

AGENDA

Meeting: Health and Wellbeing Board

Place: Kennet Room - County Hall, Bythesea Road, Trowbridge, BA14 8JN

Date: Thursday 30 March 2023

Time: 9.30 am

Please direct any enquiries on this Agenda to Ellen Ghey - Democratic Services Officer of Democratic Services, County Hall, Bythesea Road, Trowbridge, BA14 8JN, or email ellen.ghey@wiltshire.gov.uk

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Membership:

Alan Mitchell

Cllr Richard Clewer (Chairman)

Gina Sergeant

TBC

Cllr Laura Mayes

Philip Wilkinson

Chair of Healthwatch Wiltshire

Leader of the Council and Cabinet Member for Climate Change, MCI, Economic Development, Heritage, Arts, Tourism and Health & Wellbeing
Healthcare clinical professional director (NHS BSW ICB)

GP clinical lead (Wiltshire Integrated Care Alliance)

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

Police and Crime Commissioner

Non-Voting Membership:

Kate Blackburn

Dr Edd Rendell

Dr Andy Purbrick

Terence Herbert

Stacey Hunter

Director - Public Health (DPS)

Wessex Local Medical Committee – Medical Director

Wessex Local Medical Committee – Medical Director

Chief Executive Wiltshire Council

Chief Executive NHS Salisbury

Stephen Ladyman Douglas Blair	Foundation Trust Wiltshire Health and Care - Chair Wiltshire Health and Care – 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)
TBC	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

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The full constitution can be found at [this link](#).

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AGENDA

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

The Chairman will welcome those present to the meeting.

2 **Apologies for Absence**

To receive any apologies for absence.

3 **Minutes** (*Pages 7 - 36*)

To confirm the minutes of the meeting held on 26 January 2023.

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 23 March 2023** 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 27 March 2023**. 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 **Final Integrated Care Strategy** (*Pages 37 - 72*)

To receive an update on the final Integrated Care Strategy.

- 7 **BSW ICS 5 Year Joint Forward Plan Update**
To receive an update on the BSW ICS 5 Year Joint Forward Plan.
- 8 **Final Wiltshire JLHWS** (*Pages 73 - 88*)
To receive an update on the Wiltshire Joint Local Health and Wellbeing Strategy.
- 9 **Wiltshire ICA Work Programme Update** (*Pages 89 - 100*)
To receive an update on the ICA Work Programme.
- 10 **Children's Community Health Services Update**
To receive an update on the Children's Community Health Services.
- 11 **SEND Strategy Update** (*Pages 101 - 116*)
To receive an update on Wiltshire Council's SEND and Inclusion Strategy.
- 12 **Date of Next Meeting**
The next meeting is being held on 25 May 2023, starting at 10.00am.
- 13 **Urgent Items**
Any other items of business which the Chairman agrees to consider as a matter of urgency.

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Health and Wellbeing Board

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 JANUARY 2023 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

Present:

Cllr Richard Clewer (Chairman), Alan Mitchell, Cllr Ian Blair-Pilling, Cllr Laura Mayes, Fiona Slevin-Brown (BSW ICB), Terence Herbert (WC CEO), Naji Darwish (OPCC), Lucy Townsend (DCS), Emma Legg (DASS), Val Scrase (HCRG), Alison Ryan (RUH), Sarah Cardy (VCS), Stephen Ladyman (WHC), Marc House, (DWFRS), Clare Thompson (GWH).

Also Present:

Bernadette Knight (VHCA), Melanie Nicolaou, Will Oulton, Charlotte Wootton, Rachel Kent (PH), William Pett, Emma Higgins, Richard Smale (BSW ICB), Jason Goodchild.

1 Chairman's Welcome, Introduction and Announcements

Cllr Richard Clewer, Chair of the Board welcomed everybody to the meeting.

Before the meeting began each Member of the Board, other Councillors and officers who would be contributing to the meeting were given the opportunity to introduce themselves.

Cllr Richard Clewer provided the following Chairman's Announcement that further winter discharge funds would be available in the form of £600m for next year and £1bn in 2024-2025.

2 Apologies for Absence

Apologies for absence were received from Helen Jones, Nicola Hazle (AWP), Maggie Arnold, Gary McDade (HQSW), Cllr Jane Davies, Kate Blackburn (DPH), Suzanne Wigmore, Dr Edd Rendell, Dr Andy Purbick.

3 Minutes

The minutes of the meeting held on 8 September 2022 were presented for consideration.

Decision - The minutes of the meeting held on 8 September 2022 were agreed as a correct record.

4 Declarations of Interest

There were no declarations of interest.

5 **Public Participation**

There were no questions raised by members of the Public to be answered at this meeting.

6 **Integrated Care Strategy Update**

The Board received a presentation from Richard Smale (Director of Strategy and Transformation, BSW Integrated Care Board). The item covered the following matters:

- It was outlined that the following three key documents must be produced:
 - i) Integrated Care Strategy – Developed by the ICP by 31 March 2023
 - ii) Integrated Care Implementation Plan – Developed by the ICB by 30 June 2023
 - iii) Operating Plan 2023/2024 – by 31 March 2023.
- It was outlined that currently there are many strategies, and the Integrated Care Strategy would bring together elements from individual strategies whilst trying not to add complexity or duplication.
- The status of local Health and Wellbeing Strategies was outlined as well as the lead support responsible for production.
- It was outlined that there is a lot of consistency across the local Health and Wellbeing Strategies in terms of the key themes that have been identified.
- The emergent priorities for the B&NES and Wiltshire Health and Wellbeing Strategies were discussed and how the sentiments were shared.
- It was stated that the thoughts of the Board would be welcome for feedback and that this would assist the strategy as it was still in draft form and would be generated over the coming months.

Comments were received in relation to the following points:

- It was stated that currently there are a lot of strategies currently within the NHS and that there seems to be a lot of plans but not a lot of direction.
- The deadline of March was emphasised with a need to bring partners together in agreement so that a direction could be set.
- It was suggested that the report was medical heavy and that would be a challenge for those working in social care and wider public health elements. The importance of having plans as well as strategies was stressed.
- The importance of language was discussed, with it acknowledged that different areas have differing definitions.
- It was suggested that to have a direction would be helpful for the Board whilst in transition to understand and articulate the problem is that is looking to be solved.

- It was questioned what the strategy would look like in five years' time as well as the importance of what priorities are able to be formed out of data.
- It was questioned how a member of the public would be able to notice a difference, how would it be possible to describe the difference through a public rather than service lens and how would it be possible to know whether something had been achieved in five years.
- It was suggested that government guidance be considered in relation to what is expected from the ICS, with the guidance initially clear about prevention work to take demand out of the system.
- It was suggested that the strategy is an opportunity to take a step back and think long term, rather than being reactive.
- In April 2023 BSW would be responsible for pharmacies and dentists, it could therefore be an opportunity to use this area as an example about what is being done in communities.
- The importance of understanding each organisation was stressed, with a need to understand what each service does and achieves.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) **The Wiltshire Health and Wellbeing Board noted the report provided.**

7 Draft Joint Local Health and Wellbeing Strategy for consultation

The Board received an update from David Bowater (Senior Corporate Manager). The item covered the following matters:

- It was noted that the Wiltshire JSNA had been updated and published in Autumn 2022 and that this had informed the development of the draft JLHWS as well as the feedback from the workshop which took place on 1 December 2022. Additionally, it included input from a steering group that incorporated public health, social care, NHS and Healthwatch Wiltshire representatives to shape its structure and priorities.
- It was outlined that the JLHWS was a statement of medium-term goals and would work and be consistent with the themes within the Council business plan as well as linking to delivery through the Wiltshire Integrated Care Alliance.
- The strategy would feed through into the Integrated Care Strategy and Joint Forward Plan and would be an iterative process with due regard to other strategies and would evolve over the following 6 weeks to provide improved accountability for delivery from Board partners against objectives.
- The next steps were outlined in Appendix 2 as well as the meetings and deadlines. Individual partners were encouraged to take the strategy as well as the survey through their Boards with a view to bringing the strategy back to the Health and Wellbeing Board for the March meeting alongside the latest ICS strategy.

- The JLHWS would have a 10-year timeline but could be revisited within that timeframe should the Board need to.
- Attached to the minutes was the consultation survey on the Wiltshire health and wellbeing strategy, which was encouraged to be shared with others as appropriate with responses to be sent to David.bowater@wiltshire.gov.uk by 15 March 2023.

Comments were received in relation to the following points:

- Positive feedback was received for the report, with emphasis placed in reference to young people and the report's reference to the first 1000 days of a child's life.
- It was questioned whether greater emphasis could be given to partners such as the military.
- It was suggested that on page 90 of the report that staff are added to the discussion around how the current health and care system is under pressure as staff are currently confused by the ongoing change.
- It was suggested that it would be helpful to know where extra money would be placed if there was to be any, to which it was clarified that from a Council perspective this would be included within the budget.
- The private sector and landlords were identified as a big issue, with there being a lot of transient people who do not feel connected to their local community due to having to move around regularly.
- It was suggested that in relation to the diagram on page 81 of the agenda, that there would be something to be gained from a similar diagram that considered wider determinants that drive health and care need.
- The use of data was discussed, how it could be used to identify trends in the future.
- It was stated that the strategy could be an opportunity to engage with communities in a coordinated fashion.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) **The Wiltshire Health and Wellbeing Board approved the draft JLHWS at Appendix 1 for public consultation and would consider the feedback at its meeting in March.**

8 Integrated Care Alliance Work Programme

The Board received an update from Emma Higgins (Associate Director – Wiltshire ICA Programme and Delivery Lead). The item covered the following matters:

- An update was provided in relation to the Wiltshire ICA, with it noted that a Partnership Committee had been established with two meetings having taken place. Over the coming months the Alliance priorities and work

programme would be refreshed and that there was set to be a committee meeting in January.

- The interim delivery areas for 2022-2023 were outlined.
- The ICA work programme for 2022/2023 was outlined with specific reference given to the Alliance Neighbourhood Collaboratives programme and the Connecting with Our Communities programme. Progress updates were provided for both programmes as well as the expected and desired outcomes.
- The principles for the ICA refreshed transformation plan were outlined, which had arisen through development work which had taken place.

Comments were received in relation to the following points:

- It was suggested that hospital flow had had now been a problem for 2 years, with 57 people currently stuck in the RUH A and E department, though they are fit to go home. It was questioned whether it was known what was stopping each patient from leaving, to which it was clarified that it was pathways of care that was preventing discharge, though the condition of each individual patient was known.
- It was suggested that the ICS is well sighted of the immediate crisis and that there were other various forums across the ICB where urgent emergency care was being addressed. Additionally, a half-day workshop was set to take place for the Health Select Committee, where scrutiny would be applied to look at the whole system issue.
- It was suggested that though it is known what pathway of care a patient is on, it can be complex regarding why a patient is or is not ready to be despatched. Additionally, the government is helping to maximise capacity to gain a stronger understanding of the issue.
- Innovative work is being conducted from BSW in coordination with SWAST, Acute Care providers and community care to look at ambulance calls to determine those who need an ambulance and those who could be dealt with differently using a range of options available.
- An accommodation centre has recently started in the Great Western Hospital, which has consequently seen less use of ambulances as well as the use of care coordinators to provide prevention and intervention.
- It was stated that the ICA had been conducting a Discharge Communications Project to discuss discharge with populations and how best individuals can remain out of hospital.
- The importance of educating people to call GPs rather than 111 was stated as well as the use of technology. Additionally, hospital discharge can sometimes be delayed by the provision of data from the hospital to the ward.
- It was stated that currently the ICB has a chronic state of escalation and that this has consequently caused problems. It was acknowledged that prevention and early intervention offer long term opportunities for the population as well as being financially sustainable.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

i) The Wiltshire Health and Wellbeing Board noted the update provided.

9 Better Care Plan

The Board received an update from Helen Mullinger (Commissioning Manager). The item covered the following matters:

- It was outlined that the Wiltshire Locality had been granted approval for proposed schemes to support hospital discharges during the winter period December 2022- March 2023. This 'Adult Social Care Discharge Funding' of £4,265,220 was a pooled fund and would be governed under the existing Section 75 agreement.
- It was stated that schemes had been devised working closely with ICB colleagues to meet the criteria and support the system which was struggling with extreme pressure.
- Several schemes had been in place over Christmas and New Year, with significant outputs already identified and further people recruited and interviewed with several Care Act Assessments and backlogs cleared.
- Further attention was drawn to the announcement that further winter discharge funds would be available in the form of £600m for next year and £1bn in 2024-2025, however it was not yet known what the criteria for this would be with, the potential for some pilot ideas to take place as well as planning for next winter.

Comments were received in relation to the following points:

- In the week following the meeting of the Health and Wellbeing Board, there would be an ICA meeting to discuss how additional funding could come into Wiltshire and how best this could be used to move towards a sustainable situation away from an escalation model.
- It was stressed that it would be positive for such funding to have maximum flexibility in terms of how it can be used, with previous examples having had a lot of conditions attached.
- It was suggested that those present had been suffering from a funding model which had not been fit for purpose as without funding, decisions are unable to be made.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) The Wiltshire Health and Wellbeing Board noted the allocation, spend and regular monitoring of the BCF winter discharge funds.**

10 **Military Covenant**

The Report attached to the agenda, was introduced to the Board by Will Oulton (Corporate Support Manager), with it outlined that the Military Covenant is a statutory duty which brings the care of the Armed Force Community to the attention of local health partners. Additionally, that a new statutory duty commenced in autumn 2022 for healthcare, housing, and education providers to have due regard to the Covenant and statutory guidance had been published to inform this.

Bernadette Knight (Veterans Health Care Alliance) was in attendance and was invited to speak regarding the report. Bernadette raised the following points:

- It was outlined that the Military Covenant had been strengthened to ensure that NHS provider organisations would comply with the overarching principles of the Covenant and therefore ensure that individuals with military status were not disadvantaged and were able to have improved healthcare access.
- The Office of National Statistics published in 2022 that 1/25 people in England have a military status and that such data was important as without knowing the population, NHS providers would be unable to conduct an effective needs assessment.
- An overview of the Veterans Health Care Alliance was provided, with it noted that the Southwest was most compliant in terms of providers working to the 8 standards outlined to the Health and Wellbeing Board: with 90% of providers meeting standards.
- The work conducted by the Great Western, Salisbury and Royal United Hospitals was detailed, with it noted that each hospital was at different stages of development, with benefits such as improved discharge identified.

Comments were received in relation to the following points:

- It was stated that the military was of critical importance to the DNA of Wiltshire, with there being around 32,000 veterans and 20,000 serving personnel and their families living in Wiltshire.
- The importance of the Covenant as a legal duty to the ICB was stressed, with the need for assurance and evidence required to meet this duty.
- Jason Goodchild (Ops Manager for Defence Primary Healthcare in Wessex) stated the importance of the Covenant with examples cited of the importance of identifying military personnel to ensure that wrap around care can be provided. Additionally, the issue of soldiers often being recruited and housed in areas that had not been built for the need was highlighted.
- Reference was drawn to a Healthwatch report produced in 2020 on the experience of military families with health and social care, which identified that military families experience the same problems as other families in Wiltshire but even more so due to moving around. Dentistry was identified as a significant issue.

- A further update from ICB on this issue later in the year would be welcome.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals

- i) **The Wiltshire Health and Wellbeing Board noted the information presented on the implications of the new Armed Forces Covenant Duty;**
- ii) **The Wiltshire Health and Wellbeing Board noted Wiltshire Council’s assessment of how it is meeting its commitments as a signatory to the Covenant and to the new Duty (appendix 1);**
- iii) **The Wiltshire Health and Wellbeing Board agreed to receive an update from the ICB on NHS activity to deliver the Duty;**
- iv) **The Wiltshire Health and Wellbeing Board agreed that partners continue to work together to consider how the Duty impacts on their services.**

The Chairman called the Board to a break at 11:15pm and resumed at 11:20pm.

11 **Workforce Health Campaign**

The Board received an update from Rachel Kent (Consultant in Public Health) The item covered the following matters:

- It was outlined that in December 2021 the Health and Wellbeing Board had requested that collectively, the organisations of the Board partake in a work force wellbeing campaign.
- A focus of the Mental Health and Wellbeing of Workforces was chosen, with organisations encouraged to go away and then report back once 12 months had passed.
- It was detailed that with Appendix 1 of the report, nine out of eleven organisations had provided feedback, which had focused on mental health training to recognise the early signs of mental and ill health: as well as first aid and suicide prevention training.
- It was noted that Wiltshire Council has introduced Mental Health Advocates, with was demonstrated within the following [video](#).

Cllr Ian Blair-Pilling (Cabinet Member for Public Health, Leisure, Libraries, Facilities Management, and Operational Assets) then spoke to the Board regarding the next steps of the campaign, which included the following points:

- It was questioned what amongst all the systems in place would be the verification that the work conducted is working?
- Though two of the eleven organisations had not reported back to be included within the Appendix, there was nothing to suggested that they hadn’t conducted any work towards the campaign.
- The following options for possible next steps were outlined to the Board:

- i) To carry on with the campaign with a mental health focus.
- ii) To focus on another area such as smoking reduction, reducing obesity or reducing substance abuse.
- iii) To identify another aspect to build the resilience and capacity of workforces.

Comments were received in relation to the following points:

- The Chairman noted that from a Wiltshire Council perspective, the campaign had made a positive impact and there are other areas of work going on that, such as a piece of work around community conversations that would report back in 6 months' time, which the board could benefit from hearing about.
- From a Great Western Hospital perspective, it was suggested that mental health had been embedded and there was a desire to now focus on physical activities as this was a big challenge for public health.
- It was stated that representatives from the voluntary sector would like to be included in the campaign, with it acknowledged that some organisations have mental health training and champions. Additionally, it is positive to share and learn from information and materials and that there is a huge workforce within the voluntary sector who could promote such a campaign.
- It was suggested that regarding the template it is difficult to separate out both mental and physical health and that a broader approach would be welcomed.

Following the conclusion of the discussion, the Wiltshire Health and Wellbeing Board agreed for the focus of the Workforce Health Campaign to be smoking cessation. With it the outcome of the campaign to be brought back to the Board in 12 months' time to see what had been embedded within organisations.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) **The Wiltshire Health and Wellbeing Board noted the update provided.**

12 **Date of Next Meeting**

It was agreed that the next meeting of the Health and Wellbeing Board would be on 30 March 2023, starting at 09.30am.

13 **Urgent Items**

Safeguarding Vulnerable People Partnership (SVPP) Annual Report Submission 2021-2022.

The Board received a presentation from Lucy Townsend (Corporate Director People). The item covered the following matters:

- It was outlined how the SVPP had responded to its priorities for 2019-2020, including areas such as Safeguarding Under 1s, Domestic Abuse and Criminal Exploitation.
- The development and impact of the SVPP was outlined, how communication had improved with partners, improved oversight and governance of multi-agency safeguarding training through the creation of a Practice Development Group as well as working closer with schools, colleges, and early years settings through an Education Safeguarding Committee.
- System assurance of the SVPP was detailed, from both a children and adult's safeguarding perspective, as well as practice reviews that had taken place in relation to both children and adults.
- The SVPP Strategic Priorities for 2023/2026 were outlined as well as Golden Threads to be developed.
- It was noted that the SVPP Annual reports could be accessed via the following [link](#) as well as that the 2021-2022 report attached to the minutes.

Decision – The Wiltshire Health and Wellbeing Board accepted the following recommended proposals:

- i) The Wiltshire Health and Wellbeing Board noted the report provided.**

(Duration of meeting: 9.30 am - 12.10 pm)

The Officer who has produced these minutes is Ben Fielding of Democratic Services, direct line 01225 718221, e-mail benjamin.fieldingi@wiltshire.gov.uk
Press enquiries to Communications, direct line 01225 713114 or email communications@wiltshire.gov.uk

Wiltshire Health and Wellbeing Strategy 2023-2032 consultation

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to achieve the best outcomes for our population through good quality housing, education, employment and safe communities. Our ambition is to enable and support everyone to flourish and live well. This strategy marks a chapter in the continuous development for our Health and Wellbeing board. It has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact ensuring everyone has access to the opportunities and services that we would expect for our own friends and families.

To read the draft strategy please click [here](#).

We would like your views on the current draft of the strategy by **15 March 2023**. Your views will help to re-shape the final draft.

The 2023 Health and Wellbeing strategy focuses on 4 key themes:

1. Improving social mobility and tackling inequalities
2. Prevention and early intervention
3. Localisation and connecting with communities
4. Integration and working together

Do you agree with these 4 strategic areas?

Are there any changes you would suggest?

Are there any additional aims you feel should be included?

Improving social mobility and tackling inequalities

In everything we do, we consider the impact of the action on social mobility and ask how we can help to tackle the disparities in opportunities, experience, access and health outcomes that exist within Wiltshire. We focus on the factors that have the greatest influence on people's health, such as ensuring good and secure homes and jobs.

Achieving change

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel poverty, helping people to find work, mental health and loneliness and by increasing digital inclusion
- 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
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Prevention and early intervention

We take a long-term view, focusing on what is right for Wiltshire and invest in prevention and early intervention to tackle problems before they get worse. We encourage personal responsibility and have a whole life approach to planning and providing services for our residents alongside this, aimed at improving outcomes in population health and care.

Achieving change

We will:

- Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire relevant to the challenges young people face (including new challenges such as social media)
- Encourage personal responsibility across the life course – in all schools, with working age adults and for the elderly – focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse
- Prevent ill health - through increased uptake of screening, health checks and immunisations as well as ensuring the best use of antibiotics.
- Enable a healthy workforce through targeted preventative activity
- Adopt a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Localisation and connecting with communities

We ensure our dialogue with communities is open, transparent and inclusive, in the right place and at the right time so that the distinctive needs of local communities are met. We enable stronger and resilient communities and support broader social and economic development

Achieving change

We will:

- Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, the community mental health model, area board activity using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants
- Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.
- Consider the way in which we buy goods and services can deliver improved local job opportunities (acting as ‘anchor’ institutions) and other wider benefits (social value)
- Embed Healthwatch Wiltshire and voluntary and community sector voices in relevant decision-making structures and ensure the public voice is heard with consultation results and co-production reflected in decision papers and relevant attendance at the Health and Wellbeing Board.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Working together and integration

We design and deliver our activities in partnership with service users, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together.

- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision of personal budgets
- Boost 'out-of-hospital' care, encouraging a 'hospital without walls' model with improved digital and local access to consultants, and dissolving the divide between primary and community health services - through coordination of community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes
- 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
- Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers
- Improve integration of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, armed forces and their families, pharmaceutical services and healthcare in the justice sector)
- Drive improvement by delivering our vision through collective oversight of quality and performance, reconfiguration of clinical pathways, recommissioning of services and overseeing pooled budgets and joint teams together (through the Wiltshire Integrated Care Alliance). The ICA will bring together officers from the relevant organisations and report regularly to the Health and Wellbeing Board on progress against this plan and its own work programme as well as the Better Care Plan.

