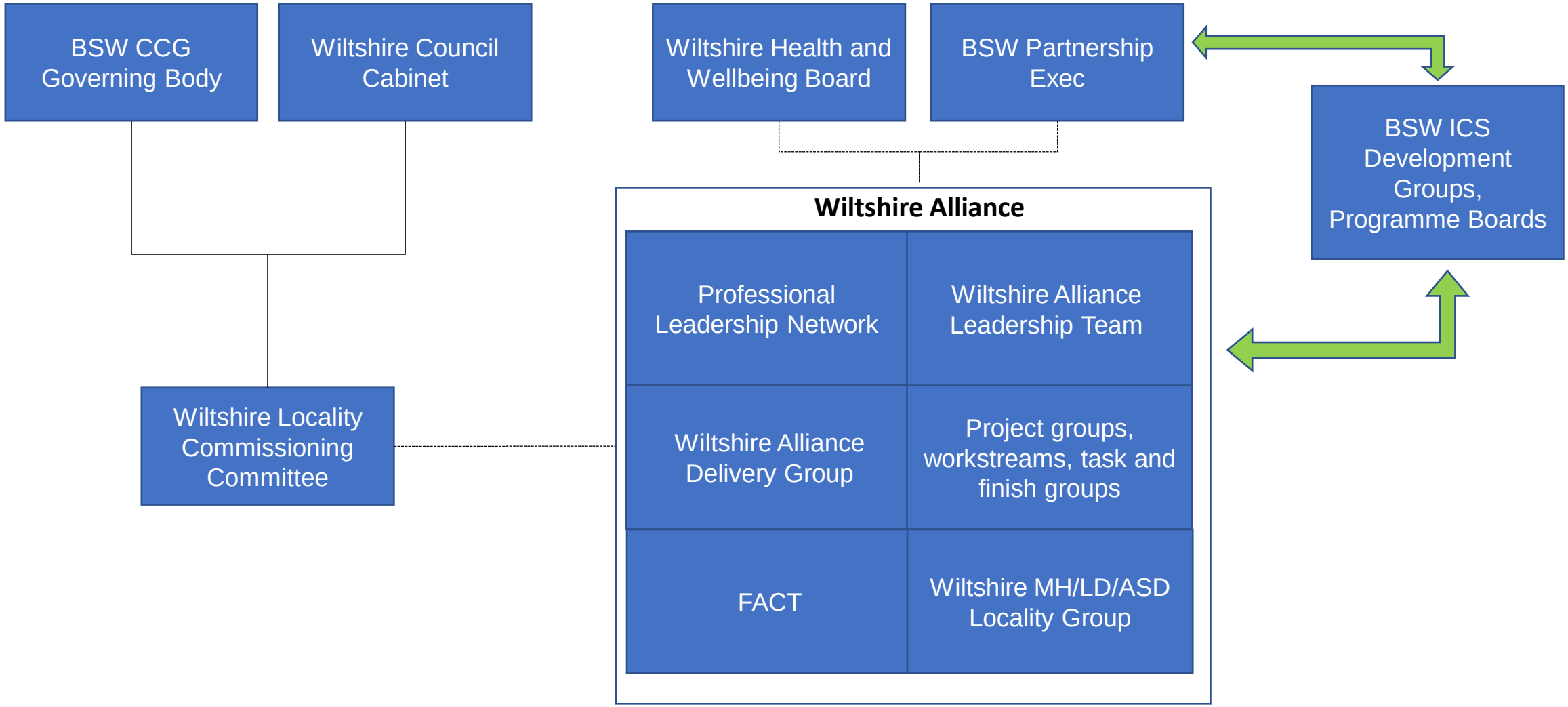
F – Digital, data, intelligence

Detail TBC

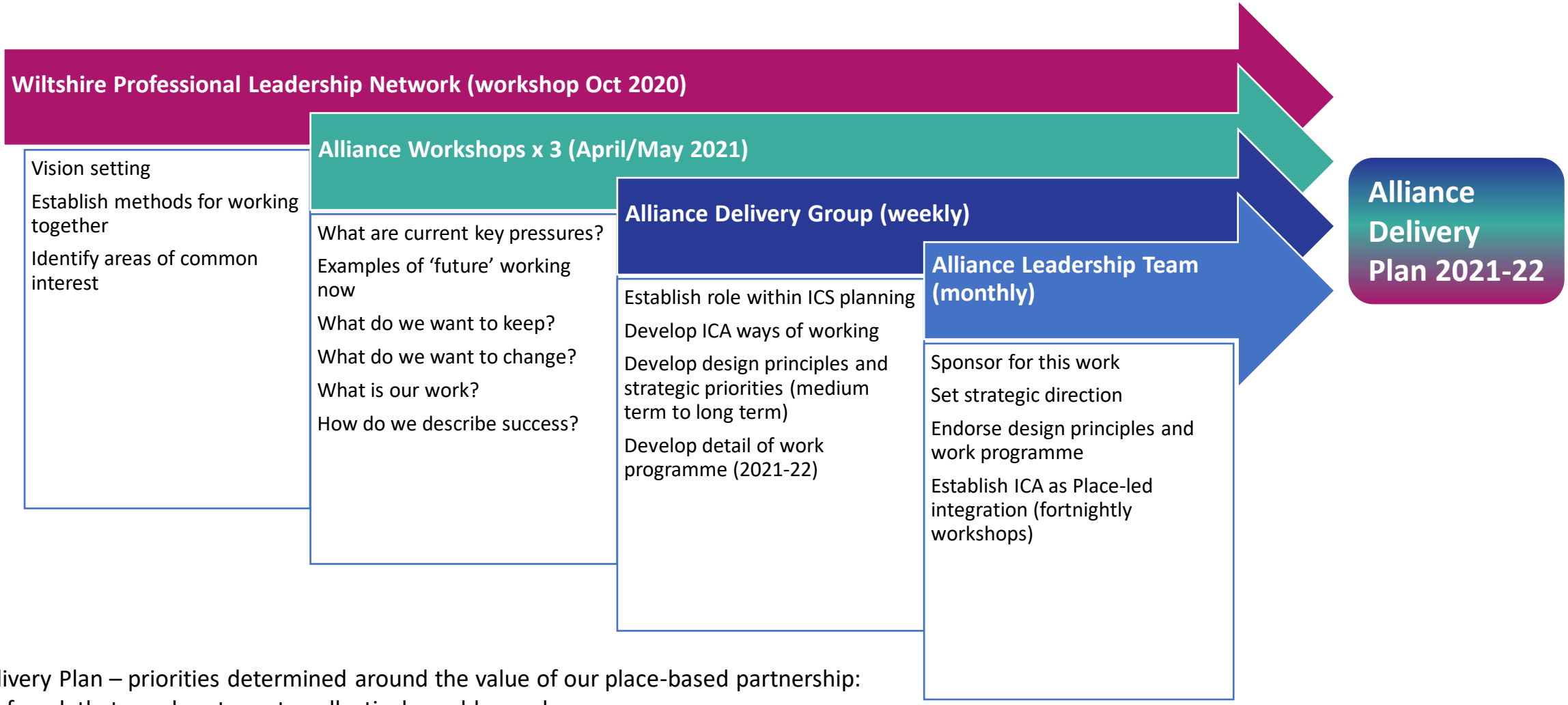
What do we have in place currently at place-level?

- Wiltshire Alliance (ICA)
- Informal partnership arrangements in Wiltshire
- Built on a long history of working together
- Current arrangements came about as a result of needing to work together more to respond to impact of COVID-19 (meeting daily to being with)
- Alliance Leadership Team:
  - Meets monthly
  - Members from CCG, Wiltshire Local Authority (commissioners, adult and childrens services, public health), RUH, SFT, Wiltshire Health and Care, AWP, GPs, HealthWatch Wiltshire, VCS leadership group, Medvivo, Virgin Care Childrens Community Services
  - Executive function for the Alliance
- Alliance Delivery Group:
  - Meets weekly
  - Wider membership
  - Includes a Programme Board once a month
  - Develops plans and provides a partnership response

