Wiltshire Council

AGENDA SUPPLEMENT (1)

Meeting: **Health and Wellbeing Board**

Place: **Council Chamber - Council Offices, Monkton Park, Chippenham, SN15 1ER**

Date: **Thursday 31 March 2022**

Time: **9.30 am**

The Agenda for the above meeting was published on *23 March 2022*. Additional documents are now available and are attached to this Agenda Supplement.

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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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DATE OF PUBLICATION: 28 MARCH 2022

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At the previous Board in December 2021, each organisation, and the Health and Wellbeing Board itself, agreed to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health. A regional webinar hosted by the Office for Health Improvement and Disparities and the South West Association of Directors of Public Health is planned for 3rd May, at which members of the board are invited to attend.

The event is aimed organisations interested in or seeking to implement the Prevention Concordat for public mental health, including Integrated Care System chairs and chief executives, elected members from local authorities and senior leaders and managers from both health and care sectors, local authorities and partner organisations.

Aim:

- To encourage Integrated Care Systems and Local Authorities in the South West to become signatory of Prevention Concordat of Better Mental Health

Objectives:

- To provide background information on public mental health and the importance of upstream prevention
- To introduce the Prevention Concordat for Better Mental Health and its benefits to local authorities and ICS
- To share experience from existing signatories, reflecting on the benefits, barriers, challenges and solutions throughout their journey

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Health and Wellbeing Board - Tackling Inequalities Workshop - 10.02.2022

What does your organisation understand by inequality and therefore what is your focus on at the moment?

- Housing – cold has biggest impact on health, focusing on this and safety, and any additional support.
- Primary Care – look at where there is the most demand which is very reflective of the bottom 20%. Links in with other advisors in primary care to link services together – encouraging integration through the community teams through the community connectors and care coordinators who are targeting the high intensity clients – on everyone's books, particularly with mental health, housing, 999 and hospital attendance.
- Primary Care - A lot of the issues are not health issues they reflect the wider issues. This works at local level. From GP and primary care also have the national priorities and schemes which focus attention from a national perspective for work. Trying to reach out to those for proactive healthcare e.g screening and imms.
- Healthwatch Wiltshire – concerns is inequality in service access on one hand in terms of services. But also the danger of labelling people as unequal – how do we promote the opportunities for people to improve health – needs to start with young people, schools and education etc. But that there is a role for self-care, so need to focus on that pillar of lifestyle – which requires an equality of education around health behaviour.
- There is an ongoing focus on operational response as there is little time to think or operate within this space.
- Health inequalities are in focus in community services and these are aligned to overall inequality
- Local Authority – focus on incorporating housing as a key area into health and social care space, reflected in organisational restructure and priority setting
- GWH – what is our role as an anchor institution?
- PCC – there is a broader remit than policing, in legislation, responsibility to deliver community safety & crime reduction. Community safety is a very holistic challenge, Victim support, overlap social and economic deprivation link with areas of high criminality, need to engage in preventative action and what we do is better targeted to where real issues are. Prevent people become victims and prevent people slipping into criminality. Looking at children in EOTAS provision that get into criminality and live in high deprivation areas , Domestic Abuse etc.
- Recognise that currently funding is in the main focussed at acutes, crime & statutory services (health, LA, police)
- Acute - address with staff group, gender , ethnicity etc but need to do more for patients. Approach is to fix people who turn up.

What actions are HWB members already doing to tackle inequality?

- Housing – all dealing with same families across the county who are using lots of different services – LA was doing work on this a few years ago trying to identify those families.
- Local Authority – areas of deprivation and mortality rate – this is what inequality means to LA. The areas haven't changed in a long time, the groups of people haven't changed – lots of effort and support is being provided, but has been done in isolation – now is when we have to bring this approach together as a coordinated effort. Really need to bring our efforts together and not compete and have siloed approaches.
- AWP – opportunities, community mental health services being transformed and really trying to break down silos in this – but need to look at how this can be linked into the wider work on inequality. Trying to address some of the historic service provision inequalities to ensure that people do have access to the services they need and in an equitable way. How do you integrate these programmes together and bring everyone together?
- Lot of assessments have been done in the past – want to focus on the interventions now and invest the money in health in delivering interventions as early as possible and not too far away from where a person lives in their communities.
- Physical health/mental health agenda – SMI health checks to ensure physical health needs of people with SMI are being considered to reduce comorbidity.
- Focussing on access to services, including response times and waiting times
- Focus on LTCs – still too reactive though, need to move to proactive
- There are risk-based decisions being taken at the moment in social care provision in order to prioritise – detail on why these decisions are taken may not always be obvious or visible which can be a challenge
- Big focus on employment within acute trust (linked to anchor institution) including widening participation in schools and with groups like care leavers
- Swindon focus on areas of deprivation (4 Ps)
- Acute and LA Exec-to-Exec meetings in Swindon – open discussions supporting development of anchor charter
- Exec lead for inequalities at GWH
- CCG & GP working really hard to improve access to services – too accessible? Supporting people with things that are not core business. (In Wiltshire people seem very reliant on GP's for everything)
- Reach out to organisation who understand inequality better for example Julian House and people working in ED.
- RUH working with LA's and university to pool budget and work out how Bath can be better place to live
- Social mobility – early years work, pledge (motion going to FC), NEET
- Plan being developed via GP practice

What more can we do collectively (via ICA) and individually (what are the opportunities)?

- SMART targets? A topic agreed? Short task and finish?
- HWW – let's pick an area e.g Studley Green, run a pilot based on the issues and include the local population into those actions and decisions which turns these areas into areas people want to live in. Have a dedicated programme manager, multi-agency and clear outcomes and improvements to be measured. Include cllrs, GPs local VCS and just see what happens.
- GP – where can we have the biggest impact and how do we decide that together? How can we join up our data better? The PHM in Trowbridge could be and is this pilot – has started but been on hold – but how many of the partners we need know about it? Is this the correct vehicle?
- Do we need to pick smaller areas for this type of pilot on the wider determinants side? Studley Green and an area under Wiltshire council housing control to bring balance?
- Can't do this type of work without really properly looking at housing – and must bring in VCS. Council could coordinate this type of project work, excited at how this could link into performance management systems with key indicators set up with a structured approach. A pilot must help us to understand how we can work better together ant the same time as improving outcomes for people.
- Mental health crises – issues which can involve police a lot – key area to target, cross cutting with DA, substance misuse.
- If we are running a pilot it requires a good programme manager to coordinate efforts and measure outcomes. HWW could be the engagement with the local population to run customer surveys and involving the people of the areas to feed in. Not about starting new projects – this is about overarching programme to pull these things together.
- If we are choosing an area – then how do we integrate what's already on the ground? How do we understand what we already have, who's doing what and then join this up better. What we don't want to do is just add more into an area without knowing where the biggest impact could be made.
- Collective exercise across multi-agency on data that needs to be understood to actually reduce inequality – example of fire service data on poor housing, how do we use all intelligence?
- How do we use data to take a more proactive approach especially around LTC prevention and response to exacerbation?
- Focus on waiting times – should we be prioritising according to inequality of outcome? Challenges with the way we have conventionally managed or been directed to manage – does performance framework and regulatory approach support innovation around reducing inequality?
- Getting awareness of health inequalities to front line staff – staff unlikely to be accounting for this in their decision making, so what do we need to do to enable this?
- How do we build an expectation around awareness of the inequalities that exist around any decision being made, including showing that a decision will improve an aspect of inequality rather than worsen?
- Role for anchor institutions – could have huge impact at place level given reach of organisations as key employers
- Building executive relationships across organisations that could agree immediate work in this space e.g. internships, apprenticeships prioritised according to groups we know will experience and are experiencing inequality

