

AGENDA

Meeting: Health and Wellbeing Board
Place: Kennet Room - County Hall, Bythesea Road, Trowbridge,
BA14 8JN
Date: Thursday 23 May 2024
Time: 10.00 am

Please direct any enquiries on this Agenda to Max Hirst - Democratic Services Officer of Democratic and Members' Services, County Hall, Bythesea Road, Trowbridge, direct line or email Max.Hirst@wiltshire.gov.uk

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Voting Membership:

Cllr Richard Clewer (Chairman)

Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing

Gina Sergeant

Healthcare Clinical Professional Director (NHS BSW ICB)

TBC

GP clinical lead (Wiltshire Integrated Care Alliance)

Cllr Laura Mayes

Deputy Leader and Cabinet Member for Children's Services, Education and Skills

Philip Wilkinson

Police and Crime Commissioner

Alan Mitchell

Wiltshire Locality Healthcare

Dr Nick Ware Or

Professional, NHS Bath and North

Dr Catrinel Wright

East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Non-Voting Membership:

Kate Blackburn

Director - Public Health (DPS)

Dr Edd Rendell

Wessex Local Medical Committee – Medical Director

Dr Andy Purbrick

Wessex Local Medical Committee – Medical Director

Terence Herbert	Chief Executive Wiltshire Council
Stacey Hunter	Chief Executive NHS Salisbury Foundation Trust
Stephen Ladyman	Wiltshire Health and Care - Chair
Shirley-Ann Carvill	Wiltshire Health and Care – Interim Chief Executive
Kevin Mcnamara	Chief Executive or Chairman Great Western Hospital
Clare Thompson	Director of Improvement & Partnerships - GWH
Clare O'Farrell	Interim Director of Commissioning
Catherine Roper	Wiltshire Police Chief Constable
Alison Ryan	RUH Bath NHS Foundation Trust - Chair
Val Scrase	Regional Director B&NES, Devon and Wiltshire Community Services
Lucy Townsend	Corporate Director of People (DCS)
Emma Legg	Director of Adult Social Services
Marc House	Dorset and Wiltshire Fire & Rescue Service - Area Manager Swindon and Wiltshire
Sarah Cardy	VCSE Leadership Alliance Representative
Cllr Gordon King	Opposition Group Representative
Cllr Ian Blair-Pilling	Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets
Cllr Jane Davies	Cabinet Member for Adult Social Care, SEND, Transition and Inclusion
Fiona Slevin-Brown	Place Director – Wiltshire, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)
Marc House	Dorset and Wiltshire Fire and Rescue
TBC	Avon and Wiltshire Mental Health Partnership
James Fortune	Oxford Health (CAMHS)
Maggie Arnold	South West Ambulance Service - Non-Executive Director
Stephen Otter	South West Ambulance Service
Laura Nicholas	NHSE, SW Director of Strategic Transformation / Locality Director
Emma Higgins	Associate Director – Wiltshire ICA Programme and Delivery Lead

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AGENDA

1 **Chairman's Welcome, Introduction and Announcements**

The Chair will welcome everyone to the meeting and give any announcements.

2 **Apologies for Absence**

To receive any apologies for absence.

3 **Minutes** (Pages 7 - 12)

To confirm the minutes of the meeting held on 21 March 2024.

4 **Declarations of Interest**

To declare any personal or prejudicial interests or dispensations granted by the Standards Committee.

5 **Public Participation**

The Council welcomes contributions from members of the public.

Statements

If you would like to make a statement at this meeting on any item on this agenda, please register to do so at least 10 minutes prior to the meeting. Up to 3 speakers are permitted to speak for up to 3 minutes each on any agenda item. Please contact the officer named on the front of the agenda for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution.

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 16 May 2024** in order to be guaranteed of a written response. In order to receive a verbal response questions must be submitted no later than 5pm on **Monday 20 May 2024**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Boater Survey** (Pages 13 - 14)

To receive a report from Kate Blackburn and Vicki Lofts on the Boater Survey.

7 **Obesity Strategy** (Pages 15 - 18)

To receive an update from Kate Blackburn and Katie Davies on the Obesity

Strategy.

8 **Neighbourhood Collaboratives***(Pages 19 - 26)*

To receive a report on Neighbourhood Service Collaboration from Emma Higgins.

9 **ICA Update***(Pages 27 - 40)*

To receive an update and performance report on the ICA from Emma Higgins

10 **ICBC Update**

To receive an update from Fiona Slevin-Brown on the ICBC

11 **Better Care Plan - standing update**

To receive an update on developments relating to the implementation of the Better Care Plan.

12 **Date of Next Meeting**

The next meeting will take place on 11 July 2024.

13 **Urgent Items**

To discuss any items the chair agrees to as a matter of urgency.

Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 21 MARCH 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Laura Mayes (Vice-Chair), Alan Mitchell, Dr Nick Ware, Gina Sargeant, Kate Blackburn, Stephen Ladyman, Cllr Gordon King, Cllr Iain Blair-Pilling, Marc House, Dr Edd Rendell, Naji Darwish (OPCC)

Also Present:

Lucy Townsend, Max Hirst, David Bowater, Sarah Cardy, Marc House, Clare O'Farrell, Emma Higgins, Col Ricky Bhabutta

1 Chairman's Welcome, Introduction and Announcements

Cllr Laura Mayes, Vice Chair and Deputy Leader of the Council, welcomed everyone to the meeting.

A Chair's Announcement on pharmaceutical services in Warminster was read and are attached to the minutes.

2 Apologies for Absence

Apologies were received from:

Cllr Richard Clewer

3 Minutes

The minutes of the previous meeting on 30 November 2023 were presented for consideration. Alan Mitchell, Chair of Healthwatch Wiltshire, commented on the following resolution at the previous meeting:

Resolved

i) To note the past and ongoing work between the ICB and Wiltshire Council regarding the tender of a BSW-wide Community Health Services contract.

ii) To note the approval at the ICB Board to the agreed procurement approach to, and commencement of the procurement process.

iii) To note the Cabinet decision to the 'in principle' agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Formal commitment is dependent on a

revised and agreed S.75 Agreement (Health and Social Care Act 2012) that covers the period of the contract, along with a signed Collaborative Commissioning agreement. Formal agreement will be sought in early 2024 before the contract is awarded.

It was commented that when the Health and Wellbeing Committee made this resolution on 30 November 2023, it was made on the basis that the ICB was resourced to undertake this complex and large procurement and based on the ICB commitment to operating at place, where Wiltshire has over half of the population. Since then, the Board had become aware that the ICB was facing a cut in its administration budget. The Community Care Contract would be a major undertaking and its success a vital component in the delivery of the BSW Together Strategy. All partners in the ICS needed reassurance that the risk of delivery will not be increased by organisational changes at the ICB.

It was asked whether the ICB senior leaders could assure this committee that it would have the resources, particularly the quantity and quality of staff in post, to run the procurement exercise to time and manage the subsequent service transition to new supplier(s) across the three places in the ICS. As a result of this, it was agreed that there would be an item on the contract at the next meeting.

After which, it was:

Resolved

The Wiltshire Health and Wellbeing Board approved and signed the minutes of the previous meeting held on 28 September 2023 as a true and accurate record.

4 Declarations of Interest

There were no declarations of interest.

5 Public Participation

There was no public participation.

6 NHS BSW Operational Plan Update

It was explained to the Board that in line with the ICBs statutory requirements (Health and Care Act 2022) the Implementation Plan the HWB had received in November 2023 was being refreshed. The Board was then invited to comment.

The Board noted that the timelines within the plan were very strict.

Whilst improvements had been made, the Board wished to see further work on making the document as accessible as possible, such as a glossary to avoid confusion over acronyms.

It was suggested that a version of the plan that could be understood by the public would allow achievements to be highlighted.

It was clarified that whilst certain financial information was not fully available, it was recognised that the plan's aspirations needed grounding in the reality of funding where possible.

It was further clarified that certain information could not yet be made available publicly.

A briefing to the Chair and Deputy Chair by the ICB on Project Evolve was therefore requested.

Resolved:

To delegate confirmation of the Plan and provision of an opinion on the plan, taking account of the Wiltshire Joint Local Health and Wellbeing Strategy and views of Board members, to the Chair.

For the Chair and Deputy Chair to receive a briefing from the ICB on Project Evolve.

7 Better Care Plan - standing update

The report was formally presented to the board. It was noted that significant progress had been made in moving to community care and at home care rather than bedded care.

It was clarified that as physiotherapy was a very specific field and required years of training and study, care home staff were being trained to support recovery plans once put together by physios.

It was assured that reports once submitted were given extensive feedback and was certainly not for box ticking.

