



Bath and North East Somerset,
Swindon and Wiltshire Together

Note: This is a draft version. It is being shared with local people, politicians, colleagues and partners so that the Strategy can be further developed and improved. At this stage the design of the document has not been reviewed by experts for presentational format. This process will be undertaken for the final version.

Bath and North East Somerset, Swindon and Wiltshire

Integrated Care Strategy (Draft)

Integrated Care Partnership

February 2023

Ver 2.3 (draft)



	Content	Page
1	Welcome to our Integrated Care Strategy	xx
2	What is an Integrated Care Strategy?	xx
3	Our Integrated Care Strategy on a page	xx
4	Our starting point: The current picture across BSW	xx
5	What do we want to achieve?	xx
6	What enablers will make progress sustainable?	xx
7	What happens next?	xx



Bath and North East Somerset,
Swindon and Wiltshire Together

1. Welcome to our Integrated Care Strategy

Welcome to the Bath and North East Somerset (B&NES), Swindon and Wiltshire (BSW) Draft Integrated Care Strategy.

This draft strategy sets out our ambition as partners in health, social care and the voluntary sector to support the people of BSW to live their best lives. 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 draft strategy provides an overview covering the whole BSW area and connects with local strategies that are being developed in each of our three areas of **B&NES**, **Swindon** and **Wiltshire** (referred to as 'Places'). It also connects with developments that are being undertaken within individual services and organisations. In this context the draft strategy provides a summary of why we are working together and outlines some of the specific actions we are 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.

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?

Overview

BSW Together, through its Integrated Care Partnership (ICP), is required by law to produce an Integrated Care Strategy. This sets the direction of the system across the area of the integrated care partnership for the next five years, outlining how commissioners in the NHS and local authorities, working with providers and other partners, can deliver more joined-up, preventative, and person-centred care for their whole population, across the course of their life.

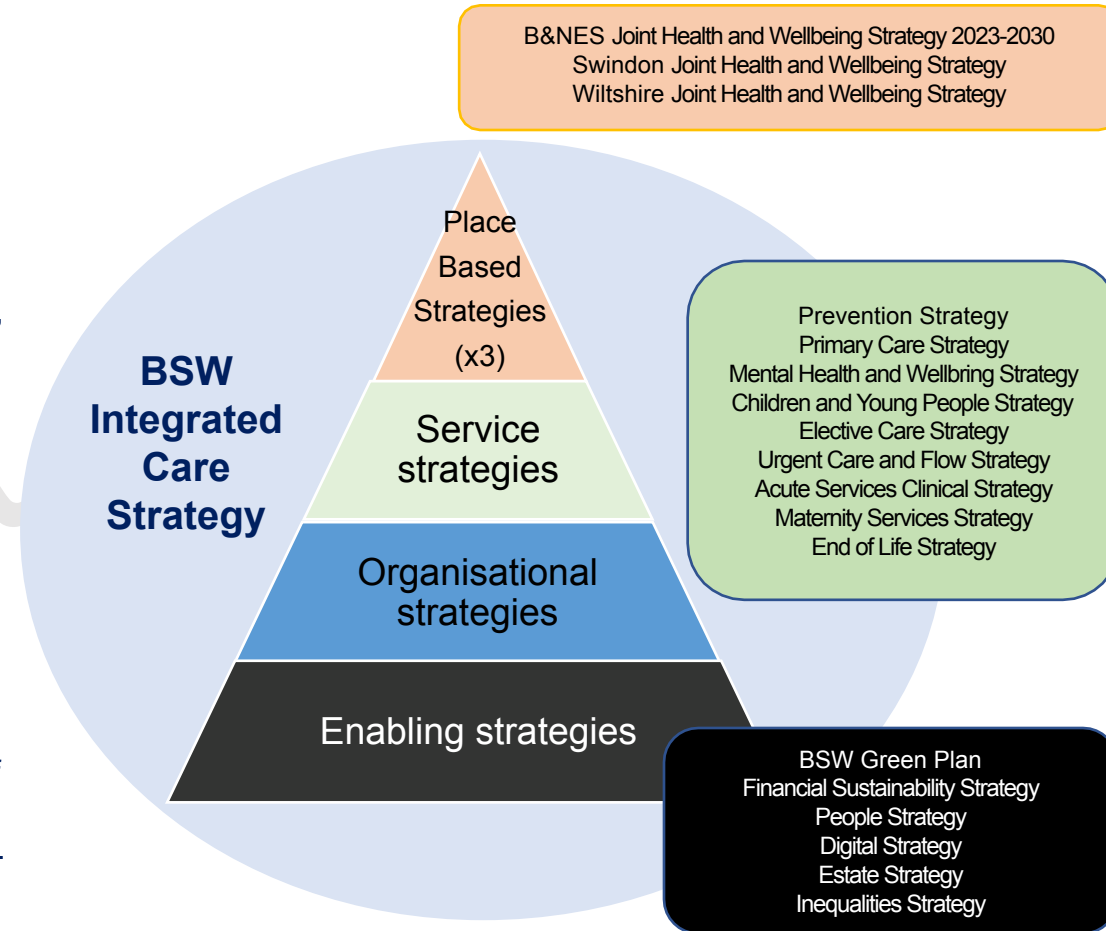
Importantly, therefore, **this is not just an NHS strategy**. Our Integrated Care Strategy tells the story of how all system partners – across the public, private and voluntary sectors – are working, and plan to work, together across BSW to improve health, care and wellbeing for our residents.

It 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 are being coordinated to improve the health and wellbeing of the local population, to tackle the health inequalities that exist and to deliver better services.

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?

Design principles

We have 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** Statutory guidance is clear that 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) Based on subsidiarity** This strategy is not overly prescriptive on what should occur locally across our three places, which will also set their own priorities.





2. What is an Integrated Care Strategy?

Achieving a shared vision

Through this strategy we will set out common goals for all partners. While organisational autonomy is respected, and individual approaches between partners will differ, we are committed to the same ambitions. This strategy therefore seeks to update and replace the BSW Vision as we look ahead to a future of partners working differently through the integrated care system.

The BSW Vision:

Working and listening effectively together to improve health and wellbeing.

This strategy sets out what achieving this vision will look like for BSW residents over the next five years. It is not 'set in stone' and we intend for the strategy to evolve over the coming years. Crucially, the Integrated Strategy Vision above will only come to fruition if all partners within the system work together to achieve it. This strategy 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.

Our three Health & Wellbeing Strategies from BaNES, Swindon and Wiltshire approach meeting the needs of their communities at a Place level in slightly different ways, but there are strong shared themes of focussing on children and young people, older people and strengthening our work on prevention, early intervention and the things we can all do to keep in as good health as we can.

The previous work on the BSW Care Model is reflected in the Strategy as a way of demonstrating the line of continuity in our collective thinking in recent years. We have retained the principles and approach from the Care Model in our current work and have built on this work as we continue to strengthen our integrated approach to improving the health and wellbeing of our population across BSW.



3. Our Integrated Care Strategy on a page

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

Swindon
Joint Strategic Needs Assessment and Health & Wellbeing Strategy

Wiltshire
Joint Strategic Needs Assessment and Health & Wellbeing Strategy

What we will deliver

The BSW Vision:
Working and listening together to improve health and wellbeing.

Delivered through prioritisation of three clear objectives:

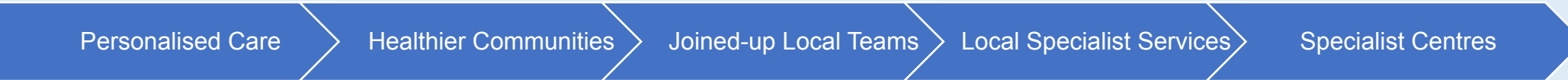
STRATEGIC OBJECTIVE 1:
Focus on prevention and early intervention

STRATEGIC OBJECTIVE 2:
Fairer health outcomes

STRATEGIC OBJECTIVE 3:
Excellent health and care services

How we will deliver it

The BSW Care Model



Making it sustainable: Enablers

Developing Our Workforce 

Technology & Data 

Estates of the Future 

Environmental Sustainability 

Financial Sustainability 

Our Role as Anchor Institutions 



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:

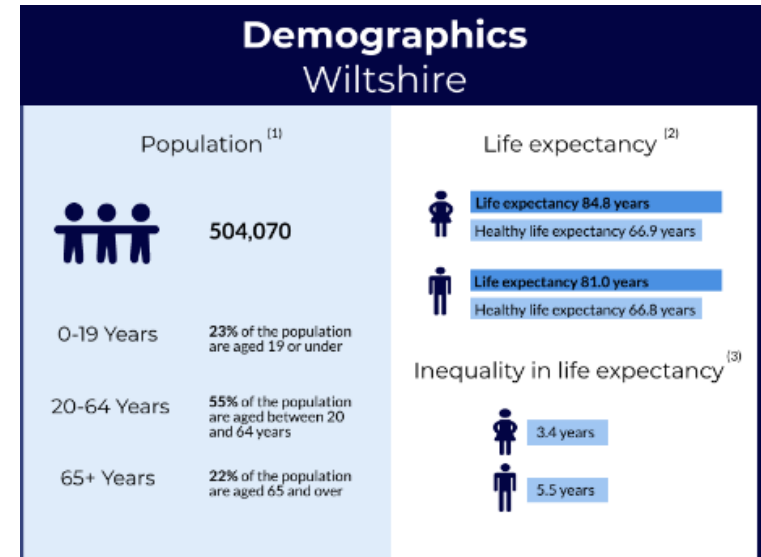
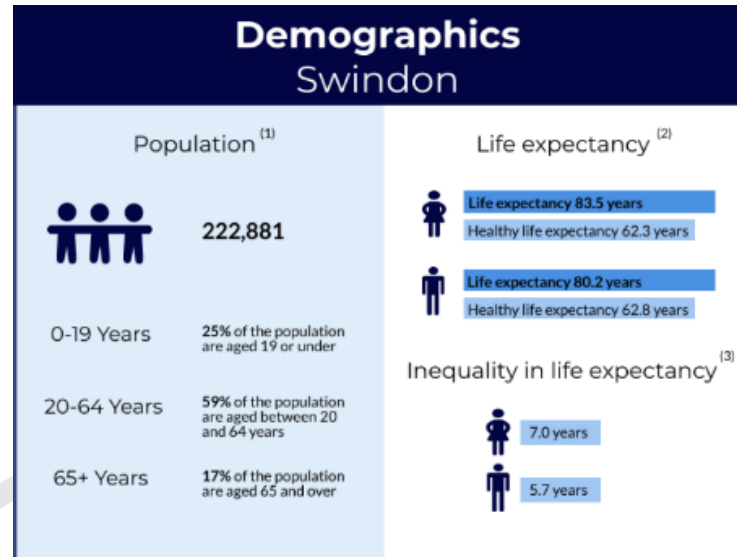
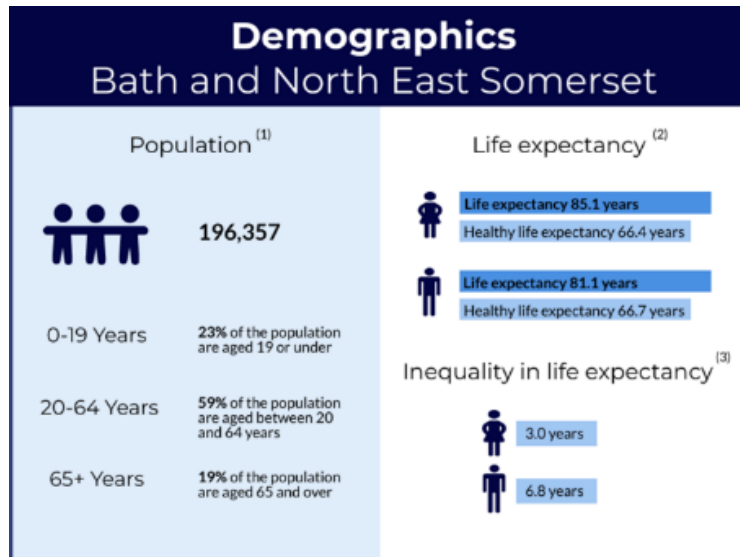
- 4.1 A system of three places
- 4.2 Health for the people of BSW
- 4.3 Challenges across BSW
- 4.4 Our assets

