



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

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

July 2021

A nested model: system, place, neighbourhood

System – Integrated Care System (ICS)

BSW Partnership Executive/Board

BSW Population Health and Care Group

BSW Oversight and Delivery Group

Place (ICA)

Health & Wellbeing Board

Health Select Committee

Alliance Leadership Team

Alliance Delivery Group

FACT

MH, LD, ASD Locality Group

Community Resilience Partnership

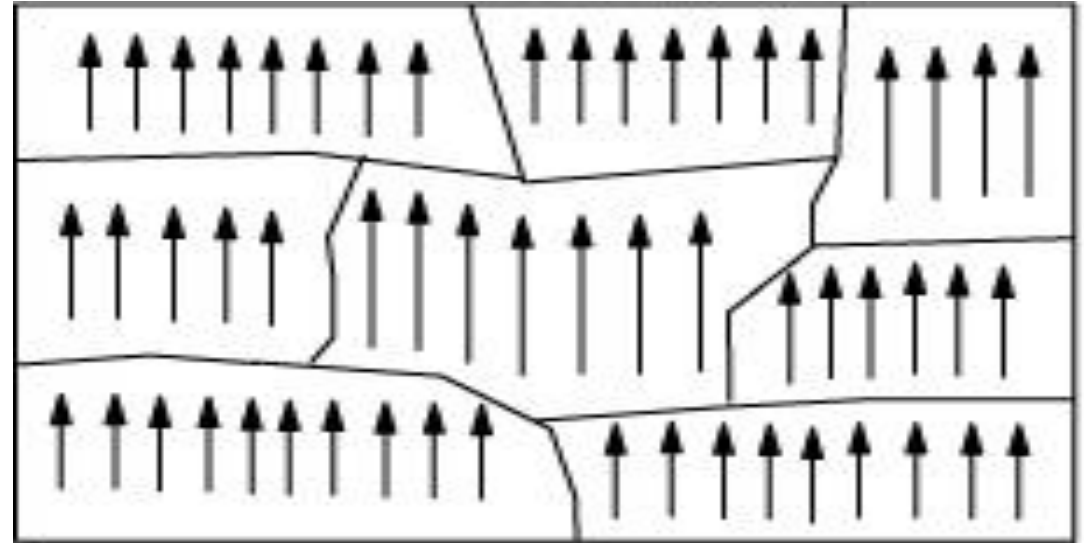
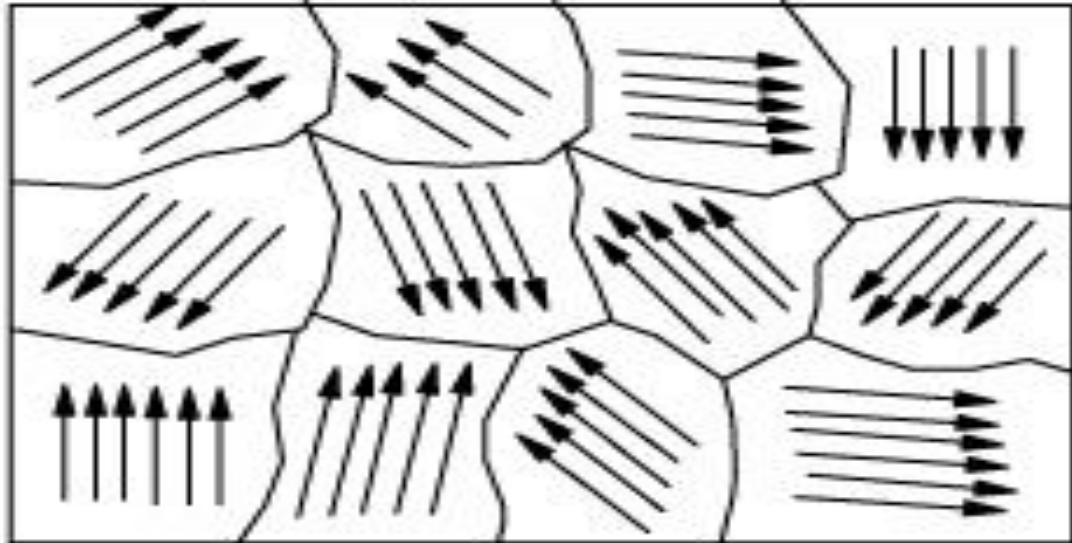
Neighbourhood

Area Boards

Primary Care Networks

Wellbeing hub

The critical difference and opportunity



Summary: ICS development

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

Latest guidance: *ICS Design Framework* [NHS England » Integrated Care Systems: Design framework](#)

