

## AGENDA

**Meeting:** Health and Wellbeing Board  
**Place:** Kennet Room - County Hall, Bythesea Road, Trowbridge,  
BA14 8JN  
**Date:** Thursday 26 January 2023  
**Time:** 9.30 am

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### Voting Membership:

Alan Mitchell

Cllr Richard Clewer (Chairman)

Christina Button

Cllr Ian Blair-Pilling

Cllr Jane Davies

Dr Sam Dominey

Cllr Gordon King

Cllr Laura Mayes

Chair of Healthwatch Wiltshire

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

Cabinet Member for Public Health and Public Protection, Leisure, Libraries, Facilities Management and Operational Assets

Cabinet Member for Adult Social Care, SEND, Transition and Inclusion

Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

Opposition Group Representative

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

Dr Nick Ware	Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)
Dr Catrinel Wright	Wiltshire Locality Healthcare Professional, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)
Fiona Slevin-Brown	Place Director – Wiltshire, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)

**Non-Voting Membership:**

Kate Blackburn	Director - Public Health (DPS)
Dr Edd Rendell	Wessex Local Medical Committee
Dr Andy Purbrick	Wessex Local Medical Committee
Tracey Cox	Chief Officer/Chief Finance Officer - ICB
Tony Fox	Non-Executive Director - South West Ambulance Service Trust
Nicola Hazle	Clinical Director
Terence Herbert	Chief Executive (ERO/RO/Head of Paid Service)
Stacey Hunter	Chief Executive or Chairman Bath RUH
Stephen Ladyman / Douglas Blair	Wiltshire Health and Care
Kevin Mcnamara	Chief Executive or Chairman Great Western Hospital
Clare O'Farrell	Interim Director of Commissioning
Kier Pritchard	Wiltshire Police Chief Constable
Alison Ryan	RUH Bath NHS Foundation Trust
Val Scrase	Managing Director, Virgin Care
Lucy Townsend	Corporate Director - People (DCS)
Clare Edgar	Director Wholelife Pathway/ DASS
Marc House	Dorset and Wiltshire Fire & Rescue Service - Area Manager Swindon and Wiltshire
Sarah Cardy	VCSE Leadership Alliance Representative

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Please see the agenda list on following pages for details of deadlines for submission of questions and statements for this meeting.

For extended details on meeting procedure, submission and scope of questions and other matters, please consult [Part 4 of the council's constitution](#).

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

For assistance on these and other matters please contact the officer named above for details

# AGENDA

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

The Chairman will welcome those present to the meeting. In addition, the following announcements will be made:

## 2 **Apologies for Absence**

To receive any apologies for absence.

## 3 **Minutes** (Pages 7 - 14)

To confirm the minutes of the meeting held on 8 September 2022.

## 4 **Declarations of Interest**

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

## 5 **Public Participation**

The Council welcomes contributions from members of the public.

### Statements

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

### Questions

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

Those wishing to ask questions are required to give notice of any such questions in writing to the officer named on the front of this agenda no later than 5pm on **Thursday 19 January** in order to be guaranteed of a written response. In order to receive a verbal response, questions must be submitted no later than 5pm on **Monday 23 January**. Please contact the officer named on the front of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

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

## 6 **Integrated Care Strategy Update** (Pages 15 - 78)

To receive an update on the Integrated Care Strategy.

7 **Draft Joint Local Health and Wellbeing Strategy for consultation** (Pages 79 - 100)

To discuss the draft Local Health and Wellbeing Strategy.

8 **Integrated Care Alliance Work Programme** (Pages 101 - 112)

To receive an update on the Integrated Care Alliance Work Programme.

9 **Better Care Plan** (Pages 113 - 120)

To receive an update on the use of additional discharge funding.

10 **Military Covenant** (Pages 121 - 140)

To discuss the Military Covenant and implications of statutory guidance for health and care.

11 **Workforce Health Campaign** (Pages 141 - 148)

To receive an update on the Workforce Health Campaign and the results of activity taken by local organisations 12 months on.

12 **Date of Next Meeting**

The next meeting is being held on 30 March 2023, starting at 9.30am.

13 **Urgent Items**

Any other items of business which the Chairman agrees to consider as a matter of urgency.

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## Health and Wellbeing Board

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### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 8 SEPTEMBER 2022 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

#### **Present:**

Cllr Richard Clewer (Chairman) Alan Mitchell, Cllr Ian Blair-Pilling, Cllr Jane Davies, Cllr Laura Mayes, Fiona Selvin-Brown, Rob Llewellyn

#### **Also Present:**

Dr Edd Rendell, Dr Andy Purbick, Nicola Hazle, Terence Herbert, Stephen Ladyman, Val Scrase, Lucy Townsend, David Bowater, Ben Fielding, Michael Rose, Sammer Tang, Michael Allum, Amanda Du Cros, Robert Holman, Catharine Symington, Emma Higgins, Gemma Brinn, Rachel Kent, Clare Thompson, Emma Legg, Lynn Gibson

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#### 48 **Chairman's Welcome, Introduction and Announcements**

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

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

Cllr Richard Clewer provided the following Chairman's Announcements:

- Health and Wellbeing Board Membership

The Chairman drew attention to the Health and Wellbeing Board composition paper within the agenda, as well as a proposed revision which would aim to ensure ongoing parity between council and NHS representatives by reducing the numbers of voting representatives required. It was also stated that the proposed revision would take account of the need to include a representative from the Voluntary and Community Sector, reflecting discussions at the Health and Wellbeing Board earlier this year, as well as the development of the VCS forum in the county.

The Board stated that they would support the changes and the Chairman informed that further discussion would be required at the Council's Constitution Focus Group as well as ratification of the changes at a subsequent meeting of full council.

- BSW Inequalities

The Chairman drew attention to the BSW Inequalities Strategy, with it noted that

in March 2022, the Health and Wellbeing Board noted the development of the BSW Inequalities Strategy 2021-2022 and its development in consultation with health and social care partners across the Wiltshire Alliance. The strategy had now been finalised and published, alongside its implementation plan.

49 **Apologies for Absence**

Apologies for absence were received from Alison Ryan, Cara Charles-Barks, Philip Wilkinson, Cllr Nick Holder, Clare O'Farrell, Louise Greenwood, Laura Edwards, Julie Thornley, Dawn Chalcraft, Will Howard, Lisa Taylor, Lisa Harding, Marc House, Michelle Lombardi, Clare Edgar, Amber Skyring, Kate Blackburn, Helen Jones, Stacey Hunter, Dr Sam Dominey, Stephanie Elsy, Dr Andrew Girdher, Laura Nicholas, Margaret Firth, Dr Catrinel Wright and Sue Harriman.

It was noted that Philip Wilkinson (Police and Crime Commissioner for Wiltshire and Swindon) had arranged for Rob Llewellyn (Director of Ops) to attend in his place. In addition, Cllr Gordon King joined the meeting in a Hybrid capacity via Microsoft Teams.

50 **Minutes**

The minutes of the meeting held on 31 March 2022 were presented for consideration.

**Decision - The minutes of the meeting held on 31 March 2022 were agreed as a correct record.**

51 **Declarations of Interest**

There were no declarations of interest.

52 **Public Participation**

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

53 **Joint Strategic Needs Assessment development and JHWS refresh**

The Board received a presentation from Rachel Kent (Public Health Consultant, Wiltshire Council) . The item covered the following matters:

- An update was provided that the 8<sup>th</sup> edition of the JSNA is currently being written, with the aim of publication in October.
- Due to the timing, it was requested that sign off for the JSNA to be delegated to the Chair in order to enable findings to be fed into the development of the Integrated Care Strategy and local health planning as soon as possible.
- Attention was drawn to the slides which had been circulated in order to provide context.

- It was suggested that there could be a future workshop based around the JSNA.

Comments were received in relation to the importance of the strategy being organic in order for it to adapt to changes in circumstances. The impact of the JSNA from a Council perspective was cited, with it noted that the strategy allows Area Boards to understand specific issues in tightly defined areas and then be able to shift resources to act.

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

- i) The Wiltshire Health and Wellbeing Board noted the timeframe to produce the Wiltshire Health and Wellbeing JSNA.**
- ii) The Wiltshire Health and Wellbeing Board agreed to delegate sign off for the Wiltshire Health and Wellbeing JSNA to the chair, in consultation with the Director of Public Health and partners within the NHS.**
- iii) The Wiltshire Health and Wellbeing Board noted that the Wiltshire Health and Wellbeing JSNA will be a key document in guiding the Board’s work and supporting the development and delivery of the Wiltshire Joint Health and Wellbeing strategy in tandem with a new Integrated Care Strategy for BSW.**
- iv) The Wiltshire Health and Wellbeing Board agreed that its next meeting on 1 December would focus on the findings of the JSNA and developing the JHWS and Integrated Care Strategy.**

#### **54 Pharmaceutical Needs Assessment finalisation**

The Board received a presentation from Sammer Tang (Public Health Speciality Registrar, Wiltshire Council). The item covered the following matters:

- The statutory consultation for the PNA took place after the Health and Wellbeing Board endorsed the draft in March 2022. All statutory consultees agreed upon the recommendations and conclusion of the draft PNA.
- It was stated that the Commissioner of Community Pharmacy Services would be visiting the Integrated Care Board in the new year and would therefore be a big opportunity to include pharmacies.

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

- i) The Wiltshire Health and Wellbeing Board noted the summary of findings from the statutory consultation process.**
- ii) Wiltshire Health and Wellbeing Board agreed to approve and publish the most up-to-date version of the Wiltshire Pharmaceutical Needs Assessment.**
- iii) Wiltshire Health and Wellbeing Board agreed to continue to monitor the future changes of the pharmaceutical needs of Wiltshire**

**population and publish additional statement and/or commission a new Pharmaceutical Needs Assessment as required.**

55 **Health Protection Strategy 2022-2026**

The Board received a presentation from Michael Allum (Acting Public Health Consultant, Wiltshire Council). The item covered the following matters:

- It was outlined that a Health Protection Assurance Group had been set up to take strategic lead for Health Protection, with the purpose of the strategy to build upon previous work conducted by the group.
- Key topics of work that had been agreed for 2022-2026 were outlined to the Health and Wellbeing Board as well as further objectives based upon local data and requirements.
- The strategy has the aim of ensuring that relationships formed within the pandemic continue to grow as well as providing assurance of the different processes involved.

Comments were received in relation to why Abdominal Aortic Screening had been identified as being a medium-term priority, to which it was clarified that Cancer programmes would be the first initial term focus. In addition, it was recognised that there is room to improve regarding uptake and that there are ways in which communication can be used to connect with communities to improve this. A further comment was made in regard to how a number of the screening elements would be reliant on NHS capacity and ability to deal with pressures. It was stated that though this would be outside of the Health Protection Assurance Group, there would be reporting pathways to potentially address this and that work is being done to raise Cancer Screening rates to back to where they were pre-Covid by targeting the most appropriate people.

In regard to the environmental element of the report, it was stated that the Health Protection Assurance Group and Public Protection team have processes in place with a range of stake holders to raise issues regarding water and air quality. It was stressed that it would be important to gain assurance that the correct monitoring is take place, especially within the planning system.

It was queried why mental health trusts were not listed within the report, to which it was clarified that the author would be happy to add more partners to the work. A further point for discussion was made in regard to infection disease control and anti-vaccination stickers which had been placed on signposts within the Wiltshire locality and whether this was still an underlying problem. It was clarified that there has been an increased discourse online including the positive outcome of the Covid vaccines and that the NHS and partners would hopefully have the correct tools and relationships to address such concerns.

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

- i) **The Wiltshire Health and Wellbeing Board noted and acknowledged the Wiltshire Health Protection Strategy 2022- 2026 document**

**(see appendix 1) and would support the priorities set out in the document.**

56 **Integrated Care Alliance work programme update**

The Board received an update from Emma Higgins (Associate Director, NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB)). The item covered the following matters:

- It was stated that the paper attached to the agenda set out the journey of the alliance programme and the shared work programme over the past 18 months.
- Despite issues, progress has been made on the work programme, which started in April 2022, with work continuing on mandated development and the way which the ICA wants to work with population health and connection with communities.
- A neighbourhood collaboratives programme is ready to be launched, which will support neighbourhoods to come together and consider their population gaps.
- It was stated that the ICA ambition for the 2023 work programme is to be led by population health and wellbeing inequality gaps.
- Dated milestones were provided for the 2023-2024 work programme.

Positive feedback was received in regard to the programme having a neighbourhood focus, with it stated that there has been emphasis from Wiltshire Council to have a focus on inequality within neighbourhoods; including work with partners in Studley Green and Bemerton Heath. The importance of mapping community assets and assets were discussed along with how communities are understood and defined, with each neighbourhood potentially formulating themselves differently.

It was questioned how the work would link with the [Fuller stocktake report](#) and that initial conversations had taken place with PCNs, with outline agreements with two PCNs in Salisbury as well as one each in Devizes and Trowbridge, with these different areas picked for a reason. These areas would be initially piloted and tested in order to recognise that each neighbourhood is different and to understand what does and does not work. Furthermore, a development day took place in March to identify key areas that each neighbourhood wants to consider as well as ensuring there are the right foundations for collaboration. Though it was stated that resource would potentially be a challenge, it was stated that the work could potentially be something for Board partners to get involved in.

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

- i) **The Wiltshire Health and Wellbeing Board noted the content of the paper.**

57 **Better Care Fund - year end return and framework for intermediate care and capacity plans over winter**

The Board received a presentation from Melanie Nicolau (Head of Resources Commissioning, Wiltshire Council). The item covered the following matters:

- It was stated that attached to the agenda was a paper to formally bring the end of year submission of the Better Care Fund to the Health and Wellbeing Board as part of government arrangements.
- The Better Care Fund Plan for 2022-2023 is still in development and would need to be submitted in September. This would act as an enabler for work from the alliance and would be a main vehicle for prevention, admission, hospital discharge and rapid response services.
- A lot of consultation had taken place with communities and stakeholders, with the results tied together within the report.

Comments were received in relation to page 177 of the agenda pack, which stated that the number of external providers for homecare went down. In response it was suggested that this was due to there not being people available to provide homecare, in addition to a number of variables such as Covid increasing complexity with hospital discharge and a reduction in beds at the point of discharge. In addition, it was questioned that on page 161, the income was stated as being £57.5million, however the spend was just under £50million. This was clarified as being down to using the hospital discharge fund which was received from central government and that the £7.5million that was not spent would not need to be given back.

Further comments included, but were not limited to, that through scrutiny the council had been looking at the disabilities grant and how homes should be more adaptable. Additionally, the need to ensure that in planning policy housing standards involve new homes being capable of being adaptable.

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

- i) The Wiltshire Health and Wellbeing Board noted the end of year BCF submission 21/22.**
- ii) The Wiltshire Health and Wellbeing Board approved the delegated sign-off of the Better Care Fund Plan to the Chair.**

58 **Wiltshire Autism Strategy development**

The Board received a presentation from Robert Holman (Commissioning Manager, Wiltshire Council). The item covered the following matters:

- It was stated that the Wiltshire Autism Strategy would be the first all age strategy and would emphasise a whole-life approach, whilst echoing the four areas of the Health and Wellbeing and SEND strategies.

- The strategy is a product of significant co-production and engagement, including the voices of autistic people, their families and the local mental health and autism group.
- The six priorities of the strategy were outlined within the attached report.
- It was stated that for the first six months the Wiltshire Locality Mental Health and Autism Group would be responsible for implementation before handing over to the Wiltshire Autism Partnership in the new year.

Comments were received in relation to how the strategy was positive from a Councillor perspective, having seen gaps within case work. Additionally, it was voiced that members were pleased that the strategy was whole life. It was also clarified that in regard to co-production, the Wiltshire Parent Council had been consulted. Further clarification was provided that there would be a timeline for the implementation plan, with a lot of work happening already. Additionally, a plea was made to the authors to capture what elements of co-production worked well as this would allow others to learn going forward.

It was stated that transitions are a key area within services and that this would be an area that would be considered within the initial proposal, however there would be a lot of people who would not be known to social care, due to there being a wide spectrum. Praise was also received for the strategy from a mental health perspective, in the way that it linked in with inpatient units as well as referring to the community mental health framework.

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

- i) The Wiltshire Health and Wellbeing Board approved and signed off the Wiltshire joint all-age autism strategy 2022-27.**
- ii) The Wiltshire Health and Wellbeing Board noted the governance arrangements for its implementation.**
- iii) A report would be brought back to the Wiltshire Health and Wellbeing Board in 12-months' time.**

## 59 **Healthwatch Wiltshire Annual Report**

The Board received a presentation from Catharine Symington (Interim Manager, Healthwatch Wiltshire). The item covered the following matters:

- It was stated that Healthwatch Wiltshire had published 12 reports about the changes people would like made to health and social care services as well as 78 recommendations for improvement.
- Over the past year Healthwatch had supported 4,426 people to share their experiences of health and social care services as well as having had 7,141 people come to them for clear advice.
- Projects that took place included making changes to the service offered at the Emergency Department and inpatient wards at the Great Western Hospital, Swindon; helping to develop mental health services; improving

information about the new Devizes Health Centre as well as community projects.

- Healthwatch Wiltshire's priorities for 2022-2023 were identified within the attached report.

Comments were received in relation to how it was positive to see the voice of young people referenced a lot more, interwoven and included as part of Healthwatch. Additionally, multiple Health and Wellbeing Board members praised and showed gratitude for the work of Healthwatch, in particular the work towards the Great Western Hospital and for community mental health.

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

- i) The Wiltshire Health and Wellbeing Board noted the key messages from the report.**
- ii) The Wiltshire Health and Wellbeing Board confirmed its commitment to listening to the voice of local people to influence commissioning and service provision.**

60 **Date of Next Meeting**

It was agreed that the next meeting of the Health and Wellbeing Board would be on 1 December 2022, starting at 09.30am.

61 **Urgent Items**

There were no urgent items.

(Duration of meeting: 09:30am – 11.05pm)

The Officer who has produced these minutes is Ben Fielding of Democratic Services, direct line 01225 718656, e-mail [benjamin.fielding@wiltshire.gov.uk](mailto:benjamin.fielding@wiltshire.gov.uk)  
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Wiltshire Council

Health and Wellbeing Board

26<sup>th</sup> January 2023

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## Integrated Care Strategy - Update

### Executive summary

The purpose of this paper is to update the Wiltshire Health and Wellbeing Board, as an Integrated Care Partnership (ICP) stakeholder, on the progress and process of producing the Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Strategy. This includes information on the emergent themes coming through on the strategy and details on the opportunity to review and comment on the draft version.

### Proposal

All Integrated Care Partnerships are developing a 5 Year Integrated Care Strategy as required by the Health and Care Act. The strategy describes how all partnership members are working together to meet the assessed health, care and wellbeing needs of the local population. In generating a Strategy that covers all of BSW we are trying to distil the essence of each of the local Health and Wellbeing Strategies being developed in each Place combined with the strategic direction that partners in BSW have previously agreed. The Strategy will be updated annually to ensure it remains relevant to the requirements of the local population.

The strategy will be completed and agreed by the ICP by the end of March 2023 and this will include a series of engagement activities to work with, and take account of the views of, stakeholders and the local population.

Engagement in each of the three Places within BSW will be coordinated by the local Integrated Care Alliances. This is important as, with the local Health and Wellbeing Strategies also under development there is a risk that we could generate duplicate or confusing requests to the local population for their involvement in the development of strategies.

There is also a requirement for all Integrated Care Boards (ICB) to own and develop a five-year system delivery plan (Joint Forward Plan) setting out how we will implement the Integrated Care Strategy. This implementation plan is being developed alongside the Strategy and will describe in greater detail the actions being taken to deliver parts of the strategy over the next 12 months.

There is a requirement to consult with Health and Wellbeing Boards on how well this implementation plan reflects the requirements of the Joint Local Health and Wellbeing Strategies. The completion date for the Implementation Plan has been extended to 30<sup>th</sup> June 2023 with a draft being produced at the end of March. This plan will also be updated annually.

The process of producing the submission is being co-ordinated by the Integrated Care Strategy & Implementation Plan Steering Group which has a membership taken from the ICB and wider system partners. The Steering Group is meeting fortnightly. We are currently working through the governance timetable with regards sign-off of the completed strategy and plan ahead of the respective milestones.

The current draft of the Strategy is in the process of being generated and will be circulated for review in the week beginning 16<sup>th</sup> January.

The committee:

- a) are asked to consider the content of the attached report (presented as slides) and to advise on how engagement in the ongoing development of the initial Strategy and subsequent plan can best be undertaken within Wiltshire.
- b) Committee members are encouraged to review the draft strategy following its distribution and to provide feedback through the channels provided. A particular question to consider is how consistent the BSW wide strategy is with the local Health and Wellbeing Strategy.

#### **Reason for proposal**

The requirement to generate a combined Integrated Care Strategy for BSW is a requirement set out in the Health and Care Act 2022.

