



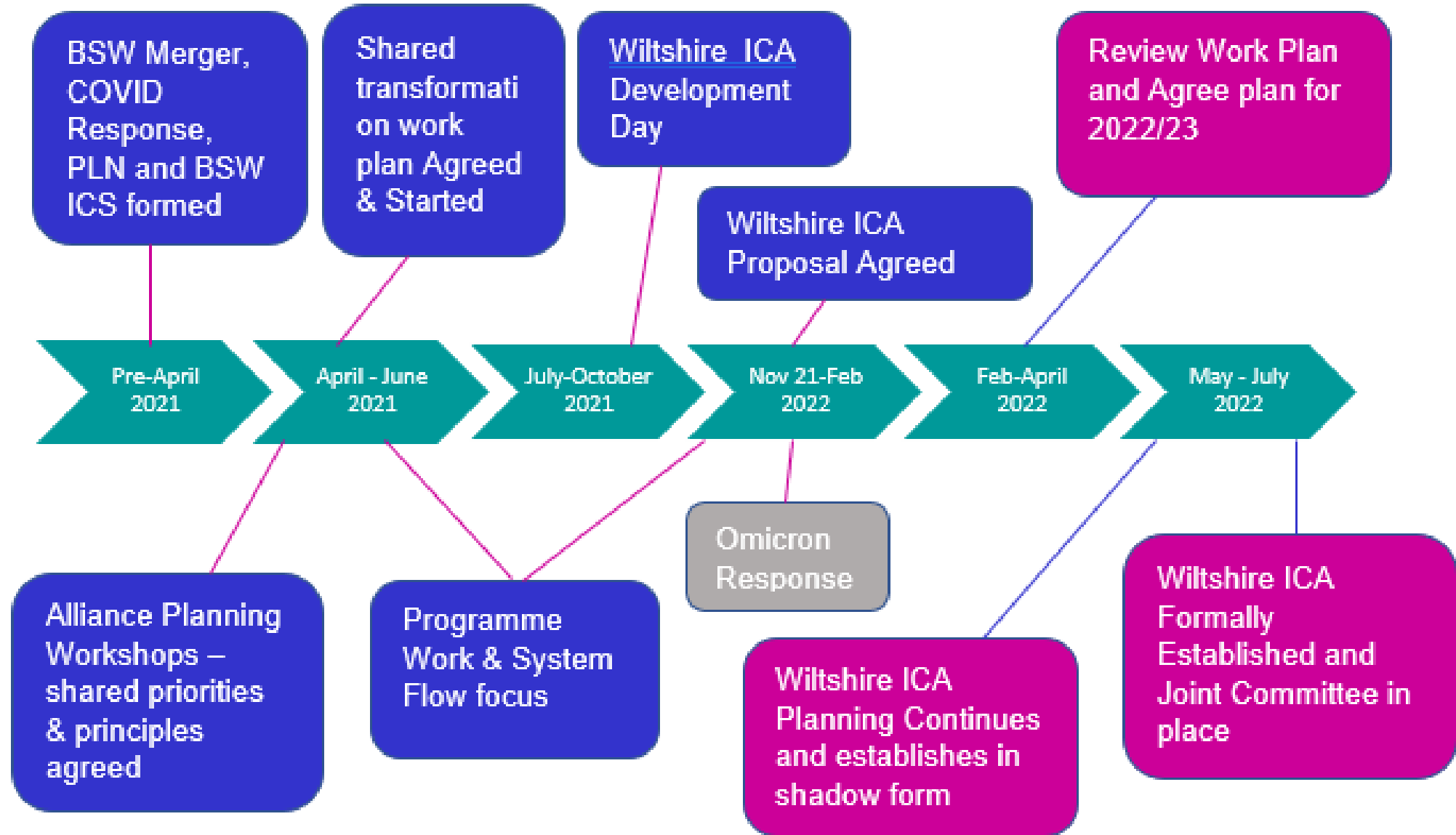
Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Wiltshire Alliance update for the Wiltshire Health and Wellbeing Board

March 2022



Where are we now?