Do you agree with how we will achieve change?

Are there any further methods to achieve change you would like added to the strategy?

Are there any additional strategies or plans you feel should be added to the diagram at the end?

Any other comments?

*Please email your response to David.bowater@wiltshire.gov.uk by **15 March 2023**.*

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Wiltshire
**Safeguarding
Vulnerable
People Partnership**

Annual Report 2021-2022

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Chapter 1: Introduction and context

This is the SVPP's third Annual Report. The safeguarding arrangements have continued to evolve and have strengthened the links with the Community Safety Partnership.

In January, the Independent Chair stepped down and the safeguarding partners committed to take on the chairing of the SVPP Executive going forward; held in the first 12 months by the local authority.

The impact of the pandemic continues to be felt by all agencies in relation to capacity and resourcing and this has at times presented challenges for the partnership to push forward work in a timely way, for example embedding the work of the new Practice Development group.

Last year we set out to ensure that safeguarding systems and safeguarding leadership are an integral part of developing a safe and effective ICB and with their introduction delayed until July 2022 this will be a focus during 2022-2023.

Whilst we have been able to embed new ways of working introduced during the pandemic, many of which support partnership working, all organisations continue to experience significant pressures which can impact on their ability to proactively engage with partnership work. Continuing to have a flexible and responsive partnership helps us respond to such challenges whilst focussing our activity on some key areas of work.

We have however been able to further develop our case review processes, receiving very positive feedback on our rapid reviews for children from the national Child Safeguarding Practice Review Panel, improve our communication with partners through our new website and improve partnership working with schools.

Chapter 2: Responding to our forward plan 2019-2020

In last year's report we committed to drive forward work in the following areas:

Safeguarding of Under 1yrs

Under 1s remain one of our most vulnerable groups in Wiltshire with 9 of the 14 notifications to the national CSPR Panel submitted since 2018 relating to children under 1. In response a Safeguarding Under 1s Steering group was established in January 2021 to ensure better oversight of and the ability to further develop the work taking place to safeguard them and share existing and developing best practice in this area. This group sits across the ICB footprint - BaNES, Swindon and Wiltshire - in recognition of the role of health in this agenda and that families in Wiltshire will travel to one of 3 acute hospitals across this footprint, only one of which is in Wiltshire.

To date this group has been able to:

- Map existing service provision for under 1s and their families - as well as identifying focussed provision from which learning can be shared it has also identified a lack of clarity on the commissioning and use of Dads Pad and inconsistent use of ICON across BSW. Knowing where the gaps or inconsistencies are will now enable us to address these.
- Analysed the learning from case reviews relating to under 1s across BSW to understand themes and key practice issues which can then be addressed through further guidance or training for example.
- Improve our understanding of barriers to working with and engaging fathers by learning from existing practice in this area, including from the Dads Matter Too Project in Wiltshire.
- Led work on developing a joint policy on injuries to non-mobile babies to ensure consistency of messages and response across BSW.
- Have oversight and scrutiny of our response to the findings from the national CSPR Panel reports, the Myth of invisible men and Out of Routine.

Domestic Abuse

The duties set out in the Domestic Abuse Bill have been incorporated into the Domestic Abuse Local Partnership Board in Wiltshire. In addition, a robust health needs assessment has informed the new Improvement Plan 2022-2024. This sets out clear strategic priorities and outcome measures to evidence impact. In addition, further impact on this agenda can be evidenced through:

- the creation of a DA Military Forum in recognition of the specific needs of this community in Wiltshire and this group creates an opportunity for agencies to build relationships and networks and raises awareness of domestic abuse and the impacts within military families.
- a focus on employers having appropriate support and guidance in place for staff who are victims of domestic abuse.
- development of a data dashboard.

A new Perpetrator and Offender Group has also been established and the impact of this has been to develop a DA Perpetrator Focussed Strategy in Wiltshire for the first time.

Criminal Exploitation

We set out in the previous annual report the creation of a Pan Wiltshire all age Exploitation Subgroup, sitting across both the Wiltshire and Swindon safeguarding partnerships. During 2021-2022 a decision was made to create separate groups focussed on children and adults reporting into one strategic group to increase effectiveness and focus on key issues; and in recognition that understanding of exploitation and related practice in adults is less embedded than for children.

This agenda remains a key focus however requires a clear strategic direction to further drive activity and outcomes and ensuring all agencies are actively engaging with the work needed through the subgroup. Ensuring the strategic group has clear line of sight to operational practice and the mechanisms in place, to support this agenda, such as the Safer Young People Group, is necessary to provide assurance that we are protecting children and adults from this form of abuse in Wiltshire and to better enable us to evidence impact of this work. Working across Swindon and Wiltshire has brought benefits and challenges and the partnership will need to decide how work can best be taken forward in Wiltshire.

Operationally work to safeguard children and young people from exploitation has been further driven forward by the piloting of the risk outside the home child protection conference process, supported by the DfE. This is innovative work, and Wiltshire is the only area nationally to pilot this, offering a different approach where the risk is extrafamilial, working closely with parents as safeguarding partners. Whilst this new approach continues to be tested, internal auditing and feedback from the contextual safeguarding research team at Durham University suggests this is a promising alternative child protection pathway for children at risk of significant harm outside of the home. The process has so far demonstrated evidence of supporting advocacy of children and protective parents and focussing planning on the source of harm. Wiltshire will continue to test this approach and develop the contextual interventions available through our further partnership with Durham University and it's 'Planning for Safety' research strand. Through this research strand, Wiltshire's approach is also being tested by 3 other local authorities, demonstrating the lead role Wiltshire has nationally in developing practice in this area.

In addition, the roles and functions of the Vulnerable Adolescent Risk Management and Vulnerable Adolescents Contextual Safeguarding panels have been reviewed to ensure effectiveness. In response to the learning from these meeting structures, and with consideration of Wiltshire's strength-based approach, the Safer Young People groups have been developed: the Safer Young People Context Meetings provide locality based multi-agency oversight to groups and contexts of concerns; whilst the Safer Young People Partnership Group provides strategic oversight of exploitation and other forms of harm outside the home. A review completed in 2022 found that these meetings are successful in pulling together shared aims and language around extra-familial harm and provided an essential platform to share information between the professional networks. The approach was found to support planning which addresses the risks in the context where harm occurs, which is vital when working to safeguard adolescents.

Understanding the protective nature of being in education has led to an improved focus on children missing education and children who are electively home educated or who are subject to CiN or CP. The impact of this work, which is ongoing, is that it has improved our ability to know who the most vulnerable children are and put in place additional plans to support and protect them. This data is used to inform targeted work to ensure these pupils are receiving a full-time suitable education, through the extended duties of the Virtual School, Attendance Strategy and Targeted Education Service.

Leadership and Culture

The move by the safeguarding partners to take on the chairing of the SVPP Executive demonstrates their willingness to provide strategic leadership. This was also a focus of the Southwest Regional Improvement Alliance event: The role of safeguarding partnerships in regional sector lead improvement in July 2021, bringing together safeguarding partners from across the region for the first time. This event helped inform scrutiny practice across the region. Partners identified that the focus should be on peer challenge, learning from and sharing best practice from reviews and independent scrutiny. This new network will be further built on in 2022 to help strengthen partnerships and their impact across the southwest.

Progressing a DfE funded pilot to improve our data analysis and intelligence-led approach to safeguarding

The SVPP received funding from the DfE to take forward work to make better use of data and intelligence in the system informed by the voice of children and families and practitioners. We were unsuccessful in recruiting to a Data Analyst role to take forward the work to collate and analyse intelligence and how this can inform and improve the safeguarding system, however we have been able to:

- complete the design, testing and launching of a new website which is now live – it is the intention that this function as the site for all case based and research learning including the development of podcasts and interviews available to practitioners to download and listen when convenient.
- explore the ability to set up chat rooms to support frontline practice and member engagement.
- work with schools and designated safeguarding leads to ensure the website meets their specific needs and as a way to better engage the education sector in the work of the partnership.

The final area of focus set out in last year's report relates to a programme of independent scrutiny, which in 2022-23 will include independent scrutiny of the progress against the partnership priorities.

Chapter 3: SVPP Development and Impact

Improving communication with practitioners and partners

Our Safeguarding Plan set out our ambition to “ensuring users and the wider community are properly engaged in the work of the SVPP”. The Community Voice and Engagement Officer post has supported engagement with service users and practitioners and improved and sustainable communications across the partnership during the past 12 months.

This post has delivered a new partnership website bringing together the existing SVPP website, Wiltshire Safeguarding Adults Board (WSAB) website and creating information on the work of the Community Safety Partnership (CSP) for the first time. This has:

- provided centralised communications across the partnership and is helping us to build an identifiable brand.
- improved navigation and user experience and therefore ability of access information, including learning from case reviews.
- creation of an e-newsletter as a more effective way to share safeguarding news and partnership updates.
- the ability to set up member only forums and work is currently taking place to consider how we can use this to support subgroup members and provide induction information to help new members understand their role within the partnership.
- improved our ability to monitor use and an analysis of website usage, showing that the new site has an average of over 2000 views per month with the majority of people visiting the Learning Hub and News pages
- added to our ability to use a range of media through which to disseminate learning and information, such as webinars and podcasts

This post has also mapped voice activity across the partnership and provided a number of recommendations on which work is currently taking place to ensure voice informs the work of the SVPP.

Communication between the SVPP and wider stakeholder has also been improved through our Stakeholder Network meetings; established in January 2022 to strengthen communication between the SVPP and its partners. This meeting has a broad remit and is open to all practitioners and managers, including volunteers, who work with children or adults in the county. Network meetings this year have focussed on: learning from case reviews including the CSPR national Panel report on Myth of Invisible Men; Information sharing and provided the opportunity for attendees to discuss safeguarding issues they are experiencing in their own practice.

Improving our oversight and governance of multi-agency safeguarding training

A new Practice Development Group was established in January 2022, to provide governance of the multi-agency training offer for both the children's and adults workforce. Progress has not been at the pace we would have wanted due to operational pressures, however such a governance structure has not previously been in place and the groups is making headway with:

- identifying areas for practice development and make recommendations regarding the facilitation and commissioning of appropriate training resources
- ensuring the regular review and evaluation of the training, ensuring training content is current and relevant and aligns with SVPP priorities and wider agendas to create safer communities
- improving the learning loop from case reviews and audit activity back into practice
- exploring learning opportunities with neighbouring partnerships.

Improving our ability to work closely with early years, schools and colleges

A new Education Safeguarding Committee has been established improving the links between the SVPP and education settings, including early years. This is a significant addition to the partnership and has already evidenced impact through:

- improved oversight and governance of safeguarding training provided for schools
- improved line of sight into children missing education and electively home educated children
- improved our ability to feed relevant learning from case reviews into the education system
- improved oversight of safeguarding complaints to Ofsted
- improved understanding of local themes from Ofsted inspections enabling plans to be drawn up to address these
- driving the response to and support for schools in relation to peer-on peer abuse.

Improving our ability to work across the partnership structure

Restructuring of the strategic roles within the SVPP Business Support team and the creation of Partnership Lead posts have enabled a clearer strategic focus and the ability to work across the three agendas: safeguarding of children; safeguarding of vulnerable adults; community safety partnership. These roles now work to ensuring the necessary integration across the three agendas, preventing duplication and enabling learning from case reviews to more effectively be shared across the multiagency safeguarding arrangements.

Chapter 4: Practice Reviews – activity and impact

The Partnership Practice Review group (PPRG), which is our local mechanism for the identification and reviewing of all case reviews for the partnership including serious child safeguarding cases, is now well embedded. The introduction of a Development Plan and key performance indicators have enabled further improvements to the case review process this year including:

- Clarifying and improving links to the LeDeR process in Wiltshire to ensure relevant learning is shared and duplication of review processes avoided.

- Implementation of a standardised process for publication of final reports for statutory reviews to include the publication of a briefing, summary slides for agency use and virtual briefings to improve and better support the sharing of learning by the partnership and within agencies.
- Reintroduction of the requirement on agencies to tell us how they have disseminated learning and any impact.
- Workshops with practitioners who have been involved in case reviews to ensure our guidance for participants is clear, and that they feel supported and safe to participate in case reviews at both an agency and partnership level.
- Introduction of a case data tracker to enable better oversight of timeliness of notifications and publication of reviews and will enable further analysis of themes and characteristics of cases.
- Introduction of a case learning tracker enabling improved oversight of the actions in response to recommendations and learning and their impact.

The PPRG Development Plan for 2022-23 will focus on improving family involvement in case reviews, improving timeliness of publication of statutory reviews, and further embedding the case learning tracker and ability to evidence impact on practice. Where the publication of the final report is outside the expected 6 months' work will have already started on taking the learning forward to ensure it is implemented quickly.

Consideration has been given to the dip in referrals to the case review group with no cases relating to children referred in the last 2 years that have not been notified. Whilst the PPRG will not review cases that do not provide new learning we need to be assured that all partners are aware of and feel able to refer cases into the group including near misses and examples of good practice. Regional benchmarking in relation to rapid reviews and CSPRs is taking place but we remain an outlier in relation to the commissioning of SARs. Further communications reminding partners about the referral process have been put in place and a wider partners meeting planned for November 2022 will provide a further opportunity to discuss this with partners.

Case reviews relating to children

During 2021-2022 there were 3 referrals into the PPRG, and all of these notified to the CSPR Panel. Two of these cases progressed to a CSPR. Whilst it remains a local authority duty to notify in Wiltshire, we have embedded a multi-agency discussion to inform the decision about whether a notification is made. This has created ownership of and responsibility for this process by all safeguarding partners.

LCSPR Long term sexual abuse of children in care (Rapid Review 1)

This case related to disclosure of long-term sexual abuse within a long-term fostering placement by foster carer father. The LCSPR found that: there were no systemic practice issues; few, if any, indicators that the children were being sexually abused prior to the disclosure; and there were no concerns about the placement which was considered to be stable and providing a good quality of care. No practitioner considered the possibility of sexual abuse; it was "unthinkable".

One of the strengths of this review was the voice of the two sibling victims who were interviewed by the report author. They provided insights into the grooming behaviour of the perpetrator as well as important insights into the disclosing of abuse: one of the siblings told us that she wanted to be in control of the disclosure and would have been unlikely to disclose even if asked directly; that she "put on an act to hide the abuse"; and she worried that she would not be believed.

Much of the other learning from this case is not new but this case has reinforced the following:

- That a child who is being sexually abused may not show any obvious symptoms that suggest they are being abused.
- That all professionals need to be able to consider the 'unthinkable' about carers who they may know well and who they may work closely with and be alert to the possibility of sexual abuse.

- Schools are a key part of the system of providing a general environment where children know who they can talk to about sexual abuse and what will happen if they tell someone.

In response the report and response to recommendations have been reported into the Corporate Parenting Panel and work is taking place with staff from schools about what more education settings can do to support children to disclose harm and abuse.

The CSPR was published within 8 months of initiating the review.

Rapid Review 2: Sudden unexpected death of a 1-year-old child in the context of significant risk of physical harm.

This case highlighted the importance of organisational memory in order for the system to be alerted to known offenders who are not under probation or MAPPA review case reviews. The impact of this is that the system should be better able to identify such individuals at the earliest opportunity following work by police and social care agencies to put in place flags on their systems.

Learning in relation to safe sleeping is being responded to by the new Safeguarding Under 1s Steering group as referenced in Chapter 3.

The national CSPR Panel described the rapid review report for this case as “exemplary”, further providing evidence that we have a high quality and robust process for rapid reviews in Wiltshire. This case did not progress to a LCSPR.

LCSPR Eva (Rapid Review 3) – non-accidental injuries to a 3-month-old baby resulting in her death (published August 2022)

This local case reflected some of the issues set out in the CSPR Panel Report, [The myth of invisible men](#), and the key learning in this case related to the understanding and assessment of the risk of problematic cannabis use and its impact on parenting capacity. In response the development of training and further guidance is underway.

An interview with the report author has been made available as a webinar and this has proved to be a very successful way of sharing learning on a case review with over 260 views to date and we will continue to expand the use of different mediums for sharing of learning.

The CSPR was published within 9 months of initiating the review with some delay in publication in order to avoid sensitive dates.

Wiltshire was also involved in a further rapid review following the death of a Wiltshire child in a residential mental health hospital in another local authority area. The rapid review was completed by the partnership in which the hospital was located, on the advice of the CSPR Panel. Learning from this case has led to improvements in the pathway for information sharing on children that are in hospital and are receiving education provision.

The Joint communication from CSPR Panel and DfE received in December 2021 prompted a further analysis of practice in relation to case reviews for children as set out in the table below, providing further assurance to the SVPP Executive in relation to our arrangements in Wiltshire for the identification and reviewing of serious child safeguarding cases, as set out in Working together 2018.

Activity	Response/ Wiltshire Position (as at April 2022)
All serious incident notifications must be sent to the Panel within 5 working days of the local authority becoming aware of the incident	10 notifications made since June 2018 All made within 5 working days
Rapid Reviews should be submitted to the Panel within 15 working days of the safeguarding partners becoming aware of the incident	8 Rapid Reviews completed since June 2018 7 submitted within 15 working days (date set out by the Panel) 1 submitted on day 16

<p>Full Reports should be sent to the Panel and the Secretary of State seven working days in advance of the publication date.</p> <p>Local CSPRs should be published within 6 months of initiation*.</p>	<p>CSPR Thematic Review into significant physical injuries in under 1s – published 6 months after initiation</p> <p>CSPR Family N – published 9 months after initiation</p> <p>*Initiation of CSPR defined locally as: date of receipt of the letter from the CSPR Panel following submission of the rapid review.</p> <p>Case data tracker now in place to improve tracking of timeliness of notifications, rapid reviews and publication of reports.</p>
<p>Complete/incomplete and unpublished SCRs sent to safeguarding partners, the panel and DfE</p>	<p>No incomplete SCRs outstanding.</p>

Safeguarding Adult Reviews

As part of the Safeguarding Adult Board responsibilities of the SVPP, the partnership is required to commission Safeguarding Adult Reviews (SARs) when an adult with care or support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult.

Two referrals were received by the PPRG in relation to adults during 2021-2022, none of which met the threshold for a SAR. Both cases related to suicide/sudden deaths and further join up with the Suicide Reduction Group and their real time tracking of suicides/sudden deaths will enable any safeguarding themes to be identified.

One SAR was published in 2021-2022, as set out below.

SAR Adult L

This case was referred to the SVPP following the death of a vulnerable 59-year-old woman with significant physical and mental health needs and a diagnosis of terminal alcoholism. Adult L had multiple hospital admissions and a history of addiction to opiates. She had also made allegations of domestic abuse against her husband; frequently cancelled appointments to address her care and support needs; and lived in conditions considered to be unhygienic and unsafe. This review found that:

- for adults with care and support needs, consideration needs to be given to any risks posed by those who care for them, and that seemingly unwise choices could be the result of coercion and controlling behaviour by another person.
- practitioners find it difficult when working with adults who display high risk behaviours who are deemed to have mental capacity but are actively resistant to intervention.

Recommendations included:

- Increasing awareness of how coercive and controlling behaviours may inhibit people disclosing or revealing the extent of domestic abuse. Work is underway to develop a DASH risk assessment for adults with care and support needs with a supporting toolkit to assist conversations about the dynamics of domestic abuse.
- Consideration of services for adults adopting the SVPP 'Case Resolution Protocol' to support cases where levels of risk may be severe and the way forward not clear.
- Reviewing and disseminating the High-Risk and Self Neglect multi-agency procedures to include clear pathways for convening professionals' meetings, escalation of concerns and arrangements for agreeing on lead agency and key worker to coordinate practice. Both documents were updated, and their use assessed using a questionnaire and feedback from practitioners was that both procedures were effective. In addition, a webinar on self-neglect was held as part of the SVPP Safeguarding Week, using SAR L as a case study to raise awareness of the procedures and explore best practice in managing cases with longstanding and complex needs.

Non-statutory reviews relating to adults with care and support needs

The partnership is proactive in reviewing cases referred into the PPRG which do not meet the threshold for a statutory review, where the potential for new learning is identified. Learning from these non-statutory reviews is disseminated to partner agencies for internal dissemination only.

Case 1: A death of an adult with learning disabilities in a care home. This case had been subject to a LeDeR review and although did not meet the criteria for a statutory SAR the PPRG felt there were opportunities to learn from practice. Learning from this case highlighted: the complexity of navigating services that support adults with learning disabilities; diagnostic overshadowing; and the need for greater awareness about routes to escalate safeguarding concerns.

Learning from SARS (national): responding to SAR Joanna, Jon & Ben

Following the requirement that all CCGs review the care of all individuals with a learning disability and/or autism in a mental health hospital, the CCG Programme Manager presented an update to the Partnership Practice Development Group in February. Findings of all the reviews for the 26 BSW residents identified as being in a hospital setting as of 31st October 2021 and meeting the criteria set. There will be a national response to the regional summaries, but initial findings suggest that several individuals who do not need to be in hospital, have been for some time, and the challenge is how to create the capacity within the system to discharge them to homes of their own. It is important to note that the concerns identified in the SAR might well apply to individuals in a range of settings, and not just within hospital care.

Domestic Homicide Reviews

DHR Ellie was published in November 2021 and relates to the murder of a teenager by her ex-boyfriend. The learning from this case has focused on support for and awareness raising with young people in relation to the signs and symptoms associated with domestic abuse and coercive control and highlighting healthy relationships.

Two further reports have been submitted to the Home Office Quality Assurance and whilst we await feedback response to the recommendations are under way.

Chapter 5: System Assurance

As previously stated, the Independent Chair, Mark Gurrey, stepped down in January 2022. He has continued to provide some independent oversight through his involvement as author of CSPR Eva, published in August 2022.

Meetings with the senior safeguarding partners have continued pan Wiltshire. This has ensured that they have a direct line of sight into the effectiveness of partnership arrangements and specific safeguarding issues. Although a clear programme of independent scrutiny has yet to be set out there is a commitment to independent scrutiny of progress against the priorities in 2022-2023.

External scrutiny of the systems has taken place through the following inspections:

Ofsted Focussed visit on the experience of care leavers which concluded that leavers are supported by a “passionate, skilled and stable workforce” with care leavers receiving the “right support, at the right time, to help them make progress in their lives”.

HMICFRS Police Inspections – PEEL Inspection and national Child protection Inspections identified a number of recommendations for the force as referenced on page 13.

The SVPP Executive now review quarterly updates on inspections that have taken place to improve oversight of this element of external scrutiny and any key safeguarding concerns identified through this process.

A partnership risk register has also been established to ensure the SVPP executive are sighted on significant risks across the safeguarding system, and this will be further embedded over the next 12 months.

Children's Safeguarding

Areas of focus and activity remain driven by either national agendas or issues raised locally, led by the Families and Children's Systems Assurance group (FCSA).

Child Death Process

The child death process in Wiltshire is well embedded and effective, however there was a challenge back to the Child Death Overview Panel to improve the quality of their annual report and to address the backlog of actions and oversight of this. There is a new Chair in place, and actions have now been addressed and updated and the revised annual report sets out key learning points and actions to address these more clearly. Gaps in attendance at the panel have also been addressed.