4.1 A system of three places

can use
ferred
er
llenges
note
red
llenges
e (slide

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

This strategy is committed to the principle of **subsidiarity**, whereby decisions affecting citizens should be taken as close to the citizen as possible. In relation to BSW, this means that we want to empower each of the below three places to make their own decisions about services for their local populations.



Selected challenges (from Joint Strategic Needs Assessment)

Cost of living. Estimates suggest 4,000 people (of whom 1,500 are children) have fallen into absolute poverty in 2022/23.

Mental health. Reported levels of high anxiety have risen and are higher than the national average. Rates of hospitalisation are also up and comparatively high, particularly for young women and girls.

Special educational needs and disability (SEND). The number of Special School places available in B&NES has not matched increasing demand.

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

Health & Wellbeing Strategy Objectives

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.

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.

Healthy life expectancy. Males in Swindon will spend 80% of their lives in good health, but for females it is only 74%.

1. Improve mental health and wellbeing
2. Eat well and move more
3. Stop Smoking and Reduce Alcohol

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.

Age-related conditions. By 2030, it is estimated that almost 11,500 people aged 65 and above will be living with dementia.

Environment. In Wiltshire the percentage of emissions through transport is higher than the average for the South West and England.

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

4.2 Health for the people of Bath and North East Somerset, Swindon and Wiltshire

Early Years



Most child health indicators are better than national average

Many children have difficult living circumstances

- 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

Child health challenges are changing

- Teenage pregnancy rates are decreasing
- Obesity and mental health problems are increasing

Obesity



Adult prevalence of overweight or obesity is similar to the national average in Swindon and Wiltshire. It is below the national average in BANES

BANES 55.4%, Swindon 66.1%, Wiltshire 63.9%
578,000 people classified as obese across the system

Swindon has the highest prevalence of children who are classified as overweight or obese

Reception: BANES 7.4%, Swindon 11.2%, Wiltshire 7.9%
Year 6: BANES no data, Swindon 36.1%, Wiltshire 31.6%

Smoking



Smoking prevalence is similar to national average of 13.9%

13.0% BANES, 13.1% Swindon, 14.6% Wiltshire
There are an estimated 128,000 smokers across the system

Routine and manual workers are two times more likely to smoke than managerial and professional ones.

Social housing residents are four times as likely to smoke as homeowners

Mortality

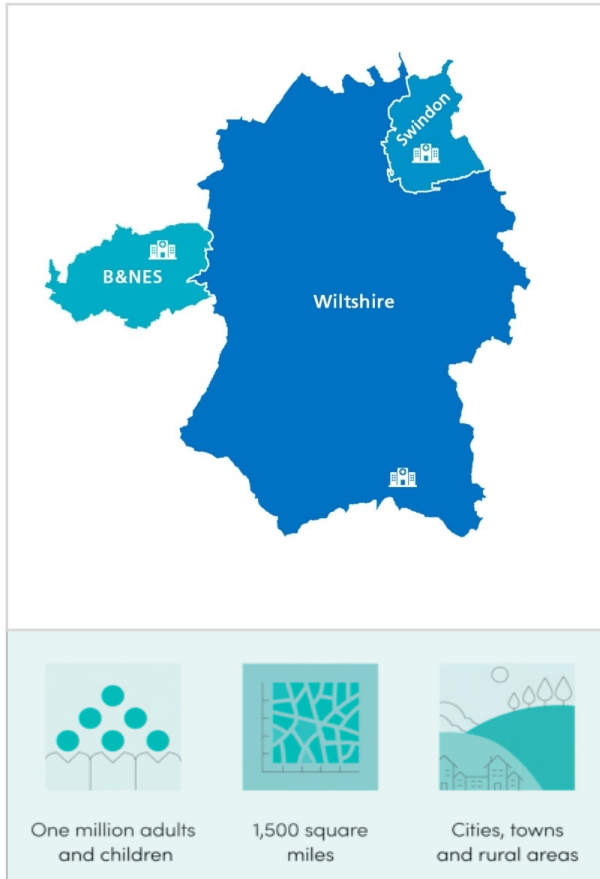


The primary causes of premature mortality in BSW are **cancer, cardiovascular disease, and respiratory disease**

Lung cancer is the most common cause of cancer death in BSW, although lung cancer mortality rates are lower than the national average.

4.3 Challenges across BSW

Many of the challenges identified in individual JSNAs are shared across the whole system. These include the following:



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.

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.

The cost of living

In 2022, annual inflation hit a 40 year high, with consumer price inflation at over 9%. This has had 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.

Rurality

BSW has a high proportion of areas that are considered rural. Trusts operating in rural areas tend to treat 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.

Public health initiatives can also often fail to reach certain sections of the population in rural areas given their remoteness and sparsity. According to Public Health England, only 55% of rural households are based within 8km of a hospital compared to 97% of urban households

Children's health

While most child health indicators 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

Housing

The cost of housing in many 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 the 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.

4.4 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 public health indicators, ranging from life expectancy to infant mortality, our three places perform better than average for England.

High quality services

In BSW there are 2,800 Voluntary, Community and Social Enterprises, three Local Authorities, 88 GP practices, 26 Primary Care Networks, three public health and three social care teams, two community services providers, three acute hospital trusts, two mental health trusts, an ambulance trust and an Integrated Care Board (ICB).

A diverse and committed workforce

As partners we directly employ 37,600 colleagues. We have an outstanding health and care workforce, delivering high quality services across the ICP in all sectors.

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.

Industry and employment

There is a thriving private sector across BSW, generating growth and jobs across the system. 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.



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 Building on the BSW Care Model
- 5.5 Strategic Objective 1: Focus on prevention and early intervention
- 5.6 Strategic Objective 2: Fairer health outcomes
- 5.7 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.

Phase Two: Stakeholder engagement. In December 2022, BSW also 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.

January/February activity ongoing and to be completed later

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 2023.

Importantly, we want to do more. 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. 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

“Bottom up strategy – thinking about need of the individual before the restrictions of the system.”

“Meeting the needs of the people on the street.”

“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.”

“All partners working together with the same goal, clear communications with clients”

“I wont have to beg for help”



5.2 Explaining our vision

The Integrated Care Partnership has sought to develop a strategy that builds upon the public engagement undertaken, and priorities set, by the three places within BSW. There is strong consensus on what each place aims to achieve for its residents. This strategy sets out what any BSW resident can expect from their health and care services over the coming five years, setting out the priorities shared by each. How each place delivers on these priorities, however, may differ and is largely outside the scope of this strategy.

Public engagement

Bath & North East Somerset

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

Swindon

1. Improve mental health and wellbeing
2. Eat well and move more
3. Stop Smoking and Reduce Alcohol

Wiltshire

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

Health & Wellbeing Strategy Objectives

The BSW Vision

Working and listening effectively together to improve health and wellbeing.

Delivered through prioritisation of three clear objectives:

STRATEGIC OBJECTIVE 1:
Focus on prevention and early intervention

STRATEGIC OBJECTIVE 2:
Fairer health outcomes

STRATEGIC OBJECTIVE 3:
Excellent health and care services



5.2 Explaining our vision

The BSW Vision

Working and listening together to improve health and wellbeing.

Working together

Our vision is for health and care organisations to work more effectively in partnership. We know that people are living longer with multiple, complex, long-term conditions, requiring long-term support from several different services. However, we have heard our residents have often received fragmented care from services 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.

Listening together

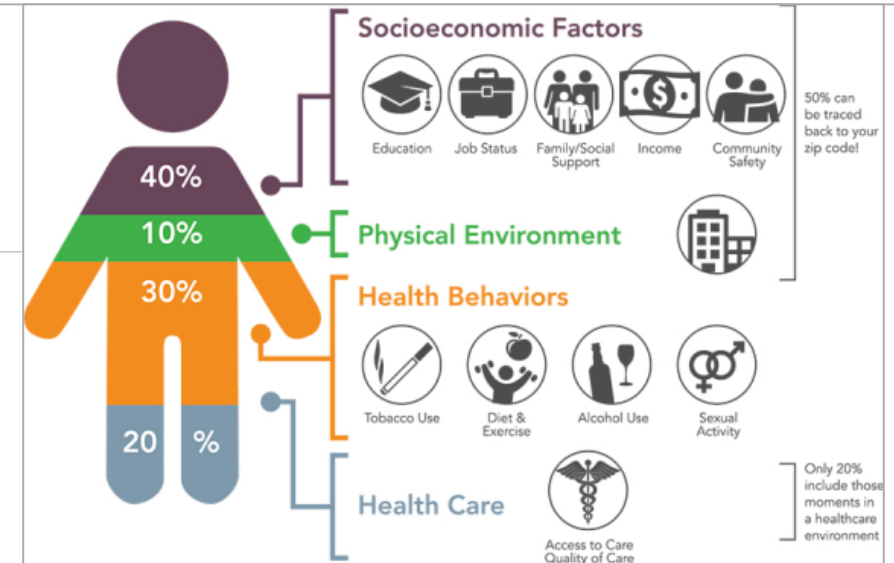
Partners across our Integrated Care Partnership are united in a belief that our future must be based on meaningful, ongoing engagement with local people. We want to ensure that residents are given opportunities to shape the plans, decisions, and public services that affect their lives, and believe that this can lead to positive outcomes for the communities we serve.