#### **Author:**

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Director of Strategy and Transformation, BSW Integrated Care Board  
Email: r.smale@nhs.net



Bath and North East Somerset,  
Swindon and Wiltshire Together

# Integrated Care Strategy Update

# Wiltshire Health and Wellbeing Board

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26<sup>th</sup> January 2023



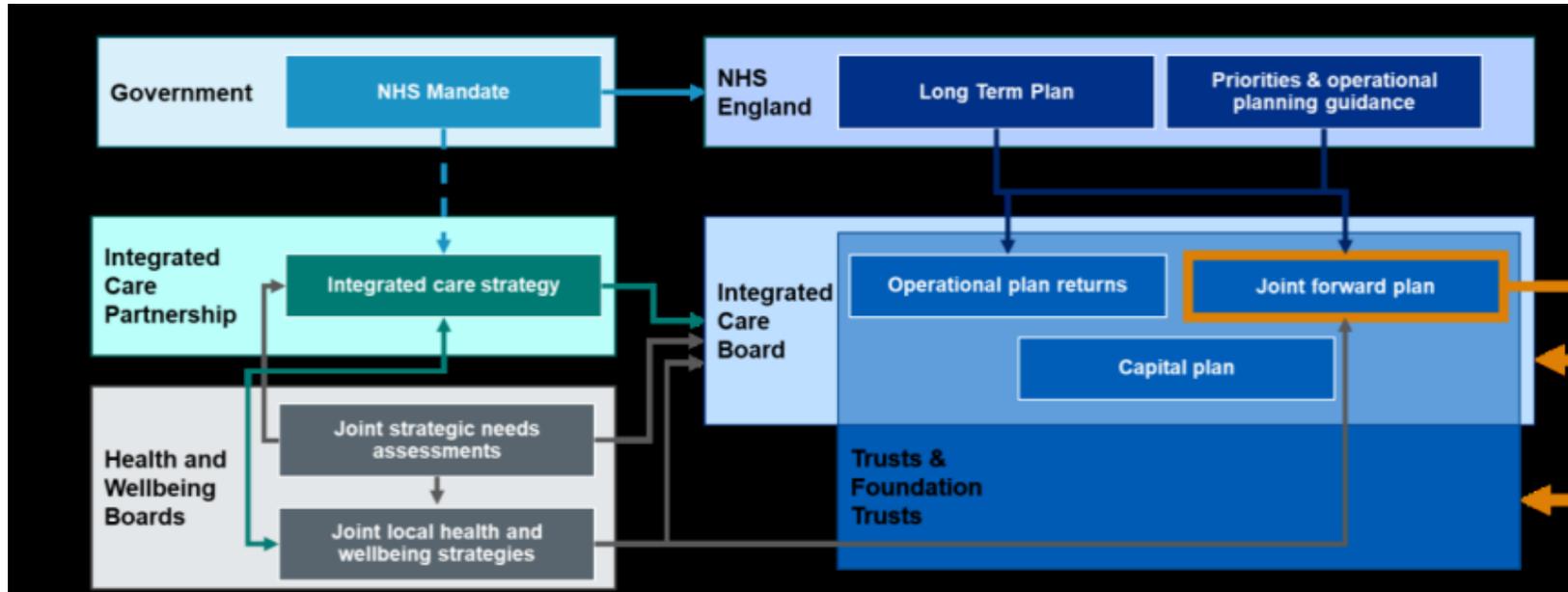
There are three products that we are going to produce:

- **Integrated Care Strategy – “the Strategy” (by 31<sup>st</sup> March 2023)**
  - Owned and developed by the Integrated Care Partnership (ICP)
- **Integrated Care Implementation Plan – “the Plan” (by 30<sup>th</sup> June 2023)**
  - Owned and developed by the Integrated Care Board (ICB)
  - We will consult with our 3 Health & Wellbeing Boards and system partners
  - We will write this as the implementation plan for our Strategy
  - This will meet the minimum requirements of the **Joint Forward Plan** that NHSE will ask us to produce, so we will submit this as our Joint Forward Plan
- **Operating Plan 23/24 (by 31<sup>st</sup> March 2023)**
  - Setting out our system plan key metrics for submission to NHSE

NHS organisations will also be producing their annual Operational Plans and the ICB will submit a summary of these.



There is an important relationship between the Integrated Care Strategy, which sets the direction (why & what) and the Joint Forward Plan, which defines how elements of the strategy will be delivered.





## An engagement event was held on the 16<sup>th</sup> December to inform the development of the Strategy

- More than 60 attendees from across BSW.
- The extensive feedback that was gathered is being processed and reviewed
- A draft strategy has been developed from this.
- An engagement plan is being developed for the period Jan – March 2023 to ensure the draft Strategy is discussed by partners across BSW.
- A workshop will be organised for members of the Integrated Care Partnership to specifically review the system priorities and outcomes that we are working towards.

*“Just a quick line to say I found the event very useful. Thanks to you and the team for all the work that clearly went into it.”*

Alan Mitchell  
Local Leadership Board Chair  
Healthwatch



## Outline content

Content required	Detail
1. Evidence base for population need	A summary of what the current evidence from across BSW is telling us – JSNAs, PHM, other data.
2. What is important to us?	Feedback from previous engagement processes. How are we learning from previous case reviews/findings?
3. Desired Improvement Outcomes	What improvements in outcomes are we aiming to deliver and what output measures will we collect to demonstrate progress?
4. Key principles on which our strategy is based.	What principles will underpin our approach?
5. Key initiatives for the delivery of our strategy	What transformation initiatives are we proposing to undertake? What are we already undertaking and are they still relevant?
6. How will this impact on the flow of resources within the system?	How do we expect to spend our resources differently in future?

A first draft of the BSW Integrated Care Strategy has been developed and is being circulated for comments from the week of 16<sup>th</sup> January. Feedback from members of the Wiltshire Health and Wellbeing Board would be welcome.





Bath and North East Somerset,  
Swindon and Wiltshire Together

# **Bath and North East Somerset, Swindon and Wiltshire Draft Integrated Care Strategy – Briefing pack**

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Integrated Care Partnership

January 2023

Ver1.0 (draft)



## Purpose of these slides

The purpose of these slides is to provide further information about the draft BSW Integrated Care Strategy and how to provide feedback to inform its further development.



## Strategy & Planning

As partners across BSW there are three key documents that we have to produce:

- **Integrated Care Strategy – “the Strategy” (by 31<sup>st</sup> March 2023)**
  - Developed by the Integrated Care Partnership (ICP)
- **Integrated Care Implementation Plan – “the Plan” (by 30<sup>th</sup> June 2023)**
  - Developed by the Integrated Care Board (ICB)
- **Operating Plan 23/24 (by 31<sup>st</sup> March 2023)**
  - Setting out our system plan key metrics for submission to NHSE

*Individual NHS organisations will also be producing their annual Operational Plans and the ICB will submit a summary of these.*



## What is our BSW Integrated Care Strategy

- Tells the story of how we are working together across BSW to improve the health and wellbeing of the local population, to tackle the health inequalities that exist and to deliver better services..
- Brings together elements from individual strategies that exist across our health and care system
- Not intended to duplicate or replace these other strategies, but to provide a summary of how these different elements operate together.





## Relationship with local Health and Wellbeing Strategies

Our BSW Strategy is being developed at the same time that local Health and Wellbeing Strategies are being developed for each Health and Wellbeing Board.

Place	Current status	Lead/support
Bath & North East Somerset	Initial draft generated & priorities identified Public survey undertaken	Becky Reynolds Fedalia Richardson Nancy Towers
Swindon	Development of draft underway	Steve Maddern (DPH)
Wiltshire	Initial draft generated includes draft priorities Public survey planned	Kate Blackburn (DPH) David Bowater
BSW	Initial draft generated Further work ongoing on: <ul style="list-style-type: none"><li>• alignment with local strategies</li><li>• enabling activities</li><li>• Impact on resources</li></ul>	Richard Smale David Jobbins William Pett (from 23/1/23)



# Relationship with local Health and Wellbeing Strategies

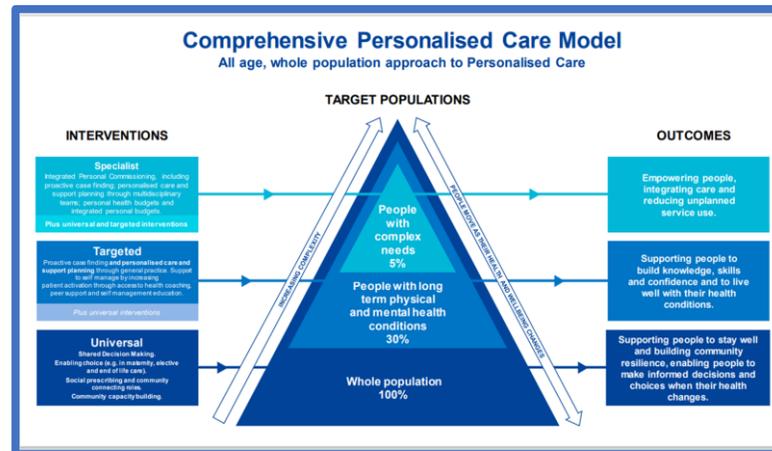
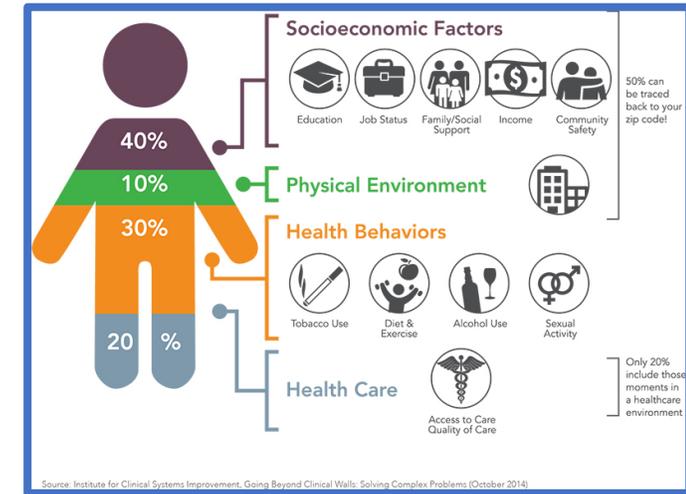
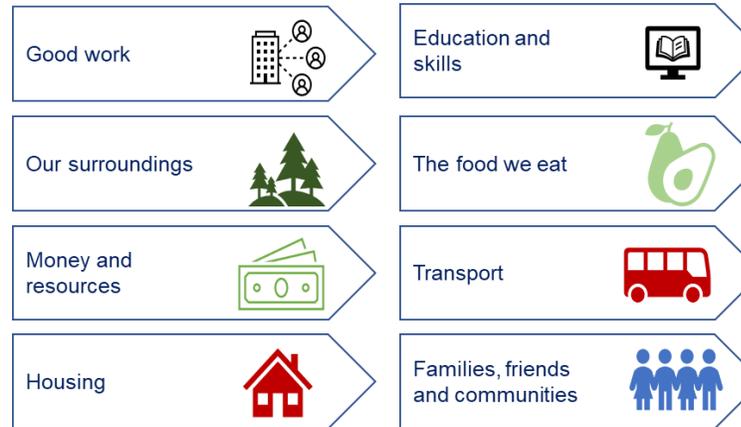
There is a lot of consistency in the themes that are emerging across BSW.

## Themes

Page 28

Tackle inequality  
Focus on the individual  
All age (start well, live well, age well)

- Prevention and wellbeing
- Wider determinants of health
- Development of communities
- Strengths based approach
- Environmental impact





# Relationship with local Health and Wellbeing Strategies

There are some common themes in the **priorities** that are being identified across BSW:

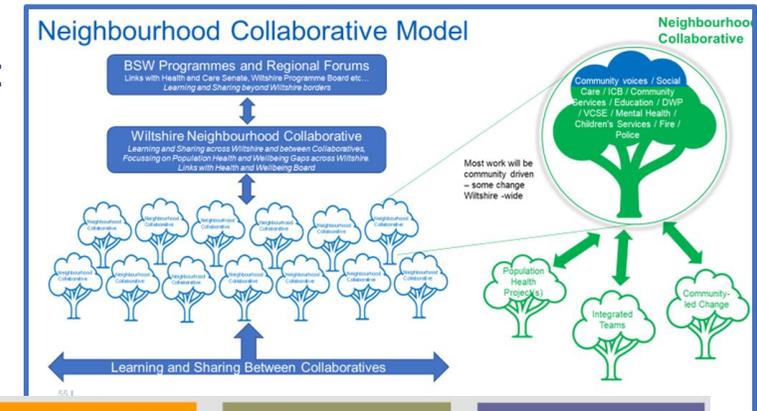
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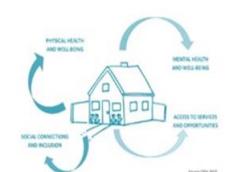
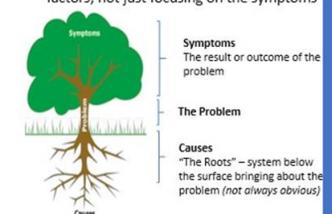
## Emergent priorities in the B&NES Joint Health and Wellbeing Strategy

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

## Emergent priorities in the Wiltshire Health and Wellbeing strategy

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



1. The Home Setting	2. Early Identification and Prevention	3. Tackling Root Causes
The 'home' plays a key role in enabling people to achieve good health and wellbeing.	Focus on children, working across 'whole' family interventions	Tackling root-causes and addressing causal factors; not just focusing on the symptoms
		
<ul style="list-style-type: none"> <li>Improved physical health, as well as better mental health and well being</li> <li>Better social interactions and inclusions</li> <li>Better access to services and opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Reducing long-term health effects from exposures of direct/in-direct harms on young people</li> <li>Increasing resilience of our whole population</li> <li>Reducing social isolation and loneliness</li> <li>Improved health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Reduce risk of frequent and multiple contacts to services/agencies</li> <li>Reduced victimisation</li> <li>Improved health and wellbeing realised earlier</li> </ul>

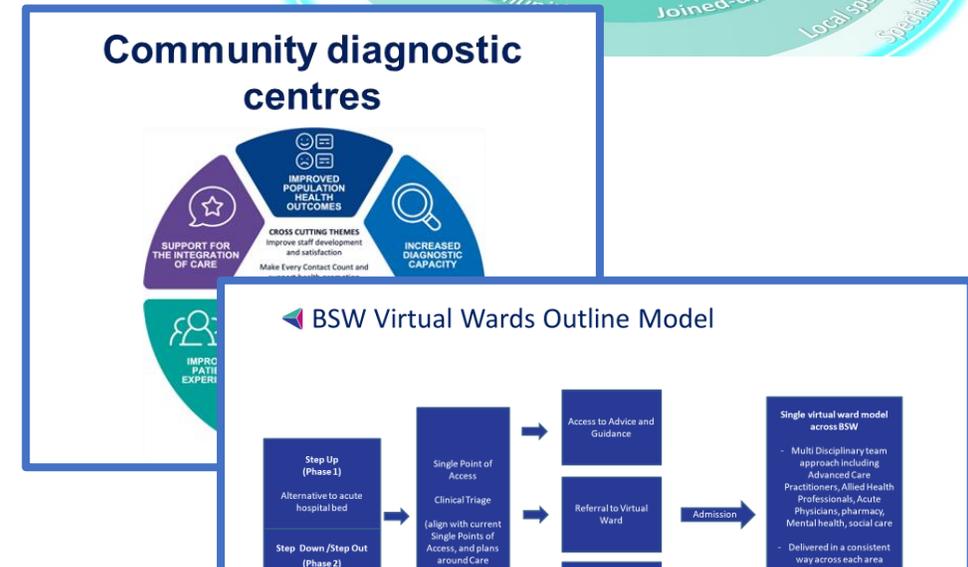


# Relationship with local Health and Wellbeing Strategies

In aligning the local and BSW wide strategies we have identified some **differences in the focus** on specific topics. For example in the BSW strategy:

- 'Whole life' – will include a focus on end of life.
- Whole care model – need to consider how we will deliver improvements in elective care, urgent and emergency care and change the way services
- Outline some of the system wide service changes that partners are working on (e.g. Community Services, Virtual Wards, Community Diagnostic Centres)
- Strong focus on the recruitment, development and retention of a sustainable workforce
- Focus on enabling elements like digital and estates
- Outline our work on how we will get the most from the resources we have across BSW

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# What difference are we trying to make?

## Integrated Care System Priorities





# What difference are we trying to make?

Start well  
0-25  
years

1. I am a healthy baby and child
2. I am ready for school
3. I am safe and live in a caring environment
4. I am active and healthy
5. I can cope with life, feel safe and know how to seek help
6. I have life and career aspirations

Live well  
25-64  
years

1. I can lead a healthy lifestyle in a good environment
2. I feel I have control over my daily life
3. I am happy and have a good quality of life

Age well  
+64 years

1. I lead an independent life
2. I am active and feel safe
3. I can access services if I need them

Die well

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help.

Whole life  
outcomes  
for the  
population  
of BSW

1. Raise the healthy life expectancy for our whole population
2. To reduce the gap in healthy life expectancy between different areas by a minimum of 50%
3. Reduce the prevalence and impact of poverty within BSW
4. Improve wellbeing and reduce the prevalence of mental health conditions within the population of BSW.
5. Reduce early deaths from preventable diseases

Based on discussions and feedback across BSW we have drafted some objectives that describe what starting well, living well, aging well and dying well would mean for local people.

We would welcome feedback on these draft objectives.

A method of measuring the impact for individuals would need to be developed. This may be best coordinated at a local level.



## Providing feedback

**The draft strategy is still a work in progress and further updates will be generated over the next couple of months.**

### **Key areas for feedback:**

1. Do you agree with the priorities that have been identified?
2. What outcomes are important to measure?
3. What additional things should be in the draft strategy?
4. How should we gather feedback from the people of Wiltshire?



## Providing feedback

**The draft strategy is still a work in progress and further updates will be generated over the next couple of months. If you would like to provide feedback on the current draft please do so by emailing:**

**[BSWstrategy@nhs.net](mailto:BSWstrategy@nhs.net)**

**Or in writing via:**

**BSW Strategy Feedback  
BSW Integrated Care Partnership  
Jenner House  
Chippenham  
SN15 1GG**



Bath and North East Somerset,  
Swindon and Wiltshire Together

# Bath and North East Somerset, Swindon and Wiltshire Integrated Care Strategy (Draft)

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**Note:** This is a draft version and 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 or to refine the language to make it as accessible as possible. This process will be undertaken for the final version.

Integrated Care Partnership

January 2023

Ver2.1 (draft)



	<b>Content</b>	<b>Page</b>
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<b>5</b>	Making it happen.	17-34
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Bath and North East Somerset,  
Swindon and Wiltshire Together

## 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 those 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**



## What is our Integrated Care Strategy

Our Integrated Care Strategy tells the story of how we are working together across BSW.

Page 38  
It brings together elements from individual strategies that exist across our health and care system 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.





## Common Themes Across our System (1)

Through our Integrated Care Strategy we will set out our common goals across partners. We recognise that this does not mean that our individual approaches will not be exactly the same because we need to ensure that our efforts are driven by the needs of our populations but this does not preclude us having the same overarching approach:

- Reducing inequalities across our population and targeting unwarranted variation in health and wellbeing outcomes for different communities;
- Working together to strengthen resources that can help prevent and reduce the impact of poor health across our population;
- Developing a more integrated approach to addressing the wider determinants of poor health and wellbeing; and
- Working with partners to continue the work of further developing community based resources.

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Whilst our three Health & Wellbeing Strategies approach meeting the needs of communities at a Place level in slightly different ways there are strong 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.



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## Common Themes Across our System (2)

The subsequent slides describe headlines from the Place based work that is being developed. We have not yet settled on shared wording for our goals and the approach mapped out above is still being worked through. We believe that the process of working through what we mean and what we want to achieve is more important than the words set out on these slides as they take us to a more integrated set of relationships that will continue to grow and evolve over the life of the strategy.

Therefore we anticipate that the wording and content will evolve and change in response to feedback on our draft documentation and in the next version of the strategy as a reflection of how the partnership is growing. In order to assure our communities and all partners that we have specific initiatives, activities and outputs that we are working to we are producing an Implementation Plan alongside the Strategy where key milestones and deliverables for 2023/24 and beyond taken from our Place and System based strategies will be set out.