Resolved:

To note the report

8 Right Care Right Person Police Baseline Update

A short presentation was delivered to the Board, which is attached to the minutes.

It was clarified that a data recording would be consistently gathered from partners so that a clear picture was always available on the effectiveness of RCRP.

It was clarified that changes would be integrated slowly rather than suddenly, and that the positive impact on freeing up capacity would not be the same in

Wiltshire as in other areas. Therefore, although freed time would be reinvested in other areas the shift would not be as dramatic.

Resolved:

To note the update

9 **Community Area JSNA Update**

A short presentation was delivered and was attached to the agenda. During the presentation, features of the following website was highlighted:

www.wiltshireintelligence.org.uk/cajsna/

It was clarified that it was being looked into how updating the data consistently could work, whilst focusing on keeping the dashboard as accessible as possible and not overwhelming people with data.

It was clarified that keeping surveys accessible was kept in mind and that although surveys were mostly online, they could be requested as a paper form.

Resolved:

To note the update

10 **Workplace Health Update**

The report was received by the board and a short PowerPoint was presented, which is attached to the minutes.

Resolved:

To note the update

11 **Urgent Items**

There were no urgent items.

12 **Date of Next Meeting**

The next meeting will be on 23 May 2024.

(Duration of meeting: 10:00 – 11:45)

The Officer who has produced these minutes is Max Hirst - Democratic Services
Officer of Democratic Services, e-mail Max.Hirst@wiltshire.gov.uk

Press enquiries to Communications, direct line 01225 713114 or email
communications@wiltshire.gov.uk

(Duration of meeting: 10:00 – 11:45)

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Wiltshire Council

Health and Wellbeing Board

23 May 2024

Subject: Canal Walk & Boater Survey Report

Executive Summary

In September 2023, 40 Wiltshire Council Officers and external partners walked the length of the Kennet and Avon Canal in Wiltshire to have strengths-based conversations with boaters and to publicise a survey looking at the health and wellbeing of boaters living on the canal in Wiltshire. A report has been produced with the results from the survey which we present today.

Proposal(s)

It is recommended that the Board:

- i) notes; the results of the survey and;
- ii) that board members circulate the report within their networks.

Reason for Proposal

Boaters are a seldom heard community about which the council have limited knowledge. This comprehensive survey is the first of its kind to be completed within this community and seeks to add valuable knowledge and insights into how they live. Its findings will be helpful in planning future services for this community.

Kate Blackburn Director of Public Health
Vicki Lofts Public Health Specialist
Kiersty Rose Senior Business Insight Analyst

Subject: Canal Walk & Boater Survey Report

Purpose of Report

1. To provide the Health and Wellbeing Board with an overview of an Outreach & Engagement project, a survey of the boater community and to present the report of the survey findings.

Relevance to the Health and Wellbeing Strategy

2. Supports all four themes of the Health & Wellbeing Strategy, with relevance to working towards the Tackling Inequalities and Localisation themes.

Background

3. Boaters are a seldom heard community, and it is recognised that nomadic communities will often be living with wider health inequalities than those in the general population. The valuable insights gained from the survey will assist in planning local services and support, to better meet their needs, ensure their voices are heard and help to support reducing health inequalities in this population.

Main Considerations

5. Overall, boaters describe a supportive and resilient community, and enjoy a lifestyle perceived to be low impact and in beautiful surroundings. However, they have clearly identified some challenges including access to clean water, facilities for refuse and sewage disposal together with difficulties in accessing some mainstream health and care services due to not having a permanent address.

Next Steps

6. The report concludes with several recommendations. Work to progress these will be carried out through the Traveller Reference Group.

Kate Blackburn Director of Public Health
Vicki Lofts Public Health Specialist
Kiersty Rose Senior Business Insight Analyst

Report Authors:
Vicki Lofts
Kiersty Rose

Wiltshire Council

Health and Wellbeing Board

23 May 2024

Subject: Whole Systems Approach to Obesity

Executive Summary

The Public Health team are embarking on a Whole Systems Approach to Obesity which seeks to take a collaborative approach in tackling this important agenda, with all key stakeholders engaged and empowered to lead on change and drive forward action within such a complex system.

Proposal(s)

It is recommended that the Board:

- i) notes; the whole systems approach to obesity as the strategic approach in tackling obesity in Wiltshire
- ii) considers who in their teams and organisations should be involved in the systems approach, and to put forward individuals to the Core Working group
- iii) notes; the outcomes of the Whole Systems Approach to obesity will be driven by engagement with key stakeholders and Wiltshire residents.

Reason for Proposal

Living with obesity increases an individual's risk to certain health conditions such as cancers, cardiovascular disease, and mental health. Wiltshire's last Obesity Strategy came to an end in 2020, and since then there hasn't been an obesity strategy in place. The outcomes measured in the previous strategy ranged in terms of their impact.

Tackling obesity and helping people achieve or maintain a healthier weight is complex. A growing body of evidence suggests the Whole Systems Approach is the strongest evidence base that could help tackle complex problems like obesity. Wiltshire Public Health team is embarking on this approach along with Systems Thinking colleagues as a Transformation Programme within Wiltshire Council.

To ensure the success of this approach, we seek to engage all key stakeholders to engage and play an active role in the approach.

Kate Blackburn Director of Public Health
Katie Davies Public Health Principal
Andrew Morrison Transformation Consultant

Subject: Whole Systems Approach to Obesity

Purpose of Report

1. To provide the Health and Wellbeing Board with an overview of the Whole Systems Approach to Obesity

Relevance to the Health and Wellbeing Strategy

2. Supports all four themes of the Health & Wellbeing Strategy.

Background

3. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age (Health Matters: obesity and the food environment, 2017). Wiltshire has the 4th highest level of obesity in adults aged 18+ in the South West at 28.8%, compared to 25.7% (South West) and 25.9% (England) (Public Health Outcomes Framework, 2023).
4. Excess weight in childhood is potentially predictive of adult obesity and elevates risks of developing high blood pressure, high cholesterol, type 2 diabetes and various other long term health conditions that can pervade into adulthood. Obesity data for Wiltshire indicates 21.9% of 4–5-year-olds are living with overweight/obesity, increasing to 33.1% of 10–11-year-olds. This increases further in adulthood with an estimated 67.2% of 18-year-olds and over living with overweight/obesity (Public Health Outcomes Framework, 2023). There is further evidence highlighting the inequalities in this obesity data with an increased likelihood of people living with overweight/obesity at all stages of the life course greater in those living in areas of highest deprivation (Wiltshire JSNA (Joint Strategic Needs Assessment), 2022).
5. A recent review of the inequalities gap of childhood obesity data shows the gap between community areas with the highest and lowest prevalence has widened to 10.1% in 4–5y year olds and 16.0% in 10–11 year olds, whereas 3 years ago at the end of the Wiltshire Obesity Strategy in 2020, the inequalities gap was 5.6% and 7.1% respectively. The review of the data indicates obesity levels are reducing in some community areas, yet in others it is increasing, therefore widening the inequalities gap. It is for this reason that tackling current obesity levels, as well as preventing obesity, is needed.
6. Obesity costs the NHS an estimated £6.5 billion each year, through the treatment of associated health conditions such as cancers, mental health challenges, cardiovascular disease and type 2 diabetes. This in turn puts

an increased demand on health services in terms of appointments, medications and treatment but reduces quality of life, as well as life or healthy life expectancy of those living with overweight/obesity.

7. The evidence base supports the complexities of obesity and the importance that the wider determinants of health have on this issue, ranging from education to employment. Wider determinants of health are defined as the diverse range of social, economic, and environmental factors which impact on people's health. It requires a system of partners who have an impact or who are impacted by any decisions or change linked to this work, to drive forward improvements and creating healthier environments. Partners also include those with lived experience of obesity living or working in Wiltshire.
8. There is no single solution in preventing or driving down obesity levels. There are so many interacting factors which cause obesity. These factors are apparent in places where people live, work, and play as well as the food and built environment, making it difficult to make healthy lifestyle choices. Such issues cannot be tackled in isolation. Different organisations play separate roles in driving up obesity rates nationally and locally, whilst others pull in a different direction. The need for a whole system approach to obesity/healthy weight, requires a system to engage in this approach and understand how each driver influences another and in which direction. If obesity levels continue to grow and the specific drivers of obesity within Wiltshire are not addressed, then health inequalities are likely to continue to widen at a local level.

Main Considerations

7. The Whole Systems Approach to obesity requires senior level engagement and commitment from a range of stakeholders to enable understanding of obesity and lead to better use of local assets and resources through aligning actions.