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.

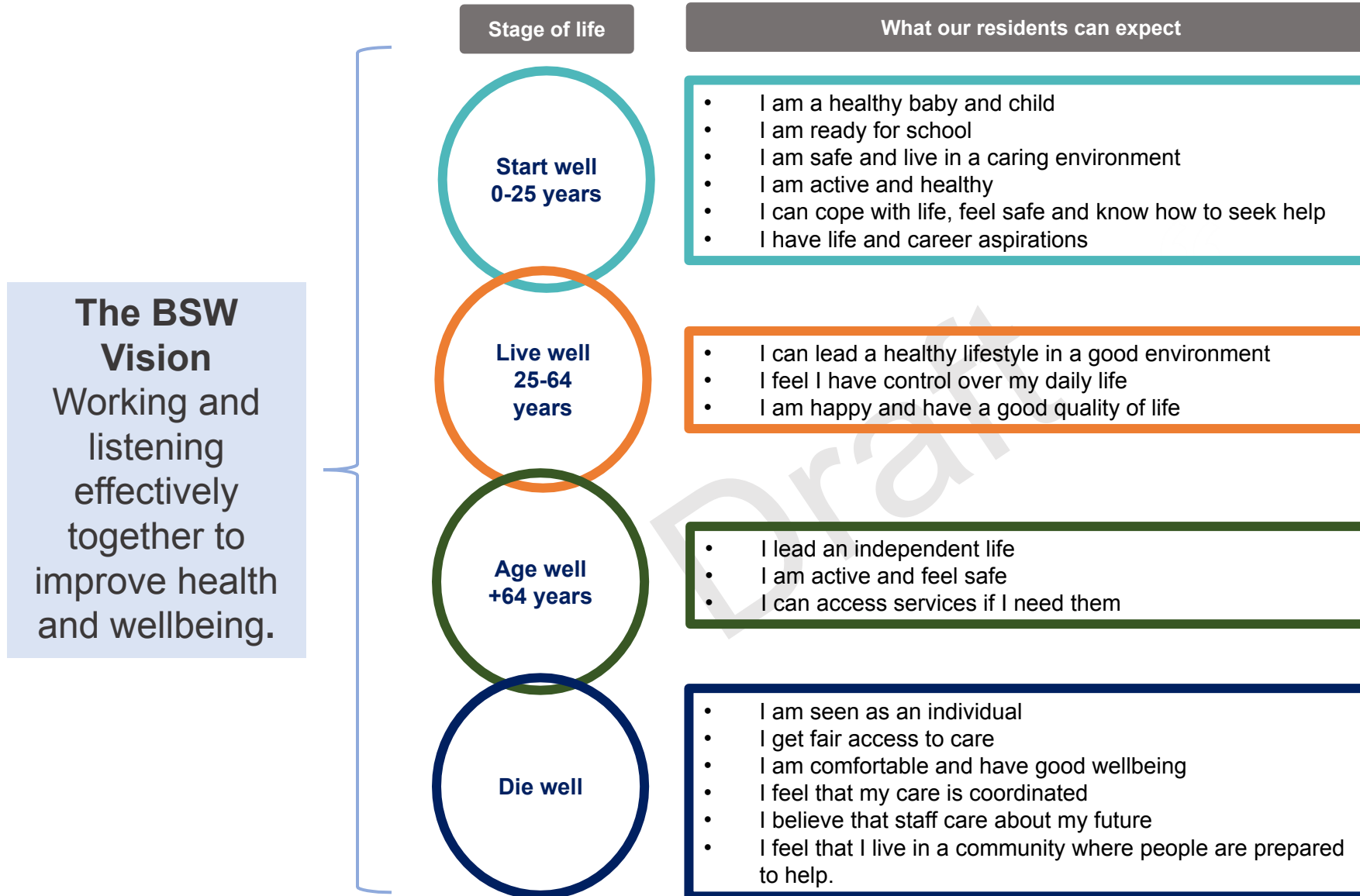
Improving health and wellbeing

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 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 for health.
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



5.3 What achieving our vision will look like



5.4 Building on the BSW Care Model

This strategy builds on the BSW Care Model. The components of this model feature across different strategic objectives and are key to delivering the vision and goals of our Integrated Care Strategy.



The BSW Care Model is for:

- **The whole population** - adults and children, vulnerable groups, families and carers.
- **The whole life course** – starting well, living well, ageing well, end of life care and dying well.
- **All aspects of health and care** – physical and mental health, social care, health and care services and all the wider determinants of health like education, employment and housing.

Public engagement

The BSW Care Model was developed through engagement with a wide range of partners. During the engagement period 1,441 people were engaged with at 65 events. In addition, 918 people completed a survey. 40 people were spoken to directly about their experiences of health inequalities. These included refugees and asylum seekers, people with learning disabilities and autism, members of the LGBTQ+ community, people with chronic long term conditions, an unpaid carer and people recovering from alcohol and substance misuse. It was also informed by the development of health and care systems in the UK and internationally.



5.4 Building on the BSW Care Model

The Care Model consists of five core elements. Partners across BSW are working together to develop each of these.

The five elements of the Care Model are consistent with programmes of work being undertaken by partners across BSW. The model emphasises the need to develop care services around the needs of individuals, putting a stronger focus on prevention and wellbeing and working together to create an integrated health and care system.

1. Personalised care

We want everyone who lives in BSW to experience a personalised approach, however they interact with health and care

2. Healthier communities

We want every community in BSW to be a healthier community with reduced health inequality so that everyone has a better chance to live a healthy life

3. Joined-up local teams

Multi-disciplinary teams, designed for and based in healthier communities, will be able to work together seamlessly to serve local people

4. Local specialist services

We will make more specialist services available at home and closer to where people live

5. Specialist centres

Our network of specialist centres will develop to focus more on the most specialist care and less on routine services which we can provide elsewhere



5.5 STRATEGIC OBJECTIVE 1: Focus on prevention and early intervention

Why is this our objective?

The ageing population and growing number of people with long-term conditions is placing enormous strain on health and social care services. At the same time, organisations across health and care are facing constrained budgets, exacerbated by inflation. A key way to manage these dual pressures over the coming years is going to be keeping people healthier for longer and preventing them from becoming unwell.

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

Primary prevention: 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: 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: 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

Definitions of prevention, adapted from: [Prevention | Local Government Association](#)



5.5.1 Primary prevention

The challenge

Many (but not all) health conditions, both physical and mental, are preventable. We know that health and wellbeing can be adversely affected by an individual's lifestyle. The risk of cardiovascular disease, for example, can be reduced through healthy eating, while the risk of lung disease can be minimised through not smoking. Primary prevention also includes improving resistance to disease through immunisation, such as childhood vaccines. Our challenge is to ensure we are creating the right conditions and incentives for all BSW residents to stay healthy.

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

Wellbeing and mental health

Our approach

Our approach across B&NES, Swindon and Wiltshire is focussed 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 creating opportunities for BSW residents to maintain their health through higher levels of physical activity.

Our commitments

- ✓ 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
- ✓ We will reduce the prevalence of mental health conditions

STRATEGIC OBJECTIVE 1: Focus on prevention and early intervention

In **BaNES**, Active Travel Social Prescribing Hubs 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.





5.5.1 Primary prevention (continued)

Smoking

The challenge

Smoking is the single largest avoidable cause of death and social inequalities in terms of life expectancy in the UK. The impact of tobacco dependency on the health service is significant. According to Public Health England figures from 2017, the estimated annual cost to the NHS of treating smoking-related illness is £2.6bn. In primary care, smokers have a third more contacts with doctors and nurses than non-smokers.

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

- ✓ We will further reduce the proportion of people in BSW who smoke
- ✓ All three acute providers will implement the Treating Tobacco Dependency Service

5.5.2 Secondary prevention

The challenge

While we will focus on primary prevention to keep people healthier and happier, we must also ensure that we are able to detect injury and disease as soon as possible. A focus on secondary prevention is needed to detect and treat disease prior to the appearance of any symptoms.

Our approach

[Awaiting input on screening, pre-emptive checks on hypertension etc.]

Our commitments

- ✓ Xxx



5.5.3 Tertiary prevention

STRATEGIC OBJECTIVE 1: Focus on prevention and early intervention

The challenge

Over time, and with an ageing population, our residents will develop long-term conditions. Our challenge is to work with them to ensure that they stay as healthy as possible and do not develop further complications.

Our approach

We will support as best as possible our residents who have an ongoing illness or injury that has lasting effects. Below you can see the approach we are taking to ensure that Type 2 diabetes progression is slowed.