Everyone's Invited

There was a prompt and effective response to Everyone's Invited, with exceptional meetings held to ensure a joined-up partnership response and identify specific actions for the Wiltshire schools named. Information from Operation Hydrant was fed into the meetings and provided access to all the testimonies, informing our response, which included:

- Letter sent to all schools making them aware of the website and recommending action they could take in relation to peer-on-peer abuse; all independent and secondary schools directly contacted as a follow up to the letter to ensure they were sighted on it.
- Individual contact with all schools named and relevant follow up.
- One Independent School in Wiltshire received more than 20 testimonies and a Safeguarding Review was carried out led by Directors from Children's Social Care and Education and Skills at Wiltshire Council.
- Police reviewed intelligence on all schools named.
- Review of relevant PHSRE resources for schools by the Healthy Schools Coordinator.

The direct work with schools was led by the School Effectiveness Team supported by the Young People's Service which provided additional expertise in relation to contextual safeguarding:

Backlog in the Child Internet Exploitation Team

Operationally, police raised the backlog in their Child Internet Exploitation Team in relation to online sex offender referrals. Police were challenged to why they had not raised this with the partnership as this was potentially leaving children at risk of harm. The backlog has been proactively addressed with clear oversight of the plan to reduce the backlog, within the FCSA, whilst acknowledging the unprecedented demand. In addition, work was undertaken to review all cases that were waiting to be reviewed to ensure there were no children at risk of harm whilst further capacity and a new operating model were put in place to enable earlier sharing of information with partners to inform risk assessments.

Improving Line of sight

There has been a challenge to partners to improve the exception reporting and therefore system assurance about how well the system and its constituent parts are working, including commissioned services for children. Improved line of sight is being embedded and this includes areas identified though the Solihull JTAI Report prompted by the murder of Arthur Labinjo Hughes and the national CSPR Review Child Protection in England.

Adult Safeguarding

Following restructure of the SVPP in 2020 to better coordinate the partnership functions in relation to adult safeguarding the Safeguarding Adults' System Assurance (SASA) Group has been further developing to provide assurance to the SVPP that systems in relation to the safeguarding of vulnerable adults are working effectively. Key areas of work and impact are set out below:

- Regular review of data from the Adult MASH to consider the number and nature of referrals that are taken to a s42 enquiry. The SASA group scrutinise data and request assurance on any areas of concern. For example, concerns relating to low numbers of self-neglect referrals were explored and the group received assurance that local practice guidance recommends self-neglect cases should be worked in long term teams.

- Scrutiny of MASH Audit feedback: the report highlighted the lack of available specialist provision and the impact this had on referrals. The group received assurance from commissioners that barriers to accessing health funded placements were being addressed.
- The group received a report on quality improvement work in hospital discharge from Wiltshire Council and the ICB. The work focused on how discharge to assess processes have improved on their MCA adherence and whether we are assured that best interests in MCA and decision making is effective within the discharge to assess process. The group were assured that there is a robust multi-agency quality assurance oversight of the processes around hospital discharge and discharge to assess.
- Following reviews of the [Safeguarding Adults Collection \(SAC\)](#) return to NHS Digital the group discussed the impact of COVID on safeguarding referrals. The SAC showed more safeguarding concerns raised this year than the previous year with an increasing number of cases where the source of risk was a service provider. The group received assurance that the increase was likely due to the number of hospital discharges to care homes and the group has identified hospital discharge as a priority area for further scrutiny in its strategic plan.

In addition, the SASA group has maintained oversight and scrutiny of the system relating to adult safeguarding, in particular relation to:

- Oversight of the implementation of Integrated Care System (ICS) to ensure that safeguarding was being considered within the ICS structure. This was an issue raised by the southwest Safeguarding Adults Board (SAB) Chairs Network. The group requested a response from the Integrated Care Board (ICB) to provide detail on the new arrangements and assurance that safeguarding was being considered.
- Scrutiny of BSW CCG Primary Care Safeguarding Contract. The group were given details of some of the common challenges experienced by GP practices and an initiative started last year by the MASH nurse to look at how many practices were invited to and attended safeguarding meetings. It was identified that just over 50% of GPs were returning information or attending meeting for safeguarding enquiries. The group have requested further audits of GP engagement in order to monitor improvements.
- Oversight of Implementation of Liberty Protection Safeguards (LPS) Guidance. The group received readiness reports from LPS Leads but the guidance implementation date has now moved from April 2022 to an unspecified date. The group will resume the request for update reports once the new implementation date is set.
- The issue of SAB engagement with prisons was highlighted by the SVPP Chair and has been discussed at the SAB National Chair Network. The group received a report from the Head of Ongoing Support at Wiltshire Council outlining operational work with Erlestoke Prison. The group were provided with assurance that the working relationship between the local authority and the prison is positive and proactive and where concerns have been raised these have been addressed.

Supporting the safeguarding of under 1s - Parents as Service Users Audit

The Thematic Review of Under 1s Audit Report undertaken by the SVPP highlighted that parents, or those in parenting roles, who represent a risk to children, are often either in need of or are in receipt of services in their own right. When that is the case, there is evidence that there is often insufficient linkage between children's and adults' services. To try and understand how organisations in Wiltshire routinely assess the parenting roles (and wider familial risks) of adults who access services, an online questionnaire was sent to adult facing agencies. Most agencies confirmed that they routinely ask about family status when working with new service users. The majority of agencies responding said that they recorded children's information within their systems and could provide reports to identify service users who are parents. Learning from this audit further informs the system wide work to improve safeguarding of under 1s led by the Safeguarding under 1s group.

Chapter 6: Impact of multi-agency training

The multi-agency training offer continues to be successful, with consistently high feedback from delegates rating courses as 'excellent' or 'good'. Over 900 practitioners accessed a SVPP training event in 2021/22. In August 2021 a new Learning Management System was introduced providing improved access to practitioners to book on courses and an improved ability to gather and report on feedback on the quality and impact of training.

Practitioner comments:

As a Deputy DSL this course will have a huge impact upon my confidence when working with families and children who are experiencing domestic abuse. (Domestic Abuse)

This training will have a positive impact upon my work. I have gained knowledge of tools which can support working with young people who may have experienced sexual harm, which will be beneficial in my practice (Sexualised Behaviour Course)

This training has refreshed my knowledge about Neglect and will support me to recognise and react appropriately to neglect and support families to provide a safe emotional and physical environment for their children to thrive in. (Neglect)

SVPP Safeguarding Week

The SVPP held its first Safeguarding Week in October 2021. The purpose of the week was to raise awareness of safeguarding, create opportunities to share learning from case reviews, and talk to local practitioners about some of the changes that have taken place within the partnership over the past year. The week of events aimed to bring together a wide range of accessible (virtual) learning opportunities with the objective of reaching sectors and stakeholders that may not traditionally have accessed events through the SVPP. A total of 11 sessions were held and 147 delegates attended. There was underrepresentation from the education sector, but this is likely to be pressure on staff capacity to attend due to the impact of covid.

Feedback from evaluations surveys told us that 100% of delegates rated the overall quality of the workshops as 'good' or 'excellent'. Comments included:

'I really enjoyed looking at strengths-based approaches in the making safeguarding personal training' (Making Safeguarding Personal)

'Excellent, great training, well done trainers'
(Managing High Risk).

Another safeguarding week is planned for 2022 where it is hoped there will a wider range of learning opportunities and improved attendance from a broader range of agencies.

Our priorities for 2023-2026 are:

**Safeguarding Under 1's
Domestic Abuse
Transitional safeguarding
Exploitation and Contextual Safeguarding
Social, emotional and mental health**

Independent scrutiny is also a priority and will include an independent review of progress against these in 2023.

In addition we will set out an annual strategic plan for children and adults safeguarding, to include action plan against each priority by which we can measure progress and impact. This will enable all partners to be clear on the focus of our work and activity.

Wiltshire Police have been placed into HMICFRS 'ENGAGE' status following their National Child Protection Inspection (NCPI) and 2022 PEEL inspections and the SVPP will work with them to support improvements.

We will also continue to work closely with the Families and Children's Transformation programme (FACT), including joint workforce development and supporting the piloting of a Family Help Model.

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Wiltshire Council

Health and Wellbeing Board

30 March 2022

Subject: BSW Integrated Care Strategy

Executive Summary

- I. BSW Integrated Care System, through its Integrated Care Partnership, is legally required to publish an Integrated Care Strategy.
- II. This sets the direction of the system for the next five years, outlining how the NHS, local authorities, the private sector, voluntary, community and social enterprise (VCSE) organisations and other partners can improve integrated working to help people in BSW to live healthier for longer.
- III. The Strategy is the result of engagement with partners across BSW, however its publication should be considered the start of an engagement process with partners and residents. The strategy may be updated annually and this will have implications for the Health and Wellbeing Board and the Joint Local Health and Wellbeing Strategy

Proposal(s)

It is recommended that the Board:

- i) Discusses the report, noting its implications
- ii) Considers the report's alignment with the Wiltshire Joint Local Health and Wellbeing Strategy

Reason for Proposal

The Integrated Care Strategy is due to be published by 31 March 2023.

William Pett
Associate Director of Policy & Strategy
BSW Integrated Care Board

Subject: BSW Integrated Care Strategy

Purpose of Report

1. To set the direction of the system for the next five years, outlining how the NHS, local authorities, the private sector, voluntary, community and social enterprise (VCSE) organisations and other partners can improve integrated working to help people in BSW to live healthier for longer.

Relevance to the Health and Wellbeing Strategy

2. The Integrated Care Strategy has been informed by the needs identified in the Joint Strategic Needs Assessments from BaNES, Swindon and Wiltshire. It has also drawn on areas of consensus across the three Health and Wellbeing Strategies.

The Integrated Care Strategy may be updated annually. Relevant Health and Wellbeing Boards are required to consider revising the joint local health and wellbeing strategy on receiving a new integrated care strategy). The integrated care strategy should complement the production of these local strategies.

Background

3. All Integrated Care Partnerships are developing a Five Year Integrated Care Strategy as required by the Health and Care Act that describes how all partnership members are working together to meet the assessed health, care and wellbeing needs of the local population. The Strategy will be updated annually.

There is also a requirement for all ICBs to own and develop a five year system delivery plan (Joint Forward Plan) setting out how we will implement the Integrated Care Strategy. The completion date for the Implementation Plan has now been extended to 30th June 2023 with a draft being produced at the end of March. This plan will also be updated annually.

Main Considerations

5. The Integrated Care Strategy has evolved based on feedback from partners across BSW. This has included the Wiltshire VCSE Alliance (including Local Healthwatch), Primary Care Network Clinical Directors and Managers, the Wiltshire Director of Public Health and Place Director.

6. Key changes to previous versions of the document include:
- Significant reduction in content to ensure the Strategy is direct and concise
 - A 'plain English' test applied to ensure that the Strategy can be read and understood and residents (though an Executive Summary and Easy Read version will also be produced)
 - The document to be clearly structured around a stated vision and three supporting objectives, to be delivered by partners across BSW

Next Steps

7. The Integrated Care Strategy will be published by 31 March 2023. Alongside the main version of the document, an Executive Summary and Easy Read version will also be made publicly available as soon as possible.
8. The Implementation Plan (which will outline how, as a minimum, NHS bodies will deliver the ambitions of the Strategy) is due to be published by 31 June 2023. The Health and Wellbeing Boards across BSW will be consulted on this document and it is hoped that its scope will extend to partners beyond the NHS.

William Pett
Associate Director of Policy & Strategy
BSW Integrated Care Board

Report Authors:

William Pett (Associate Director of Policy & Strategy)
Richard Smale (Executive Director of Strategy and Transformation)

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Bath and North East Somerset,
Swindon and Wiltshire Together

Note: Document to be designed before publication

Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together)

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Integrated Care Strategy 2023-2028

Integrated Care Partnership

March 2023

Ver 3.0 (Final)



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Bath and North East Somerset,
Swindon and Wiltshire Together

1. Welcome to our Integrated Care Strategy

Welcome to the BSW Together Integrated Care Strategy.

This strategy sets out our ambition as partners in health, social care, voluntary and other sectors to support the people of BSW to live happier and healthier for longer. The content of the strategy has been drawn from many conversations with partners and the public on many different topics and in many different forums across BSW.

The strategy provides a direction of travel covering the whole BSW area and connects with local strategies that are being developed in each of our three areas of **BaNES**, **Swindon** and **Wiltshire** (referred to as 'Places'). It also builds on the good work already being undertaken within individual services and organisations. In this context, the strategy provides a summary of why we are working together and outlines some of the specific actions we are already undertaking.

The intention is for the strategy to continue to evolve over the coming years as we hear and learn more from local people and our colleagues who deliver our services. Crucially, this strategy is not just about serving our residents, it is about working with them as active partners.

The strategy is therefore a first chapter in a much broader story of the work that we as partners within BSW are involved in. I hope you find it informative and useful in finding out more about our approach. We would welcome your thoughts on how it can be further improved.

Cllr Richard Clewer
Chair of the BSW Integrated Care Partnership



2. What is an Integrated Care Strategy?

Telling our story

BSW Together is required by law to produce an Integrated Care Strategy. This sets the direction of the system for the next five years, outlining how the NHS, local authorities, the private sector, voluntary, community and social enterprise (VCSE) organisations and other partners can improve integrated working to help people in BSW to live healthier for longer.

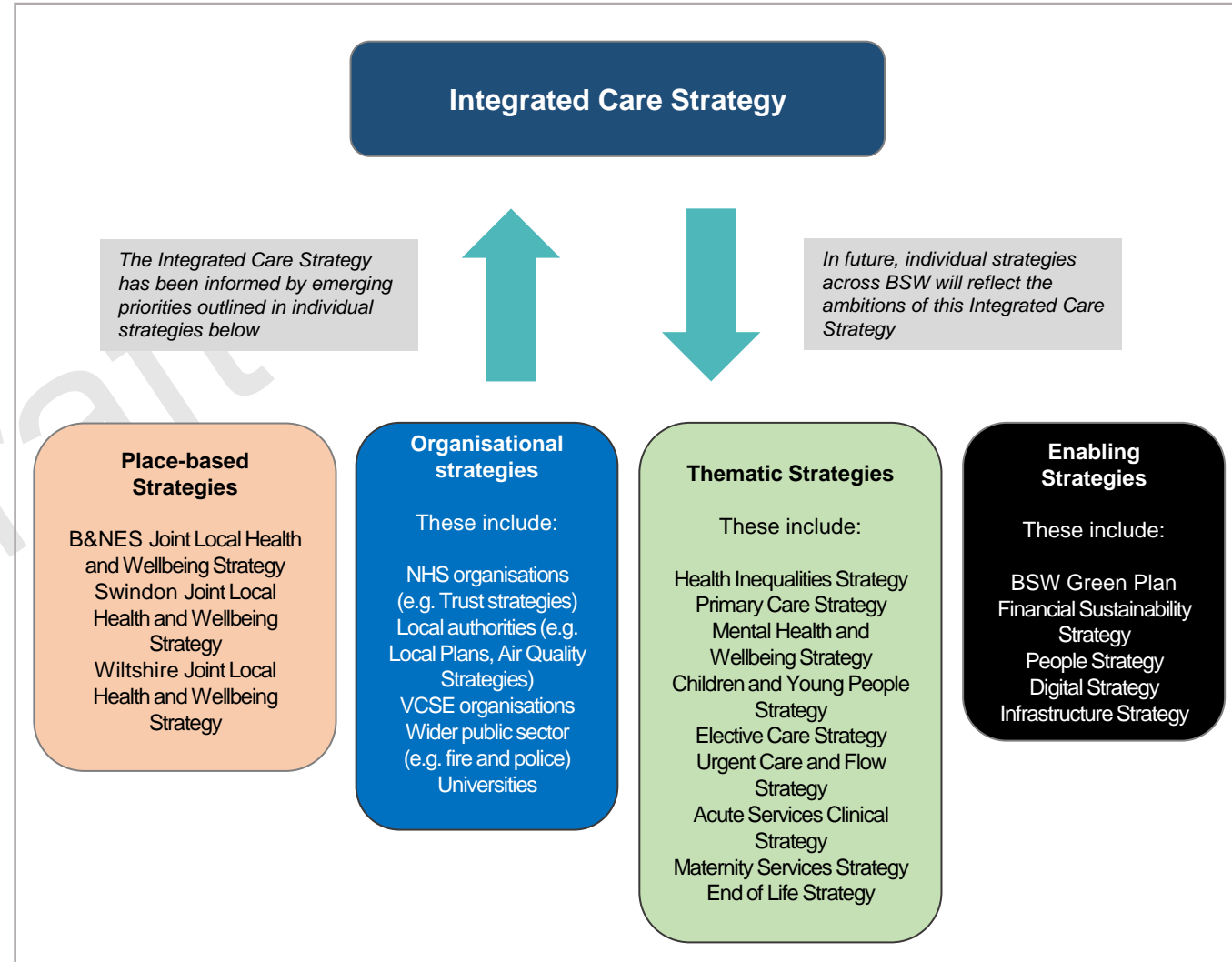
Importantly, therefore, this is a strategy for us all, not just the NHS. **We cannot help BSW residents to improve their health and wellbeing by working in silos – we can only do so by working together.**

This strategy sets out a vision and strategic objectives we will work in partnership to achieve. It is not 'set in stone' and we intend for the strategy to evolve over the coming years. Crucially, this document sets out **what** we hope to achieve and **why**, but an **Implementation Plan** (also known as a Joint Forward Plan) will be published later this year detailing **how** partners will deliver it, including key milestones and deliverables.

This document brings together elements from individual strategies that exist across our health and care system, including those under the guidance of our local Health and Wellbeing Boards. It is not intended to duplicate or replace these other strategies, but to provide a summary of how these different elements align.

It is also informed by the four purposes of integrated care systems, which are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.





2. What is an Integrated Care Strategy?

Who has produced our strategy?

This strategy has been produced by BSW Together's Integrated Care Partnership. The Integrated Care Partnership first met in October 2022 and our intention is for this forum to bring together the multiple different partners working not just across health and local government but also a range of other stakeholders whose work affects the health and wellbeing of our residents. This includes those listed on the previous page.







The Integrated Care Partnership's purpose is to consider long-term health and wellbeing challenges in BSW that are complex to solve and require joined-up approaches between partners. It will propose objectives to include when we update this Integrated Care Strategy in future and importantly it will also monitor the delivery of the Strategy over time, ensuring that we are all doing our bit to deliver it.

We want to use the ambition outlined in this strategy to keep us focussed over the coming years on the things we can only achieve by working together.

The Integrated Care Partnership holds all its meetings in public. If you would like to attend any of these meetings, ask any questions or find out more about the partnership then you can do so through our website at www.bswtogether.org.uk

Design principles for our strategy

The Integrated Care Partnership has set out to produce a strategy that is:

- 1) Bold** The strategy represents an opportunity to set out an ambitious future for health and care across BSW, with significant benefits to be reaped through partnership working and prevention 
- 2) Accessible** Any resident across BSW should be able to read the strategy and understand it. We have therefore opted for a visual and digestible format, written as far as possible in plain English. 
- 3) Commitment-oriented** This strategy aims to unite partners across BSW behind behaviours and actions that will help us to achieve our system's vision. 
- 4) Broad** This strategy is not about taking action on everything at once, but rather to set key strategic objectives and a direction of travel. 
- 5) Measurable** Where possible, we have tried to ensure that the goals and commitments set out in this document are measurable so that BSW residents can assess us on our progress over time. 
- 6) Locally-driven** This strategy is not overly prescriptive on what should occur locally across our three places, which will also set their own priorities. 



3. Our Integrated Care Strategy on a page

Bath & North East Somerset
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

Swindon
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

Wiltshire
Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

What we will deliver together

The BSW Vision:
Listening and working effectively together to improve health and wellbeing and reduce inequalities.

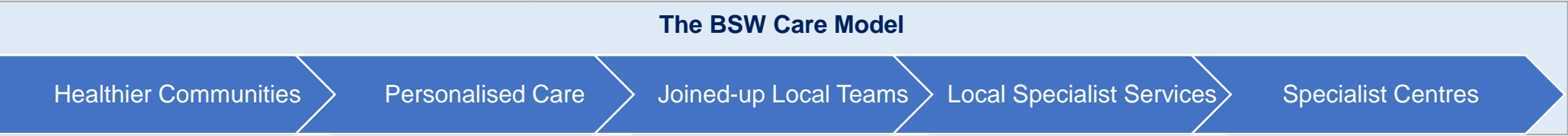
We will deliver this vision by prioritising three clear objectives:

1
Focus on prevention and early intervention

2
Fairer health and wellbeing outcomes

3
Excellent health and care services

How we will deliver it





4. Our starting point: The current picture across BSW

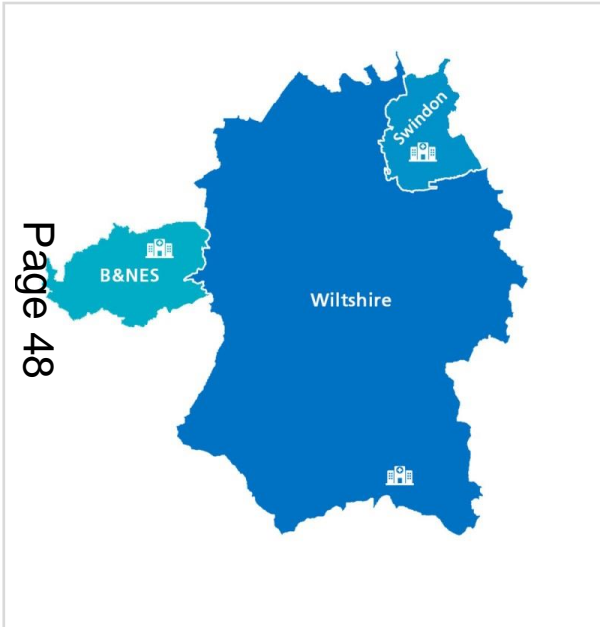
This section outlines what BSW currently looks like in terms of demographics, health, wellbeing and socioeconomic profile.

In this section:

- 4.1 Challenges across BSW
- 4.2 Our assets
- 4.3 A system of three places

4.1 Challenges across BSW

Many of the challenges identified in individual Joint Strategic Needs Assessments are shared across the whole system. These include the following:



Inequality

BSW is more affluent than the England average, but there is a highly unequal distribution of wealth across the system. Deprivation levels are highest in Swindon and there are significant differences in life expectancy depending on where you live in BSW. For example:

- A female in Bathavon South – 91 years
- A male in Trowbridge Central – 73 years

The prevalence of many health conditions is higher for those living in less advantaged communities. Tackling this inequality is a priority for all our partner organisations.

An ageing population

The age profile of the BSW population is changing and this is going to place further pressure on health and care services. In Wiltshire alone, the 65+ population currently represents just over a fifth of the population but by 2040 this age group will make up nearly a third of the total population. This will also have the long-term effect of reducing the proportion of our population who are working.