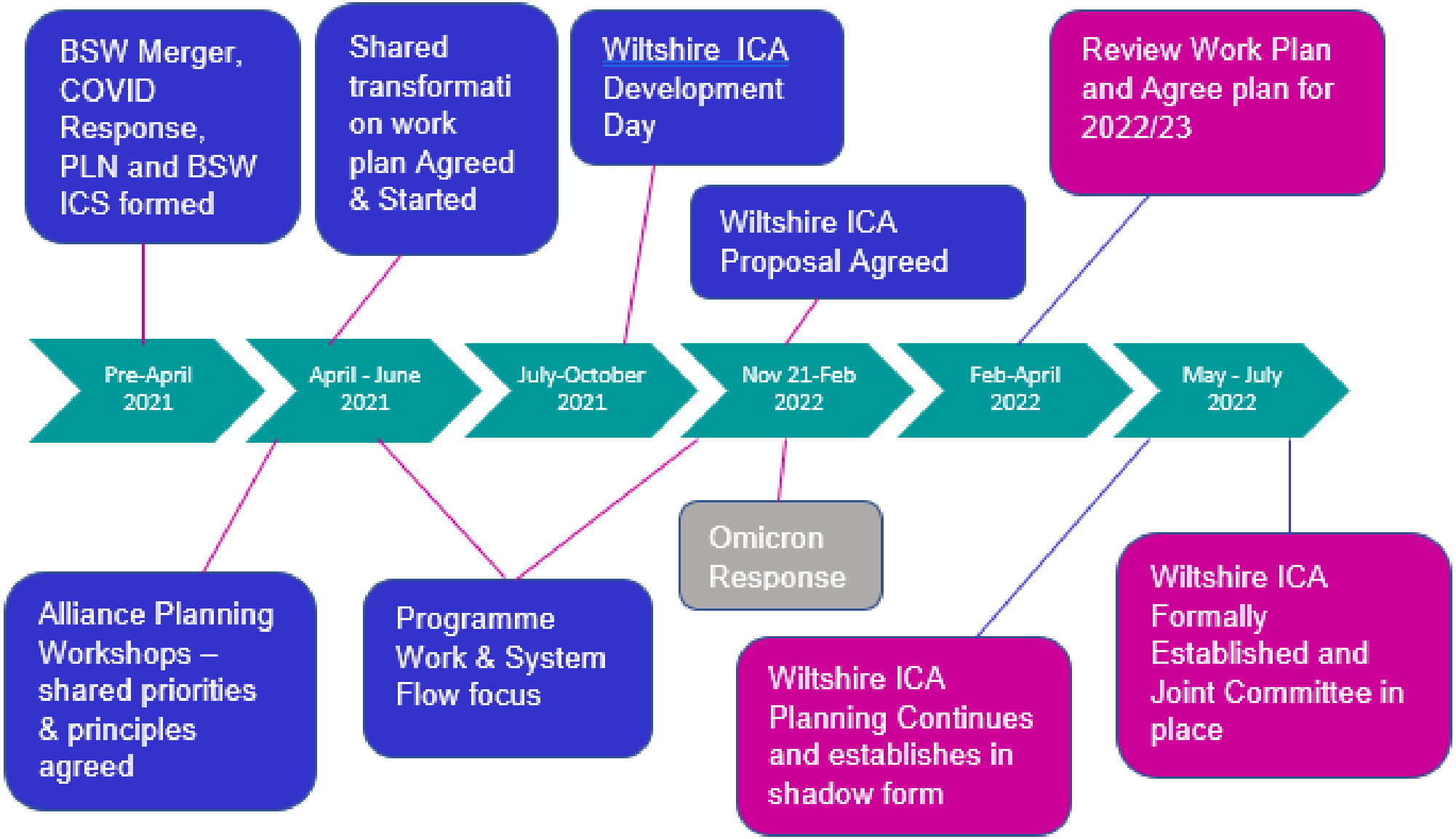
- Choose some obvious priority indicators and agree how we will work on them e.g. health checks for individuals with MH/LD/A
- Focus on diversifying and understanding how we need to alter how we communication and provide information – we assume one size fits all but we know this does not apply for groups who suffer greatest health inequalities around access
- Listen more to harder to reach groups about problems we already know exist – get closer to our communities
- Recognise costs in societal terms and ££ so impact of early intervention/prevention
- Identify families and work with them collectively
- How do we access investment ?
- Need to work collectively.
- GPs get housing queries, i.e. damp but don't always know who housing provider is (HA or private landlord – how can they find out)
- GP & social care to communicate better than we currently do.
- Need to recognise deprivation that is hidden, and harder to be deprived when living in a pocket alongside those who are not deprived
- Need to change culture, enable people in a variety of ways to manage their lives better themselves. Start with simple things , i.e. cooking in schools.
- Challenge is how are we going to do it – police and LA to have quarterly mtgs together
- Need to have a bottom-up approach, community level, have 18 area boards – do they have sufficient understanding. What mechanisms and forums do we need to engage GP in local communities can we encourage H&W area boards.
- Staff to have a common language about inequality , other blue light service and all our organisations present
- Engagement with the voluntary sector – listen & believe
- Understand what communities experience

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

Wiltshire Alliance update for the Wiltshire Health and Wellbeing Board

March 2022

Where are we now?



Update on 21/22 agreed priorities

- Alliance Work Programme:
  - Connecting with our communities
  - Trowbridge Neighbourhood Focus Site
  - Urgent Care Improvement
  - Ageing Well
  - Personalisation of Care – End of Life services
  - Alliance Development Programme

Review of Current Programme – 2021-22

Project	Achievements	Still to do	Consideration for 22/23
Connecting with our Communities	• Agreed engagement principles – to be embedded • VCS partners actively involved • Co-production discussion paper completed • Mapped VCS support in Trowbridge – to be expanded and shared • Linked key people with the Neighbourhood Focus Site work	• Finalise 'expert hub' to offer support to wider programme and consistent approach • Complete proposal to ICA re Co Production County • Participation in Optum (NFS) action learning sets	Central to ICA in Thriving Places Guidance - Need to progress approaches to co-production
Trowbridge Neighbourhood Focus Site (NFS)	• Full participation in Optum Project commenced (population health data review to identify gaps and areas for improvement) • Implemented complex MDT meetings with attendance across our partnership, to focus on people with complex and intensive needs. • Joint workforce approach to some planned clinics (community and primary care) • Beginning to roll-out the Community Support Framework (CSF) for improved mental health services	• Selection of focus areas and commence the Action Learning Set process (peri-housebound, over 60 with pain and depression) • Full asset mapping to be completed and shared, adding to the VCS and mental health work already done. • Full CSF roll-out • Implement learning and sharing plans for the rest of Wiltshire to 'fast follow'.	• Optum work is part of BSW priorities and central to our ability to work on population health gaps • CSF work must continue – national and BSW priority programme • Core to BSW Care Model

Review of Current Programme – 2021-22

Project	Achievements	Still to do	Consideration for 22/23
Urgent Care and Flow Improvement	• Developed demand and capacity model to inform planning and monitoring • Developed and implemented Wiltshire Escalation Framework • Established 7 Day Service Reporting – used to inform improvement work • Carried out Discharge Pathway Efficiency Review – identified key actions to improve process and reduce length of stay • Commenced BCF Scheme Review process – nearly completed and has been successful	• Embed demand and capacity reporting into BAU and operational response. • Complete the actions identified via the Pathway Efficiency Review Process (referral process improvement, provider demand and capacity system, review Access to Care Roles and improve communication and information sharing routes between partners) • Pathway 2 Bed Review (linked to Ageing Well)	• Essential to financial sustainability – participate in Whole System Modelling for sustainable service plans • Essential to plans for managing winter pressures 2022/23. Planning guidance states "Stabilise services & develop 22/23 winter contingencies"
Personalisation &care for people approaching the end of their life.	• A recently agreed project with significant impact for people at the end of their lives, and their families. • Brought together partners across Wiltshire to discuss and agree improvements to the End of Life pathways in our area. This focusses on implementing the BSE End of Life Care strategy in a way that works for our communities. • Project aims to simplify the complex processes and improve the proportion of people who are passing away in their place of choice, ensuring that all partners have the information and resources to be able to offer the support needed when it's needed.	• Complete project initiation and commence work plan and implementation.	• Driven by BSW EoL Care Strategy • Identified need to do this work for Wiltshire population. • Significant part of finance sustainability plan.

