

WJLHWS commitments by Integrated Care Strategy theme	What we will do in the next twelve months	What will be different for our population in 5 years time?	Metric (specific measure)	Target (including timescale)	Data Frequency	Next Due	Latest Date	Latest Value	Assurance/ Commentary	
Cluster 1: Prevention and early intervention										
Lay the foundations for good emotional wellbeing whilst young – by developing a coordinated approach and promoting a core offer in schools across Wiltshire	Recommission children's community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services.	There will be improved levels of wellbeing in schools in Wiltshire	ICB/CAMHS/HCRC measures School Health Survey	To be set and confirmed	ICB measures are Bi Annual	Nov-24		ICB indicators will be available Nov Next survey is 2025	Wiltshire has recommissioned children's community health services, ensuring they are inclusive of a coordinated approach and core offer for emotional wellbeing in schools; and public health nursing services	
		There will be increased school attendance and a reduction in suspensions.	Overall absence rates	Less than the previous year. 22/23 was 7.0%	Annual	Nov-24	Autumn Term Academic Year 2023/24	Absence rate 6.2%	Performance currently better than national	
	Support those with SEND and respond to Ofsted inspections.	Children and young people with SEND will have improved outcomes and life experience.	Overall attendance for EHCP and SEN Support pupils	SEND outcomes at KS4 (G5+ in both English and Maths)	Between 8.5% and 10.5% absence for those with SEN support - query where came from 10%	Annual	Nov-24	Autumn Term Academic Year 2023/24	EHCP absence 12.3% attendance 87.7% SEN Support absence 8.7% attendance 91.3% 9.9% (Mar 23). The national level for 2022 was 7%	EHCP performance in line with national and better than regional (22/23). SEN Support performance better than national and regional (22/23)
Empower individuals across the life course – in all schools, with working age adults and older people – with advice focusing on healthy lifestyles, smoking cessation, alcohol and substance misuse	Evaluate the findings of the risk outside the home pilot in Wiltshire.								Results of evaluation by Durham University will be shared.	
		There will be reduced levels of risky behaviour in schools	% of secondary pupils offered illegal drugs % of secondary pupils that have not tried illegal drugs % of secondary pupils that have reported getting drunk daily/weekly % of secondary pupils who smoke daily/weekly % of secondary pupils who do not use contraception (School survey)	Lower than 2021 levels	Next survey is 2025	2025	2021			
			% of sexually active secondary aged pupils that report using contraception when they last had sex	Higher than 2021 levels	Next survey is 2025			Sexual and Reproductive Health Profiles - Data - QHID (phe.org.uk)	55% (2021 survey)	
	Consider the findings of the latest pupil survey and the implications for work to reduce risky behaviour in schools.	There will be reduced levels of obesity	% of children and young people (aged 5-16 years) estimated to be physically active % of persons aged 18 years and over estimated to be overweight or obese	60% by 2032 75% by 2032		Annual	Nov-24		47.8% (2022) 72.9%	Wiltshire now shows slightly better levels of activity than the England (44.6%) but now below the South West average (49.1%), the activity level has decreased in Wiltshire for the first time in 21/22, and it is currently unclear why, this may be an impact of the Covid-19 pandemic and recovery. Small improvements in each of the last three years put the activity levels in adults in Wiltshire above the national (65.9%) and regional (70.5%) average. Wiltshire figures are not quite on target but trend is indicating it is on track to be achieved
		There will be reduced levels of substance misuse	Numbers of young people (up to 18yrs) accessing specialist drugs/alcohol support Numbers of young adults (18-25yrs) accessing specialist drugs/alcohol support Numbers of adults (25+) specialist drugs/alcohol support Rates of hospital admission episodes due to poisoning by illicit drug (PHOF)	Baseline set against the new core contract 23/24. PHOF data available for hospital admissions and will be included on the new PH dashboard.		Quarterly	Aug-24	229 Young People and 1836 Adults in structured treatment (March 2023- Feb 2024)		Working with the national treatment monitoring service for actual numbers of 18-25 open to service.