The cost of living

In 2022, annual inflation hit a 40 year high, with consumer price inflation at over 11%. This has placed a significant amount more pressure on our communities and individuals through the increased cost of living. Higher bills for heating and food, for example, is likely to have had a detrimental impact on health and healthy behaviours across BSW, in turn leading to increased health inequalities.

Access to services

Access to a range of social care, NHS and partner services has been a challenge for many BSW residents since the Covid pandemic. A recent report produced by Healthwatch and the CQC, for example, found that many people living with mental ill health in BSW are unable to access mental health services. Waiting lists are very long and people have reported feeling they are 'getting lost' in the system.

Our strategy must prioritise improving the accessibility of services for all local people.

Rurality

BSW, especially across Wiltshire and BaNES, has a high proportion of areas that are considered rural. There are several challenges that rural areas face, including around transport and broadband connectivity. In terms of health services, trusts operating in rural areas tend to treat more older people than in urban areas. This is partly caused by the migration of young people away from rural areas. Frailty and complex comorbidities amongst elderly populations present major challenges to the delivery of care in rural settings – particularly in isolated, small communities.

Children's health

While most child health indicators are better than national average, many children have difficult living circumstances across the system:

- 1 in 4 children do not achieve a good level of development at the end of Reception
- 1 in 10 children are living in poverty
- 1 in 200 children are in care
- Obesity and mental health problems are increasing

We must put more focus on our children, young people and families, to better support them in all areas of their lives, including the environment they grow up, their education, and the support around them.

Housing

The cost of housing in parts of BSW is unaffordable for the local population, with many employment options in the area offering low wages. In the South West, housing prices rose sharply during the pandemic and the most deprived parts of the population have been hit hardest by the rising cost of living. In Wiltshire, for instance, median house prices increased by 48% from 2011 to 2021, while gross annual residence-based earnings increased by only 14%. This problem is also shared in BaNES and Swindon.

There is a severe shortage of social housing across BSW. Over 6,000 households are in housing need and waiting for accommodation in Swindon alone. Quality of housing also remains a problem across both private and social housing. We know that cold, damp homes can have a significantly detrimental impact on occupants' physical and mental health and wellbeing.

4.2 Our assets

There is much to be proud of across BSW. Achieving our vision and addressing the challenges we face will not be easy, however we have excellent assets to draw on. These include:

Supportive communities

Thousands of people provide unpaid care to support loved ones and/or give up their time through a volunteer role. The Voluntary, Community and Social Enterprise (VCSE) sector makes a huge contribution to the health and wellbeing of BSW residents.

A history of partnership working

We have been working together since we formed a sustainability and transformation partnership in 2016. This means that we have a long history of integrated working.

Collectively, we work towards a vision which guides our collaboration and inspires the action needed to make change happen.

Above average health profile

Despite the challenges set out on the previous page, BSW benefits from having a positive health profile. On most health indicators, ranging from life expectancy to infant mortality, our three places perform better than average for England. That said, Swindon in particular has high levels of health inequalities and public health indicators reflect poorer performance here than England in some domains.

High quality services

In BSW there are 2,800 Voluntary, Community and Social Enterprises, three Local Authorities (including their public health and social care teams), 88 GP practices, 26 Primary Care Networks, two community services providers, three acute hospital trusts, two mental health trusts, an ambulance trust and an Integrated Care Board (ICB) overseeing NHS services, as well as hundreds of partners across the private sector who help deliver excellent care.

A diverse and committed workforce

In BSW, we directly employ 37,600 colleagues in health and care services alone, with many more thousands across the wider public, VCSE and private sectors.

We have an outstanding health and care workforce, delivering high quality services. The majority of these individuals are also supported by the services we provide.

Education and research

BSW is home to the University of Bath and Bath Spa University. This gives us an excellent research base within the system. Independent analysis has shown that the operational activities of the University of Bath alone generated £340 million gross value added (GVA) for the economy of Bath and North East Somerset. There are also colleges across each of the three places that help to ensure a skilled and dynamic workforce.

Our NHS providers also play a vital role in research and we are well prepared to take an increasingly systematic approach to research across BSW.




Industry and employment

There is a thriving private sector across BSW, generating growth and jobs across the system. In recent years the Swindon and Wiltshire LEP alone estimates that some 30,000 businesses thrive in the area contributing £21bn GVA annually to the UK economy. In BaNES, the main commercial and recreational centre, is Bath. This is a World Heritage City and is an international tourist destination that provides a spectacular setting for world-class arts, culture, and leisure facilities.

4.3 A system of three places

BSW's three places each have their own population health profiles and challenges. Each place is developing their own **Joint Local Health and Wellbeing Strategy** for addressing the needs set out in their **Joint Strategic Needs Assessment**. This strategy is directly informed by the public engagement and ambitions set out in these documents.

We want to empower each of the below three places to make their own decisions about services for their local populations. This strategy sets out priorities for all BSW partners, yet how each place delivers on these priorities may differ and is largely outside the scope of this strategy.

	Bath & North East Somerset	Swindon	Wiltshire
	<p>Bath & North East Somerset</p> <p>Population  193,400</p> <p>Life expectancy</p> <p>Male: 80.3 years [England 79.0 years] Female: 84.8 years [England 82.9 years]</p> <p>Healthy life expectancy</p> <p>Male: 66 years Female: 66 years</p> <p>Source: Strategic Evidence Base for Bath & North East Somerset</p>	<p>Swindon</p> <p>Population  222,881</p> <p>Life expectancy</p> <p>Male: 79.1 [England 79.0 years] Female: 83.1 [England 82.9 years]</p> <p>Healthy life expectancy</p> <p>Male: 61.4 years Female: 62.2 years</p> <p>Source: Joint Strategic Needs Assessment (2022)</p>	<p>Wiltshire</p> <p>Population  510,400</p> <p>Life expectancy</p> <p>Male: 80.9 years [England 79.0 years] Female: 84.5 years [England 82.9 years]</p> <p>Healthy life expectancy</p> <p>Male: 66 years Female: 65.2 years</p> <p>Source: Joint Strategic Needs Assessment (2022)</p>
Other selected challenges <i>(from Joint Strategic Needs Assessment)</i>	<p>Effects of increased cost of living. Estimates suggest 4,000 people (of whom 1,500 are children) will have fallen into absolute poverty in 2022/23.</p> <p>Mental health & special educational needs and disability (SEND). BaNES has a significantly higher rate of hospital admissions (19.4 per 100,000 population) due to eating disorders than the national average (12.1). The number of Special School places available in B&NES has not matched increasing demand.</p> <p>Readiness for education. There is a 28% attainment gap between children eligible for Free School Meals (FSM) and those not known to be eligible for FSM at Early Years Foundation Stage.</p>	<p>Deprivation. Swindon is ranked as the 98th most deprived area out of 151 Upper Tier Local Authorities (UTLAs) in England but some smaller areas are in the 10% most deprived in the country.</p> <p>Mental health. Admissions to hospital for self-harm across all ages is significantly higher than the average for the south west and England as a whole. The picture is particularly troubling in relation to children.</p> <p>Healthy life expectancy. Males in Swindon will spend 80% of their lives in good health, but for females it is only 74%.</p>	<p>Mental health. In 2020/21, 44,000 people (18 and over) had a diagnosis of depression, equivalent to 11% of the population. Rates of hospital admissions for self-harm are at their highest level for five years.</p> <p>Age-related conditions. By 2030, it is estimated that almost 11,500 people aged 65 and above will be living with dementia.</p> <p>Education: In Wiltshire, regarding attainment, those eligible for free school meals achieve much lower than other areas across a range of tests.</p>
Joint Local Health & Wellbeing Strategy Objectives	<ol style="list-style-type: none"> 1. Ensure that children and young people are healthy and ready for learning and education 2. Improve skills, good work and employment 3. Strengthen compassionate and healthy communities 4. Creating health promoting places 	<ol style="list-style-type: none"> 1. Improve mental health and wellbeing 2. Eat well and move more 3. Stop Smoking and Reduce Alcohol 	<ol style="list-style-type: none"> 1. Improve social mobility and tackling inequalities 2. Prevention and early intervention 3. Localisation and connecting with communities 4. Integration and working together



5. What do we want to achieve?

This section outlines our vision in more detail. It also explains what delivering our strategic objectives will mean for residents. While we outline in broad terms our approach to achieving each objective, the role of partners in reaching our goals will be set out in more detail in the BSW Implementation Plan.

In this section:

- 5.1 What we have heard
- 5.2 Explaining our vision
- 5.3 What achieving our vision will look like
- 5.4 Strategic Objective 1: Focus on prevention and early intervention
- 5.5 Strategic Objective 2: Fairer health outcomes
- 5.6 Strategic Objective 3: Excellent health and care services

5.1 What we have heard

How have we engaged with organisations and residents

Phase One: Resident and community information gathering on health, care and wellbeing.

Each of our three places (BaNES, Swindon and Wiltshire) has engaged directly with the public to inform the development of their joint health and wellbeing strategies. Residents and people working in BaNES, for example, were able to complete an online survey during a public consultation period to provide views on what mattered to them. Insights from this, as well as the public engagement processes adopted by Swindon and Wiltshire have been used throughout this strategy.

We have also benefited from the input and research of organisations working directly with residents. Again, for example, Healthwatch recently conducted research with the CQC into access to mental health services in BSW and this helped to establish why and how we must aim to improve access through this strategy. In Swindon, input from partners through the Swindon Carers Rights Day and VCSE Conference in late 2022 have been invaluable.

Phase Two: Stakeholder engagement. In December 2022, BSW held an Integrated Care Strategy event, which was attended by over 60 stakeholders across the health, care, wider public sector and voluntary sectors. Such organisations included NHS organisations, local authorities, VCSE organisations and Healthwatch, representing citizens and communities.

Between January and March, we also held dedicated engagement events with the VCSE Alliances of Bath & North East Somerset, Swindon and Wiltshire, as well as with other partners such as those in local government and primary care.

Phase Three: Publication and beyond. This strategy was published on xx further to the input, review and approval of the members of the Integrated Care Partnership during February and March 2023.

Importantly, we want to engage further with organisations and residents. The publication of this strategy does not represent the end of its development. The strategy will evolve over the coming years as the health and care landscape changes. We are able to update the strategy each year and the final page of this document provides details of how you can get in touch with us to tell us your thoughts.

Some messages from the population of BSW

We need ongoing engagement with residents

"[It should be] a bottom up strategy – thinking about need of the individual before the restrictions of the system."

We must focus on prevention

"[Success will mean] Treating cause before symptom."

We must be more responsive to our residents' needs

"[The strategy] should meet the needs of the people on the street."

We need to make it easier to understand services

"[Success will mean] I won't have to spend an inordinate amount of time and energy finding out what services are available to help me care for my disabled grandson."

We must ensure closer working between organisations whose work affects health and wellbeing

"[Success will mean] All partners working together with the same goal, clear communications with clients."

We need to deliver support by need, not by demand

"[Success will mean] I won't have to beg for help."



5.2 Explaining our vision

The BSW Vision

Listening and working effectively together to improve health and wellbeing and reduce inequalities

Listening together

Partners across our Integrated Care Partnership are united in a belief that **our future must be based on meaningful, ongoing engagement with local people**. We want to ensure that residents are given opportunities to shape the plans, decisions, and public services that affect their lives, and believe that this can lead to positive outcomes for the communities we serve. Importantly, **residents are partners in our system – we plan with them, not do to them**.

We are clear, therefore, that **this strategy represents the start, not the end, of a journey with our residents**. It will continue to evolve over the coming years and at the end of this document we invite views on whether the vision and objectives outlined in this document are the right ones for you.

Working together

Our vision is for health and care organisations to work more effectively in partnership. This will be crucial to creating communities and environments that help people to live healthier for longer.

However, we know that people are living longer with multiple, complex, long-term conditions, requiring long-term support from several different services. We have heard our residents have often received fragmented care for such conditions and that are not effectively co-ordinated around their needs. We will therefore deliver **joined-up support** across our health and care services that better meets the needs of the population.

Improving health and wellbeing

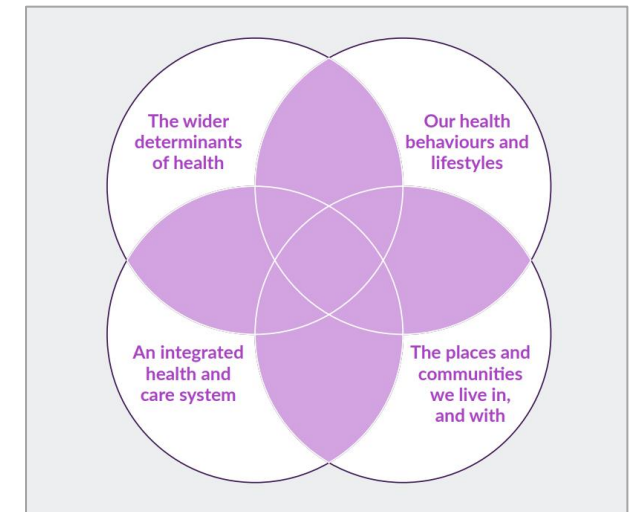
To make a significant difference in the health and wellbeing of the people of BSW, partners are agreed that we must focus on those things that impact most on health outcomes. These include the following four 'pillars of population' health, as identified by The King's Fund:

1. **The wider determinants of health** – the range of social factors such as income, education and employment which collectively are the most important driver for health.
2. **Health behaviours and lifestyles** – covering behaviours such as smoking, alcohol consumption, diet and exercise which are the second most important driver.
3. **The healthcare we receive** – including whether we are able to access services and receive high-quality care.
4. **Our environment** – the extent to which the environment we live in helps to support better health and wellbeing, for example through good air quality and green spaces, or hinder it

Reducing inequalities

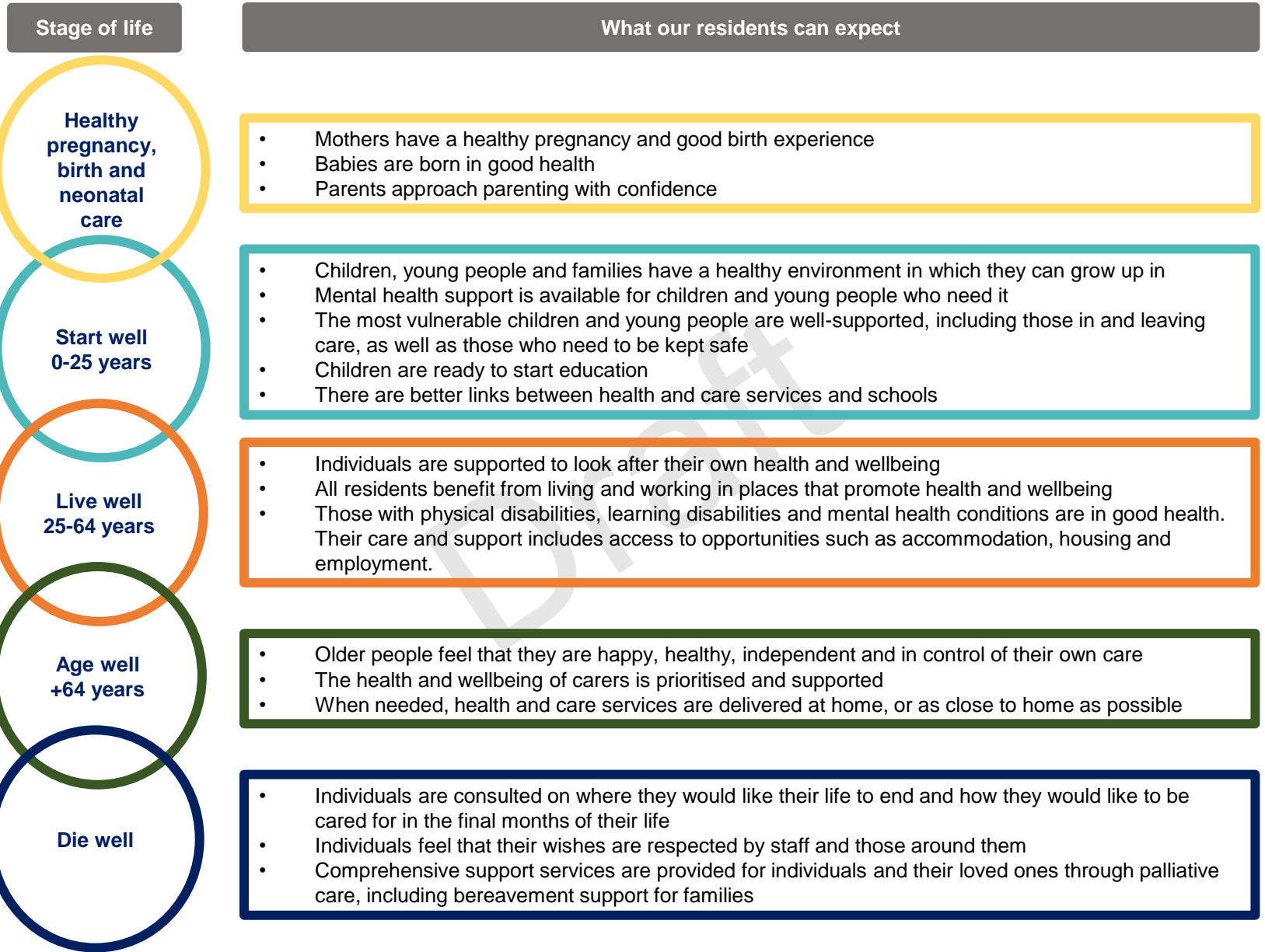
This strategy highlights that there are **unfair and avoidable differences in health and wellbeing across our population**, and between different groups within society. Often these differences stem from the 'wider determinants of health' highlighted above. Residents who live in more deprived areas, for example, have worse health and wellbeing outcomes and, as highlighted on [page 8](#), there are big differences in life expectancy across BSW matching levels of deprivation. However, other factors influence health and wellbeing too – we highlight that those in rural areas, for example, often have worse access in terms of distance to health, public health and care services.

We therefore intend to **put reducing inequalities at the heart of everything we do**. The Integrated Care Partnership will bring together partners with the common ambition of ensuring that everyone, regardless of who they are and where they live in BSW, is able to live a long, healthy and happy life.



5.3 What achieving our vision will look like

The BSW Vision
Working and listening effectively together to improve health and wellbeing and reduce inequalities.





5.4 OBJECTIVE 1: Focus on prevention and early intervention

Why is this our objective?

Our first objective reflects our shared commitment to ensuring people are able to stay healthier for longer. It unites all partners across BSW and is a key part of our rationale for wanting to work together.

Page 55
This is our first objective because **the most effective way to improve healthy life expectancy is to create the right conditions, communities and environments for people to remain healthy, regardless of where they live in BSW**. This will help to ensure individuals are able to live independently and are less reliant on health and care services. **Our Integrated Care Partnership will hold the partners within the system to account on whether we are putting prevention of ill-health at the heart of everything we do.**

Health and social care represents an important driver to improve health and wellbeing, but this strategy seeks to encompass the broader role of prevention and the wider determinants of health. To support progress on this, BSW will also include action that takes a broader view of prevention.

Areas of focus

- **Focusing funding and resources on prevention rather than treatment:** Working together as a system, we want to try and invest more funding and resources on services and infrastructure that will help people from becoming unwell.
- **Primary prevention:** This means taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.
- **Secondary prevention:** This means systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.
- **Tertiary prevention:** This means softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.
- **Wider determinants of health:** These are the social, economic or environmental factors affecting health, such as housing, employment, education, or parks and green spaces.



5.4.1 Focusing funding and resources on prevention rather than treatment

OBJECTIVE 1: Focus on prevention and early intervention

The opportunity:

To improve the health and wellbeing of our residents, especially those living with disadvantages, we must seize the opportunity to focus our funding on activities that help to prevent people falling into ill health and wellbeing to begin with.

There is a saying that ‘an ounce of prevention is worth a pound of cure’ and we will put this at the heart of our efforts over the coming years.

Making progress on achieving a shift in funding towards prevention and away from treatment is one of our key long term priorities in BSW.

Over time, this will mean less spent on the treatment of illness in acute settings such as hospitals and through care services.

We will need to work together as a system to achieve this and our ICP will hold partners to account on our progress towards this goal over the coming years.

Our approach:

Our system ambition is to achieve what is called ‘The Triple Aim’. This comprises:

1. Better health and wellbeing
2. Better quality of care
3. Financially sustainable and efficient services

Our approach will build on a commitment that has been set out nationally (in the 2019 national [NHS Long Term Plan](#)) to increase investment in primary medical and community health services as a share of the total revenue spend.

We are aware of the significant pressures facing all health and care services at present. Importantly, achieving a funding shift towards prevention will not involve taking money away from any health and care services. Rather, it will involve **prioritising future funding increases towards community and primary care and self-care and over time**, achieving a shift in the overall balance of funding towards prevention.

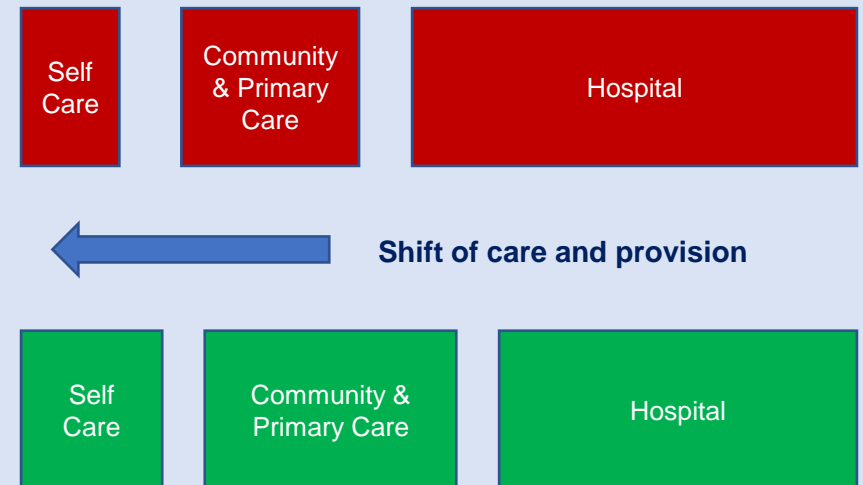
‘Community care’ includes services delivered across BSW by the voluntary sector.

Our commitments include:

- ✓ Partners across the ICP will work together to identify an accurate picture of funding and resourcing across BSW when it comes to self-care, community care and hospital care
- ✓ We will aim to increase the share of health and care funding going towards preventative measures (self-care and community care) over the next five years. Our ICP will monitor over time the degree to which this balance is shifting

A crude visualisation of this is provided below.

Where we are





5.4.2 Primary prevention

OBJECTIVE 1: Focus on prevention and early intervention

The opportunity:

Many (but not all) health conditions, both physical and mental, are preventable. Health and wellbeing can be both positively and adversely affected by whether an individual engages in health promoting activity. Exercise, for example, is key to maintaining good cardiovascular health. However, some individuals have far greater opportunity than others to do more activity that improves their health and wellbeing. **We therefore want to work together to create health promoting places**, ensuring that all residents regardless of background have the right conditions and incentives to stay healthier for longer.