Review of Current Programme – 2021-22

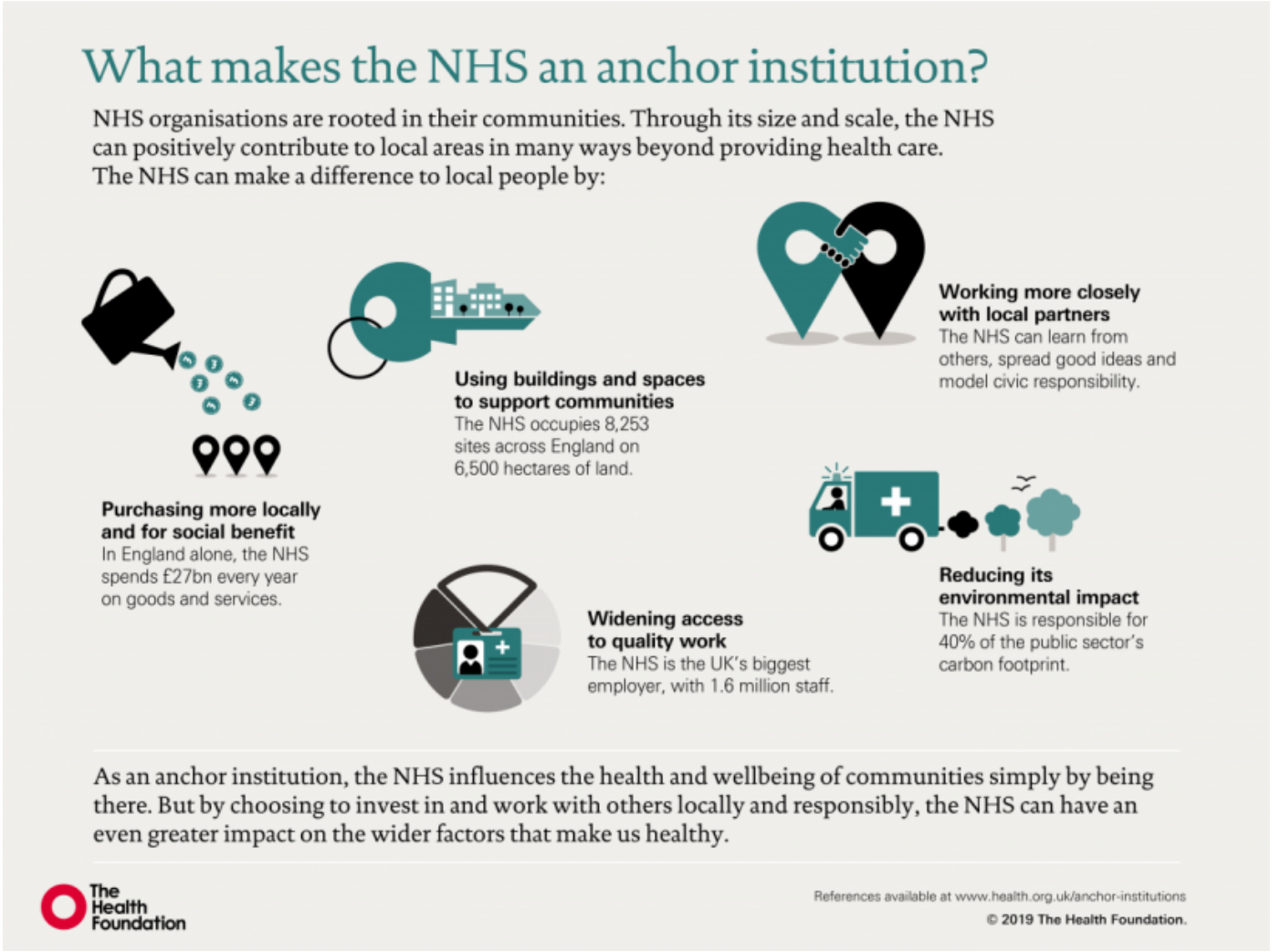
Project	Achievements	Still to do	Consideration for 22/23
Ageing Well in Wiltshire	• 2 Hour Crisis Response commenced and rolling out – including falls response • Additional capacity recruited to Home First and Reablement meaning more people are able to go home quickly, with support. • Overnight Nursing Service has commenced. This service will impact on a wide range of people including EOL. • Expansion of Council Domiciliary Care Service has commenced, which will enable more people to go home from hospital with support arranged quickly. • 33 Care Homes now participating in the Virtual Care Home MDTs, meaning admissions are avoided and people don't have to travel. Very positive feedback from care home providers and residents.	• Continuation of recruitment to all services and expansion across Wiltshire to support admission avoidance and supporting people to access care and support in an appropriate way. • Continue expansion of Overnight Nursing service. • Complete Pathway 2 Bed Review	• Significant links to 22/23 NHS operational guidance – Virtual Ward Expansion (December 23), Rapid Response targets and Anticipatory Care. Requires discussion and agreement regarding Alliance models for virtual wards and anticipatory care. • P2 Bed Review (see Urgent Care section) is a significant impact on financial planning and discharge flow. • Recommend programme review – some schemes can be considered complete (workforce expansion etc..). • Core part of BSW Care Model
Alliance Development	• Work programme established • Programme Governance framework in place with Programme Board	• Continue developments towards ICA from July 2022. • Shape programme of OD	Must continue – to meet July 1st deadline.

Focussing on inequality within the Wiltshire Alliance (ICA)

- Alliance Development Day – 17 March:
  - Population health management approach to support reducing health inequalities
    - Trowbridge – data, experience of care, health opportunity
    - Development of BSW tools and linked datasets to inform thinking and answer questions – for system modelling and to support population health management approach
  - Neighbourhood model design
    - Working in a population health focussed way
    - Integrated working between teams and organisations
    - Neighbourhood (PCN) level delivery
    - Community involvement and strengths based approach
    - Longer term view – months and years
    - Inclusive partnership with structured approach
  - Next steps

Follow up from Feb 2022 H&WBB workshop

- Feedback from workshop widely circulated and informed Wiltshire Alliance planning (included in meeting papers)
- Development of Anchor Institutions – early conversations within and between health and care organisations
- H&WBB agreed programme of work focussed on workplace health: Guy Sharp, from Wiltshire Council's Public Health team, chaired a meeting of relevant leads from organisations on the Health and Wellbeing Board to discuss the programmes that could be adopted on workplace health and the measures that could be used to monitor progress during 2022. Each organisation is prioritising one of these and an update on progress made will be provided to the Board in December 2022



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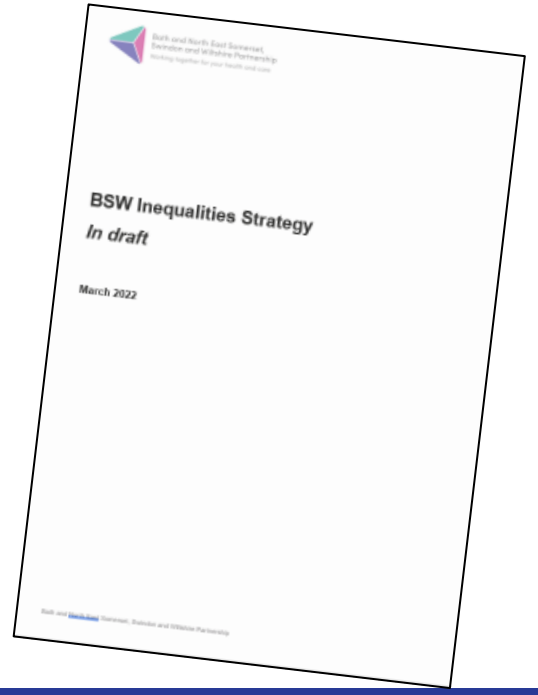
BSW Inequalities Strategy 2021-2025

In draft



Context

Aim - to provide a framework for system activity to reduce health inequalities

How – bringing together guidance re: healthcare inequalities, health inequality + addressing wider determinants of health

"Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest."[1]