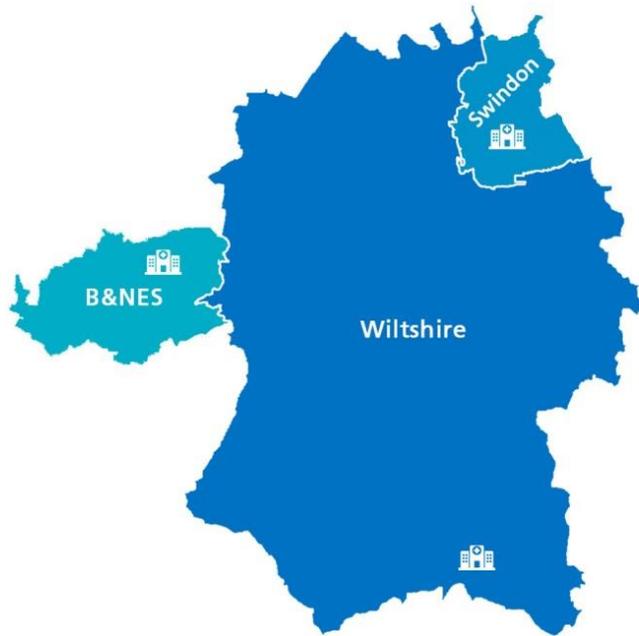


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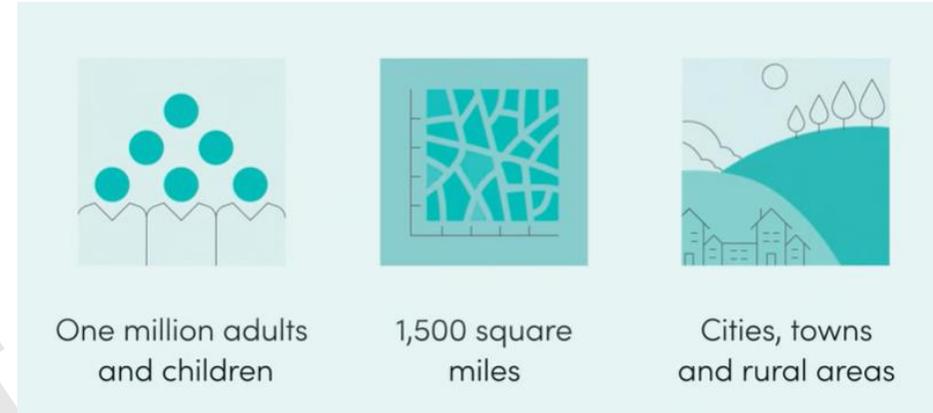
# Health for the people of Bath and North East Somerset, Swindon and Wiltshire



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



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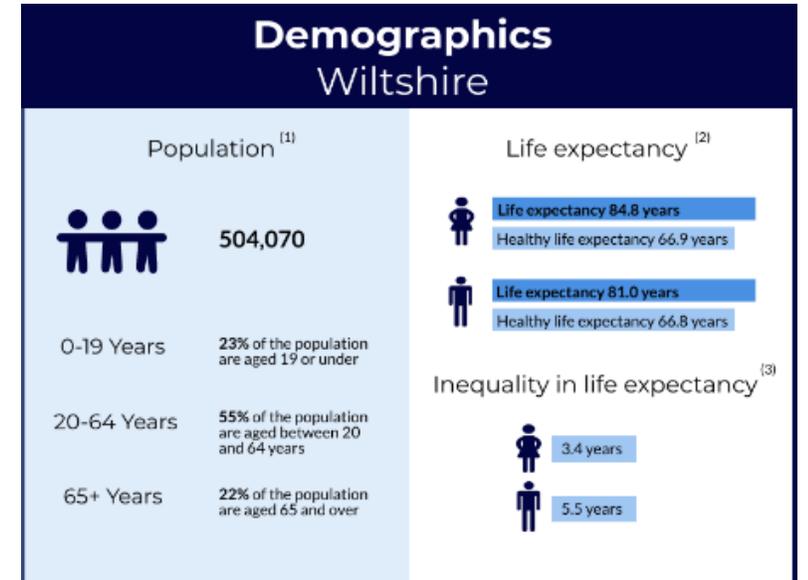
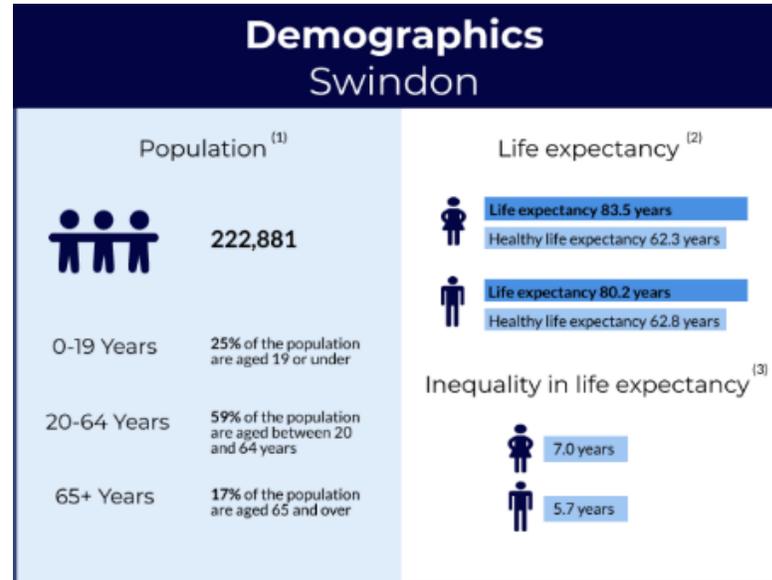
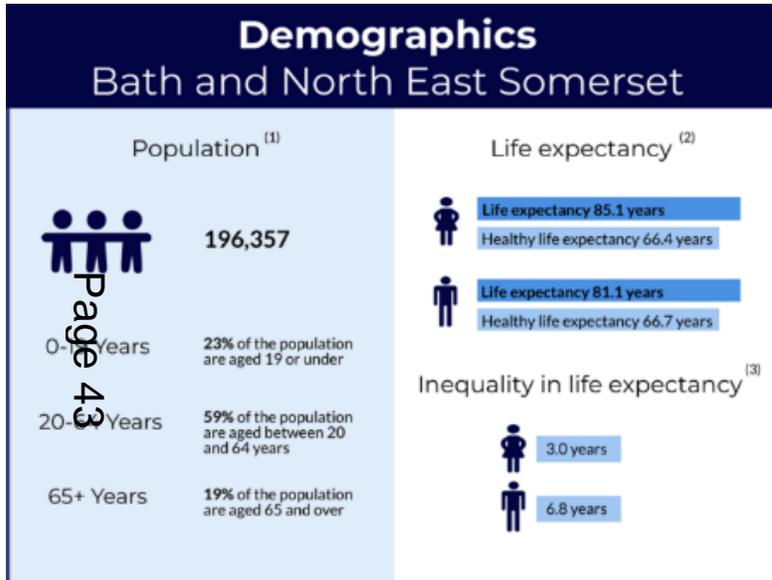


- BSW has a growing population, particularly in older age groups
- The area is more affluent than the England average, but there is a highly unequal distribution of wealth
- The cost of housing in many parts of BSW is unaffordable for the local population, with many employment options in the area offering low wages.
- As partners we directly employ 37,600 colleagues and benefit from the contribution of many more carers and volunteers. The majority of these individuals are also supported by the services we provide.
- 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).
- Access to some highly specialised services requires travel outside of BSW.



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

The health outcomes experienced by local people are not as good for those living in our most deprived communities compared to those living in more affluent areas. There are significant differences in healthy life expectancy across our populations and 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.



#### Average life expectancy in early 80s

- Women 83.5 – 85.1 years
- Men 80.2 – 81.1 years

#### Variation according to neighbourhood and sex

- Female in Bathavon South – 91 years
- Male in Trowbridge Central – 73 years

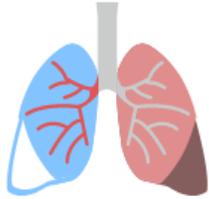
Access to a range of social care, NHS and partner services has been a challenge for many BSW residents since the Covid pandemic. Our strategy must prioritise improving the accessibility of services for all local people.



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

## Mortality

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



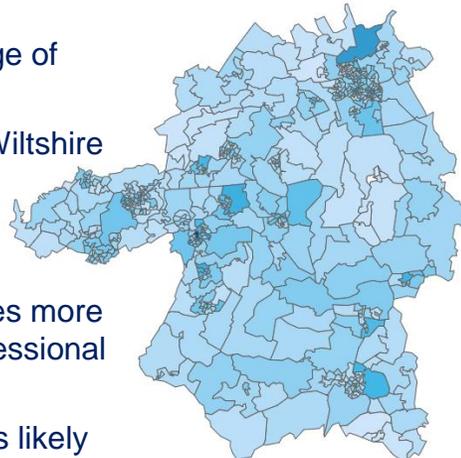
Lung cancer is the most common cause of cancer death in BSW, although lung cancer mortality rates are lower than the national average

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## Smoking prevalence across BSW – Indicative Heat Map

(as recorded on the GP Record for those practices and individuals that share data)



- Smoking prevalence is similar to national average of 13.9%
  - 13.0% BANES, 13.1% Swindon, 14.6% Wiltshire
  - 128,000 smokers
- Variation between social groups
  - 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



Most child health indicators 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 similar to national average in Swindon and Wiltshire, below national average in BANES
  - BANES 55.4%, Swindon 66.1%, Wiltshire 63.9%
  - 578,000 people
- Swindon has highest prevalence of childhood overweight or obesity
  - Reception: BANES 7.4%, Swindon 11.2%, Wiltshire 7.9%
  - Year 6: BANES no data, Swindon 36.1%, Wiltshire 31.6%



What difference are we  
trying to make?



## What difference are we trying to make?

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

*“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.”*

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

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

*“I wont have to beg for help”*

**Some messages from the population of BSW**



What difference are we trying to make?

Reduce the inequalities that exists in health outcomes for the population of BSW

Improve access to services

Our priorities

Provide continuity of care for those living with complex health needs and long term conditions.

Create sustainable services and focus on the wellbeing of those who deliver services.



# What difference are we trying to make?

## Reducing Inequalities

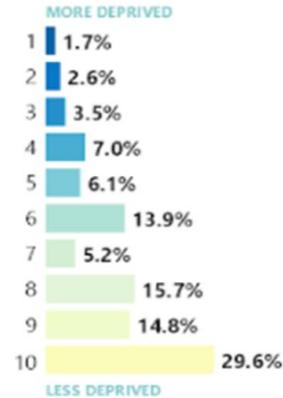
Health inequalities describe differences in the opportunities that people have to lead healthy lives. These inequalities can include shorter life expectancy, living with poorer health and less access to care services.

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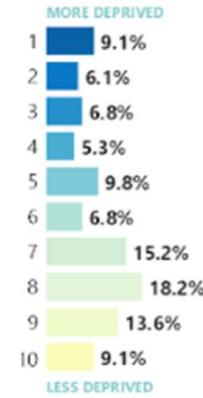
These inequalities are commonly contributed to by a range of factors such as diet, exercise, smoking, employment, housing and access to transport.

These health inequalities are often experienced by those living in our most deprived communities and those living with certain health conditions such as learning disabilities and autism. Due to the scale of health inequalities across BSW, reducing them is a core priority within our strategy.

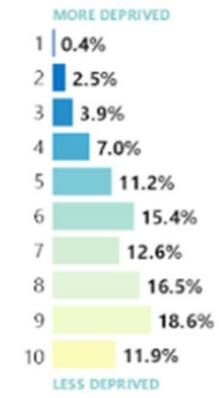
### BANES



### Swindon



### Wiltshire



Our approach to reducing inequalities will include:

- accelerating programmes that focus on preventing ill health
- prioritising resources towards communities experiencing inequality
- developing care services fairly so that they are accessible to all
- working together to prevent digital exclusion
- ensuring we maintain and take action on accurate, complete and timely information relating to inequalities
- strengthening leadership and accountability for reducing inequalities.



# What difference are we trying to make?

## Achieving the outcomes that matter.

In BSW we want to support everyone:

- to have the best possible start in life – **starting well**
- to live a healthy and fulfilling life – **living well**
- as they get older, to do so in as active, independent and healthy way as possible – **aging well**
- to have the best possible experience for them and their families when their life ends – to **die well**.

The draft BSW outcomes on the right link to our commitment as partners to focus greater attention on prevention of ill health, maintaining wellbeing and to tackle the health inequalities within our population.

As partners we want to develop these further through discussion and agree how we will measure our progress against them.

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## Draft – for discussion

1. I am a healthy baby and child
2. I am ready for school
3. I am safe and live in a caring environment
4. I am active and healthy
5. I can cope with life, feel safe and know how to seek help
6. I have life and career aspirations

1. I can lead a healthy lifestyle in a good environment
2. I feel I have control over my daily life
3. I am happy and have a good quality of life

1. I lead an independent life
2. I am active and feel safe
3. I can access services if I need them

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help.

1. Raise the healthy life expectancy for our whole population
2. To reduce the gap in healthy life expectancy between different areas by a minimum of 50%
3. Reduce the prevalence and impact of poverty within BSW
4. Improve wellbeing and reduce the prevalence of mental health conditions within the population of BSW.
5. Reduce early deaths from preventable diseases

Note: The objectives developed around 'end of life are not currently described from the perspective of "I" is this something we wish to consider changing?



# What difference are we trying to make?

Draft – for discussion

Following feedback from across B&NES, Swindon and Wiltshire we have developed a number of principles on which our approach to delivering our priorities will be based.

Page 50



## Principles for how we will deliver our priorities.

1. We will improve the health of our population through prevention of illness, early intervention and promoting wellbeing and independence through out life
2. We will take responsibility for addressing the wider determinants of health and will reduce health inequalities in our communities
3. We will work as one system without boundaries
4. We will focus as much on improving mental health and wellbeing as we do on physical health
5. We will make the best use of our combined available resources to deliver the best outcomes
6. We will use shared evidence, listening and learning, and co-design care around the individuals we serve
7. We will treat and support people at home or as close to home as possible
8. We will nurture a flexible and ambitious workforce
9. We will innovate and maximise the use of digital technology to improve care and access to care while supporting those with limited access to technology
10. We will make decisions as close as possible to the people they affect.
11. We will be a learning system in everything we do



Bath and North East Somerset,  
Swindon and Wiltshire Together

Making it happen.

Draft



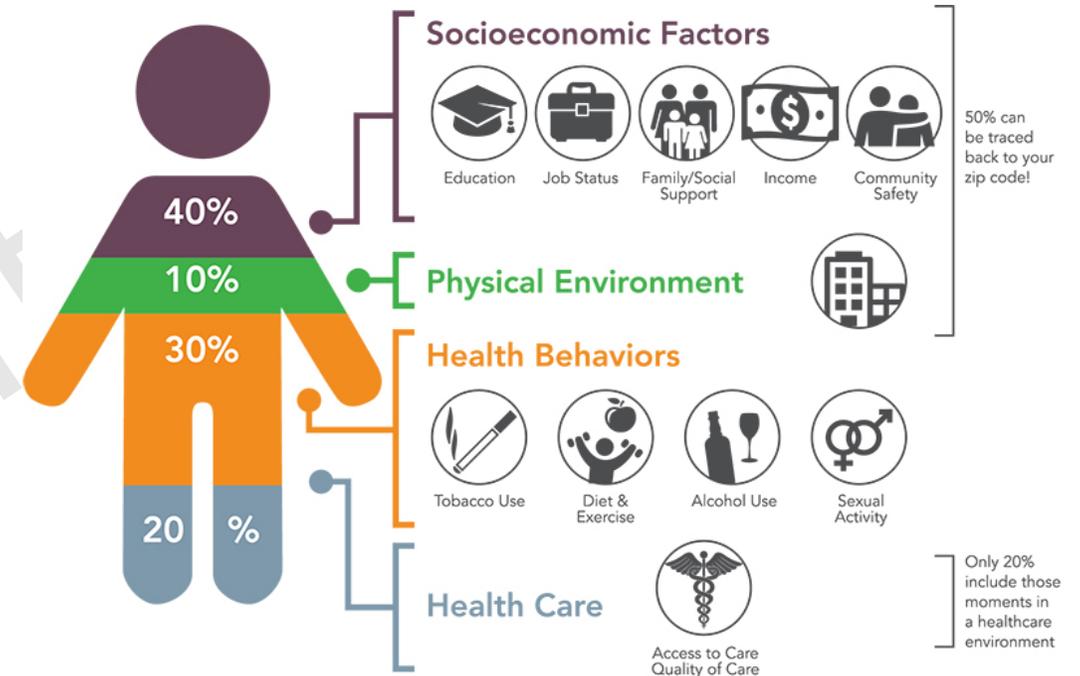
# Making it happen

## What will make the difference?

To make a significant difference in the health and wellbeing of the people of BSW we must change those things that impact most on health outcomes. These include:

1. **The wider determinants of health** – the range of social factors such as income, employment and transport 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 place and communities that we live in** – which influence our health behaviours, social relationships and networks.
4. **An integrated health and care system** – to coordinate and tailor services to individual needs rather than to suit organisations

Page 2  
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Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)



## Making it happen

Our BSW Care Model has been designed to illustrate how we will work together to address these four elements that impact most on health



Page 53

The BSW Care Model was developed through engagement with a wide range of partners. It was also informed by the development of health and care systems in the UK and internationally.

### 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.



# Making it happen

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

Working together to empower people to lead their best life  
Starting well → Living well → Ageing well → Dying well



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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*



# Making it happen

## Personalised Care

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

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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.

Note: Is this something that is common across BSW, or are there differences in approach that we need to explain?

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

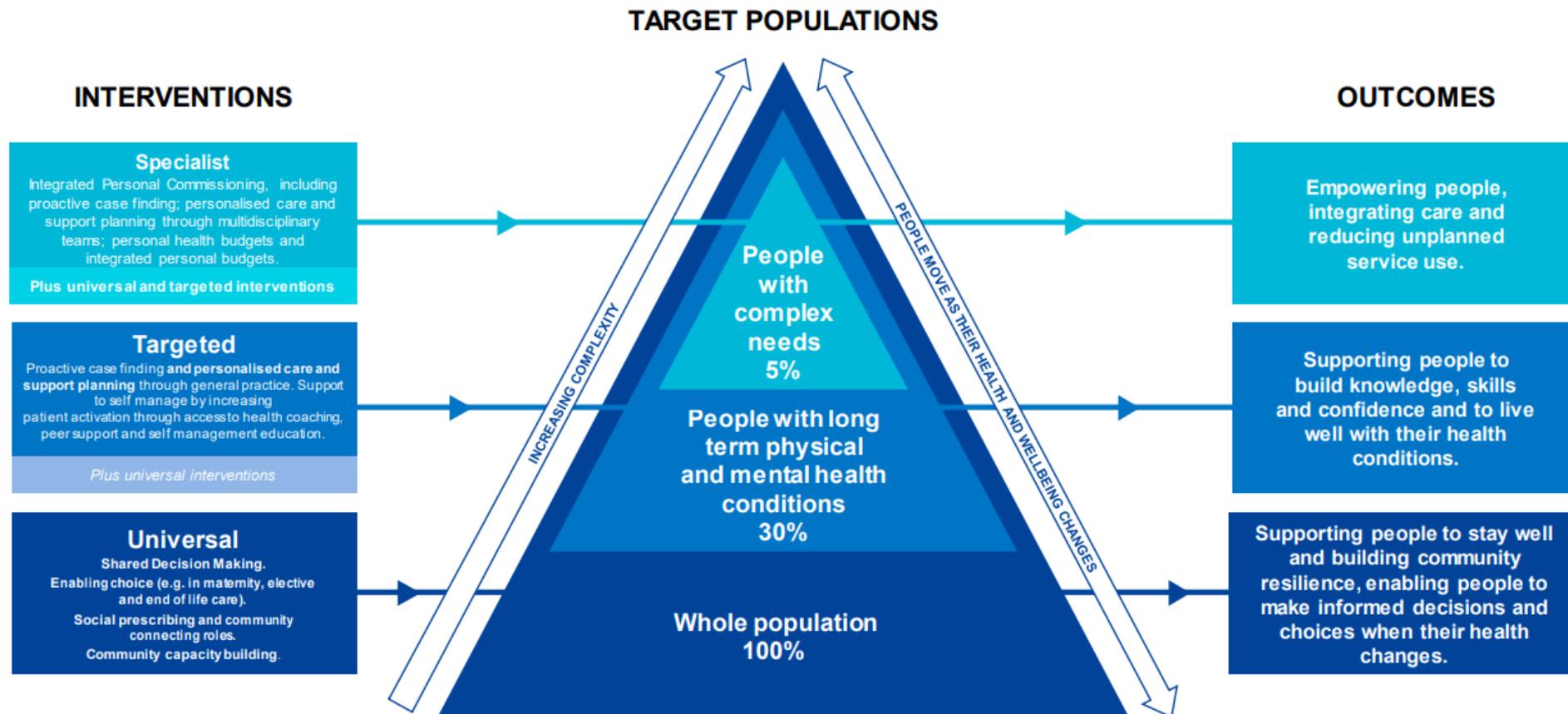
1. **Shared decision making** - Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.
2. **Personalised care and support planning** - a series of facilitated conversations 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** – in which individuals are supported to access the widest range of support and services available in their community.
5. **Supported self management**
6. **Personal health budgets and integrated personal budgets**



# Making it happen

## Comprehensive Personalised Care Model

All age, whole population approach to Personalised Care





# Making it happen

## Healthier communities

Supporting the development of healthier communities encompasses a range of interventions by partners.

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*“Voluntary Sector an equal partner/fully appreciated”*

## 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. In addition to supporting wider development within the local economy, as large employers, health and care organisations can play a direct role in contributing to the health and wellbeing of their employees and their families within BSW.

## Housing

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.



# Making it happen

## Healthier communities

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



## Wellbeing and mental health

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.



Insert other examples of work being undertaken in particular communities across BSW (e.g. food, environment, transport, physical activity programmes etc) (Ideas/material from Directors of Public Health, Place Directors and Partners)

### Emergent priorities in the B&NES Joint Health and Wellbeing Strategy

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

### Pharmacy Optometry and Dentistry

From April 2023 BSW Integrated Care Board will become responsible for the commissioning of pharmacy, optometry and dentistry within our area. This provides an excellent opportunity to work with these providers at a local level to support the health of the communities in which they operate.



# Making it happen



## Joined up local teams

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.