Next Steps

8. Over the next 6 months the core working group are seeking to identify key stakeholders across the system to engage and begin building the narrative of why obesity matters locally, and creating a shared understanding of how obesity is addressed in Wiltshire.
9. Action plans will begin to be developed based on the developed narrative from stakeholders over the next 6-9 months.
9. Key stakeholders to be empowered to lead on action and drive forwards change to improve the health and wellbeing of Wiltshire's population in the whole systems approach to obesity.

Kate Blackburn Director of Public Health
Katie Davies Public Health Principal
Andrew Morrison Transformation Consultant

Report Authors: Katie Davies

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Wiltshire Council

Health and Wellbeing Board

23 May 2024

Subject: Neighbourhood Collaboratives

Executive Summary

Neighbourhood collaboratives aim to improve health outcomes in communities by bringing together services, partners and residents in a new way. There is the intention to establish twelve or thirteen across Wiltshire within areas loosely defined by each of the Primary Care Network footprints. An update on progress is attached as **Appendix 1**.

Proposal(s)

It is recommended that the Board notes the update.

Reason for Proposal

Neighbourhood Collaboratives are an important priority identified in the [Joint Local Health and Wellbeing Strategy](#) for Wiltshire.

Cabinet recently received an update on a complementary strand of activity ([Community Conversations](#)) taking place at a very local neighbourhood level.

Emma Higgins

**Associate Director – Wiltshire Integrated Care Alliance Delivery Lead
NHS Bath & NE Somerset, Swindon and Wiltshire Integrated Care Board**

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Neighbourhood Collaboratives

Briefing – May 2023

Introduction

In early 2022, Wiltshire ICA Partners recognised the right approach to improving health outcomes in our communities, is to work directly with them to do so – bringing together partner colleagues, organisations, partners and residents in a new way. The Alliance spent time developing ideas and objectives around this principle; the concept of Neighbourhood Collaboratives was born from this work.

Neighbourhood Collaborative Vision and Model Development

Integrated and explicit in the Joint Local Health and Wellbeing Strategy (2023) for Wiltshire, The Neighbourhood Collaborative programme has been co-designed by Integrated Care Alliance members to enable partnership working to flourish across services, organisations and community groups within areas loosely defined by each of the Primary Care Network footprints. Once established there will be 12 to 13 Collaboratives across Wiltshire.

Each Collaborative will connect partners from health and Social Care, Voluntary Community Social Enterprise, Local Authority partners, (including Area Boards, Education and Housing), Police, Fire and many Community Groups who will offer their resources and share their expertise and assets to enable solutions to be developed that can tackle health inequalities and promote health and wellbeing within their local community. Community views and engagement will be the key to success.

The Wiltshire Collaborative will provide a forum for Neighbourhoods to share their learning, celebrate success, and in times of need, seek support. It will also offer a place to learn from best practice elsewhere and to collaborate on improvements Wiltshire-wide.

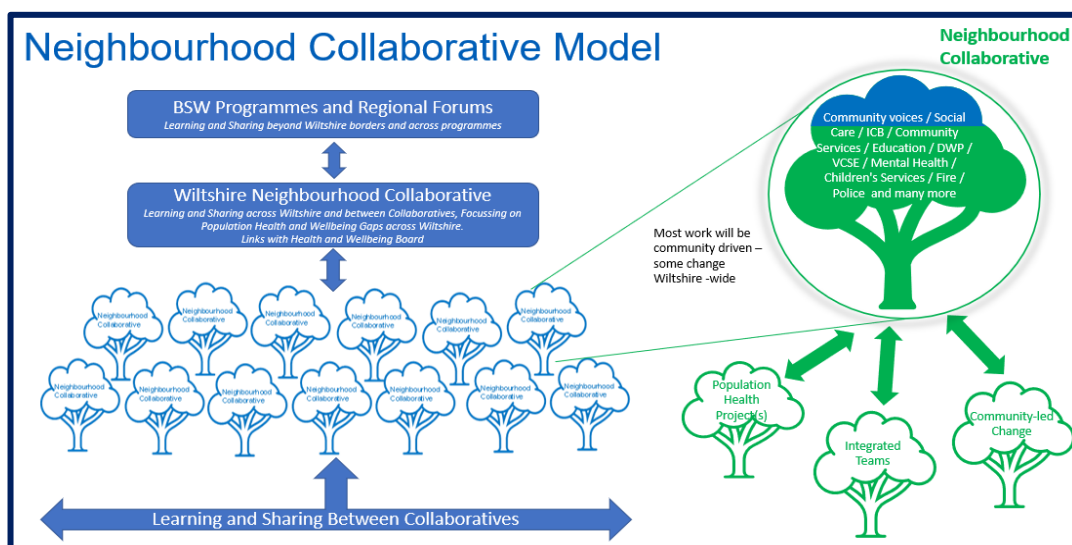
Each Neighbourhood Collaborative will be grown from the ground up, which means they may be structured differently to each other, and partner staffing models may look different depending on what works for each area. They will establish their own needs and priorities.

The pre-launch evolutionary work designed a structure to support Collaborative development consisting of:

- A Readiness Review that provides a series of insights and questions to identify the strengths and growth areas across a Neighbourhood, informing the Collaborative plan
- A Launch Programme, tailored to the individual Neighbourhood area based on the outcomes of the Readiness Review, bringing neighbourhood partners together to design and agree their work across six principle areas which underpin the model.
- A Toolkit which is a comprehensive set of resources linked to each principle area, that Collaboratives can use to support their work and embed the model.
- The ICA Partnership provides support, facilitation and system convening to the Collaboratives.
- In addition, each Collaborative is supported by a named lead who offers support and connection across the system.

The six Principle Areas are:-

- Partnership working
- Co-production
- Community-led approach for health & wellbeing
- Working as one using data analysis
- Enabling volunteers and staff to thrive
- Creating a movement for change



The Collaborative approach aligns with guidelines set out in the recent Fuller Primary Care Stocktake report (2022) and has been integrated into the Joint Local Health and Wellbeing strategy, and aligns with the BSW Care Model and ICS Strategy. The programme also supports other key areas of focus within Area Boards, Families and Childrens Transformation and Community Conversations and Mental Health, LD and Autism.

A Steering Group was established in December 2022 to provide a means of driving the programme forward. The Group has brought colleagues together who have formed new relationships and links and will continue to develop, providing direction and support to the programme as it evolves. The Group has already informed the direction of travel and offered the catalyst for the development of a Pathfinder test and learn site in BOA and Melksham.

Now including more than twenty partners from across the county, it is demonstrating a shared enthusiasm for delivering new ways of working within local communities as it grows.

Progress

The Collaborative programme has delivered against it's objectives for 22/23 (please refer to the table below) and has already signalled it's objectives for 2023/24.

Objective	Progress and Next Steps
<p>1 To establish three Neighbourhood Collaboratives sites – April 2023 <i>Governance and membership in place, having undertaken data and listening exercises and commenced at least 1 population health and wellbeing-led project.</i></p>	<ul style="list-style-type: none"> • Trowbridge site (initial pilot) continues with it's work in preventing increases in the housebound population. Work is starting to broaden out and formalise the collaborative model in this PCN area. Connections have been made with the Community Conversations programme. • Melksham and Bradford on Avon – pathfinder site. Work commenced in Falls prevention for people previously unknown to be at risk. Work is in progress to create the means to deliver co-production training to the operational teams. This will facilitate engagement with those identified in the cohort. • Devizes community partners are working alongside the project team to explore opportunities to grow a Collaborative model. Devizes PCN are gathering information to evidence an area of interest for a potential Collaborative project. • Chippenham, Corsham & Box PCN are currently reviewing the Readiness Review and identifying partner organisations that could be primary engagers in their Collaborative model.
<p>2 To develop and offer a Readiness Review to facilitate the development of the Neighbourhood Collaboratives by those living and working within each PCN footprint.</p>	<p>COMPLETE. Readiness review has been approved by the steering group following testing and engagement in pathfinder site and through Steering Group members.</p>
<p>3 To provide additional support and advice via a series of launch/induction events offered to those steering the project within the Neighbourhood.</p>	<p>Launch programme development nearing completion. 6 modules can be delivered flexibly in line with neighbourhood needs. Reviewed by Steering Group.</p>
<p>4 To develop and offer a toolkit of supporting resources and information for use by each collaborative.</p>	<p>Toolkit development complete for launch programme, although this will be continually updated. Next steps are to improve the accessibility and formatting of the kit itself.</p>
<p>5 To establish the Wiltshire Collaborative as a connecting, learning and sharing forum.</p>	<p>The Steering Group is established and well attended. This group will evolve to the Wiltshire Collaborative by the end of Summer 2023.</p>
<p>6 To develop a comms and engagement plan for the Collaborative programme.</p>	<p>Glass Cubes will provide a platform for sharing and commenting on output. New Newsletter format is already in circulation. Steering Group made commitments to share the work of the programme and to further engagement with colleagues. Aiming to launch pod casts etc., and links into Wiltshire Together will be explored to help reach a wider audience.</p>
<p>7 To ensure that a reporting/governance model is in situ to support the improvement.</p>	<p>Complete for the programme structure. Currently working through a testing model with the Pathfinder site. Partners within the Pathfinder have been asked to identify their expectations for a Collaborative structure.</p>
<p>8 To engage all of our neighbourhoods in this programme by the end of 2023</p>	<p>On Track – built into Comms and Engagement plan and development of the Wiltshire Collaborative group. Milestone plan top be refreshed</p>