What we know so far: NHS England

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

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

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

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

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

What we know so far: ICS Partnership Forum

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

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

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

What we know so far: Provider Collaboratives

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

Creating robust place form with a proven ability to integrate care

A – Population-focused vision and strategy

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

B – Place function, form and ability to act

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

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

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

C – Developing integrated transformation capability

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

D – Managing collective resources

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

E – Leadership and Organisational Development

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

F – Digital, data, intelligence

Detail TBC

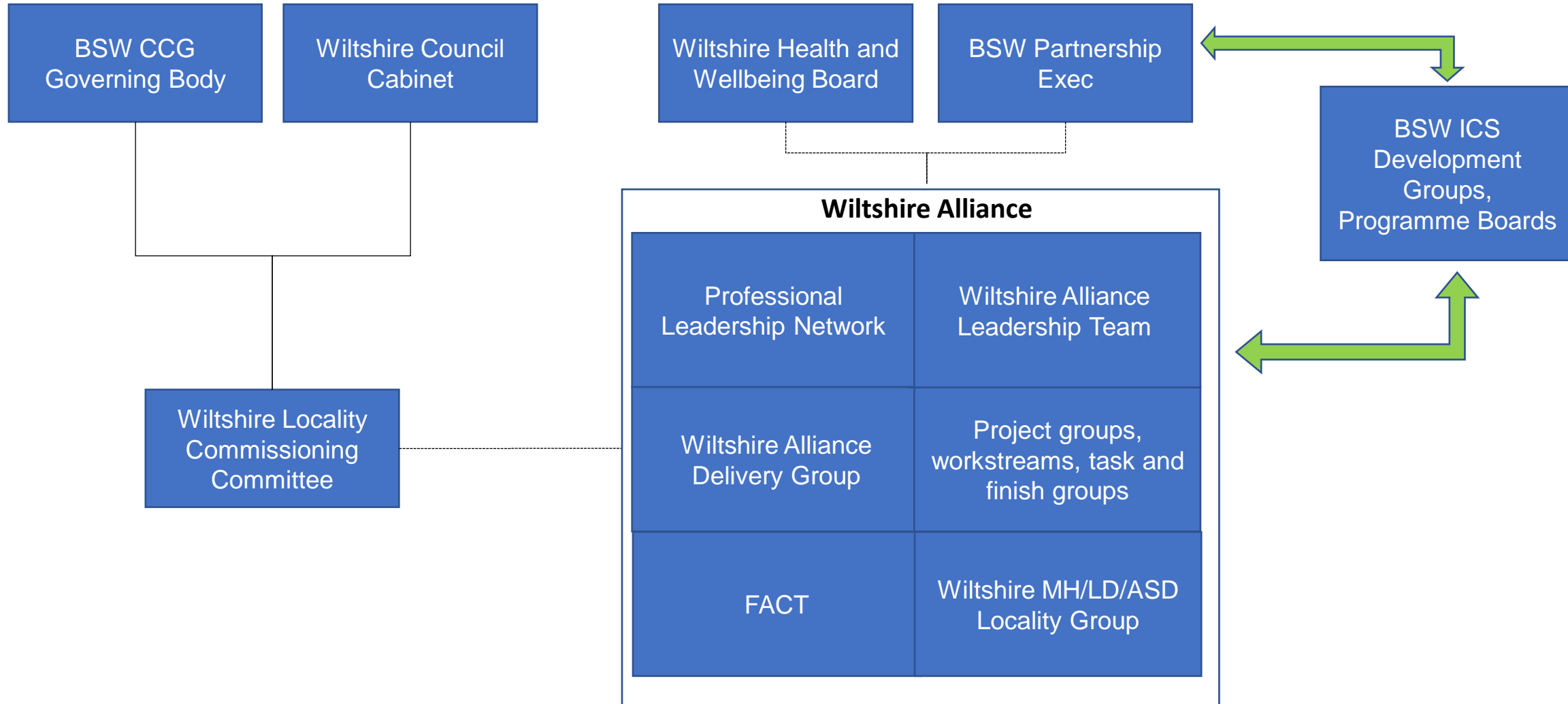


What do we have in place currently at place-level?