	Roll out PSHE materials as part of Healthy Schools as part of education on risk of smoking and vaping.		Numbers of schools reporting to use PSHE materials	To be set in Q1 24/25			Nov-24			
	Wiltshire Primary Care and Wiltshire Council health coaches delivering targeted work on healthy lifestyles and smoking cessation.		Quit rate of Health Coach service Quit rate of smoking cessation in Primary Care	To be set in Q1 24/25 35% or over (4 weeks after seeking support)			Nov-24		55% 43.5% (Dec 22) / 51% as of Q3 2023/24	
	Implement a new whole life substance misuse service and evaluate its performance.		Rates of hospital admission episodes due to poisoning by illicit drugs	31 per 100,000 (England average) by 2025			Nov-24		35 per 100,000	New substance misuse service contract commenced in April. This is evaluated and monitored via the contract review meetings which include consideration of more than one indicator.
	Prevent ill health - through increased uptake of screening, health checks and immunisations as well as tackling antimicrobial resistance through the best use of antibiotics	Continue to support and work with the lead organisations (NHSE VAST, ICB, UKHSA) to improve immunisation and screening uptake, in particular through local community engagement and addressing place level health inequalities.	There will be improved vaccine and screening service uptake across the local population as a whole, and reduced inequalities in uptake by e.g. geography, ethnicity, deprivation	% uptake of different vaccines across the life course NEW TARGET – As of October 2023 new targets introduced – 75% diagnosed within 28 days of referral.	None below national median Diagnosing 75% of cancer cases within 28 days by 2028	Annual	Nov-24	Public Health Outcomes Framework - Data - QHID (phe.org.uk)	All but one above national median	
				% uptake of screening programmes (cancer and non-cancer) Multiple measures (C24a-C24m PHOF indicators)	To be set in Q1 24/25	Annual	Nov-24		Breast (Apr 23) - 68% Bowel (Jul 23) - 77.7% Cervical (25-49) (Aug 23) - 75.4%, (50-64) - 77.5% AAA (22/23) Q4 - 82.5% (Dorset & Wiltshire) DESP (23/24 Q1) - 81.1% (BSW)	
Promote antimicrobial stewardship with the public and through professional networks		Public and professionals understand the need to optimise use of antibiotics	Numbers of prescribed antibiotics per 1000 population	To be set in Q1 24/25	Annual	Nov-24		BSW HCAI collaborative – working towards reducing HCAIs this includes AMR/AMS		
Adopt a proactive population health approach – rolling this out to new areas (such as moderate frailty) each year to enable earlier detection and intervention	Population health management approach will be applied to areas such as moderate frailty, diabetes, deprivation, air quality, CVD, cancer, maternity and infant health, mental illness, end of life and chronic illness.	Health professionals will have a better understanding of predictors of disease and implement appropriate preventative and predictive capability	Falls in over 65 year olds per 100,000 population Prevalence of asthma Hospital admissions due to mental health conditions in under 18 year olds per 100,000 pop. BSW ICB data	To be set in Q1 24/25 6.4% (England average) by 2025 87.5 (England average) by 2025	3 x year 3 x year 3 x year	Aug-24 Aug-24 Aug-24		2039 (2021) 7.10% 108 (2021)		

Cluster 2: Improving social mobility and tackling inequalities									
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Promote health in all policies – including housing, employment and planning. This will include the development of sustainable communities, whole life housing and walkable neighbourhoods.	Publish a new Local Plan and Local Transport Plan outlining measures for the development of sustainable communities, whole life housing and walkable neighbourhoods.	It will be easier to move around local communities in a sustainable manner	% adults estimated to walk for travel at least three times per week	13.1% by 2025		2025	2021	11.7% (2021) - OHID https://fingertips.phe.org.uk/profile/physical-activity/data	
	Develop health and care campuses that transform healthcare, employment and economic opportunities (e.g. HEAT project in Salisbury)		Narrative update						
Support healthy home settings – with action on fuel & food poverty, help to find stable well paid work, mental health and loneliness and by increasing digital inclusion	Continued provision of the warm and safe service	There will be fewer experiencing fuel poverty	% in fuel poverty (low income, low energy) (OHID - PH fingertips)	To remain below regional and national levels	Every 2 years	2025	2021	10.4% (2021)	
			Households Supported through Warm and Safe Wiltshire (Public Health)	2700 (annual Apr - Mar)	Annual	Aug-24		1254 (only part year as contract started in April 2023)	
	Employment support team will help those with mental health or learning disabilities gain employment		% gap in the employment rate between those with a learning disability / mental health and overall employment rate – this measure is being dropped by DHSC – we are reviewing its continuation as a local measure. We can measure % of LD and MH clients in paid employment (KPI 128 for LD ASC clients and KPI 273 for MH ASC clients)	To be set in Q1 24/25	Cumulative to yr end	Nov-24	end Mar-24	6.8% for LD as at yr end Mar-24; (National 4.8% for 22/23) 4.3% for MH as at yr end Mar-24 (National - which includes non-council AWP clients - 6.0%)	Our LD paid employment is higher than national. Our MH paid employment rate is not comparable to National as the national figures include AWP clients for secondary MH services and their counting methodology is different. Improving MH paid employment rates for ASC MH clients is a priority within the MH Service Delivery Plan.