Forward Programme

Over the next 12 months, the Collaborative programme aims to:-

Milestone	Progress and Next Steps
<p>1 Complete Pathfinder site (Melksham and Bradford on Avon) development and initial project area, feeding learning into the full programme structure.</p>	<ul style="list-style-type: none"> February to April 2023 – Collaborative group in one neighbourhood on a 'fast track' launched to gather early learning to add to the initial pilot findings. May 2023 - Engagement work with Collaborative cohort, focussing on prevention. June – Define and agree Collaborative structure and leadership. Publish First report. July 2023 – Co-production training delivered with MBoA teams. Start working directly with an identified group of patients September -2023 – Progress update December – Progress updates
<p>2 Deliver Initial Readiness Review and Launch Programme. (June '23)</p>	<p>Onboarding Launch programme agreed and online portal established. Full programme pathway agreed (indicates place and pace of Collaboratives launching).</p> <p>Currently establishing sites in Devizes, and in discussion with two other areas for full set up.</p>
<p>3 Hold first Wiltshire Collaborative event. (August '23)</p>	<p>Design Wiltshire Collaborative model with the Steering Group.</p> <p>Hold first Wiltshire Collaborative group – aiming for August but dependant on site development – may move to Autumn.</p> <p>Release Programme Update report.</p>
<p>4 Establish Neighbourhood Collaborative in each area of Wiltshire (April '24)</p>	<p>By April 2024 all neighbourhood areas will be on their collaborative journey at different points of maturity and will have completed or commenced the Launch programme. Initial impact results will be available for multiple collaboratives areas.</p>

There are many linkages with other programmes of work, include the FACT programme, Mental Health Community Services framework, the Wiltshire Health Inequalities Group and Community Transformation Programme. We will continue to develop and refine our model and ways of working, so move towards a vision of Alliance in action within our Neighbourhoods.

The Steering Group will also be tasked with building our model of evaluation and impact, so that we are able to identify and describe the learning and benefits of working together in this way. The May Steering Group worked together to think through the journey we need to take to reach the point where we are all working in the way that this model intends. If we are successful, in 5 years time:-

- Local population health and wellbeing outcomes will be improved from today's position, as people are empowered and equipped to design and deliver care and solutions with a preventative and early intervention approach.
- Care will feel individualised as teams and services operating an INT approach will drive clinical practice and interventions based on population health need
- People will experience more coordinated support, delivered in partnership and including VCSE local services and assets in their community to meet their health, wellbeing and care needs.

- People will be proactively offered interventions to reduce their risk of LTCs as teams and services start to utilise data predictively.

We aim to be able to provide a full plan for Collaboratives development as soon as possible, together with a one-page overview of progress in each neighbourhood area.

Monthly newsletter updates are available for anyone seeking more information. Please contact bswicb.neighbourhoodcollabs@nhs.net to be added to the distribution list.

Wiltshire Council

Health and Wellbeing Board

May 2024

Subject: Wiltshire Joint Local Health and Wellbeing Strategy and ICS Strategy Implementation Plan – progress and performance reporting update.

Executive Summary

This paper describes how the Joint Local Health and Wellbeing Strategy and Implementation Plan for the Integrated Care System Strategy have shared ambitions and objectives. Key highlights and achievements during 2023/24 are described to illustrate progress and a summary of further priorities is set out for 2024/25.

A schedule of reporting and performance around key performance indicators is shared in Appendix 1 – this is a live document which is updated regularly. The schedule sets out when and how often different objectives will be reported. Each strategic objective is ‘owned’ by a delivery group responsible for achieving and reporting progress. More in-depth reporting on the Neighbourhood Collaboratives is included as a separate paper for this meeting.

Proposal

It is recommended that the Board note the update.

Reason for proposal

The Joint Local Health and Wellbeing Strategy for Wiltshire highlighted an action to achieve change was to ‘*drive improvement through collective oversight of quality and performance, reconfigurations and recommissioning; overseeing pooled budgets and joint teams together – including the ICA transformation programme and Better Care Plan*’. The implementation plan for Wiltshire in the Integrated Care Strategy committed to ‘*Develop a dashboard of metrics for regular review by the Wiltshire Integrated Care Alliance (drawing on this report) and in turn the Wiltshire Health and Wellbeing Board*’ so that performance can be measured in a transparent and understandable way. The proposed dashboard focuses on areas where partnership working is necessary through the ICA rather than duplicate individual reporting arrangements of each agency.

Emma Higgins

**Associate Director – Wiltshire Integrated Care Alliance Delivery Lead
NHS Bath & NE Somerset, Swindon and Wiltshire Integrated Care Board**

Purpose of Report

1. To provide an overview of progress towards the objectives set out in the Joint Local Health and Wellbeing Strategy (JLHWS) and Integrated Care System Strategy Implementation Plan (the objectives are aligned).
2. To demonstrate assurance against particular criteria set against the objectives and set out the forward plan for reporting against the full spectrum of requirements.

The ICS Implementation Plan

Relevance to the Joint Local Health and Wellbeing Strategy

3. This report provides an overview of monitoring against the JLHW Strategy to provide assurance of progress and process for monitoring.
4. The Implementation Plan sets out how Integrated Care Partnership (ICP) members will work together through 2024/25 to support the delivery of the Integrated Care Strategy and shared objectives in the JLHWS.

Background

5. The current Joint Local Health and Wellbeing strategy sets out clear objectives and work for improving the wellbeing of our residents over the next 8 years.
6. Alongside this, our Integrated Care Partnership (BSW Together) has produced a five year Integrated Care Strategy covering 2023 – 2028 called the BSW Strategy that brings together all system partners. This strategy is refreshed annually and is supported by an Implementation Plan.
7. The JLHW Strategy and the Implementation Plan share the same objectives for Wiltshire.
8. The Health and Wellbeing Board and the ICA Partnership Committee respectively have oversight of the progress against the objectives set out in both documents.
9. Each objective has an identified lead and governance route. The ICA Partnership Committee is therefore further considering three key priority areas for collaborative focus to test a 'whole pathway; approach to change and prevention.
10. The objectives are set out in the [JLHWS](#) and the [BSW Implementation Plan](#) under the Wiltshire Locality section. Additionally, they are set out in Appendix 1 which is the table of Key Performance Indicators.

Main Considerations

11. The 2024 Implementation Plan refresh includes a summary of key points relating to achievement in 2023/24 and ambitions in 2024/25. These are set out in the following Tables and offer assurance against the objectives.

Wiltshire – Highlights of 2023/24

Wiltshire has clustered the ICS Strategy Themes with the aims in the Joint Local Health and Wellbeing Strategy. Please refer to the JLHW strategy for more detail [Wiltshire's Joint Local Health and Wellbeing Strategy 2023 to 2032 - Wiltshire Council](#). Key achievements in 2023/24 include:-

- Wiltshire has reviewed the findings of the latest pupil survey to inform work on reducing risk behaviours and health coaches are delivering targets work on health lifestyles and smoking cessation.
- With a target to reach 60% by 2032, the rate of children estimated to be physically active has risen to 48% (above England average) although Wiltshire is now behind the South West average of 49% - there are initiatives to improve this further. Activity levels in adults are above national and regional averages.
- Local work has been successful in improving screening and vaccination rates – there is an ongoing focus to improve rates within groups who experience inequitable outcomes. For example, flu vaccination rates are now at 85% for people aged over 65 years.
- The aim for children and young people with SEND to have improved outcomes and life experience is a clear priority for Wiltshire partners. The local area partnership is working in collaboration to implement an ambitious programme for children and young people with Special Needs and Disabilities in Wiltshire. We are particularly focused on addressing identified priority areas as well as exploring creative and innovative ways of ensuring children and young people with SEND can fully engage in all aspects of life and have the best chances during their adult lives.
- The Implementation Plan and JLHWS is clear on the importance of vaccination, screening and smoking cessation, particularly in communities where rates are below average – these are shared priorities. There are a range of measures in place - Wiltshire for example performs at above national average rates for smoking cessation 4 weeks after seeking support.
- Improvement has been made in the target to reduce obesity in the adult population, currently at 27% against a target of 25% by 2032.
- The Health Intelligence Team has been established using Health Inequalities Funding – they work across the Wiltshire system, supporting services to understand and use a Population Health Management approach.
- In advance of a Peer Review of SEND services by the Local Government Associate, a self-evaluation was completed to identify strengths and areas of development. Wiltshire is working with Wiltshire Parents and Carer Council (WPCC) and children and young people to ensure their voices are embedded into local service improvements and engaging on ongoing developments to evolve the quality of provision and expand choice. Key developments have been the expansion of special school places and associated resource centres, the development of the Local Offer website, and the introduction of health advisors
- Wiltshire has recommissioned children's community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services.
- Childrens Services were rated Outstanding in the last Ofsted/ CQC inspection in September 2023. [50235241 \(ofsted.gov.uk\)](#)
- The Families and Childrens Transformation Programme (FACT) partnership launched its Family Help project to enhance local arrangements for the

