
Neighbourhood Collaboratives - update

Executive Summary

This report offers an overview of the progress and learning from the Neighbourhood Collaboratives. It sets out the progress on establishing Collaboratives and articulates some of the challenges before going on to provide an overview of the learning from the Livestock Market pilot in Salisbury – A full report of that evaluation is available.

The report describes at high level how the Collaboratives have engaged with the Community Conversations programme.

Despite some challenges, progress has been made towards the goal of developing Collaboratives across Wiltshire - there are exciting opportunities to embed the learning and approach as we move further into 2025, a full Steering Group in February will focus on the lessons learned and celebrating success in order to inform future developments.

Purpose

1. This report provides an update to the Wiltshire Health Select Committee on the progress of Neighbourhood Collaboratives across Wiltshire during the past year. Neighbourhood Collaboratives are integral to achieving the objectives of the Wiltshire Joint Local Health and Wellbeing Strategy and the Integrated Care System (ICS) Strategy. They represent a community-led, partnership-based approach to addressing health inequalities, improving health outcomes, and fostering a culture of prevention and early intervention.

2. The report focuses on four key areas:

Chippenham, Corsham, and Box (CCB) Collaborative: An update on the launch programme, initial engagement work, and plans for measuring the impact of their prevention-focused initiatives, starting with a targeted cohort of residents.

Salisbury Collaborative: A summary of its innovative approach to engaging the farming and rural communities, the development of health and wellbeing support at the Salisbury Livestock Market, and the plans for potential future rollouts and evaluations.

Countywide Progress: An update on the overarching target to establish Neighbourhood Collaboratives in all 13 Primary Care Network (PCN) areas by 2025, including recent developments in Warminster, Calne, Trowbridge, and Devizes, and insights from readiness reviews.

Community Conversations: An exploration of how ongoing dialogue with communities has shaped priorities, informed Collaborative activities, and ensured the work remains responsive to local needs.

3. This report aims to provide assurance on the progress made, identify opportunities for improvement, and highlight the role of Neighbourhood Collaboratives in contributing to the long-term goals of integrated care delivery and health equity. It also sets the stage for further discussions on lessons learned and how they can help inform the future development of integrated neighbourhood teams, particularly in collaboration with HCRG as the new Integrated Care Board Community (ICBC) provider.

Background

Origins and Development

4. The Collaborative model was established in 2022 by Wiltshire Integrated Care Alliance (ICA) partners, who recognised the need to engage directly with communities to co-design solutions. The model connects health, social care, and voluntary sector partners with local residents and organisations, enabling them to address local health challenges collaboratively. It draws from national best practices, such as the Fuller Stocktake report, and supports priorities like the Core20PLUS5 health inequalities framework.

Structure and Approach

5. The development of Neighbourhood Collaboratives is supported by a robust framework that includes:
 - i) **Readiness Reviews**: Conducted in each neighbourhood to identify existing strengths, gaps, and opportunities for improvement. These reviews form the foundation for tailored action plans that reflect local priorities and capacities.
 - ii) **Launch Programmes**: Facilitated workshops where neighbourhood partners come together to co-develop strategies, agree on objectives, and establish a shared vision. The programme is supported by detailed resources and toolkits.
 - iii) **Six Key Principles**: Each Collaborative operates around these guiding principles:
 - **Partnership Working**: Establishing strong, multi-sector relationships to integrate care.
 - **Community Participation and Engagement**: Ensuring residents are central to decision-making.

- **Population Health and Prevention:** Focusing on root causes of health issues and promoting early intervention.
 - **Data-Driven Working:** Leveraging health and demographic data to target interventions effectively.
 - **Enabling Volunteers and Staff:** Supporting capacity-building and sustainable workforce contributions.
 - **Creating a Movement for Change:** Building momentum for community-driven health solutions.
- iv) **Toolkits:** Comprehensive resources tailored to each neighbourhood, including templates, guides, and practical tools to support implementation.

Countywide Oversight and Integration

6. The Wiltshire Collaborative Steering Group was established in late 2022 to provide strategic oversight and share learning across neighbourhoods. This group has grown to include over 20 partners from health, social care, and voluntary organisations. It meets quarterly in a conference-style setting, fostering collaboration and enabling cross-pollination of ideas and practices.
7. The Steering Group's recent focus has been on improving community engagement, particularly with underserved populations, and supporting alignment with other ICS programmes, such as Integrated Neighbourhood Teams (INTs). This group also provides a forum for troubleshooting challenges and celebrating successes, helping to maintain momentum and enthusiasm among stakeholders.