Through a focus on primary prevention we aim to help individuals to prevent disease, injury or ill-health before it occurs. This is done by preventing exposures to hazards that cause disease or injury, helping people to avoid unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury.

Physical and mental wellbeing

Our approach:

Our approach across BaNES, Swindon and Wiltshire is focused on how **individuals can manage their own health and wellbeing** and draw upon the wide range of support available within their local community to help them do so.

This includes a focus on reducing obesity by creating opportunities for BSW residents to maintain their health through higher levels of physical activity.

Our commitments include:

- ✓ We will increase the proportion of physically active adults
- ✓ We will improve Personal Wellbeing ONS4 scores (Life Satisfaction, Worthwhile, Happiness, Anxiety)
- ✓ We will reduce the proportion of adults considered overweight or obese
- ✓ We will increase proportion of children who are healthy weight at reception age
- ✓ We will reduce the prevalence of mental health conditions

Building on what we are already doing

In **BaNES**, an Active Travel Social Prescribing Hub will actively encourage improved levels of physical activity. This will support improved physical and mental health and reduce the prevalence of future conditions. This is supported by developing the transport environment to support efficient and safe travel by cycling or walking.



In **Swindon**, The Move More Programme is supporting local people to become more active through a range of support and interventions.

In **Wiltshire**, 'This Girl Can' classes recently launched across Wiltshire council leisure centres. During the classes women are introduced to a variety of different group exercise styles, each with different moves and skills to try. These include dance fitness, box fitness, yoga-inspired stretch and interval training.



5.4.2 Primary prevention (continued)

Smoking

The opportunity:

Smoking rates vary slightly between BaNES, Swindon and Wiltshire and there are significant variations within each of these areas. However, the overall BSW smoking rate is similar to the national average.

Smoking is the single largest avoidable cause of death and social inequalities in terms of life expectancy in the UK. Lung cancer is the most common cause of cancer death in BSW, although lung cancer mortality rates are lower than the national average. We have an opportunity to improve health and wellbeing by ensuring that, as far as possible, **the future or BSW is smoke-free.**

Our approach:

Smoking is an ongoing concern in BSW, with each of our three places running their own programmes to stop smoking. One area of focus is people admitted to our hospitals, which provides an opportunity to simultaneously address health inequalities, reduce hospital re-admissions, help local people stay well and save money across our health and care services.

Our plans to treat tobacco dependency have been developed by a BSW Partnership working group which contains representatives from all local NHS Trusts, community providers and Public Health teams.

Our commitments include:

- ✓ We will further reduce the proportion of people in BSW who smoke
- ✓ To so we will expand stop smoking services across partners, recognising the opportunities that points of interaction with services offer on prevention. A current example of this is the Treating Tobacco Dependency service.

OBJECTIVE 1: Focus on prevention and early intervention

5.4.3 Secondary prevention

The opportunity:

While we will focus on primary prevention to keep people healthier and happier, we also have an opportunity to ensure we detect ill-health as soon as possible. A focus on secondary prevention will be key for detecting and treating disease prior to the appearance of any symptoms.

Our approach:

We are already working to ensure that signs of ill-health are detected as soon as possible. We undertake cancer screening and identify patients who smoke or drink alcohol with impacts on their condition. We try to detect as early as possible people with hypertension, signs of diabetes, atrial fibrillation and other conditions. We are, for example, sending text messages to certain patients who have not had a blood pressure check in over 18 months inviting them to do so using a machine located in the community.

Diagnosing ill-health as early as possible is best for patients and best for BSW's financial sustainability. By increasing the proportion of individuals with hypertension treated to 80%, over a three year period in BSW it is estimated we could prevent 89 heart attacks and 139 strokes and save around £2.5 million.

Our commitments include:

- ✓ We will work to ensure the system has routine access to high quality secondary prevention data
- ✓ We will bring together BSW partners to work on joined-up prevention pathways. On cardiovascular disease prevention, for example, we will support primary care partners to increase home blood pressure monitoring activity and work with community pharmacy to roll out a Hypertension Case Finding Service
- ✓ We will improve uptake of cervical, breast and bowel cancer screening

5.4.4 Tertiary prevention

OBJECTIVE 1: Focus on prevention and early intervention

The opportunity:

Over time, and with an ageing population, some of our residents will develop long-term conditions. We have an opportunity to work with them more effectively to ensure that they stay as healthy as possible and do not develop further complications.

Our approach:

We will provide comprehensive support to our residents who have an ongoing illness or injury that has lasting effects to help prevent their situation worsening. On the right you can see the kind of approach we will take to ensure that Type 2 diabetes progression is slowed and managed effectively.

Our commitment:

Care for long term conditions

With an ageing population the prevalence of conditions like mental illness, cardiovascular disease, respiratory disease and diabetes is increasing across BSW.

We are working with our specialists in these conditions to connect them with the emerging joined up local teams in each neighbourhood in order to provide coordinated lifestyle, psychological and medical advice and support.

Through our specialist services, local authorities, VCSE organisations and neighbourhood teams working together, we will prevent, break or slow the chain of progression that results in poorer outcomes for our population and increased costs and pressure for the health and care system.

Case study: Secondary & Tertiary Prevention in Diabetes



Marvin 52, Warehouse Night Manager

Marvin is a night shift worker in a warehouse, who values the time outside of work he can spend with his family. He has poorly managed Type 2 diabetes and has been recently diagnosed with COPD. He has a poor diet and is distrusting of health professionals so avoids visiting his GP.

Marvin uses **remote monitoring** and the data he records is reviewed by a Diabetes Nurse in primary care. Marvin and the Diabetes Team can both initiate virtual appointments if they have concerns. The local team can access specialist input if required.

In the event of an **acute COPD episode**, Marvin can be seen by a **Respiratory Nurse Specialist** in his **local community assessment and treatment unit** without having to go to hospital. If required, he can be admitted to a **virtual ward**.

Our **Population Health Management** tool flags Marvin for a review by identifying he is at risk of worsening health. The **Care Coordination Team** contact Marvin and encourage him to attend to see his GP.

The **GP** and **Care Coordination Team** work with Marvin to **co-develop a Care Plan** that suits his work and family life so that he can self-monitor his diabetes and control its impact.

Marvin speaks to his **employer** about his **Care Plan** and how they can work together to ensure his health is prioritised and maintained. Marvin is able to access the **Community Hub** out of hours to suit his shifts.

Marvin is able to access **diabetics group support sessions** and **1:1 virtual support** from his **GP** to help make changes in his life sustainable.

Marvin is able to better control his diabetes through **self monitoring** and **diet**. This has enabled him to stay well and out of the hospital. In BSW he lives in a **health promoting environment** where is able to access a local gym out of hours and is able to lead an **active lifestyle**.

5.4.5 The wider determinants

The opportunity:

There is now a wealth of research that demonstrates **the intrinsic link between the community and environment we live in and our health and wellbeing**.

How our communities shape our health and wellbeing in BSW has been revealed through our local authorities' Joint Strategic Needs Assessments. For example, the state of housing has a significant impact on both mental and physical health and the inequalities that exist within BSW. Improving the quality of housing across BSW is a priority for local authority and housing association partners and will have benefits in the health of local people.

Through our integrated care system, we have the opportunity to take co-ordinated action across NHS organisations, local authorities, the emergency services, VCSE organisations, education providers, the private sector and others to address the wider determinants of health for people across BSW. **Again, this is part of our shared commitment to creating health promoting places.**

Each local authority in BSW is taking action to improve air quality. In Wiltshire, for example, their strategy is clear that improving local air quality requires changes to be made by everyone. Working collaboratively with communities, local authorities are seeking to maintain good air quality and work to deliver improvements in areas where air quality fails national objectives in order to protect public health and the environment.



Our approach:

Supporting the development of healthier communities encompasses a range of interventions by partners. These include (but are not limited to):

Improve skills, good work and employment

Increased employment prospects and skill development can have a direct impact on people's health and wellbeing. Workplaces therefore have a critical role in supporting the physical and mental health of their employees. Our ICP will work to ensure that good employment across sectors remains a key priority across partners.

Housing

We will bring together partners to plan how we can ensure both that housing helps to improve, not worsen, people's health and wellbeing and that it is available to all.

Transport

We will work to promote cleaner forms of transport across BSW to improve air quality, support access to education and employment, and promote exercise.

Ensuring safe communities

We will work in partnership with the police and with communities to help prevent and reduce violence and offer holistic support to those affected by violence, with a focus on trauma, resilience, early intervention and education.

Our commitments include:

In BSW, we will work together to create health promoting places, including action to:

- ✓ Increase green space, accessible for all to use, and promote greener transport
- ✓ Improve air quality, including by incentivising greener forms of travel
- ✓ Keep all of our residents in warm and decent homes, through investment in our social housing stock and both supportive and enforcement interventions in private sector homes
- ✓ Prevent homelessness by engaging with vulnerable individuals at the earliest possible stage
- ✓ Prioritise social housing to those in greatest need to support their health and social care needs

Good work



Our surroundings



Money and resources



Housing



Education and skills



The food we eat



Transport



Families, friends and communities





5.5 OBJECTIVE 2: Fairer health and wellbeing outcomes

Why is this our objective?

Health inequalities develop due to variations in the conditions in which we are born, grow, live, work and age; this means that not everyone has the same opportunities to be healthy. **As part of our commitment to deliver fairer health outcomes we will reduce health inequalities across BSW.** Health Inequalities are defined as the systematic differences in health between groups of people. Differences in life expectancy, and health life expectancy, are one of the key measures of health inequality.

It is time we took action to address such inequalities in BSW. There is evidence that for too long, the provision of health and care services has followed the 'inverse care law'. This describes how – perversely – people who most need health and care are the least likely to receive it.

A new approach to provision of services is needed to ensure that the services offered across BSW are delivered proportionately on the basis of need, with a scale and intensity that is proportionate to the level of disadvantage.

Areas of focus

- Adopting CORE20PLUS5
- A system-wide focus on reducing health inequalities

5.5.1 Adopting CORE20PLUS5

Our approach:

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. The approach, which initially focussed on healthcare inequalities experienced by adults, has now been adapted to apply to children and young people.

Core20

The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

PLUS

Local population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the ‘Core20’ alone. In BSW, the ‘PLUS’ population is defined at place using public health data to determine which population groups were experiencing the worst health outcomes in addition to the ‘Core20’. For BSW these are:

- **BANES:** Socially excluded groups, migrants, vulnerable children, rural communities
- **London:** People from ethnic minority backgrounds
- **Wiltshire:** Routine and manual workers (specifically those in minority groups) and Gypsy, Roma and boater communities

‘5’

The final part sets out five clinical areas of focus:

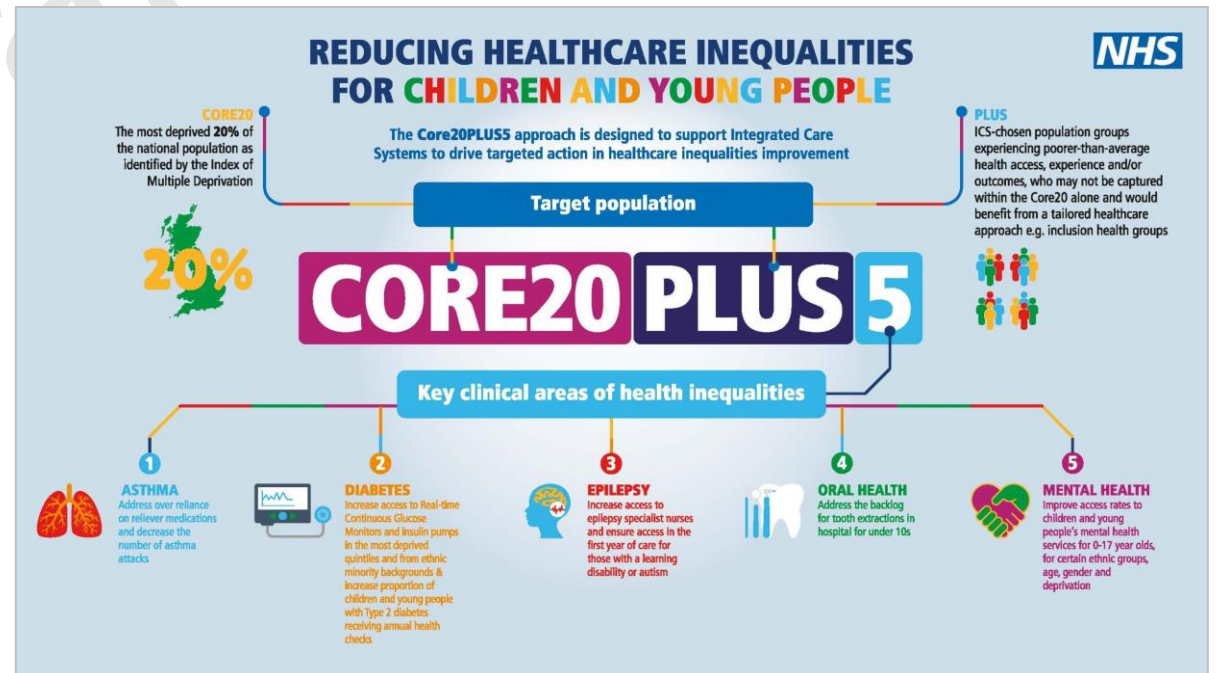
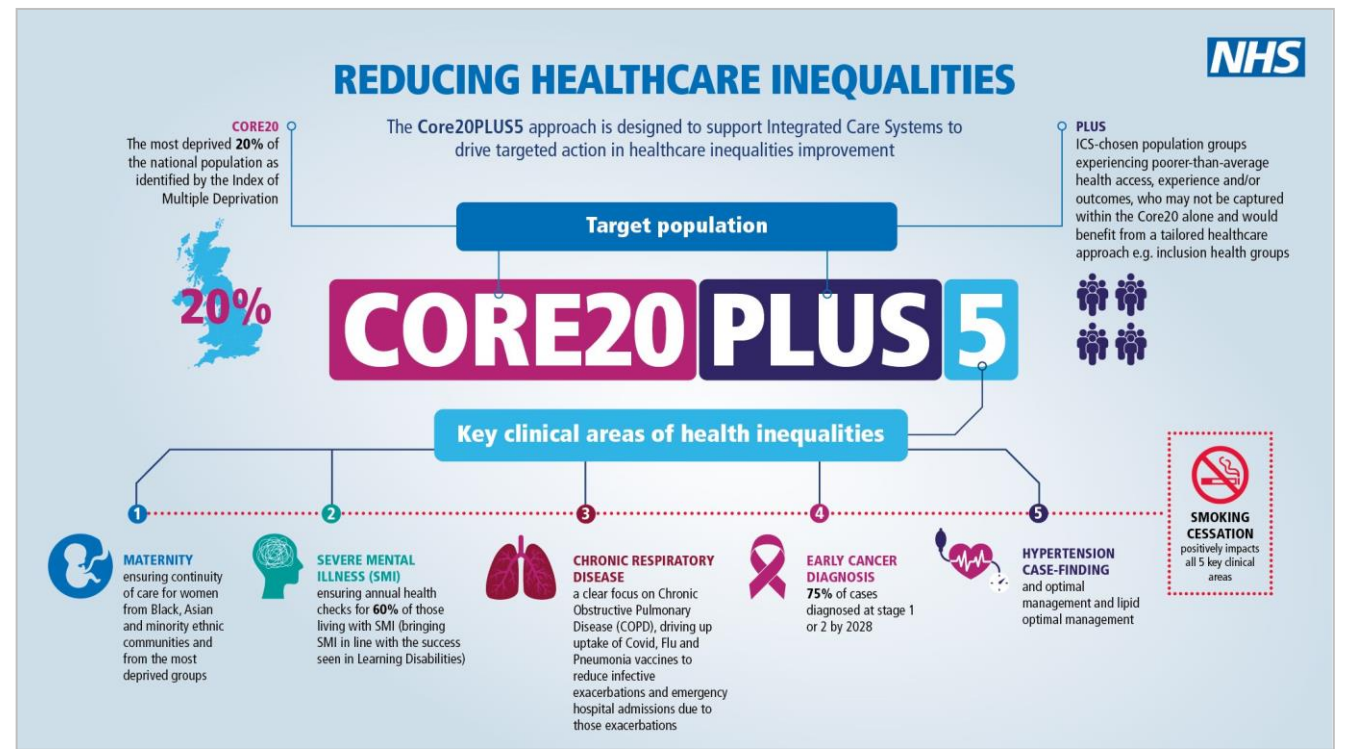
Adults

1. Maternity
2. Severe mental illness (SMI)
3. Chronic respiratory disease
4. Early cancer diagnosis
5. Hypertension case-finding and optimal management and lipid optimal management

Children and Young People

1. Asthma
2. Diabetes
3. Epilepsy
4. Oral health
5. Mental health

Our commitment is to implement a CORE20PLUS5 approach across BSW, as outlined in our **Inequalities Strategy**





5.5.2 A system-wide focus on reducing health inequalities

The opportunity:

As highlighted, health inequalities across the BSW population arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. Health inequalities have been documented between population groups across at least four dimensions, as illustrated on the right, with evidence that the Covid-19 pandemic has exacerbated existing health inequalities.

We have the opportunity to put addressing these inequalities at the heart of the way we work.

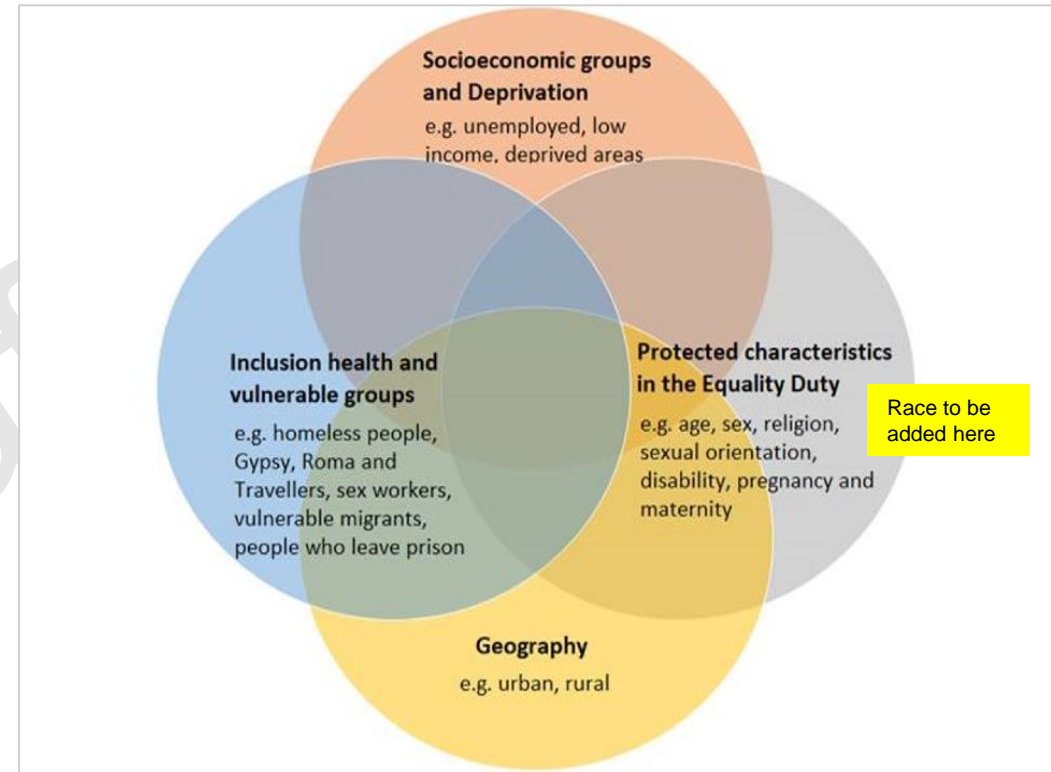
Our approach:

We plan to work in partnership to tackle inequalities across the life course to ensure that every resident can live longer, healthier, happier lives. Our dedicated Learning Disability & Autism programme is focused on ensuring that those with a learning disability, autism or both can live in the community with the right support. Our **Inequalities Strategy** also sets out how we will prioritise tackling inequalities, including the commitments set out below.

Our commitments include:

- ✓ We will embed inequality as “everybody’s business” across the system
- ✓ We will develop an inequalities ‘hub’ within BSW Academy to host learning and development resources.
- ✓ Work with commissioners and service providers to ensure robust and up-to-date data across the system on where inequalities are, and set out clear plans on how close the inequality gaps
- ✓ Demonstrate action on inequalities that spans from system to place through joined up strategy and planning

OBJECTIVE 2: Fairer health and wellbeing outcomes



Taken from: *Health Equity Assessment Tool (HEAT): executive summary - GOV.UK* (www.gov.uk)

5.6.1 Personalised care

OBJECTIVE 3: Excellent health and care services

The opportunity:

Health and social care services deliver better outcomes for individuals when they feel that they have the ability, tools and confidence to manage their own health and wellbeing. Personalised care is based on 'what matters' to people and their individual strengths and needs. In BSW, we have put it at the heart of our Care Model and we will apply it to everything that we do in the future.