<p>delivery of early intervention and prevention services for children, young people and families. All Together - Wiltshire Together 5 schools are signed up to the Restorative Approaches Pilot – an evaluation will offer key learning and insights to inform future adoption of the approach.</p>
<ul style="list-style-type: none"> • The Wiltshire Health Inequalities Group focusses on work to reduce health and wellbeing inequalities and aligns to the CORE20Plus5 approach. The group has successfully identified priority investments for the health Inequalities Funding for 23/24 and is engaged in monitoring the delivery against those plans
<ul style="list-style-type: none"> • The Wiltshire Autism Partnership has been initiated with both professionals and service user forums held in January 2024.
<ul style="list-style-type: none"> • An improvement group has been established working in partnership with VCSE sector colleagues to increase the uptake of Annual Health Checks for people with Serious Mental Illness or Learning Disabilities – Wiltshire is currently under performing against national targets (48% against a combined target of 23%) despite comparing favourably at a regional level.
<ul style="list-style-type: none"> • The Wiltshire Dementia Strategy was approved by the Health and Wellbeing Board in September 2023 - an implementation plan will ensure the successful delivery and transformation of services through 2024 and beyond.
<ul style="list-style-type: none"> • Neighbourhood Collaboratives have launched the first sites in 2023 – there are 5 in different stages of progression – the ambition is to have commenced work in all areas by the end of 24/25.
<ul style="list-style-type: none"> • Following successful pilots, the Community Conversations programme which started in Bemerton Health (Salisbury) and Studley Grange (Trowbridge) is increasing its reach to identified areas across Wiltshire in 2024.
<ul style="list-style-type: none"> • Partners have developed new pathways and models to ensure that people who are able to go home after an inpatient hospital stay, are able to do so (taking a Home First approach) and are less likely to need extended inpatient care in the community setting.
<ul style="list-style-type: none"> • Wiltshire has introduced a new Carers Strategy to rightly focus on improving the way in which informal carers are supported across our services and improve their outcomes. A new contract for services is in the commissioning process to take forward the ambitions in the strategy.
<ul style="list-style-type: none"> • Wiltshire has developed and launch the Caring Steps Together resources which are available across BSW – we worked as partners with patients and their support networks, staff and others to develop new resources that support people through the process of being discharged from hospital and require either admission to a care home or support at home on a short- or longer-term basis
<ul style="list-style-type: none"> • The community Urgent Care Response service met and now exceeds its target of attending 70% of cases at home within 2 hours of the referral. This ensures avoidable admissions to hospital are prevented.
<ul style="list-style-type: none"> • The local authority implemented a Care Home Hub Model for people going into a care home bed on a temporary basis after an inpatient stay in hospital. This model has shorted the length of stay in the care homes, meaning people return to their own home much quicker than previously.

Wiltshire

The Wiltshire ICA is committed to the delivery of the Joint Local Health and Wellbeing Strategy (<https://www.wiltshire.gov.uk/article/8528/Wiltshire-s-Joint-Local-Health-and-Wellbeing-Strategy-2023-to-2032>).

Additionally, the Alliance is currently re-focussing on a small set of shared priorities aimed at reducing population health inequalities, aligned to a prevention focus / left shift. The processes to achieve this is well advanced and will conclude in May 2024. The agreed priorities will be published after this date.

The following are significant areas of delivery in 24/25.

Healthcare Inequalities

The Wiltshire Health Inequalities Group is driving change and improvement in the agreed Strategic Priority areas of the Core 20 % most deprived population areas, and the agreed cohorts of people in Wiltshire, defined as:

-
- Routine and Manual workers, Gypsy, Roma and Boater communities (Wilts)
- Or are included in any of the five agreed priority clinical areas:

Adults

CVD

Maternity

Respiratory

Cancer

Mental Health

Children and Young People

Asthma

Diabetes

Epilepsy

Oral Health

Mental Health

In Phase 3 - Prevention and social, economic, and environmental factors, Priority Areas are:

- Anchor institutions
- Publish three place-based Joint Strategic Needs Assessments for BANES, Swindon, and Wiltshire
- Establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
- Plan and enable progress on prevention where outcomes will take longer to see

Committed areas of focus have been agreed as: -

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

Neighbourhood Collaboratives (Integrated Neighbourhood Teams)

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

Aligned to the compelling vision in the Fuller Stocktake, Wiltshire is continuing its journey towards a shared vision of full integration across a wide network of partners around each neighbourhood area.

In 2024/25 priorities include: -

- Successful delivery of the Health Inequalities-funded project to develop an engagement best practice model and deliver a programme of intervention around a cohort of people within the Core20Plus 5 groups. This will enable the work to move forward having ‘pump primed’ part of the development work.
- Integrate the Collaboratives Group with the Connecting with our Communities Group
- Move the current resources and launch programme to a shared delivery model – bringing in partners to support the work across a wider footprint will enable the best use of resources.
- Continue to share insights and learning from the Pathfinder (repeat initial co-production cycle following learning from round 1 and expand the cohort).
- Successfully deliver the Chippenham, Corsham and Box Launch programme
- Commence Salisbury Collaborative (Farmers as initial focus).
- Engage all neighbourhood areas in the Collaboratives – recognising the different pace that each area will progress at.
- Fully develop the schedule of conferences for the year – this is the partnership vehicle for the Wiltshire-wide steering group.
- Explore opportunities for learning and support with B&NES and Swindon – joining up our work where alignment is identified and develop the Integrated Neighbourhood Teams blueprint for BSW.
- Continue to build the partnership model, developing new ways to share information and facilitate partnership.

System Flow Priorities Include

- Carer Breakdown
Continue with additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.
- Mental Health, Learning Difficulties and Autism
Intensive Enablement Service – preventing admission by preventing escalations in need and supporting discharge
- Home First
Continue with ongoing Home First Improvement Programme – including the Streaming Framework, implementing the Wiltshire Model – hybrid services, interdisciplinary working, new performance standards, Discharge to Assess improvement, Transitions and Discharge Optimisation, new Technology opportunities.
- Domiciliary Care Support
Test and develop a hybrid model of working, which utilises domiciliary care to enable earlier discharges and maximise effective use of therapy capacity.
- Community Hospitals
Redesign the Community Hospital Model in line with the case mix and future demand profile. A new pathway approach will ensure improved flow through the service. The work will include reviewing staff mix, patient cohorts and length of stay.
- Demand and Capacity

Following the previous action, we will Scope potential opportunities for reduction in Pathway 2 capacity from 25/26 on the basis that Home is the best place for most people to be.

- Discharge Referral Attrition Rates remain above efficient levels, review to take place with aim to reduce 'waste' within current processes.
- Length of Stay
Reduction in length of stay across all services and achievement against 'stretch targets' where appropriate.

Children

- A new SEND and Alternative Provision Strategy for Wiltshire will be in place by September 2024. Engagement with young people, through the Parent Carer Council is currently under way.
- The Families and Childrens Transformation Programme (FACT) will establish Family Hubs as part of the Early Help Offer.
- Implementation of the Neurodiversity pathway to support the provision of holistic support to CYP and timely assessment as appropriate.
- Recommissioning of CYP community services to embed the delivery of ICB vision for CYP and the associated outcomes.
- Recommissioning of joint and/or aligned services, such as SALT in schools and Portage service, to facilitate early intervention and prevention.
- The implementation of the revised Public Health Nursing Services which includes Health Visiting and School Nursing
- A review of community CAMHS services – which is jointly commissioned by the Council and the ICB – to ensure the provision of a broad range of options and interventions to support the emotional health and wellbeing of children and young people.
- The development of transitional arrangements for young people with and EHCP.

ICA Cross-cutting themes and deliverables: the ICA will continue to work in collaboration with System-wide programmes to deliver the agreed priorities.

These include:

- Learning Disabilities and Autism (this includes a focus in Wiltshire on a new Autism strategy)
- Mental Health
- Children & Young People
- Urgent Care and Flow
- Community Transformation, including ICBC.