	Area Board health and wellbeing champions and grants will undertake a range of activity to tackle loneliness, alongside measures in the adult social care prevention strategy		Narrative update						
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	Deliver the Families and Children Transformation programme and Family Help Strategy 2023-27	More children will achieve a good level of development before starting school	% of children achieving at good level of development at the end of reception	To be set in Q1 24/25		Nov-24		68.9% (2023)	The Families and Childrens Transformation Programme (FACT) partnership launched its Family Help project to enhance local arrangements for the delivery of early intervention and prevention services for children, young people and families. FACT has appointed a Family Hub web platform provider and promotional materials have all launched to key settings including schools. Early Years settings, Voluntary Community Social Enterprise sectors, Children's Centres, GP practices and libraries. Additionally, 5 schools are signed up to the Restorative Approaches Pilot – an evaluation will offer key learning and insights to inform future adoption of the approach.
			% of children receiving FSMs achieving good level of development at the end of reception	66% (as per 2019 value)	Annual	Nov-24	2023	44%	
			% EY Entitlement take-up	To be set in Q1 24/25	Annual	Nov-24		81.4% (annual figure for 2022-23)	
	Child development: % of children achieving a good level of development at 2-2.5 years.	60% coverage by 24/25	Annual	Nov-24		78.3% coverage			
	Launch and embed a pilot area (Marninster and Westbury) including Family Help Practitioners; Launch Online platform and branding/initial interim report. September '24: Final report	A clear unifying brand for Family Help Online database of services, community resources & activities Co-ordinated whole system workforce development offer	Narrative update detailing take up and outcomes / impact.						Pilot outcomes framework under development as part of commissioning the new service offer
Target outreach activity – identifying particular groups to improve access to services and health outcomes and tackle root causes	BSW Inequalities Strategy details Wiltshire adult PLUS group to be GRTB (adults) and children of GRTB Families (Children and Young People). Wider determinate priority for Wiltshire is connectivity and transport. The Wiltshire Health Inequalities Group oversees the implementation of the strategy and receives reports on activity aligned to these priority groups.	Reduction in health inequality demonstrated through the JSNA. Key metrics include: difference in life expectancy and healthy life expectancy across areas of highest and lowest deprivation. PLUS populations: Gypsy Roma, Traveller and Boater, Routine and Manual workers. Wider Determinant priority: Connectivity and transport	Demonstration of investment and impact of Wiltshire Health Inequalities funding across BSW and Wiltshire priority themes and CORE20PLUS5 groups. Narrative update The Wiltshire Health Inequalities Group focuses on work to reduce health and wellbeing inequalities and aligns to the CORE20plus approach. The group has successfully identified priority investments for the health Inequalities Funding for 23/24 and is engaged in monitoring the delivery against those plans.						