Our approach:

By focussing on personalised care we will support local people at three levels:

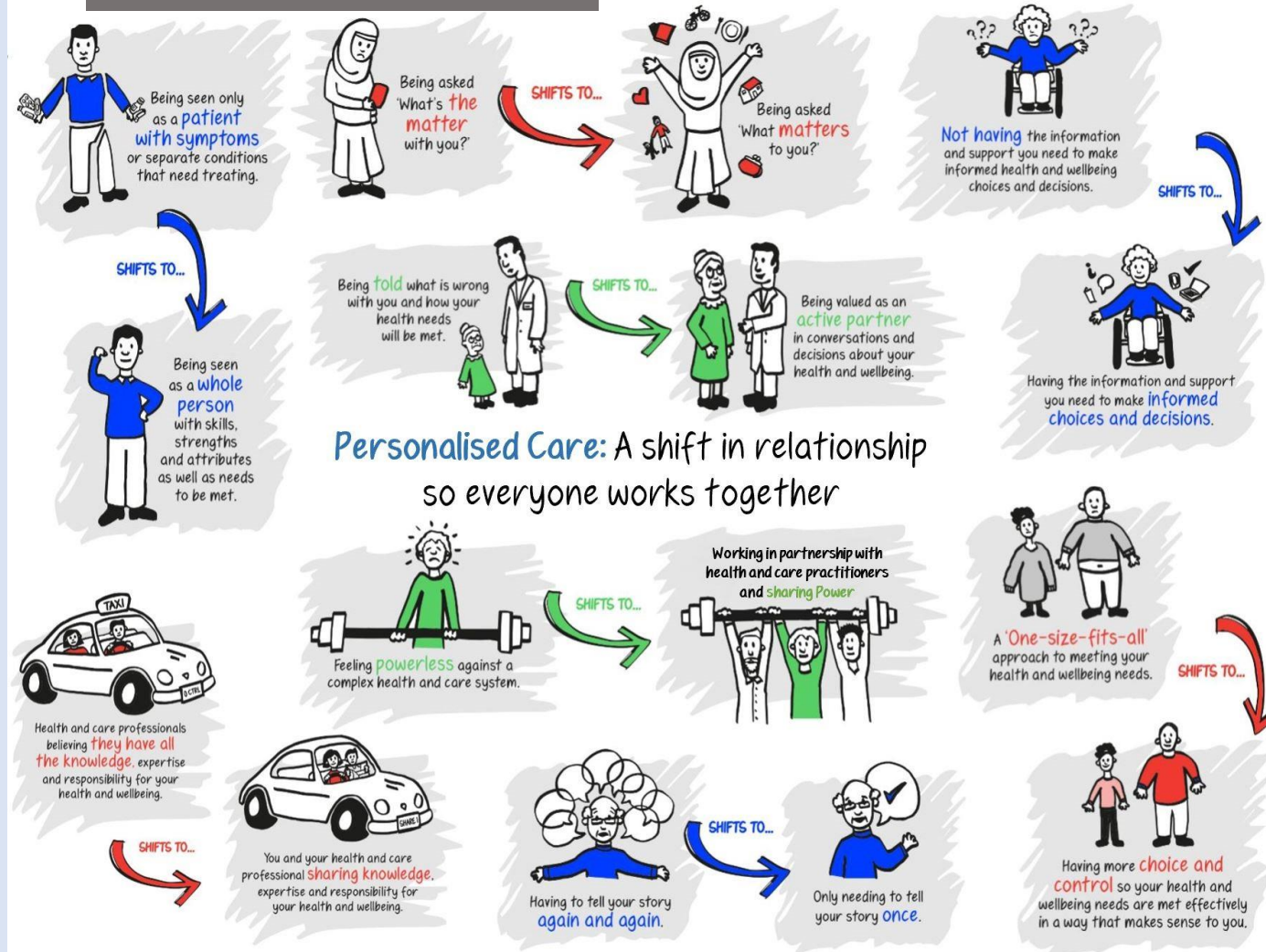
- **Whole-population** - to support people of all ages and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes
- A proactive and universal offer of support to **people with long-term physical and mental health conditions**
- Intensive and joined up approaches to empowering **people with more complex needs** to have greater choice and control over the care they receive.

Our commitments include:

We will deliver a personalised care approach by implementing six, evidence-based approaches:

1. **Shared decision making** to ensure that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach decisions about treatment.
2. **Personalised care and support planning** to ensure facilitated conversations take place in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.
3. **Enabling choice, including legal rights to choice**
4. **Social prescribing and community based support** to ensure individuals are supported to access the widest range of support and services available in their community.
5. **Supported self management** to ensure people are helped to manage their ongoing physical and mental health conditions themselves.
6. **Personal health budgets and integrated personal budgets** to give flexibility on how people's assessed health and wellbeing needs are met.

What will this feel like for residents?



Source: [NHS South West](#)



5.6.2 Joined up local teams

OBJECTIVE 3: Excellent health and care services

The opportunity:

Health and care services for people in BSW, and across England, have often felt fragmented for those using them. This has meant, for example, lots of travelling for individuals for different aspects of their care and having to 'tell their story' multiple times.

We therefore want to implement local multidisciplinary teams (MDTs) that bring together different types of clinicians and professionals. These help to provide more joined up care and support, ideally in people's homes but if not then as close to them as possible.

There is evidence that suggests **MDTs can result in improved outcomes for people and their families**, and higher quality, personalised care. MDT working can lead to improved job satisfaction for professionals and practitioners as a result of greater autonomy, skill enhancement and knowledge sharing

Our approach:

Building on the excellent primary and social care services we have across BSW, joined up local teams will have a critical role to play in providing both same day access for urgent care and continuity of care for individuals with long term conditions or complex care needs.

They will focus on three key 'offers' to the local population:

- improved access to care & advice
- proactive personalised care from a range of team members for individuals with long term or complex health needs.
- helping everyone to stay well for longer (prevention)

Joined up local teams will be designed to serve populations of around 30,000-50,000 people in natural neighbourhoods across BSW.

Forming these teams is an important element in developing sustainable health and care services.

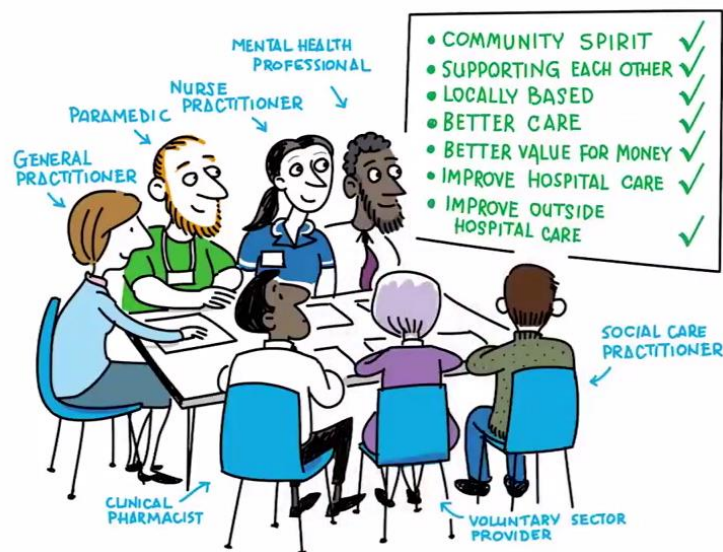
They will enable partner organisations to work together to ensure that individuals are accessing care and support from the most appropriate sources, including voluntary and third sector organisations. This is important if health and care organisations are to address the current workforce challenges that exist today and individuals are to make the most of the wide range of resources that are available within their community.

These teams will work across traditional professional and organisational boundaries. To support this way of working we will revise how our performance management, information sharing, clinical governance, information technology, finances and contracting processes operate. This will help these neighbourhood teams operate with flexibility and responsiveness in the way they support their local population.

Our commitments include:

Across BSW, **we will develop integrated, multidisciplinary teams** that deliver health and care services around the needs of individuals. These will include integrated teams at 'neighbourhood' level, which will bring health and wellbeing services closer to those who struggle to access services due to disability and poor access to transport.

We will also review community services and put integrated teams at the heart of the way these services are provided in future. This will be a significant programme of work and will involve partners from across our health and care system.





5.6.3 Responsive local specialist services

OBJECTIVE 3: Excellent health and care services

The opportunity:

As highlighted, it can sometimes be hard for people across BSW to access services – particularly those who live in rural areas or who have limited mobility.

Advances in technology means more services can be provided in local settings. **Increasing the range of services available within people homes and the community is a priority** and is important in ensuring services are easy to access for local people.

Our approach

We will aim to deliver services as effectively close to people’s homes as possible, ensuring they are responsive to individuals’ needs.

Work is already underway on a range of initiatives including:

- i. Virtual wards to reduce the need to spend as much or any, time in a hospital bed.
- ii. Enhanced access to community diagnostic facilities

Our commitments include:

i. Virtual wards

Virtual wards provide a safe and efficient alternative to the use of an NHS hospital bed, by supporting individuals to receive their care, assessment, monitoring and treatment in their home or usual place of residence. Virtual Wards combine care delivered by a range of staff supported by technology including a shared care record and remote monitoring. The virtual ward services in BSW will provide a range of interventions, tailored to meet the needs of the individual, to help prevent hospital admissions and to accelerate discharge from hospital.

We already have virtual ward beds in operation in the system and have plans to increase virtual ward capacity across BaNES, Swindon and Wiltshire over the coming year.

So far, the average length of stay has been 5-9 days and the majority of patients have been discharged to their usual place of residence.

Our commitments (cont.)

ii. Community diagnostic facilities

BSW is committed to expanding community diagnostic facilities. These will deliver additional, digitally connected, diagnostic capacity in BSW, providing all patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling an accurate and fast diagnosis on a range of a clinical pathways.

The initial work in 2023 on community diagnostic facilities will focus on the deployment of mobile units. From 2024 the focus will be on additional permanent facilities within BSW.

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5.6.4 High quality specialist centres

The opportunity:

The challenges of the pandemic and the pressures during the winter of 2022/23 have highlighted the importance of hospital sector capacity being available for individuals with acute conditions. **We have the opportunity to ensure that residents across BSW benefit from the best acute care.**

Our approach:

Provider collaboration

Our hospitals and other specialist facilities play a critical role in the provision of services to individuals with urgent, long-term and elective health care needs.

Through the work of our Acute Hospitals Alliance (AHA), which involves the organisations that run the Great Western Hospital in Swindon, the Royal United Hospital in Bath and Salisbury District Hospital colleagues are working together to improve the way services are delivered.

Our commitments include:

- ✓ The AHA is developing a clinical strategy that will set out the role the hospitals will play in the delivery of urgent care services, management of long-term conditions and how they can improve quality and productivity
- ✓ The partners in the Acute Hospital Alliance are also working together on the development of facilities in the Sulis Hospital in Peasdown St John. This modern facility will play a critical role in reducing the waiting times for surgical procedures for the population of BSW

Quality and improvement

In BSW **we want to establish and nurture a culture of openness, learning and continuous improvement.** We will deliver care that is **safe, effective, well led, sustainably resourced and equitable.**

Our commitments include:

- ✓ We will work with local communities, people using services (who are experts by experience) and staff to shape the design and delivery of services.
- ✓ Set clear quality standards and expected outcomes when commissioning health and care services for the population we serve

5.6.5 Mental health and parity of esteem

The opportunity:

We know that mental health conditions have been rising across BSW, with mental health worsening due to factors such as the Covid-19 pandemic and cost of living crisis. We also know that many individuals have struggled to access the support they need when they need it. **We will therefore put improving mental health and the principle of 'parity of esteem' at the heart of our efforts to improve health and care services** over the coming years (see below).



Our approach:

We will deliver services against a key principle of parity of esteem. This means we will give as great a focus to mental wellbeing, mental health, and learning disabilities and autism as we do to physical health.

Our ambitions to improve mental health services across BSW will be set out in a dedicated **Mental Health Strategy** shortly. In producing this strategy, working with partners and residents across BSW, we will:

- Take a strength based approach and building on what is already working well
- Build on partnership working at system and place.
- Be informed by those who use our services and the families and carers that support them daily.
- Be outward looking and learn from other systems within our region and beyond.
- Align with the BSW Care Model (see below)

Our commitments include:

- ✓ **Personalised care:** We will use local intelligence to develop nuanced personalised models of care that reduce unwarranted variation whilst paying attention to localised differences in our populations.
- ✓ **Joined up local teams:** We will accelerate placed based integration of mental and physical health, through integrated neighbourhood teams and Primary Care.
- ✓ **Healthier communities:** We will take a holistic approach to mental health by aligning more closely with our local HWB strategies.
- ✓ **Local specialist services:** We will work with our specialist mental health providers to right size and shape local specialist provision that is accessible, responsive, financially sustainable & reduces the need for out of area care.
- ✓ **Addressing inequalities.** We will use data to inform our approach to targeted interventions in addressing inequalities

6. What enablers will help us to achieve our vision?

There are a range of enabling activities that will underpin our progress against our Vision and Strategic Objectives. Further detail on each will be set out in our **Implementation Plan**.



6.1 Developing our workforce

37,600 people work in health and care in BSW. Work is underway to develop a **BSW People Strategy**, with a strong focus on recruitment and retention of the workforce.



What we will do

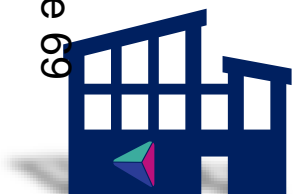
Our priority is to improve both recruitment and retention of staff across BSW by creating a culture in which our workforce enjoy satisfying careers, feel valued and are able to make their best contribution.

Our **People Strategy** will focus on four ambitions, which will be set out in further detail over the coming months:

1. Creating inclusive and compassionate work environments that enable people and organisations to work together
2. Making BSW an inspiring and great place to work
3. All staff feeling valued and having access to high quality development and careers
4. Using resources wisely to reduce duplication, enhance efficiency and share learning

The strategy will complement place-based workforce strategies within BaNES, Swindon and Wiltshire.

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6.2 Estates of the future

We have an opportunity to create high quality estates with seamless IT connectivity across locations. We will design our facilities to ensure they are sustainable, of high quality, technologically enabled and in the right place.



What we will do

The forthcoming BSW Together **Infrastructure Strategy** will focus on the following four priorities:

1. Access: Ensuring our estate is well-located, with good transport links and closer to communities with reduced access.
2. Performance: Ensuring our estate is operationally available when required, digitally-enabled to support system working, well-utilised and incorporates smart building management systems
3. Efficiency: Ensuring the estate reduces our impact on the environment and represents excellent value for money
4. Quality and Standards: Reducing unwarranted variations, with new buildings following modern methods of construction and future-proofed in design to provide flexibility

The strategy will complement local authorities' Local Plans and place-based infrastructure strategies within BaNES, Swindon and Wiltshire.



6.3 Environmental sustainability

We will ensure that we play our part in addressing the climate emergency and make our services as sustainable as possible.



What we will do

We have come together to agree an ambitious and cocreated system-wide vision and set of commitments to begin our journey towards delivering net zero health and care services in BSW. Headline commitments in our **Green Plan** include:

- 60% of BSW Together members will achieve net zero for the emissions we directly control by 2030
- 100% of BSW Together members will achieve net zero for the emissions we directly control by 2040
- 100% of BSW Together members will achieve net zero for the emissions we can influence by 2045

We will continue working to ensure alignment between this plan and environmental sustainability plans across BaNES, Swindon and Wiltshire.

6. What enablers will help us to achieve our vision?



6.4 Making the best use of technology and data

We will make the best use of technology and data to improve health and care for people in BSW. We know that some people cannot access technology and we will make sure our services are always accessible for everyone.



What we will do

Digital solutions give us the potential to work differently, facilitating better, safer care and more efficient and effective use of resources. No more so has this been demonstrated than through the BSW's response to COVID19.

Through our **BSW Digital Strategy** We have identified three strategic priorities in digital and data:

1. Information Sharing
2. Development of our digital workforce via a portfolio of projects
3. Ensuring contemporary cyber security is in place

Our commitments include:

An Electronic Patient Record (EPR). This is a critical building block to digital maturity for an organisation and provides massive opportunities for digital transformation in efficiency and improvements to care. The Acute Hospital Alliance is leading work to align patient records. Work to progress a **shared care record**, incorporating a broader range of health and care data, is also underway.

Infrastructure. We will develop shared infrastructure across BSW in terms of efficiencies and enable flexibility in ways colleagues work across our organisations.

Digital design principles. As part of the development of the BSW Care Model the BSW Digital Board agreed a set of design principles. These principles set out an agreed system-wide approach to the use of technology and digitally enabled transformation that are relevant for all professionals.



6.5 Our role as Anchor Institutions

We will harness the potential of BSW health and care organisations to play a greater role in promoting the social and economic interests of the local areas they are rooted in.



What we will do

Anchor institutions are large, public sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively 'anchored' in their surrounding community. They have sizeable assets that can be used to support local economic development, through procurement and spending power, workforce and training, and buildings and land.

We will harness the power of our existing institutions across BSW to deliver their potential as anchor institutions. This will help us support broader social and economic development. It will also allow us to deliver on the ambitions set out in this strategy, for example our focus on preventing people from falling into ill physical and mental health (as set out in Objective 1) through improving their socio-economic conditions and environment.

This will involve partners working as individual organisations. The main 'anchors' in a given place include the NHS, local authorities, universities, colleges, VCSE organisations and increasingly businesses. But sitting at the heart of our vision for delivering social and economic development is a long-term journey from focusing on anchor institutions to creating anchor systems. This will involve a more aligned focus on what we want to change, developed in partnership with the range of other NHS and non-NHS anchors across the system all pulling in the same strategic direction for the economy.

Some organisations in BSW have already begun thinking about how they can play a bigger role as an anchor institution. Great Western Hospital, for instance, has identified five areas where it can make a difference as an anchor institution, helping to create jobs, forge closer links with other civic organisations and improve its carbon footprint.



7. What happens next?

7.1 Delivering through our Implementation Plan

We are clear that we need to continue working with partners and communities across BSW to demonstrate how we are progressing the ambitions of this strategy and those which feed into it.

Our approach to doing this will partly be set out through our Integrated Care Strategy **Implementation Plan**. This is our local version of a 'Joint Forward Plan', which all Integrated Care Boards across England are required to produce. It will outline specifically how NHS bodies plan to deliver the ambitions of the Integrated Care Strategy, though we hope it will be supported by the wider system, including local authorities and voluntary, community and social enterprise partners.

The Plan will set out key milestones and deliverables residents can expect over the coming years as we set out to deliver the ambition and objectives of this strategy.

Like this strategy, the Implementation Plan is a Five-Year document that will be updated to reflect progress and future development of the Strategy. This annual refresh process will take place alongside the refresh of the Strategy and will enable partners to review progress and to take into account any changes in priority and population need.

Importantly, we will consult on the Implementation Plan with partners, including our local Health and Wellbeing Boards.

BSW's first Implementation Plan will be published by **31 June 2023**.

7.2 Have your say

We invite residents and partners across B&NES, Swindon and Wiltshire to discuss this strategy and we intend to gather feedback as part of our ongoing engagement with the public and system stakeholders over the coming months. Details of this engagement exercise will be developed shortly after the publication of this document.

Our vision, approach and strategic objectives will continue to evolve as we engage further with BSW residents and respond to the changing needs of the local population.

This document is therefore simply a first iteration. **Have we got it right?**

We welcome your comments, whether before or after publication. If you would like to offer your thoughts on what you welcome in this strategy, or how it could be improved, then please do get in touch.

Please send your thoughts to bswicb.bswstrategy@nhs.net

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Wiltshire Council

Health and Wellbeing Board

30 March 2023

Subject: Wiltshire Joint Local Health and Wellbeing Strategy

Executive Summary

The Joint Local Health & Wellbeing Strategy (JLHWS) has been updated. The Health and Wellbeing Joint Strategic Needs assessment (JSNA) and Joint Local Health and Wellbeing Strategy are the foundations upon which the health and wellbeing board exercises its shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education. JSNAs and JLHWSs enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes. Wiltshire's JSNA was recently updated and published in the autumn of 2022. It provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It builds on previous JSNAs to provide a comprehensive picture of the health and wellbeing needs of Wiltshire using a broad range of indicators presented in accessible format for all parties to use. This has informed the development of the draft JLHWS together with the Health and Wellbeing Board workshop held on 1 December and input from a steering group incorporating public health, social care, NHS and Healthwatch Wiltshire representatives to shape its structure and priorities. In January, the draft JLHWS was approved for consultation and feedback is included as appendix 1. A revised and updated strategy is included as appendix 2.

Proposal(s)

It is recommended that the Board

- i) Notes the feedback summarised in Appendix 1 and thanks all boards, organisations and individual respondents for their input
- ii) Approves the Wiltshire Joint Local Health and Wellbeing Strategy at Appendix 2 for publication

Reason for Proposal

It is a statutory responsibility of Wiltshire Council and the NHS to cooperate through the Health and Wellbeing Board to develop a Joint Health and Wellbeing Strategy

Lucy Townsend
Corporate Director, People
Wiltshire Council

Fiona Slevin-Brown
Place Director, Wiltshire
BSW NHS ICB

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Feedback from consultation on the draft Wiltshire Joint Local Health and Wellbeing Strategy

Comments were received from various partnership boards and the health select committee, as well as individual councillors, officers from HWB organisations and the voluntary and community sector.

There was broad agreement with the four strategic areas of the strategy as well as the overall aims within it. A flavour of some of the suggestions received is included below (with comments collated to avoid repetition where appropriate).

General comments

Summary of comment	Response
Need to reference cost of living challenges	Included in foreword
Need to reference life expectancy gap	Included on p3
Ensure consistent use of wider/ social determinants	Made wider determinants through
Need to reference primary care and eye care with the other strategies	Included on final page
add some words on how the many plans, programmes and strategies are co-ordinated.	Added on final page
both the ICS and Wiltshire will have a strategy. Might we suggest to the ICP that they paste the three 'place' strategies into theirs and only add a light-touch overarching section a) to deal with resource allocation and other issues that can only be handled at the ICP level and b) to pull out common factors to reinforce the whole system's commitment to major themes eg tackling inequalities and prioritising prevention	Comment shared with ICP
Would have love to have seen more co-production from the start, working with communities to set the vision. The JSNA is a data tool only and is based on need rather than strengths. Communities don't want to be done unto. The community conversations work is a sign of hope. the intentions of the priority areas are really good, just concerns that they are still heavily tied to existing structures and ways of working, meaning you might not get the change that is needed. Believe there could be a more radical shift of how things are done which starts at people and communities.	The strategy builds on the community engagement undertaken for the previous strategy and has been developed through a collaborative process. Additional reference to working with communities included in the foreword
A very clear, comprehensive and well written strategy which clearly places the community at the heart of the strategy.	-
Some of the language around 'personal responsibility' is a bit concerning. There is only so much an individual can do when faced with the inequity in our society.	The strategy prioritises addressing the wider determinants of health and tackling inequalities but alongside this reference is now made to personal resilience and empowering individuals as an alternative to personal responsibility.
Document is well-written in clear English	-

Order of priorities – should tackling inequality be first given it is a vast agenda and one which the NHS may be unable to focus on – whereas staff can focus on prevention so could lead with that	The strategy progresses from action on wider determinants (tackling inequality) through prevention (individual empowerment and access to services) through localisation and onto integrated services. This is intended to mirror the need for a ‘leftward shift’/ ‘upstream prevention’ Numbers have been removed from themes to ensure they are viewed as equal.
Health in all policies is not part of NHS / social service responsibility	The provision of community health services needs to be considered alongside housing, employment and planning
I agree with the 4 strategic areas and the achieving change statements.	-
to demonstrate actionability there needs in my view to be some reference to how the high level aspiration will translate into on-the-ground action	The strategy references how the HWB will consider regular progress reports on the delivery of this strategy, which will inform the work programme of the Wiltshire Integrated Care Alliance and the individual work of members of the board.