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

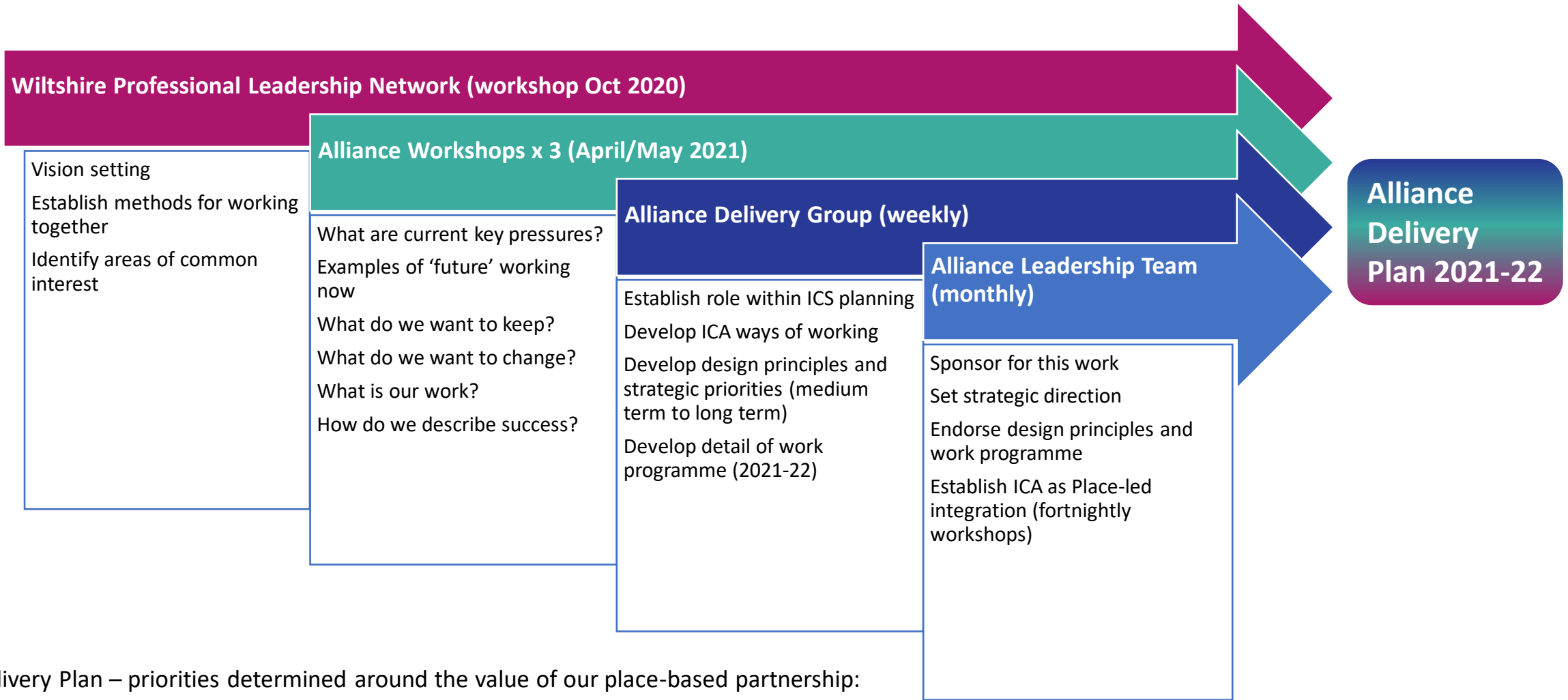


High level structure Wiltshire Alliance





Wiltshire Alliance development process to date



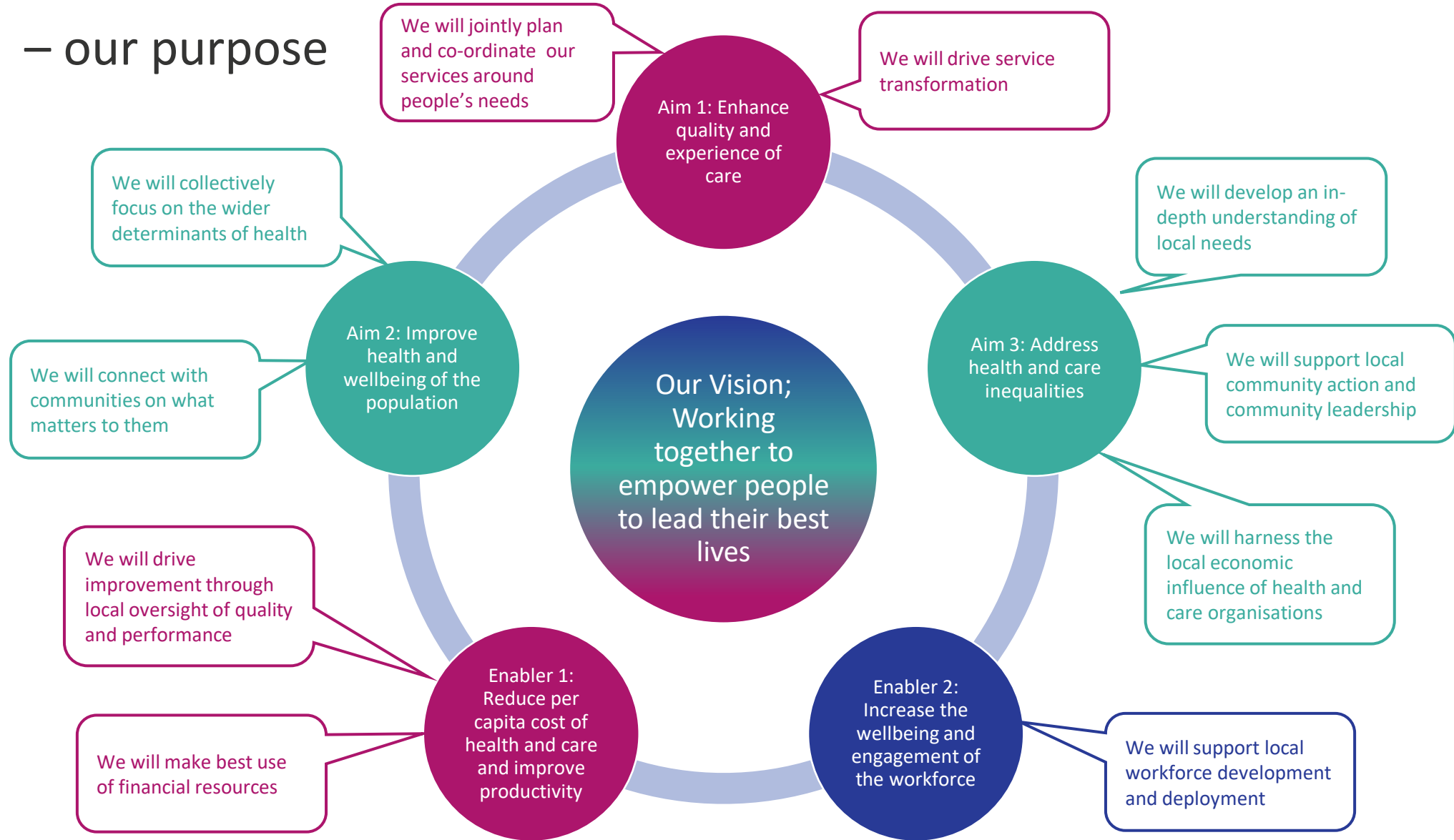
Alliance Delivery Plan – priorities determined around the value of our place-based partnership:

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



Wiltshire Alliance contribution to the BSW ICS vision

– our purpose





Wiltshire Alliance Principles

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



Themes for 21/22 work programme

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

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



ICA Work programme 21/22

National priorities ICA priorities

Theme	Work programme	What's the work?
We will work together to empower people to lead their best lives – Alliance development	Developing our Alliance	<ul style="list-style-type: none"> Place-based partnership (ICA) functions and structure development Relationship between ICA and BSW ICS and other groups H&WBB development Alliance development programme (OD)
We will develop an in-depth understanding of local needs	Understanding our population: joining up our intelligence	<ul style="list-style-type: none"> Improved collective understanding of data on population need – review data Population Health Management (Optum) project in one neighbourhood area
	Trowbridge Neighbourhood Project	<ul style="list-style-type: none"> Developing neighbourhood teams Joint workforce planning and ARRS Population segmentation and risk stratification for admission avoidance (LTCs) Focussed pathways for anticipatory care, 2hr rapid response, 48 hr response MH CSF implementation priorities
We will connect with communities on what matters to them	Connecting with our communities	<ul style="list-style-type: none"> Asset mapping within communities – link To Wiltshire Together platform Engagement with specific communities and seldom heard voices Establish as an advisory hub – supporting co-production model and process development