Update on 21/22 agreed priorities

- Alliance Work Programme:
 - Connecting with our communities
 - Trowbridge Neighbourhood Focus Site
 - Urgent Care Improvement
 - Ageing Well
 - Personalisation of Care – End of Life services
 - Alliance Development Programme

Review of Current Programme – 2021-22

Project	Achievements	Still to do	Consideration for 22/23
Connecting with our Communities	<ul style="list-style-type: none"> • Agreed engagement principles – to be embedded • VCS partners actively involved • Co-production discussion paper completed • Mapped VCS support in Trowbridge – to be expanded and shared • Linked key people with the Neighbourhood Focus Site work 	<ul style="list-style-type: none"> • Finalise ‘expert hub’ to offer support to wider programme and consistent approach • Complete proposal to ICA re Co Production County • Participation in Optum (NFS) action learning sets 	Central to ICA in Thriving Places Guidance - Need to progress approaches to co-production
Trowbridge Neighbourhood Focus Site (NFS)	<ul style="list-style-type: none"> • Full participation in Optum Project commenced (population health data review to identify gaps and areas for improvement) • Implemented complex MDT meetings with attendance across our partnership, to focus on people with complex and intensive needs. • Joint workforce approach to some planned clinics (community and primary care) • Beginning to roll-out the Community Support Framework (CSF) for improved mental health services 	<ul style="list-style-type: none"> • Selection of focus areas and commence the Action Learning Set process (peri-housebound, over 60 with pain and depression) • Full asset mapping to be completed and shared, adding to the VCS and mental health work already done. • Full CSF roll-out • Implement learning and sharing plans for the rest of Wiltshire to ‘fast follow’. 	<ul style="list-style-type: none"> • Optum work is part of BSW priorities and central to our ability to work on population health gaps • CSF work must continue – national and BSW priority programme • Core to BSW Care Model

Review of Current Programme – 2021-22

Project	Achievements	Still to do	Consideration for 22/23
Urgent Care and Flow Improvement	<ul style="list-style-type: none"> Developed demand and capacity model to inform planning and monitoring Developed and implemented Wiltshire Escalation Framework Established 7 Day Service Reporting – used to inform improvement work Carried out Discharge Pathway Efficiency Review – identified key actions to improve process and reduce length of stay Commenced BCF Scheme Review process – nearly completed and has been successful 	<ul style="list-style-type: none"> Embed demand and capacity reporting into BAU and operational response. Complete the actions identified via the Pathway Efficiency Review Process (referral process improvement, provider demand and capacity system, review Access to Care Roles and improve communication and information sharing routes between partners) Pathway 2 Bed Review (linked to Ageing Well) 	<ul style="list-style-type: none"> Essential to financial sustainability – participate in Whole System Modelling for sustainable service plans Essential to plans for managing winter pressures 2022/23. Planning guidance states “Stabilise services & develop 22/23 winter contingencies”
Personalisation of care for people approaching the end of their life.	<ul style="list-style-type: none"> A recently agreed project with significant impact for people at the end of their lives, and their families. Brought together partners across Wiltshire to discuss and agree improvements to the End of Life pathways in our area. This focusses on implementing the BSE End of Life Care strategy in a way that works for our communities. Project aims to simplify the complex processes and improve the proportion of people who are passing away in their place of choice, ensuring that all partners have the information and resources to be able to offer the support needed when it’s needed. 	<ul style="list-style-type: none"> Complete project initiation and commence work plan and implementation. 	<ul style="list-style-type: none"> Driven by BSW EoL Care Strategy Identified need to do this work for Wiltshire population. Significant part of finance sustainability plan.