12. Appendix 1 (JLHWS and Implementation Plan Assurance Schedule) sets out the performance against agreed indicators and offers additional information where appropriate.

13. There are some indicators which require refreshing or revising in light of changes to priority areas of work (community pharmacy for example). These are clearly identified.
14. Where the schedule requires narrative updates, these are provided in the Appendix or as is the case for this May meeting, a more in-depth report has been provided for Neighbourhood Collaboratives.
15. Committee members are able to establish from the Appendix 1 schedule which elements of assurance are due for report to the Health and Wellbeing Board at which time. These have been themed which also allows for attendance at the Board by colleagues leading on those areas if required. As data comes in additional trend information such as direction of travel and RAG rating (or similar) can be applied.
16. Each of the objectives and strategy aims has a named lead and governance route / programme board which monitors and assures progress against delivery.

Summary and Next Steps

17. This paper and the accompanying Appendix 1 (JLHWS and Implementation Plan Assurance Schedule) have provided an explanation on the process and progress around monitoring the strategic objectives in the JLHW and ICS Strategies and offered assurance on progress during 2023/24. Future updates will be shared with the Health and Wellbeing Board in line with the schedule.
18. The Board are asked to note the assurances offered.

Report Author:-

Emma Higgins

Associate Director – Wiltshire ICA Programme & Delivery Lead

NHS BSWICB

WJLHWS commitments by Integrated Care Strategy theme	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Data Frequency	Next Due	Latest Date	Latest Value	Assurance/ Commentary	
Cluster 1: Prevention and early intervention										
Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire	Recommission children's community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services.	There will be improved levels of wellbeing in schools in Wiltshire	ICB/CAMHS/HCRC measures School Health Survey	To be set and confirmed	ICB measures are Bi Annual	Nov-24		ICB indicators will be available Nov Next survey is 2025	Wiltshire has recommissioned children's community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services	
		There will be increased school attendance and a reduction in suspensions.	Overall absence rates	Less than the previous year. 22/23 was 7.0%	Annual	Nov-24	Autumn Term Academic Year 2023/24	Absence rate 6.2%	Performance currently better than national	
	Support those with SEND and respond to Ofsted inspections.	Children and young people with SEND will have improved outcomes and life experience.	Overall attendance for EHCP and SEN Support pupils	SEND outcomes at KS4 (G5+ in both English and Maths)	Between 8.5% and 10.5% absence for those with SEN support - query where came from 10%	Annual	Nov-24	Autumn Term Academic Year 2023/24 9.9% (Mar 23). The national level for 2022 was 7%	EHCP performance in line with national and better than regional (22/23). SEN Support performance better than national and regional (22/23) Performance currently better than national	
Empower individuals across the life course – in all schools, with working age adults and older people – with advice focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse	Evaluate the findings of the risk outside the home pilot in Wiltshire.							Results of evaluation by Durham University will be shared.		
		There will be reduced levels of risky behaviour in schools	% of secondary pupils offered illegal drugs % of secondary pupils that have not tried illegal drugs % of secondary pupils that have reported getting drunk daily/weekly % of secondary pupils who smoke daily/weekly % of secondary pupils who do not use contraception (School survey) % of sexually active secondary aged pupils that report using contraception when they last had sex	Lower than 2021 levels	Next survey is 2025	2025	2021	55% (2021 survey)		
	Consider the findings of the latest pupil survey and the implications for work to reduce risky behaviour in schools.	There will be reduced levels of obesity	% of children and young people (aged 5-16 years) estimated to be physically active % of persons aged 18 years and over estimated to be overweight or obese	60% by 2032 75% by 2032	Annual	Nov-24		47.8% (2022) 72.9%	Wiltshire now shows slightly better levels of activity than the England (44.6%) but now below the South West average (49.1%), the activity level has decreased in Wiltshire for the first time in 21/22, and it is currently unclear why, this may be an impact of the Covid-19 pandemic and recovery. Small improvements in each of the last three years put the activity levels in adults in Wiltshire above the national (65.9%) and regional (70.5%) average. Wiltshire figures are not quite on target but trend is indicating it is on track to be achieved	
		There will be reduced levels of substance misuse	Numbers of young people (up to 18yrs) accessing specialist drugs/alcohol support Numbers of young adults (18-25yrs) accessing specialist drugs/alcohol support Numbers of adults (25+) specialist drugs/alcohol support Rates of hospital admission episodes due to poisoning by illicit drug (PHOF)	Baseline set against the new core contract 23/24. PHOF data available for hospital admissions and will be included on the new PH dashboard.	Quarterly	Aug-24	229 Young People and 1836 Adults in structured treatment (March 2023- Feb 2024)		Working with the national treatment monitoring service for actual numbers of 18-25 open to service.	
	Roll out PSHE materials as part of Healthy Schools as part of education on risk of smoking and vaping.		Numbers of schools reporting to use PSHE materials	To be set in Q1 24/25		Nov-24				
	Wiltshire Primary Care and Wiltshire Council health coaches delivering targeted work on healthy lifestyles and smoking cessation.		Quit rate of Health Coach service Quit rate of smoking cessation in Primary Care	To be set in Q1 24/25 35% or over (4 weeks after seeking support)		Nov-24		55% 43.5% (Dec 22) / 51% as of Q3 2023/24		
	Implement a new whole life substance misuse service and evaluate its performance.		Rates of hospital admission episodes due to poisoning by illicit drugs	31 per 100,000 (England average) by 2025		Nov-24		35 per 100,000	New substance misuse service contract commenced in April. This is evaluated and monitored via the contract review meetings which include consideration of more than one indicator.	
	Prevent ill health - through increased uptake of screening, health checks and immunisations as well as tackling antimicrobial resistance through the best use of antibiotics	Continue to support and work with the lead organisations (NHSE VAST, ICB, UKHSA) to improve immunisation and screening uptake, in particular through local community engagement and addressing place level health inequalities.	There will be improved vaccine and screening service uptake across the local population as a whole, and reduced inequalities in uptake by e.g. geography, ethnicity, deprivation	% uptake of different vaccines across the life course NEW TARGET – As of October 2023 new targets introduced – 75% diagnosed within 28 days of referral.	None below national median Diagnosing 75% of cancer cases within 28 days by 2028	Annual	Nov-24	Public Health Outcomes Framework – Data – OHID (phe.org.uk)	All but one above national median Performance against new target to be confirmed	
				% uptake of screening programmes (cancer and non-cancer) Multiple measures (C24a-C24m PHOF indicators)	To be set in Q1 24/25	Annual	Nov-24		Breast (Apr 23) - 68% Bowel (Jul 23) - 77.7% Cervical (25-49) (Aug 23) - 75.4%, (50-64) - 77.5% AAA (22/23) Q4 - 82.5% (Dorset & Wiltshire) DESP (23/24 Q1) - 81.1% (BSW)	
		Promote antimicrobial stewardship with the public and through professional networks	Public and professionals understand the need to optimise use of antibiotics	Numbers of prescribed antibiotics per 1000 population	To be set in Q1 24/25	Annual	Nov-24		BSW HCAI collaborative – working towards reducing HCAIs this includes AMR/AMS	
Adopt a proactive population health approach – rolling this out to new areas (such as moderate frailty) each year to enable earlier detection and intervention	Population health management approach will be applied to areas such as moderate frailty, diabetes, deprivation, air quality, CVD, cancer, maternity and infant health, mental illness, end of life and chronic illness.	Health professionals will have a better understanding of predictors of disease and implement appropriate preventative and predictive capability	Falls in over 65 year olds per 100,000 population Prevalence of asthma Hospital admissions due to mental health conditions in under 18 year olds per 100,000 pop. BSW ICB data	To be set in Q1 24/25 6.4% (England average) by 2025 87.5 (England average) by 2025	3 x year 3 x year 3 x year	Aug-24 Aug-24 Aug-24		2039 (2021) 7.10% 108 (2021)		