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. Our work on managing these conditions is designed to focus on three areas:

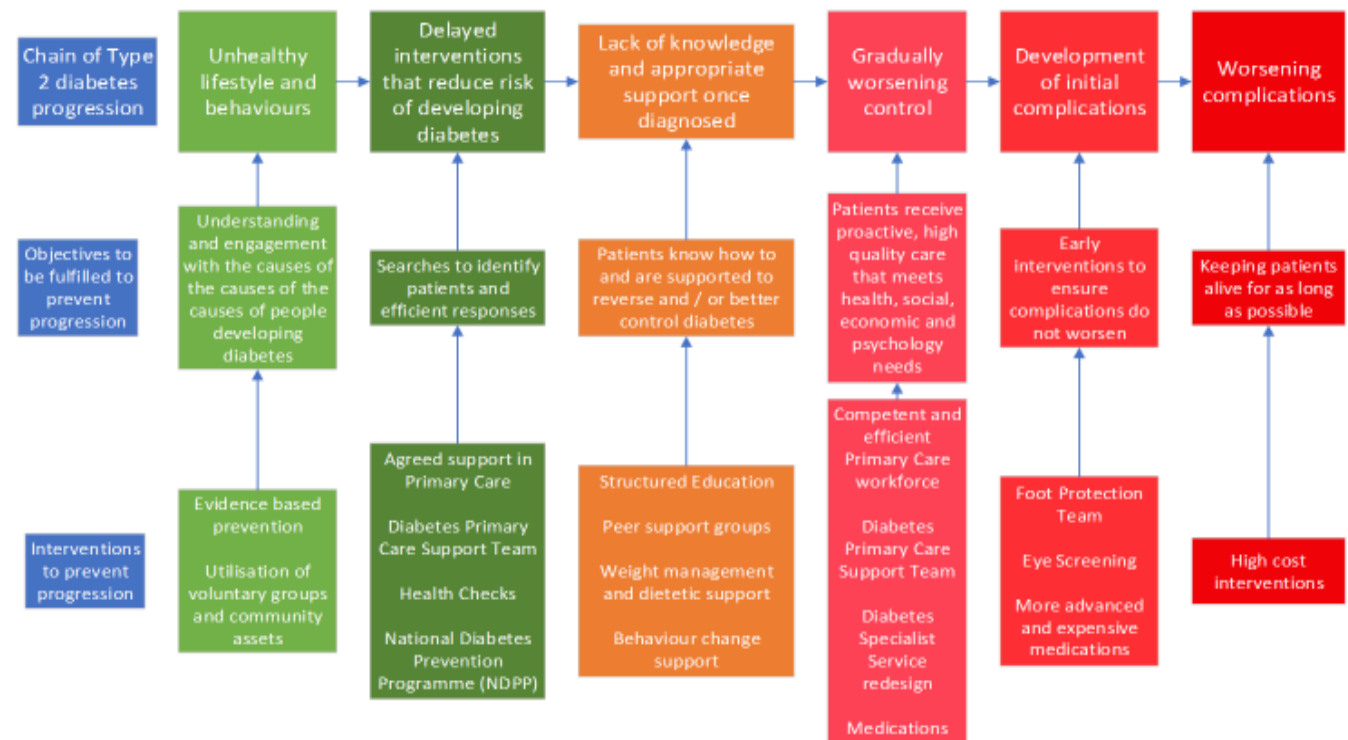
- 1. Prevention:** encouraging behaviours that prevent the onset of conditions.
- 2. Prevalence:** early and proactive identification of people at risk to reduce the impact of conditions.
- 3. Treatment:** increasing the percentage of people, particularly those facing health inequalities, achieving NICE guidance treatment targets.

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 and our 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: Diabetes

Illustrative example – The chain of Type 2 diabetes progression and interventions required to break it



5.5.4 The wider determinants

There is a close link between poor housing and health and wellbeing



The challenge

There is now a wealth of research that demonstrates the intrinsic link between the community and environment we live in and our health behaviours, social relationships and networks.

How our communities shape our health in BSW has been revealed through our local authorities' joint strategic needs assessments (JSNAs). 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.

Co-ordinated action is needed across NHS organisations, local authorities, the VCSE sector and others to address the wider determinants of health for people across BSW.

In **Wiltshire**, action is being taken to improve air quality for residents. Improving local air quality requires changes to be made by everyone. Working collaboratively with communities, Wiltshire Council is seeking to maintain the good air quality in the county 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. We set out how health and care organisations will best support staff in pages xx.

Housing

Input needed here

What else here?

Our commitments

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

- ✓ Increase green space, accessible for all to use
- ✓ Improve clean air, including by incentivising greener forms of travel
- ✓ Insulate the social housing stock, decreasing heating costs and improving number of housing associations.





5.6 STRATEGIC OBJECTIVE 2: Fairer health 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. We are committed to delivering fairer health outcomes by reducing health inequalities and ensuring fairer health outcomes 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

[Feedback invited on whether Learning Disabilities & Autism could sit in this section?]



5.6.1 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
- **Swindon:** 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:

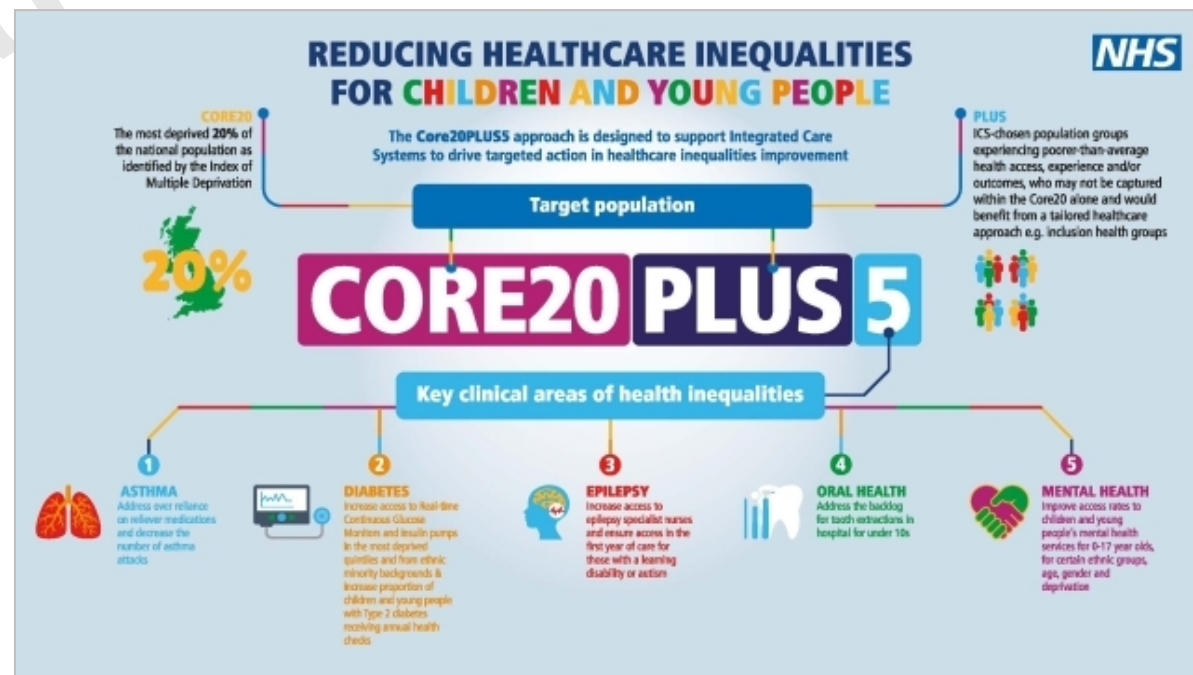
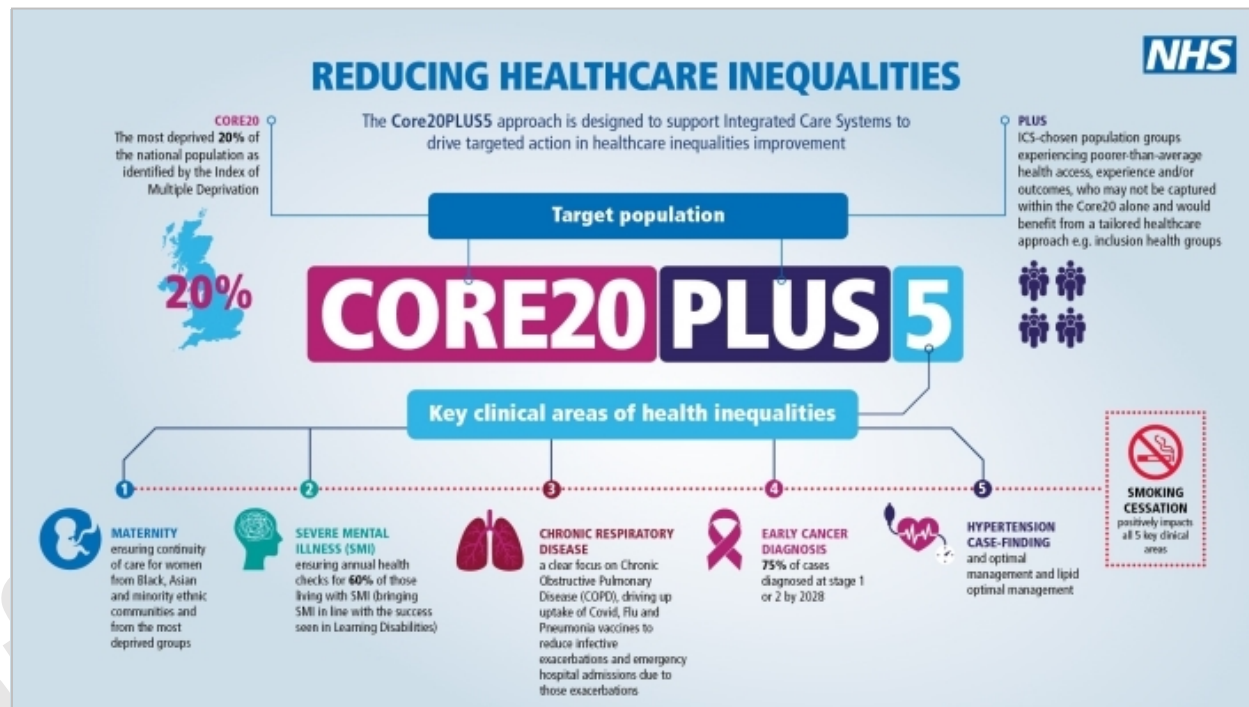
Adults

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





5.6.2 A system-wide focus on reducing health inequalities

STRATEGIC OBJECTIVE 2: Fairer health outcomes

The challenge

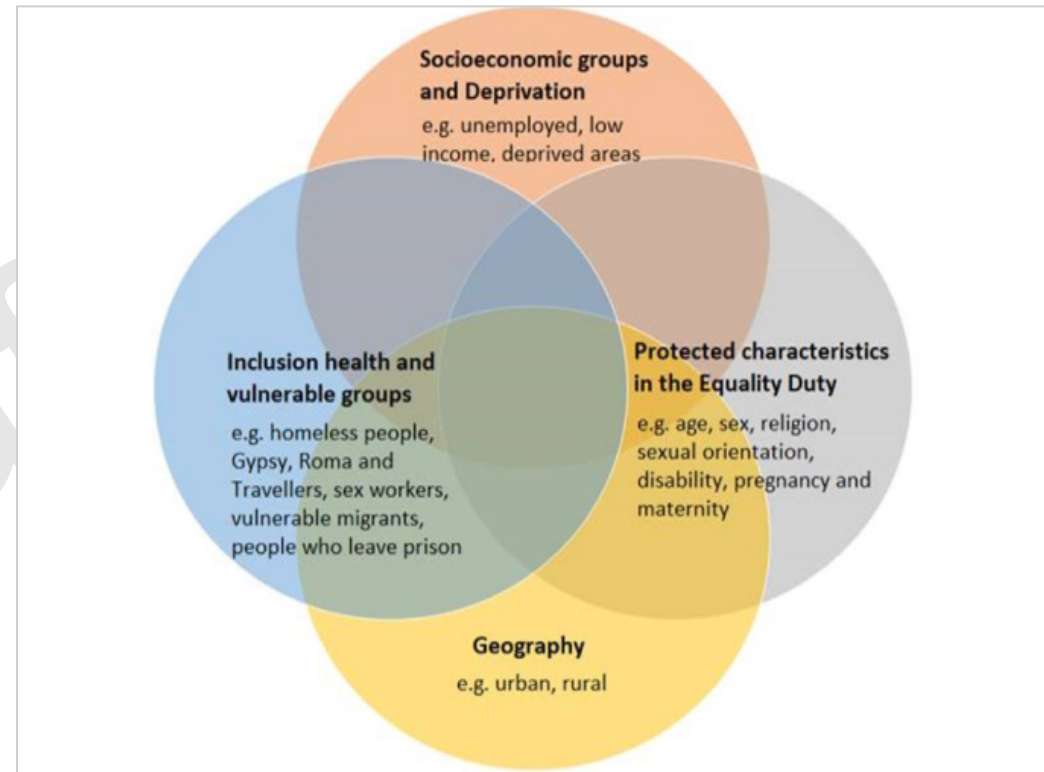
Inequalities across the BSW population arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. Health inequalities have 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.