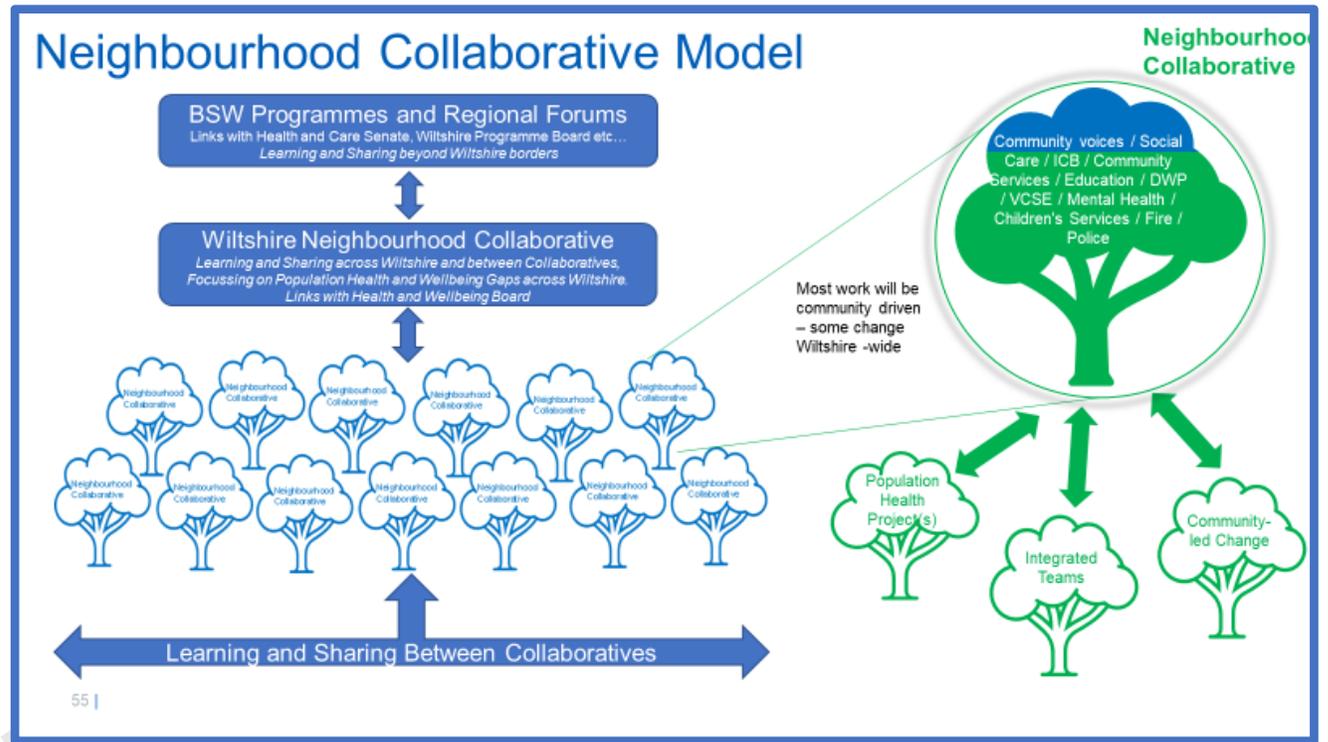
# Making it happen

## Joined up local teams

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.

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## Integrated Community Based Care Services

We are reviewing the way our current community based health and care services need to operate to ensure they align with these new local teams across BSW. This is a significant programme of work and will need to involve partners from across our health and care system.





# Making it happen

## Local specialist services

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

Work is already underway on a range of initiatives including:

- enhanced access to diagnostic facilities at locations across BSW
- access to specialist services to support prevention and management of long-term conditions
- the creation of virtual wards to enable local people to access a range of specialist services without the need to spend as much or any, time in a hospital bed.

## Community diagnostic centres



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.

“Community Diagnostic facilities 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.”

Vision Statement for Community Diagnostic facilities



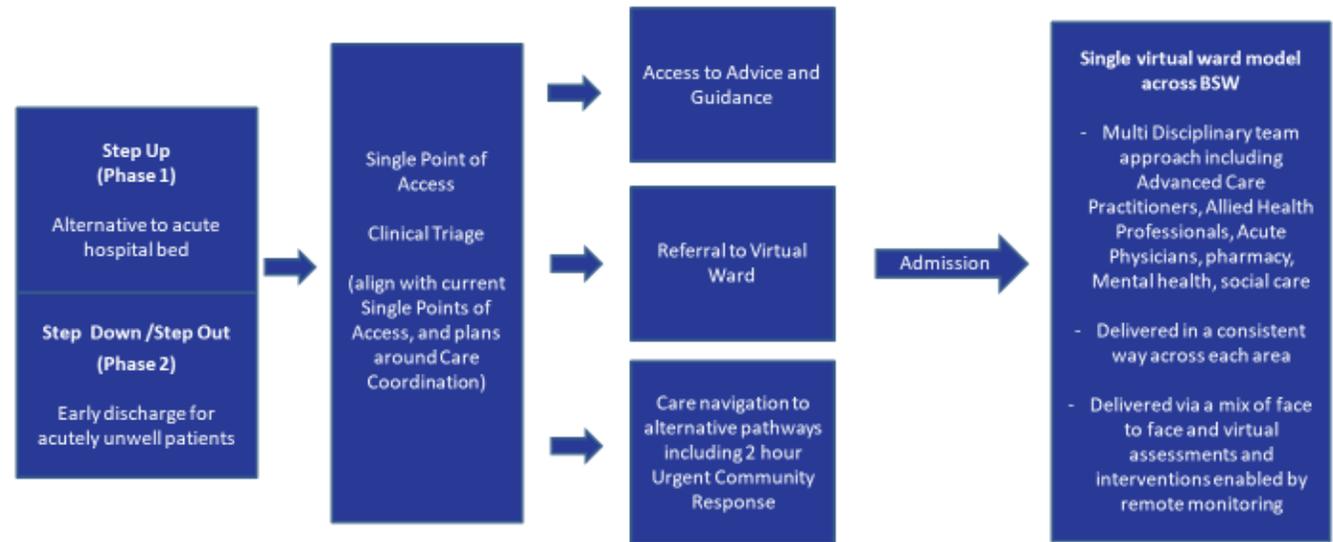
# Making it happen

## Local specialist services

**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.

## BSW Virtual Wards Outline Model



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



# Making it happen

## Local specialist services

### Long Terms Conditions

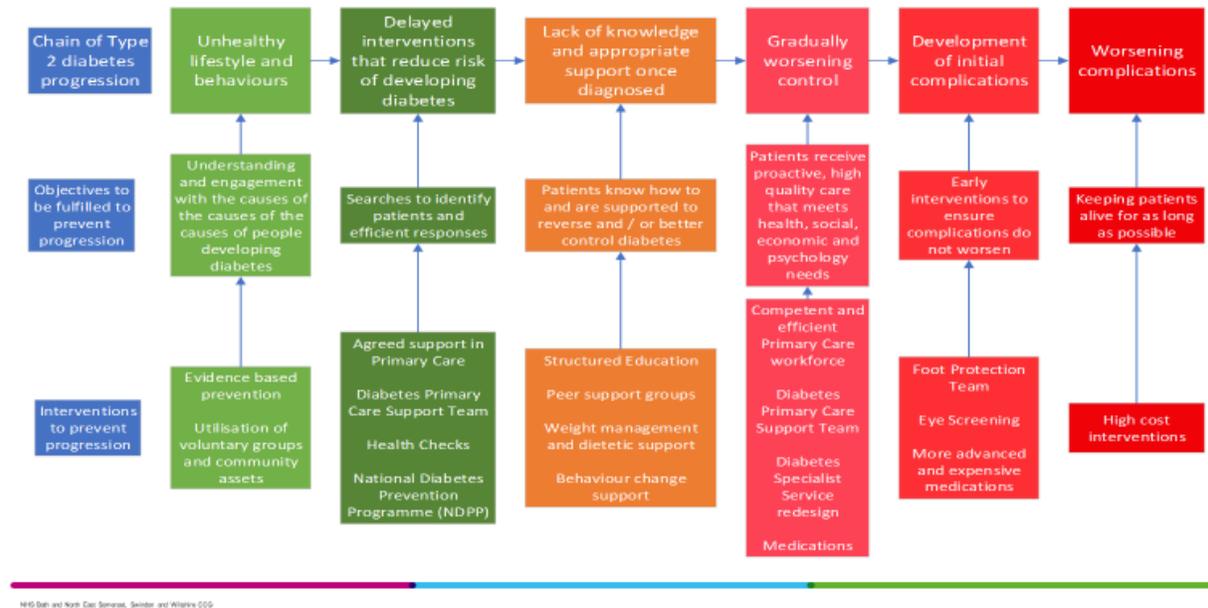
With an ageing population the prevalence of conditions like mental illness, cardiovascular disease, respiratory disease and diabetes is increasing across BSW. Our work on managing these conditions is designed to focus on three areas:

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

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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.

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



Through our specialist services and our neighbourhood teams working together, our aim is to 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.



# Making it happen

## Specialist centres

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.

The challenges of the pandemic and the pressures during the winter of 2022/23 have highlighted the importance of the hospital sector capacity being available for individuals with acute conditions.

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.

The AHA are 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.

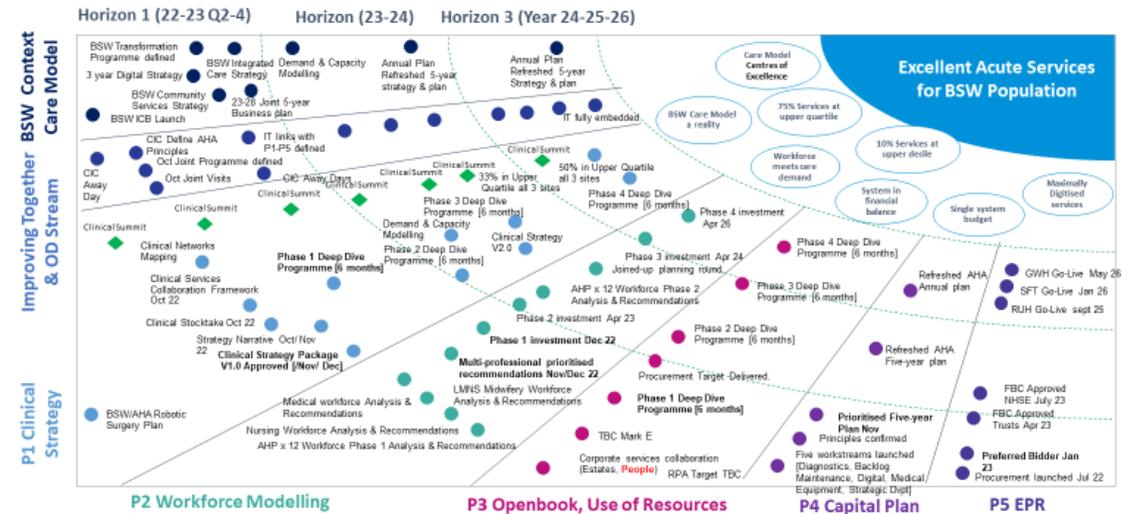
Note: Image being updated over the next few weeks.



Acute Hospital Alliance AHA in BSW Roadmap 2023-2026 [06/01/23]



This roadmap is based on Committees in Common Strategy and plans for 2022-23 Five Core Priority Schemes. 2023-24 update pending



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 could play a critical role in reducing the waiting times for surgical procedures for the population of BSW

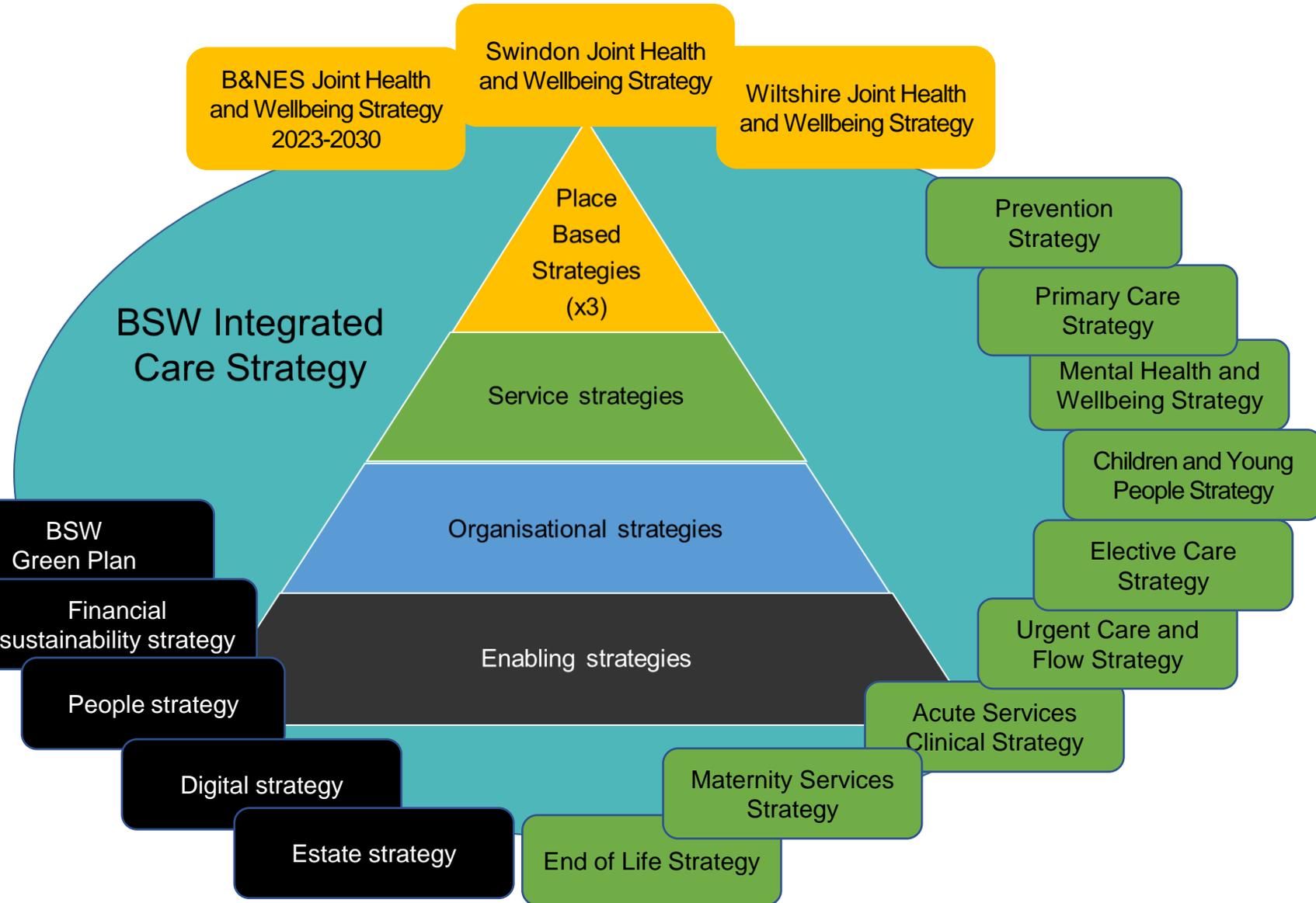


# Making it happen

This integrated care strategy is intended to provide a high-level overview of the strategic approach being taken across the whole health and care system.

Far greater detail will be set out in each of the sub strategies that are being developed across BSW.

The individual strategies will clearly demonstrate how the approach being developed will help to deliver the priorities, outcomes and principles set out in this strategy.





# Making it happen

## Transformation Programme

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.

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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.



B&NES Place Based Transformation Programmes

Swindon Place Based Transformation Programmes

Wiltshire Place Based Transformation Programmes

BSW Elective Care Programme

BSW Mental Health Programme

BSW Urgent Care and Flow Programme

BSW Learning Disability and Autism Programme

BSW Population Health and Care Programme

BSW Integrated Community Based Care (Including Children and Young People) Programme



## Making it happen

### **Delivering the Strategy (1)**

Our strategy brings together the range of strategies in place and in development across 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 demonstrate how we are progressing each of these strategies and the overarching Integrated Care Strategy.

Our approach to doing this is 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 sets out 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.



## Making it happen

### **Delivering the Strategy (2)**

The Implementation Plan is also 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. It is aimed at fulfilling the following:

- Setting 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;
- The 2023/24 version of the Plan will focus on the coming year and will be updated annually;
- Setting out the key duties required of the NHS as part of the Joint Forward Plan; and
- Setting out the key transformation programmes and services that deliver the NHS elements of the Strategy.



## Making it sustainable

by using our resources people, technology, buildings and money differently



# Making it happen

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



### Developing our workforce

37,600 people work in health and care in BSW. Work is underway to respond to the 10 improvement themes identified in the People Plan, with a strong focus on recruitment and retention of the workforce required.



### 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.



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### Investing in facilities of the future

We will invest millions of pounds to improve community facilities, open up new locations and ensure that our specialist centres are fit for the future.



### Financial sustainability

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



## Making it sustainable

**Place holder for our workforce response**

**Action Jas Sohal**

Draft

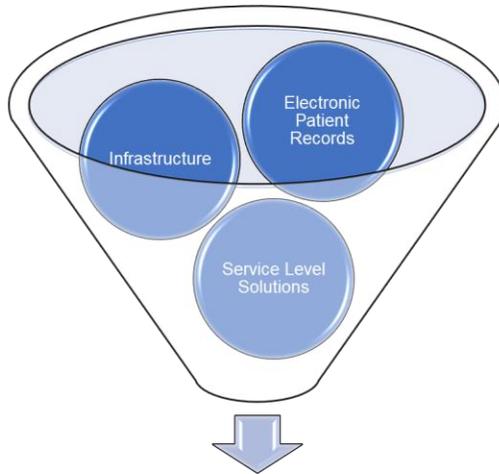


# Making it sustainable

**Place holder for our digital response**

**Action Jane Moore**

**Use of information?**



System Wide Approaches



## Making it sustainable

**Place holder for our Estates response**

**Action: Simon Yeo**

Draft



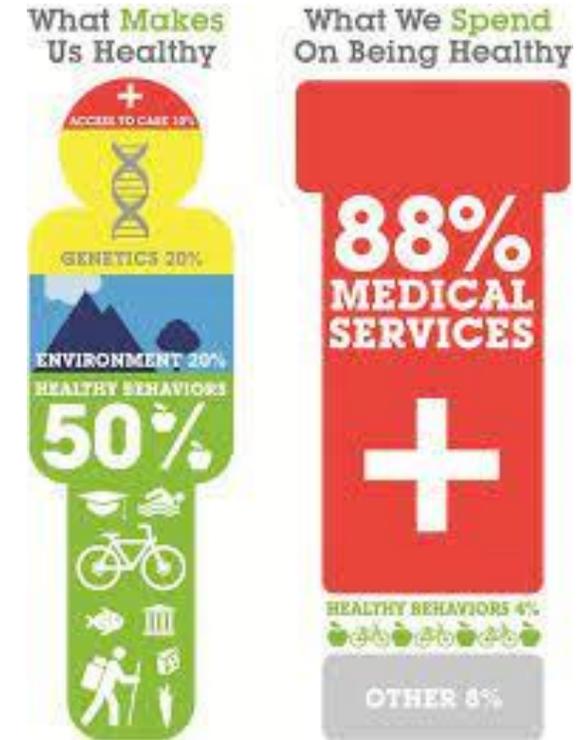
## Making it sustainable

**Place holder for our financial response**

**(covering NHS and Local Authority financial position required and setting out our approach.**

**Key messages – how we use our resources today  
What do we want to be different in future?)**

**Action: Gary Henege**



“A system that understands the whole cost of health care ”



## Making it sustainable

**Place holder for summary of our Green Plan**

**Action: Simon Yeo/Geoff Underwood**

Draft

# Anchor System

**Place holder for our narrative on our role as Anchor Institutions**

**Proposed Authors: Place Directors/Dir of Strategy and Transformation**

- Anchor culture
- What do we mean by and want from an Anchor Culture within BSW?
- What are the Macro and Micro interventions that we want to make?



## Please let us know what you think

We are asking our local colleagues working in B&NES, Swindon and Wiltshire to discuss this strategy and gather feedback as part of their ongoing engagement with local residents and health and care colleagues. The intention is to have an approved version of the Strategy by 31<sup>st</sup> March. After that the approach and the strategy will continue to evolve as we respond to the changing needs of the local population.

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We would welcome any feedback you would like to provide on this draft strategy and how you feel it can improve it.

Please send your thoughts to **(we need a generic email address that can be used to capture this feedback)**

**Action – Jane Moore**

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**Wiltshire Council**

**Health and Wellbeing Board**

**26 January 2023**

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**Subject: Draft Joint Local Health and Wellbeing Strategy for Wiltshire**

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## **Executive Summary**

The Joint Local Health & Wellbeing Strategy (JLHWS) is due to be updated.

The Health and Wellbeing Joint Strategic Needs assessment (JSNA) and Joint Local Health and Wellbeing Strategy are the foundations upon which the health and wellbeing board exercises its shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education. JSNAs and JLHWSs enable commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

Wiltshire's JSNA was recently updated and published in the autumn of 2022. It provides a summary of the current and future health and wellbeing needs of people in Wiltshire. It builds on previous JSNAs to provide a comprehensive picture of the health and wellbeing needs of Wiltshire using a broad range of indicators presented in accessible format for all parties to use. This has informed the development of the draft JLHWS together with the workshop held on 1 December and input from a steering group incorporating public health, social care, NHS and Healthwatch Wiltshire representatives to shape its structure and priorities.

## **Proposal(s)**

It is recommended that the Board approves the draft JLHWS at Appendix 1 for public consultation and considers the feedback at its meeting in March.

## **Reason for Proposal**

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

**Lucy Townsend**  
Corporate Director, People  
Wiltshire Council

**Fiona Slevin-Brown**  
Place Director, Wiltshire  
BSW NHS ICB

**Subject: Draft Joint Local Health and Wellbeing Strategy for Wiltshire**

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**Purpose of Report**

1. To seek approval for consultation on the draft Joint Local Health and Wellbeing Strategy for Wiltshire (JLHWSW).

**Relevance to the Joint Local Health and Wellbeing Strategy**

2. The draft strategy broadly continues with the four guiding themes of the existing strategy but proposes new medium-term goals and improved accountability for delivery.