Key Progress to Date

8. The Collaborative programme has already achieved several important milestones:
 - **Pilot Projects:** The Melksham and Bradford-on-Avon Collaborative's focus on falls prevention has demonstrated success, identifying at-risk individuals and providing targeted support. Learning from this pilot has been shared across other areas.
 - **Engagement Initiatives:** The Chippenham, Corsham, and Box (CCB) Collaborative has completed its launch programme, focusing on a specific high-risk cohort: residents aged 30–49 on obesity registers who smoke but are not diabetic,
 - **Innovative Models:** Salisbury Collaborative has taken a unique approach by piloting health and wellbeing services at Salisbury Livestock Market, targeting farmers and rural communities who traditionally face barriers to accessing care.
 - **Expansion Efforts:** Readiness Reviews are underway in Warminster, Calne, and Trowbridge, with the aim of launching their Collaborative programmes in the coming months. The Warminster and Calne are using different

approaches by leveraging the strengths of active Health and Wellbeing Forums.

Community Engagement

9. A defining feature of the Neighbourhood Collaborative model is its emphasis on continuous dialogue with local communities. These conversations:
 - Help identify priorities that matter most to residents.
 - Provide insights into barriers to accessing services.
 - Ensure that solutions are co-designed, culturally appropriate, and sustainable.
10. The Collaborative approach has demonstrated that solutions often exist within communities themselves and that effective partnership working can amplify the impact of local initiatives.
11. Supported by Health Inequalities funding, this year's focus on engagement with underserved populations has been particularly impactful, informing interventions in the livestock market, fostering trust between communities and service providers. Insights from engagement have also informed the development of the Integrated Neighbourhood Teams (INTs) blueprint, ensuring that these teams operate with a strong foundation of local knowledge and relationships.

Main Considerations for the Committee

Progress Towards the Target of 13 Neighbourhood Collaboratives by 2025

12. The overarching goal of establishing a Collaborative in each of Wiltshire's 13 Primary Care Network (PCN) areas by 2025 is progressing well, with significant milestones achieved during the past year.
13. Since October 2024, the ICB has been working to transition community services to HCRG and the Integrated Community Based Care (ICBC) Service in April 2025. This new service re-defines how community services will be developed and delivered and includes objectives and requirements to rapidly establish Integrated Neighbourhood Teams, taking the learning from Collaboratives onboard.
14. The service transition phase has slowed developments in some areas of the Collaboratives as we work together plan the future milestones.
15. At the current time, the status of each Collaborative is: -
 - **Established Collaboratives:**

Area	Progress
Melksham, Bradford-on-Avon	Established – meetings have reduced due to a change in PCN staffing however will progress early in 2025. Current work is focussed on re-

	engagement with people who participated in the original cohort to understanding their experience.
Chippenham, Corsham, and Box (CCB)	Established - Health Inequalities Funding is supporting the first project. An extensive engagement exercise commences in January 2025 – this was slightly delayed as we stepped through some Information Governance and Sharing processes. The Collaborative is targeting non-hypertensive residents aged 30–49 with obesity and smoking behaviours, focusing on preventing long-term conditions such as diabetes and cardiovascular disease. Engagement sessions are planned for January.
Devizes	Launch programme completed – meetings planned in early January to explore engagement options with Children and Young People, linked to a new community CYP ‘cafe’. Aiming to improve CYP emotional health and wellbeing.
North Wiltshire	Pre-launch. In discussion about the launch process.
Warminster and Westbury	Readiness Review undertaken, next steps meeting booked for January 2025.
East Kennet	No active work or discussions currently in progress.
Salisbury Area PCNs	Established. All 5 PCN areas will work together, but not all are currently involved in the Livestock Market work. Following discussions with HCRG and alignment with the ICBC contract, a second project area may be considered. Work is still ongoing in the Market supported by the Health Inequalities funding and is taking a prevention approach.
Calne	Pre-launch. Meeting agreed for 15 January to undertake the Readiness Review.