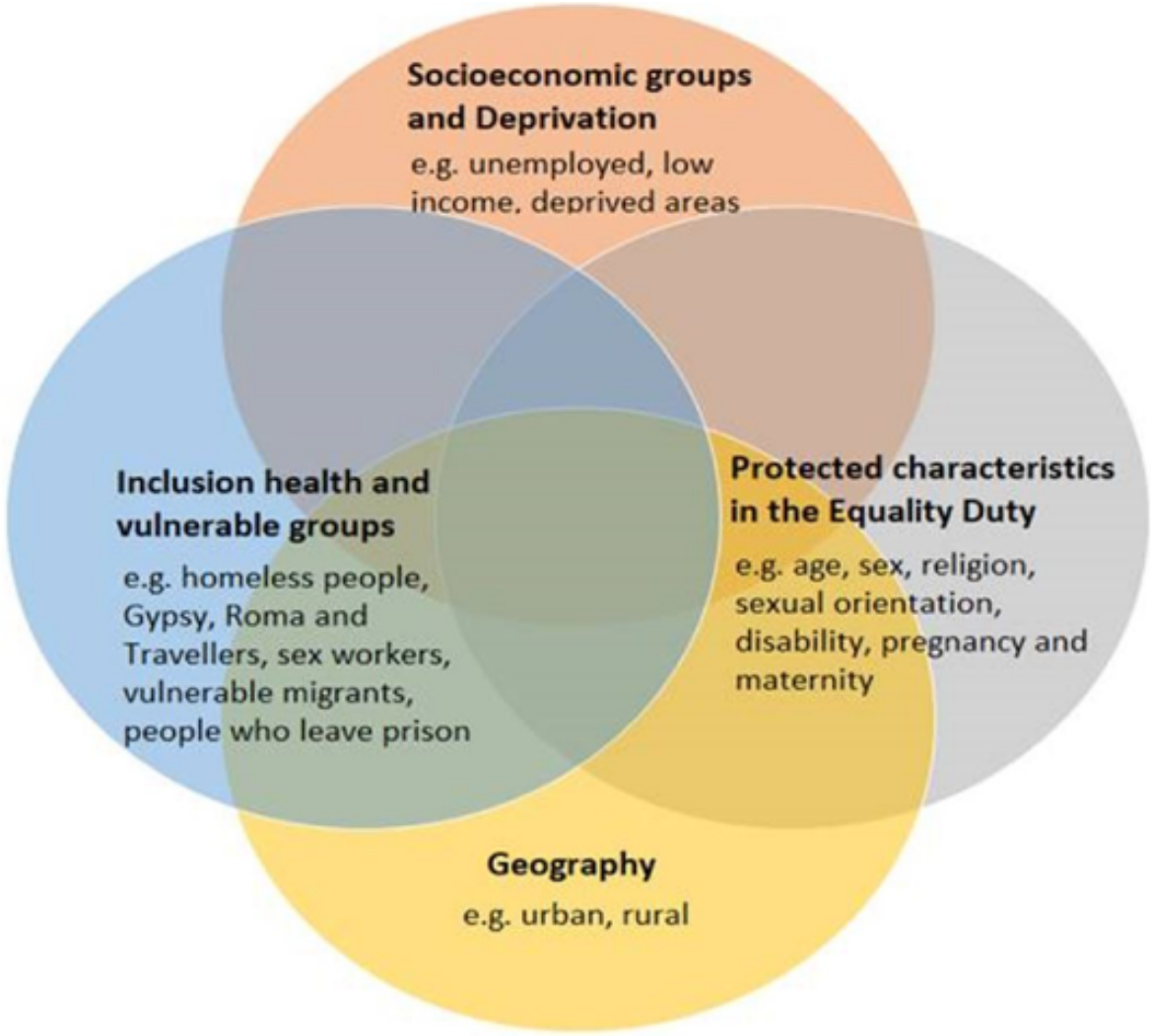


Image credit: Health Equity Assessment Tool (HEAT): executive summary - GOV.UK (www.gov.uk)

[1]: Health inequalities: place-based approaches to reduce inequalities - GOV.UK (www.gov.uk)

One page summary

***Phase 1*: Awareness Raising**

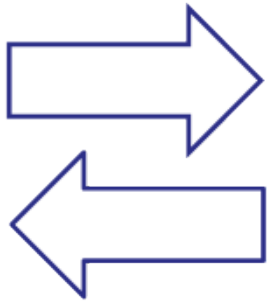
Phase 2: Healthcare Inequality

NHS Five Key Priorities

1. Restore service inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are timely and complete
4. Accelerate preventative programmes
5. Leadership and accountability

Core 20 Plus 5

- Core 20% of most deprived areas
- PLUS Groups: BAME, Routine and Manual and X
- Five clinical areas
    1. CVD
    2. Maternity
    3. Respiratory
    4. Cancer
    5. Mental Health (inc. CYP)



Phase 3: Prevention and wider Determinants

Priority Areas:

- Anchor institutions
- Three place-based Joint Strategic Needs Assessment refresh
- Five public health/ wider determinants areas integrated
- Look at longer term outcomes

Committed areas of focus

- Whole system approach to Obesity
- Whole system approach to Smoking

Cross-cutting themes: Population Health Management (PHM); Equality, Diversity, and Inclusion (EDI); Workforce; Prevention; Personalised care

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Implementation

1. Awareness raising

- Training
- Data
- Making HI "everybody's business"
- Bring together existing strategies

2. Healthcare inequality and CORE20+5

- Focus on CORE population 20% most deprived
- PLUS (to be refined later)
- 5 Clinical focus areas

3. Prevention and Wider determinants

- JSNA refresh to inform development
- 5 public health/wider determinant areas integrated
- Look at longer-term outcomes
- Anchor Institutions

- **B&NES** – socially excluded groups, migrants, vulnerable children, rural communities
- **Swindon** – BAME populations *tbc*
- **Wiltshire** – Routine & Manual workers (specifically those in minority groups; e.g. Polish speakers)

Phase 2: 5 Clinical Focus Areas - examples

Phase 3: wider determinants

Wider determinants

Include the environmental, social and economic contexts of lives (e.g., education, employment, income and housing) addressed through anchor institutions, strong partnership with local authority, and public health policy.

Climate change and health

Phase 2: NHS clinical focus areas from CORE20+5; cross-cut smoking and obesity

CVD	Cancer	Respiratory	Maternity	Mental Health (inc. CYP)
Hypertension case finding to allow for interventions to optimise BP and minimise risk of MI and stroke	75% cases diagnosed at stage 1 or 2 by 2028	Focus on COPD, driving uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency admissions	Ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups	Ensuring annual health checks for 60% living with SMI

Phase 3: define public health and wider determinant focus areas

CVD	Cancer	Respiratory	Maternity	Mental Health (inc. CYP)
TBC e.g. Weight management	*TBC* e.g. Treating tobacco dependency across the system	*TBC* e.g. Air quality Better housing	*TBC* e.g. Better Births Infant Feeding	*TBC* e.g. Addressing work place mental health

Prevention

Proactively engage people at greatest risk in prevention.

Spotlight on **smoking** and **obesity** as largest causes of preventable deaths and widening health inequalities

Integration White Paper and ICS developments

Joining up care for people, places and populations

Wiltshire Council

Vision

- Integration is not an end in itself, but a way of improving health and care outcomes. Successful integration is the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time.
- Our vision is that integration makes a significant positive impact on population health through services that shift to prevention and address people's needs promptly and effectively; but it is also about the details and the experience of care - the things that often matter most to people, carers and families.
- This is captured in the 'Think Local Act Personal' statement : *Everyone should be able to say: "I can plan my care with people who work together, to understand me and my carer(s), who allow me control, and bring together services to achieve the outcomes important to me."* (National Voices, TLAP 2013)

4 key areas

- Shared outcomes which prioritise people and populations
- Leadership, Accountability and Finance
- Digital and data: maximising transparency and personal choice
- Delivering integration through our workforce and carers

Shared outcomes

- On **shared outcomes**, government will consult stakeholders and set out a framework with a concise number of national priorities and an approach for developing additional local shared outcomes, by Spring 2023. We will review alignment with other priority setting exercises and outcomes frameworks across health and social care system and those related to local government delivery.
- Places, working with local people and communities, will then identify and agree their local outcome priorities with reference to the broad framework. Places will agree action required to meet national and locally identified priorities
- Ensure implementation of shared outcomes will begin from April 2023

Shared outcomes consultation

Government will invite views on the following questions:

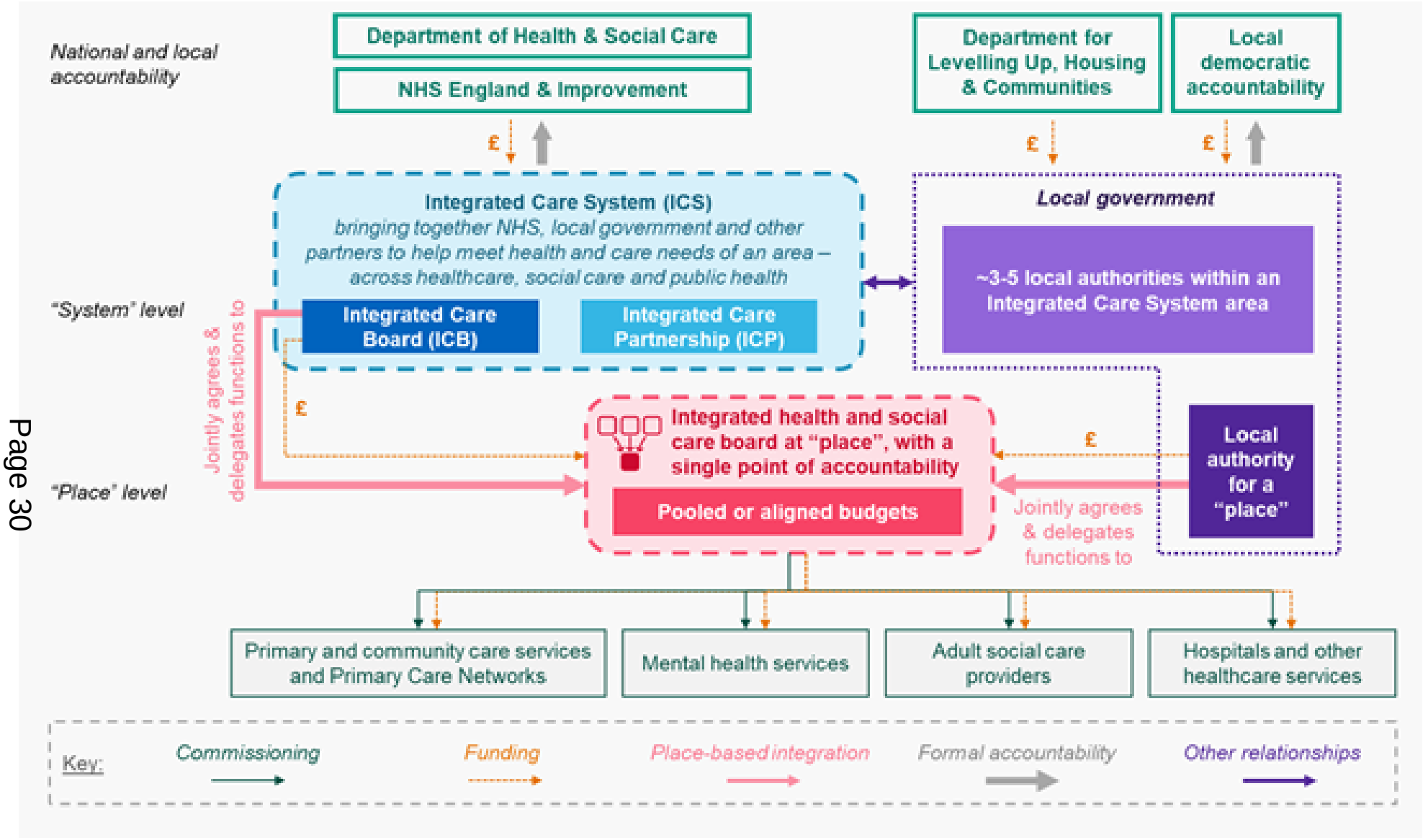
1. Are there examples where shared outcomes have successfully created or strengthened common purpose between partners within a place or system?
2. How can we get the balance right between local and national in setting outcomes and priorities?
3. How can we most effectively balance the need for information about progress (often addressed through process indicators) with a focus on achieving outcomes (which are usually measured and demonstrated over a longer timeframe)?
4. How should outcomes be best articulated to encourage closer working between the NHS and local government?
5. How can partners most effectively balance shared goals / outcomes with those that are specific to one or the other partner – are there examples, and how can those who are setting national and local goals be most helpful?

Leadership, Accountability and Finance

- On leadership, accountability and oversight, set an expectation that by Spring 2023, all places should **adopt a model of accountability** and provide clear responsibilities for decision making including over how services should be shaped to best meet the needs of people in their local area
- Work with the CQC and others to ensure the inspection and regulation regime supports and promotes the new shared outcomes and accountability arrangements at Place
- Develop a national leadership programme, addressing the skills required to deliver effective system transformation and place-based partnerships, subject to the outcomes of the upcoming leadership review
- Appoint a set of **front-runner areas** in Spring 2023. These will trial the outcomes, accountability, regulatory and financial reforms discussed in this document

Leadership, Accountability and Finance

- **Review section 75** of the 2006 Act which underpins pooled budgets, to simplify and update the regulations
- We will work with partners to develop guidance for local authorities and the NHS to support going further and faster on financial alignment and pooling.
- Publish guidance on the scope of pooled budgets Spring 2023


National and local accountability
Department of Health & Social Care
NHS England & Improvement
Department for Levelling Up, Housing & Communities
Local democratic accountability
£
£
£
Integrated Care System (ICS)
bringing together NHS, local government and other partners to help meet health and care needs of an area – across healthcare, social care and public health
Integrated Care Board (ICB)
Integrated Care Partnership (ICP)
Local government
~3-5 local authorities within an Integrated Care System area
"System" level
Jointly agrees & delegates functions to
£
Integrated health and social care board at "place", with a single point of accountability
Pooled or aligned budgets
£
Local authority for a "place"
Jointly agrees & delegates functions to
"Place" level
Primary and community care services and Primary Care Networks
Mental health services
Adult social care providers
Hospitals and other healthcare services
Key:
Commissioning
Funding
Place-based integration
Formal accountability
Other relationships

Accountability consultation

1. How can the approach to accountability set out in this paper be most effectively implemented? Are there current models in use that meet the criteria set out that could be helpfully shared?
2. What will be the key challenges in implementing the approach to accountability set out in the paper? How can they be most effectively met?
3. How can we improve sharing of best practice regarding pooled or aligned budgets?
4. What guidance would be helpful in enabling local partners to develop simplified and proportionate pooled or aligned budgets?
5. What examples are there of effective pooling or alignment of resources to integrate care / work to improve outcomes? What were the critical success factors?
6. What features of the current pooling regime (section 75) could be improved and how? Are there any barriers, regulatory or bureaucratic that would need to be addressed?

Data and digital

- Ensure every health and adult social care provider within an ICS reaches a minimum level of digital maturity (electronic care records; use of NHS no)
- Develop a standards roadmap (2022) and co-designed suite of standards for adult social care (Autumn 2023)
- Ensure all professionals have access to a functionally **single health and adult social care record for each citizen** (by 2024) with work underway to put these in the hands of citizens to view and contribute to (IG Framework, skills and tech)
- Ensure **each ICS will implement a population health platform** with care coordination functionality, that uses joined up data to support planning, proactive population health management and precision public health (by 2025)
- Ensure 1 million people are supported by digitally enabled care pathways at home (by 2022). Digital investment plans should be finalised by June 2022 which include the steps being taken locally to support digital inclusion.

Data and digital consultation

- What are the key challenges and opportunities in taking forward the policies set out in this paper, and what examples of advanced / good practice are there that could help?
- How do we best ensure that all individuals and groups can take advantage of improvements in technology and how do we support this?

Workforce and carers

- On workforce, strengthen the role of workforce planning at ICS and place levels
- Review barriers (including regulatory and statutory) to flexible movement and deployment of health and care staff at place level
- Develop a national delegation framework of appropriate clinical interventions to be used in care settings
- Increase the number of clinical practice placements in social care during training for other health professionals
- improve opportunities for cross-sector training and joint roles for ASC and NHS staff in both regulated and unregulated roles

Workforce consultation

1. What are the key opportunities and challenges for ensuring that we maximise the role of the health and care workforce in providing integrated care?
2. How can we ensure the health and social care workforces are able to work together in different settings and as effectively as possible?
3. Are there particular roles in the health or adult social care workforce that you feel would most benefit from increased knowledge of multi-agency working and the roles of other professionals?
4. What models of joint continuous professional development across health and social care have you seen work well? What are the barriers you have faced to increasing opportunities for joint training?
5. What types of role do you feel would most benefit from being more interchangeable across health/social care? What models do you feel already work well?