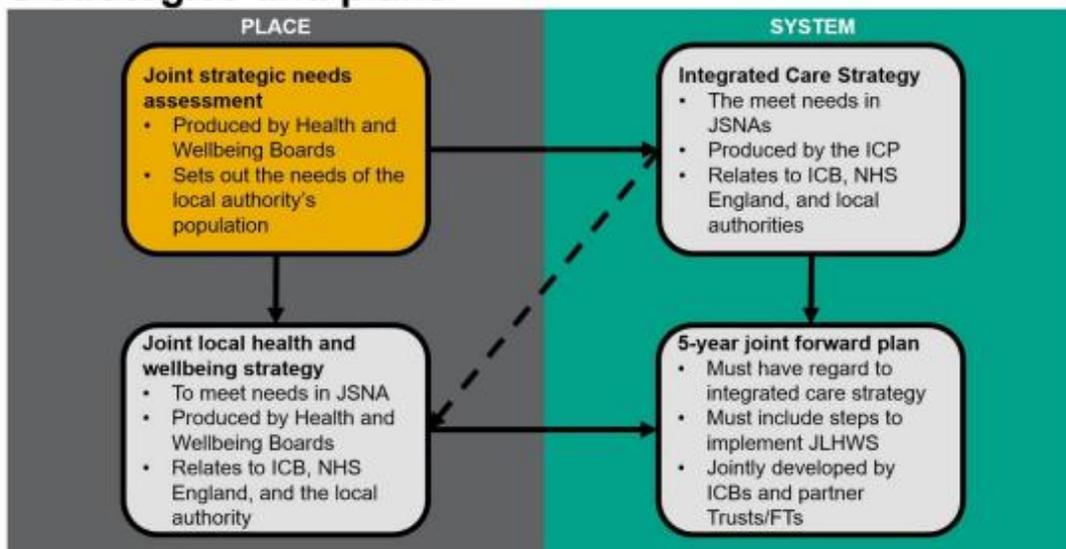
**Background**

3. Based on the existing [statutory guidance](#), the HWB JSNA should be an assessment of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, ICB, or NHS England Specialised Commissioning. The most recent JSNA was refreshed in line with the guidance and published in autumn 2022. It is kept up to date on the Wiltshire Intelligence Network [website](#).
4. DHSC recently produced [statutory guidance](#) for Integrated Care Partnerships (ICPs) on the development of the Integrated Care Strategies. The Health and Care Act 2022 assumes a sequencing whereby the ICP sets out in the Integrated Care Strategy how the assessed needs of the area (drawing upon JSNAs) “are to be met” by the Integrated Care Board, councils and NHSE exercising their functions. The Integrated Care Strategy will be particularly important for when the ICB and its partner trusts are preparing their first five-year Joint Forward Plan (known as a Implementation Plan for BSW, with the intention of a draft being ready by the end of the March). Integrated care partnerships should also ensure that the integrated care strategy facilitates subsidiarity in decision making, ensuring that it only addresses priorities that are best managed at system-level, and not replace or supersede the priorities that are best done locally through the joint local health and wellbeing strategies.
5. The guidance states that the Integrated Care Strategy should complement the production of local JHWSs. It should identify where needs could be better addressed at integrated care system level and bring learning from across places and the system to drive improvement and innovation, for example challenges that could be met by integrating the workforce or considering population health and care needs and services over this larger

area. It should not replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.

- Following a period of engagement, DHSC has also published new [guidance](#) on how Health and Wellbeing Boards and other partners in the system should work together (NB this is different from the statutory membership or statutory guidance on the JLHWS). General HWB duties and powers remain the same (encouraging integration, developing JSNAs, Pharmaceutical Needs Assessments and JLHWSs, signing off on Better Care Plans). However, there is a need to consider the Integrated Care Strategy in a refreshed JLHWS and to be an active participant in its development – with key principles in working together being bottom-up development, subsidiarity, clear governance, collaboration and avoiding duplication.
- In the guidance, the ICBs inherit functions and duties that previously rested with CCGs (chiefly ensuring HWB input to its commissioning and forward plans, annual reports and performance assessments). NHSE must also assess how the ICB has met its duty to have regard to the JSNA and JLHWS and consult the HWB on its views. In addition to this, HWBs will be expected to receive a copy of an ICB joint capital resource plan, to ensure alignment to local priorities. The CQC will assess how effectively the system as a whole is working.

## ICS strategies and plans



## Main Considerations

- The existing JHWS was due for revision by the end of 2022. The Health and Wellbeing Board held a workshop on 1 December to determine its priorities for the refreshed JLHWS (an in turn the Integrated Care Strategy), drawing on the findings of the recently produced JSNA. The outputs from the workshop informed the priorities for the new JLHWS and the revision of its structure was overseen by a steering group incorporating public health, social care, NHS and Healthwatch Wiltshire representatives. The draft JLHWS is attached as **Appendix 1**.

9. The revised draft JLHWS for Wiltshire continues the four guiding themes of the existing strategy but proposes new medium term goals and accountability mechanisms. It sets out a clear expectation that it is reflected in the Integrated Care Strategy, as well as organisational, commissioning and delivery plans. It notes statutory duties for the Health and Wellbeing Board to be consulted on the Integrated Care Strategy, include a statement of compliance within that strategy and for consultation on the BSW ICB annual report. It also states that the Health and Wellbeing Board will consider regular progress reports on the delivery of this strategy, which will be used to inform the work programme of the Wiltshire Integrated Care Alliance and the individual work of members of the board.
10. There will be an opportunity for further engagement on the Integrated Care Strategy for the BSW ICS and the local JHWS for Wiltshire to take place in tandem over the next month or so. The strategies will be considered by meetings of the Wiltshire Health Select Committee, the Wiltshire Integrated Care Alliance (31 January), the VCSE Alliance, Primary Care Network Clinical Directors and other established local governance. With engagement being led locally by the ICAs this will avoid unnecessary duplication.
11. Specific consultation questions for the Wiltshire JLHWS have been drafted and are included as **Appendix 2**. These will be made available via an online survey and by paper where appropriate.

### **Next Steps**

12. Following approval for consultation on the JLHWS, there will be engagement via existing governance groups that are taking place and online and input will also be sought from the VCSE Alliance and Healthwatch Wiltshire. Consultation feedback will be brought back to the Health and Wellbeing Board on 31 March along with a revised strategy for final approval.

**Lucy Townsend**  
**Corporate Director, People**  
**Wiltshire Council**

**Fiona Stevin-Brown**  
**Place Director, Wiltshire**  
**BSW NHS ICB**

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Report Authors:

David Bowater, Senior Corporate Support Manager, Wiltshire Council

## **Wiltshire Joint Local Health and Wellbeing Strategy**

**2023-2032**

### **Foreword**

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

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

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

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

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

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

**Clr Richard Clewer**

**Chair, Wiltshire Health and Wellbeing Board**

### **Organisational logos**

**Bath and North East Somerset, Swindon and Wiltshire Integrated Care System, Wiltshire Council, Healthwatch Wiltshire, NHS England, Wiltshire Police and Crime Commissioner, Wiltshire Police, Wiltshire Local Medical Committee, SW Ambulance Service Trust, Avon and Wiltshire Mental Health Partnership, Oxford Health Trust, Wiltshire Health and Care, HCRG, Royal United Hospital, Salisbury Foundation Trust, Great Western Hospital, DWFRS, VCS voice**

## Introduction

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

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

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

[www.wiltshireintelligence.org.uk](http://www.wiltshireintelligence.org.uk)

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

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

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

The purpose of the strategy is to enable:

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

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

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

## Overview of Wiltshire population

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

Wiltshire's current population:

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

By 2040 in Wiltshire:

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

### Areas of deprivation:

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

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

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

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

## **Vision**

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

## **Key Themes of Wiltshire’s Health and Wellbeing Strategy**

### **1. Improving social mobility and tackling inequalities**

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

### **2. Prevention and early intervention**

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

### **3. Localisation and connecting with communities**

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

### **4. Working together and integration**

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

## Theme 1: Improving social mobility and tackling inequalities

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

### Case for change

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

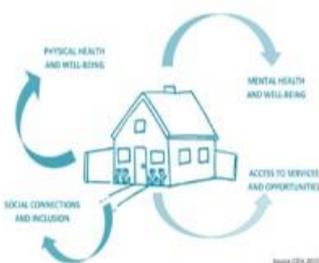
### Achieving change

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel poverty, helping people to find work, mental health and loneliness and by increasing digital inclusion
- Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

#### 1. The Home Setting

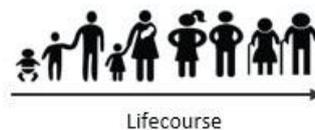
The 'home' plays a key role in enabling people to achieve good health and wellbeing.



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

#### 2. Early Identification and Prevention

Focus on children, working across 'whole' family interventions

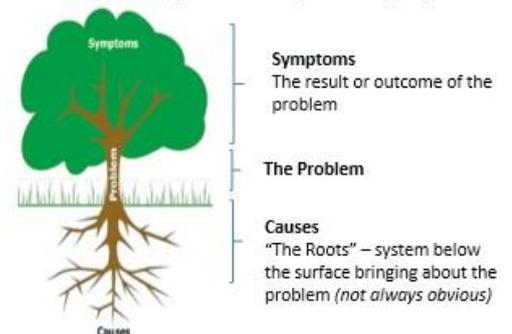


Diverting people from statutory or formal services **through local, flexible, community solutions**

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

#### 3. Tackling Root Causes

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



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

## **Theme 2: Prevention and early intervention**

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

### **Case for change**

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

### **Achieving change**

We will:

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

### **Theme 3: Localisation and connecting with communities**

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

#### **Case for change**

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

#### **Achieving change**

We will:

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

## Theme 4: Working together and integration

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

### Case for change

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

### Achieving change

We will:

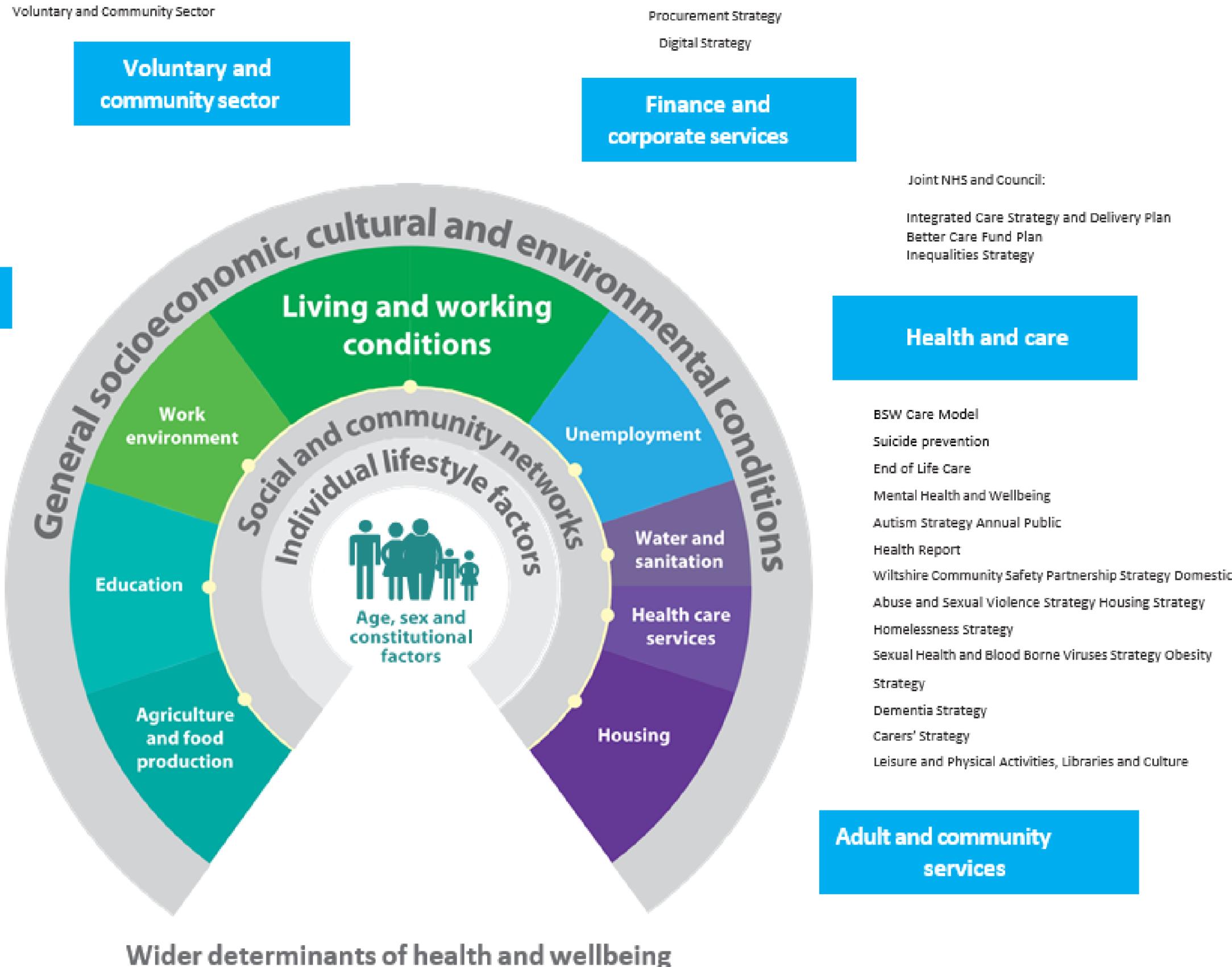
- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision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



## Summary

Theme	Improving social mobility and tackling inequalities	Prevention and early intervention	Localisation and connecting with communities	Integration and working together
<p><b>Actions to achieve change</b></p>	<p>Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods.</p> <p>Support healthy home settings – with action on fuel poverty, worklessness, mental health and loneliness and by increasing digital inclusion</p> <p>Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services</p> <p>Target outreach activity – identifying particular groups to improve access to services and health outcomes and tackle root causes</p> <p>Improve access through online services and community locations</p>	<p>Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire</p> <p>Encourage personal responsibility across the life course – in all schools, with working age adults and for the elderly – focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse</p> <p>Prevent ill health - through increased uptake of screening, health checks and immunisations as well as tackling antimicrobial resistance through optimising the use of antibiotics</p> <p>Adopt a proactive population health approach – rolling this out to new areas (such as moderate frailty) each year to enable earlier detection and intervention</p>	<p>Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, the community mental health model, area board activity using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants</p> <p>Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.</p> <p>Consider the role that procurement can play in delivering social value and the way in which organisations can act as anchor institutions</p> <p>Embed Healthwatch Wiltshire and VCS voices in relevant decision-making structures; ensure the results of consultation are reflected in decision papers</p>	<p>Provide integrated services at key stages in a person’s life – including later life planning, end of life care, and increasing the provision of personal budgets</p> <p>Boost ‘out-of-hospital’ care, dissolving the divide between primary and community health services - through community multi-disciplinary teams, clustering services around primary care networks, and guaranteeing support to people in care homes</p> <p>Enable frontline staff to work more closely together – planning our workforce needs together, developing case studies on front line cooperation, supporting shared records and IT and sharing estates wherever possible</p> <p>Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers</p> <p>Improve join-up of services including specialised commissioning</p> <p>Drive improvement through collective oversight of quality and performance, reconfigurations and recommissioning; overseeing pooled budgets and joint teams together – including the ICA transformation programme and Better Care Plan</p>

# Health and wellbeing: strategic links





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## **Wiltshire Health and Wellbeing Strategy 2023-2032 consultation**

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

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

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

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

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

*Do you agree with these 4 strategic areas?*

*Are there any changes you would suggest?*

*Are there any additional aims you feel should be included?*

## **Improving social mobility and tackling inequalities**

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

### **Achieving change**

We will:

- Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods. The review of Wiltshire's Local Plan and Local Transport Plan is an important opportunity to deliver this.
- Support healthy home settings – with action on fuel poverty, helping people to find work, mental health and loneliness and by increasing digital inclusion
- Give children the best start in life – with a focus on the whole family, family learning, parenting advice, relationship support, the first 1000 days/ early years and community health services
- Target outreach activity – identifying particular groups to improve health outcomes and access to services (identifying and then focusing on several of these each year) - work to tackle root causes, plan delivery and carry out evaluation.
- Improve access through online services, community locations and mobile services as well as community diagnostic hubs.

*Do you agree with how we will achieve change?*

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

### **Prevention and early intervention**

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

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

### **Localisation and connecting with communities**

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

### **Achieving change**

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- Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, the community mental health model, area board activity using community area JSNAs to inform local action planning and the allocation and bidding for wellbeing grants
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*Do you agree with how we will achieve change?*

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

## **Working together and integration**

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

- Provide integrated, personalised services at key stages in a person's life – this will include starting to complete later life planning with people in their early 60s (or before that in more deprived areas) so that we are preparing for when they are older, end of life care, and increasing the provision of personal budgets
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- Improve vertical integration of services through community healthcare, primary, secondary and tertiary healthcare (including specialist services, armed forces and their families, pharmaceutical services and healthcare in the justice sector)
- Drive improvement by delivering our vision through collective oversight of quality and performance, reconfiguration of clinical pathways, recommissioning of services and overseeing pooled budgets and joint teams together (through the Wiltshire Integrated Care Alliance). The ICA will bring together officers from the relevant organisations and report regularly to the Health and Wellbeing Board on progress against this plan and its own work programme as well as the Better Care Plan.

*Do you agree with how we will achieve change?*

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

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

*Any other comments?*

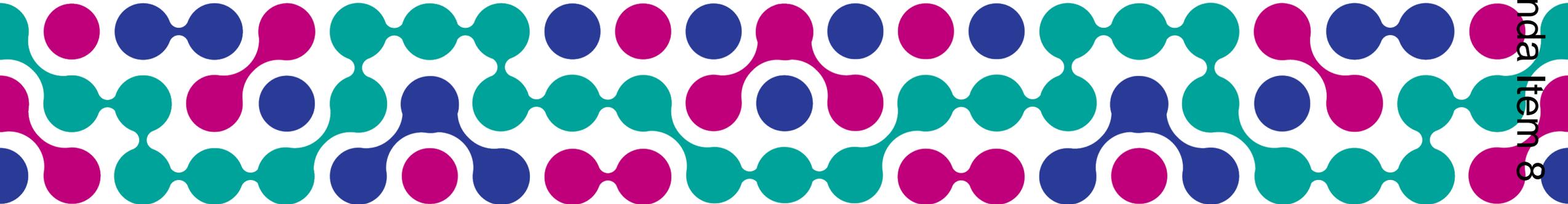
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# Wiltshire Integrated Care Alliance Update for Health and Wellbeing Board

January 2023

Page 101

Agenda Item 8



# Wiltshire ICA Development Update

## The Wiltshire ICA :-

- Established its Partnership Committee – monthly meetings commenced in October. December's meeting was a seminar focussed on the outcomes of the Joint Strategic Needs Assessment and discussion around next steps towards a revised transformation programme that centres on population health and wellbeing inequalities. Further development sessions will be held to develop this programme further.
- Over the coming months we will refresh our Alliance priorities and work programme. Alliance Partners will work together to improve and resolve challenges across our area – our plans will address concerns such as primary care access, working with our VCSE colleagues, the Cost of Living crisis, Workforce gaps, access to services and reducing waiting times.
- The January Committee meeting (31<sup>st</sup>) will continue the development of supporting processes and then structure itself around supporting readiness preparations for a Wiltshire SEND inspection and engagement around our system Operating Plan response – bringing together the Joint Local Health and Wellbeing Strategy and Integrated Care System Strategy aims, ambitions and delivery plan.
- The Committee is reviewing its sub-group and delivery structure to ensure direct connection between developing strategies and the role of the Alliance in informing and delivering these ambitions.
- Work across our interim key delivery areas (see following slide) continues.



# Interim Delivery Areas 22-23 – For Information

## Operating Plan /Mandated Priorities

1. **Financial sustainability** –including joint decision making around complex care funding and BCF funded schemes
2. **Urgent Care and Flow Delivery** – increased admission avoidance activity, improved flow and D2A and delivery of related schemes resulting in reduced NCTR and LOS, and robust winter planning.
3. **Ageing Well in Wiltshire** – including implementation of Virtual Wards, 2hr Urgent Response, Anticipatory care and long term conditions recovery
4. **Primary Care** - National Priorities. Delivered via new primary care DES including enhanced access for PCNs and health inequalities.
5. **Mental Health** – Implementation of community services framework continues, Annual Health check performance for SMI across Wiltshire
6. **LD&A** – LD Road Map priorities, LD health checks building on improvements delivered. Early Intervention Positive Behavioural Support (PBS) for Primary Pupils in Special Schools, supporting SEND agenda.
7. **CYP and SEND** –FACT delivery for Early Family help. Focus on CYP emotional wellbeing. SEND strategy and implement new SEND Health Advisors role.
8. **Joint Strategic Needs Assessment** refresh Oct 2022 to inform the HWB Strategy update and ICS strategy development
9. **Governance and processes** – establishing and embedding these for the ICA.

## Transformation 2022-23

Work prioritised as ICA partners – may be linked to other priorities

10. **Connecting with our Communities** - establish routes for genuine co-production and decision making for our ICA way of working to embed People and Communities strategy and guidance
11. **Neighbourhood Collaboratives** – establish more collaboratives (leading to 13 in total, with the Wiltshire learning forum fully embedded) and connecting support for High Intensity Users.
12. **Personalisation of Care for People at the end of their lives** - Revising non-clinical processes ensuring people’s needs are met when and how they choose by re-defining decision and funding pathways and reconfiguring service provision – moving to a Lead Provider approach.
13. **Ageing Well; transformation of End of Life Care, Anticipatory Care** – reviewing and embedding good practice, supporting PCNs with new DES services, expand care home virtual MDTs and completion of Optum project.
14. **Urgent Care and Flow Improvement** – programme of work to improve ability to manage system flow for Wiltshire residents - , Care Coordination, Domiciliary care provision.
15. **Mental Health Community Services – Including Mental Health Community Framework and LD and Autism** – Pilot Neighbourhood Sites in Warminster and Westbury will focus on increasing strong rate of annual health checks and develop and roll-out of Access Model across Wiltshire
16. **Families and Children's Transformation work programme** - Establish a clear family help offer and single brand multi-agency approach to include ICB/Wiltshire Police/ Wiltshire Council/FACT.