Community Conversations and Engagement

16. Community Conversations, a Wiltshire Council-led initiative, plays a critical role in shaping and supporting the work of Neighbourhood Collaboratives. The approach focuses on engaging with ‘Core20’ areas in Wiltshire to build trust, foster relationships, and adopt a strengths-based community activation approach to improving wellbeing in its broadest sense.
17. **Integration with Collaboratives** Community Conversations Leads are embedded into the Neighbourhood Collaboratives, ensuring alignment between the two approaches. This close working relationship facilitates shared learning and maximises the impact of community-led interventions. Examples include:

- **Informed Priorities:** Learning from Community Conversations has directly influenced the development of Collaborative priorities, ensuring that local needs and strengths are reflected in intervention design.
- **Collaborative Support:** In return, the Collaborative programme provides resources and support to enhance the reach and effectiveness of Community Conversations, such as data insights, engagement toolkits, and access to cross-sector partnerships. This has worked particularly well in the CCB Collaborative where there are strong correlations between the Community Conversations community area and the Collaboratives cohort.

Integration with Priority Areas and Programmes

18. Neighbourhood Collaboratives align closely with other ICS initiatives, enhancing their contribution to system-wide goals:
- **Prevention Focus:** Collaboratives provide a foundation for integrated working to address challenges through a prevention lens. This includes working alongside Community Conversations, and focussing on areas identified through the Joint Local Health and Wellbeing Strategy and other needs assessments including Children and Young People.
 - **Wiltshire Health Inequalities Group:** The Group's work complements Collaborative initiatives, particularly in addressing Core20PLUS5 health inequalities, by providing actionable insights and promoting effective engagement methods. The Collaboratives also share learning and insights with the system-wide Prevention and Inequalities groups.
 - **Integrated Community Based Care – new community contract:** HCRG, our new Integrated Community Based Care (ICBC) provider will incorporate the insights and learning from the Collaboratives to drive a new model of Integrated Neighbourhood Teams across BSW. Early conversations are underway to explore the opportunities linked to wellbeing practitioner roles that will operate in integrated neighbourhood teams.

Challenges and Areas for Support

19. Despite progress, several challenges require attention:
- **Capacity:** Limited staffing and resources across partner organisations have slowed the pace of development in some ways, particularly in resource-intensive endeavours (including leadership of this work). Good will is prevalent however immediate operational challenges limit participation in some ways.
 - **Funding:** Linked to the point above. One of the founding principles of Collaborative working is the shared use of resources. As funding opportunities have become scarcer, the need for additional funding to support participation has increased. However, Collaboratives have been successful in bidding for multiple funding streams and have demonstrated significant impact with low sums of money.

- **Consistency and Equity:** Ensuring equitable outcomes across PCN areas, while respecting local flexibility, remains a complex balance. The long term ambition was always to share learning and adopt best practice. The above challenges have limited the pace at which this has moved.

The Livestock Market

20. Part of the Wiltshire Integrated Care Alliance priorities and programme of work, the Well Farmers for Wiltshire Pilot, conducted at the Salisbury Livestock Market, aimed to address the distinct health and wellbeing challenges faced by the farming community in Wiltshire and the wider area. Bringing together 14 system partners to work collaboratively, this Neighbourhood Collaboratives initiative delivered healthcare, prevention and support services over a 12 week period directly to the market, a familiar and convenient setting for local farmers.
21. 'I saw the pharmacist last week; he took my blood pressure, and we talked about my medication running out. I had a call from him this week, it is all sorted now....'
22. The pilot engaged traditionally hard-to-reach rural populations [part of the Wiltshire CORE20Plus5 group as manual workers], who often face barriers such as geographical isolation, time constraints, farming and livestock care needs and cultural reluctance to engage with traditional healthcare settings. It took a co-produced approach, dynamically responding to community feedback.
23. "I didn't carry out my blood pressure readings because of lambing season... But when my husband had his blood pressure checked at the market, I decided to do it too" – [urgent care referral for treatment for immediate risk]
24. Key outcomes of the pilot include the identification of six early cancer cases, numerous urgent and non-urgent referrals, and significant engagement in preventive health practices, including blood pressure monitoring, mental health discussions, and wellness education. The pilot successfully highlighted the importance of delivering services in familiar environments, demonstrated the value of preventive care, showed the strategic importance of multidisciplinary, integrated working between services including community and VCSE organisations and provided critical insights into the health barriers faced by the rural farming community.
25. "I was feeling funny, and they found my blood pressure was low... I was referred for urgent help."
26. Importantly, the pilot demonstrated the cost effectiveness of this model. The pilot was made possible through £10,000 funding from the Vaccine Accelerator programme. A total of £5,000 was spent during the 3 month pilot period (although this does not take into account the un-paid contribution of many organisations in operational delivery or co-ordination). In relation to the six early cancer diagnoses alone, not only are the longer term outcomes for these individuals likely to be significantly more positive, the savings to the NHS