More specific comments

Summary of comment	Response
Need to reference food as well as fuel poverty (affordable and healthy food options) and the need to increase incomes	Included under tackling inequalities theme (but not repeated under other themes to ensure it remains concise)
Need to increase access to NHS dentists and mental health services	The strategy includes reference to improving access to services, as well as the community mental health model and reference to primary care strategy. The JLHWS focuses on where joint work between organisations is required – and improved join-up of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, for the armed forces and their families, pharmaceutical services and healthcare in the justice sector) is a clear commitment, recognising the opportunities arising from forthcoming devolution of NHSE funding in this area.
Invest in community based programmes & social prescribing	Reference has been made to community based programmes & social prescribing
Endorse population health approach - how will this be put into practice on the ground e.g. Is there are programme to cluster care services	Members of the HWB will report regularly on progress against this objective using the flexibilities they have available.

around GPs? Can we resist systems that reward increased contact if they are handed down from national level? How will we measure population outcomes?	Reference has been made to a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention Population outcomes will be measured through the JSNA
Need to support healthy workplaces and collaborate with local businesses	A reference to health workforce has been included
Would like to see more reference to community development using a strengths based approach. Making sure that you bring all members of the community together as equals. Any methods that are more holistic in approach.	This has been referenced within the localisation connecting with communities theme
Procurement should consider who is the best provider for goods and services prioritising not for profit and local organisations where they are able to meet service specifications.	This is covered under the ‘wider benefits’ of social value procurement
Would prefer co-production to consultation – ultimately you want to change the relationship between health and care and wilts residents from doing onto to being in it together. Prefer hyper local approaches	The need for coproduction has been referenced within the strategy.
Need to ensure that services are delivered in a way that is culturally sensitive and responsive to the needs of all communities within Wiltshire, including those from diverse backgrounds.	This is considered as part of the statutory Public Sector Equality Duty
If shifting to community need to think about proper care co-ordination, which could be with the person, as there is a danger of people falling through gaps and overreliance on neighbours/ family/ friends	This has been referenced within the working together theme, together with support for unpaid carers
Would be great if you could link in with the co-production plans for SC transformation	The need for coproduction has been referenced within the strategy.
Include reference to VCSE under 4 th aim	This has been included
Include reference to rural issues, young people and armed forces	This has been included under the first, second and fourth themes respectively.

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Wiltshire Joint Local Health and Wellbeing Strategy

2023-2032

Foreword

The health and wellbeing of the people of Wiltshire is the highest priority for the Wiltshire Health and Wellbeing Board. We are determined to ensure that *“people in Wiltshire are empowered to live full, healthy and enriched lives.”*

This strategy has been developed based upon the evidence of need and has enabled the board to focus on four thematic areas where it can have its most impact, ensuring everyone has access to the opportunities and services that we would expect for our own friends and families. We know that our population is ageing (there is a forecast increase of 87% in our 85 and over population by 2040). We also know that where someone is born and raised in Wiltshire can have a significant influence on how healthy they are and how long they will live and that, sadly, the pandemic and ensuing cost of living challenges have further exacerbated these health inequalities. We want to ensure everyone can thrive in Wiltshire. Achieving this will mean a clear focus on reducing inequalities but also connecting with communities to encourage local action and better tailoring the delivery of our services to reflect the needs of local areas.

As organisations responsible for designing, commissioning and delivering a huge range of health and social care services for Wiltshire residents, we are keen to make services the best they can be and excellent value. Integrated working is an essential part of this. We also recognise the need to shift the focus from acute to primary and community care and, in turn, to preventative activity and population health. A population health approach will allow the risks and rewards of investment in services to be shared locally and the potential to try new approaches such as clustering more care services around GPs or commissioning on the basis of whole population health outcomes rather than systems which reward increased contact. It will also mean we fully recognise the difference good jobs, housing, natural environments, education and community can make to health and wellbeing.

We must work with local communities and target our collective resources where the evidence tells us action will make the greatest improvements to people’s health and wellbeing. Therefore, our four guiding themes for this strategy build on those of our previous strategy (and those reflected in Wiltshire Council’s Business Plan) as a clear long term commitment to this way of working. They are:

1. Improving social mobility and tackling inequalities
2. Prevention and early intervention
3. Localisation and connecting with communities
4. Integration and working together

As a board we will continue to work closely together to deliver the vision of this strategy so that our ambition is realised.

CLlr Richard Clewer

Chair, Wiltshire Health and Wellbeing Board

Organisations represented on the Wiltshire Health and Wellbeing Board:

Bath and North East Somerset, Swindon and Wiltshire Integrated Care System, Wiltshire Council, Healthwatch Wiltshire, NHS England, Wiltshire Police and Crime Commissioner, Wiltshire Police, Wiltshire Local Medical Committee, SW Ambulance Service Trust, Avon and Wiltshire Mental Health Partnership, Oxford Health Trust, Wiltshire Health and Care, HCRG, Royal United Hospital, Salisbury Foundation Trust, Great Western Hospital, Dorset and Wiltshire Fire and Rescue Service, Wiltshire Voluntary and Community Sector

Introduction

The Wiltshire Health and Wellbeing Board (HWB) was introduced by the Health and Social Care Act 2012. It is a partnership that brings together the leaders of the health and social care system. The board is required by legislation to deliver specific responsibilities:

- Produce a Joint Strategic Needs Assessment (JSNA) and Pharmaceutical Needs Assessment
- Develop a Joint Local Health and Wellbeing Strategy
- Encourage and enable integrated working between health and social care

The JSNA uses current data and evidence about health and wellbeing in Wiltshire, to highlight the health needs of the whole community. It demonstrates how needs may vary for different age groups, as well as identifying health differences for disadvantaged or vulnerable groups. The JSNA looks at a wide range of factors that help shape and influence the health and wellbeing of individuals, families and local communities such as education, employment, housing, transport and the environment.

www.wiltshireintelligence.org.uk

Within this document health is understood to be a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

This Health and Wellbeing Strategy is a shared strategy, which aims to improve the health and wellbeing of the local population. It uses the analysis and data from the JSNA, to help identify and agree the key ambitions for our population which as a Health and Wellbeing Board we will work together to deliver.

It does not list everything that all organisations will be doing to improve health and wellbeing. Instead it focuses on where Wiltshire's Health and Wellbeing Board can add value and sets out our vision for integrated working for the future.

The purpose of the strategy is to enable:

- All health and wellbeing partners to be clear about our agreed priorities
- All members of the HWB to embed the priorities within their own organisations and ensure they are reflected in a joined-up way in their commissioning and delivery plans (this is a statutory duty for the council and the NHS)
- The board to hold organisations to account for their actions towards achieving the objectives and priorities in the strategy

Wiltshire's strategy has been developed in tandem with the new Integrated Care Strategy (the 'system level' strategy) for Bath and North East Somerset, Swindon and Wiltshire (BSW) and the first five-year Joint Forward Plan for the Integrated Care Board which will deliver it. The two strategies are complementary and differentiate the activity that will be taking place at 'system' (ie BSW) and 'place' (ie Wiltshire) levels. To ensure alignment Wiltshire's Health and Wellbeing Board is consulted on the system level strategies and related delivery plans and has the opportunity to include a statement on compliance with the JSNA and JLHWS within the forward plan, as well as to be consulted on the annual report for BSW.

Wiltshire's Health and Wellbeing Board will consider regular progress reports on the delivery of this strategy, which will inform the work programme of the Wiltshire Integrated Care Alliance and the individual work of members of the board. The progress reports will also inform the timescale for any refresh of this strategy before 2032.

Overview of Wiltshire population

Wiltshire's [Joint Strategic Needs Assessment](#) provides an in-depth analysis of the needs of the population of Wiltshire. Below is an overview of population and deprivation:

Wiltshire's current population:

- 510,400
- 51% female and 49% male

By 2040 in Wiltshire:

- **Under 65+** population expected to have **decreased** by 3%
- **65+** population expected to have **increased** by 43%
- **85+** population expected to have **increased** by 87% (from 15,200 to 28,438)

Areas of deprivation:

There are 8 of the 285 small areas of geography (LSOAS) in Wiltshire that are within the 20% nationally most deprived. They are classified as "urban city and town", and found in **Trowbridge, Chippenham, Melksham and Salisbury**. Households in Wiltshire in the most deprived areas experience higher levels of fuel poverty (17% of households compared with 7% in the least deprived areas) and a gap in life expectancy of up to 7 years with the least deprived areas (76.3 years life expectancy for men in the 10% most deprived areas compared with 83.5 years for men in the 10% least deprived areas).

Health inequalities are understood to be avoidable, unfair and systemic differences in health between different groups of people. There are many groups experiencing health inequalities including those from ethnic minority communities, those experiencing homelessness, those with a learning disability and those living in rural areas. It is useful to keep this in mind when reading through the JSNA.

The health of those in Wiltshire is generally very good compared to the national average. On the whole people in Wiltshire have a higher life expectancy and healthy life expectancy than the England average. Fewer people are living in areas of deprivation, smaller proportions are living unhealthy lifestyles, more people have been vaccinated and crime and unemployment rates are very low. However, evidence from the Joint Strategic Needs Assessment has highlighted that the most deprived 20% of areas within Wiltshire have repeatedly poorer outcomes than the least deprived 20%.

Our communities living in those least deprived areas of the county, will enjoy a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. Inequalities within Wiltshire, and the need to maintain a focus on major health issues, for example reducing deaths from cancer and cardiovascular disease, mean that local services should always be accessible to all. Inequalities do exist in Wiltshire and, with an ageing population structure, health needs are due to change further over future years. This, combined with the reduction in the working age population, means that the current approaches to health and care will not be sustainable in the future and could have an impact on all aspects of our lives if good health is not prioritised. Therefore, we must narrow the gap in health and wellbeing outcomes. We have to make sure everyone has the opportunity to have an excellent education, to learn skills and get a good job, to live in a nice environment and live healthier lifestyles into old age.

Vision

“People in Wiltshire are empowered to live full, healthy and enriched lives”

Key Themes of Wiltshire’s Health and Wellbeing Strategy

A: Improving social mobility and tackling inequalities

In everything we do, we consider the impact of the action on social mobility and ask how we can help to tackle the disparities in opportunities, experience, access and health outcomes that exist within Wiltshire. We focus on the factors that have the greatest influence on people’s health, such as ensuring good and secure homes and jobs.

B: Prevention and early intervention

We take a long-term view, focusing on what is right for Wiltshire and invest in prevention and early intervention to tackle problems before they get worse. We encourage personal resilience and have a whole life approach to planning and providing services for our residents alongside this, aimed at improving outcomes in population health and care.

C: Localisation and connecting with communities

We ensure our dialogue with communities is open, transparent and inclusive, in the right place and at the right time so that the distinctive needs of local communities are met. We enable stronger and resilient communities and support broader social and economic development

D: Working together and integration

We design and deliver our activities in partnership with service users, the voluntary, community and social enterprise (VCSE) sector, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together.

Theme A: Improving social mobility and tackling inequalities

In everything we do, we consider the impact of the action on social mobility and ask how we can help to tackle the disparities in opportunities, experience, access and health outcomes that exist within Wiltshire. We focus on the factors that have the greatest influence on people's health, such as ensuring good and secure homes and jobs.

Case for change

Whilst a significant proportion of our population are healthy; good health isn't just about the treatment of illness. It is the food we eat, the relationships we maintain, the environments in which we live and work and the opportunities we have to thrive. Supporting people to remain healthy, independent and well is a crucial feature of this strategy. To make the biggest changes in people's health and wellbeing, we need to focus on the social and environmental factors impacting on people's lives. Addressing these wider determinants of health - such as housing, unemployment, homelessness, education, social isolation, transport and community safety – alongside recognition of the rurality of much of Wiltshire, is critical for improving social mobility and tackling inequalities.

Achieving change

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel and food poverty, helping people to find stable well paid work and higher incomes, mental health and loneliness and by increasing digital inclusion
- Give children and young people 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
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

1. The Home Setting

The 'home' plays a key role in enabling people to achieve good health and wellbeing.



- Improved physical health, as well as better mental health and well being
- Better social interactions and inclusions
- Better access to services and opportunities

2. Early Identification and Prevention

Focus on children, working across 'whole' family interventions

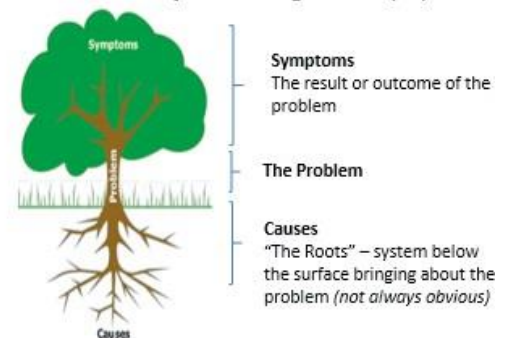


Diverting people from statutory or formal services **through local, flexible, community solutions**

- Reducing long-term health effects from exposures of direct/in-direct harms on young people
- Increasing resilience of our whole population
- Reducing social isolation and loneliness
- Improved health and wellbeing

3. Tackling Root Causes

Tackling root-causes and addressing causal factors; not just focusing on the symptoms



- Reduce risk of frequent and multiple contacts to services/agencies
- Reduced victimisation
- Improved health and wellbeing realised earlier

Theme B: Prevention and early intervention

We take a long-term view, focusing on what is right for Wiltshire and invest in prevention and early intervention to tackle problems before they get worse. We encourage personal resilience and have a whole life approach to planning and providing services for our residents alongside this, aimed at improving outcomes in population health and care.

Case for change

Evidence suggests 60% of what we do to prevent poor health and improve wellbeing relates to wider determinants of health i.e. the conditions in which people are born, grow, live, work and age. Unhealthy behaviours for example smoking, alcohol misuse, poor diet and lack of physical activity, are significant contributors to a large proportion of ill health and long-term health conditions such as cancers, cardiovascular disease, diabetes and dementia. We need a system that is fit for purpose, can manage the challenges of increasing demand, focuses on prevention, supports those with long-term conditions and their carers and helps our populations to improve their health outcomes.

Achieving change

We will:

- Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire relevant to the challenges young people face (including new challenges such as social media)
- Empower individuals across the life course – in all schools, with working age adults and for the elderly – with advice focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse
- Prevent ill health - through increased uptake of screening, health checks and immunisations as well as ensuring the best use of antibiotics.
- Enable a healthy workforce through targeted preventative activity
- Adopt a proactive population health management approach – rolling this out to new areas (such as management of moderate frailty) each year to enable earlier detection and intervention

Theme C: Localisation and connecting with communities

We ensure our dialogue with communities is open, transparent and inclusive, in the right place and at the right time so that the distinctive needs of local communities are met. We enable stronger and resilient communities and support broader social and economic development

Case for change

Population growth and management of long term conditions means our health and care system is under increasing pressure, particularly as it recovers from the pandemic. When people have the skills, knowledge and confidence to manage their own health and care, not only do they achieve better health outcomes, there is also the benefit of reduced healthcare costs and increased satisfaction with services. However, when individuals in a community feel isolated, this impacts their ability to remain resilient, which is a strong predictor for poor outcomes. Enabling communities to be stronger and more resilient allows local solutions for local problems, by working together with partner agencies and the voluntary sector to meet their health and wellbeing needs.

Achieving change

We will:

- 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 using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants
- Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.
- Consider the way in which we buy goods and services can deliver improved local job opportunities (acting as ‘anchor’ institutions) and other wider benefits (social value)
- Embed Healthwatch Wiltshire and voluntary and community sector voices in relevant decision-making structures and ensure the public voice is heard with consultation results and co-production reflected in decision papers and relevant attendance at the Health and Wellbeing Board.

Theme D: Working together and integration

We design and deliver our activities in partnership with service users, voluntary, community and social enterprise (VCSE) sector, local communities and public sector partners. We collectively consider how to integrate our work, get maximum value for public sector spend and plan our use of the public sector estate together.

Case for change

Our current health and care system is under pressure and can be confusing for staff, patients, families and carers. As our populations get older and more people develop long-term health conditions, our system is becoming less able to cope with the changing needs and expectations of the people it serves. This is leading to higher demand for social care, carers and community health services and these pressures will continue to increase with a reduction in the working age population. The way we pay for health and care services can encourage high end care in expensive settings, often reinforcing isolated working practices. We currently spend too much on services responding at the point of crisis and not enough on early intervention and preventative support that aims to keep people well for longer. Initial signs are that covid has reinforced the investment in acute services and although there has been some staffing growth there are also challenges with increasing activity and productivity across the system to address the elective care backlog.

Achieving change

We will:

- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision of personal budgets and coproduction of services
- Boost 'out-of-hospital' care, encouraging a 'hospital without walls' model with improved digital and local access to consultants, and dissolving the divide between primary and community health services - through coordination of community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes
- 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
- Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers
- Improve join-up of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, for the armed forces and their families, pharmaceutical services and healthcare in the justice sector)
- Drive improvement by delivering our vision through collective oversight of quality and performance, reconfiguration of clinical pathways, recommissioning of services and overseeing pooled budgets and joint teams together (through the Wiltshire Integrated Care Alliance). The ICA will bring together officers from the relevant organisations and report regularly to the Health and Wellbeing Board on progress against this strategy and its own transformation programme as well as the Better Care Plan.



Summary

Theme	Improving social mobility and tackling inequalities	Prevention and early intervention	Localisation and connecting with communities	Integration and working together
<p>Actions to achieve change</p>	<p>Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods.</p> <p>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</p> <p>Give children and young people the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days and community health services</p> <p>Target outreach activity – identifying particular groups to improve access to services and health outcomes and tackle root causes</p> <p>Improve access through online services and community locations</p>	<p>Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire</p> <p>Empower individuals across the life course – in all schools, with working age adults and for the elderly – with advice focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse</p> <p>Prevent ill health - through increased uptake of screening, health checks and immunisations as well as tackling antimicrobial resistance through the best use of antibiotics</p> <p>Adopt a proactive population health approach – rolling this out to new areas (such as moderate frailty) each year to enable earlier detection and intervention</p>	<p>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> <p>Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.</p> <p>Consider the role that procurement can play in delivering social value and the way in which organisations can act as anchor institutions</p> <p>Embed Healthwatch Wiltshire and VCS voices in relevant decision-making structures; ensure the results of consultation are reflected in decision papers</p>	<p>Provide integrated services at key stages in a person’s life – including later life planning, end of life care, and increasing the provision of personal budgets and coproduction of services</p> <p>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</p> <p>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</p> <p>Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers</p> <p>Improve join-up of services including specialised commissioning</p> <p>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</p>

Wider determinants of health and wellbeing

General socioeconomic, cultural and environmental conditions

- Agriculture and food production
- Education
- Work environment
- Living and working conditions
- Unemployment
- Water and sanitation
- Health care services
- Housing

Social and community networks

Individual lifestyle factors

- Age
- Sex
- Constitutional factors

Strategic links

Wiltshire Health and Wellbeing Board members will champion the themes and commitments of the Wiltshire Joint Local Health and Wellbeing Strategy within other strategies their organisations are responsible for, looking for joint action where appropriate, to ensure a comprehensive and coordinated approach. These include:

Environment

- Local Plan and Local Transport Plan
- Housing Strategy
- UK Shared Prosperity Fund Investment Plan
- Economic Strategy
- Wiltshire Climate Change Strategy and Delivery Plan. NHS Sustainability Strategy
- Wiltshire Playing Pitch Strategy
- Park and Open Spaces
- Blue and Green Infrastructure
- Air Quality Strategy
- Licensing Policy

Corporate services

- Workforce
- Procurement
- Estates
- Digital

Health and social care

- Integrated Care Strategy and Joint Forward Delivery Plan
- Better Care Plan
- Inequalities Strategy
- BSW Care Strategies – Elective, Urgent, Acute
- Primary Care, Eye Care, Dental Care, Pharmacies
- Suicide prevention
- End of Life Care
- Mental Health and Wellbeing
- Autism and Learning Disability Strategy
- Annual Public Health Report
- Wiltshire Community Safety Partnership Strategy
- Domestic Abuse and Sexual Violence Strategy
- Homelessness Strategy
- Sexual Health and Blood Borne Viruses Strategy Obesity Strategy
- Dementia Strategy
- Carers' Strategy
- Leisure and Physical Activities, Libraries

Children's Services, Education and Skills

- Youth Justice Plan
- FACT Partnership Strategy
- Looked After Children Strategy
- SEND and Inclusion Strategy
- Transitions Plan
- Disadvantaged Learners
- Early Help
- Mental Health and Wellbeing
- Children and Young People's Plan
- Kinship care
- Positive leisure time activities
- Local Skills Improvement Plan

Voluntary and Community Sector



Wiltshire Alliance

Neighbourhood Collaboratives and Connecting with Our Communities

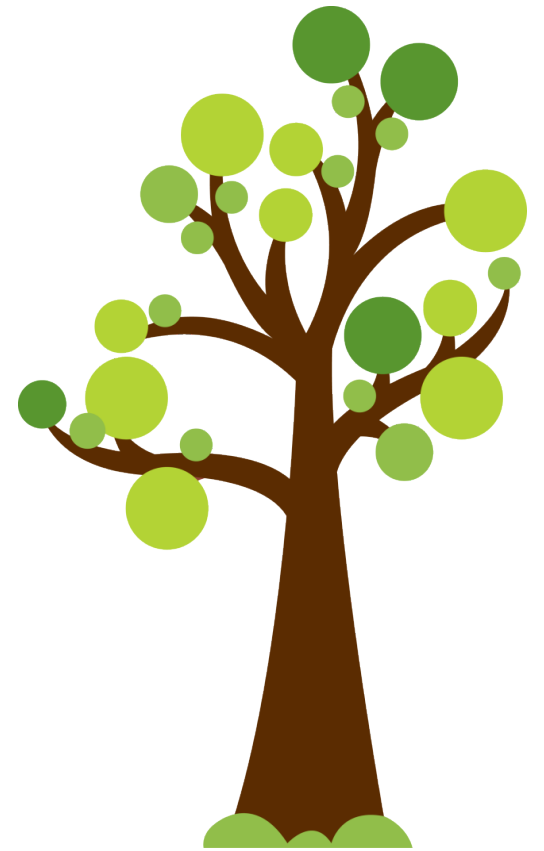
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Update for Health and Wellbeing
Board – March 2023

Agenda Item 9

Neighbourhood Collaboratives

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Neighbourhood Collaborative Model

Vision and Purpose

- To reduce health and wellbeing inequality gaps within neighbourhoods across Wiltshire by working together on the priorities and improvements that are important to local people. Collaboratives align with our Joint Local Health and Wellbeing Strategy.

The model is underpinned by a Readiness Review Assessment, comprehensive Launch Programme and Extensive set of supporting tools, together with a direct link to the Project Team.