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 Inequalities Strategy sets out how we will do this, including the commitments set out below.

Our commitments

- ✓ 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



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



5.7 STRATEGIC OBJECTIVE 3: Excellent health and care services

Why is this our objective?

BSW Integrated Care Partnership is proud of the excellent health and care services we have across our system. We have a record of excellence; aiming to deliver timely, safe and effective interventions for our residents. We have also had positive rates of patient and service user satisfaction. In primary care, for example, a [2022 survey](#) found that 85 per cent of BSW patients said their overall experience was good, which was above the national average of 82 per cent.

However, there is much more we can do as a system to improve the health and care services that serve our population. Working as a system presents us with a unique opportunity to wrap services around the individual and deliver care as close to their home as possible. Over the coming years we will strive to deliver the 'Triple Aim' in how we provide services: better health and wellbeing, better quality of care, and financially sustainable and efficient services.

Areas of focus

- Personalised care
- Joined-up local teams
- Responsive local specialist services
- High quality specialist centres
- Mental health and parity of esteem



5.7.1 Personalised care

STRATEGIC OBJECTIVE 3: Excellent health and care services

The challenge

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.

Research from The Health Foundation, monitoring 9,000 people with long-term conditions, revealed that people who feel confident to manage their health have 18% fewer GP contacts and 38% fewer emergency admissions than people with less confidence.

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** to build knowledge, skills and confidence and to live well with their health condition
- Intensive and joined up approaches to empowering **people with more complex needs** to have greater choice and control over the care they receive.

The personalised care approach is intended to help individuals to take control and responsibility for managing their own health and wellbeing.



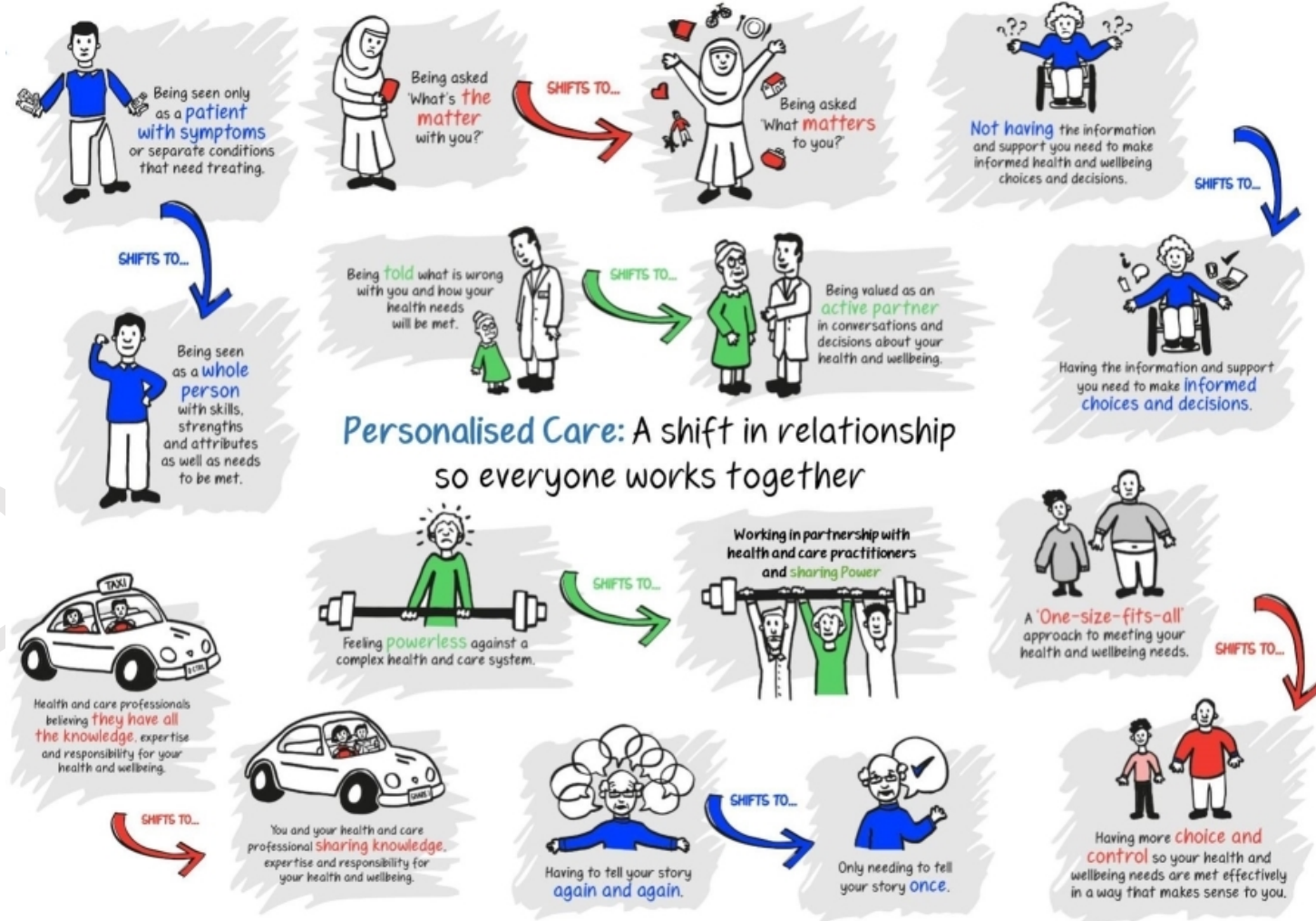
5.7.1 Personalised care

STRATEGIC OBJECTIVE 3: Excellent health and care services

Our commitments

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 a decision about their 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.





5.7.2 Joined up local teams

STRATEGIC OBJECTIVE 3: Excellent health and care services

The challenge

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 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:

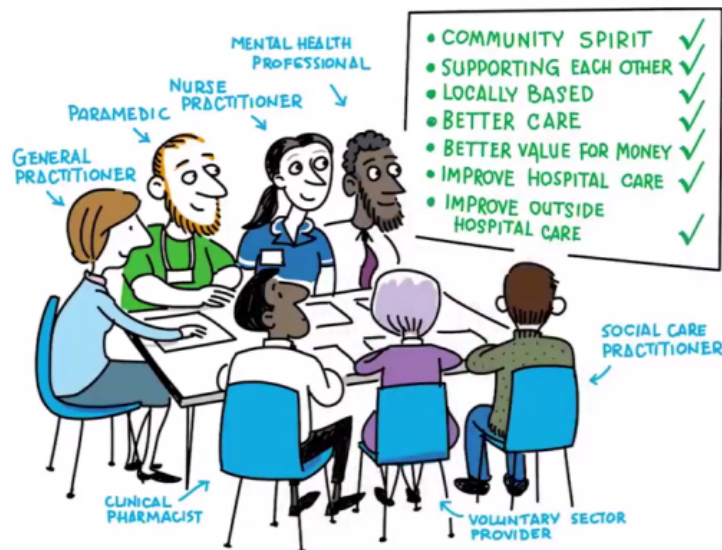
- improved access to care & advice
- proactive personalised care from a range of team members for individuals with long term or complex health needs.
- helping everyone to stay well for longer (prevention)

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.





5.7.2 Joined up local teams

STRATEGIC OBJECTIVE 3: Excellent health and care services

Our commitments

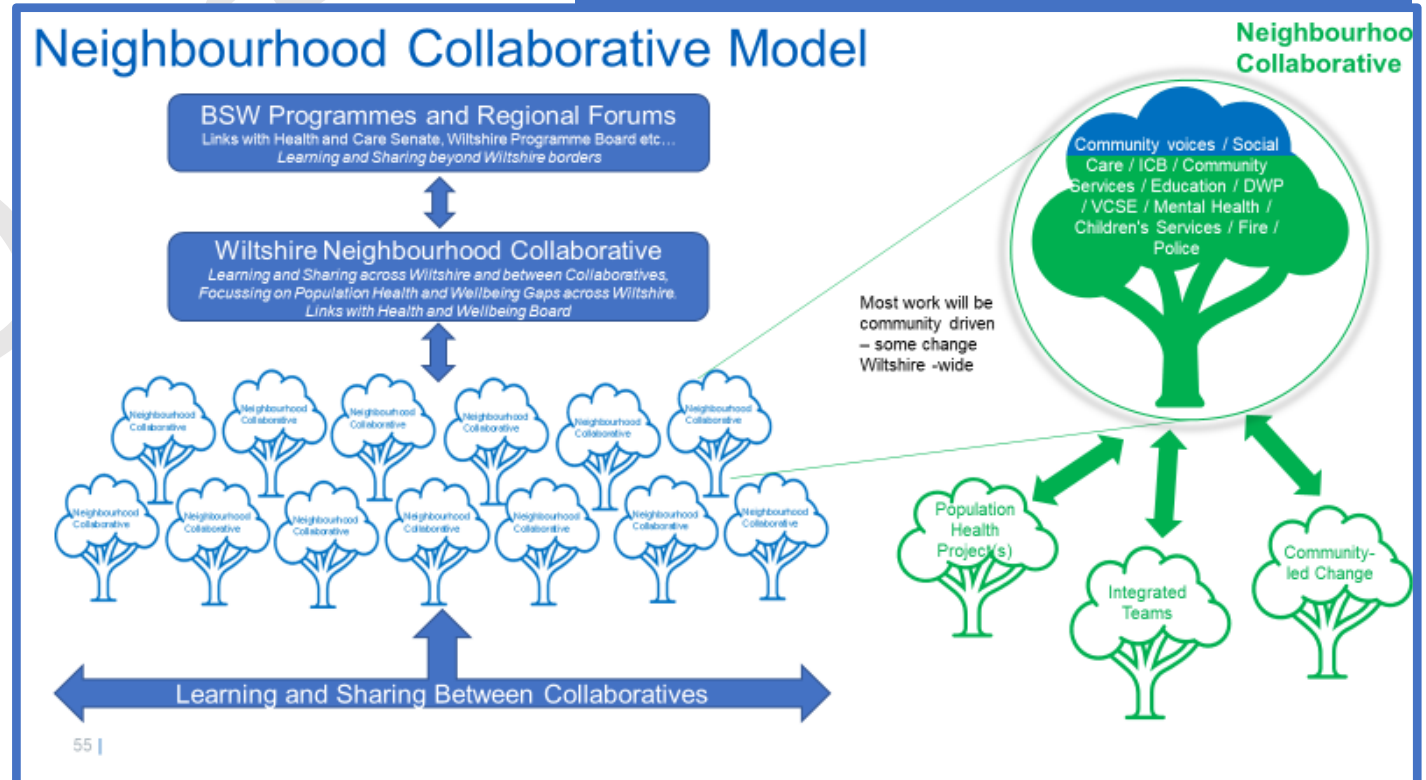
Across BSW, we will develop integrated, multidisciplinary teams that deliver health and care services around the needs of individuals.