Integrated Care Partnership Expectations

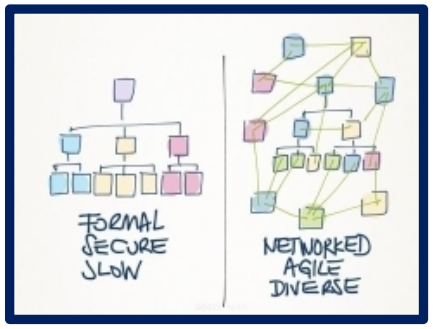
- expectation one: ICPs are a core part of ICSs, driving their direction and priorities
- expectation 2: ICPs will be rooted in the needs of people, communities, and places
- expectation 3: ICPs will create a space to develop and oversee population health strategies to improve health outcomes and experiences, and address health inequalities
- expectation 4: ICPs will support integrated approaches and subsidiarity
- expectation 5: ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights and develop plans

Integrated Care Partnership Expectations

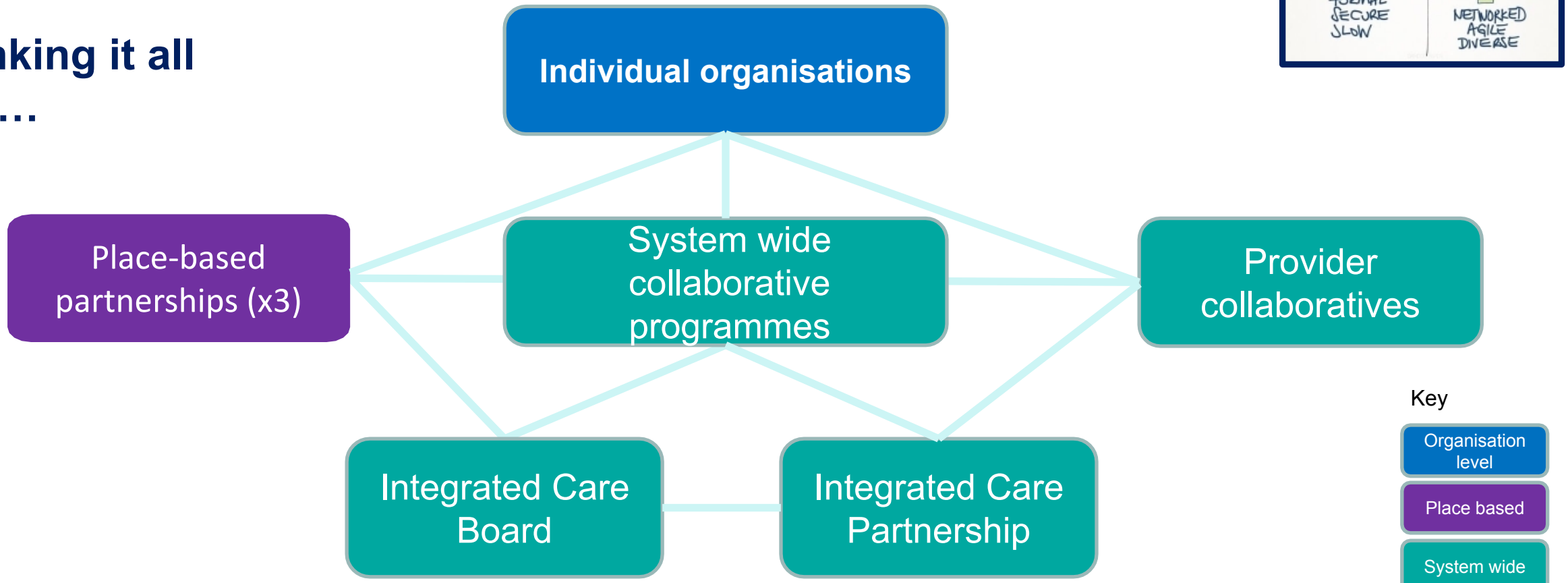
Indicative date	Activity
April – June 2022	DHSC to engage with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Upon receipt of an integrated care strategy, the Health and Wellbeing Board must prepare a 'joint local health and wellbeing strategy' that sets out how the local authorities, integrated care board and NHS England will meet population needs in that area. However, if the Health and Wellbeing Board does not need to prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that their existing joint local health and wellbeing strategy is sufficient.

BSW Integrated Care System (ICS)



Linking it all up…



BSW Integrated Care System (ICS)

Integrated Care Partnership (ICP)

- Responsible for producing an integrated care strategy
- Strong links with Place Based Partnerships
- Expected to have wider membership, with participation from all partners.

Integrated Care Board (ICB)

- Collaboration across health and social care
- Responsible for the whole system – *'eyes on, hands off'*
- Focus attention on those things best done at the system level (specialist services)
- Commissioning of services – where required
- 18 members, drawn from partners (not representatives)

These new statutory arrangements are dependent on the passing of the Health and Care Bill in Parliament. The expectation is that the Integrated Care Board will be established on 1st July 2022, with the CCG closing down at this point.

BSW Integrated Care System (ICS)

Place based partnerships (Integrated Care Alliances)

- Collaboration of all partners, including voluntary and community sector
- One in each of BaNES, Swindon and Wiltshire
- Aligned to the Local Authority footprint
- Focus on the those things that are best done locally

Provider collaboratives

- Providers working together across traditional boundaries
- Aim to drive improvement in services
- Examples include:
  - Primary Care Networks
  - Acute Hospital Alliance
  - Community Services
  - Mental Health Services

ICS developments

- Appointment of CEO Designate, Sue Harriman, NEDs, and ICB Executives
- The development of the ICB and ICP membership and functions is ongoing
- Place Directors are being recruited in April 2022
- Roles for Convenors/Chairs and Clinical and Professional Leads for place partnerships (ICAs) are being developed
- Ongoing development of ICA (Wiltshire Alliance) governance including development of Joint Committee Terms of Reference and financial accountability framework

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Wiltshire Community Safety Partnership

Wiltshire Community Safety Partnership

Strategic Plan

2022-2025

Foreword from the Chair

We are pleased to introduce the Wiltshire Community Safety Partnership's Plan for 2022 – 2025. This document details the priorities for Wiltshire's Community Safety Partnership (CSP) for the years ahead. We have considered the findings of Wiltshire Police's Force Strategic Assessment and the Wiltshire's Police and Crime Plan to ensure that the CSP has a co-ordinated and evidence-based approach to tackling crime and disorder in our county. We also must consider the needs of some of our most vulnerable residents in order to help prevent them becoming involved in crime, and reduce the chances of reoffending.

Wiltshire is a safe county in which to live and work. But demands on services are increasing, as are the types of risks that we are facing. The COVID-19 pandemic over the past two years has put a huge strain on our communities and our local public sector organisations. However, we are committed to working together to tackle crime and help people feel safer in our county, whilst also looking at how we can tackle the root causes and social determinants which lead to crime. By working in this way, we can make our communities stronger, safer and more effective at tackling complex community safety issues at a local level.

Assistant Chief Constable Mark Cooper
Chair of Wiltshire Community Safety Partnership

Wiltshire Community Safety Partnership

What is a Community Safety Partnership?

Wiltshire's Community Safety Partnership is a statutory body which brings together a number of organisations to tackle crime and help people feel safer. No single agency can deal with complex community safety issues alone, so CSPs offer a multi-agency approach.

Wiltshire's CSP consists of representatives from Wiltshire Police, Dorset and Wiltshire Fire and Rescue Service, the Probation Service, Wiltshire Council, the Office of the Police and Crime Commissioner and Banes, Swindon and Wiltshire Clinical Commissioning Group, alongside other agencies, such as commissioned drug and alcohol and domestic abuse services, housing associations, mental health services, military services and others.

The CSP is required by law under the Crime and Disorder Act 1998 (2007 regulations) to produce a three year strategy.

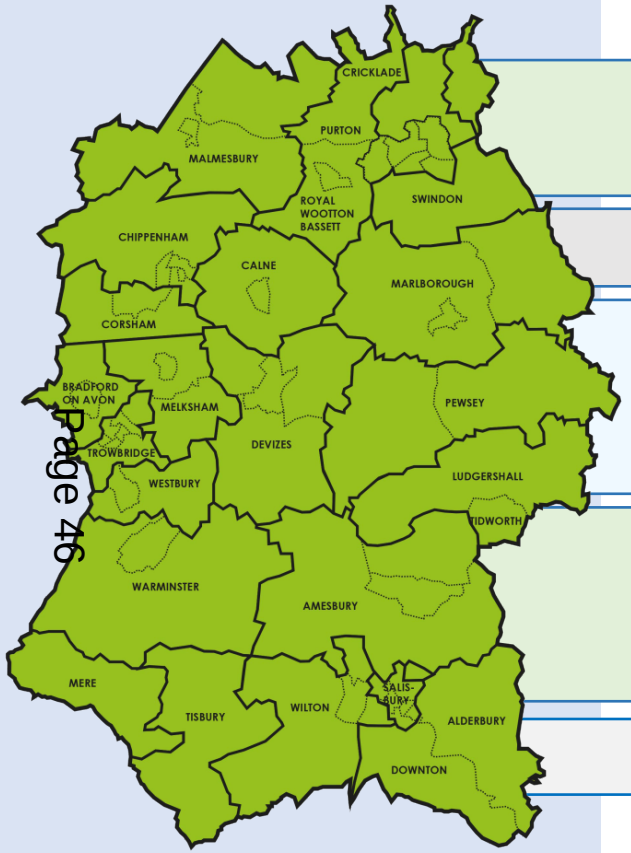
Wiltshire Community Safety Partnership

The CSP's statutory functions are to:

- set up a strategic group to direct the work of the partnership
- have a framework for sharing information
- produce a strategic assessment to identify priorities and set out an annual plan to address these
- commission Domestic Homicide Reviews

In Wiltshire, the CSP sits within our multi-agency safeguarding arrangements, the Safeguarding Vulnerable People Partnership (SVPP). This acknowledges that complex community safety issues can not be addressed without looking at the safeguarding of vulnerable people. For more information on the SVPP governance structure, please see the SVPP website.