The Model

- Establish a Collaborative group in each 'neighbourhood' to develop areas of work, addressing local health and wellbeing challenges together – with support from a Wiltshire-wide group of professionals and each other.
- Underpinned by data (new tools and methodologies), community and staff feedback, views and engagement.
- share data, knowledge, resources, and experience to co-produce and design solutions to local community challenges
- Will develop integrated working (Fuller Stocktake)
- Roughly on PCN footprints, without prescribed structures
- Sustainable and long term vision – no new funding
- Supports integrated working and enhances other programmes.
- Prioritises prevention, relationships, mutual aid, test and learn culture

Membership

Collaboratives will include partners across Health and Social Care, Voluntary Community Social Enterprise, Local Authority partners, (such as Area Boards, Education, Housing), Police, Fire and many Community Groups

Wiltshire Collaborative Network

A forum to connect, learn and share across all the Neighbourhood Collaboratives – celebrating success, seeking and receiving support, and connecting into networks of professionals



Neighbourhood Collaborative Model

Neighbourhood Collaborative

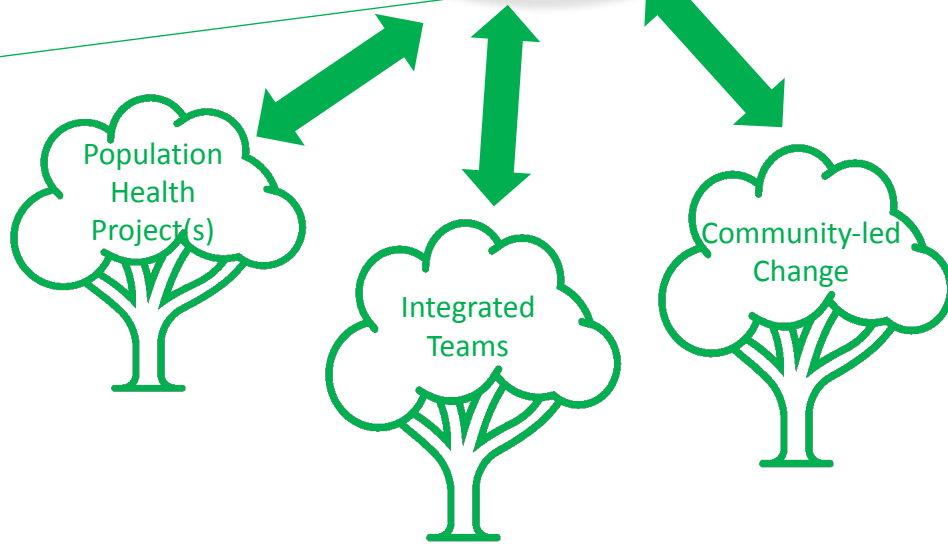
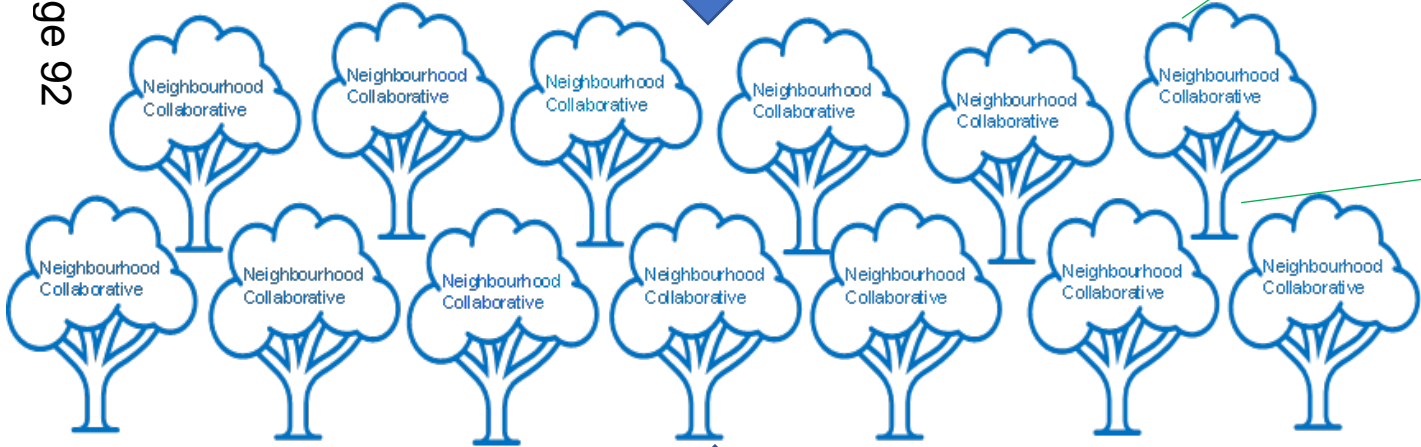
BSW Programmes and Regional Forums
Learning and Sharing beyond Wiltshire borders and across programmes

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



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

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Features of a Neighbourhood Collaboratives



What they will be	What they won't be
Driving change	Performance managed/PM tools
Informal but structured	Contracted
Inclusive groups – broad participation and involvement	Mandated – in terms of establishing or structurally
Sustainable – a long term view of change and improvement.	Unstructured – but must have clear internal governance and decision-making pathways
Supported by data underpinned by PHM approach	Regulated
Engaging with community and local populations	Independent organisations/structure/employers
Community asset based	Space to undermine other groups/existing projects or work
Connecting work across the system	Vehicles to drive all the system work
Supported by a network of professionals	Isolated – not connected to other programmes
Supportive of Integrated Neighbourhood Teams work	Driven by individual agendas – this is about population health and wellbeing

Steering Group Meetings – March '23 Update

Representative organisation/service	
ICB Wiltshire Locality Team	AWP
ICB – Population Health	Safeguarding
Area Boards – Wiltshire Council	WHC
Wiltshire Council Social Care	Children & Young People
Public Health	Police
Wiltshire Council – Library Services	Fire & Rescue
Healthwatch	Education (awaiting rep)
Primary Care	Housing (awaiting rep)
VCSE	Environment (awaiting rep)
Acute Trust - Strategy Teams	Community Groups
Wiltshire Council – Systems Thinking	ICB - Estates

The Steering Group; The group met for the first time in December 2022. For many it was the first time they were participating in an Alliance programme and working with colleagues across the system. Since this initial meeting the Group have met in February and March and have been instrumental in guiding the programme. In response to feedback from the Steering Group the Pathfinder site in BOA & Melksham has been developed and the Readiness Review, a tool for identifying partners' preparedness to engage with the Collaborative model, has been approved. The focus for our meeting at the end of April will be around the roll out of the next phase of the programme, including the Launch programme and the development of the Wiltshire Collaborative Forum.

Pathfinder Site; Melksham and Bradford on Avon area have agreed to be the Pathfinder site to rapidly test and learn from the model and feed learning into the Programme, informing the tools and approach that we will use for the other sites. An initial area has been identified, (Falls & Falls risks), and meetings scheduled during March '23 will provide the platform for emerging collaborative members to interrogate our data and information, to agree a cohort and consider possible approaches to support this group of people.

Other sites; Trowbridge Team are making progress on the initial pilot work, and will be offered support to expand to the full programme. Discussions with other sites are also underway.

Communications Plan; The Project Team will continue to provide progress updates through their Newsletters. This month the Project Team will also produce an elevator pitch, a short comms piece, about the Neighbourhood Collaborative programme following a request made at the last Steering Group meeting. This will be used as part of the comms engagement plans that Steering Group members have agreed to promote across their organisations.

Milestone Plan; We will share with the Steering Group the revised programme plan which will include the launch programme.



Progress Against Objectives

	Objective	Progress and Next Steps
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>	<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. Melksham and Bradford on Avon – pathfinder site. Work commenced in Falls prevention for people previously unknown to be at risk. Devizes PCN area has agreed to progress with the Collaborative model – at initial stages.
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.	COMPLETE. Readiness review has been approved by the steering group following testing and engagement in pathfinder site and through Steering Group members.
3	To provide additional support and advice via a series of launch/induction events offered to those steering the project within the Neighbourhood.	Launch programme development nearing completion. 6 modules can be delivered flexibly in line with neighbourhood needs. Reviewed by Steering Group and initial dates set.
4	To develop and offer a toolkit of supporting resources and information for use by each collaborative.	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.
5	To establish the Wiltshire Collaborative as a connecting, learning and sharing forum.	The Steering Group is established and well attended. This group will evolve to the Wiltshire Collaborative by the end of June 2023.
6	To develop a comms and engagement plan for the Collaborative programme.	Successful Steering Group workshop in March has developed the plan. This will be launched during April. New Newsletter format is already in circulation. Steering Group made commitments to share the work of the programme and to further engage with colleagues. Aiming to launch pod casts etc..
7	To ensure that a reporting/governance model is in situ to support the improvement.	Complete for the programme structure. Currently working through a testing model with the Pathfinder site.
8	To engage all of our neighbourhoods in this programme by the end of 2023	On Track – built into Comms and Engagement plan and development of the Wiltshire Collaborative group. Milestone plan top be refreshed

Connecting with Our Communities

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Summary

Purpose of the Connecting with Our Communities (CWOC) Group

- The CWOC group will have a 'helicopter view' of Alliance work and will provide a mechanism to support and guide meaningful community engagement during throughout development, initiation and delivery of our transformation and service improvement work.
- To be a connecting space for organisations and people wanting to undertake meaningful community engagement. Group members can offer their own skills and expertise and signpost to other resources and groups.
- To be a vehicle for sharing learning and best practice so we grow our knowledge and capability together.
- Agreeing and role modelling our Alliance principles of engagement, advocating and enabling good practice across all of our community voice and engagement work.
- Providing a forum to establish working relationships and processes to enable our community engagement work to be successful.
- Be the connecting group with wider scale work across the BSW system and work in line with national and BSW Strategies and Guidance.

Following a period of developmental work and a large scale workshop, the CWOC group has been re-established.

- Membership has been refreshed – there is more scope to broaden this further
- Following a gap analysis, the group has identified a programme of priority work against the national and local strategy principles, so we can move towards what 'good' looks like.
- Connected to other work programmes including Community Voices and Neighbourhood Collaboratives
- Begun to develop the framework it will use to provide advice and engagement integration to the Alliance work areas – ensuring decisions are made having embedded the views of our population in the work itself.

Progress Overview

Area	Update
Group Arrangements	Meetings have been re-launched and a TOR and structure are in place. Sponsors of this work have been agreed.
Membership	<p>While the current membership of CWOC is something to celebrate, the group intend to broaden membership further to ensure inclusive representation. The VCSE sector and Wiltshire Council are well represented – we will continue to reach out to organisations such as housing, libraries, police, fire and rescue, faith groups, community interest groups etc.</p> <p>Operational pressures have prevented many provider partners from attending CWOC meetings. The group needs to consider how it can facilitate the involvement of those who are missing from the current sessions.</p>
Engagement Advice Framework	<p>The Engagement Advice Framework (colloquially called the “Otter’s Den”) is a mechanism where individuals, teams or organisations etc can share their intended are of engagement or programme of work with the CWOC membership to receive feedback and support related to engagement with stakeholders and the wider community and to join pieces of work and engagement together. One of CWOCs core aims is to bring the voice of the community into the work we do and, in this regard, the CWOC group can serve as an enabling group. This group of experts with experience in engagement can be a valuable resource for those looking to work with communities.</p> <p>Following a test of the model, 5 broad areas are being developed into an methodology. These Are: Co-Production, Consultation & Engagement, Learning, Research & Best Practice, Resources and Data. Our next step for this piece of work is to work through the collated feedback and agree as a group a ratified framework that can be used.</p>
Work Programme Priorities	<p>The Steering group has identified it’s priorities in working towards the national and BSW People and Communities guidance and Strategy – this will be developed into an initial programme of work. The process to do this resulted in extensive debate and requires further discussion and refining. Initial points are below. Further detail is available.</p> <ul style="list-style-type: none"> • “Data” is a golden thread throughout the 5 principle areas. Members are keen that community data and data held by stakeholders external to the ICB are incorporated and considered. The importance of qualitative data was emphasised, and members expressed this should be seen as providing equal value as quantitative data. Finally, information governance obligations were mentioned, and the group discussed the importance of being able to meet these obligations easily to ensure they do not become a barrier to innovation. • Use of resources in the most efficient way and not duplicating across partners was another golden thread, this in turn generated lots of discussion regarding mapping of services/programme of work/data. It also related back heavily to the data conversation, specifically the importance of sharing data across partners. • When discussing health inequalities, the group highlighted the need for a gap analysis of health inequalities and the requirement for tools needed to be developed to assist with this analysis. This relates heavily to the Neighbourhood Collaboratives programme and the tools being developed/collated can serve to assist the CWOC group as well. • Members also discussed the importance of including those in our communities that we have traditionally found are harder to reach, to ensure we can capture their voices and reflect them in the work that we do. This will likely feature heavily in our Engagement Advice Framework and will form a large part of this piece of work.

Next Steps

The CWOC group is progressing well, and a structure of meetings will be established across 23/24.

Next steps include:-

- Working with other groups to improve the range of membership, and consider how to include voices from within our communities.
- Finalise the Engagement Advice Framework, pilot and embed.
- Understand how information can be shared across all partners, removing barriers that prevent collaboration in engagement activity.
- Identify Information Governance obligations and ensure compliance.
- Define and agree the scope of various mapping exercises the group now wants to undertake (programmes, sources of community information, community assets etc..) – this is not about duplicating existing resources, but about understanding and sharing where those resources are.
- Further development and engagement tools to support the Neighbourhood Collaboratives programme.
- Develop the ‘expert hub’ model, design and deliver solution for information collation and sharing, working with system colleagues.

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Wiltshire Council

Health and Wellbeing Board

30th March 2023

Subject: Wiltshire SEND and Inclusion Strategy

Purpose of Report

1. To provide HWB with an update regarding the progress of the six strategy priority areas from the SEND and Inclusion (SEND&I) strategy and to provide information and a timeline for the development of the next iteration of the strategy.

Relevance to the Health and Wellbeing Strategy

2. The SEND&I strategy has relevance to each of the four health and wellbeing themes presented within the Health and Wellbeing Strategy:

Prevention – working to ensure that support is available from across the local area to support emerging needs in children and young people, for example where young people experience anxiety and challenges to their mental health

Localisation – work to enable children and young people with SEND to be able to attend a schools setting which is proximate to where they live, wherever possible, through the development of additional specialist places and inclusion support to mainstream schools and settings

Tackling Inequalities – activity to support education providers to identify, understand and support a range of SEND needs within their setting. Work to ensure that opportunities are available in the wider community which welcome and include learners with SEND

Integration – working as a local area partnership to broaden, develop and build services and support for young people with SEND and their families in Wiltshire.

Background

3. Wiltshire Council is required to have a published strategy in relation to SEND. Wiltshire has a SEND&I strategy which was produced in early 2020 following a period of engagement and coproduction with a wide range of stakeholders, including young people with SEND and their families during 2019. The process of coproduction is, by its nature, time intensive and requires time and space to enable ongoing engagement and 'checking back' with stakeholders to ensure that the final document

reflects effectively what has been shared and what the priority areas for activity in relation to SEND are from a range of perspectives.

The COVID pandemic delayed the launch of Wiltshire's SEND&I strategy and whilst there is demonstrable progress with many elements, some have been delayed and some have changed shape, in response to the post pandemic landscape within schools and settings. The Wiltshire SEND&I strategy was shared and approved by the Health and Wellbeing Board in September 2020.

The strategy has six identified priority areas which are:

1. Developing holistic plans for children and young people
2. Inclusion and removing exclusion in education
3. Inclusion and wellbeing in the community
4. Improving the range and quality of provision
5. Progress and attainment
6. Well planned transitions

Each of the six priority areas has a nominated 'workstream lead' who enables that activity relating to the area and its impact is regularly considered and collated.

Governance for the SEND&I strategy is through the SEND Board, which has a broad range of groups and services represented through its membership. Membership is from across the local area partnership.

An extension of 12 months was agreed by cabinet in January 2023 to enable a co-produced SEND&I strategy to be delivered which effectively details the areas for development and delivery in this area.

Main Considerations

5. To have oversight and an opportunity to discuss the progress achieved in relation to the six priority areas detailed in the SEND&I strategy and the impact of these for young people and families in Wiltshire.
6. To have oversight and an understanding of the timeframe for the next iteration of Wiltshire's SEND&I strategy

Next Steps

7. Having had an opportunity to hear about the progress made against the six priority areas of the SEND&I strategy the board is invited to consider when a further update should be brought for consideration.

**Helean Hughes/Kai Muxlow/Cate Mullen
Director of Education and Skills/ Commissioning Manager, Specialist
Services/Head of SEND and Inclusion
Wiltshire Council**

Report Author:
Helean Hughes Director of Education and Skills

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Health and Well-Being Board SEND Inclusion Strategy

SEND Inclusion Strategy 2020-2023

The vision is to work together to create an environment where:

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“All children and young people with SEND and their families will have a voice that is heard. They will know how to access, and be able to access, the joined up support they need to thrive in their communities, to enjoy life and reach their full potential”

This is done through working together across all departments and with colleagues in Health and Social Services

Co-Production

The current strategy was developed as a result of working in partnership with parents, carers, children and young people.

Wiltshire Parent Carer Council was a central part of this work, alongside work with other voluntary organisations, health colleagues, schools, nurseries and community health providers.

As a partnership we want the very best for our young people with SEND and believe that inclusion should be at the heart of our work so that every child or young person with SEND feels valued and empowered to be part of their community now and in the future.

The Priorities

- Developing holistic plans with children and young people
- Inclusion and removing exclusion in education
- Inclusion and well-being in the community
- Improving the range and quality of provision
- Achievement and progress
- Well planned transitions

Priority 1

Reconfigured the SEND team to ensure focus upon both new assessments and reviews of existing EHCPS

Financial investment made in the SEND team to ensure that staffing levels are sufficient for the work required of the team

Created and recruited to a DSCO post to support work across social care in relation to EHCPs

Developing a process for the provision of social care advice for all new EHCNA

Working to recruit to health advisor positions to support the provision of health advice as part of all new EHCNA

DCO process put into place for supporting the provision of compliant health advice and wording used in our EHCPs

Implementation of QA process for EHCPs which will allow benchmarking across other LAs

Appointment of a Local Offer Officer and improvements made to the Wiltshire site incorporating input from across the local area

Refreshed medical needs advice written by DCOs

Development of new online EHCNA process, codesigned with SENCOS to streamline and simplify the process

Educational representation, through a secondment, put in place to support the autism waiting list initiative

Development of 'Discussion and Decision Groups', known as DaDs to support each aspect of statutory SEND decision making

Priority 2

Implementation of a Wiltshire Approved Alternative Provision (WAAP) list available for schools

Roll-out of toolkit for schools to support best practice in use of Alternative Provision, with re-integration focus

Co-production of a guidance resource on Ordinarily Available Provision for All Learners (OPAL) with additional needs in Wiltshire education settings

Focused work from the Virtual School to reduce exclusion of Children Looked After

Reconfiguration of the service delivery model for the behaviour support service, to focus on capacity building for schools

Implementation of a training offer that focuses on quality first teaching for inclusion, utilising expertise within school effectiveness

Delivery of a new SEND Advisor function from within school effectiveness to improve strategic leadership of SEND in Wiltshire schools

Wiltshire roll-out of Trauma-Informed Practice training to schools and settings, with a focus on attachment, trauma and resilience

Strengthening of SEN Support expectations for Children Looked After with an improved graduated response

Implementation of a quality assurance framework for Alternative Provision that is not DfE registered

Implementation of a FACT Family Help pilot model in a Wiltshire locality to include early help for children with behaviour that challenges

Further enhancement of Healthy Schools whole school approach: healthy relationships, tolerance and respect

Priority 3

Work is taking place via the FACT (Family and Children's Transformation Programme) to support of partnership approach to early intervention

Development of short breaks across Wiltshire to offer parents and carers a wider range of options to access short breaks

The PHN's have been included in the HCRG Care Group review of SEND pathways to ensure they contribute to EHCP assessments as clinically needed. Health Visitors also attend the HELM (health education and liaison meetings) to ensure information is shared in a timely way and that joint plans are in place to support the child and family are in place.

SEND needs are considered as part of all HV assessment contacts and development is specifically reviewed at the mandated contacts and following periods of intervention and support to meet health and development needs. This supports early identification of need.

Work taken place with special schools to develop an understanding of the model of delivery of health interventions

DCOs are undertaking quality assurance of draft EHCPs to ensure they are concise, up to date and legally compliant

Priority 4

Creation of high quality Primary resource base provision at Avenue, Westbury, Charter, Kiwi, Clarendon, and Lyneham in 2022

Creation of high quality Special School places at Silverwood, Exeter House and Springfields in 2022

More robust place planning analysis (developed across SEND teams), resulting in shared understanding of current and future demand for Special School places.

Enhanced alignment of plans and objectives with key stakeholders, including Health, Parents & Carers, School Alliances, Wilts Council mainstream school strategy; RSC

Support to school delivery partners, including financial support, consultation processes, project management, access to services and support

Pipeline of delivery plans: SAIL (Sept 23), Rowde new build (autumn 23); Castle Mead modular build (Sept 23) Springfields Aspen development (Jan 24); Silverwood Chippenham and Trowbridge refurbishment (2024/25); Wilts Council ISS capital bid; DfE free school bid.

Priority 5

2022 data for Phonics shows that the target has been met with 3.6% above National

2022 data for Greater Learning Depth shows target has been met with 2% above National

2022 data for Key Stage 1 shows that SEND pupils perform better than National with 3% above in reading, 1.6% in writing and 4.2% in mathematics

2022 data for Key Stage 2 shows that SEND pupils were above for Reading, in line with National for Writing

Over 60 schools have already accessed and utilised the SEND SEF

Ofsted Parent view results vary between 34%- 100% in the last 12 months on Q7. The average is around 70% in terms of responses

Priority 6

SEND training has been offered to all schools/provisions

Inclusion Project has started, and this will be ongoing

Right choice page has been developed and is now live

Military schools network is now up and running and meeting regularly

Growing up and moving on guide has been created to be used as a tool during annual reviews to share information on opportunities with young people and their families

Growing up and moving on event was held in October, aimed specifically at young people and attended by special and mainstream schools and colleges

Ongoing work with resource bases to link with special schools being facilitated through Open Mornings

PFA Post 16 team are working with the colleges monthly to identify and support young people who are struggling with education

Get Connected is now core funded and all special schools are involved

Dingley's promise work supporting inclusion between mainstream and specialist providers in ongoing

LD and Autism Programme board for all ages has been established across BSW

Employer engagement event is being planned for early 2023

Areas for Development

Development of the voice of children and young people

Neuro-Diversity Pathway development

Continued improvement in waiting times for EHCPs

Development of transition guides for primary age children

Continued improvement in communication between education, health and social care

Extend the work around governance awareness of SEND/Inclusion priorities to Trustees in MATs

Capture SEND student voice through Pupil Surveys and other relevant mechanisms

Develop and strengthen the relationship between Resource Bases and Special Schools and utilise the experience and skills within these settings to enhance mainstream provision

Engagement with new and prospective Resource Base school leaders to meet specific gaps in 2023/ 24 and build capacity/contingency in system. Create a minimum of 3 engagement opportunities per year

Ensure alignment of mainstream and SEND plans, including SEND input into School Places Plan 2022-2027. Also, joint mainstream/RB developer requirements for growth areas (all year)

SEND Inclusion Strategy Planning

2020-2023 Strategy

Extension Year: September 2023 to August 2024

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Sept to Dec 2023

Stakeholder
Mapping
Scoping
Comms

Jan to Feb 2024

Listening to external
and internal
stakeholders
Developing themes

Feb to Apr 2024

Focus Group
Sessions
Developing key
strategic aims

Apr to Jul 2024

Finalising Plan
Presenting to
SEND and Health
and Wellbeing
Boards