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.

Case Study: Neighbourhood Collaboratives in Wiltshire

Work is underway in Wiltshire to develop a series of thirteen Neighbourhood Collaboratives. These collaboratives will bring together partners from a range of sectors to provide integrated support to the local populations across the County.





5.7.3 Responsive local specialist services

STRATEGIC OBJECTIVE 3: Excellent health and care services

The challenge

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. Enhanced access to community diagnostic facilities
- ii. The creation of virtual wards to enable access a range of specialist services without the need to spend as much or any, time in a hospital bed.

We address provide a summary of these initiatives over the next few pages.

Our commitments

i. 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.





5.7.3 Responsive local specialist services

STRATEGIC OBJECTIVE 3:
Excellent health and care services

Our commitments

ii. Virtual wards

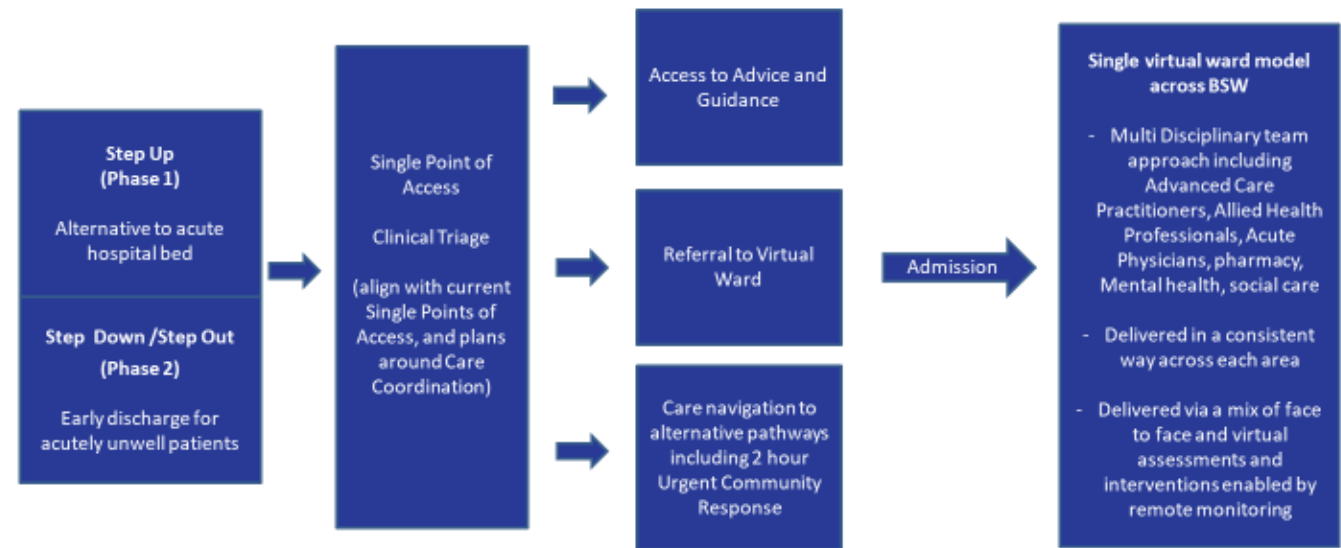
Virtual wards provide a safe and efficient alternative to the use of an NHS hospital bed, by supporting individuals to receive their care, assessment, monitoring and treatment in their home or usual place of residence. Virtual Wards combine care delivered by a range of staff supported by technology including 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.

BSW Virtual Wards Outline Model



Source: BSW plan submitted to NHSEI 5/8/22



5.7.4 High quality specialist centres

STRATEGIC OBJECTIVE 3: Excellent health and care services

The challenge

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.

Input required

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

- ✓ The AHA is developing a clinical strategy that will set out the role the hospitals will play in the delivery of urgent care services, the management of long-term conditions and how they can improve the quality and productivity of elective care services in areas like outpatients, diagnostics and surgery.
- ✓ 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
- ✓ Development and delivery of a Single Capital Priorities Plan
- ✓ Ensuring safe staffing levels across the AHA and delivering best in class patient outcomes.

What else can we say here on future commitments on provider collaboration?

Quality and improvement

It will be essential that partners across the system have a shared to commitment to ensuring robust oversight of the quality of care provided. In BSW we want to establish and nurture a culture of openness, learning and continuous improvement. Through quality assurance and improvement, we will deliver improvements in the quality of care, focussing on the areas our patients, service users, staff and regulators highlight as of concern.

Our commitments

- ✓ We will aim to maintain excellent standards of services and ensure that providers who are regulated by the CQC achieve a 'Good' or 'Outstanding' rating.

TBC Sub-headings needed on urgent and emergency care and elective backlog



5.7.5 Mental health and parity of esteem

STRATEGIC OBJECTIVE 3: Excellent health and care services

The challenge

We know that mental health conditions have been rising across BSW. A summary of what this has looked like in each of BSW's three places was set out on page 9, with mental health worsening in each 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

Our commitments

- ✓ We will reduce the prevalence of mental health conditions
- ✓ We will ensure accessible, direct and flexible mental health and wellbeing support with a focus on de-escalation, prevention, intervention, post-intervention and complementary support based on the person's individual needs.
- ✓ We will improve access to Child and Adolescent Mental Health Services (CAMHS)
- ✓ We will increase the dementia diagnosis rate





6. What enablers will make progress sustainable?

This section sets out some of the system-level enablers that will help us to achieve the BSW Vision. It outlines how we will use our resources differently to improve integration, efficiency and sustainability.

In this section:

- 6.1 Overview of enablers
- 6.2 Developing our workforce
- 6.3 Digital and data
- 6.4 Investing in capital and estates of the future
- 6.5 Financial sustainability
- 6.6 Environmental sustainability
- 6.7 Our role as Anchor Institutions



6.1 Overview of enablers

There are a range of enabling activities that will underpin the development of a sustainable health and care system.



Developing our workforce

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



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.



Estates of the future

We will create high quality estate with seamless IT connectivity across locations, designed for maximum efficiency ensuring it is sustainable, of the right quality, capacity and in the right place, technological enabled.



Financial sustainability

BSW faces a significant financial challenge over the next decade. Partners will work together to ensure we achieve the maximum value for every £ we spend.



Environmental sustainability

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



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.



6.2 Developing our workforce



INFO FOR THESE SLIDES TAKEN FROM STRATEGIC WORKFORCE PRIORITIES [JANUARY 2023] SLIDES FROM SARAH GREEN

The challenge

We have a highly skilled, dedicated and committed workforce across our ICP area. However, gaps in the health and social care workforce will be one of the key barriers to improving services in BSW over the coming years.

This a problem shared across the country, with over 130,000 vacancies in the NHS (representing 10%) of the workforce at the time of writing.

In social care, there are over 160,000 vacancies at the time of writing. The number of vacant posts increased nationally by 52% between 2020–21 and 2021–22 alone. This partly explains why it has been so difficult to discharge patients from hospital who have a social care need.


Organisations across BSW are experiencing severe challenge in the recruitment and retention of staff.

Do we have any system specific stats?


Our approach

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.


We will do this by focusing on the following four ambitions, which will be set out in further detail in a **People Strategy** over the coming months.




Creating inclusive and compassionate work environments that enable people and organisations to work together



Making BSW an inspiring and great place to work



All staff feeling valued and having access to high quality development and careers



Using resources wisely to reduce duplication ,enhance efficiency and share learning

The next page sets out the commitments that BSW will commit to in order to deliver these ambitions.



6.2 Developing our workforce



INFO FOR THESE SLIDES TAKEN FROM STRATEGIC WORKFORCE PRIORITIES [JANUARY 2023] SLIDES FROM SARAH GREEN

Our commitments

BSW partners will...	Creating inclusive and compassionate work environments that enable people and organisations to work together	All staff feeling valued and having access to high quality development and careers	Making BSW an inspiring and great place to work	Using our resources wisely to reduce duplication ,enhance efficiency and share learning
	Consistently implement the EDI actions for over hauling recruitment	Enable the same opportunities being available for bank staff	Increase the numbers of support workers	Address agency spend and increase numbers of bank staff
	Coordinate a BSW model for succession planning and talent management	Develop BSW career pathways inclusive of both health and care	Create a BSW employer value proposition	Create development programmes through collective use of resource
	Implement a BSW inclusive and compassionate leadership framework and development with a focus on both senior and middle managers	Increase awareness and access to staff health and wellbeing offers	Embed a collaborate international recruitment and integration model with a focus on hard to recruit roles	Share learning from patient safety initiatives
	Equip all staff with quality improvement skills and tools	Provide career advice for early and late careers	Develop a mental health attraction strategy for reducing the vacancy gap	Horizon scan for innovative health and care workforce solutions
	Develop education and training programmes focused on championing and improving equality, diversity and inclusion in the workforce with a focus on disabilities, race and ethnicity and LGBTQ	Develop a BSW offer for supporting and retaining support workers	Promote flexible working	Create a process for consistent evaluation to measure success and inform future use of resource
	Improve relationships for working across organisations that brings benefit to staff	Implement skills, development and new roles that support new ways of working and providing care	Increase the focus on primary, social care and VSCE	Promote the conditions for improving efficiency
	Adopt a cultural barometer with clear accountability	Focus on improving career progression for staff from under represented groups	Work with local schools and colleges for attracting and enabling new talent from our communities	
		Build high quality partnerships with colleges and universities	Review a BSW EAP offer	
		Improve access and uptake of apprenticeships with a focus on social care and known workforce gaps	Provide advice and support for staff who are carers	
		Develop a BSW housing solution		
		Promote the benefits of retire and return		
		Approve a new model of education that grows our own BSW workforce		



6.3 Digital and data



The challenge

To meet the current and future needs of our population, we need to make significant changes in the way we deliver services. Technology is an important enabler to make these changes. Digital solutions give us the potential to work differently, facilitating better, safer care and experience and more efficient and effective use of resources – both financial and time. No more so has this been demonstrated than through the BSW's response to COVID19.