Improve access through online services and community locations	Support the development of the BSW estate strategy	People will find services easier to access with increased co-location and online booking facilities	Estate capital receipts retained locally and used for transformation	To be set and confirmed	Annual	Nov-24			
	Support increased usage of online booking facilities	Reduced digital exclusion and maximised opportunities technology can bring to improve equitable access to services.		To be set and confirmed	Annual				

Support local community action – through initiatives such as neighbourhood collaboratives allied to the development of Primary Care Networks, community based programmes and social prescribing, the community mental health model, area board activity.	Launch Neighbourhood collaboratives across Wiltshire April 2023 – Pathfinder site launched. May 2023 – Onboarding Launch programme agreed and online portal established June 2023 – Devizes and Chippenham, Corsham, Box areas commence launch, first pathfinder report. July 2023 – First Wiltshire Collaborative event; share learning; and Pathfinder report. By April 2024 5 neighbourhood areas will be on their collaborative journey and will have completed or commenced the Launch programme.	Every area (13) will have a mature and well-functioning neighbourhood collaborative	Narrative report, confirming annual progress. Regular updates to Partnership Committee and ASG.	Every area (13) will have an established neighbourhood collaborative by 2025		May-24				
	Review long term community mental health placements through the Mental Health, Learning Disabilities and Autism sub group of the Wiltshire Alliance. The group will implement the SMI, LD and Autism Register and refresh its work programme in line with national requirements	% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024		75% of people aged over 14 on GP LD registers receive an annual health check and health action plan by March 2024	Bi-Annual	Jul-24				
		dementia diagnosis rate		dementia diagnosis rate 66.7%	Bi-Annual	Jul-24				
		adults with a learning disability and/or who are autistic per million adults and under 18s with a learning disability and/or who are autistic per million under 18s cared for in an inpatient unit	Community mental health model will see more placements in the community with the Community Services Framework embedded	by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	Bi-Annual	Jul-24				
		Number of adults and older adults supported by community mental health services – Health		a 5% year on year increase in the number of adults and older adults supported by community mental health services.	Bi-Annual	Jul-24				
	Develop a Connecting With Our Communities programme. The group is responsible for ensuring best practice against the BSW People and Communities Strategy and will develop a work programme, which will launch in July 2023, having completed the work on a gap analysis and identified priority work areas.	Residents will be able to share their views and thoughts on our work and understand how their opinions can directly shape our work and priorities.	Hold at least 2 Forum events within 23/24, moving to 4 from 24/25.	Able to evidence how feedback has informed our programmes of work.	Bi-Annual	Aug-24				
Pilot community conversations – starting with neighbourhoods in Wiltshire that have significant deprivation and roll these out gradually across the county.	Continue the community conversation pilots in Studley Green and Bemerton Heath and evaluate the early learning for other potential areas	The community conversation approach will have been rolled out to several other areas of deprivation in towns such as Chippenham, Melksham and Calne	Narrative update						Following successful pilots, the Community Conversations programme which started in Bemerton Health (Salisbury) and Studley Grange (Trowbridge) is increasing its reach to identified areas across Wiltshire in 2024. This programme, together with the Neighbourhood Collaboratives and other programme areas are connected together to ensure alignment, avoid duplication and support the objectives of all the work in Wiltshire.	
Consider the role that procurement can play in delivering social value and the way in which organisations can act as anchor institutions	Share the learning from work undertaken by foundation trusts on their role as anchor institutions	Procurement exercises will transparently demonstrate the social value of procurement exercises	Local training opportunities created through procurement	To be set and confirmed	Annual	Nov-24		32% with SMEs in 2022		
			% of spend with SME and VCSEs (LG proc. Index)	To be set and confirmed	Annual	Nov-24		14% with VCSEs		
Embed Healthwatch Wiltshire and VCS voices in relevant decision-making structures; ensure the results of consultation are reflected in decision papers	Welcome VCS and Healthwatch reps as full members of the Wiltshire Health and Wellbeing Board.		Full membership	N/A	N/A	N/A		Complete		
	Review VCS input to sub groups.		Review conducted by VCS forum	N/A	N/A	N/A		Complete	VCS and HealthWatch representatives are full members of the Wiltshire Integrated Care Alliance Partnership Committee and also attend the Alliance Delivery Group and sub group meetings.	
	Outline the findings of consultations		Consultation responses embedded into all relevant papers						Results from consultations and engagement work are shared with the group membership for consideration. For example, both the VCSE sector and HealthWatch were key partners in the Caring Steps Together programme which worked with patients and their support networks, staff and others to develop new resources that support people through the process of being discharged from hospital and require either admission to a care home or support at home on a short- or longer-term basis.	

Cluster 3: Integration and working together									
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Provide integrated services at key stages in a person's life – including early years, special educational needs and disability, family help, whole life mental health and LD&A, later life planning, end of life care, and increasing the provision of personal budgets and coproduction of services	Evaluate additional areas suitable for personal budgets	More people will receive personalised care	% of adults using Direct Payments (KPI 126)	20% (first target)	Monthly		end Apr-24	18.2% as at end Apr-24	This is a targeted improvement project within our Transformation of Adult Social Care (TASC) Programme and updates on progress will be provided on an ongoing basis. First Target to be achieved is 20% to match national performance and once nearing this rate this will be stretched further.