system as a whole are very conservatively estimated to be in the region of £60,000 [Cancer Research UK].

27. “Honestly I could cry thinking about it – I had no idea how ill I was and how lucky I’ve been that you and the guys spotted it. Now I stand a better chance of getting better”

Objectives and Key Achievements

28. Deliver On-Site Health, Support and Prevention Services; Working alongside the Rural Chaplaincy team as advocates, the pilot provided on-site physical and mental health checks, ranging from blood pressure checks, physio checks and vaccines advice (and will offer vaccines themselves in November) through to community pharmacist consultations, visits by the SFT cancer team and support from the RAB and Citizens Advice. Farmers engaged positively with the accessible services, many of whom were first-time participants in health checks and discussions about their health and wellbeing.
29. Reduce Barriers to Healthcare Access; By situating services at the market, the pilot effectively addressed logistical challenges such as time constraints and transport issues.
30. Farmers appreciated the opportunity to receive healthcare without disrupting their work schedules. Face-to-face consultations and conversations allowed for overcoming technological barriers, and casual settings helped to mitigate cultural stigma. The ability to have in depth conversations about vaccine concerns and barriers to access meant there was demand for the clinics were offered in November within the market environment.
31. Promote Preventive Care; The pilot's focus on early detection and wellness education successfully encouraged proactive health management, with several farmers receiving timely referrals for serious conditions. Wellness education on topics like blood pressure management and lifestyle changes specifically related to the challenges people told us about, fostered self-care practices. This element in particular is the focus of ongoing work within the Collaborative in Salisbury and aims to have a long-lasting impact.
32. Understand Health Challenges in the Rural Community; The pilot shed light on the unique health challenges of the farming population, including mental health stigma, financial pressures, and untreated chronic conditions. Fear of losing driving or firearms licenses remained a significant barrier to mental health support.
33. Insights and feedback from the community were pivotal in developing and adapting the approach throughout the course of the pilot, so the team learned what and how people needed services to work for them – a genuine model for co-producing services together.
34. Test Different Engagement Methods; The pilot demonstrated that informal, face-to-face engagement in familiar environments is the most effective way to

connect with farmers (and potentially other communities). Simplifying communication materials and maintaining a consistent presence built trust over time and deepened the conversations and insights. It became obvious that 'knowing and understanding' the community and individuals there was critical to success. It was important that the team demonstrated responsiveness to feedback.

Impact and Recommendations

35. The Well Farmers for Wiltshire Pilot delivered clear evidence that targeted, community-based healthcare interventions can significantly improve engagement and health outcomes in rural populations. The approach and lessons learned are very transferrable to other communities. Key recommendations include:
- **Maintaining a Consistent Presence at the Livestock Market:** Continued healthcare services at the market will sustain the engagement momentum, focusing on preventive care and routine health checks, particularly targeting high-risk groups such as older isolated farmers and working with younger people on longer term prevention strategies. There are exciting opportunities for the ICBC teams to support rural communities. This is part of the transition discussions.
 - **Enhancing Clinical Infrastructure:** In order to achieve the maximum impact improvements to facilities, including private consultation areas, appropriate clinical equipment, and infection prevention resources, should be considered and would expand the range of services offered to include clinical interventions which would reduce the workload on primary care and further benefit the system through delivering an early intervention / prevention approach.
 - **Broader Integration of VCSE Partners:** Strengthening collaboration with Voluntary, Community, and Social Enterprise (VCSE) organisations will provide a holistic approach to health, addressing financial, mental, and social needs. There is ongoing work in BSW to consider how working with VCSE colleagues can be strengthened. This pilot has evidenced the value of an integrated approach.
 - **Tailored Mental Health Support:** Specifically with this environment, developing a confidential, community-specific approach to mental health, with sensitivity to cultural concerns and financial implications, will help overcome stigma and encourage engagement. It's important that the system responds to the feedback and concerns raised and works to 'myth bust' perceptions about what might happen to someone who seeks help.
 - **Exploring Transferability:** The success of the pilot suggests that similar models could be effectively implemented in other rural and even urban communities, with adjustments to meet the unique needs of each population. There is a case for sharing the learning from this pilot across the system.