Our approach

The BSW Digital Strategy describes our priorities and a summary of the associated work plan.

The Strategy will support our vision to empower people to lead their best life and the BSW Care Model. The digital solutions we have selected are anticipated to deliver care more effectively and efficiently, therefore contributing to the financial stability of services and the quality of care.

The organisations in BSW have committed through the Digital Board to deliver digital transformation as collaborative, system wide initiatives wherever feasible to maximise efficiency and effectiveness.

Our commitments

A key design principle of the BSW Digital Strategy is to avoid system proliferation and to aim for a simplification of the digital estate. To that end collaboration, shared working, joint roles and procurements will increasingly become the norm in order to maximise efficiencies of scale and to harmonise use of technology and systems by colleagues and the public we serve.

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

To achieve these three priorities, we will implement:

- ✓ **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.
- ✓ **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.
- ✓ **BSW shared services.** BSW partners will collaborate on procurements of new or replacement services where a single system wide product is appropriate.



6.4 Developing our Estate



The challenge

BSW has a mix of modern and old estate of varying ages and condition across the public sector where services are delivered.

Our challenge is to create a high quality estate (with seamless IT connectivity across locations) designed for maximum efficiency. Estate across the ICS must become flexible and provide sufficient access and capacity in the right place and at the right time.

As highlighted earlier in the strategy, the estate will need to be technologically enabled to support virtual consultations with consultants, GPs, and patients and support the delivery of some outpatient services in the community traditionally provided on a hospital site, which allow patients to access sophisticated diagnostics within community closer to their home.

Our approach

Our priority working with system partners in both health and the local authority to improve the estate, ensuring it is sustainable, of the right quality, capacity and in the right place, technological enabled to facilitate new and emerging models of care in the ICS.

Our estate will also meet the highest standards in sustainability with staff able to work across different locations, consolidating back-office functions and automating manual processes which will support changes in our future workforce.

We will do this by focusing on the following the key estate principles set out in the Estates Strategy on access, efficiency, performance, quality and standards.

Access – Ensuring our estate is in the right location and with good transport infrastructure and closer to communities to reduce inequity of access.

Efficiency – The estate is fit for purpose, flexible, reduces our impact on the environment, and represent excellent value for money by using resources well

Performance – Operationally available when required, digitally enabled to support system working, well utilised and incorporate smart building management systems

Quality and Standards – Reducing unwarranted variations, new buildings following modern methods of construction, future proofed in design to provide flexibility

The next page sets out the commitments that BSW will commit to in order to deliver these ambitions.



6.4 Developing our Estate



Our commitments

	Access – Ensuring our estate is in the right location, designed well and with good transport infrastructure closer to communities to reduce inequity of access.	Efficiency –The estate is fit for purpose, flexible, reduces our impact on the environment, and represent excellent value for money by using resources well	Performance – Operationally available when required, digitally enabled to support system working, well utilised and incorporate smart building management systems	Quality and Standards – Reducing unwarranted variations new buildings following modern methods of construction, future proofed in design to provide flexibility
BSW partners will...	Have buildings that supports different types of service delivery both face to face and digitally enabled.	Ensure spaces are fit for purpose, flexible and support delivery of a range of health and care services now and in the future	Ensure all buildings where needed operational can open 7 days a week between the hours of 7am – 10pm as a minimum to maximise flexibility	Develop common standards and processes across the estate to reduce unwarranted variations in estate management and delivery of support services e.g. cleaning and catering.
	Work together to delivery estate solutions the maximises the opportunities for greater integration of services.	Develop zoning of buildings to enable sections to be opened up and closed off at different times to support better use of the estate during different hours of operation or different use requirements.	Ensure the buildings incorporate digital technology to support integration and adapt easily as new innovations become available.	Support local public health preventing initiations to consider opportunities to incorporate community gardens to support local communities
	Work together to ensure our building are well linked to new and existing communities to ensure suitable walking and cycling routes as well as public transport links to our premises.	Our buildings will be sustainable and support delivery of net zero carbon.	Look to develop arrangements to maximise the use by all partners so we have the right mix of dedicated and bookable space.	Develop new facilities in the community to support training and flexible meeting rooms that can support group activity and shared learning
	Have an estate that can be used by local communities and voluntary sector to support the health and care needs of the local population including prevention initiatives.	Ensure the estate provides value for money by maximising the use of the existing public sector estate where possible, including clinical, care and administrative areas.	Implement a booking system to support maximum use of the estate to improve the efficiency and provide accurate data for future decisions.	Have an estate that is flexible, sustainable and easily adapted to changes in the future delivery of health and care.
	Work closely across our area to support delivery of services at the right place.	Data driven and evidence based to help drive investments and cut costs in the estate	Ensure all new buildings or those that are significantly refurbished incorporate clever technology including building management systems to improve efficiency and reduce costs.	Ensure that new building designs for health care settings meets the latest standards and deliver modern methods of construction



6.5 Financial sustainability



The challenge

Nationally and within BSW, local authorities are facing financial pressures in Adult and Children's Social Care, Public Health and the broader services that impact health and wellbeing outcomes.

At the same time NHS and VCSE services also face activity, workforce and financial challenges. It is evident that as a system we need absolute focus on system transformation and efficiency.

We will need to work together on system level responses where possible.

Our approach

Our system ambition is to achieve Best Value for Money, making effective use of resources together to ensure a financially sustainable health and care.

Our approach will also build on the commitment set out 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.

There is a broad consensus that to achieve high-quality, sustainable health and care services that can meet the changing needs of the population, there will need to be a radical shift in the focus of care from hospital to preventative community health services. We are clear that achieving this shift in BSW over the coming years will help us both to deliver better outcomes for patients and long-term financial savings.

Our commitments

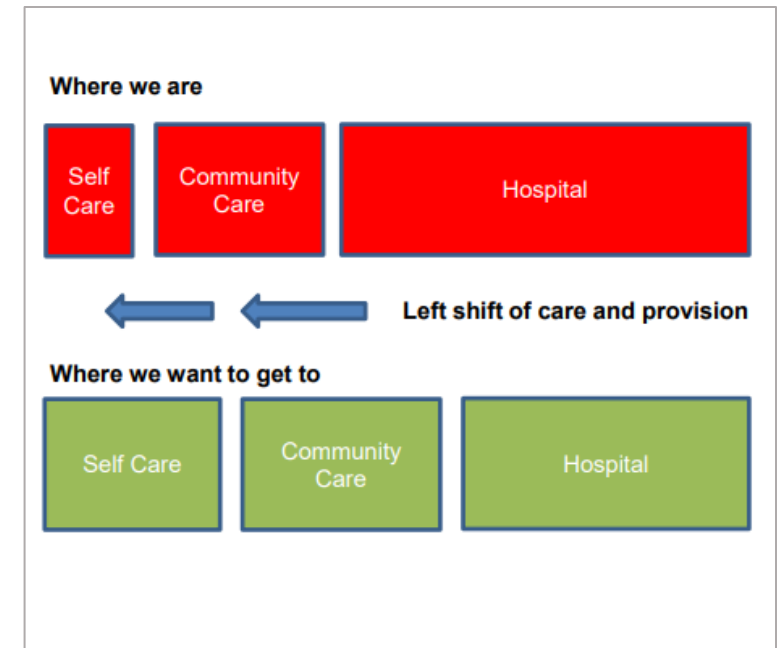
Xxx

Input needed.

Currently missing capital and local government perspective.

Key messages – how we use funding today and what do we want to be different in future? A focus on how we can shift resources into prevention

To be consulted: Gary Henege & Local Authority Partners





6.6 Environmental sustainability



The challenge

Climate change threatens the foundations of good health, with direct and immediate consequences for individuals, our infrastructure and public services. We are already facing significant increases in the intensity of heatwaves, more frequent storms and flooding and increased spread of infectious diseases such as tick-borne encephalitis and vibriosis.

Collective action is required across the system. If we fail to take coordinated action on climate change, then we are failing to address the biggest health risk that we face as a society.

Our approach

BSW is committed to playing its part in tackling climate change. As an integrated care system we have come together to develop and 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. This is outlined in our Green Plan [2022-25].

The plan sets out how we will begin to reduce the environmental and carbon impact of our health and care estate, services and wider activities over the next 3 years, with a view to achieving net zero by 2040 for direct emissions and 2045 for the emissions we can influence.

Key commitments, BSW Green Plan [2022-25]

Our commitments

BSW has made a series of system wide commitments to improve our environmental sustainability over the coming years. These are aligned to the following focus areas:

- Sustainable care model
- Workforce and leadership
- Estates and facilities
- Travel and transport
- Supply chain and procurement
- Medicines management
- Digital transformation
- Adaptation
- Food and nutrition

Delivery of our commitments is supported through a work plan, which outlines key actions for the system to undertake. A selection of actions for delivery in the near future by our partners (within the scope of the Green Plan requirements) are detailed below:

- ✓ Board-level lead identified at organisational and ICS level
- ✓ Integrated Care Board to undertake sustainability training
- ✓ Partners switch to 100% renewable suppliers
- ✓ NHS Trusts signed up to clean air hospital framework
- ✓ All BSW partners will include 10% social value weighting in all procurement tenders
- ✓ All NHS Trusts to reduce use of desflurane in surgical procedures to <5%
- ✓ Climate change included as key strategic risk on corporate risk registers and business continuity plans

Note that additional actions for delivery over the coming years are outlined in the BSW Green Plan [2022-25].