Key demographic information



Wiltshire has a current population of **504,070**. This is projected to increase to over 528,000 by 2028.

The majority of Wiltshire's residents are aged **45 – 60** years old.

Wiltshire's residents are predominantly **White British**, however between 2% and 8% of some community areas in Wiltshire are made up of those identifying as White: Other or those from Black and Minority Ethnic groups.

Although Wiltshire is in the least deprived 30% of England's local authorities within England, over **14,000** people are still considered to live in the most deprived areas of Wiltshire.

50% of the population of Wiltshire live in **rural** communities.

Community Safety

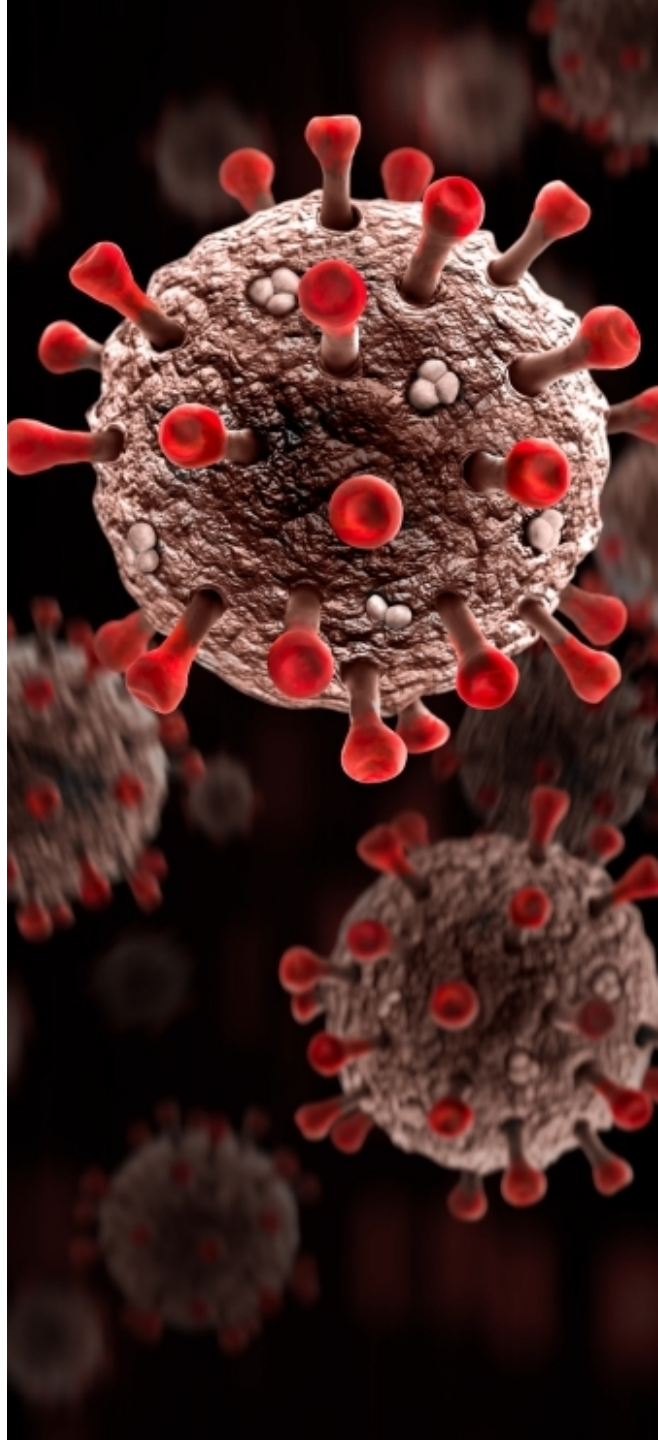
Levels of recorded crime in Wiltshire peaked at 5,150 in July 2020, but declined until February 2021. Since then, they have steadily risen. The most common crimes reported in Wiltshire are: Anti-Social Behaviour (ASB), violent and sexual offences, burglary and theft, criminal damage and arson.

The impact of Covid-19

The world has seen unprecedented changes as a result of the COVID-19 pandemic, the impact of which will be seen and felt for years to come.

In Wiltshire, we must consider the following things when looking ahead to the CSP's role in the coming years:

- **Unemployment** increased from 1.8% in Nov 2019 to 4.1% Nov 2020. Job losses may lead to greater risk of involvement in crime to make money.
- Detrimental impact on **mental health** for children and adults.
- Increased **waiting** times for treatment and support.
- Some gaps or delays in **service delivery** due to COVID-19 absences.
- Increased **alcohol** consumption to cope.
- Delays to the **court process** and criminal cases taking 35 days longer to conclude than pre-pandemic.
- The move to more **online activity** has increased the pool of victims for exploitation, online fraud and cyber crime.
- Stronger **local drugs networks** were set up during lockdown restrictions and which remain in place today, competing with County Lines.
- Lack of **visibility** of vulnerable children and young people during lockdowns.



Focus 1: Keeping our communities safe

SERIOUS AND ORGANISED CRIME (SOC)

- Recorded crime linked to Organised Crime Groups (OCGs) is thought to be grossly **underestimated** in Wiltshire, compared to national projections.
- The pandemic has created more reliance on online transactions and an increased risk in **cyber crime** and **digital fraud**. Having an **older population** makes Wiltshire particularly vulnerable to this.
- Ongoing impact of **COVID-19** will make more people vulnerable to SOC.

RURAL CRIME

- 526% increase in quantity of **livestock thefts** in 2020-21 compared to 2018-19.
- Increase in **second-hand vehicle** thefts due to supply issues caused by Brexit.
- Wiltshire is a rural county and the organised theft of **agricultural machinery** has increased due to Brexit import restrictions.

VIOLENT CRIME INCLUDING YOUTH VIOLENCE AND GANGS

- There has been a rise in **youth violence** across the county with emerging issues in Salisbury and Devizes in particular.
- Violence Against the Person is the most common offence for **under 25s** in Wiltshire.

DRUG NETWORKS AND COUNTY LINES

- Increase in **local drugs lines** and use of local children, particularly **females**.
- Local lines are less sophisticated therefore employ more use of **violence**.
- **Brexit** has opened new supply opportunities.
- Increase in **cannabis** production due to leniency within the law for this as opposed to other drug types.
- 18% of **under 18** involvement with drugs concerned cannabis.
- Significant **increase** in the user market in last 36 months, enabling drug networks to flourish.

ANTI-SOCIAL BEHAVIOUR

- Total number of cases heard at **Anti-Social Behaviour Risk Assessment Conference** (ASBRAC) has increased by 43% since 2019.