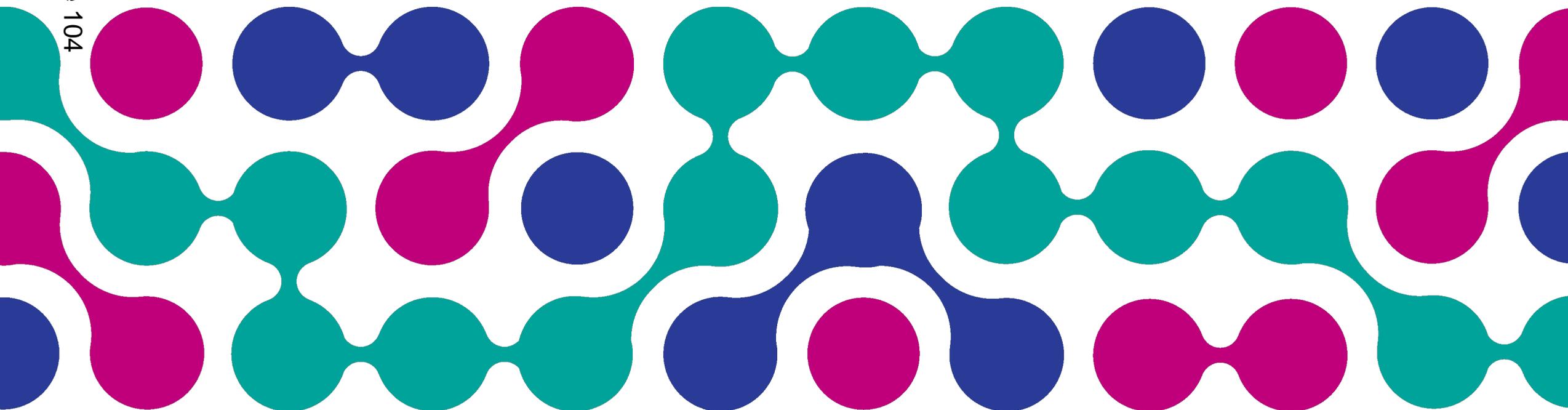
## Towards 2023-2024

Towards our ambitions in how we work together

17. **Development of response to Long Term Plan refresh** – ETA October publish date. December is current required submission.
18. **Building our Capability for Population Health and Care** – embedding a population health and care led approach.
19. **Refreshed approach to Transformation planning** – including taking a population health and care-led direction.
20. **Alliance Development** – continue developing our ways of working and undertaking OD work.
21. **Establish the Alliance Identity** – developing and establishing the ways we communicate and engage with people working across our place, sharing our work programme and encouraging participation.
22. **Re-launch the Professional Leadership Network as the Wiltshire Collaborative** – bringing together learning from the Neighbourhood Collaboratives and offering expert advice and connection. Links with the Health and Care Senate.
23. **Community services transformation**– guided by our core Alliance principles and Place objectives, working with partners at Place and across the System to transform care models, improve outcomes and optimise use of resources

# Our Transformation Work Programme 2022-23

Update January 2023



# Our Work Programme in 2022 / 2023

Governance is via the ICA Delivery Sub Groups to the Alliance Delivery Group

## Programme Area and Work

## Outcome

## Progress

### Families and Children Transformation (FACT)

Focus on prevention and early intervention. Developing a single brand/ integrated services working at a community level offering Early Help/support for 0-19yrs. Pilot Neighbourhood Focus Sites in Warminster and Westbury will work together to deliver this programme and establish a single brand multi-agency approach to include ICB/Wiltshire Police/ Wiltshire Council/FACT.

To develop a strong community of practice around community health for CYP and their families so that they are able to access support more easily and rapidly within their own neighbourhood.

- Warminster and Westbury secondary schools have agreed their commitment to engage/ There is a confidence that primary schools and early years will also engage and briefings are arranged for December 2022.
- 29/11/22- Implementation Plan/ TOR and Strategy being revised and will be circulated in December 2022
- Draft outcomes framework being developed and further meetings taking place in December 2022
- Theory of Change workshops are planned with the Steering Group and Pilot Operational Group
- Recruitment to remaining posts will take place during December and February

### Mental Health Community Services Framework

Long Term Plan's vision for a place-based community mental health model, and how community services should modernise to offer whole-person, whole-population health approaches, aligned with PCN approach.

The overall aims of this programme are to improve mental health services and to ensure they are inclusive and cater for all ages. One important factor is to grow the capability to delivery care closer to home and reduce the need for patients to travel to seek care. The programme also aims to facilitate early intervention for patients in order to support mental health well being. The primary role of this group is to promote the integration of mental health services across BSW. This programme seeks to develop services in a co-produced way. This programme build on the ambitions of the NHSE 10 year Mental Health Plan.

People with LD will be offered an annual health check in a personalised and accessible way, meaning their health is maintained and emerging concerns are identified at an early stage.

Wiltshire residents can expect seamless access to mental health support and assurance that they will be directed to the appropriate services from the outset.

#### 3rd Sector Access Model:

Swindon PCN pilot currently on hold EQIA requested by AWP.  
PCLS pilots live now BSW.  
IG and Rio with executives at present  
Swindon 3rd Sector and Rapid Response vehicle going live in Swindon 28.11.2022.

#### SMI Register:

Estates review of clinical and non-clinical space currently taking place.  
Working group established (next meeting 29.11.2022), sub working groups to be established.

#### Defining AWP health check offer.

Draft communication to GP about accessing First Options to complete health checks, out for comments.

#### Older Adults:

DDR workstream established, TOR to be completed.  
Dementia strategy Board to commence from Jan 2023.

#### 16-25 Pathway:

Chairing structure to be confirmed.  
TORS are completed and out for comments.

Programme Area and Work	Outcome	Progress
<p><b>End of Life Care Process Improvement – CHC Fast Track Model</b></p> <p>The End of Life Care Model will provide a more efficient, personalised care pathway to ensure that health and care needs in the last 12 week of life are addressed and the individual is allowed to die in the place of their choosing. Model aligns with Palliative and End of Life Statutory Guidance for ICBs and NHS Long Term Plan.</p> <p>The proposal incorporates the eight recommendations cited in ‘A Vision for Enhanced Palliative and End of Life care across BSW ICS’.</p> <p>It is proposed that a community based, clinically led team is established to provide care for those with continuing health and care needs and a wish to die or be cared for at home, (including Care Homes). This care centred approach will incorporate the needs of the family and known carers.</p>	<ul style="list-style-type: none"> <li>Improved experience of individuals and their families</li> <li>Better use of resources both colleagues and funding.</li> <li>Aligned with BSW strategy and care model</li> <li>Wiltshire Alliance CHCFT model provides an early identification system to personalise End of Life care for those with a prognosis of less than 12 weeks.</li> <li>People will have rapid access to appropriate and safe care at the end of their lives, reducing waiting time for discharge and enabling them to die in the place of their choosing.</li> <li>The recommendation to use Personal Health Budgets will ensure there is greater choice in care provider, and should personalise how care is delivered.</li> </ul>	<p>Business case presented to Exec Board on 12.12.22. Finance options are currently being considered. Paper to be returned to the Board with proposed finance options during January 2023 for finalisation. Presentation to the VCSE Leadership Alliance on 15.12.22 received a positive response. Alliance Leaders agreed to engage in conversations with those leading work with stakeholders. Bereavement support was identified as a key area for future support from the VCSE.</p> <p>An Engagement Workshop with providers is being planned for February 2023. Outcomes from the workshop will inform the final business case which will be presented to the ICB Board in April 2023. All dates are indicative according to internal governance routes.</p> <p>Additional steps; Project Lead working with Procurement during Dec ‘22 &amp; Jan ‘23 to create assurance processes required as part of the mechanism to ensure finalisation of the model.</p>
<p><b>Alliance Neighbourhood Collaboratives</b></p> <p>Born from the Neighbourhood Focus Site project and the Optum work, this model supports neighbourhoods (PCN footprints) to establish collaborative groups, working in a population-health management focussed way to make changes aimed at closing population health gaps and to co-produce and design solutions to very local challenges. Fully established, 13 collaboratives would be working across Wiltshire with a fully formed model of support, leadership and networking to learn and share. A Wiltshire-Wide Collaborative will offer a place to connect, learn and share across all the Neighbourhood Collaboratives – celebrating success, seeking and receiving support, and connecting into networks of professionals.</p> <p>Proposal is to bring 2 more ‘test and learn’ sites on in the next 12 months.</p>	<ul style="list-style-type: none"> <li>Priority identified by Wiltshire Alliance membership.</li> <li>Alignment with local and national priorities, strategies and primary care requirements.</li> <li>Improved population health and wellbeing outcomes through locally identified priorities and integrated improvement work.</li> <li>Longer term vision and change – sustainable and meaningful</li> <li>Making better use of resources</li> <li>Supporting our workforce – effectiveness and wellbeing</li> <li>Professionals and communities have a way of working together to design and implement solutions to inequality gaps and to work through delivery of key required changes</li> </ul>	<p>ICA-wide Steering Group launched – next session Feb 1<sup>st</sup>. Currently designing the session with partners.</p> <p>Melksham and BOA to begin Pathfinder project, adding to Trowbridge (to relaunch)</p> <p>Readiness Review completed – in trial</p> <p>Induction Launch Programme nearing final design – to be launched Feb / March.</p> <p>Toolkit completed – currently in development to publish</p> <p>Aiming to hold first Wiltshire Collaborative in March.</p> <p>Comms plan developed – pending feedback from Comms Team.</p>

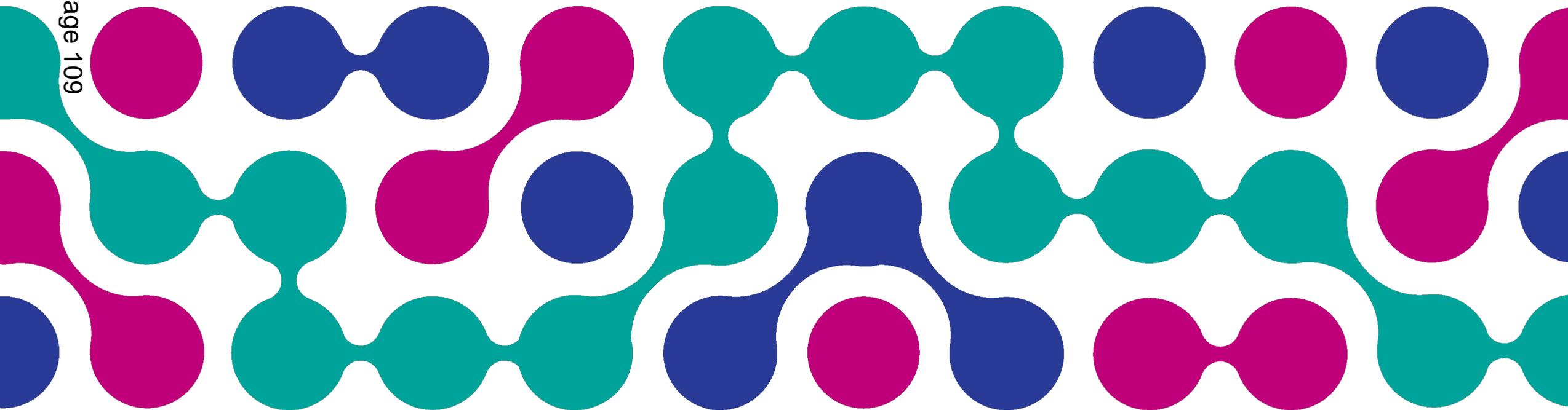
Programme Area and Work	Outcome	Progress
<p><b>Urgent Care and Flow Improvement</b></p> <p>Full participation in BSW-led work streams; Front door services, in-reach to acute pathway, Referral processes, Data and information sharing, BSW principles and Escalation process</p> <p>Development and delivery of Locality Improvement Programme as a result of the learning from the SAFER / MADE weeks in May &amp; June 2022 and other programmes of work.</p>	<p>Wiltshire residents will benefit from effective, responsive and integrated services which are able to support maximising capacity within our acute trust partners. Ambulances will not wait at ED front doors.</p>	<p>Improvement plan remains in place – focus however has been on responding to system pressures. Some elements have been progressed via the 22/23 ASC national funding- increased in-reach to acute trusts etc..</p> <p>Currently reviewing P1 Home First Model to develop future model. Projects to reduce Community Hospital and P2 D2A LOS / improve discharges have commenced. Falls prevention currently rolling out.</p> <p>Plan for future P2 care home model going to Partnership Committee 31/1/23.</p>
<p><b>Discharge Communications Project</b></p> <p>Previous SAFER MADE events held across the Acute and Community Hospital have highlighted a deficit in understanding of discharge pathways. Confusion around what is on offer for BSW Wiltshire facing patients has impacted on the timely transfer of care for those who are medically optimised. Therefore, an increase in knowledge of discharge pathways 1-3 is required, In order to achieve this it has been decided to develop a suite of resources which explain to patients, their families, acute and community colleagues, what discharge options are available, when medical optimisation has been achieved</p>	<ul style="list-style-type: none"> <li>• Reduce the amount of time clinicians spend following up on discharge conversations.</li> <li>• Reduce confusion and CHOICE delays.</li> <li>• Decrease the number of complaints.</li> <li>• Improve the quality and experience of the whole discharge process for patients and carers.</li> <li>• A reduction in the length of stay in hospital.</li> <li>• Better handovers of care to community providers</li> </ul>	<p>This work is being led by Wiltshire on behalf of all three places. Communications resources plan identified and work is under way to develop and confirm the content. Funding potentially being sourced, - Proposal currently pending approval.</p> <p>Working with VCSE to reach out to the community to gather lived experiences. Questionnaires have been shared with carers and those people living with LD and Autism. Wiltshire CIL are contacting PW1 and PW2 patients to arrange face to face interviews. Discussions and comments have been shared via social media. Citizen panel results have shown what information carers and patients would want.</p> <p>PW2/3 resource template developed and will be shared with group. Continuing with development plan – aiming to hand to a media provider within 8 weeks if funding is approved.</p>
<p><b>Ageing Well in Wiltshire</b></p> <ul style="list-style-type: none"> <li>• Ensure implementation of the Long-Term Plan ambitions in Wiltshire</li> <li>• Co-develop Virtual Ward model and ensure achievement of national target for Wiltshire by Dec 2023 (40beds per 100k)</li> <li>• Pathway 2 Bed Model Implementation – revised framework and model for commissioning care home beds.</li> <li>• Ensure 2hr Crisis Response fully functional across Wiltshire, maximising effectiveness.</li> <li>• Progress Anticipatory Care roll-out across identified conditions – both Virtual Wards and Care Home MDTs</li> </ul>	<ul style="list-style-type: none"> <li>• National ‘must do’ requirements</li> <li>• Key to supporting system flow</li> <li>• Fits with BSW Care Model</li> <li>• Improved outcomes for our population</li> <li>• Some schemes have moved to ‘BAU / Service Development’ but this is recognised as a high priority area.</li> </ul>	<ul style="list-style-type: none"> <li>• Projects have moved to embedding phase.</li> <li>• 2hour rapid response now fully meets national requirements</li> <li>• Overnight Nursing – at full recruitment and full service commences Feb 2023</li> <li>• Wiltshire Support at Home – recruitment continues (approx. 65% complete) and block dom care contracts in place to support shortfall.</li> <li>• Virtual Ward open – proceeding as per plan to increase capacity.</li> <li>• Care Home Virtual MDTs now fully open and staffed, working closely with care homes to avoid unnecessary admissions and maximise outcomes.</li> </ul>

# Enabling Workstreams

Programme Area and Work	Outcome	Progress
<p><b>Connecting With Our Communities</b></p> <p>Will develop and implement the Wiltshire delivery of the People and Communities Strategy. Directly links and supports the Neighbourhood Collaborative Work as an enabler and supports the Council’s focus on improving outcomes in areas of highest deprivation.</p> <p>The CWOC group will have a ‘helicopter view’ of Alliance work and will provide a mechanism to support and guide meaningful community engagement during throughout development, initiation and delivery of our transformation and service improvement work.</p> <p>To be a vehicle for sharing learning and best practice so we grow our knowledge and capability together.</p> <p>Agreeing and role modelling our Alliance principles of engagement, advocating and enabling good practice across all of our community voice and engagement work.</p>	<ul style="list-style-type: none"> <li>• Decisions taken by the ICA will be made following engagement and discussion with our communities of staff and residents.</li> <li>• Our residents will know where and how to ‘get involved’ to work with us on solving the things they tell us are important to them and in resolving our identified gaps.</li> <li>• Individuals and communities will be able to directly shape and engage with the work in their area to improve health and wellbeing gaps that matter to them.</li> </ul>	<p>Emma Higgins and Amber Skyring confirmed sponsors for the programme</p> <p>Following successful workshop and engagement meetings, the CWOC group will reconvene in January 2023 in a face to face session – this meeting will both agree the priority developments from the work done during the workshop and will develop a pilot model of engagement with Alliance colleagues to test how our population feedback can be integrated in the pathway of our workstreams.</p>
<p><b>Alliance Development</b></p> <p>Broad work stream supporting the ongoing development of the Alliance. This includes developing supporting resources and activities:-</p> <ul style="list-style-type: none"> <li>- Ongoing programme of ICA development and face to face meetings</li> <li>- Revising the Programme approach</li> <li>- Developing a communication and engagement plan with defined pathways for sharing information and engagement</li> <li>- Ongoing relationship development across partners.</li> <li>- Continuing work with VCSE partners</li> <li>- Establishing the revised Alliance Delivery Group and Joint Committee</li> <li>- Re-launching the Professional Leadership Network meetings</li> </ul>	<ul style="list-style-type: none"> <li>• We will work together in our Alliance according to the principles we have agreed in a line with a continuous improvement focus.</li> <li>• Underpinning work to support the effective performance of our Alliance and our work programme.</li> <li>• Improved relationships and integration leading to improved use of resources, staff satisfaction and outcomes for our population.</li> </ul>	<p>The Joint Committee has been successfully established – December’s meeting was a Population Health and Care Inequalities seminar, triggering our planning towards our priorities and transformation work programme.</p> <p>The Joint Committee is supported by a re-launched Alliance Delivery Group.</p> <p>Further ICA development sessions will be planned in Q4 and Q1 2023/24 to establish the new transformation programme and to move further towards the benefits of integrated Alliance working for our population.</p> <p>A communications plan for the ICA is in development (to be reviewed by the Alliance Delivery Group and Partnership Committee) which will aim to engage our colleagues and population in the work of the ICA.</p>

# Our Forward Plan

To be approved by the Alliance at the Partnership  
Committee 31<sup>st</sup> January



# Principles of Our Refreshed Transformation Plan



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

**These principles have arisen through our development work to date and will feed into our transformation and delivery planning:-**

- Takes a population health management approach to addressing need.
- Prioritises prevention and early intervention – shifting resources to this approach.
- Takes a holistic Alliance approach and considers wider determinants of health
- Aligns to statutory partner guidance and priorities
- Aligns to ICS Strategy and Delivery Plan and Wiltshire Joint Local Health and Wellbeing strategy.
- Works across organisational and contractual boundaries to “do the right thing”
- Values what our communities value – co-producing solutions wherever possible and taking an asset based approach to developments.
- Enables use of resources in a joint way, genuinely integrating our colleague workforce.
- Identifies best practice here and elsewhere and strives for excellence
- Recognises that change is longer term and effort must be sustained
- Makes best use of technology and digital enablers
- Takes a continues improvement approach and a ‘test and change’ environment supported by Alliance leadership.

# Wiltshire ICA Forward View – into 2023



### ICA Work Programme

Neighbourhood Collaboratives – Pathfinder Launch. Connecting with Our Communities (CWOC) relaunch meeting



### ICA Work Programme

Neighbourhood Collaboratives – group development sessions start. CWOC – first advisory session



### ICA Work Programme

Collaboratives and CWOC continue programme plan. Learning from Pathfinder site shared. First Wiltshire Collaborative meeting.



### ICA Transformation Plan

Draft Version to come to Partnership Committee to review and potentially approve.



### Joint Strategic Needs Assessment

Findings shared with ICA partners – starts informing strategy and transformation plans.



### ICA Priorities

Development work to identify and align priorities across strategies and partner objectives.



### ICA Development Session

Outcome – to determine priority ambitions for new Transformation Work Programme and inform Place Delivery Plan.



### Integrated Care Strategy

Final Version Completed. Overseen by Integrated Care Partnership



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### NHS Delivery Plan

Guidance release late December – impacts on ICA priorities.



### Draft Local Health and Wellbeing Strategy

Full draft will come to Partnership Committee for discussion.



### NHS Delivery Plan

Deadline for Draft Submission – 13<sup>th</sup> February. Committee will review.



### NHS Delivery Plan

Final Submission Deadline 1<sup>st</sup> April – Partnership Committee will review in March.



### Partnership Committee Meeting

Focus on Population health and wellbeing inequalities  
**ADG meets x 2 month**



### Partnership Committee Meeting

Focus on SEND Inspection Readiness and System Planning focus  
**ADG meets x 2 month**



### Partnership Committee Meeting

Mental Health Deep Dive, Alliance and System Delivery Plans  
**ADG meets x 2 month**



### Partnership Committee Meeting

ICA Transformation & Delivery Plan – Next Steps  
Ageing Well Deep Dive  
Focus on Community Engagement  
**ADG meets x 2 month**

December

January

February

March

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**Wiltshire Council**

**Health and Wellbeing Board**

**26<sup>th</sup> January 2023**

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**Subject: Update on use of the BCF Adult Social Care Discharge Fund.**

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## **Executive Summary**

The Wiltshire locality has been granted approval for proposed schemes to support hospital discharges during the winter period December 2022- March 2023. The 'Adult Social Care Discharge Funding' of £4,265,220 is a pooled fund, governed under the existing Section 75 agreement.

NHS England guidance is clear that funds are to be prioritised on those schemes most likely to increase the efficiency of hospital discharges and support acute settings during a time of extreme pressure.