36. “what do you know about feet? – ‘cause I can’t feel mine” - [diagnosed with diabetes and peripheral neuropathy]

Livestock Market Pilot Conclusion

37. The evaluation concludes that the Well Farmers for Wiltshire Pilot offers a transferable, scalable, efficient and cost effective model for rural health interventions, with clear benefits for the NHS in terms of early detection, reduced emergency admissions, and long-term healthcare savings. There are ongoing discussions around the learning from this model to consolidate the progress made and explore opportunities for longer term support.
38. “Thanks for asking and listening, it’s been so hard and it’s been good to talk” – [Dad of a young family with multiple health struggles].
39. There is a full evaluation report available on request.

Conclusion

40. Despite significant challenges at national and local scale, the Neighbourhood Collaboratives programme has continued to make progress in its second year, demonstrating the potential of community-led, partnership-driven approaches to improving health outcomes and tackling health inequalities across Wiltshire. This work aligns with the ambitions set out in the Wiltshire Joint Local Health and Wellbeing Strategy and the ICS Strategy, reflecting a commitment to prevention, early intervention, and integrated care tailored to the needs of local populations.

Key Achievements

Progress Towards 2025 Target:

41. Multiple Collaboratives have successfully completed their readiness reviews and launch programmes, with Melksham, Bradford-on-Avon, Salisbury, and Chippenham, Corsham, and Box (CCB) advancing into implementation phases.
42. Active development in areas such as Warminster, Calne, and Trowbridge has further expanded the programme, bringing the county closer to its target of establishing Collaboratives in all Primary Care Network (PCN) areas. Whilst the original 2025 target has been delayed, there are new opportunities through the ICBC Service to adopt learning at pace.
43. The readiness review and toolkit approach has provided a structured yet flexible framework to address local needs and priorities while fostering consistency across neighbourhoods.

Community-Led Innovation

44. The Salisbury Livestock Market pilot exemplifies how Collaboratives can engage hard-to-reach populations by leveraging local knowledge and trusted

community networks. This initiative has uncovered critical unmet health needs among rural communities, such as undiagnosed chronic conditions and mental health challenges, and has laid the groundwork for targeted interventions.

45. Further – this group has yielded additional areas of focus which are now being progressed via successful bids. Women in rural communities will be the focus of an engagement research grant until July 2025.
46. The CCB Collaborative has focused on preventing long-term conditions, such as hypertension and diabetes, by engaging a targeted cohort of residents. This data-driven approach illustrates the potential for population health management to community-led evidence based approaches.

Integration and Alignment:

47. The programme's alignment with broader ICS priorities, such as the development of Integrated Neighbourhood Teams (INTs) and the Core20PLUS5 framework, ensures that Collaborative efforts contribute to system-wide transformation and can support the development of teams across BSW.
48. Collaboratives have fostered stronger relationships among health, social care, and voluntary sector partners, creating a foundation for sustainable, integrated care delivery.

Community Conversations:

49. Close working with the Community Conversations programme has strengthened the Collaboratives' ability to engage with underserved communities. This strengths-based, co-production approach has informed the design of local interventions and ensured that the voices of residents are central to decision-making.
50. The reciprocal relationship between Community Conversations and Neighbourhood Collaboratives has maximised impact, with shared learning and resources enhancing both initiatives.
51. The Neighbourhood Collaboratives programme is making progress against its objectives. Its emphasis on prevention, local engagement, and partnership working is already demonstrating positive impacts, both in immediate outcomes and in laying the foundation for long-term change. With continued strategic support and resource investment, whether in this form or an evolved model through ICBC, Collaboratives will play a role in advancing health equity, improving population health, and creating a sustainable, integrated care system for the county.

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