We will drive improvement through local oversight of quality and performance	Urgent care and Flow Improvement Plan	<ul style="list-style-type: none"> Demand and capacity planning Ongoing capacity for flow: <ul style="list-style-type: none"> Home First/Reablement capacity (pathway 1) Bed review (pathway 2) 7 day services and smoothing flow
	Wiltshire operational oversight	<ul style="list-style-type: none"> Wiltshire ICA escalation plan and operational leadership meetings ICA balanced scorecard
	Better Care Fund review	<ul style="list-style-type: none"> Ongoing programme of review incl integrated brokerage model
We will jointly plan and co-ordinate our services around people's needs	Ageing Well in Wiltshire	<ul style="list-style-type: none"> 2-hour crisis services roll out Virtual care home MDTs (EHCH) and at home virtual wards Older peoples community teams incorporating TCOP (tested in neighbourhood vanguards) Overnight nursing
	Personalisation of care for most complex needs	<ul style="list-style-type: none"> Review of the assessment and funding process Increased use of PHBs and personalised approach
	High Impact Actions to improve population health	<ul style="list-style-type: none"> Long Term Plan High Impact Actions: Diabetes Prevention, Cardiac, Stroke and Respiratory: right sizing capacity against population need
	Optimisation before surgery (supporting elective recovery)	<ul style="list-style-type: none"> Pathway specific work and requirements pre surgery Review education provision



Role for the Wiltshire Health and Wellbeing Board

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

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

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

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

Recommendation:

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