Review of Current Programme – 2021-22

Project	Achievements	Still to do	Consideration for 22/23
Ageing Well in Wiltshire	<ul style="list-style-type: none"> • 2 Hour Crisis Response commenced and rolling out – including falls response • Additional capacity recruited to Home First and Reablement meaning more people are able to go home quickly, with support. • Overnight Nursing Service has commenced. This service will impact on a wide range of people including EOL. • Expansion of Council Domiciliary Care Service has commenced, which will enable more people to go home from hospital with support arranged quickly. • 33 Care Homes now participating in the Virtual Care Home MDTs, meaning admissions are avoided and people don't have to travel. Very positive feedback from care home providers and residents. 	<ul style="list-style-type: none"> • Continuation of recruitment to all services and expansion across Wiltshire to support admission avoidance and supporting people to access care and support in an appropriate way. • Continue expansion of Overnight Nursing service. • Complete Pathway 2 Bed Review 	<ul style="list-style-type: none"> • Significant links to 22/23 NHS operational guidance – Virtual Ward Expansion (December 23), Rapid Response targets and Anticipatory Care. Requires discussion and agreement regarding Alliance models for virtual wards and anticipatory care. • P2 Bed Review (see Urgent Care section) is a significant impact on financial planning and discharge flow. • Recommend programme review – some schemes can be considered complete (workforce expansion etc..). • Core part of BSW Care Model
Alliance Development	<ul style="list-style-type: none"> • Work programme established • Programme Governance framework in place with Programme Board 	<ul style="list-style-type: none"> • Continue developments towards ICA from July 2022. • Shape programme of OD 	Must continue – to meet July 1 st deadline.



Focussing on inequality within the Wiltshire Alliance (ICA)

- Alliance Development Day – 17 March:
 - Population health management approach to support reducing health inequalities
 - Trowbridge – data, experience of care, health opportunity
 - Development of BSW tools and linked datasets to inform thinking and answer questions – for system modelling and to support population health management approach
 - Neighbourhood model design
 - Working in a population health focussed way
 - Integrated working between teams and organisations
 - Neighbourhood (PCN) level delivery
 - Community involvement and strengths based approach
 - Longer term view – months and years
 - Inclusive partnership with structured approach
 - Next steps



Follow up from Feb 2022 H&WBB workshop

- Feedback from workshop widely circulated and informed Wiltshire Alliance planning (included in meeting papers)
- Development of Anchor Institutions – early conversations within and between health and care organisations
- H&WBB agreed programme of work focussed on workplace health: Guy Sharp, from Wiltshire Council's Public Health team, chaired a meeting of relevant leads from organisations on the Health and Wellbeing Board to discuss the programmes that could be adopted on workplace health and the measures that could be used to monitor progress during 2022. Each organisation is prioritising one of these and an update on progress made will be provided to the Board in December 2022

What makes the NHS an anchor institution?

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

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

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

The Health Foundation

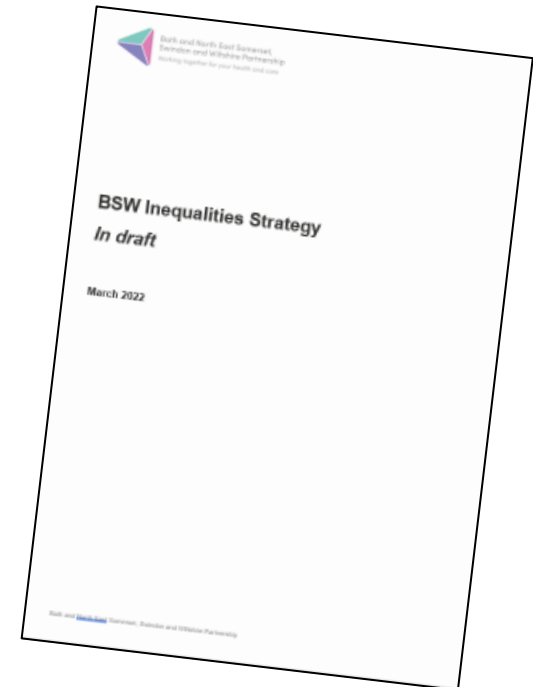
References available at www.health.org.uk/anchor-institutions
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BSW Inequalities Strategy 2021-2025