	Roll out later life plans to everyone over 85 and earlier		% people reporting they have agreed a plan with a healthcare professional from their GP practice to manage their condition.		Annual	Aug-24			primary care team
	Implementing new End of Life care provision model, ensuring people are supported to die in the place of their choosing (launch new model October 2023).		Number of later life plans						
			% of patients that die in preferred place of death	90%	3 x year			Current performance is 96%	New model development was ceased - move to re-introduce Fast Track. Data from CHC
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	Review primary care commissioning arrangements and alignment with public health, pharmacy, optometry and dental services alongside local community and social care provision	Access to NHS dentistry will be improved	Number of NHS dental practices accepting new patients in Wiltshire	To be set and confirmed	Bi-Annual	Aug-24			
	Ensure each care home has a named GP	Primary care will be commissioned alongside other services locally	# accessing D2A beds on discharge from hospital	To be set and confirmed	Bi-Annual	Aug-24			
			Number of special schools in Wiltshire participating in the special schools sight test service	To be set and confirmed	Bi-Annual	Aug-24			
			Percentage and number of care homes with named GP	To be set and confirmed	Bi-Annual	Aug-24			
			Average length of Stay in Care Homes	28 days by July 2023		Aug-24		Current LOS is 28 days. As at December 2023	The local authority implemented a new Care Home Hub Model for people going into a care home bed on a temporary basis after an inpatient stay in hospital. This model has worked very well, and shortened the length of stay in the care homes, meaning people are able to return to their own home much quicker than previously. An action plan has been produced to support an improved performance including - A deep dive to determine any trends in outliers; Weekly meetings with providers to share insight and learning; Self-funding patients creating a delays in discharge – ongoing work with council legal team to aid discharge
			% receiving 2-hour Urgent Care Response seen within 2 hours (ICB)	70% (by June 2023)	3 x year	Sep-24		70%	There is an action plan in place to ensure that this performance is consistently achieved. During 2023 the community Urgent Care Response service met and now exceeds its target of attending 70% of cases at home within 2 hours of the referral. This ensures avoidable admissions to hospital are prevented.
			Virtual Ward 'beds'	136 'beds' by December 2023 180 by March 2024		Aug-24		Current position is that 42 beds are open in September 2023 and is below trajectory. Revised trajectory considered at Ageing well and Urgent Care Group on 29 th September 2023	Virtual Ward beds (known as NHS at Home) have been successfully implemented by partners in Wiltshire although the number and occupancy rate of beds is less than the number planned. There is a focussed improvement plan in place and close working with colleagues in neighbouring areas to ensure best practice and positive outcomes. NHS at Home in Wiltshire is supporting people both after an inpatient stay and preventing unnecessary admissions.
			length of stay in community hospitals	35 days across all wards by July 2023				Current length of stay is 39.1 days. Weekly MADE events are taking place to expedite discharge where possible	
			number of people returning to their own home after a hospital admission			3 x year	Sep-24		Partners have developed new pathways and models to ensure that people who are able to go home after an inpatient hospital stay, are able to do so (taking a Home First approach) and are less likely to need extended inpatient care in the community setting
			% of people who remain at home 91 days after entering the in-house LA Reablement service (KPI 214)	Between 80 and 90%		Monthly	end Apr-24	94.6% as at end Apr 24	The outcome at 91 days shows the longer term affects of Wiltshire Council Reablement and its ability to maintain and support people to remain in their own homes. Wiltshire Reablement performs well in this area which demonstrates the effectiveness and success in supporting longer term outcomes. The outcomes achieved are representative of the model of service, which offers the opportunity to rehabilitate under a therapy led programme - Wiltshire reablement is an inclusive service and does not apply a selective criteria.
		hospital trust lengths of stay.	To be confirmed following completion of current demand and capacity refresh		3 x year	Sep-24		A full review was undertaken of the Home First service and an improvement programme commenced – this work will continue into 24/25, however it is already yielding improvements in capacity and integrated working across the teams working within the service.	