The schemes within Wiltshire locality were developed in partnership with health colleagues and most schemes are now mobilised and demonstrating an increase in capacity to support discharges. The schemes are varied and take a multi-faceted approach to supporting discharges, including staff retention, the purchase of additional capacity, work to release existing roles to focus on discharge etc.

We will continue to monitor outcomes and spend through the required fortnightly reporting to NHS England.

## **Proposal(s)**

It is recommended that the Board:

- i) Notes the allocation, spend and regular monitoring of the BCF winter discharge funds.

## **Reason for Proposal**

On the 18<sup>th</sup> of November, NHS England announced additional funding to support the health system over the winter period. The following funds were allocated and transferred into a pooling arrangement, governed by our existing section 75 agreement.

LA Allocation	£1,519,220
ICB Allocation	£2,746,000
<b>Total</b>	<b>£4,265,220</b>

The funding can be used flexibly on interventions that best enable the discharge of patients from hospital. It is prioritised for spend on approaches that are most effective at freeing up the maximum number of hospital beds and identifies discharge to assess (D2A) and home care as effective options for discharging more people in a safe and timely manner.

The schemes were agreed by health and council colleagues and submitted according to NHS England guidance on the 16<sup>th</sup> of December. They have recently been approved (see appendix A).

The following schemes are approved.

Scheme	Funding
In-reach services to acute hospitals (2)	£626,000
Front line staff incentive schemes	£778,000
Additional social care practitioners in reablement service	£109,000
Complex needs SPOT beds	£1,323,000
Care market provider support	£500,000
Mental health flow coordination	£178,000
Increase capacity in Intensive Enablement Service	£59,000
VCS offer and carers support	£85,000
Share Lives placements	£ 75,000
End-of-life bed provision	£89,000
Care Act Assessment backlog	£375,000
Project coordination	£45,000

These schemes meet the spending guidance across a range of criteria, including supporting a consistent workforce in services supporting or delivering discharge services, creating additional capacity through the purchase of care, specific mental health and other complex needs provision and includes the voluntary sector in the delivery of some schemes.

### Reporting

We are required to report spend and outcomes on a fortnightly basis. The first submission was made on the 6<sup>th</sup> of January, covering a reporting period of the 23 December 2022 – 4<sup>th</sup> January 2023. Although impacted by the holiday period we reported a spend of just over £240,000. Additional resulting capacity included:

- 860 hours of domiciliary care
- 14 care home beds
- 19 intermediate care beds
- Recruitment of a Shared Lives officer

The next report is due on the 20<sup>th</sup> of January, covering the period 5<sup>th</sup> – 18<sup>th</sup> January.

### Monitoring

The BCF commissioning team continue to work closely with health colleagues in the mobilisation of the mental health flow coordination scheme and are working

with operational colleagues to ensure existing schemes are working as effectively as possible.

Schemes are providing regular evidence and data about outcomes and this is useful not just for the national returns but also provides opportunity to test new ideas for efficiencies or to increase capacity. The insight from this will inform future BCF planning.

**Helen Mullinger**  
**Batter Care Fund Manager**  
Wiltshire Council

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133-155 Waterloo Road  
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SE1 8UG  
E-mail:  
[england.pcpc@nhs.net](mailto:england.pcpc@nhs.net)

To: *(by email)*  
Cllr Richard Clewer, Chair, Wiltshire Health and  
Wellbeing Board  
Sue Harriman, Accountable Officer, Integrated  
Care Board  
Terence Herbert, Chief Executive, Wiltshire  
Council

09 January 2023

Dear Colleagues,

### **BETTER CARE FUND 2022-23**

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the assurance process, your plan has been classified as '**Approved**'. The relevant NHS funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and in accordance with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23, including the transfer of funds into a pooling arrangement governed by a Section 75 agreement.

You will also be aware of the recent announcement regarding the Adult Social Care Discharge Fund and the conditions requiring that the funding allocations be pooled into the BCF. This additional funding has been made available to help you reduce delays in discharge from hospitals and support those who are fit to leave hospital so that they can continue their recovery in the most appropriate location. As you already do with the BCF, it is crucial that health and care systems and providers work together to meet the care needs of people and make the best use of this additional funding.

The Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF) grant are paid directly to local authorities via a grant by the Department of Levelling Up, Housing and Communities. Local authorities are also receiving additional grant allocations through the Adult Social Care Discharge Fund. These grants are pooled together with the NHS BCF allocations and are subject to grant conditions set out in their respective grant determinations, as specified in the BCF planning requirements.

Your Section 75 agreement covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies should be developed and agreed by all parties by the end of January 2023.

Ongoing support and oversight with regards to the spending of BCF funding will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMs to feed back to local systems where the assurance process identified areas for improvement in plans and share where systems may benefit from conversations with other areas. BCMs will also review the Capacity and Demand plans that areas were asked to complete to identify support needs and inform requirements for future years. Nationally, we will also be reflecting on what the data tells us and what more we need to consider in the future.

Local systems must remain compliant with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23 (including the addendum published for the Adult Social Care Hospital Discharge Fund). Where an area is not compliant with one or more conditions of the BCF, or if the funds are not being utilised in accordance with the agreed plan or are being utilised in a way which creates a risk that the conditions will not be met, then the BCF team, in consultation with national partners, may make a recommendation to initiate the intervention and escalation process as outlined in the BCF planning requirements 2022-23. Any intervention will be proportionate to the risk or issue identified. The intervention and escalation process is outlined in the BCF Planning Requirements 2022-23.

Reporting on the overall BCF programme for 2022-23 will be limited to an End of Year return. However, there are additional planning and reporting requirements for the Adult

Social Care Discharge Fund which must be complied with including the submission of the planning template and fortnightly reporting. Further information on End of Year reporting will be confirmed in due course.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



**Dr Amanda Doyle OBE, MRCGP**

National Director, Primary Care and Community Services, NHS England

Copy (by email) to:

Elizabeth O'Mahony, Regional Director, NHS England

James Sanderson, Director of Community Health Services and Senior Responsible Officer for the Better Care Fund

Jennifer Keane, National Director, Intermediate Care and Rehabilitation, NHS England

Rosie Seymour, Programme Director, Better Care Fund Team, Better Care Fund Programme, NHS England

Stephen Corton, Better Care Manager, Better Care Fund Programme, NHS England

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**Wiltshire Council**

**Health and Wellbeing Board**

**26 January 2023**

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**Subject: Armed Forces Covenant Duty**

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## **Executive Summary**

The Armed Forces Covenant is essentially a promise by the nation that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. A new statutory duty commenced in autumn 2022 for healthcare, housing and education providers to have due regard to the Covenant and statutory guidance has been published to inform this.

## **Proposal(s)**

It is recommended that the Board

- 1) notes the information presented on the implications of the new Armed Forces Covenant Duty;
- 2) notes Wiltshire Council's assessment of how it is meeting its commitments as a signatory to the Covenant and to the new Duty (appendix 1);
- 3) receives an update from the ICB on NHS activity to deliver the Duty;
- 4) agrees that partners continue to work together to consider how the Duty impacts on their services.

## **Reason for Proposal**

To ensure that Board members are aware of the Covenant Duty and its implementation in Wiltshire.

**Lucy Townsend**  
**Corporate Director for People**  
**Wiltshire Council**

**Fiona Slevin-Brown**  
**Place Director – Wiltshire**  
**BSW Integrated Care Board**

**Subject: Armed Forces Covenant Duty**

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**Purpose of Report**

1. The report seeks to:
  - a. Provide information to the Health & Wellbeing Board on the implications of the new Armed Forces Covenant Duty;
  - b. Outline Wiltshire Council's plans to assess how it is meeting the Duty, and to highlight any changes that may be required to strengthen service; and
  - c. Invite partners to consider how the Duty will impact on their services.

**Relevance to the Health & Wellbeing Strategy**

2. The current Strategy highlights tackling inequalities as one of its four priorities. The new Duty will support the partners to consider how policies and services can be designed to ensure no disadvantage and improve outcomes for members of the Armed Forces Community.

**Background**

3. There is a new requirement for public bodies to have "due regard" to the Covenant. The Armed Forces Act 2021 introduced a new requirement for some public bodies, including the NHS and local authorities, to pay due regard to the principles of the Covenant when carrying out specific public functions in the areas of housing, healthcare and education.
4. The requirement commenced in the autumn and the government is planning to review the operation of the new duty across the UK in its 2023 Covenant annual report.
5. The new Duty builds upon the extensive work in response to the Armed Forces Covenant, launched in 2011, which encouraged local communities to support the service community and enhance understanding and awareness among the public of issues affecting the Armed Forces Community. Wiltshire Council, supported by its partners, was an early signatory of the Covenant, re-signing it most recently in June 2022.

6. The Wiltshire Council area is home to around a fifth of the British Army. There are currently 19,000 serving personnel across all branches of the Armed Forces, 19,000 dependents and approximately 31,378<sup>1</sup> veterans in Wiltshire (more than any other council area).

## Main Considerations

7. The Armed Forces Covenant is essentially a promise by the nation that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most. Since 2011, organisations have been encouraged to sign up voluntarily to this pledge to reduce disadvantage for the Community.
8. In 2021, the Armed Forces Act of 2006 was amended to enhance this promise for certain bodies so that it became a legal obligation, namely:

*When a specified body exercises a relevant function, it must have due regard to: (a) the unique obligations of, and sacrifices made by, the Armed Forces; (b) the principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces, and (c) the principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the Armed Forces.*

9. To support implementation of the new Duty, the Ministry of Defence (MOD) published [Statutory Guidance](#) which details how the new law applies and gives best practice examples for relevant authorities to consider.
10. The bodies specified in the Act, in England, are as follows:
  - Local authorities Governing bodies of maintained schools and further education institutions
  - Proprietors of Academies
  - Non-maintained special schools and special post-16 institutions
  - NHS England, integrated care boards, NHS Trusts and NHS Foundation Trusts
11. The relevant functions of these bodies in scope of the Duty, include the provision of services in the following main areas:

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<sup>1</sup> Office for National Statistics (ONS), released 10 November 2022, ONS website, statistical bulletin, [UK armed forces veterans, England and Wales: Census 2021](#)

Healthcare	<ul style="list-style-type: none"> <li>• Provision of services</li> <li>• Planning and funding</li> <li>• Co-operation between bodies and professionals</li> </ul> <p>These healthcare functions are within scope of the Duty in the following settings:</p> <ul style="list-style-type: none"> <li>• NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services.</li> <li>• NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable).</li> <li>• Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.</li> </ul>
Education	<ul style="list-style-type: none"> <li>• Admissions</li> <li>• Educational attainment and curriculum</li> <li>• Child wellbeing</li> <li>• Transport</li> <li>• Attendance</li> <li>• Additional needs support</li> <li>• Use of Service Pupil Premium funding (England only)</li> </ul> <p>These education functions are within scope of the Duty in compulsory education settings, that is, primary, secondary, and, for England only, compulsory further education. The Duty does not cover nursery (early years education), higher education, or other voluntary adult education settings.</p>
Housing	<ul style="list-style-type: none"> <li>• Allocations policy for social housing</li> <li>• Tenancy strategies (England only)</li> <li>• Homelessness</li> <li>• Disabled Facilities Grants</li> </ul>

12. The statutory guidance provides a range of best practice examples for each of these areas.
13. Private or third sector organisations are not in scope of the Duty, but the relevant services they provide will do so if they deliver under contract from a body that is.
14. The Act does not specify how a body must meet its obligations under the Duty, but the guidance suggests that bodies should have the appropriate mechanisms.
15. The Duty applies to the following members of the Armed Forces Community, collectively defined in the Act as 'service people':

- a. Members of the regular forces and the reserve forces;
- b. Members of British overseas territory forces who are subject to Service law;
- c. Former members of any of Her Majesty's forces who are ordinarily resident in the UK; and,
- d. Relevant family members.

## **Proposals**

16. The Board is asked:

- 1) To note the information presented on the implications of the new Armed Forces Covenant Duty;
- 2) To note Wiltshire Council's assessment of how it is meeting its commitments as a signatory to the Covenant and to the new Duty (appendix 1);
- 3) To receive an update presentation from the ICB on NHS activity to deliver the Duty;
- 4) To agree that partners continue to work together to consider how the Duty will impact on their services.

**Lucy Townsend, Corporate Director for People, Wiltshire Council**

**Fiona Slevin-Brown, Place Director for Wiltshire, BSW ICB**

Report Author: Will Oulton, **Corporate Support Manager**,  
[william.oulton@wiltshire.gov.uk](mailto:william.oulton@wiltshire.gov.uk) 01225 713935

13 January 2022

## **Appendices – Wiltshire Council Assessment**

### **Background Papers**

None

## Appendix 1 – Wiltshire Council assessment of delivery on Covenant commitments and statutory duty

### Preface

The National Armed Forces Covenant is a promise from the nation that those who serve or have served in the armed forces, and their families, are treated fairly, and not disadvantaged as a result of their service. Every council in the country has pledged that they will uphold the national Covenant through a local Community Covenant pledge. Newly introduced legislation will recognise their Service and ensure we as a Local Authority, do all we can to ensure they are treated fairly and not disadvantaged in their day-to-day lives. Wiltshire Council reaffirmed its pledge and the specific actions it will take at a [signing ceremony](#) with partners in June 2022.

Members of the armed forces community include:

- currently serving in the armed forces - either regular or reserve
- a veteran who served in the armed forces - either regular or reserve
- a member of the Merchant Navy who served on a commercial vessel in support of legally defined UK military operations
- a dependant - for example, the partner or child of someone who's currently serving in the armed forces, a veteran or a member of the Merchant Navy.

This legislation proposes a responsibility for us to have due regard to the principles of the Armed Forces Covenant (in a similar way to the consideration of the 9 protected groups in the Equality Act)

It applies to a specified list of public bodies when carrying out specific public functions in the areas of housing, healthcare and education. It requires those who are subject to it to consciously consider the Armed Forces Community, and the principles of the Covenant, when developing policy and making decisions in specified policy areas.

The Duty remains with the bodies responsible for the specific public functions, and it will ultimately be their responsibility to ensure that any organisations they partner with in the delivery of relevant functions are carrying out their work in accordance with the new Duty. The Covenant Duty enters into Force in Autumn 2022 with a government review in mid-2023.

This document assesses Wiltshire Council's implementation of covenant commitments on a rolling basis, together with the implementation of the Covenant Duty in public service delivery in Wiltshire.

## Promoting the Armed Forces

Actions	Commentary	Action owner
<i>Promoting our work, activities and events through our own digital and social media channels as well as working with the press</i>	Wiltshire Council has invested in Military Civilian Integration web pages aimed at providing information to the military community on: health, housing, welfare, schools, finance and employment opportunities and nurseries, as well as informing all residents of the military presence, plans and programmes that are underway.	Comms (Sean Chacksfield)
<i>Publishing our Covenant pledges on a dedicated Covenant section/page on our website and sharing best practice with other organisations</i>	<p><a href="#">Armed Forces Covenant - Wiltshire Council</a></p> <p>We are spreading best practice to other LAs (leading on various LGA initiatives, such as the close involvement of LAs in MOD estate disposal plans and processes) and through a SW network.</p>	Exec Office / Comms (Sean Chacksfield)
<i>Promoting the fact that we are an Armed Forces friendly organisation, to our staff, contractors, customers, suppliers and wider public.</i>	We continue to staff exhibition stands at events and highlight the military focused programmes that the council is involved in, for example, Higher Futures, The Enterprise Network and University Technology Colleges.	Recruitment (Georgi Bliha/Deborah Hughes) / Procurement
<i>Continuing to support the Military Civilian Integration partnership or similar engagement structures in Wiltshire.</i>	<p><a href="#">Military Civilian Integration Board</a> meets quarterly and its objectives are published on our website.</p> <p>Following the completion of the Army Rebasing programme, the MCI Board will review its objections in 2023. The Leader and Director of Place continue to strengthen ties through visits to bases.</p> <p>Following on from the recommendations of the LGA Peer Challenge, the Council will explore other opportunities for build on external partnership working, including with the Military and Civilian partners.</p>	Exec Office

## Veterans

Actions	Commentary	Action owner
<i>Working with and advertising vacancies through Career Transition Partnership (CTP), as well as advertising widely in the Armed Forces community, to ensure employment opportunities are made available to veterans</i>	Wiltshire Council has supported, promoted and participated in all the South West Transition Fairs and British Forces Resettlement Service (BFRS) events where businesses and service providers offer advice and support to service personnel planning their futures following their military career.	Recruitment (Georgi Bliha/Deborah Hughes)
<i>Welcoming Applications from and guaranteeing interviews with veterans who meet the essential criteria in the job specification</i>	We have a new military 'landing page' on our recruitment website designed for military leavers and families	Recruitment (Georgi Bliha/Deborah Hughes) and HR Policy (Leire Fernandez)
<i>Recognising military skills and qualifications in our recruitment and selection process and providing support for start up enterprises and self build initiatives.</i>	The Enterprise Network (TEN) is in place, a SWLEP-wide programme led by Wiltshire Council in partnership with Swindon Borough Council and private partners, to encourage start-up enterprises which particularly targets the military community as part of the programme.  Considering bespoke support required for female veterans	Recruitment (Georgi Bliha/Deborah Hughes)  Victoria Moloney

**Service Spouses and Partners**

Actions	Commentary	Action owner
<i>Supporting the employment of Service spouses and partners by welcoming applications from spouses/partners who meet the criteria in the job specifications</i>	Wiltshire Council had the Defence Employer Recognition Scheme Gold Award renewed recently for pledging, demonstrating and advocating support to Defence and the Armed Forces Community and aligning their values with the Armed Forces Covenant.	Recruitment (Georgi Bliha/Deborah Hughes) and HR Policy (Gemma Morrison)  Exec Office
<i>Partnering with and advertising vacancies on Forces Families Jobs and Recruit for Spouses, as well as advertising widely within the Armed Forces community. Supporting bespoke skills programmes.</i>	Support the 'Higher Futures Programme' which the military community piloted for learners.	HR Policy (Gemma Morrison)  Mandy Timbrell
<i>Endeavouring to offer a degree of flexibility in granting leave for services spouses and partners before, during and after a partner's deployment</i>	Policies provide for career breaks for those whose partners have been deployed; and there is a social group for military spouses.	HR Policy (Gemma Morrison)

## Reserves

Actions	Commentary	Action owner
<i>Supporting our employees who are already members of the Reserve Force.</i>	Annual <a href="#">Armed Forces Reserves Day</a> is next taking place 21 <sup>st</sup> June 2023	HR Staff Engagement (Holly Powell)
<i>Granting an additional 10 days paid leave to our Reservist employees to support any mobilisation or annual training they may have</i>	We currently offer 2 weeks paid leave with additional time being unpaid) for reservists to attend training under our <a href="#">Reserve Forces policy</a> .	HR Policy (Gemma Morrison)
<i>Supporting any mobilisations and deployment</i>	The policy guarantees employment protection during any periods of deployment.	HR Policy (Gemma Morrison)

## Cadet Organisations

Actions	Commentary	Action owner
<i>Supporting our employees who are volunteer leaders in military cadet organisations</i>	Seeking further identification of staff involved in cadet organisations and survey of their needs	HR Policy (Gemma Morrison)
<i>Granting an additional 10 days paid leave to our CFAV employees to attend annual training camps and courses</i>	Wiltshire Council policy for cadet instructors gives two extra weeks' paid leave a year to attend annual training camp.	HR Policy (Gemma Morrison)
<i>Actively encouraging members of staff to become volunteer leaders in cadet organisations</i>	Volunteering policy in place	HR Policy (Gemma Morrison)
<i>Recognising the benefits of employing cadets/ex-cadets within the workforce</i>	WEX programme	HR

## National Events and Charities

Actions	Commentary	Action owner
<i>Supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day and Remembrance activities</i>	Annual remembrance promoted and observed	Comms (Sean Chacksfield)
<i>Supporting Armed Forces charities with fundraising and supporting staff who volunteer to assist as well as engagement with their programmes</i>	Armed Forces Outreach Van continues to attend a range of events as outlined on the <a href="#">Outreach Calendar - Mobile Outreach - Forces Connect South West</a>	HR Policy (Gemma Morrison)  Outreach Officer (Andy Hadrick)
<i>Publicising Covenant commitments through our websites and other communications, setting out how we will seek to honour them and inviting feedback from the Service community and our customers on how we are doing.</i>	<a href="#">Armed Forces Covenant - Wiltshire Council</a>	Comms (Sean Chacksfield)
<i>Providing input as required to the UK's Annual Report on the Covenant and the operation of the duty for public bodies to have due regard to the covenant.</i>	First full Annual Report covering the implementation of the duty is expected in late 2023.	Exec Office

## Children, Young People and Education

Actions	Commentary	Action owner
Review schools admission policies for council schools so that families without a permanent address could apply for schools of their choice if they could demonstrate they were due to be posted to a unit in Wiltshire.	Policy is in place  Considering engaging with the youth parliament on support required for service pupils	Debbie Clare
Engage school academies with their own admission policies and wider support for service children in school	A range of best practice material can be shared at Heads Forums including: <ul style="list-style-type: none"> <li>○ <a href="#">SCiP Alliance</a></li> <li>○ <a href="#">Supporting Service Children in School: An Organisational Improvement Framework, iCeGS, University of Derby   SCiP Alliance</a></li> <li>○ <a href="#">The SCiP Alliance Hub Network   SCiP Alliance</a></li> <li>○ <a href="#">SCiP Alliance Map</a></li> <li>○ <a href="#">Use of Service Pupil Premium</a></li> </ul> <p>Schools can be also encouraged to report on their use of Service Pupil Premium spend.</p>	Helean Hughes
Consider Armed Forces Friendly School accreditation	Drawing on WLGA criteria for this is being considered <a href="#">Armed Forces friendly schools</a>	Helean Hughes
Gather information on pupils and looked after children from the service community e.g. on attainment and outcomes.	It may be possible to work with universities on longitudinal cohort studies on educational outcomes and this will be explored. This can also be considered as part of the data gathering on SPP and through smaller cohorts such as LAC.	Helean Hughes Kathryn Davis (LAC)
Ensure that educational organisations are aware of their responsibilities in accordance with the duties e.g. that children are not disadvantaged from after school activities if they have started late; or attendance policies apply fairly to families.	This can be considered through Heads Forums.	Helean Hughes