Cluster 2: Improving social mobility and tackling inequalities									
WJLHWS commitments by Integrated Care Strategy theme	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Data Frequency	Next Due	Latest Date	Latest Value	Assurance/ Commentary
Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods.	Publish a new Local Plan and Local Transport Plan outlining measures for the development of sustainable communities, whole life housing and walkable neighbourhoods.	It will be easier to move around local communities in a sustainable manner	% adults estimated to walk for travel at least three times per week	13.1% by 2025		2025	2021	11.7% (2021) - OHID https://ringtipx.phe.org.uk/profile/physical-activity/data	
	Develop health and care campuses that transform healthcare, employment and economic opportunities (e.g. HEAT project in Salisbury)		Narrative update						
Support healthy home settings – with action on fuel & food poverty, help to find stable well paid work, mental health and loneliness and by increasing digital inclusion	Continued provision of the warm and safe service	There will be fewer experiencing fuel poverty	% in fuel poverty (low income, low energy) (OHID - PH fingertips)	To remain below regional and national levels	Every 2 years	2025	2021	10.4% (2021)	
	Employment support team will help those with mental health or learning disabilities gain employment		% gap in the employment rate between those with a learning disability / mental health and overall employment rate – this measure is being dropped by DHSC – we are reviewing its continuation as a local measure. We can measure % of LD and MH clients in paid employment (KPI 128 for LD ASC clients and KPI 273 for MH ASC clients)	To be set in Q1 24/25	Cumulative to yr end	Nov-24	end Mar-24	6.8% for LD as at yr end Mar-24; (National 4.8% for 22/23) 4.3% for MH as at yr end Mar-24 (National - which includes non-council AWP clients - 6.0%)	Our LD paid employment is higher than national. Our MH paid employment rate is not comparable to National as the national figures include AWP clients for secondary MH services and their counting methodology is different. Improving MH paid employment rates for ASC MH clients is a priority within the MH Service Delivery Plan.
	Area Board health and wellbeing champions and grants will undertake a range of activity to tackle loneliness, alongside measures in the adult social care prevention strategy		Narrative update						
Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services	Deliver the Families and Children Transformation programme and Family Help Strategy 2023-27	More children will achieve a good level of development before starting school	% of children achieving at good level of development at the end of reception % of children receiving FSMs achieving good level of development at the end of reception % EY Entitlement take-up	To be set in Q1 24/25 66% (as per 2019 value) To be set in Q1 24/25	Annual	Nov-24 Nov-24	2023	68.9% (2023) 44%	The Families and Childrens Transformation Programme (FACT) partnership launched its Family Help project to enhance local arrangements for the delivery of early intervention and prevention services for children, young people and families. FACT has appointed a Family Hub web platform provider and promotional materials have all launched to key settings including schools. Early Years settings, Voluntary Community Social Enterprise sectors, Children's Centres, GP practices and libraries. Additionally, 5 schools are signed up to the Restorative Approaches Pilot – an evaluation will offer key learning and insights to inform future adoption of the approach.
	Launch and embed a pilot area (Marninster and Westbury) including Family Help Practitioners; Launch Online platform and branding/initial interim report. September '24: Final report	A clear unifying brand for Family Help Online database of services, community resources & activities Co-ordinated whole system workforce development offer		Child development: % of children achieving a good level of development at 2-2.5 years. Narrative update detailing take up and outcomes / impact.	85% by 24/25 60% coverage by 24/25	Annual	Nov-24 Nov-24		81.4% (annual figure for 2022-23) 78.3% coverage
Target outreach activity – identifying particular groups to improve access to services and health outcomes and tackle root causes	BSW Inequalities Strategy details Wiltshire adult PLUS group to be GRTB (adults) and children of GRTB Families (Children and Young People). Wider determinate priority for Wiltshire is connectivity and transport. The Wiltshire Health Inequalities Group oversees the implementation of the strategy and receives reports on activity aligned to these priority groups.	Reduction in health inequality demonstrated through the JSNA. Key metrics include: difference in life expectancy and healthy life expectancy across areas of highest and lowest deprivation. PLUS populations: Gypsy Roma, Traveller and Boater, Routine and Manual workers. Wider Determinant priority: Connectivity and transport	Demonstration of investment and impact of Wiltshire Health Inequalities funding across BSW and Wiltshire priority themes and CORE20PLUS5 groups. Narrative update The Wiltshire Health Inequalities Group focuses on work to reduce health and wellbeing inequalities and aligns to the CORE20plus approach. The group has successfully identified priority investments for the health Inequalities Funding for 23/24 and is engaged in monitoring the delivery against those plans.						
Improve access through online services and community locations	Support the development of the BSW estate strategy	People will find services easier to access with increased co-location and online booking facilities	Estate capital receipts retained locally and used for transformation	To be set and confirmed	Annual	Nov-24			
	Support increased usage of online booking facilities	Reduced digital exclusion and maximised opportunities technology can bring to improve equitable access to services.		To be set and confirmed	Annual				

Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, community based programmes and social prescribing, the community mental health model, area board activity.	<p>Launch Neighbourhood collaboratives across Wiltshire</p> <p>April 2023 – Pathfinder site launched.</p> <p>May 2023 – Onboarding Launch programme agreed and online portal established</p> <p>June 2023 – Devizes and Chippenham, Corsham, Box areas commence launch, first pathfinder report.</p> <p>July 2023 – First Wiltshire Collaborative event; share learning; and Pathfinder report.</p> <p>By April 2024 5 neighbourhood areas will be on their collaborative journey and will have completed or commenced the Launch programme.</p>	Every area (13) will have a mature and well-functioning neighbourhood collaborative	Narrative report, confirming annual progress. Regular updates to Partnership Committee and ASG.	Every area (13) will have an established neighbourhood collaborative by 2025			May-24			
	Review long term community mental health placements through the Mental Health, Learning Disabilities and Autism sub group of the Wiltshire Alliance. The group will implement the SMI, LD and Autism Register and refresh its work programme in line with national requirements	% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024	75% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024	Bi-Annual	Jul-24					
		dementia diagnosis rate	dementia diagnosis rate 66.7%	Bi-Annual	Jul-24					
		adults with a learning disability and/or who are autistic per million adults and under 18s with a learning disability and/or who are autistic per million under 18s cared for in an inpatient unit	by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	Bi-Annual	Jul-24					
		Number of adults and older adults supported by community mental health services – Health	a 5% year on year increase in the number of adults and older adults supported by community mental health services.	Bi-Annual	Jul-24					
Develop a Connecting With Our Communities programme. The group is responsible for ensuring best practice against the BSW People and Communities Strategy and will develop a work programme, which will launch in July 2023, having completed the work on a gap analysis and identified priority work areas.	Residents will be able to share their views and thoughts on our work and understand how their opinions can directly shape our work and priorities.	Hold at least 2 Forum events within 23/24, moving to 4 from 24/25.	Able to evidence how feedback has informed our programmes of work.	Bi-Annual	Aug-24					
Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.	Continue the community conversation pilots in Studley Green and Bemerton Heath and evaluate the early learning for other potential areas	The community conversation approach will have been rolled out to several other areas of deprivation in towns such as Chippenham, Melksham and Calne	Narrative update						Following successful pilots, the Community Conversations programme which started in Bemerton Health (Salisbury) and Studley Grange (Trowbridge) is increasing its reach to identified areas across Wiltshire in 2024. This programme, together with the Neighbourhood Collaboratives and other programme areas are connected together to ensure alignment, avoid duplication and support the objectives of all the work in Wiltshire.	
Consider the role that procurement can play in delivering social value and the way in which organisations can act as anchor institutions	Share the learning from work undertaken by foundation trusts on their role as anchor institutions	Procurement exercises will transparently demonstrate the social value of procurement exercises	Local training opportunities created through procurement	To be set and confirmed	Annual	Nov-24		32% with SMEs in 2022		
			% of spend with SME and VCSEs (LG proc. Index)	To be set and confirmed	Annual	Nov-24		14% with VCSEs		
Embed Healthwatch Wiltshire and VCS voices in relevant decision-making structures; ensure the results of consultation are reflected in decision papers	Welcome VCS and Healthwatch reps as full members of the Wiltshire Health and Wellbeing Board.		Full membership	N/A	N/A	N/A		Complete		
	Review VCS input to sub groups.		Review conducted by VCS forum	N/A	N/A	N/A		Complete	VCS and HealthWatch representatives are full members of the Wiltshire Integrated Care Alliance Partnership Committee and also attend the Alliance Delivery Group and sub group meetings.	
	Outline the findings of consultations		Consultation responses embedded into all relevant papers						Results from consultations and engagement work are shared with the group membership for consideration. For example, both the VCSE sector and HealthWatch were key partners in the Caring Steps Together programme which worked with patients and their support networks, staff and others to develop new resources that support people through the process of being discharged from hospital and require either admission to a care home or support at home on a short- or longer-term basis.	