Focus 2: Protect vulnerable people from harm

EXPLOITATION

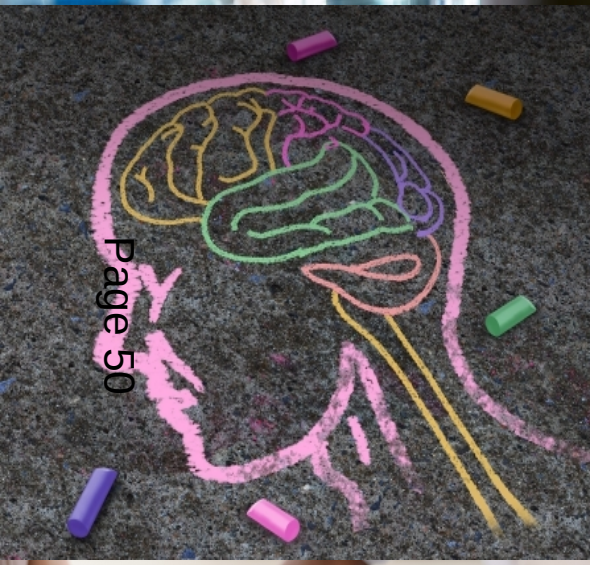
- Increase in OCGs recruiting **under 18s** due to change in law where they are not criminalised.
- **Modern Slavery and Human Trafficking** increasing due to Covid and Brexit.
- Aug 2020-21 saw an 85% increase in online **Child Sexual Abuse or Exploitation,** and a 68% increase in CSAE generally.
- Growing concern about **peer abuse** and **intrafamilial abuse.**
- Wiltshire is likely to see a high number of **asylum-seekers** from Afghanistan, children may be vulnerable to exploitation and missing.
- 24% increase in **fraud** offences 2020-2021 in Wiltshire.
- **Cannabis cultivation** is the most common criminal exploitation type in Wiltshire.
- Emerging **adult exploitation** in agriculture, construction, cleaning and adult social care.

DOMESTIC ABUSE

- 2.1% increase in overall **Domestic Abuse-related crimes** 2020-21.
- 5% increase in **Violence Against the Person** DA offences 2020-2021 (Apr – Jun 2020, > 45% of all DA-related crimes).
- **Detection rate** (cases 'cleared up' by police) for Domestic Abuse down 2%, at 11.8%
- **Cyber-related** Domestic Abuse is expected to rise with ever-increasing technological advances.
- **Third generation** of cases through the Multi-Agency Risk Assessment Conference (MARAC) process, highlighting need for an intensive multi-agency approach.
- **Domestic Abuse-related crime** increased by 13% during the March 2020 lockdown.
- Increase in reported number of **male victims** of Domestic Abuse during April-Sept 2020.
- 25% increase in **MARAC referrals** in North and West Wiltshire in 2019-2020, and 50% increase in repeat referrals.

VIOLENCE AGAINST WOMEN AND GIRLS

- Predicted further rise in **Violence Against Women and Girls (VAWG)** and **Rape and Serious Sexual Offences (RASSO)**.
- Reported increase in use of **violence** in sexual offences and **stealthing** (non-consensual condom removal).
- Increase in predatory and stranger **sexual assaults.**
- Drink and needle **spiking** increasing with the re-opening of the night-time economy.



Cross-cutting themes

MENTAL HEALTH

- The pandemic has had a detrimental impact on mental health across all ages and an increased demand for **support**.
- This is likely to increase the number of potential victims of **exploitation**, and a greater dependence on **substance misuse**.
- 11% increase in mental health concerns requiring **police** call outs since 2019.
- Wiltshire Police are being called to more **severe** mental health incidents.
- Lasting impact of Covid-19 on **children's mental health**. Mental health liaison activity increased by 60% for children in 2020/21.
- Lengthy **waiting times** for treatment due to COVID-19 backlog.
- Mental health concerns are a significant factor in children who go **missing.**

SUBSTANCE MISUSE

- Increase in crack cocaine use linked to rise in **violent crime.**
- Higher than average number of users **not in treatment.**
- **80%** of all crime is thought to be linked to drugs.
- Cannabis used as a **gateway drug** for young people.
- The majority of **persistent offenders** have a substance addiction.
- 33%-50% of **acquisitive crimes** are committed by crack cocaine/heroin users.
- 12 of Wiltshire's 13 **OCGs** are primarily linked to drug supply.
- Increase in **drug-driving** concerns.
- Over a quarter of adults in Wiltshire drink **more** than 14 units a week, with a lower than average number in alcohol **treatment**. This is steadily falling.

How will the CSP address these priorities?

- The CSP's subgroups will enable targeted areas of multi-agency work, co-ordinated via the CSP Delivery Group.
- The CSP Executive provides oversight, scrutiny and assurance that the CSP is delivering on its priorities.
- Outcome measures for each subgroup will be reported to the CSP Executive every six months, to evaluate how the CSP's actions translate to better lives for our residents.
- The CSP's progress will also be monitored annually through the annual Force Strategic Assessment, and this plan altered accordingly.
- Evidence-led working will ensure resources are directed into the areas of greatest need.
- The improved sharing of learning from Case Reviews will enable lessons to be embedded across the system. The subgroups will have a big part to play in this.
- A co-ordinated approach to communications will raise awareness of key issues, and co-ordinate campaigns across the partnership.
- Evidence-based commissioning of services will ensure those most at risk can access the support they need.
- The CSP will seek to embed the use of the following approaches to better enable us to support vulnerable people at risk:
    - Contextual Safeguarding
    - Transitional Safeguarding
    - Trauma-informed practice

Wiltshire Community Safety Partnership

How will the CSP address these priorities?

Wiltshire Community Safety Partnership

Focus 1: Keeping our communities safe				
Priority area	**Who is responsible**	**How will this be managed and monitored?**	**Priority activity**	**Key measures**
Serious and Organised Crime (including Drug networks and County Lines)	Project Optimise Partnership Board Cyber Advisory Sharing Panel Substance Misuse subgroup	The development of a Project Optimise Delivery Plan The development of a CASP Delivery Plan Substance Misuse Implementation Plan	• Deliver a bespoke multi-agency training video on SOC • Improved sharing of intelligence relating to SOC • Develop a pathway for advising partner agencies on cyber attack risk • Roll out use of Police CyberAlarm to partner agencies • Co-ordinate delivery of national drug strategy, From Harm to Hope	• Fewer OCGs in Wiltshire
Anti-Social Behaviour	Safer Communities subgroup	Safer Communities Delivery Plan	• Develop an ASB toolkit to deploy at a local level to respond to ASB • Review ASBRAC process to improve efficiency and engage partners • Develop routine use of spatial mapping to identify ASB hotspots	• Volume of ASB reports to police split into nuisance, personal, environmental • Map of hotspot areas for all agencies - location of incidents from each agency fed in (including housing association)
Violent Crime (including youth violence)	Early Intervention and Violence Reduction subgroup	The development of a Early Intervention and Violence Reduction Delivery Plan	• Developing a multi-agency approach to sharing information and mapping hotspots of violent crime • Set up the delivery of the Insight Programme in Wiltshire schools, regarding knife crime prevention	*Group format has recently changed – to be confirmed.*
Rural Crime	Safer Communities subgroup	The development of a Safer Communities Delivery Plan	*To be confirmed*	*To be confirmed*
	Road Safety Partnership	Development of a partnership Road Safety Strategy (pan-Wiltshire)	• Develop, deliver and evaluate a series of pilot interventions based on a data review • Engage partnership members and stakeholders with 'Safer Systems' and 'Vision Zero' principles for future partnership working	• Number of road traffic casualties (STATS19) • *Other measures to be determined following review*

How will the CSP address these priorities?

Wiltshire Community Safety Partnership

Focus 2: Protecting vulnerable people from harm				
Priority area	**Who is responsible**	**How will these be managed and monitored?**	**Priority activity**	**Key measures**
Domestic Abuse	Domestic Abuse Local Partnership Board Perpetrator and Offending Steering Group	Domestic Abuse Implementation Plan	• The development of a local Perpetrator and Offending strategy by July 2022	• Victim satisfaction survey results (satisfaction with agency response to domestic abuse) • Volume of repeat victims • Volume of repeat perpetrators • Number of perpetrators in treatment/receiving support • Outcomes of Building Better Relationships programme
Exploitation	Pan-Wiltshire Exploitation subgroup Prevent Board	Exploitation Delivery Plan Prevent Delivery Plan	*The group has not met yet in its new format, therefore this has yet to be decided.* • New quarterly multi-agency briefing to be produced and shared • Production of multi-agency training pack and toolkit for community delivery	• Volume of missing episodes per child • Volume of disruption activities in the last quarter • Volume of National Referral Mechanism referrals • Volume of community-based intelligence • Numbers attending Prevent training or accessing toolkit • Source of referral to Channel
Violence Against Women and Girls (VAWG)	CSP Delivery Group (tbc)	Development of a local VAWG strategy	• Work with partners to submit a bid for Safer Streets funding	*To be confirmed*

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