In draft

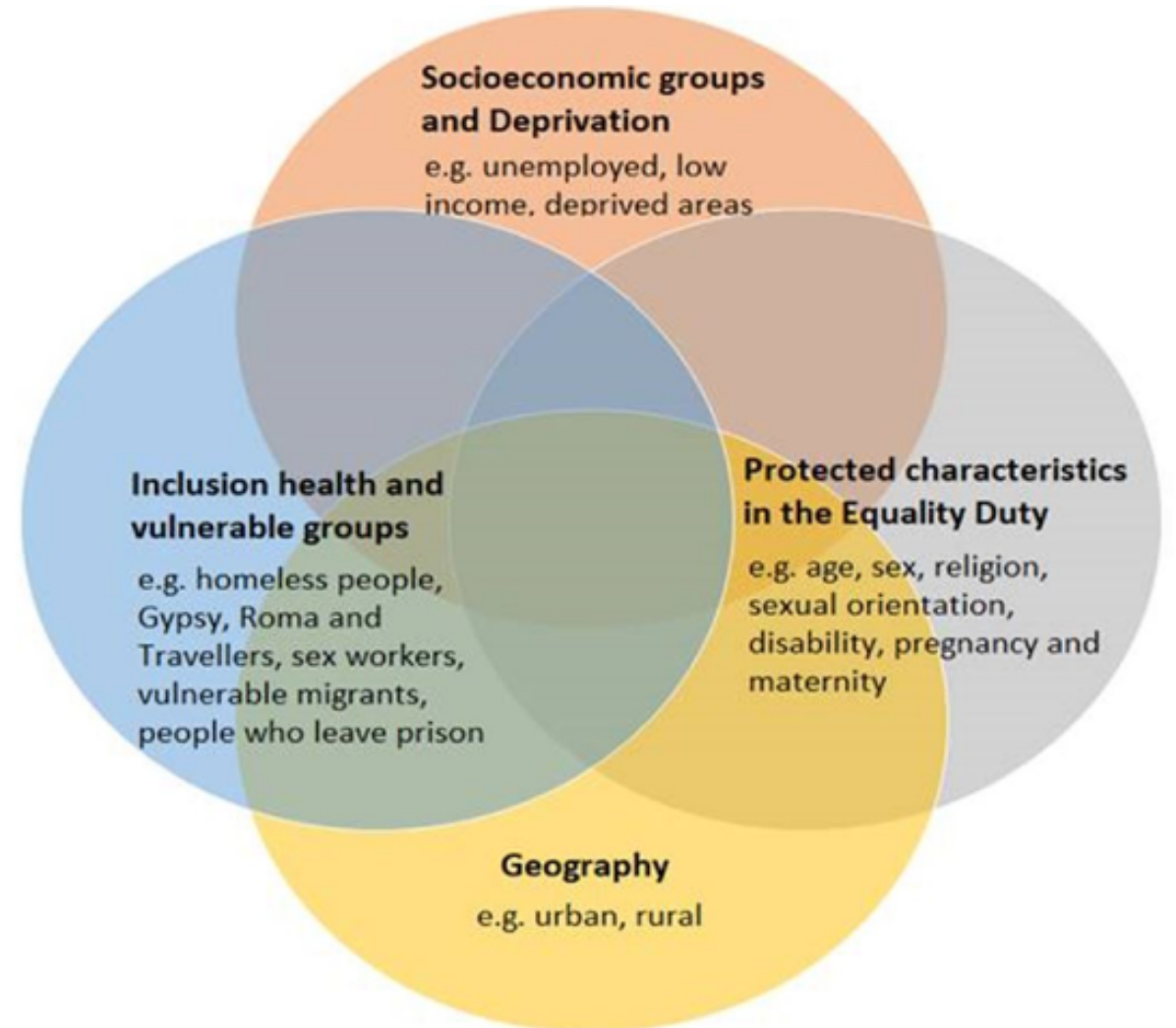


Context

Aim - to provide a framework for system activity to reduce health inequalities

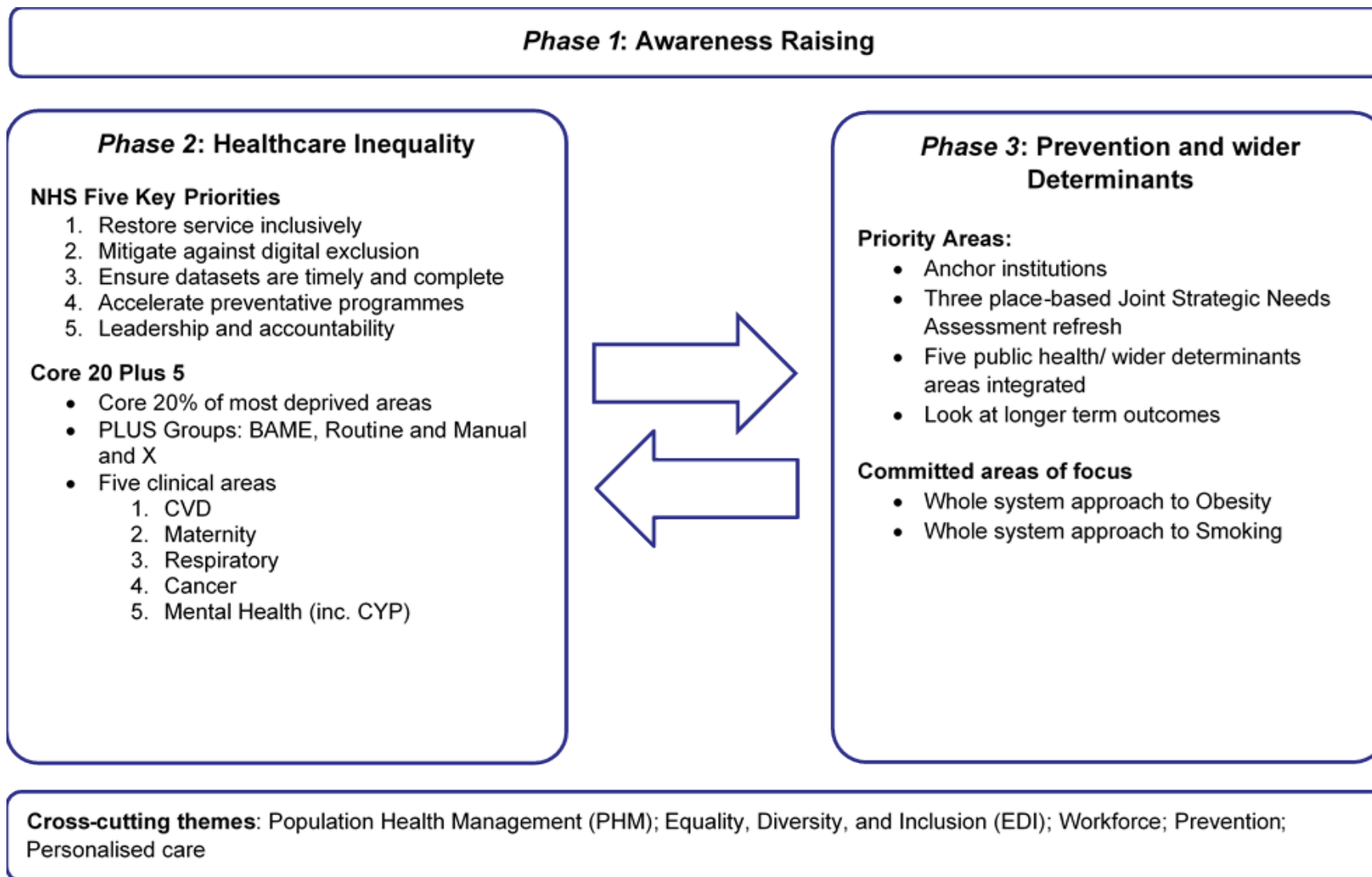
How – bringing together guidance re: healthcare inequalities, health inequality + addressing wider determinants of health

“Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.”¹





One page summary



REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke



Implementation



Awareness Raising

1. Awareness raising

- Training
- Data
- Making HI "everybody's business"
- Bring together existing strategies



Healthcare Inequality & Core20+5

2. Healthcare inequality and CORE20+5

- Focus on CORE population 20% most deprived
- PLUS (to be refined later)
- 5 Clinical focus areas



Prevention & Wider Determinants

3. Prevention and Wider determinants

- JSNA refresh to inform development
- 5 public health/wider determinant areas integrated
- Look at longer-term outcomes
- Anchor Institutions



- **B&NES** – socially excluded groups, migrants, vulnerable children, rural communities
- **Swindon** – BAME populations *tbc*
- **Wiltshire** – Routine & Manual workers (specifically those in minority groups; e.g. Polish speakers)



Phase 2: 5 Clinical Focus Areas - examples