Actions	Commentary	Action owner
Ensure that relevant children and young people have access to Health and Wellbeing services, and that those services are aware of their needs.	This will continue to be addressed through our commissioning processes with the NHS on children's community health services.	Commissioning/ Mel Nicolau
Confirm that there is a transfer process which ensures that appropriate safeguarding information is shared between parties when children and families move, and that professionals are aware of the relevant resources.	We have a robust process in place that ensures that children that subject a Child Protection Plans there is a transfer process which ensures that appropriate safeguarding information is shared between parties when children and families move. Further work to discuss how professionals can improve their understanding of the community and individual's needs through better data monitoring and professional development,	Jen Salter/ Fiona Hayward
Ensure that school transport provision does not disadvantage families who have had to move due to military service.	There is no disadvantage to military families in applying under our <a href="#">education transport policy</a> .	Jason Salter

## Housing

Actions	Commentary	Action owner
Review local connection policy	<p>Policy ensures there is no disadvantage in accessing social housing if they are unable to demonstrate a local connection (applies if they are a serving member, or Veteran who have been out of the military for 5 years or less, bereaved spouses, and existing or former reservists suffering from injury, illness or disability attributable to their service (this is now a requirement for all local housing authorities as a result of the Covenant but was adopted early in Wiltshire).</p> <p><a href="http://homes4wiltshire.co.uk">Wiltshire Council Allocations Policy - Wiltshire (homes4wiltshire.co.uk)</a></p>	Housing – Nicole Smith
Support Self-Build projects	<p>The Alabaré Veterans Self-Build <a href="#">project</a> is being supported by housing developer Lovell, affordable housing provider Stonewater and Wiltshire Council who have recently set up the project training veterans to build their own homes at Drummond Park in Wiltshire. The new five-year scheme will create 15 new homes for individuals and veteran families.</p>	
Ensure that the Council is aware of who is using their housing services who are members of the Armed Forces Community to help to improve the way in which their needs are met.	<p>When a resident approaches our services for housing advice or support the advisor would always ask if they or an immediate family member is from the Armed Forces as the options available are different due to the large number of charitable and other services which are dedicated to meet the needs of this community</p>	Nicole Smith
Ensure that the Tenancy Strategy is reviewed to take into account the Duty.	<p>The Tenancy Strategy was adopted in 2016 and it hasn't been updated since. All housing providers are required to develop tenancy policies that would consider the type of tenancies they will offer and how they will take into consideration individual needs. As an authority all our stock is allocated in line with the allocation policy in which ensures no disadvantage to those from the Armed Forces by not requiring them to have a local connection to Wiltshire</p>	Guy Tribbeck

Actions	Commentary	Action owner
Ensure that homeless services and advice are tailored to take account of the needs of the Community.	If a member of the Armed Forces approaches Wiltshire Council as homeless or threatened with homelessness they would be referred to our dedicated Armed Forces Housing Solutions Officer to ensure that consistent and robust support and advice is provided which is tailored to meet the needs of this community	Nicole Smith
Ensure that Disable Facilities Grant policy and processes do not disadvantage the Community.	When processing DFGs we fully disregard war pensions when carrying out financial assessments as well as compensation payments for injuries which ensures they are not disadvantage for receiving these payments.	Nicole Smith

## Health

Wiltshire Council will work with its partners on the Health and Wellbeing Board to support the delivery of due regard to the duty

Actions	Commentary	Action owner
Engage with Healthwatch Wiltshire on the experience of those serving and their families	Healthwatch Wiltshire could be asked to consider a similar report to this: <a href="#">What matters to veterans?   Healthwatch</a>	Commissioning team
Engage with NHS BSW ICS on elective care waiting lists and dentist waiting lists for military families	Schedule item for future update at Health and Wellbeing Board Note NHS Forward View <a href="#">guidance</a> .	NHS/ VHCA
Engage with NHSE on specialised commissioning healthcare commissioning for military families	Schedule item for future update at Health and Wellbeing Board	NHS/ VHCA
Ensure that Joint Strategy Needs Assessment is taking account of the needs of the Armed Forces Community	The recent <a href="#">Wiltshire JSNA</a> does not specifically cover the military as it is a Wiltshire overview. Specifics HNAs undertaken by PH do consider the military, published HNAs can be found <a href="#">here</a> . There are plans to undertake a new HNA which will have a focus on military populations - timing and elements to be confirmed - but there is an opportunity to undertake further analysis on the recent census data that included a question on veterans for the first time.	Kate Blackburn
Ensure that there is a mechanism for Health Care provision to be reviewed when the needs of the Armed Forces Community changes, including during deployment/rebasing changes, and that the impact of any service changes on the community is considered	<p>The NHS across BSW and particularly in Wiltshire has an enduring relationship with the Armed Forces and has historically partnered with them to support and facilitate Forces colleagues and their families during deployment and rebasing activities – this includes the significant period of change and repatriation over the last 10 years.</p> <p>In response to evolving community needs, the NHS has recently opened a <a href="#">shared health centre</a> with the Military at Larkhill and will continue to explore options for joint and shared working.</p> <p>The Wiltshire Integrated Care Alliance is building a network of Neighbourhood Collaboratives to bring people together across communities to respond to local community needs and population health gaps – colleagues and</p>	Kate Blackburn (for HNAs) with Fiona Slevin-Brown (BSW ICB)

Actions	Commentary	Action owner
	<p>community representatives from the Armed Forces will be key partners in these groups.</p> <p>Additionally, the Military is invited to join the 'Connecting with Our Communities' group (first meeting in February) which aims to ensure community views are reflected in service development and redesign from the ground up.</p>	
<p>Ensure that health services are collecting data on members of the Community who are accessing services to better understand their issues.</p>	<p>Deep dives could be undertaken with primary care partners drawing on HNA data and census data to understand identification gaps.</p> <p>New population health tools and systems (currently rolling out) allow partners across Wiltshire to understand population needs, inequalities and unmet needs. Whilst this does not yet specifically allow for identification of military service personnel or their families, this is logged as an area of development in the ongoing programme. The tools can however be used to investigate areas of concern or specific need for military communities.</p> <p>GP practices, community services and hospitals all collect data in relation to the military community – this is used to inform service development and planning. NHS services will be supported in ensuring optimal of snomed codes and recording if those encountered in primary care are veterans or serving.</p>	<p>Kate Blackburn with Fiona Slevin-Brown</p>
<p>Ensure that healthcare professionals are aware of treatment requirements and the service provision available for the Community</p>	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>ICB approval of an Armed Forces Single Point of Access (SPOA) is expected 6/2/23. This will run as a pilot (with support from national funding) from 1<sup>st</sup> March 2023 to August 2024. The pilot runs across BSW but will be centred in Wiltshire. This SPOA will have dedicated staff who will work to identify and support military service colleagues as they navigate through the health system to progress their pathway. The SPOA will also inform <a href="#">training</a> needs for healthcare staff about armed forces issues.</p>	<p>NHS/ VHCA Fiona Slevin-Brown</p>

Actions	Commentary	Action owner
Consider where it is appropriate to offer priority access e.g. due to particular stress.	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>There are existing links with Military services to ensure appropriate prioritisation and access to services based on clinical need – however this action will be fully reviewed to determine if additional steps are needed.</p>	<p>NHS/ VHCA Fiona Slevin-Brown</p>
Ensure that members of the Community are not disadvantaged due to geographical moves: e.g. on waiting lists; or maintaining existing relationships with Healthcare professionals	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>There are existing links with Military services to ensure the community are not disadvantaged as a result of transfers or location changes – however this action will be fully reviewed to determine if additional steps are needed.</p>	<p>NHS/ VHCA Fiona Slevin-Brown</p>
Ensure that the Community has access to information about the provision of services including bespoke/tailored services.	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>There are existing links with Military services to distribute and share information – however this action will be fully reviewed to determine if additional steps are needed.</p>	<p>NHS/ VHCA Fiona Slevin-Brown</p>
Ensure that data is transferred between services to ensure that there are no delays/breaks in provision e.g. where some moves geographically, or leaves the military.	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>There are existing links with Military services to ensure that data is transferred accurately and immediately – however this action will be fully reviewed to determine if additional steps are needed.</p>	<p>NHS/ VHCA Fiona Slevin-Brown</p>
Ensure that all services are acting on any health data on the provision of services to the Forces Community to ensure that barriers are reduced	<p>Schedule item for future update at Health and Wellbeing Board</p> <p>Public Health Commissioned services are: Sexual Health; Substance misuse; Domestic Abuse; Health Improvement Coaches; Health Visiting PH nurses; Health Checks; Warm and Safe; Specialist Health in Pregnancy; Baby Steps; Specialist weight management services; Health Movers; FUEL</p> <p>Evidence on service use is considered as part of the commissioning process.</p>	<p>NHS/ VHCA  Kate Blackburn/ Hayley Morgan</p>

**Other service considerations – Social care**

Actions	Commentary	Action owner
Support for fostering	<p>A targeted campaign promoting fostering in military families has resulted in an increase in the number of military families choosing to foster in Wiltshire. Previously, fostering in the military had been low due to the transient nature of military life.</p>	Jen Salter
Adult Social Care assessments	<p>In adult social care, Wiltshire fully disregard war pensions in social care financial assessments. There is also already a disregard in place for Guaranteed Income Payments (which compensate for future loss of earnings upon discharge); and compensation payments for injuries can also not be taken into account in the means testing (although the services they provide and any unmet need can be considered in the social care eligibility assessment, however).</p> <p>When there are cases where care and support needs are not factored into consideration properly in the compensation payment, the result can be a need to fund a large package of care for that person, should they be ordinarily resident in Wiltshire. This has happened on several occasions historically and leads to budget pressures in adult social care as a consequence, as they are unplanned costs. We continue to raise this issue with government.</p>	Emma Legg

**Wiltshire Council**

**Health and Wellbeing Board**

**26 January 2023**

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**Subject: Public health workforce campaign**

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## **Executive Summary**

In November 2021 the chairs of the Health and Wellbeing Board requested options to inspire the organisations sitting on the board to implement a workforce wellbeing campaign. With a workforce of c45,000 the prospect of influencing the health and wellbeing agenda on such a scale presents a unique and exciting opportunity. Good health and wellbeing are essential to successful, sustainable workplaces.

With an initial focus on mental health, organisations were asked at the December 2021 Health and Wellbeing Board to make a commitment to enable a healthy workforce through improved wellbeing and resilience. This report provides an update on progress.

## **Original Proposal**

It was recommended to the Board that:

- I. Each organisation agrees to collectively enable a healthy workforce through improved wellbeing and increased resilience
- II. Each organisation to implement a suitable and targeted intervention that addresses health and wellbeing in their workforce
- III. Each organisation to monitor and report back on progress in 12 months' time
- IV. Each organisation, and the Health and Wellbeing Board itself, to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health.

## **Outcomes**

Nine organisations provided a progress update with a combined workforce of c.28,000. Multiple interventions supporting mental health have been implemented with a clear focus on providing training and support for staff.

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**Kate Blackburn**  
**Director of Public Health**  
**Wiltshire Council**

**Subject: Public health workforce campaign**

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**Purpose of Report**

1. To provide an update to the Health and Wellbeing Board on the approaches taken by the organisations represented on the Board to improving their workforce health and wellbeing and to share good practice.

**Relevance to the Health and Wellbeing Strategy**

2. Employment is a primary determinant of health. Increasing the quality of work helps support prevention and early intervention, improving social mobility and tackling inequalities, which are key guiding themes of the Health and Wellbeing Strategy.

**Background**

3. In November 2021 the Chairs of the Health and Wellbeing Board requested some options to inspire the organisations who sit on the board to implement a workforce wellbeing campaign. The purpose of this paper is to provide an update on progress, share examples of good practice and provide recommendations for continued commitment to the workplace health agenda.
4. Good health and wellbeing are essential to successful, sustainable workplaces. Protecting and improving the health and wellbeing of our employees remains critical to the health and economic wellbeing of our population. The impacts of COVID-19 on health and wellbeing continue to be felt, with the cost-of-living crisis further highlighting the need for workers health to remain a top priority.
5. In December 2021 member organisations were asked to focus on enabling a healthy workforce through improved wellbeing and increased resilience. Evidence indicates that if individuals do not have good mental health, wellbeing and resilience then interventions or programmes to improve physical health will very often not succeed.
6. At the December 2021 meeting the board were asked to consider the following recommendations:
  - I. Each organisation agrees to enable a healthy workforce through improved wellbeing and increased resilience
  - II. Each organisation to implement a suitable and targeted intervention that addresses health and wellbeing in their workforce

- III. Each organisation to monitor and report back on progress in 12 months' time
  - IV. Each organisation, and the Health and Wellbeing Board itself, to sign up to the Prevention Concordat for Better Mental Health, a shared commitment by signatories to work together to prevent mental health problems and promote good mental health.
7. All members agreed to implement the above recommendations and in accordance with section III. monitor and report back on progress in 12 months' time.

## **Progress**

8. There are eleven organisations represented on the Health and Wellbeing Board, and a request for an update on progress was made prior to publication of this report. A brief summary of the interventions implemented by the various organisations can be seen in appendix 1. It should be noted that Healthwatch Wiltshire only have four part-time employees and therefore were deemed exempt.
9. Nine organisations provided a progress update with a combined workforce of c28,000 staff.
10. There were a number of mental health focussed interventions implemented across the organisations, as recommended, with the training of staff in Mental Health First Aid being one of the most common approaches taken. Mental Health First Aid is an internationally recognised training course, designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis.
11. Other interventions included the introduction of mental health advocates and mediators, suicide first aid training and also supporting health and wellbeing conversations among staff. As well as written updates a number of organisations provided further information on their respective programmes by way of submitting audio/video clips, which are to be shared with the Board on 26 January.

## **Discussion**

12. Data from the most recent [Joint Strategic Needs Assessment](#) provides an up-to-date picture on current and future health and wellbeing needs of people living in Wiltshire. The prevalence of common mental health disorders is rising in Wiltshire. In 2020/21, almost a quarter (24.6%) of people aged 16+ in the county were estimated to have higher levels of anxiety, representing a 6% rise compared to the previous year.
13. The pandemic and its associated social restrictions are likely to have impacted on mental health and socio-economic pressures arising from the current cost of living crisis could see the proportion of people experiencing anxiety rise further, including members of the workforce.

14. Trends in mental ill health demonstrate that the focus on improved wellbeing and increased resilience amongst the workforce was, and continues to be, vital in creating successful and sustainable workplaces. If individuals do not have good mental health, wellbeing and resilience then interventions or programmes to improve physical health will very often not succeed.
15. Having already shown great application when implementing workplace interventions, it is felt that this momentum should be harnessed and continued. To that end organisations represented on the Board should continue interventions that support mental wellbeing and also implement interventions that enhance physical health in employees.
16. People in employment are in worse health than previously. Compared to 2019, people in employment are 13% more likely to have a health condition and 30% more likely to have multiple health conditions<sup>1</sup>.
17. The recently published JSNA indicates that our 65+ population currently represents just over a fifth of the overall population but by 2040 this age group will make up nearly a third. As people live longer they will be expected to work for longer yet are likely to do so with one or multiple health conditions, a key barrier to gaining employment and for staying in work.
18. Based on the most recent JSNA data for Wiltshire there are several lifestyle risk factors that drive poor health, which could be prevented and keep the workforce healthier and for longer. These most commonly relate to smoking, obesity and alcohol consumption:
  - Smoking prevalence in adults – **12.0%**
    - Staff who smoke at work are 33% more likely to be absent from work than non-smokers<sup>2</sup>
  - Adults classified as overweight or obese – **61.8%**
    - Excess weight can bring physical, social, emotional and psychosocial problems, leading to onset of preventable long-term illness, stigma, discrimination and reduced life expectancy<sup>3</sup>
  - Adult population drinking more than 14 units per week – **21.3%**
    - Estimated that alcohol misuse costs English economy £7.3 billion each year<sup>2</sup>
19. Interventions addressing physical health could include smoking cessation programmes for routine and manual workers, signing up to the NHS

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<sup>1</sup> IPPR, 2022 – Getting Better? Health and the labour market

<https://www.ippr.org/research/publications/getting-better-health-and-labour-market>

<sup>2</sup> BITC, 2018 – Drugs, alcohol and tobacco: A toolkit for employers <https://www.bitc.org.uk/toolkit/drugs-alcohol-and-tobacco-a-toolkit-for-employers/>

<sup>3</sup> BITC, 2018 – Physical activity, healthy eating and healthier weight: A toolkit for employers <https://www.bitc.org.uk/toolkit/physical-activity-healthy-eating-and-healthier-weight-a-toolkit-for-employers/>

Smokefree [Pledge](#), encouraging staff to reduce alcohol consumption or increase physical activity.

20. Employment is one of the five ways organisations act as anchor institutions, these being large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area<sup>4</sup>. Anchor workforce strategies involve thinking not only about how organisations can grow local workforce supply and widen access to employment for local communities, but also how to be a better employer and place to build a career for more people. Such strategies consider widening workforce participation, building the future workforce and being a good employer, which includes supporting I) fair pay and conditions of employment, II) health and wellbeing and III) professional development and career progression<sup>4</sup>.

### **Prevention Concordat for Better Mental Health**

21. Whilst the Health and Wellbeing Board is not a signatory to date several organisations continue to implement interventions recommended within the Concordat. Work to sign up the Board will continue and as a priority OHID are looking to get all newly created integrated care systems to sign up with further details being provided later this year.

### **Next Steps**

22. Good health and wellbeing remain essential to successful, sustainable workplaces. The health and wellbeing of any workforce is an organisational priority and even more so given the impact of COVID-19 and the cost-of-living crisis on society. A focus on both mental and physical health in the workplace is paramount. As such each organisation represented on the Health and Wellbeing Board is asked to maintain its commitment to this important agenda.
23. Each organisation should commit to the following:
  - I. Continue to invest in workplace health
  - II. Continue to build on the excellent work done thus far on supporting mental health in the workplace
  - III. Confirm what their focus on physical health will be i.e. smoking cessation, promoting healthy eating, increasing physical activity etc.
  - IV. Increase employment opportunities by adopting the [anchor institute](#) principles
  - V. Support the Board in signing up to the Prevention Concordat for Better Mental Health

**Kate Blackburn**  
**Director of Public Health**  
**Wiltshire Council**

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<sup>4</sup> The Health Foundation, 2019. Building healthier communities: the role of the NHS as an anchor institution. [Building healthier communities: the role of the NHS as an anchor institution - The Health Foundation](#)

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Report Authors:  
Public Health

## Appendix 1

Organisation	No of employees	Intervention	Outcome(s)
AWP	5,000	- As HWB is unique to each individual we took a multi-faceted approach across AWP to impact as many people as possible.	Multiple but include: - Creation of BSW Wellbeing Matters Team, specialist staff support hub, providing clinical assessments to staff experiencing mental health issues – 115 individual referrals received across BSW region, 40 requests from teams/services to provide support/training
BSW ICB	512	- Wellbeing check in as part of performance review process - Mental Health First Aid (MHFA) training - Joined RUH Menopause Forum	- 24 staff trained in MHFA
Dorset & Wiltshire Fire and Rescue Service	1,361	- The co-ordination of Wellbeing Workshops as offered by the Firefighters Charity for dissemination to all fire service staff	- Via successful attendance we will look to gain feedback and liaise with the Firefighters Charity to take up their offer of providing bespoke training sessions for staff and managers so it is embedded within our own learning & development programme
Great Western	5,500 approx	- Mental Health First Aid training - Suicide First Aid training - Health and Wellbeing Conversations	- 256 staff trained in MHFA - 64 staff trained in Suicide First Aid - 59 staff trained in facilitating a health and wellbeing conversation
HCRG Care Group	No response received		
Healthwatch Wiltshire	4 (part time)	N/A	N/A

RUH	6,000 approx	<ul style="list-style-type: none"> <li>- Supporting our colleagues – MH and SFA training</li> <li>- Supporting staff though trauma</li> <li>– TriM</li> </ul>	<ul style="list-style-type: none"> <li>- MHFA trained = 158 (32 on waiting list)</li> <li>- Suicide First Aid Training = 16 (16 booked onto February course, 42 on waiting list for future courses) Approximately 80 attended open access suicide awareness sessions.</li> <li>- H&amp;WBC facilitators trained = 153</li> <li>- 62 TRiM referrals relating to 454 individual staff members.</li> <li>- Trained 7 new TRiM practitioners, 44 TRiM supporters, 3 TRiM managers plus provided TRiM refresher training for 7 practitioners</li> </ul>
Salisbury FT	4,043	- The introduction of Wellbeing Conversations across the Trust	<ul style="list-style-type: none"> <li>- The roll out of wellbeing conversations across the Trust is an ongoing initiative and as such is not yet concluded</li> <li>- To date, we have provided training for managers in carrying out wellbeing conversations, and in addition individuals with expertise in wellbeing have been involved in holding wellbeing conversations to directly support areas where the managers are unable to carry them out for operational or other reasons</li> <li>- The intention is to provide further training courses and support further roll out across the Trust in 2023</li> </ul>
Wiltshire Council	4,884	- Introduction of Mental Health Advocates	- 35 members of staff trained QNUK Level 2 Award in Mental Health at Work
Wiltshire Health and Care	1,200	- Workplace Mediation	- Fully trained new 2 mediators
Wiltshire Police	No response received		