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

6.7 Our role as Anchor Institutions

The challenge

We have seen widening inequalities and increasing pressures on public services in recent years, both of which have been exacerbated by the COVID-19 pandemic. However, there is growing evidence about how anchor institutions can help to advance the welfare of the populations they serve.

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 community wealth building and development, through procurement and spending power, workforce and training, and buildings and land.

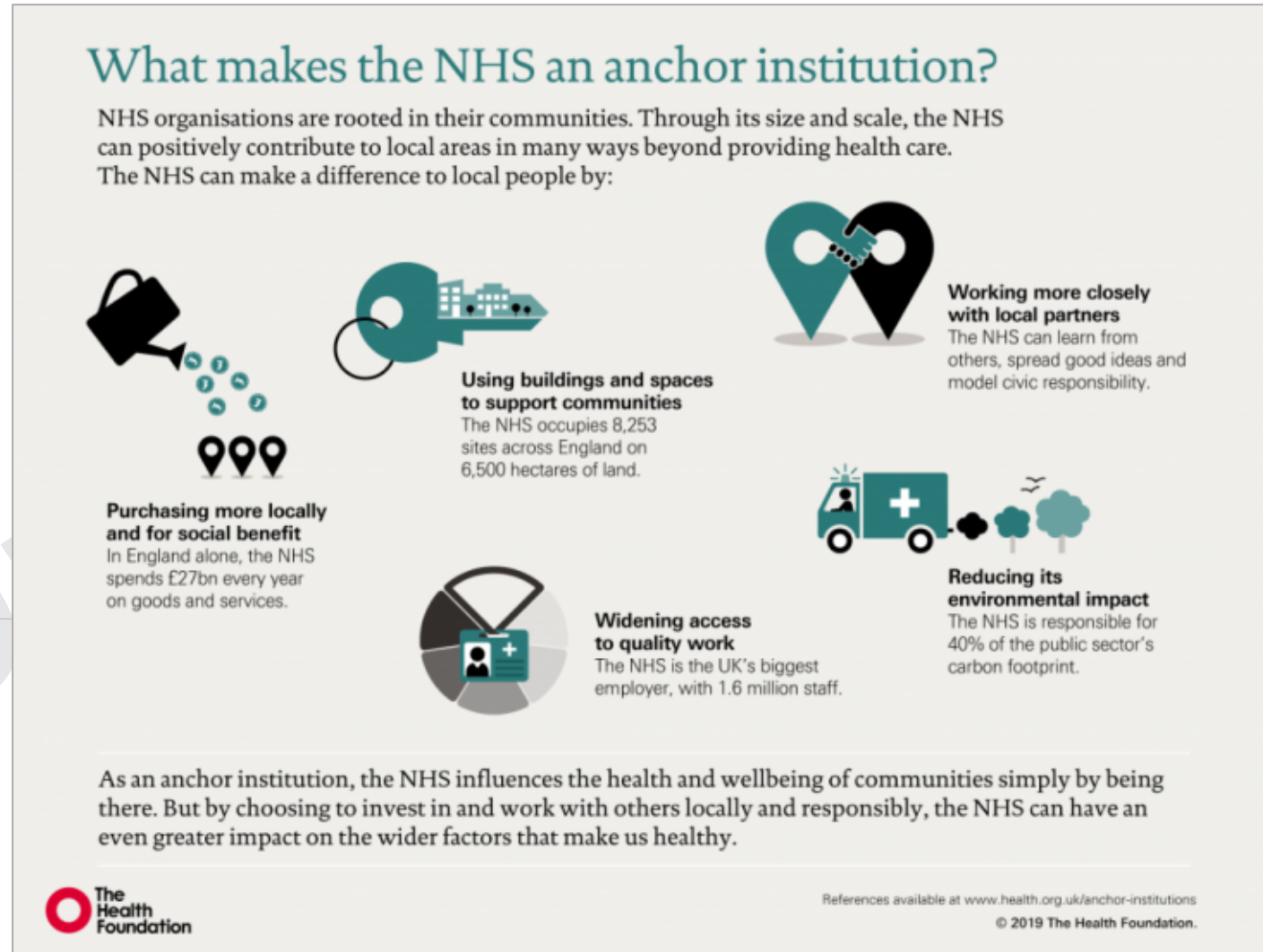
Our approach

One of the purposes of ICSs is to support broader social and economic development, and we intend to take seriously this purpose over the coming years.

While our work on making health and care organisations anchor institutions is in its early stages, we will look to use the approaches outlined in the diagram on the right to ensure that we are harnessing the power


What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



- Purchasing more locally and for social benefit**
In England alone, the NHS spends £27bn every year on goods and services.
- Using buildings and spaces to support communities**
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
- Working more closely with local partners**
The NHS can learn from others, spread good ideas and model civic responsibility.
- Widening access to quality work**
The NHS is the UK's biggest employer, with 1.6 million staff.
- Reducing its environmental impact**
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

 The Health Foundation

References available at www.health.org.uk/anchor-institutions
© 2019 The Health Foundation.

6.7 Our role as Anchor Institutions

Our commitment

We will form anchor institutions across BSW as a lever to support change in the wider determinants of health.

The case study on the right shows what being an anchor institution means to Great Western Hospital, and how this will help to create jobs, forge closer links with other civic organisations and improve its carbon footprint.

Case study: Great Western Hospital

The five areas where we can make a difference as an anchor institution

Increased weighting on social value for tenders & apply priority to prompt payment for small & local suppliers



- Use data to ensure we accurately understand the **protected characteristics** and deprivation profile of those we serve
- Clinical prioritisation to **support the most vulnerable**

Through procurement of goods and services

Through service delivery

As an employer

Through bricks and mortar

Through corporate and civic behaviours



- Expand volunteer workforce
- Use apprenticeships to maximise training opportunities
- Support refugees into employment
- Provide the SEND community with inclusive opportunities

Our most recent site developments created 44 local jobs; our long term vision for our expansion land includes the creation of community assets.



Linking with the civic university network and through the BSW Academy with other anchor organisations; our **sustainability plan delivers health and Net Zero**





7. What happens next?

This section summarises what will happen following the publication of this strategy and how we plan to continue to engage with BSW residents on our strategic vision, with consensus across system partners that this document represents the start and not the end of our engagement journey with the communities we serve.

In this section:

- 7.1 Transformation programmes
- 7.2 Delivering through our Implementation Plan
- 7.3 Have your say

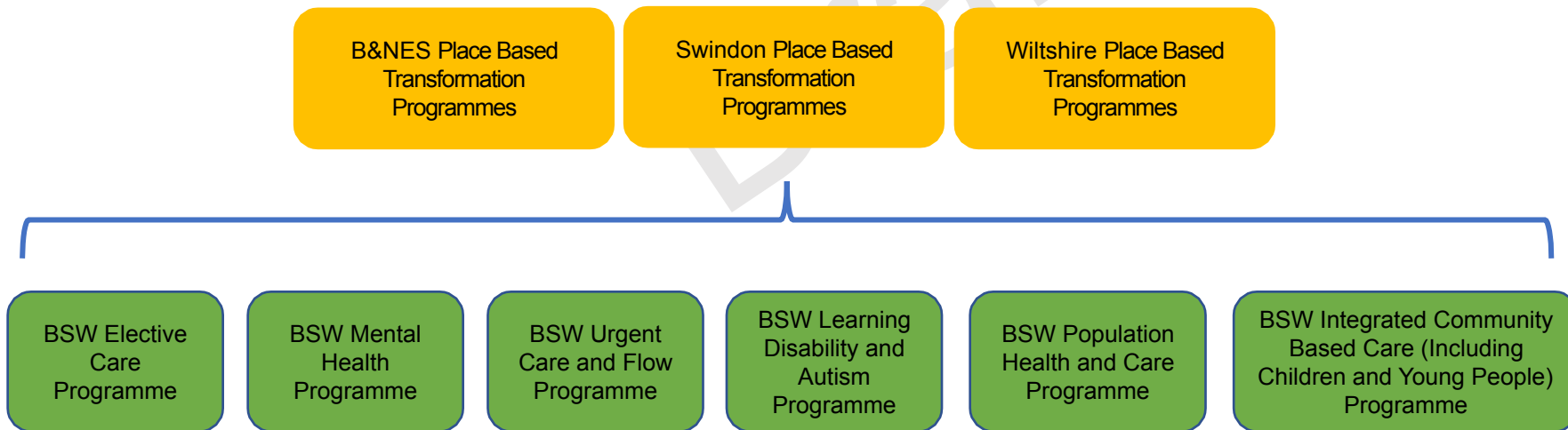


7.1 Transformation Programmes

Delivering the changes described in this strategy will require coordinated programmes of work to be delivered at pace. To be successful these programmes will need to make a difference from the homes in which individuals live through, every setting where care is delivered up to and including our specialist hospitals.

The proposed programmes of work are illustrated below. These programmes will be overseen by the three Local Authorities and the Integrated Care Board and will report into these statutory organisations as appropriate.

A strategic programme management office will support the delivery of these programmes, ensuring they are properly initiated, resourced and managed. The strategic programme management office will also facilitate progress reporting to partner organisations across BSW.





7.2 Delivering through our Implementation Plan

Overview

Our strategy brings together the ambitions of the three places and strategy documents for specific areas of health and care our system. Each of these strategies, either at a Place or System level, set out a range of priorities and areas of change and improvement for our population.

We are clear that we need to continue working with partners and communities across BSW to demonstrate how we are progressing the ambitions of strategies at both Place and System levels.

Our approach to doing this will be set out through our Integrated Care Strategy Implementation Plan. This is our local version of the 'Joint Forward Plan' which all Integrated Care Boards across England are required to produce. Our Implementation Plan will outline the key elements of the plans to deliver our system strategy and the Place and population group strategies therein.

It should be noted that as part of our assurance that our strategies and plans are consistent and complementary, we are required to consult on the Implementation Plan with our local Health and Wellbeing Boards. This is an important component of the work to strengthen the integration of approach across all system partners.

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.

The plan will reach across all partners rather than solely the NHS. The Implementation Plan should be considered alongside the Strategy.

The Plan will set out key milestones and deliverables from the constituent strategies that make up the body of what we want to deliver through our Integrated Care Strategy. This will not be an exhaustive list of all the milestones and deliverables in those strategies but, instead, the key ones that demonstrate our integrated partnership approach.

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



7.3 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 stakeholders over the coming years. The publication date for this document is xx. However, our 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.

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

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