High level structure Wiltshire Alliance



Wiltshire Alliance development process to date



Alliance Delivery Plan – priorities determined around the value of our place-based partnership:

- Pieces of work that need partners to collectively problem solve
- Achieve outcomes that would not have been achieved without partnership

Wiltshire Alliance contribution to the BSW ICS vision – our purpose

Wiltshire Alliance Principles

1. **Work as one**: partners collaborate sharing expertise, data and resources in the interest of our population
2. **Be led by our communities**: decisions are taken closer to, and informed by, local communities
3. **Improve health and wellbeing:** we take an all-age population health approach to improve physical and mental health outcomes and promote wellbeing
4. **Reduce inequalities:** we focus on prevention and enhancing access to services for population groups who are in poorer health or challenging social circumstances
5. **Join up our services**: we develop integrated and personalised service models around the needs of individuals
6. **Enable our volunteers and staff to thrive:** we support ongoing learning and development, and work collectively to ensure well-being is prioritised

Themes for 21/22 work programme

1. We will work together to empower people to lead their best lives
2. We will develop an in-depth understanding of local needs
3. We will connect with communities on what matters to them
4. We will drive improvement through local oversight of quality and performance
5. We will jointly plan and co-ordinate our services around people's needs

All work programmes must evidence how they enable delivery of the Wiltshire Alliance principles

ICA Work programme 21/22

National priorities ICA priorities

Theme	Work programme	What's the work?
We will work together to empower people to lead their best lives – Alliance development	Developing our Alliance	• Place-based partnership (ICA) functions and structure development • Relationship between ICA and BSW ICS and other groups • H&WBB development • Alliance development programme (OD)
We will develop an in-depth understanding of local needs	Understanding our population: joining up our intelligence	• Improved collective understanding of data on population need – review data • Population Health Management (Optum) project in one neighbourhood area
	Trowbridge Neighbourhood Project	• Developing neighbourhood teams • Joint workforce planning and ARRS • Population segmentation and risk stratification for admission avoidance (LTCs) • Focussed pathways for anticipatory care, 2hr rapid response, 48 hr response • MH CSF implementation priorities
We will connect with communities on what matters to them	Connecting with our communities	• Asset mapping within communities – link To Wiltshire Together platform • Engagement with specific communities and seldom heard voices • Establish as an advisory hub – supporting co-production model and process development

We will drive improvement through local oversight of quality and performance	Urgent care and Flow Improvement Plan	• Demand and capacity planning
		• Ongoing capacity for flow:
		  ○ Home First/Reablement capacity (pathway 1)
		  ○ Bed review (pathway 2)
		• 7 day services and smoothing flow

	Wiltshire operational oversight	• Wiltshire ICA escalation plan and operational leadership meetings • ICA balanced scorecard
	Better Care Fund review	• Ongoing programme of review incl integrated brokerage model
We will jointly plan and co-ordinate our services around people's needs	Ageing Well in Wiltshire	• 2-hour crisis services roll out • Virtual care home MDTs (EHCH) and at home virtual wards • Older peoples community teams incorporating TCOP (tested in neighbourhood vanguards) • Overnight nursing
	Personalisation of care for most complex needs	• Review of the assessment and funding process • Increased use of PHBs and personalised approach
	High Impact Actions to improve population health	• Long Term Plan High Impact Actions: Diabetes Prevention, Cardiac, Stroke and Respiratory: right sizing capacity against population need
	Optimisation before surgery (supporting elective recovery)	• Pathway specific work and requirements pre surgery • Review education provision

Role for the Wiltshire Health and Wellbeing Board

- Developing the Joint Strategic Needs Assessment
- Developing the Joint Health and Wellbeing Strategy

How will this influence the future work of the Wiltshire Alliance?

What is the relationship between the H&WBB and the Alliance?

What is the relationship between the H&WBBs and the BSW ICS?

Recommendation:

That the Wiltshire Health and Wellbeing Board continues to consider the evolving relationship between itself, the Alliance and the ICS.

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