A task force drawing on all Wiltshire Alliance subgroups will be developed for community Services	People on the learning disability or autism will be better supported to access health care and support.	Number of working-aged adults in residential and nursing care homes (Long-term support needs of younger adults aged 18-64 met by admission per 100,000 population KPI 384)	Between 12 and 15 per 100,000		Monthly	end Mar-24	24.8 per 100,000 (Actual clients 78 - rolling yr to end Mar-24)	This cumulative metric looks at the number of new admissions of younger adults to residential and nursing care homes. This measure includes admissions following a discharge from hospital, if the adult was in residential or nursing prior to hospital, this is still counted as a new admission. Over the last rolling year there has been a steady increase in the number of admissions. Some of the increase can be attributed to the introduction of the Moving on Service and younger adults in residential placements transitioning across from Childrens to Adult Services - the service started in August. We continue to consider alternatives as part of our transformation work, although we are aware that we have a shortage in accommodation options to support people in the community. Continued implementation of the Accommodation Strategy will increase housing options as an alternative to residential care.	

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	Develop Wiltshire workforce plans as part of BSW strategy	There will be clear career pathways in place for both health and social care and professional recognition across both	Narrative update		Bi-Annual	Sep-24				
	Enable NHS access to liquidlogic as appropriate and increased shared records	Data is collected once and shared with those who need it	Number of social care plans digitised with appropriate standards, access and interoperability			Sep-24				
	We have a ICR product called Carecentric by company called Graphnet which allows health and social care colleagues to view each other's client information (within strict parameters and security arrangements). This bridges LL and SystemOne.			Number of shared care plans recorded on the ICR and the frequency in which these are accessed by multiple front line workers			Sep-24			
	Develop Wiltshire estate plans as part of BSW strategy	colleagues will feel supported in their roles, and able to work with people across organisations, taking advantage of improved training, technology and integrated systems, able to focus on prevention and early intervention	Roll out of BSW population health insights tools to be accessible to all providers including primary care.	100% coverage	Annual	Sep-24	Sep-24	Primary care are able to access these tools.	Evidence of utilisation of tools to inform practice / interventions	
Ensure carers benefit from greater recognition and support by improving how we identify unpaid carers	Rollout training for GPs and other health professionals on recognising and referring for support unpaid carers	Unpaid carers know how to access support	Analysis of unpaid carers registered and actions to address any gaps / learning.	To be set and confirmed		Nov-24			Wiltshire has introduced a new Carers Strategy to rightly focus on improving the way in which informal carers are supported across our services and improve their outcomes. Following feedback from Carers themselves, the Caring Steps Together programme included advice and guidance for carers directly as well as signposting to additional support.	
			This measure is currently under review by DHSC as measure is not fit-for-purpose and results are not directly attributable to LAs. No update yet on replacement or change in methodology.	7.2 (average for comparator authorities by 2025)		TBC		6.6 (2021)		
			% unpaid carers say they find it easy to find information about services	To be set and confirmed		TBC		58.9% (2021)		
Improve join-up of services including specialised commissioning	Prepare for delegation of specialised services and identify opportunities to improve integration with local services	There is seamless provision in areas such as CAMHS	Children and young people (ages 0-17) mental health (ages 0-17) mental health services access (number with 1+ contact)	To be set and confirmed	Bi-Annual	Jul-24				
	Identify opportunities to commission provision for military communities alongside that for spouses and families and local communities	The military covenant statutory responsibilities are fully delivered	Self assessment of military covenant is completed and published	Jul-24	Bi-Annual	Jul-24	Item scheduled for July 2024 HWB	Partners in Wiltshire have committed to the Military Covenant – this aims to support people with experience of serving, and their dependants, to receive parity of care and treatment and to make sure the needs of that community are considered in planning and delivery of services. An update for the HWB is scheduled for March 24		
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	Develop a dashboard of metrics for regular review by the Wiltshire Integrated Care Alliance (drawing on this report) and in turn the Wiltshire Health and Wellbeing Board	Performance is measured in a transparent and understandable way	£ held in pooled budgets	Narrative updates to be provided – linked to development of population health dashboards across BSW. Aiming to have draft in place Q1 24/25					May need revision post ICA Partnership re-launch and ICB Evolve reconfiguration? This report is part of the process.	
			Joint teams							
			Joint commissioning exercises							