Cluster 3: Integration and working together									
WJLHWS commitments by Integrated Care Strategy theme	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Data Frequency	Next Due	Latest Date	Latest Value	Assurance/ Commentary
Provide integrated services at key stages in a person's life – including early years, special educational needs and disability, family help, whole life mental health and LD&A, later life planning, end of life care, and increasing the provision of personal budgets and coproduction of services	Evaluate additional areas suitable for personal budgets	More people will receive personalised care	% of adults using Direct Payments (KPI 126)	20% (first target)	Monthly		end Apr-24	18.2% as at end Apr-24	This is a targeted improvement project within our Transformation of Adult Social Care (TASC) Programme and updates on progress will be provided on an ongoing basis. First Target to be achieved is 20% to match national performance and once nearing this rate this will be stretched further.
	Roll out later life plans to everyone over 85 and earlier		% people reporting they have agreed a plan with a healthcare professional from their GP practice to manage their condition.		Annual	Aug-24			primary care team
	Implementing new End of Life care provision model, ensuring people are supported to die in the place of their choosing (launch new model October 2023).		Number of later life plans						
			% of patients that die in preferred place of death	90%	3 x year			Current performance is 96%	New model development was ceased - move to re-introduce Fast Track. Data from CHC
Boost 'out-of-hospital' care, dissolving the divide between primary and community health services - through community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes	Review primary care commissioning arrangements and alignment with public health, pharmacy, optometry and dental services alongside local community and social care provision	Access to NHS dentistry will be improved	Number of NHS dental practices accepting new patients in Wiltshire	To be set and confirmed	Bi-Annual	Aug-24			
	Ensure each care home has a named GP	Primary care will be commissioned alongside other services locally	# accessing D2A beds on discharge from hospital	To be set and confirmed	Bi-Annual	Aug-24			
			Number of special schools in Wiltshire participating in the special schools sight test service	To be set and confirmed	Bi-Annual	Aug-24			
			Percentage and number of care homes with named GP	To be set and confirmed	Bi-Annual	Aug-24			
			Average length of Stay in Care Homes	28 days by July 2023		Aug-24		Current LOS is 28 days. As at December 2023	The local authority implemented a new Care Home Hub Model for people going into a care home bed on a temporary basis after an inpatient stay in hospital. This model has worked very well, and shortened the length of stay in the care homes, meaning people are able to return to their own home much quicker than previously. An action plan has been produced to support an improved performance including - A deep dive to determine any trends in outliers; Weekly meetings with providers to share insight and learning; Self-funding patients creating a delays in discharge – ongoing work with council legal team to aid discharge
			% receiving 2-hour Urgent Care Response seen within 2 hours (ICB)	70% (by June 2023)	3 x year	Sep-24		70%	There is an action plan in place to ensure that this performance is consistently achieved. During 2023 the community Urgent Care Response service met and now exceeds its target of attending 70% of cases at home within 2 hours of the referral. This ensures avoidable admissions to hospital are prevented.
			Virtual Ward 'beds'	136 'beds' by December 2023 180 by March 2024		Aug-24		Current position is that 42 beds are open in September 2023 and is below trajectory. Revised trajectory considered at Ageing well and Urgent Care Group on 29 th September 2023	Virtual Ward beds (known as NHS at Home) have been successfully implemented by partners in Wiltshire although the number and occupancy rate of beds is less than the number planned. There is a focussed improvement plan in place and close working with colleagues in neighbouring areas to ensure best practice and positive outcomes. NHS at Home in Wiltshire is supporting people both after an inpatient stay and preventing unnecessary admissions.
			length of stay in community hospitals	35 days across all wards by July 2023				Current length of stay is 39.1 days. Weekly MADE events are taking place to expedite discharge where possible	
			number of people returning to their own home after a hospital admission			3 x year	Sep-24		Partners have developed new pathways and models to ensure that people who are able to go home after an inpatient hospital stay, are able to do so (taking a Home First approach) and are less likely to need extended inpatient care in the community setting
			% of people who remain at home 91 days after entering the in-house LA Reablement service (KPI 214)	Between 80 and 90%		Monthly	end Apr-24	94.6% as at end Apr 24	The outcome at 91 days shows the longer term affects of Wiltshire Council Reablement and its ability to maintain and support people to remain in their own homes. Wiltshire Reablement performs well in this area which demonstrates the effectiveness and success in supporting longer term outcomes. The outcomes achieved are representative of the model of service, which offers the opportunity to rehabilitate under a therapy led programme - Wiltshire reablement is an inclusive service and does not apply a selective criteria.
		hospital trust lengths of stay.	To be confirmed following completion of current demand and capacity refresh		3 x year	Sep-24		A full review was undertaken of the Home First service and an improvement programme commenced – this work will continue into 24/25, however it is already yielding improvements in capacity and integrated working across the teams working within the service.	
A task force drawing on all Wiltshire Alliance subgroups will be developed for community Services	People on the learning disability or autism will be better supported to access health care and support.	Number of working-aged adults in residential and nursing care homes (Long-term support needs of younger adults aged 18-64 met by admission per 100,000 population KPI 384)	Between 12 and 15 per 100,000		Monthly	end Mar-24	24.8 per 100,000 (Actual clients 78 - rolling yr to end Mar-24)	This cumulative metric looks at the number of new admissions of younger adults to residential and nursing care homes. This measure includes admissions following a discharge from hospital, if the adult was in residential or nursing prior to hospital, this is still counted as a new admission. Over the last rolling year there has been a steady increase in the number of admissions. Some of the increase can be attributed to the introduction of the Moving on Service and younger adults in residential placements transitioning across from Childrens to Adult Services - the service started in August. We continue to consider alternatives as part of our transformation work, although we are aware that we have a shortage in accommodation options to support people in the community. Continued implementation of the Accommodation Strategy will increase housing options as an alternative to residential care.	

Enable frontline staff to work more closely together – planning our workforce needs together, developing case studies on front line cooperation, supporting shared records and IT and sharing estates wherever possible	Develop Wiltshire workforce plans as part of BSW strategy	There will be clear career pathways in place for both health and social care and professional recognition across both	Narrative update		Bi-Annual	Sep-24				
	Enable NHS access to liquidlogic as appropriate and increased shared records	Data is collected once and shared with those who need it	Number of social care plans digitised with appropriate standards, access and interoperability			Sep-24				
	We have a ICR product called Carecentric by company called Graphnet which allows health and social care colleagues to view each other's client information (within strict parameters and security arrangements). This bridges LL and SystemOne.			Number of shared care plans recorded on the ICR and the frequency in which these are accessed by multiple front line workers			Sep-24			
	Develop Wiltshire estate plans as part of BSW strategy	colleagues will feel supported in their roles, and able to work with people across organisations, taking advantage of improved training, technology and integrated systems, able to focus on prevention and early intervention	Roll out of BSW population health insights tools to be accessible to all providers including primary care.	100% coverage	Annual	Sep-24	Sep-24	Primary care are able to access these tools.	Evidence of utilisation of tools to inform practice / interventions	
Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers	Rollout training for GPs and other health professionals on recognising and referring for support unpaid carers	Unpaid carers know how to access support	Analysis of unpaid carers registered and actions to address any gaps / learning.	To be set and confirmed		Nov-24			Wiltshire has introduced a new Carers Strategy to rightly focus on improving the way in which informal carers are supported across our services and improve their outcomes. Following feedback from Carers themselves, the Caring Steps Together programme included advice and guidance for carers directly as well as signposting to additional support.	
			This measure is currently under review by DHSC as measure is not fit-for-purpose and results are not directly attributable to LAs. No update yet on replacement or change in methodology.	7.2 (average for comparator authorities by 2025)		TBC		6.6 (2021)		
			% unpaid carers say they find it easy to find information about services	To be set and confirmed		TBC		58.9% (2021)		
Improve join-up of services including specialised commissioning	Prepare for delegation of specialised services and identify opportunities to improve integration with local services	There is seamless provision in areas such as CAMHS	Children and young people (ages 0-17) mental health (ages 0-17) mental health services access (number with 1+ contact)	To be set and confirmed	Bi-Annual	Jul-24				
	Identify opportunities to commission provision for military communities alongside that for spouses and families and local communities	The military covenant statutory responsibilities are fully delivered	Self assessment of military covenant is completed and published	Jul-24	Bi-Annual	Jul-24		Item scheduled for July 2024 HWB	Partners in Wiltshire have committed to the Military Covenant – this aims to support people with experience of serving, and their dependants, to receive parity of care and treatment and to make sure the needs of that community are considered in planning and delivery of services. An update for the HWB is scheduled for March 24	
Drive improvement through collective oversight of quality and performance, reconfigurations and recommissioning, overseeing pooled budgets and joint teams together – including the ICA transformation programme and Better Care Plan	Develop a dashboard of metrics for regular review by the Wiltshire Integrated Care Alliance (drawing on this report) and in turn the Wiltshire Health and Wellbeing Board	Performance is measured in a transparent and understandable way	£ held in pooled budgets	Narrative updates to be provided – linked to development of population health dashboards across BSW. Aiming to have draft in place Q1 24/25					May need revision post ICA Partnership re-launch and ICB Evolve reconfiguration? This report is part of the process.	
			Joint teams							
			Joint commissioning exercises							

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